# National Disability OUTLOOK

## 2020

**FOREWORD**

**SENATOR THE HON ANNE RUSTON**
MINISTER FOR FAMILIES AND SOCIAL SERVICES

&

**THE HON STUART ROBERT MP**
MINISTER FOR THE NATIONAL DISABILITY INSURANCE SCHEME

**INTERVIEWS**

**MARTIN HOFFMAN**
CEO, NATIONAL DISABILITY INSURANCE AGENCY

**GRAEME HEAD**
NDIS QUALITY AND SAFEGUARDS COMMISSIONER

**FEATURES**

- PLAN MANAGEMENT
- SUPPORT COORDINATION
- TECHNOLOGIES FOR NDIS PROVIDERS
- TRANSPORT & ACCESSIBLE VEHICLES
- EARLY CHILDHOOD EARLY INTERVENTION
- SPECIALIST DISABILITY ACCOMMODATION & HOUSING

NDIA NEWS • DISABILITY ROYAL COMMISSION • EMPLOYMENT • INNOVATION


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Director
Camera
Date
Scene
Take

# Thrive with Endeavour Foundation

Endeavour Foundation has been supporting people with intellectual disability to live their best lives since 1951.

We were founded on the principle that everyone has equal rights, including the right to an education.

Today, we're an NDIS provider, offering supported independent living, learning and lifestyle hubs and employment for individuals with intellectual disability.

Staying true to our roots, we've implemented cutting-edge learning technology including Virtual Reality programs, robotics as well as 3D design and printing to give our customers the best opportunities possible to learn, maintain skills, and get creative.

Meanwhile, we're investing in purpose-built accessible housing to meet the needs of people with a disability now and into the future.

We know it is important to support people on their own terms, so we have created a new online resource for people to access learning activities anytime and from anywhere – even from home.

The Thrive Online hub is a virtual place for people with intellectual disability to learn new things, get creative, stay connected, and have some fun.

☎ **1800 112 112**
endeavour.com.au

**Head to the Endeavour Foundation website and thrive with us today.**

*Charlie Bell exercising with his support worker, Denise.*

# At home in the community

## Charlie Bell didn't walk until he was five years old but if you look at him now, you'd never believe it.

The 23-year-old attends Endeavour Foundation's Cannonvale Learning and Lifestyle hub.

At the state-of-the-art day service he can access world-leading Virtual Reality technology, robotics programs and even 3D printing to help him learn and to spark his creativity.

Like a lot of young men, Charlie flew the family nest when he was 18 and he now lives in a modern share house with Endeavour Foundation

"Oh, I love this new house," Charlie said, "The good thing about my house is living with Donny. We watch the footy [together].

"I love my room. I've decorated it how I like.

"Moving from home and moving in to here was pretty good. It was a good thing."

Charlie likes to get out and about as much as he can with his support worker, Denise.

"I think I know everyone [in Airlie Beach] now. People are always like 'hi Charlie' 'hi Charlie' 'hi Charlie'.

"Yes, I'm popular!"

*Lisa dela Rue loves seeing the food she packs on supermarket shelves.*

# A job that works for you

Lisa dela Rue has been working at Oakleigh Business Solutions for 29 years but she still gets a buzz from seeing the food she's packed on the supermarket shelves.

"You've got good, happy people here - I love my job here and how well they pack a lot of good things in boxes and bags," Lisa said.

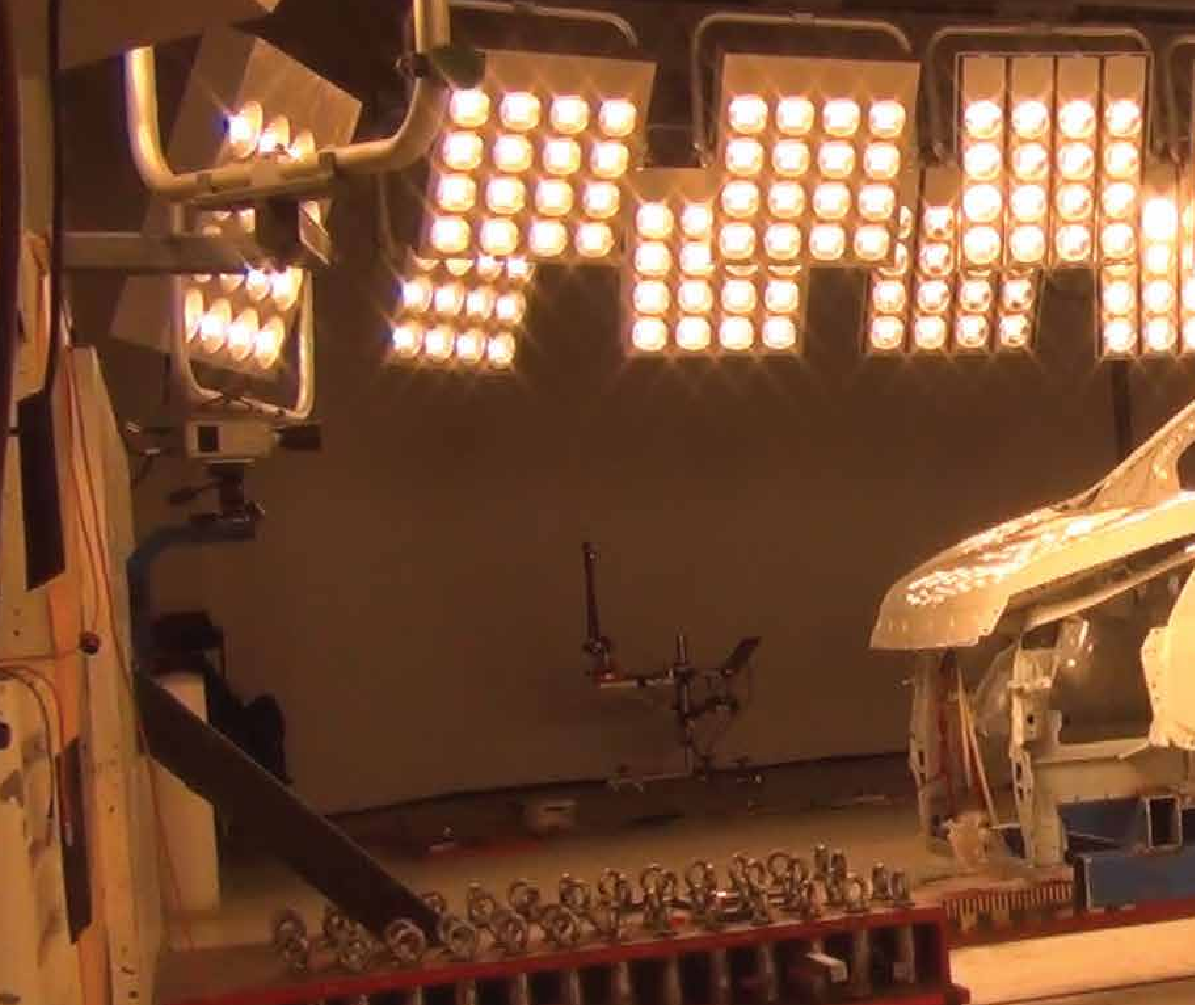
"I like going to the grocery store and seeing all the things we've packed, it makes me feel proud, and I get excited [when I see them].

"Since I've worked here, [I've] enjoyed it and I get to know everybody as I have good friends - it's very important to make friends."

Oakleigh Business Solutions is one of many Endeavour Foundation supported employment services operated under the Commonwealth government's Australian Disability Enterprise scheme.

Jobs are tailored to each person's abilities and include food manufacturing and packaging, driving trucks and creating works of art for sale.

NDVR Endeavour Foundation



# Lights, camera... safety

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**SupportAbility puts NDIS providers first. We've been developing solutions for disability providers for over 20 years. If you provide services under the NDIS, SupportAbility is made for you.**

## Here's the proof:

> “SupportAbility has been fundamental to the success that Leisure Networks has achieved over the past 6 years, bringing together our business & services and has enabled us to expand our customer base significantly.”
>
> **Libby Mears, CEO @ Leisure Networks Association Inc.**

> “The team at SupportAbility are flexible and responsive. We know that they are across the big issues as the NDIS changes and that we can rely on them.”
>
> **Warwick Cavanagh, CEO @ Bayley House**

**Use promo code: OUTLOOK2020**
**to waive our standard setup fee and save $2,500**

# Ensure quality outcomes with:

## Regular Upgrades

SupportAbility updates occur every 3-4 weeks to improve quality, enhance compliance, and add new features. We provide comprehensive release notes to help you understand and benefit from all changes.

## Price Guide Updates

Each state NDIS price guide is built into SupportAbility. When new price guides are published and the rules change, we release updates swiftly to ensure providers remain compliant.

## Support Logs

Collect digital signatures from clients or their nominees for NDIS supports delivered. Client support logs provide audit trails designed to enhance NDIS compliance.

## Goals, Progress & Evidence

Effectively manage client goals by establishing goal strategies, recording regular evidence and tracking progress via assessments and reports.

## NDIS Practice Standards

The NDIS Practice Standards defined by the NDIS Quality and Safeguarding Framework are built into SupportAbility and can be used to provide audit-grade evidence.

## Manage NDIS Funding

Create NDIS funding for clients, listing the supports used to pay for the services they participate in. Track budgets, expenditure, utilisation and balances with detailed statements & reports.

## Bulk Payment Requests

Generate NDIS bulk payment requests for the myplace provider portal in minutes. SupportAbility validates NDIS supports against the client's NDIS funding to reduce claim rejections.

## Invoicing

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## Privacy Barriers

To reduce conflict of interest risk, SupportAbility enforces privacy compliance between direct NDIS services, Support Coordination services and Plan Management services.

## Support Coordination

SupportAbility is the tool of choice for over 60 providers delivering NDIS Support Coordination services across Australia.

## Document Management

Upload documents, then apply privacy and expiry notifications as required. Manage client, staff and organisational policies and procedures with version control and unlimited storage.

## Incident Management

Our Incident Register provides comprehensive incident management tools such as ISO 31000 risk assessments, investigations and opportunities for improvement.

## Security Management

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SupportAbility

# More than ever, we are here so no one faces MS alone.

Multiple Sclerosis Limited (MS) provides a range of services to support people with multiple sclerosis to live the best lives they can. We service people in ACT, NSW, TAS and VIC.

**Why MS?**

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- **NDIS Plan and Support Coordination**
- **Free MS Helpline Service (Specialist Advice and Information)**
- **Employment Support**
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- **Respite and Carer Support**

**Contact our team on 1800 042 138 or send us an email msconnect@ms.org.au | www.ms.org.au**

MS

# CONTENTS

**FOREWORD ............................ 15**
Senator the Hon Anne Ruston, Minister for Families and Social Services & The Hon Stuart Robert MP, Minister for the National Disability Insurance Scheme.

**INTERVIEW ............................. 21**
Martin Hoffman CEO, National Disability Insurance Agency (NDIA)

**INTERVIEW ............................. 28**
Graeme Head, NDIS Quality and Safeguards Commissioner

**DISABILITY ROYAL COMMISSION: FIRST PROGRESS REPORT ...... 34**
The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was established in April 2019 and as at June 2020, it had received over 1,000 submissions and 4,000 telephone enquiries.

**NDIA NEWS ............................ 40**
A round-up of the latest National Diability Insurance Agency news

**PLAN MANAGEMENT .......... 44**
Plan management is an essential piece in the NDIS jigsaw puzzle. In a nutshell, plan managers help administer the financial aspects of a participant's supports and services plan.

**SUPPORT COORDINATION .. 57**
If employed appropriately, support coordination can potentially help participants build capacity and meet specific goals within their NDIS plan.

**NDIS A GAME CHANGER FOR UNITED DISABILITY CARE ................. 62**
The NDIS has been a "game changer" for United Disability Care, according to CEO Sylvia Capps.

**DELIVERING ON NDIS PROVIDERS' TECHNOLOGY NEEDS ......... 64**
Technology is enabling people with a disability to reach their potential.

*LiveBetter Debutante Ball*

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Broken Hill
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**livebetter.org.au**

# CONTENTS

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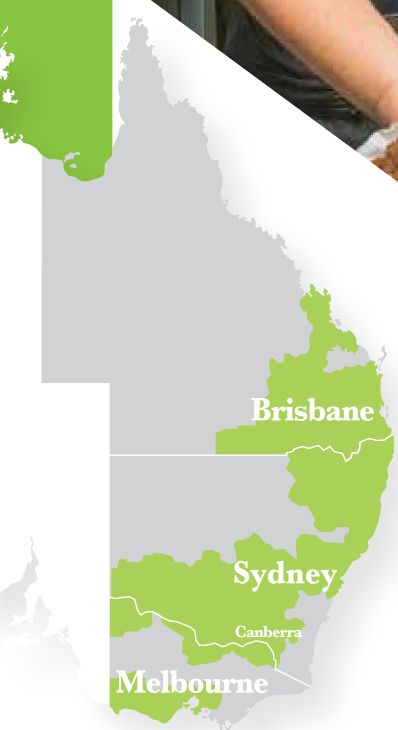

Brisbane
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# COVID-19 AND PEOPLE WITH DISABILITY:

## THE GOVERNMENT'S RESPONSE

Senator the Hon Anne Ruston, Minister for Families and Social Services & The Hon Stuart Robert MP, Minister for the National Disability Insurance Scheme.

The coronavirus pandemic has posed significant challenges for all Australians, particularly the most at-risk members of our community.

The Morrison Government understood the importance of supporting people with disability through this difficult time.

We have worked tirelessly to minimise the impact of the pandemic on people with disability, their families and the network of providers and workers that support them.

### PUTTING PEOPLE WITH DISABILITY AT THE CENTRE OF THE EMERGENCY RESPONSE

All Commonwealth, state and territory disability ministers met monthly through the Disability Reform Council to determine what needed to be done.

Across all levels of government, we acted to introduce a range of packages and measures that gave direct support to people with disability, service providers and workers in the sector.

Arguably the single most important action taken by the Morrison Government was to put people with disability front and centre in decision making regarding the national coronavirus emergency response plan.

The COVID-19 Management and Operational Plan for People with Disability is a critical part of the Government's fast-tracked $2.4 billion COVID-19 National Health Plan, which was announced by the Prime Minister in March.

It is a world leading document, prepared with significant input from people with disability.

It is tailored specifically to the health and support needs of people with disability and the unique

**Senator the Hon Anne Ruston, Minister for Families and Social Services.**

**The Hon Stuart Robert MP, Minister for the National Disability Insurance Scheme.**

> “Arguably the single most important action taken by the Morrison Government was to put people with disability front and centre in decision making regarding the national coronavirus emergency response plan.

challenges and risks they may face during this pandemic.

It means that the healthcare and support needs of people with disability, their families and carers can be met during the pandemic.

It means those most at-risk people in our community can get help when and where they need it.

It addresses factors including access to appropriate screening, prevention and care, the reliance on close contacts people with disability have with carers and support workers, dealing with compromised immune systems, and the presence of underlying health conditions.

It addresses the critical issue of access to personal protective equipment (PPE).

PPE from the National Medical Stockpile was made available to disability providers and self-managing participants of the National Disability Insurance Scheme (NDIS).

More than 500,000 masks were allocated to the disability sector to help provide essential protection for front-line disability workers.

## A HELPLINE FOR AUSTRALIANS WITH DISABILITY IN NEED

Along with the daily challenges presented by the coronavirus, it was clear Australians with disability needed a place to turn to for authoritative and practical information.

So we stood up an important early resource through a new Disability Information Helpline, a dedicated referral and information hub for people with disability who needed help because of coronavirus.

It was essential the Helpline was staffed by people who understand and who have worked with people with disability.

Their role is to answer questions, find or fact-check information for people and sometimes to just listen and provide a reassuring voice.

Helpline staff were also trained to refer callers on to appropriate counsellors, advocates or other services if needed.

The dedicated line also offers help to families, carers and support workers.

The Helpline provides support in several languages, with referrals to the national relay service for people who are deaf or hard of hearing and to easy read information and Auslan services.

The Helpline was set up as part of a $90.7 million package to help people with disability employment and other support services.

In this package, up to $61 million was made available to Disability Employment Service providers to support jobseekers with disability during the coronavirus pandemic.

Australian Disability Enterprises (ADEs) were able to access over $27 million to help people with intellectual and cognitive disabilities keep their job or be ready for new opportunities as the economy recovers.

This included $3 million to extend the Supported Wage System supplementation to 37 ADEs who currently use the system.

## DELIVERING THE NDIS AND SUPPORTING ITS PARTICIPANTS

We have continued to deliver the NDIS during the pandemic.

The NDIS is now supporting more than 360,000 Australians with disability, with around 27,500 people with disability joining the Scheme in the first quarter of 2020.

More than $4 billion was paid on supports during this quarter – a 70% increase on the same time last year.

Wait times for an access decision remain unchanged, taking on average just three days.

We continue to see significant improvements across the NDIS ensuring Australians with disability receive timely support from the Scheme.

The National Disability Insurance Agency (NDIA) has acted quickly to give participants flexibility and continuity of service amongst the challenges of the coronavirus outbreak.

Participant plans were extended by up to 24 months, if participants were happy with their current supports, giving NDIA staff the flexibility to focus on urgent changes to plans resulting from the crisis.

Telephone meetings rather than face-to-face meetings were offered as a safer way to continue service delivery, including for new plans and reviews.

More flexibility was afforded in plans. Participants were encouraged to identify their essential supports and use their funding flexibly, with plans amended quickly when required.

During this period, participants can access low cost assistive technology of up to $1,500 using flexible plan funding to help ensure the continuity of NDIS funded supports.

This means participants can access assistive technology items like fitness equipment and smart devices that allow them to continue receiving supports, such as therapy and social participation.

Importantly, the NDIA put in place a strategy to reach out and check on the wellbeing of the most at-risk participants to ensure they had the support they needed.

To assist participants in Supported Independent Living, new funding was granted to cover the costs of deep cleaning residences and of the higher-intensity support that would be required should a participant contract the virus.

The NDIA and the NDIS Quality and Safeguards Commission have also developed and distributed a range of accessible information on COVID-19 for NDIS participants, families and carers, providers and workers.

All the while we closely monitored for any new service gaps that might open and where we needed to find an alternative provider to step in when essential services were required.

## A HELPING HAND FOR NDIS PROVIDERS

To help NDIS providers continue delivering their services and retain workers the NDIA provided financial assistance including advance payments and a 10% COVID-19 loading on some supports.

This helped provide immediate cash flow and gave service providers some financial relief to help them remain viable and retain staff.

Advance payments totalling $666 million were made.

We have taken considerable steps to support the disability workforce, including removing visa restrictions on international students working

in the sector to help boost frontline health efforts to tackle the virus.

We also fast-tracked worker screening processes, creating online tools to assist the disability sector to connect with job seekers, and developing new training programs to assist displaced workers to retrain for the care sector.

Additionally, we developed measures to source additional disability support workers to provide high quality care should the need arise.

This included upskilling of displaced workers from other industries and matching existing and new workers to areas where there is a demand for services.

> “Australians can be rightfully proud of the co-operation and collaboration shown across our society to ensure people with disability are supported during the coronavirus.

## WE ARE ALL IN THIS TOGETHER

While the Morrison Government has been working closely with disability service providers, peak bodies and key stakeholders, many businesses and individuals have also risen to the challenge to support people with disability during the pandemic.

Major retailers such as Coles, IGA and Woolworths are among those businesses who have stepped up.

At a time when panic buying saw Australians with disability face challenges getting even the most basic of supplies, we worked to ensure NDIS participants received priority access to home delivery services from supermarket retailers when they buy groceries online.

Our major retailers have distributed flyers both in store and through online shopping to shoppers to help us spread the word about support services available for people who need crisis support, including people with disability.

Australians can be rightfully proud of the co-operation and collaboration shown across our society to ensure people with disability are supported during the coronavirus.

Australians have always come together in times of need.

None more so than during this pandemic.

The Morrison Government is backing Australians with disability, their families and carers.■

**For more information on the Management and Operational Plan for People with Disability visit the Department of Health website: https://www.health.gov.au/resources/publications/management-and-operational-plan-for-people-with-disability**

# Deafblind Information Australia

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# Helpful, rewarding and informative.

**Deafblind Information Australia** is a website hosted by the consortium of Senses Australia, Able Australia and Deafblind Australia.

The website is specifically designed to provide up-to-date information for people with deafblindness, their famiies and support networks, service providers and community organisations.

- View videos about deafblindness with Auslan interpretation and captions
- Contact a deafblind consultant
- Access information about the NDIS

**Find out more at**
**www.deafblindinformation.org.au**

**INTERVIEW**

# MARTIN HOFFMAN

## CEO, NATIONAL DISABILITY INSURANCE AGENCY (NDIA)

### The COVID-19 disruptions have had a big impact on service delivery in 2020. What have been the major disruptions to the NDIA and how has the service responded?

We understand that the coronavirus pandemic has been a challenging time for everyone.

Like everyone, we needed to adapt and rethink how we deliver the National Disability Insurance Scheme (NDIS) as the situation has evolved. I'm proud of the way the National Disability Insurance Agency (NDIA) has responded to ensure our participants continue to receive essential disability-related supports, and our providers can deliver them.

The major disruption has been the shift away from our usual face-to-face interactions, so we've become agile in offering phone or online meetings.

Other measures have been to create a dedicated call line through our National Contact Centre for coronavirus-related enquiries, and for NDIS plans to be automatically extended for up to 12 months if they are due to end. Following a plan review, plans can now be extended for up to 24 months.

If a participant wants to make changes or have a plan review, they are still able to via phone or online with our special team of planners available to make adjustments if needed.

We have enabled participants to use their funding more flexibly during this time – including for the purchase of low-cost assistive technology, such as smart tablets, to stay connected with their supports.

We identified around 62,000 participants most at risk and reached out to them, to check on their wellbeing and provide support. This initiative involved contacting around 2,000 participants each day.

The Agency worked with supermarket retailers to give NDIS participants priority home delivery services for those who required help with their shopping.

I'm proud of the work the Agency has done in such a short space of time, and under challenging circumstances, to put these measures in place to provide assurance to our participants.

### What are the particular disruptions and issues facing people with disability as NDIS participants as a result of COVID-19?

Physical distancing restrictions related to coronavirus have had a significant impact on our participants.

We have seen providers adapting through finding new, innovative ways of delivering service. There's been a significant shift in services with many now being delivered online.

I've heard and read countless examples where participants are now using technology to receive therapy and supports – everything from speech therapy to dance classes. These new ways to deliver services have been well received by both participants and providers.

For some people, the use of online platforms and technology to access supports or for social inclusion has been a welcome transition.

Of course, not every service or support can be delivered virtually. Our goal is that by maintaining support where possible, participants will be well placed to resume their other supports and services when restrictions are eased, and get back on track to achieving their goals.

### There have been reports that the disruptions have also impacted service providers. What are your observations and what measures has the NDIA taken in response to make life easier for registered providers?

Continued access to essential supports for NDIS participants has been a priority in the coronavirus response.

The Agency wanted to ensure providers could continue to deliver support to NDIS participants so we implemented a number of financial measures to provide immediate cash-flow relief and help the retention of workers.

**INTERVIEW**

# MARTIN HOFFMAN

## CEO, NATIONAL DISABILITY INSURANCE AGENCY (NDIA)

Eligible registered providers were able to receive a one-off advance payment to ensure they could keep their doors open and continue delivering services. We paid out more than $600 million to around 5,000 providers to give them some cash-flow relief and greater financial certainty.

Further measures to ensure providers have been able to continue to provide important services and to support their staff during the coronavirus include the introduction of a temporary 10% price loading to some supports and a broadening of the cancellation policy.

### You are relatively new to your role in a relatively new organisation. Do you have any observations on how the NDIA is evolving, and some of the growth and successes you have seen?

While I only joined the NDIA in November last year, it already feels like things have changed and participants are noticing. We are still a relatively young Agency and we need to continue to respond to change, clear the roadblocks and work hard to deliver the best possible Scheme for participants.

The Scheme has very quickly moved from four trial sites in 2013 to supporting over 360,000 participants across the country. One thing that remains constant is our focus on participants.

The reality is my first six months as CEO have been quite different to how I imagined with the recent bushfires and now coronavirus.

I've seen the passion of our frontline staff working directly with participants to make a difference in their lives, and the commitment of our support staff to make policy, process, communication and systems better for our participants.

We have had staff go out into bushfire-affected areas to ensure participants could get the supports they needed during the recovery phase. We have redeployed staff from support roles to take on service delivery tasks so we could respond quickly to the challenges of coronavirus. We've had staff working outside their normal hours to contact vulnerable participants to check on their wellbeing.

> “We are still a relatively young Agency and we need to continue to respond to change, clear the roadblocks and work hard to deliver the best possible Scheme for participants.

We have made changes to our team structure to best support service delivery and shift our focus to the ongoing operation of the NDIS, which has now rolled out nationally.

We have made significant improvements to wait times for access, which as of 31 March 2020 was just three days. We have significantly reduced the number of outstanding Participant Requested Reviews from 7,295 at 30 June 2019 to 755 at the end of March 2020.

We have released our employment strategy, we have contributed to a reduction in the number of younger people entering residential aged care through our action plan and we have increased the diversity of our participants.

But we still have work to do and we are ready to face those challenges.

### What are your current priorities as chief executive?

We have a significant job ahead of us in 2020 and my priorities this year are to achieve one goal: to make the NDIA simpler, easier and more reliable for participants.

We have the government's plan for the NDIS as our roadmap and we must power on to deliver the Scheme to close to 150,000 more participants by 2023.

Right now our priority has been on the shifting nature of service delivery during the coronavirus pandemic.

My current goal is that we continue to ensure providers are well equipped with the right information, funding and appropriate policies to enable essential services to continue to be delivered.

This means I'm listening to the sector, to better understand how we can support participants and providers, both right now and in the future.

### What do you see as your greatest challenges?

A Scheme the size and scale of the NDIS does present some challenges, but also great opportunities.

This is a world-first way of supporting people with disability – giving them greater choice and control over their own lives.

But what that does mean is there is no blueprint – we are doing something that has not been done before so it's critical that we listen to feedback, address any issues and maintain our focus on participants.

Participants are at the centre of

everything we do; however, importantly we also have a responsibility to be responsive and accountable to a number of stakeholders – working with governments, providers and the wider disability sector.

This is a huge task with a lot of contributors and we need to make sure we are making the right decisions, with a clear and shared focus on Australians with disability.

**What are the metrics and criteria by which you measure your performance, and are you able to share any results from this or is it too early in the life of the organisation?**

The NDIS is still a very new way of supporting Australians with disability – it began rolling out after an initial trial in 2016 and only became national in July 2019.

We are committed to regularly sharing updates on the Scheme's progress and as part of our commitment to this transparency we regularly release data – through our NDIS quarterly reports and other specific data releases throughout the year.

Our quarterly reports provide us with a regular update on how the Scheme is tracking. These are a good indicator of the Scheme's successes and also where we might need to focus our attention.

Our participants' satisfaction surveys show more than 80% of participants indicate their experience with the NDIS is good or very good.

As of 31 March 2020, the latest quarterly report showed that we're increasing the diversity of our participants – 11.3% of participants identify as culturally and linguistically diverse, compared with 8.9% in previous quarters. A further 7.7% of participants this quarter identified as Aboriginal or Torres Strait Islander, compared with 6.1% before.

We are also continuing to support Younger People in Residential Aged Care. We have reduced the number of people under the age of 65 in residential aged care from 6,243 at the end of June 2017 to 5,297 at 31 December 2019, a decrease of 18%. While this is pleasing, we know there is much more work to be done.

My true measure of success is that participants, families and carers feel supported, can live more independently and can achieve their goals. We've got some work to do, we're not there yet, but we know we are heading in the right direction.

**With Western Australia coming under NDIA jurisdiction in July 2020, the scheme will become truly national. What are the updated metrics on the number of participants and the funding arrangements after recent budget increases?**

From 1 July 2019, the NDIS was available across the country with the exception of Christmas and the Cocos (Keeling) Islands which will transition on 1 July this year – a truly exciting milestone.

Over the next five years, the NDIS is expected to provide more than $22 billion in funding a year to an estimated 500,000 Australians who have permanent and significant disability.

As at 31 March 2020, 364,879 Australians are benefitting from the NDIS, of which 55,957 are children aged zero to six. Over 40% of participants are receiving supports for the very first time (154,139).

**Technology is a big part of service delivery for modern organisations. How is technology being used to improve the operations of the NDIA and outcomes for participants and the providers?**

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# Financial Plan Management

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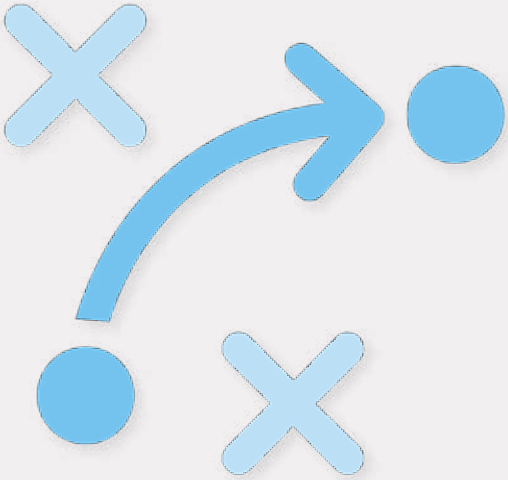
- ✓ Unmatched protection of participants NDIS funds
- ✓ Profits directed back into the disability community



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**INTERVIEW**

# MARTIN HOFFMAN

## CEO, NATIONAL DISABILITY INSURANCE AGENCY (NDIA)

participants, using technology to make it a simpler process and improve the efficiency and speed of some of the things we do.

To ensure all eligible Australians continue to be able to apply for access to the NDIS, downloadable Access Request and Supporting Evidence forms are now available on the NDIS website.

We have introduced an improved webchat with 'live chat' service on our website, which participants can use to talk with staff at the NDIS instead of calling.

Enhancements have been made to the myplace provider portal, with the ability for registered providers to submit payment enquiries through the portal and improvements to the Request for Service (RFS) process for registered Support Coordinators.

In a wider sense, a specific focus in the government's plan is to improve the digital experience providers and participants have with us. This means things like making the myplace portal easier to navigate for both participants and providers.

### Are there any particular technology innovations which are having, or will have, an impact?

Digital investments will play a key role in reducing the administrative burden on businesses, allowing providers to focus on what's most important – improving participant outcomes.

The NDIA is developing a Digital Partnership Program, which will manage controlled and secure access to some of the NDIA's data and systems, making it easier for participants to connect and interact with providers.

Access will be managed via application programming interfaces (APIs). These APIs are being developed so providers and software developers can create new tools, applications and digital marketplaces to improve how participants, providers and the NDIA all connect and work together.

As part of the Agency's dedication to transparency, we have also initiated the NDIS Public Data Sharing Approach which aims to increase community understanding of the Scheme's operation and highlight areas for continued focus.

> “My true measure of success is that participants, families and carers feel supported, can live more independently and can achieve their goals. We've got some work to do … but we know we are heading in the right direction.

The outcomes data collected by the NDIA represents one of the largest surveys of the disability sector – participants, their families and carers – that has ever been conducted in Australia.

We want to ensure more people have the same opportunity to succeed, and by releasing this data regularly we can include all other areas of the community in the conversation about how best to do that.

### The Royal Commission has delivered an interim report which detailed some harrowing case studies on the abuse and mistreatment suffered by some people living with disability. How do you think the Royal Commission will shape services provision and the work of the NDIA going forward?

We welcome the Royal Commission as an important opportunity to further understand and highlight the current and historical issues faced by people with disability.

The NDIA is committed to ensuring the safety and wellbeing of participants.

Importantly, the NDIS has seen the establishment of the NDIS Quality and Safeguards Commission, a national independent agency that oversees the regulation of providers.

The Commission provides national consistency in regulating providers, promotes safety and quality services, resolves problems and identifies areas for improvement.

### As it matures over time, how do you see the NDIA making a positive contribution to the outcomes for people living with disability?

The NDIS is designed to support people with disability to increase their independence and achieve their goals.

What we have seen and heard from people is that the NDIS has truly changed the lives of many Australians with disability and given them greater choice and control over their own lives.

We have identified a few key areas where we want to see the outcomes of people with disability continue to develop and grow.

We're working very hard on those areas and I'm very confident we will see even better outcomes for even more people as we get on with that task. ■

# Everyday you can c

**Mitch out and about with his support worker Chris**

We're a national provider of disability services and we're there for our customers every day.

Everything we do, we do to make a real, meaningful difference for our customers and the quality of their everyday lives.

It's called care – and that's what our people are all about.

Hayden staying active with his support worker Wayne

Lifestyle Solutions is a registered NDIS service provider.

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**INTERVIEW**

# GRAEME HEAD

## NDIS QUALITY AND SAFEGUARDS COMMISSIONER

**Graeme Head was appointed as the inaugural Commissioner in November 2017 to lead the NDIS Quality and Safeguards Commission.**

**Head came to the role after senior roles at both Commonwealth and state levels. These included state-level roles as the NSW Public Service Commissioner and Director-General of the NSW Department of Commerce and Deputy Director-General of the NSW Department of Premier and Cabinet.**

**At a federal level, he was previously Deputy Secretary of the Department of Health and Ageing, and led the National Health Transition Office as it implemented the National Health Reform Agreement between all three tiers of government.**

**For the second successive year, Graeme Head spoke with *National Disability OUTLOOK*'s Lachlan Colquhoun to discuss the work of the Quality and Safeguards Commission, and how the roll-out of the organisation is progressing.**

**I understand instead of Western Australia transitioning to the NDIS on 1 July 2020, this has been pushed back to December. Can you update us on those arrangements?**

In response to representations from WA providers, the WA Government took the view that it would be challenging for providers to manage transition at the same time as they were dealing with COVID-19 and so they determined to move the date. The Commission is ready to transition WA in December. We will establish our office from July, because that will help us during a period when there is a reduced capacity to travel. We will have local people on the ground working with people with disability and providers in WA in the lead-up to that December transition date.

**You say that the transition in WA has been delayed by the COVID-19 disruptions. What sort of an impact do you think the disruptions have had on a national scale on providers and also on your work?**

The Commission was very quick to notify providers of the presence and the threat of COVID-19, so my first alert to providers went out on the seventh of February. That is one of 16 alerts we have used to communicate with providers across the entire sector about what was expected of them, and about information that could help them respond properly to COVID-19. We issued fact sheets about particular issues in addition to provider alerts. We also produced information for participants about what they could expect during COVID-19. We had very good processes within the portfolio, co-ordinated between ourselves, the National Disability Insurance Agency (NDIA) and the Department of Social Services (DSS). There were also good processes to work with leaders in the disability support provider sector, and with people representing groups of people with disability.

I required providers to notify me of anything that would cause them not to be able to provide support as a consequence of the pandemic, and also to notify me of any infected workers or participants. That notification scheme worked very well. It meant we were able to keep a very close eye on what was happening across the entire NDIS system. Some resources that were created will be very useful in other situations as well as in the ongoing response to COVID-19.

**When you look back over the year since we last spoke, what are the milestones and ongoing challenges for the Commission?**

Generally, I think the rollout is going well. It is highly complex and we are still in a transition phase. Some of the challenges relate to the fact that the national quality and safeguarding model represents a very significant change to the arrangements that were previously in place in some states and territories. So while we are moving to a national jurisdictional system, the pathway to that looks very different depending on which state or territory a provider was operating in previously. That creates some complexity and it means that there is a lot of effort required on our part, to work with providers to understand their obligations and to work with them to achieve compliance with the new arrangements.

Another challenge is that the Commission itself is relatively new, as are the regulatory tools that it is using. So in addition to the very significant work that is required to successfully transition and regulate providers, there is also a significant amount of work required internally to build and operationalise their own systems and processes, and also to build all of the necessary organisational capability. Because we are not quite two years old, we are a start-up organisation which is operating with a completely new regulatory architecture. The pathway to working within that is quite different, depending on where providers were regulated in the past.

That said, there have been a lot of significant milestones. There has been the successful migration of around 20,000 providers from seven states and territories into the Commission's jurisdiction. Then there is the progressive re-registration of those providers. This process is underpinned by assessment against the Practice Standards.

I think a really big milestone for the Commission is the release of the worker orientation module. This is a very significant resource about the Code of Conduct, about the NDIS generally and what we expect from providers and workers. More than 200,000 people working in the sector have completed the module. We have also done significant work in complaints resolution and progressing the Commission's behaviour support function.

It will be a very important moment for the Commission, and for people in the NDIS and providers, when we transition WA in December. It means that by December next year, when WA providers will largely be through the re-registration process, then nationally we will have an industry that is registered with us, all against the practice standards.

> Because we are not quite two years old, we are a start-up organisation which is operating with a completely new regulatory architecture. The pathway to working within that is quite different, depending on where providers were regulated in the past.

**You have published some data on notifications and complaints for the six months to the end of 2019. What can you tell us about that and what does it show?**

Those numbers reflect the fact that we now have seven of the eight states and territories in the scheme, whereas last year's activity figures only related to SA and NSW. On reportable incidents, we had just over 69,000 reports of incidents in the six months leading up to December 2019. That is a very significant number. Over 65,000 – or over 90% of those – were reports of unauthorised use of restrictive practices. That number doesn't reflect an increase in the use of these practices, but does reflect the extent of use of the practices. It also reflects the variations in state and territory arrangements around authorisation processes, and the speed at which providers are meeting their obligations to put behaviour support plans in place.

So a lot of effort is being taken by the Commission in two key areas around this. One is the work we are doing with states and territories on national consistency around authorisation processes and the principles that underpin them. And the second thing is to work with providers around compliance with the obligations to have behaviour support plans in place for anyone who may be subjected to a restrictive practice.

For instance, the way the rules work, somebody may have a medication prescribed for them by a clinician and that is captured by the definition of a restrictive practice. Not withstanding the fact that the medication is prescribed, if there is no behaviour support plan in place and it's a jurisdiction which doesn't have specific authorisation processes for chemical restraints, every single use of that medication, each day, is a separate reportable incident.

**What have been your responses and what action have you taken on these notifications?**

The compliance approach is really to identify the jurisdictions where particular features of the system cause some of the dynamics, which appear in these reports. To identify providers that have particularly high levels of reporting and then to essentially require providers to take action in respect of not having plans in place and potentially, depending on the actions which are taken by providers, we can take further compliance action. So when our end of year data is published, we will have both the additional numbers for the six months from January to July 2020, but also an articulation of the various strategies, both engagement and compliance strategies, that are underway in respect of this issue.

On other reportable incidents, while a large proportion relate to unauthorised restrictive practices – over 90% – the residual relate to matters that require notifications to us and some of those are resolved through overseeing the provider taking certain action that result in referrals to police. So reportable incidents are an extremely important source of intelligence, as are complaints.

During that same six-month period, we had 2,022 complaints. While the focus of the complaints function is to resolve a complaint for the complainant, complaints themselves can – depending on the nature of what is complained about – result in a referral by us to another agency if the complaint relates to something that, for instance, was criminal in nature or it could involve a referral to a child protection agency. Or it can result again in an internal escalation, if the nature of the complaint suggests that there are broader compliance issues.

### How should we interpret these numbers?

We should expect complaint numbers to rise because historically, there has always been the view that there has been a lower level of complaints made than problems experienced. With reportable incidents, the numbers

are very large and they provide a very particular set of insights but some of those insights are about the rate of use of these processes, and some of them are actually a function of the way the rules operate in states and territories that don't have authorisation processes for all classes of restrictive practice. And where that coincides with behaviour support plans not being in place.

It's important for people to understand what the numbers represent. It's also the case with reportable incidents. The reportable incidents include both allegations and substantiated incidents, as well as sometimes multiple reports of the same thing. Over time, we will see these transitional issues related to authorisation processes and planning start to resolve, and then we will have a truer picture of the rate of use.

> "I think that trust is something that is earned and not given, and we are working hard to earn that trust. We have reached out to participants to encourage them to complain. And not only to participants, we've worked with advocates, with organisations representing people with disability.

**Last year we talked about trust, and that one of the Commission's key tasks was to build this trust. How do you assess this now?**

I think that trust is something that is earned and not given, and we are working hard to earn that trust. We have reached out to participants to encourage them to complain. And not only to participants, we've worked with advocates, with organisations representing people with disability. We work with other state government agencies, which

might interact with people with disabilities, to encourage people to make complaints. I think that ultimately trust will be earned if people can see that we are respectful of people's circumstances in the way we respond to things they tell us about. I think trust is earned through demonstrating that we are listening and acting on what we are hearing, and when we reflect on our own performance. So that we can learn what we can do differently and better and can learn from our mistakes, and people can see this. This is new, and for some people, they won't have complained to anybody in the past. They are also dealing with a new organisation with whom they don't have much of a history. We've had enormously positive feedback about the worker orientation module. We put enormous effort into a wide range of accessible formats for the material we produce for people with disability. But the Commission's establishment is a work in progress.

**The South Australian case of Ann Marie Smith, a woman with disability living at home who died from severe pressure sores and from malnutrition, shocked the nation. You did intervene in this case? Can you update us on this?**

I think it would be premature of me to comment on that. Obviously the circumstances of Ann Marie Smith's death are appalling. The Commission is actively investigating the provider of those supports and we are working alongside South Australian Police, who are also conducting an investigation. I think importantly, I have appointed Alan Robertson SC, a former Federal Court judge, to undertake an independent review of a range of matters related to what happened to Ann Marie Smith. That review will include examining the Commission's regulatory architecture and commenting on any issues that are relevant there. It will also look at how we operated our regulatory functions in respect of that provider. Mr Robertson is due to report by me by 31 August.

The terms of reference specifically note that Mr Robertson is not subject to my direction in the conduct of his review and that I will publish the findings of the review, subject only to those redactions required to protect any criminal or civil proceedings that relate to the matter.

**When we spoke last year, you talked about what you said was the "journey to best practice". How would you assess that journey so far?**

We are still in the transition process. The Commission has its core function and a set of functions which are regulated. I think good progress has been made in rolling out the regulated functions and in prioritising efforts around that. We will identify the need for improvement and when we do that, some of those things will relate to things we might be able to change, in relation to the Commission's approach. Some of those things might relate to matters we might advise Government about. In terms of some of the outreach and engagement work, I do think the worker orientation module is an example of very good practice in providing a large number of people working in the sector with a high quality learning resource where, importantly, that work is delivered by people with disability.
I think that one of the areas we are now working very intensively to develop our capabilities in is around data analytics, because some of the system interventions we will be able to make really rely on us having very good data and a sophisticated capacity to analyse that data. We are not there yet, but it's an area where the Commission is putting in a lot of effort. When you are managing transition, it's a challenge to focus equally on transition and on some of the operational work of the organisation. I think we've achieved a better balance of that over the last several months and we are refining our operating model. I think once the WA transition happens in December, we will be quite well set up to move beyond transition. ■

# DISABILITY ROYAL COMMISSION:
# FIRST PROGRESS REPORT

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was established in April 2019 and as at June 2020, it had received over 1,000 submissions and 4,000 telephone enquiries. **Lachlan Colquhoun** outlines the Commission's work so far.

The creation of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was a response to widespread community concern about reports of the treatment of people with disability, with a mandate to deliver a comprehensive and appropriate set of recommendations for reform. An interim report will be delivered by 30 October 2020, with a final report scheduled for delivery to the federal government by 29 April 2022, but already the Commission has released a First Progress Report and eight issues papers.

## THE DEATH OF ANN MARIE SMITH

The recent death of Adelaide woman Ann Marie Smith in May shocked Australia, and provided another reminder – as if one was needed – of the important role of the Disability Royal Commission.

The 54-year-old, who suffered from cerebral palsy, had been sitting in the same woven cane chair for more than a year, alone in her home in Adelaide's eastern suburbs.

When she was taken to hospital she was severely malnourished and her flesh was rotting. After emergency surgery, she was taken into palliative care and later died.

In the aftermath, National Disability Insurance Scheme (NDIS) provider Integrity Care was fined $12,600 for failing to report her death.

Although the Royal Commission will not immediately investigate the case, Commission chair Ronald Sackville AO, QC, issued a statement saying he was "appalled" by the case.

> "The Progress Report did not make recommendations, reserving these for the interim and final reports, although the work so far has identified issues for further investigation.

"The circumstances of Ms Smith's death are the subject of multiple investigations, including a major crime investigation by the South Australian Police," Sackville said. "It is, however, open to the Royal Commission to undertake such an enquiry at a later stage and it will follow the progress of other investigations."

He said that many aspects concerning the treatment and death of Ms Smith fell under the Royal Commission's Terms of Reference, and these issues will be part of the Commission's ongoing inquiry.

The Commission is also investigating what must be done to improve accountability through safeguarding mechanisms, appropriate monitoring and oversight practices, and this will be a key focus as it seeks community input.

## FIRST PROGRESS REPORT

In the Commission's First Progress Report, published in December 2019, Sackville said the public hearings and community forums had outlined "many harrowing accounts of violence, abuse and neglect" and had examined practices and policies which had the potential to enhance and protect the independence, inclusion and rights of people with disability.

"These are critical to formulating recommendations that will hasten the day when people with disability enjoy the full and equal enjoyment of all human rights and fundamental freedoms, and respect for their inherent dignity," Sackville said.

The Commission, he said, was a "genuine opportunity to bring about the transformational changes necessary to achieve a more inclusive society".

"We are deeply conscious of the magnitude and complexity of the task we face," Sackville said.

"Even so, we embrace the challenge and are determined to meet it."

The Progress Report outlines the Commission's key activities over 2019, detailing its policies and procedures in areas such as accessibility and confidentiality, and also outlining the results of public hearings, workshops, the six community forums and the nature of submissions.

Of these submissions, 74% described incidents of violence, abuse, neglect or exploitation which had occurred recently, since 2010.

One in three submissions focused on homes and living as their primary topic, while a similar number were focused on education and learning.

The Progress Report did not make recommendations, reserving these for the interim and final reports, although the work so far has identified issues for further investigation.

In May 2020, the most recent issues paper addressed the issue of restrictive practices of people with disability, which referred to any action which limits the rights or freedom of movement of another person. The Commission called for responses by the end of August 2020.

The seven previous issues papers prompted more than 170 responses.

"We are asking for information about when, where, how and why restrictive practices are used on people with disability," Sackville said.

"We want to hear about how the use of restrictive practices can be avoided, and hear about alternative measures and strategies."

An earlier issues paper looked at the experience of people with disability in employment, noting that according to the Australian Bureau of Statistics, just over half, or 53.4%, of people with disability were in the labour force as of 2018, compared with 84.1% of people without disability.

The Commission noted that the median gross income for a person with disability aged 15 to 64 was $505 a week, less than half of the $1,016 for a person without disability.

"Our issues paper seeks to identify the barriers to employment that may prevent financial independence and other benefits associated with work, including dignity, a sense of purpose and social connectedness," Sackville said.

"We also want to understand why First Nations people with disability experience higher rates of unemployment than non-indigenous people with disability."

In the wake of the bushfire crisis of early 2020 followed by the COVID-19 pandemic, another issues paper sought information about the experiences of people with disability during the emergencies, seeking feedback on what can be done to improve their safety and wellbeing during such times of crisis.

"We already know that people with disability can be severely affected by emergencies and may be at a higher risk of experiencing violence, abuse, neglect and exploitation at these times," Sackville said.

Other issues papers in 2019 covered areas such as health care and group homes. ■

## AS TOLD TO THE ROYAL COMMISSION

**The Commission has held public meetings around Australia, hearing about the lives of people living with disability and the experiences of carers. Here is a selection of quotes, taken from the First Progress Report.**

"Why is it so difficult for people with disability to have the same basic human right as anybody else in this room or in the community? Why is it that we can't have the same basic things? You're allowed to get married. I might not be because I've got a disability. You're allowed to go to the pub. I'm not, I've got a disability. I'm in a group home. Those get locked at 6 o'clock. You're allowed to have children, I'm not. Why: because I've got a disability. When is it going to end that people with a disability have the same basic human rights as anybody else in this community?"
**Mr Colin Hiscoe, witness at the homes and living hearing in Melbourne, 5 December 2019.**

"I simply want to live my life as much as I can on my own terms; that is, I am happy and even eager to play the best hand with the cards I've been dealt. This is my first priority. If this seems like a cry, it is not a cry for sympathy but instead for empathy."
**Dr Peter Gibilisco, witness at the homes and living hearing in Melbourne, 2 December 2019.**

"… to be free as a bird – because I've been through domestic violence as well, I have, and I've left my partner. And ever since I've left my partner, I've felt more freedom. My health has been a lot better. I didn't – don't need to hold things in, I don't now, and, yes, I can speak up for myself. I'm a fighter, I am, and I'm with the First Peoples Disability and I teach other people that they have got a voice to be heard, they have, not to be ignored."
**Ms Jane Rosengrave, witness at the homes and living hearing in Melbourne, 2 December 2019.**

"We can't possibly be happy with what we are currently doing because history has reminded us time and again that the segregation and othering of diverse groups of our own human kind results in the most horrific outcomes which linger for many decades and transcend generations. We have known better for an awfully long time. We must act with urgency and do better."
**Ms Loren Maree Swancutt, Regional Head of Special Education Services, North Queensland Region, witness at the education hearing in Townsville, 6 November 2019.**

# COVID-19 STALLS HEARINGS, COMMISSION CALLS ON GOVERNMENT FOR ACTION

The COVID-19 pandemic disruptions may have postponed the Royal Commission's public hearings, but the Commission has been active in calling for action for people with a disability during the lockdown period.

In a statement in late March, just after Australia went into lockdown, the Commission issued a statement calling for urgent government action to protect people with disability from abuse and neglect during the pandemic, with specific support during the pandemic to meet their health needs.

The Commission said it was deeply concerned about the potential impact on many people living with disability and said it was the responsibility of governments to ensure their safety and protection.

The statement made specific mention of the wellbeing of people living in group homes, prisons and mental health facilities, warning against locking down facilities or restricting visits.

While these decisions may be made to reduce the risk of infection, it could have unintended consequences of reduced oversight for formal visitor schemes, families and advocates.

"With the decrease of oversight comes an increase in the risk of violence, abuse, neglect and exploitation," the statement said.

"We encourage governments to implement all necessary measures to protect and support people with disability in residential settings during the pandemic."

People with disability could also be disproportionately at risk of infection, because as a group they were likely to have a higher number of health issues and underlying conditions such as chronic disease and respiratory illnesses.

The Commission commended businesses for taking steps to provide priority access to food for people with disabilities, and also for government measures to ensure essential support through the National Disability Insurance Scheme (NDIS).

The Commission, which was due to hold public hearings in Brisbane and Alice Springs as the pandemic lockdown began, was forced to cancel all public hearings until further notice.

Commissioner Ronald Sackville said he was considering the implications for the future timetable.

He said people could continue to contact the Commission about their experiences by telephone, in writing, or through audio or video recordings. ■

# SAFE PLACE FOR FIRST NATIONS PEOPLE

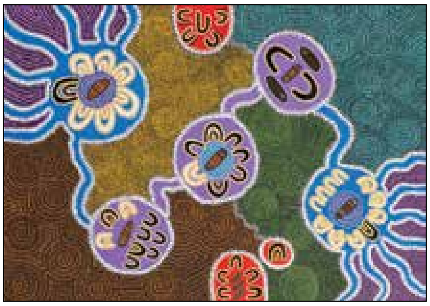
The Royal Commission has had a particular focus on First Nations people, and in late 2019 Commissioner Andrea Mason OAM urged First Nations people with disability to share their stories.

Commissioner Mason, a Ngaanyatjarra and Kronie woman, said the Commission wanted to shine a spotlight on the abuse of First Nations people, who have substantially higher rates of disability than the general population.

It is estimated that 7.3% of First Nations people, or around 60,000 people, have a severe or profound disability compared with 5.8% in the wider community.

"It's vital the voices of First Nations people are heard across all areas of the Royal Commission and that their experiences are embedded in hearings, submissions and community forums," Commissioner Mason said.

"I want to reassure all First Nations people with disability, their families, carers and advocates that this Royal Commission, with all of its powers and protections, is a safe place for people to speak their truth."



First Nations participation in the Commission was depicted in an artwork created by artist and Wiradjuri Elder Paul Constable Calcott entitled 'Respectful Listening'.

The work illustrates the journey of seven Commissioners, carrying a message stick across the country to collect stories from people with disability, their families and communities.

Uncle Paul, who lives with disability, said the colours in the work represent the diverse communities across Australia.

"To get to play some small part in this process is huge for me and I hope the artwork encourages all Australians with a story to tell about violence, abuse, neglect and exploitation of people with disability to come forward," he said. ■

Anglicare

# NAVIGATING THE NDIS WHEN YOU HAVE A PSYCHOSOCIAL DISABILITY

There is a growing desire in the community to better understand and respond to the individual needs of people experiencing mental health challenges. More and more we are hearing discussion in the media, around the water cooler in workplaces and within families. The reduction of stigma is now less likely to prevent people from getting the help they need.

## BREAKING DOWN BARRIERS

Open conversations about mental health is good news; however, there are many challenges and complexities that exist for those with a psychosocial disability. The NDIS seeks to address the effects and social disadvantage that exists for some people and although not everyone who experiences a mental health issue will have a psychosocial disability, a person with a condition that is likely to be permanent that results in significant functional impairments may be eligible for increased support.

The NDIS enables choice and control over services, and supports and plans are tailored to individual needs. People accessing NDIS services are able to participate meaningfully in their local community and learn new skills to build individual capacity. Outcomes can be positive for those who test their NDIS eligibility successfully; however, the application pathway may be complicated and overwhelming for someone doing their best to manage the ebb and flow of their mental health symptoms at the same time.

## ASK FOR GUIDANCE

Reaching out for guidance at the application stage is a great way to reduce anxiety that may be experienced along the way. Providers such as Anglicare have a team of staff who specialise in supporting people with psychosocial disability for over ten years. The team has vast experience providing guidance to individuals so that they have the information they need to link to appropriate services and skills to gather supporting documentation.

## CHOOSING A PROVIDER

With so many providers offering services, choosing services may be a daunting task. These questions may help you decide:

**1. Does the provider specialise in psychosocial disability?**

You may want a provider that has the expertise to support you when you are unwell. Do staff have mental health training and does the provider employ staff with a lived experience of mental health?

**2. What kind of feedback and complaints system does the provider have?**

Does the provider have a variety of ways for you to provide feedback including directly and indirectly, on the phone, online or anonymously? A provider with a continuous improvement mechanism demonstrates a commitment to the best outcomes in the delivery of services.

**3. What is the provider's vision, mission and values?**

What type of organisation is the provider striving to be and how is it working towards that goal? How are the values reflected in the day-to-day interactions with participants?

The NDIS pathway may at times be complex to navigate, but by asking for guidance if needed and by making careful choices, an individual will be able to link to long-term support to live an independent and meaningful life.

# Start your journey of recovery, wellbeing and independence with Anglicare

## Supporting you with your Mental Health

As a trusted NDIS service provider, Anglicare provides the following services to both individuals and in group settings.

- Support Coordination
- Social Skills Development & Community Participation
- Life Skills Development & Training
- Life Stage Transition Planning
- Assistance with Accommodation & Tenancy Obligations
- Healthy Lifestyle Planning
- Counselling & Theraputic Supports
- Behaviour Management Planning and Improved Relationships

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# NDIA NEWS

## INDEPENDENT REVIEW TO INVESTIGATE THE DEATH OF ANN MARIE SMITH

The death of South Australian NDIS participant, Ann Marie Smith, is now the subject of an independent inquiry according to the minister responsible for the NDIS.

Ms Smith died on 6 April 2020 in appalling circumstances and her death is now the focus of a criminal investigation by police.

"The death of NDIS participant, Ann Marie Smith, in South Australia is absolutely shocking, and the circumstances that led to her death must never be allowed to happen again," said The Hon Stuart Robert MP, Minister for the Department of Social Services.

"As is appropriate, the circumstances of Ms Smith's death are being investigated by the independent bodies established to do just that."

These independent bodies include the South Australia Police, the NDIS Quality and Safeguards Commission (NDIS Commission) and the South Australian Coroner.

On 26 May 2020, NDIS Commissioner Graeme Head AO announced the appointment of former Federal Court judge, Hon. Alan Robertson SC, to lead an independent inquiry into the adequacy of the regulation of the supports and services provided to Ms Smith.

Minister Robert noted, "It is important to note the review is to be conducted in a manner that avoids prejudice to any pending or current criminal or civil proceedings."

## SA RESPONDS TO NDIS PARTICIPANT TRAGEDY

In May, the South Australian Government announced a new disability taskforce with the role of examining gaps in oversight and safeguarding people living with profound disability in South Australia, following the shocking death of NDIS participant Ann Marie Smith.

The taskforce, to be co-chaired by independent disability advocate Dr David Caudrey and disability rights advocate, former MLC Kelly Vincent, will make swift recommendations to the federal and state governments.

It will deliver an interim, urgent report by mid-June and a final report by the end of July.

Health Minister for Human Services Michelle Lensink said the taskforce work would begin immediately, with the first meeting held on Wednesday 27 May.

"We want the taskforce to deliver frank and fearless recommendations to the NDIS and state government as quickly as possible," said Minister Lensink.

"Ultimately, in a national system, we want to ensure South Australians living with disability are treated with dignity, respect and care and are adequately safeguarded.

"The NDIS has given thousands of South Australians living with disability more choice and control than ever before; however, Ann Marie Smith's recent tragic death has highlighted there are issues within the system, and they need to be fixed to prevent such an event happening again."

## COVID-19 FAILS TO SLOW THE NDIS ROLLOUT

The federal government has continued to deliver the NDIS, despite the emergence of the coronavirus, with new data released in May showing around 27,500 people with disability joining the NDIS in the first quarter of 2020.

The report also indicated the NDIS now supports 364,879 people with disability.

Minister for the NDIS, Stuart Robert, said the latest NDIS Quarterly Report highlights the scheme's continued support of Australians with a disability, with $4.3 billion paid for disability supports during the quarter – a 70% increase on the same time last year.

Of most significance, the March quarter also showed a large reduction in the number of open participant requested reviews from 7,295 at 30 June 2019, to 755 at 31 March 2020, with reviews completed on average in only 13 days.

Minister Robert said the NDIA had in March started implementing new measures to assist participants and providers during the coronavirus pandemic while driving significant improvements ensuring Australians with a disability received timely support from the scheme.

## COLLABORATIVE PARTNERSHIP TO IMPROVE EMPLOYMENT OUTCOMES FOR NDIS PARTICIPANTS

The collaborative partnership, established in 2017, is the first of its kind in a joint program of research and projects to improve work participation for insurance recipients.

The NDIA joined the collaborative partnership in April to improve work participation.

Working with government, profit and not for profit organisations, the collaborative partnership engages employers, employees, health professionals and industry leaders to develop innovative solutions, which create more significant opportunities for people with disability to achieve social and economic independence.

The NDIA's role in the partnership is a further commitment to the NDIS Participant Employment Strategy, released in November 2019.

At the end of December last year, 22% of NDIS participants aged 15 and over were in paid work. The goal is to have 30% of working-age participants in paid employment by 2023.

## PROPERTY AND LUXURY VEHICLES FORFEITED AFTER NDIS FRAUD INVESTIGATION

A property in Goulburn, NSW, and multiple luxury vehicles were forfeited to the Commonwealth in April, following an investigation by the NDIS Fraud Taskforce.

The NDIS Fraud Taskforce is a multi-agency partnership between the Australian Federal Police (AFP), the NDIA and Services Australia, with a focus on high-risk and serious criminal activity targeting the NDIS.

The forfeiture, worth an estimated $340,000, is linked to the arrest of five people in May 2019 who allegedly defrauded the NDIS. Separate criminal proceedings concerning this matter are ongoing.

The investigation uncovered suspected fraudulent claims impacting more than 50 people on disability plans. Stefan Jerga, AFP National Manager of Criminal Assets Confiscation, said the AFP and its partners remain committed to pursuing those exploiting the most vulnerable in the Australian community.

"This forfeiture should reassure our community that at this very challenging time for our nation, agencies across the Commonwealth are working proactively together to deliver and safeguard government measures which support the community," Jerga said.

In March, a Bundaberg woman was charged by the taskforce with an offence of allegedly defrauding the scheme of close to $109,000 while operating as a service provider.

## NEW DATA DEMONSTRATES SIGNIFICANT DROP IN NDIS WAIT TIMES FOR FAMILIES

Data released in February demonstrates backlogs for children with disability in accessing Early Childhood Early Intervention (ECEI) support through the NDIS has been slashed over the last six months.

The latest COAG NDIS Quarterly Report (1 October 2019 to 31 December 2019) shows that the average wait time for children aged 0-6 years to meet NDIS access has reduced from 43 days in June 2019 to an average of less than 3 days in December 2019. Other findings included:

- The average wait time for children currently awaiting a plan has reduced from 104 days at 30 June 2019 to 44 days as at 31 December 2019.
- The average wait time for children from meeting NDIS access to receiving an NDIS approved plan has reduced from 129 days in June 2019 to 54 days in December 2019.
- The number of children waiting greater than 50 days for an NDIS plan after meeting access reduced from 4,208 at the beginning of June to 712 at 31 December 2019.

The data also shows the NDIS continues to support children in increasing numbers, with 35% of new participants this past quarter in the 0-6 age group, bringing the total of children aged 0-6 in the scheme to more than 50,000.

## NDIS RESPONDS WITH PLAN FLEXIBILITY AND ONE-YEAR AUTO-EXTENSIONS

The NDIA has responded to the COVID-19 pandemic by making some changes to better support participants, according to a report of the NDIS website.

### CORE SUPPORTS BUDGET FLEXIBILITY

Where participants have a core support budget and are either plan or agency-managed, they will be able to utilise all four funding categories, without the need for a plan review.

This means participants will have more core support budget flexibility, including accessing the disability-related supports to help achieve goals, such as purchasing a smart device to participate in tele-practice sessions.

### SOME PLANS AUTOMATICALLY EXTENDED AND INCLUDE ASSISTIVE TECHNOLOGY

On 25 March, the NDIA announced a change to automatic plan extensions.

If the NDIS was unable to contact a participant for a planning conversation before the plan expired, or a new plan was finalised, the current plan would be extended automatically for 12 months. In some circumstances, participants will have a budget for items such as repairs and maintenance to assistive technology equipment.

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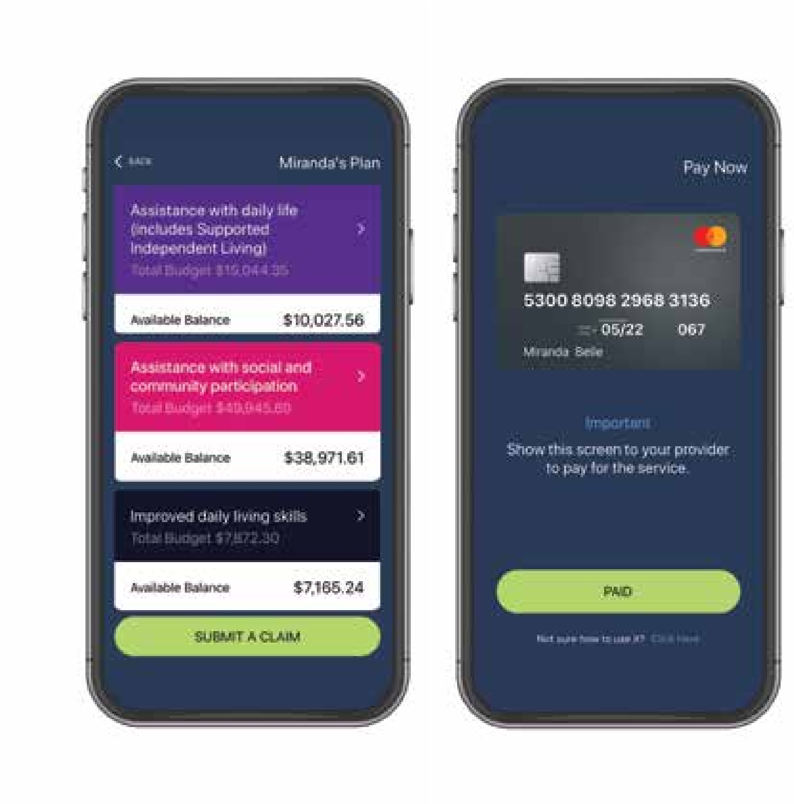

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Assistance with daily life (includes Supported Independent Living)
Total Budget $15,044.35
Available Balance $10,027.56

Assistance with social and community participation
Total Budget $49,945.60
Available Balance $38,971.61

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Total Budget $7,872.30
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# UNDERSTANDING NDIS PLAN MANAGEMENT

Plan management is an essential piece in the NDIS jigsaw puzzle. In a nutshell, plan managers help administer the financial aspects of a participant's supports and services plan. However, one industry thought leader believes most plan managers are only scratching the tip of the iceberg concerning the broader range of financial services they could potentially deliver to NDIS participants longer-term. By **Anthony O'Brien**.

The National Disability Insurance Scheme (NDIS) describes plan management as a service that provides participants with more choice and control over the providers they use.

By using a plan manager, a participant can access an NDIS-registered service, whether it is a physiotherapist or lawn mowing business. Also, by using a plan manager, participants can choose non-registered providers. However, for a participant to access a non-registered speech therapist, for example, the plan manager must be a registered NDIS provider.

Plan managers can pay rates which are less than the NDIS limit, and help participants make value-for-money decisions in line with their service plans. A plan manager can also gain access to a participant's plan managed funding on the myplace portal to help keep the budget on track.

"We have a platform that enables us to receive invoices on behalf of participants," explains David Wilson, CEO and founder of registered NDIS provider Zest Care – a person-centred organisation offering a range of services including plan management.

"We manage those invoices and we take away the hassle for a participant of having to do their account management.

"We manage their service bookings, and we organise all the processing and planning of the payment of their invoices. We prepare their financial statements, help keep them on track with their funds, and additionally, we help them get the most out of their NDIS funding," Wilson adds.

Hannah Mithen, a senior plan manager with NDIS-registered plan management provider Maple Plan, says: "We help participants understand what services can and can't be claimed and funded from their plans.

"While this is not our primary role, we see it as an important value-add for participants. The primary role of a plan manager is to facilitate the claims process for the participant. Put simply, a plan manager claims and pays invoices," she says.

"Plan management is a valuable option for participants who want flexibility in choosing providers. For now, they do not want to self-manage [the financial aspects of their plan]. It's a great stepping-stone between agency-managed and self-managed."

Zest's Wilson says when it comes to choosing a provider, regardless of whether they are registered with the NDIS or not, "the needs of our clients are our priority".

"If you can give them the best possible outcome, with someone who's outside the scope of things, then you will certainly do that," he maintains.

While plan managers play no role in the annual review of a participant's service plan, Chris Holt, Operations Manager at Maple Plan, says, "Participants may speak to us about the funds they haven't spent in the lead-up to a review. They might ask 'what funds do I have left?'"

Plan managers are also pivotal in providing information about what a participant has used in their plan, "a form of annual statement, so to speak", explains Holt. "This can also help to identify which support areas a participant uses most, and may require more funding in, and which area participants may require more guidance in how to use the funds."

## OTHER OPTIONS FOR PLAN MANAGEMENT

There are two alternative ways participants can manage their NDIS funding, including engaging the National Disability Insurance Agency (NDIA) to take on the role, or take on the plan management function themselves.

### 1. NDIA-managed

Also commonly referred to as agency-managed, if a participant chooses to engage the NDIA to manage their funding, their providers such as a speech therapist, physio or occupational therapist can claim their fees and expenses directly from the agency.

By selecting the agency-managed choice, the participant can leave the paperwork to the NDIA. The rub with choosing the agency-managed option is that a participant can only access services from registered NDIA providers.

Participants must also use the myplace portal to check claims that providers are making against their NDIS funds themselves. Moreover, from personal family experience, some participants find using the portal themselves a bridge too far.

### 2. Self-managed

A participant can manage their NDIS funds if they decide they want to make decisions in line with their personal goals. The NDIA performs a risk assessment, and if the agency is satisfied, the participant has the capability and capacity, it approves them to self-manage.

When the participant receives an invoice for supports in their plan, they can pay it themselves and then have the funds reimbursed into their bank account by the NDIA. Alternatively, a participant can send a claim to the NDIS, which then deposits the money into the participant's bank account so they can pay the provider's invoice directly.

A participant who chooses to self-manage can use their NDIS funds for any support provider they want, whether the provider is on the list of registered NDIS providers or not.

Concerning the self-managed option, Wilson says it is always a matter of choice for the client, but "If you were going to go to court for a parking fine, would you represent yourself or would you take an expert?

"Within a system calibrated for [plan management], and the cost of the plan manager is already built into the system, why would you not use an expert?"

## WHO MIGHT CHOOSE A PLAN MANAGER?

Maple Plan reports that demand for its plan management services has increased dramatically in the last 12 months, and in response, the provider has more than quadrupled the size of its team.

Likewise, Zest has seen a spike in demand for its plan management services too. “We like to think we are doing a good job,” says Wilson. As an organisation, Zest – which focuses on services for people with disabilities as well as vulnerable children – has not simply focused on the commercial benefits of expanding its plan management services. According to Wilson, “We’ve had a look inside ourselves and tried to find the purpose that we’re here for.”

Mithen says new NDIS participants would typically gravitate to the services of a plan manager. “That said, we appeal to a lot of different participants with varying disabilities,” she says. “But the common thread for those coming to us is that it’s their first plan as it’s beneficial for participants to have someone to refer back to for guidance .You might not expect a new participant to be entirely self-managed.”

She adds, “Also, it might be that the parents of children with a disability are busy, or people have elderly parents or aren’t IT savvy.”

Maple Plan’s Chris Holt chimes in: “There are also participants coming into the NDIS that just want that extra support to build confidence about managing their funds. After all, it is a big scheme and can seem overwhelming at times, and participants sometimes just want to have a dedicated plan manager that they can contact directly if they have questions.”

Wilson agrees there are going to be some people who can manage their affairs perfectly well. “They should do that if that’s what they wish. That is what the NDIS is all about. It is about choice and control. But for many people, using a plan manager is good common sense,” he says.

“The NDIS is relatively new, from a bureaucratic point of view. Also, as a participant, taking the journey through the NDIS, there is value in having someone who has your back – someone who’s looking after your interests and wants to help you achieve the best possible outcome.”

## WHAT TO LOOK FOR IN A PLAN MANAGER

First and foremost, a plan manager must be registered with the NDIS. At the same time, there is a wide variety of businesses offering plan management services such as small accountancy firms, disability service providers such as Zest Care and specialised organisations such as Maple Plan.

Maple Plan’s Holt advises participants to seek out a plan manager with a strong reputation. “Also, before meeting with a plan management

agency, be clear about what you want to get out of the service," he advises. "Even though the plan manager is quite a defined role, each plan manager can be different in the way they perform their role."

Before selecting a plan manager, spend some time researching the services available in your region. There are online resources such as Clickability (clickability.com.au) and MyCareSpace (mycarespace.com.au) that allow you to search for plan managers in your patch, and they provide some customer reviews for each provider to help you make some decisions.

### THE FUTURE FOR PLAN MANAGEMENT

Mithen says funding for plan managers falls under the category of 'capacity building'. "We are here also to help subtly teach participants skills so they can become self-managed after a couple of plans – even one plan, is a goal of ours."

Holt says capacity-building is about upskilling participants financially. "Because we work closely with the participants, I would suggest we are indirectly helping to educate participants in areas that are a little grey. If someone decides they want to go from plan-managed to self-managed, that is a win for us. This is because they no longer need a funded support to manage their funds, and we have met our goal to build a participant's capacity."

Mithen says the process of shifting a participant to self-management involves educating participants about how to maintain payments to providers and keep track of the invoices. "Also, making sure that what participants are claiming is allowable by the NDIA."

Holt adds: "Participants' understanding of their plan is paramount to being self-managed."

Zest Care's Wilson is more forthright about what participants will want from plan managers in the future. "What else could they want from us?" Would they want financial coaching? Would they want bulk purchasing, what are the possibilities?

"It should not be just about paying people's bills. It is certainly all of that, but it is 'what are the value-add aspects I can bring to a client through plan management?'

"The thing about the NDIS is that it opens up possibilities."

Six months ago, the registered provider consulted with its clients, referrers, support workers and staff to elicit their input into the direction of the business. "We've been running now [in the NDIS] for about three years, and about 12 months ago we took a step back and we asked ourselves, 'Okay, what is it we really want to be in the NDIS?'" says Wilson.

"We did an introspective dive into the organisation and into what we want to be.

## SOME QUESTIONS TO ASK A PLAN MANAGER

- What is your processing time?
- What type of system is in place?
- How many staff do you have?
- Do I have control in what invoices I approve and pay?
- How do you know the invoice is right?
- What checks do you have in place for providers?
- Do you send me statements?
- Plan managers should be able to answer these questions so participants can have confidence when they choose their plan manager.
- Asking friends or other participants for recommendations is also another great option.

Source: Maple Plan

"While everything is on hold, for now, a lot of work and research was put into it, with how we want to evolve as a company, how we work with our clients, referrers, support workers, staff, and exploring the possibilities available to us."

### MORE TECHNOLOGY

Coronavirus forced many providers to use video-conferencing technologies such as Zoom and Skype. Internally, Maple Plan is always seeking ways to utilise new technologies to enhance its services, says Mithen.

Holt adds: "Internally, we use proprietary applications to deliver our services.

"Our founders, Andrian Putra and Vincent Lay, have designed our software platform for the role we provide. This way, we do not have to adjust someone else's platform, which enables us to deliver a high-quality service."

Also, the NDIA is providing access to application programming interfaces (APIs) to allow connections between registered providers and some NDIA systems and data. These APIs will be managed and improved on by the NDIA Digital Partnership Office (DPO). Currently, APIs are available for registered providers only, to automate transactions they would usually complete in the myplace provider portal.

More work is being done to release more APIs and allow other businesses to start accessing NDIA APIs. "These APIs are direct links to the NDIA's databases for service providers," Holt explains. "When that technology becomes available, we can use this to improve participants' and providers' experiences." For example, registered providers such as Maple Plan would be able to access real-time information such as plan balances, service bookings and payment request records.

Over the last 12 months, Zest has been very carefully looking at its technology. “Right now, we’re very, very hands-on”, and Wilson says it is a case of “watch this space”.

“First of all, to run a business, you’ve got to know your clients, you’ve got to talk to your clients, you’ve got to understand your clients’ needs. For me, you do not rush out and put a technological solution in without understanding what it is your clients want, how they feel, how you relate to them and how they relate to you.

“Now we have done all of that, we’ve been doing some extensive work on technology over the past 12 months, and we’re very close to implementing some new initiatives.”

### THE OUTLOOK FOR THE NDIS

Wilson, who has worked in the caring sector since 1998, has the “most amazingly high hopes for the NDIS as a program and what it means to people with disabilities”.

“The NDIS has just put its toe in the water. The possibilities that can be achieved for our clients is something we are just starting to understand.”

Mithen says the NDIS has been integral to the growth of Maple Plan over the last couple of years. “Without the NDIS, we don’t exist.”

The principles behind the NDIS are amazing, says Holt. “The underlining principle is to increase the ability of individuals with a significant and permanent disability to be more independent and engage more socially and economically. While the day-to-day processes and systems change regularly, the focus is always on achieving outcomes of choice and control-focusing for the participants.”

The NDIS is one of the most exciting spaces that is available now, adds Wilson. “Yes, our business is growing. However, I am not fixated on growth. I am fixated on getting the procedures right, getting the people right, and then growth comes. If you do it right, it just happens.

“Look, the NDIS is a wonderful opportunity to make a difference in the sector. What I say to the staff at Zest Care is that we can change what disability is in Australia.”

Wilson concludes: “If you can tap into the NDIS and its potential, and you have the right ‘can-do’ attitude, we can change what disability means to people with disability in Australia. It’s all about possibilities.” ■

**For more information on NDIS plan management, visit www.ndis.gov.au, phone 1800 800 110 or consult the NDIS website for the addresses of plan managers around the country.**

**You can contact Maple Plan by visiting www.mapleplan.com.au or calling (03) 9512 6700.**

**You can contact Zest Care by visiting zestcare.net.au or calling 1300 844 127.**


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# LUMARY ILLUMINATES THE NDIS

In 2019, its customers claimed about 12% of NDIS funding, but for tech start-up Lumary, there are still plenty of opportunities to deliver practical technology solutions to the healthcare sector. By **Anthony O'Brien**.

The Adelaide-based IT success story, which has the makings of being the Atlassian of healthcare technology, was launched by entrepreneurs and good friends Joseph Mercorella and Matthew English in 2017, and offers a platform of end-to-end workflow management solutions headlined by its innovative Lumary Care Manager (CM) and Lumary Plan Manager (PM).

Mercorella and English founded Lumary because they identified the need for technology solutions that could deal with the complex relationships between providers, consumers and partners, all participating in the government's National Disability Insurance Scheme (NDIS) funding program. Lumary's technology is valuable because previously, the roll-out of funds in aged care and disability sectors was outdated, labour-intensive and the technology being used was across multiple platforms.

## PLATFORM

Lumary CM provides a healthcare platform for aged and disability care providers. At the core of the platform is Lumary's care management application, Lumary CM, which brings together comprehensive NDIS stakeholder and business workflow for the first time in a single workflow platform delivering agility, visibility and control. Lumary, which for FY19 managed about $800 million in NDIS funds spent, developed Lumary CM on the Salesforce.com lightning platform and became a Salesforce AppExchange Partner in 2017. In a sure sign that the technology has legs, Mercorella and English raised $2 million from venture capital fund Equity Venture Partners in 2019 to help develop updates to their product, as well as invest in infrastructure to support the fast growth that it was experiencing.

The Lumary healthcare platform enables and manages integration with many other technology partners to its core Lumary CM application. Some of its key partners include Skedulo, a mobile workforce management app, communications app Pendula, and cloud accounting software such as Xero and MYOB. "Some of our partners

have built bespoke integrations to other financial systems. In fact, we do have a basic invoicing system built into Lumary CM as well," says English.

"Lumary CM is a significant driver for our business, and it's still our core app. We are extending it currently to support the HCP funding model for aged care. It is a major part of our business."

## TRAILBLAZING LUMARY PM

The care management solution was followed in 2019 by the ground-breaking Lumary PM, which significantly reduces the administrative burden on plan managers by facilitating with real-time claim validation against NDIS rules, claiming via the NDIS portal and providing payments and remittances.

The software allows a plan manager to focus on participant support while increasing the number of participants that can be effectively managed by an individual plan manager to well over 100, which currently is not possible with alternative software offerings in the market today.

With over 20,000 registered providers and numerous ways to plan manage, this area of the NDIS is not an easy one to navigate, says English. Add to this the fact that the implementation of these plans can include activities such as budgeting, contracting, payment auditing and bookkeeping and it is easy to see how additional inefficiencies could easily crop up.

Mercorella says lack of funding is the main problem for plan managers, and this is a challenge that Lumary PM is addressing. "Plan managers are only getting $1,400 or so for each participant," he says. "It's barely enough, and they really become like a bookkeeper. They try and do more with it, but the only way they can do that is by having streamlined systems."

To make Lumary PM more readily available and cost-effective, Mercorella and English decided to make the platform a subscription-based service. "The cost is dependent on how many participants you have, so the solution can cater for all sizes of business, and small plan managers don't need to outlay large financial sums to incorporate this technology in their business," confirms Mercorella.

## STELLAR GROWTH BASED ON MATESHIP

At the time of writing, 55 plan managers have recognised the efficiencies available by using Lumary PM, while another 100 customers have adopted the firm's more entrenched Lumary CM. The tech company also employs 60 staff, up from just four in 2017, and the head office is in the heart of the Adelaide CBD at King William Street. Lumary has a second location in Sydney, with a third location opening in Melbourne shortly.

This is an impressive level of growth for Mercorella and English who first met in 2004 when they were working for consulting firm Intec Group. "We were put onto a similar project together, and that's where our relationship started. It just formed from there where we've obviously become very good mates," Mercorella recalls.

In 2008, the dynamic duo went their separate ways after leaving Intec, with Mercorella starting his first business and English pursuing his career as a developer with the likes of Saab Systems and Domiciliary Care SA. In 2010, he shifted to the South Australian Department for Communities and Social Inclusion where he once again teamed up with Mercorella. The good pals, in association with two other partners, launched Enrite Solutions in 2012, with English operating as a Salesforce Architect and Mercorella working as a solutions consultant. Mercorella and English separated out the Lumary product from the services business, with the new business launching officially in July 2017.

Mercorella says the pair gravitated to the disability care sector during their stint with the SA government. "That's where we both built up a respect for what the state government was and that there were legacy systems that needed to be replaced."

He continues: "That's where our understanding and expertise [in Salesforce] came from. It really opened up our eyes as to what could be created from a systems perspective and how quickly we could address business needs and challenges by adapting a platform such as Salesforce."

On the often-tricky matter of doing

business with mates – which college friends Mike Cannon-Brookes and Scott Farquhar at Atlassian seemed to have mastered too – English says, “If you weren’t good friends, you could easily disagree with each other more. It’s important to have that relationship outside of the business relationship.”

Mercorella believes the business reflects the pair’s stable commercial and social relationship. “It helps cultivate the culture we want in the business.”

## THE NDIS OPPORTUNITY

Hands down, the NDIS was the catalyst for Lumary admits Mercorella. “We had a services business, Enrite Solutions, where we would implement systems using the Salesforce platform for different industries, and for a long time, we were seeking out what sort of products and tech business we could create from this service line.”

Healthcare was not the first industry the pair looked at, but when the NDIS was on the horizon, they did an examination of the disability services market and settled on a plan to launch Lumary. It clearly helped that before the launch of the NDIS in 2013, Mercorella and English clocked up many miles in the disability sector in SA. They were also familiar with how funds were being managed and what the NDIS was intended to achieve. “From a commercial sense we understood the NDIS very quickly and what an insurance scheme was about and what the [federal government was] trying to achieve. We realised and recognised that if it works well, the wider community would benefit. But it would need someone to be an enabler and a facilitator for it,” says Mercorella.

When Mercorella and English scanned the market from a system’s perspective, they quickly identified there was a shortage of technology available to assist the enormous transformation required to guarantee the effectiveness of the insurance scheme. “Because once you start imposing operational costs in controlling price and services and product, then you need to back that up with a highly efficient and operationally mobilised workforce. And if that doesn’t exist, then the whole scheme won’t work,” Mercorella explains.

“So, when I looked at it, I was more in shock and fear of what might result if someone didn’t actually step up and do something right.”

At the time, English and Mercorella decided on building Lumary’s platforms by leveraging the very familiar customer-relationship-management service Salesforce, where the infrastructure and technology were continually updated. In comparison, most of their competitors were not cloud compliant and had to make a massive infrastructural change to accommodate the unfolding NDIS.

> “The cost of Lumary PM is dependent on how many participants you have, so the solution can cater for all sizes of business, and small plan managers don’t need to outlay large financial sums to incorporate this technology in their business.

“So fundamentally, what we’ve become is an essential point of connection of the client record, but through technology, through a truly API-enabled and very integrable system,” Mercorella explains. “This wasn’t present in the market before Lumary, and there are competitors that are trying to do this, but to actually do this effectively it’s more than putting together software.”

Yet, despite their jump on the competition, the disabilities services market did not immediately recognise the challenges involved in playing IT catch-up, which proved a major stumbling block for the entrepreneurs. However, giving up was never an option, as Mercorella recalls: “We chose to keep informing and educating the market wherever we could, and we sought out alignments with other strategic or foundation customers. Late 2015 was really the turning point for Lumary when we found a few of those. For the first couple of years, it was hard.”

English says: “We’ve mainly got disability customers at this point, but we are branching out into the aged care space. Some of our existing customers do aged care as well, but we are targeting aged care only customers too.”

## IS THE NDIS WORKING?

Indeed, the direction the NDIS is taking will “give the participant more choice and more power over the care they receive”, reasons English. “It’s also about encouraging providers to transition their business to a business model rather than a charity model.

“As those providers do become more business-like, the quality of service will improve because the money will be going more to the care of the participant rather than to overheads and waste.”

Mercorella believes that the NDIS is leading the charge for a more economically sustainable and effective business model for healthcare in Australia, where in the future it may mean a deregulated marketplace. “That’s where you’ll see the real benefits of competition for participants.

“This is emerging right now, and there’s a certain dependency on our system for that marketplace to be effective in creating real efficiencies and synergies between participants and providers.” ■

**To find out more about Lumary CM or PM, or to request a demo on these products then visit www.lumary.com.au**

# PLAN MANAGEMENT LEADER HAS A DEEP BACKGROUND IN DISABILITY SERVICES

Virtual credit cards, private equity investment and 16,000 clients in every state and territory demonstrate that Claire Wittwer-Smith, founder of My Plan Manager, has come a long way since graduating from Deakin University as a PE teacher. By **Anthony O'Brien**.

"I established My Plan Manager in 2014, but if I look back on it, the journey started many years earlier," recalls Claire Wittwer-Smith, founder of plan management leader My Plan Manager (MPM). The mother of four with a passion for delivering choice and control to her clients was a primary school teacher before shifting to special education roles in London's rough-and-tumble East End.

At a school on the Isle of Dogs, Wittwer-Smith taught refugee students from Bangladesh. "This experience underlined to me the concept of inclusion and diversity. Even if it isn't about special education, it's about the importance of diversity of different cultures, different values and how we value each of those. That's what shapes a progressive society."

From special education, Wittwer-Smith transitioned in 2002 to a SA Government role in developing disability policy and planning with Disability Services. In this environment, department head Dr David Caudrey, who had a PhD in psychology, influenced Wittwer-Smith. "Dr Caudrey had this vision of inclusion and how we enable the best outcomes for the individual." The next stop was a role with the nascent National Disability Insurance Agency (NDIA) in 2013 followed by a stint teaching Disability and Inclusion Studies at Flinders University.

## THE LAUNCH OF MY PLAN MANAGER

While all roads led to MPM in 2014, Wittwer-Smith says, "My motivation for establishing the business was to help people with a disability make more of their supports through having better choice and control.

"We want a fair and inclusive society in which NDIS participants can achieve their individual goals like any other Australian. That motivation remains very much at the forefront of how we think today."

While MPM started literally on Wittwer-Smith's kitchen table, as client numbers and needs grew, the plan manager also needed to grow. "Expanding across various offices in suburban Adelaide, our focus quickly changed to how we could best support thousands of NDIA participants across the country," Wittwer-Smith recalls. "While our physical base is now in CBD Adelaide, our focus is national.

"We offer NDIS participants more flexibility with their support services. Our client-focused services include both financial and service intermediary supports. We specialise in helping clients get the most out of their funding package."

## TECHNOLOGY DRIVING BEST PRACTICE PLAN MANAGEMENT

Wittwer-Smith freely admits the possibilities that new technologies can provide to her clients is a significant focus for MPM. "I want our clients to have the feeling of empowerment that everyone else has when purchasing a service. So, we focused a lot on technology, which I love."

To illustrate, My Plan Manager was first to market with a phone app that enables clients to check their budgets and their deductions for services. "We want our clients to have the mainstream experience of inclusion when it comes to their finances."

Other providers have since followed MPM's lead with similar apps. In response, Wittwer-Smith has upped the ante with a virtual credit card facility that MPM's clients can access with their mobile phones. She explains, "You can go to your physiotherapist and say I want to pay my $200." The virtual card's details are passed to the provider, who enters this information and takes the payment." MPM is developing a version of the card that offers even greater functionality.

According to Wittwer-Smith, the benefits of MPM's approach are becoming more evident. "We believe that we set the standard for best practice in the financial intermediary space," she says. "We have never 'just paid invoices' and now, more than ever, we are demonstrating the benefit of our service delivery model.

"As well as providing choice and control for clients, we provide significant value-add to the sector. For example, we have developed a complex algorithm that allows us to detect fraud, which has seen us report a significant number of potential fraud cases to the NDIA Fraud and Compliance team."

## FINANCIAL EXPANSION

In mid-2019, IFM Investors Private Equity announced an investment in My Plan Manager, to work with Wittwer-Smith to accelerate growth through further investment in technologies and team capabilities.

At the time, the Australian Financial Review reported IFM invested its private equity mandate with $50 billion industry fund HESTA, which is also one of the firm's 27 superannuation fund owners.

"Today we are the leading plan manager in the country, have over 230 staff, and have developed a technology platform that has benefits for our clients, providers and the Agency. She continued, "We currently represent over 17,500 clients and engage with over 30,000 providers. Around two-thirds of these providers are non-registered providers, which gives us great access and insights into the sector," says Wittwer-Smith.

"We are proud of the innovation and change that we have brought to the sector," she continues. "Our people have diverse experiences of disability, both lived and personal. Our goal is to save our clients time and effort in managing their NDIS funding.

"We do this by becoming part of the individual's support ecosystem. We play an important role in supporting them to maximise their budget, to educate them about the intent of their funding and alert them to fraud."

> "Our goal is to save our clients time and effort in managing their NDIS funding. We do this by becoming part of the individual's support ecosystem. We play an important role in supporting them to maximise their budget, to educate them about the intent of their funding and alert them to fraud."

## FINANCIAL EDUCATION IS CENTRAL TO PLAN MANAGEMENT

Significantly, the success of MPM is enabling Wittwer-Smith to reprise her role as a teacher. "Any good educator enables people to see their potential and evokes that passion for people to want to be the best version of themselves."

Suzy Berry, National Partnerships Manager at My Plan Manager, who met Wittwer-Smith in a watercooler moment at the NDIA, says, "Helping our clients make the most of their funding support is key to what we do, but we see their prosperity as extending far beyond just how they manage their plans.

"The ultimate test for us is that over time, our clients feel that we are part of their team and are standing beside them as they seek to achieve their goals, whatever they may be.

"We don't have to do this alone – we want to work alongside LACs, providers and other supports a client might have so that this goal can be achieved."

## THE IMPORTANCE OF THE NDIS

Wittwer-Smith says the NDIS is by far the most significant social reform since Medicare, making it an exciting time to be working in the disability sector. "We are part of a historical transformation, which will see the sector grow from an annual value of $4.1 billion in 2013 to a projected $22 billion in the coming years.

"If by then we live in a fair and inclusive society in which NDIS participants have the opportunity to achieve their individual goals like any other Australian, that will be mission accomplished." ■

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# SUPPORT COORDINATION

## FOR THOSE WHO NEED ADDITIONAL SUPPORT

If employed appropriately, support coordination can potentially help participants build capacity and meet specific goals within the context of their NDIS plan.

By **Anthony O'Brien**.

The National Disability Insurance Scheme (NDIS) recorded significant growth in the 12 months to 30 June 2019. Almost 300,000 participants were utilising the Scheme, with close to 100,000 receiving supports for the first time.

This growth represented an unprecedented 10-fold boost from just over 30,000 participants who had a plan on 1 July 2016. Moreover, the Scheme had a more significant impact on participants' lives through improved outcomes, particularly concerning choice and control, social engagement and support with daily living.

Crucial to these outcomes were the services of support coordinators. Yet, many participants and carers might still be unaware of these specialists, their eligibility to access this support and how they differ from Local Area Coordinators (LACs). If employed appropriately, support coordination can potentially help participants build capacity and meet specific goals within the context of their NDIS plan.

### WHAT IS SUPPORT COORDINATION?

The delivery of coordination of supports aims to assist in the strengthening of a participant's ability to design and build their supports across a complex service delivery environment. Sarina Bunnett, Support Coordination General Manager, Melba Support Services, explains, "Coordination of supports focuses on supporting participants to direct their lives, not just their services."

Coordination of supports includes, but is not limited to helping participants:

- Understand their plans
- Connect with supports and services
- Design support approaches
- Establish supports
- Coach, refine and reflect on supports
- Provide targeted support coordination
- Plan for a crisis, along with prevention, mitigation and action
- Build capacity and resilience
- Report to the NDIA

"Support coordination involves working together with participants

> The choice to be self-managed, plan-managed or NDIA-managed does not affect the financing of support coordination. Funding for support coordination is determined by what is considered reasonable and necessary.

to understand their funding, identify what they expect from their services, and how participants want these services designed. Coordination of supports also includes coaching participants and working with them to develop capacity and resilience in their network," Bunnett continues. "Support coordinators focus on assisting participants in building and maintaining a resilient network of formal and informal supports."

There is also a desire that NDIS participants will develop their capacity to implement and manage their supports and network more independently over time. Bunnett explains, "Some participants, however, will require coordination of supports funding in subsequent plans to aid ongoing capacity building or to manage the complexity within the participant's support environment and circumstances. The plan review process identifies these elements."

Over time, as a participant's capacity is strengthened, this support may be replaced by Support Connection or the introduction of a LAC or an Early Childhood Early Intervention (ECEI) Partner in subsequent plans.

## SUPPORT COORDINATORS CAN PLAY A ROLE IN PLAN REVIEWS

The establishment and review of a participant's NDIS plan is the function of an NDIA planner rather than a support coordinator. "However, by working with participants we can support the development of their goals," says Bunnett. "We do this by providing review reports to the planners typically at the nine-month stage of a yearly plan."

These reports include a participant's current goals, their progress and barriers, as well as the outcomes of each target. Bunnett confirms, "Support coordinators also address any new goals individuals would like to undertake, their support connections, their budget expenditure along with any service connection barriers and the spending of their funding." Regarding a participant's connections, Bunnett clarifies this includes mainstream and community services along with informal supports and networks.

## THE THREE LEVELS OF SUPPORT COORDINATION

There are three levels of support coordination available to a participant, according to the NDIS. These include Support Connection, Support Coordination and Specialist Support Coordination. Whether a participant receives these supports will depend on the level of funding in their plans.

**1. Support Connection** – This support aims to build a participant's ability to connect with informal, community and funded supports enabling them to get the most from a plan and achieve their goals.

**2. Support Coordination** – This support will assist participants in building the skills required to understand, implement and use the plan. A Support Coordinator will work with the participant to ensure a mix of supports is used to increase his or her capacity to maintain commercial relationships, manage service delivery tasks and live more independently in the community.

**3. Specialist Support Coordination** – This is a higher level of support coordination. It is for people whose situations are more complex and who need specialist support. A Specialist Support Coordinator will assist participants in managing challenges in the support environment and ensuring consistent delivery of service.

On the issue of covering the expenses for support coordination, Bunnett explains the service is funded as a ‘capacity building’ function within a participant’s NDIS plan. “This support needs to meet the NDIA’s reasonable and necessary requirements before funding is allocated,” she says. “The NDIS ideally would like to see a decline in the need for support coordination over time. However, for some people, they will require ongoing lifetime support.”

## WHERE THE SERVICES OF A LAC END AND SUPPORT COORDINATION BEGINS

LACs are an essential component of the NDIS. These coordinators work with participants on the ground to help them enter and make the most of the Scheme. They also support participants to build strong, inclusive relationships and connect with their community. This level of support represents a significant variation to the traditional centralised model of program delivery.

Where a LAC service is not available, the NDIA may fund additional services such as support coordination. This service may continue until LAC services are available or as adjunct support.

Most participants will generally transition directly to a LAC unless this service is not in place. LACs assist participants in connecting with supports and preparing for plan reviews. If a participant needs additional support over and above a LAC, support coordination may be included in the NDIS plan.

Bunnett explains, “The LACs role is to provide participants with lists of service providers, where to find NDIA-related information, assistance regarding reviews, and changes of circumstances.

“A LAC is allocated approximately 6-10 hours per year to a participant. If a participant wants an occupational therapist, the LAC will provide a list of OTs in the local area, and the participant makes the choices from there.

“This level of service works for some people, but not others. A support coordinator is an extension of the role provided by a LAC.”

## ADDRESSING CONFLICTS BETWEEN SUPPORT COORDINATION AND PLAN MANAGEMENT

While it is the NDIA’s preference that support coordination providers steer clear of offering other supports, nothing is stopping them from extending plan management services, for example.

But does this create a potential conflict of interest? David Wilson, CEO and founder of registered NDIS-provider Zest Care, says there are no definitive answers. “I don’t think anybody knows. I’ve heard multiple

points of view including that it's not allowed and there'd be a conflict of interest.

"I would stringently challenge that. Because my job is to give my client the best possible service that I can, with whatever I'm delivering to them. How can there be a conflict of interest in that?"

Zest Care offers a range of services, including plan management and support coordination. "If I can do coordination of support 100 times better than you can, and I also do their plan management, why shouldn't I do that?" Wilson reasons. "It's only a disservice to my client if I don't."

### WHAT A SUPPORT COORDINATOR CANNOT DO FOR PARTICIPANTS

A support coordinator cannot make judgements about the adequacy of a plan or make requests for unscheduled plans reviews. They are also not funded to provide participant transport, plan administration, plan management, support rostering, advocacy or disability supports.

Moreover, a support coordinator is unable to provide any additional funded supports in the plan. This degree of separation safeguards against potential conflicts of interest. However, in individual circumstances, this condition may be waived, according to the NDIA.

Bunnett adds that support coordination is often confused with 'case management'. "While there are some similarities, they are not the same," she says. "Case management provides direct support such as creating rosters, booking staff, taking people to appointments, personal care, and is more responsible for helping a person with their entire life. Support coordination is responsible for helping a person enact their plan goals."

### HOW DOES A SUPPORT COORDINATOR HELP A PARTICIPANT LINK WITH PROVIDERS?

A support coordinator will discuss a participant's current needs and possible supports that may assist them in maximising the benefits of the NDIS and in integrating into the community. A coordinator will know locally based supports and providers. They can match participants with providers who best suit their needs. A support coordinator can also organise service level agreements and assist participants in monitoring progress.

A participant with ageing parents, for example, might be eligible for support coordination. The older parents may not use the internet or mobile phone or do not have transport. In this situation, a participant may receive access to a support coordinator.

Likewise, a participant living in a group home may be able to access a support coordinator, if it is felt he or she has no access to informal support such as family members to help link them into the community or mainstream services.

### WHERE DO I FIND A SUPPORT COORDINATOR?

You can find registered support coordination providers using the Provider Finder tool in myplace. The Provider Finder enables participants and carers to search for support coordination providers located in their suburb, region or town. The NDIA also regularly publishes registered provider updates on the NDIS website. Also, a LAC or ECEI Partner may assist participants in finding and connecting with a support coordinator.

Also be mindful that if a participant has chosen to self-manage their NDIS plan, they will still be able to receive funding for support coordination. According to the NDIS website, the choice to be self-managed, plan-managed or NDIA-managed does not affect the financing of support coordination. Funding for support coordination is determined by what is considered reasonable and necessary.

Switching support coordination services should be straightforward in theory. Bunnett explains, “Switching is designed to be easy. However, this depends on the professionalism of each support coordination service.

“We make the process as smooth as possible because people should not be disadvantaged because they made a choice. It’s also a time for support coordinators to reflect on the service they provided. Was it good enough? If not, why not?”

## THE NDIS AND SUPPORT COORDINATORS

Many positive stories are resulting from NDIS support/funding. However, there are pain points, according to Bunnett. “The challenges for support coordinators can include insufficient funds, slow processes, lack of sector knowledge about the role and the outcomes we can deliver,” she says.

The NDIS is doing its bit to encourage the function of support coordination, notes Bunnett, by developing and continuing to provide three levels of support coordination to help participants of the Scheme achieve their personally defined outcomes.

On the issue of insufficient funds, Bunnett says this problem can usually be traced to a shortage of evidence to justify a level of support for a participant. “It is the role of support coordinators to help provide evidence to justify a participant’s request for funding by addressing what is reasonable and necessary.”

Ironically, COVID-19 has helped address the issue of slow processes. “The NDIA is extending people’s existing plans if the planning and funding are adequate,” Bunnett confirms. “The time saved by speedier planning has meant other processes that were taking too long are now happening quickly. Prompter outcomes have reduced a lot of pressure for participants and their nominees.”

As for improving sector knowledge, Bunnett says time will play a role. “Support coordination is a completely new role. With anything new, it takes time to understand the role, its benefits and the outcomes support coordinators can deliver.” ■

**Information about the registration requirements and steps to become a registered support coordination provider are available in the ‘How to register’ section on the NDIS website, available at www.ndis.gov.au/providers/becoming-ndis-provider/how-register, or by calling the NDIS on 1800 800 110.**

# NDIS A GAME CHANGER FOR UNITED DISABILITY CARE

The NDIS has been a "game changer" for United Disability Care, according to CEO Sylvia Capps.

Operating in four Australian states, United Disability Care (UDC) is truly an Australian business success story that concentrates its attention on adult support with teams specialising in disabilities and mental health services.

The business has 42 Supported Independent Living homes and provides in-home care services. CEO Sylvia Capps says, "To witness people getting help for the first time through the NDIS and being empowered to take control of their lives and how they live is truly fantastic."

The scheme also has its frustrations. "I am constantly reminding people, the NDIS is an insurance scheme and like a comprehensive car insurance policy, making claims requires evidence, quotes, facts and proof. Opinions and stories have no place in the process."

For UDC, becoming an NDIS service provider involved a rapid-fire evolution of its systems and processes two years ago. In nine short months, the organisation overhauled concurrently its rostering, payroll, financial, HR/recruitment and staff intranet systems. "We realised quickly manual processes would not provide sufficient and efficient evidence to operate within the framework of the NDIS," Capps recalls. "It took a huge financial investment, large amounts of manpower, countless late nights of trial and error and a large amount of change management for our teams to make the business compliant."

UDC also established a dedicated IT team including three programmers and two IT support officers to aid and abet the transitions. The investment in technology also enabled UDC to track and assist its workforce more effectively, utilise daily rather than monthly cash flow reporting and have almost 100% predictability of its financial position. Capps sums up: "The NDIS really supported the evolution in our way of thinking as an organisation."

## A TRACK RECORD FOR EVOLUTIONARY THINKING

In truth, UDC had a strong reputation for evolutionary ideas well before the launch of the NDIS. In 1991, the organisation's founder Debbie Stewart started supporting people with disabilities in the Byron Shire in northern NSW.

Within a short time, the astute Stewart realised many people with disabilities were living in a semi-institutionalised setting, and that improvements were needed. In response, Stewart quickly opened a group home in the Byron Shire and Accommodation Network was born, later to be known as ACCNet21. "The first house is still under our care, as is our first resident Bill Parker," says Capps.

## REBRAND TO UNITED DISABILITY CARE

By 2018, ACCNet21 had evolved and was ready for a name change to United Disability Care. "We were no longer the small disability support provider operating in the Byron Shire," Capps explains. The organisation was operating in Queensland, NSW and South Australia. It employed a staff of approximately 350 carers and administered 30 supported living homes. "We offered every specialist support you could need to live a life you truly loved."

UDC used the theory of community life as a model for its delivery of care. "We believe that it takes a whole community and the support of each other to provide services to people of the highest standard," Capps says. "We refer to our village or community if you like as our 'extended family' and with this came the name change to United Disability Care.

"Our model is about uniting families, support workers, stakeholders, informal and formal supports, community and governing bodies to help our people to love their lives and live their dreams."

The care model employed at UDC is working very well. Today, the organisation employs 600 staff who support 500 people with disabilities in four states after Western Australia was added to the business's rapidly expanding disability care footprint this year.

## THE UDC POINT OF DIFFERENCE

Apart from being one of the first providers to put its group homes into lockdown and close its day centres during the coronavirus pandemic, UDC is a leading advocate for 'client-led' rather than 'client-centred' support. "The theory of client-centred support focuses on wrapping care around the client," Capps explains. "While well-intended, having a disability does not require you to smother a person with supports. They should still be able to play the lead role in their lives."

In contrast, UDC uses a client-led approach. "While we are always there to support and assist our people, we encourage them to decide their path and show us when it is our time to help rather than us always offering to help and in turn hinder their independence," says Capps.

## UNITED DISABILITY'S CORE NDIS SERVICES

United Disability offers six core services, including:

- Residential support in Supported Independent Living homes and in-home care
- Community access and social support, either one-on-one or in group settings
- Day centres located at Coffs Harbour and Ocean Shores in northern NSW
- Plan management
- Supports coordination – including specialist supports coordination
- Capacity building in the form of behaviour support, counselling, training in specialist behaviours and therapeutic supports by registered nurses

The embrace of a client-led approach is a significant paradigm shift for the disability services industry, says Capps. "For years, we have been encouraged to operate in a way that while it was supportive, it was also directive.

"In an industry that now understands and honours choice and control for our people, it is so important that we all encourage them to have goals and dreams: small ones, bigger ones and the somewhat crazy ones."

Speaking of encouraging crazy goals and dreams, as part of International Day of People with Disability (IDPwD) celebrations, UDC sponsored iFLY in November 2019. This initiative gave 45 members of UDC's Gold Coast community an indoor skydiving experience. The flyers had a fantastic experience, according to Capps, the driving force behind the initiative, which aimed to "get people living with disability out of their comfort zone".

Capps adds, "While I consider it a privilege to do what I do, I love that I am in a position that I can take a moment to give back in some way and inspire people to do something that makes them love life."

## OFFERING MENTAL HEALTH SERVICES

Mental health services are another point of difference for UDC. Recently, the organisation recruited a team tasked with moving people with mental health challenges out of hospitals and into the community. "There is simply not enough support, understanding or education in this area," contends Capps, who at the time of writing has been working for 12 weeks on getting two clients with disabilities out of hospital. "It is far too common that individuals are left in hospital-type settings and forgotten about. They end up there by default. So, we made a commitment to make a difference in this space."

Providing mental health services is a very difficult assignment for carers too, which UDC recognised before launching into this area. The organisation offers free mental health first aid to all its staff and offers an Employee Assistance Program (EAP) service. "We recommend our staff have regular de-briefs often," says Capps. "This industry is not for the faint-hearted, it is emotionally, socially and physically exhausting and self-care is so important. We must always remind ourselves and our peers to be kind to ourselves." ■

# DELIVERING ON NDIS PROVIDERS' TECHNOLOGY NEEDS

Technology is enabling people with a disability to reach their potential at home, in their community and in the workplace. **By Anthony O'Brien**.

While more participants are embracing the value of technology, there is a growing awareness among National Disability Insurance Scheme (NDIS) providers about the benefits they can deliver by adopting innovative advancements. To this end, the Minister for the National Disability Insurance Scheme, Stuart Robert, in February released a discussion paper addressing the development of a Digital Partnership Program (DPP) that aims to make it easier for participants to connect and interact with providers.

The discussion paper sought ideas on tools, apps and other digital products that would be attractive for development, how the NDIS can best work with providers and software developers and what specific functionality or application programming interfaces (APIs) the market would like as part of the NDIS.

Minister Robert said, "We know the value of emerging technologies and the importance of leveraging innovation offered by the broader market to improve the experience and access to supports for all NDIS participants.

"The DPP will enable the development of a new range of digital services at a faster pace under a digital marketplace model – it is an important step towards innovating the NDIS and improving how participants, providers and the National Disability Insurance Agency (NDIA) all connect and work together."

## GROWING DEMAND FOR TECHNOLOGY SOLUTIONS

Enza Amato, General Manager – Disability at leading software provider Health Metrics, agrees there is a growing demand for innovative technology for the disability services sector.

Health Metrics' software eCase is an innovative, cloud-based, NDIS-ready enterprise solution designed specifically for disability support and community care providers. eCase provides a single platform that combines powerful functionality and ease of use to simplify complex administration. With an intuitive roster enhanced with AI and machine learning, the platform can track support plans and funding from multiple funding sources.

Amato continues, "There is absolutely a growing demand for technology from disability providers. They want to drive back-office efficiencies and enable their growth strategies while also improving the care outcomes of the participant. The right technology can make that happen.

"It's so important that people have access to innovative technology like our eCase portal that links their loved ones and support circle to improve communication, information and ultimately enhances their quality of life."

Walter Rienmueller, Director of industry software provider iCareSoft, says the growing awareness of technology is vital to the disability sector. iCareSoft has been working with disability support providers for over 10 years and offers valuable cloud-based solutions such as MyCare. This solution integrates all aspects of the service provision, from support coordination including rostering via mobile and web-based apps, invoicing, claims, payroll and accounting integration. Rienmueller rationalises, "Technology is vital for the sector, and no business will be able to grow without adopting technology.

"Only cost-efficient operations will be able to maintain a successful business under the NDIS guidelines, as there is a large component of administerial cost for service provision. It's not just the costs for direct care but also the reporting to comply with government regulations."

MyCare has been developed with the understanding of the complexity of support services under the NDIS guidelines, as well as the fundamental need for efficiency while providing complex assistance in the disability and aged care sector, Rienmueller explains.

> "Now for every service provided, it's up to the service providers to ensure they invoice participants accordingly and that they put their claims in to get reimbursed for the services. This has created the large administration burden. Previously, providers didn't have that challenge, because they got the funding up-front."

Amato agrees that keeping pace with red tape is a challenge for providers. "The challenge is trying to keep up with the NDIS price rulings and policy changes, and the NDIS Quality and Safeguards Commission.

"Managing compliance and the complexities of the business on a day-to-day basis has led service providers to seek out software that is going to simplify administration," she says. "Spreadsheets and manual processes are becoming a thing of the past."

## LAST CENTURY PROCESSES LIMITING GROWTH

A significant number of small and large providers are operating with substandard technology and uneconomical processes that are limiting growth, Rienmueller notes. "NDIS providers will not be viable if they are working with spreadsheets or have multiple systems in place.

"NDIS providers will need to streamline processes to remain viable. Over time, providers have adopted an array of independent systems to undertake jobs. A multi-system approach, however, is not sustainable as it is inefficient and adds considerable cost."

The MyCare software, for example, is licensed on a monthly basis and the pricing is based on the size of a business such as the number of clients, according to Rienmueller. "Start-up businesses and small enterprises will not be able to justify high software expenses," says Rienmueller.

"We are offering start-up packages for the same software for a much-reduced price to get operations started – we will provide [service providers] with a quote after we have assessed their requirements."

Amato contends that the issue of financial feasibility plays an unavoidable role in the level of technology adoption by some providers. "Using spreadsheets to manage workers might be cheap and easy, but it will cripple your ability to grow exponentially.

"Technology is developed very differently nowadays. Today we focus on the user experience and innovation. We develop workflows for disability providers to lift their administrative burden. Small providers should be using technology that can enable best work practice, improve the working day of their staff and provide a better experience for their NDIS participants, but some providers struggle with the investment. That's why eCase has proved so popular, because it has a proven ROI for organisations of all sizes."

## THE ROLE OF THE NDIS IN ENCOURAGING THE ADOPTION OF TECHNOLOGY

Small and large operators need to be time- and cost-efficient with their operations, according to Rienmueller. "The NDIS regulations require a high standard of documentation and monitoring.

"The government fee structure makes it essential to use sophisticated technology, ensuring cost-efficient service provision."

Innovative software is essential to streamlining operations, Rienmueller maintains. "Databases with high-tech tools such as mobile and web applications will allow efficient communication for providers, their employees and more importantly, their clients."

According to Rienmueller, MyCareSoft

# eCase®

# Software for Disability Providers

**eCase is an NDIS-ready enterprise solution designed specifically for disability providers. A single platform that combines powerful functionality and ease of use, to simplify complex administration.**

## Software features include

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Manage awards with our inbuilt award interpreter.

### Mobile App

Staff can view their schedule, access participant information and record case notes. Monitor staff start and finish time in real time.

### Shift Bidding

Open available shifts to available staff and nominate to fill the shift on a first come, first serve basis.

### Client Portal

Participants and Families have access to their activity, budgets and can communicate via an integrated online portal.

### Analytics

Achieve instant ‘deep-dive’ reporting via business intelligence dashboards in eCase.

### Compliant

Meet Quality and Safeguard Standards. Compliant with NDIS, HCP, CHSP, DSS, DVA and other funding bodies.

### Cloud Based

eCase is hosted in Australia, and can be used across any device. Data is secure and private.

## Rostering made easy

Manage your rosters with ease. Enhanced with AI and machine learning, eCase allows you to roster staff factoring in the participant’s preferences, staff traits and availability, quickly and efficiently. Free up time by automatically filling the shifts. Once approved, appointments are sent straight to the staff mobile app. View staff attendance in real-time, including in progress, running late or non-attendance. Review and approve completed shifts and easily export them to your payroll system.

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# NDIS PAYMENT INNOVATION FROM MOIRA FINANCIAL PLAN MANAGEMENT

The challenge? Paying NDIS service providers quickly and accurately while maintaining necessary and sound controls to protect plan-managed participants. Supported by the NDIA, in late 2018 MOIRA launched an innovative, industry-first solution known as Chargeback to deliver the best of both worlds. The unique Chargeback service was rolled out to both new and existing NDIS service providers MOIRA works alongside throughout Australia, setting a new standard in NDIS plan management.

The Chargeback innovation sees disability providers enter into a formal arrangement with MOIRA that secures all parties' interests and significantly streamlines the NDIS claims process. Building on existing relationships between MOIRA and the financial team within disability organisations, both NDIS participants and providers experience a fast, secure and consistent invoicing claims and payment process.

Eligible organisations benefit from invoice payments within 1-2 business days and in the event of any dispute or invoicing error, MOIRA's Chargeback agreement provides a clear road to resolution.

Unfortunately the 'Standing Authority' offered by other plan managers leaves participants with little to no protection in the event of any disputes, invoicing errors and/or fraud. 'Standing Authority' allows any invoice from nominated providers to be processed, often without adequate means to recover funds, in the event of substantiated claims.

The NDIS environment is prime for innovation and MOIRA's contribution is leading the charge, guided by a vision for all people to lead rewarding lives as valued members of society. MOIRA's Chargeback payment process and service is an example of how providers can successfully maintain a participant-centred service that meets the needs of the entire disability community.

The list of disability providers accessing MOIRA's Chargeback service continues to grow, with some of Australia's key providers enrolled including: Hireup, Yoralla, Scope, Able Australia, YMCA, Melbourne City Mission, Nextt, CareChoice, Interchange, The Bridge, Omni-Care, FlexiSupport, Neuro-Rehab and many more.


**MOIRA'S Melbourne head office servicing NDIS participants and providers nationally.**

> ***"Hireup greatly appreciate the level of quality customer service that MOIRA provides to both service providers like Hireup and its clients. It is for this reason, Hireup is confident in referring their services within the community."***
> ***– Barbara Campos, Credit Manager, Hireup***

Four reasons Chargeback is setting the standard:

1. Industry-leading payment times – next business day.
2. A simple, clear and structured way for invoices to be submitted, processed and paid.
3. Same business day reporting and validation. Providers know exactly what they will get paid on the day invoices are submitted.
4. Continued protection of NDIS participants' funds. Funds can be returned to participants' NDIS plan in the event of any invoicing inconsistencies.

**For more information about MOIRA Financial Plan Management and how Chargeback can support your NDIS business, visit www.moira.org.au or contact hello@moira.org.au.**

is an integrated dynamic system, which is its greatest asset. "In an ever-changing industry with highly diverse operations, it is impossible to create a system that suits all."

Dynamic development is essential to MyCare, Rienmueller continues, and it means a user can make modifications to the software themselves and "they don't require the services of high-tech and expensive developers".

He continues, "The MyCare software allows each customer to make their own changes and create their reports, forms and tables."

Amato says with the NDIS funding changes, participants now have control of their funding and they are able to create their own circle of support or engage their provider of choice. It can be quite challenging for both participants and for providers to manage multiple funding sources and services, especially when the focus really should be on creating a plan and goals that enable participants to have a better connected and supported life. That is why eCase works. It creates better support co-ordination for organisations and an enhanced experience for participants as they have easy access to the eCase portal to track their progress, view their financials and their services at any time. eCase also integrates with the NDIS portal.

## THE IMPACT OF APIS

Regarding the NDIS's announcement on APIs late last year, Minister Robert said, "APIs will allow Digital Partners, who subscribe, to securely connect with NDIA systems and more efficiently manage their day-to-day work, increasing the capacity of NDIS providers and the market to deliver better services to NDIS participants."

Amato explains that APIs enable eCase to talk directly to payroll and finance systems and the NDIA portal. eCase is the centre of truth ensuring that mandatory client budget and reporting data is captured. "As an end-to-end system, we understand the need to increase efficiencies and streamline processes."

## THE IMPACT OF COVID-19 ON TECHNOLOGY DEMANDS

Given MyCareSoft is a cloud-based system, and the access is independent of the office location, Rienmueller says his clients were relatively unaffected by the COVID-19 lockdowns that impacted many other industries in the autumn. "Many of my clients' administration staff worked hard from home doing the same administration jobs they did in the office, so the operation was hardly affected by these changed circumstances."

On the flip side, an organisation with less technology will find it exceedingly difficult to continue operation if key staff members are forced to stay at home, contends Rienmueller. "Modern technology gives us options to ride out the challenging times, but we need to embrace technology.

"Many businesses are continuing with staff working from home. However, the NDIS service provider community is still lacking behind a general trend and needs to take up high-tech solutions to be viable in future."

## HAS THE NDIS MADE A DIFFERENCE TO THE DISABILITY SECTOR?

The NDIS has made a huge difference to the sector and created a leap forward in providing improved care planning as well as giving more choice to participants, declares Rienmueller. "Clients can select the care provider and that in return has opened the gates for so many new operators in the industry.

"That said, the new service provider will need to adapt quickly in order to make their business viable – and it will not work without embracing technology."

iCareSoft's Rienmueller says the NDIA is not providing any financial support for software developers. "Software development is extremely expensive and is often not recognised for what it takes to populate a screen – a few pages and buttons on a page – it can't be that difficult!

"It takes a lot of effort and know-how to develop an innovative product. It is another challenge to bring the software to the market and convince the industry to accept and embrace a product. MyCare will equip operators with the right tools to acquire an edge for their operation." ■

# RESPONDING TO THE REGIONAL CHALLENGE WITH INNOVATION

LiveBetter Community Services is a leading not-for-profit organisation based in the NSW town of Orange, which delivers a range of services in the disability sector across regional NSW and central Queensland. As chief executive Natalie Forsyth-Stock told **Lachlan Colquhoun**, being a regional provider can be a challenge but this also presents opportunities for innovation, which can result in better services to people living with a disability.

Providing accommodation for people living with a disability is very different in regional areas to delivering in the cities.

In the city, housing is denser and this makes it easier to provide individual units. Allied health services are more easily accessible, and getting to them does not require a specially planned round-trip of several hundred kilometres.

While there has been a movement away from group homes in the disability sector, the nature of housing is such that many people living in regional areas are in homes where, while they may have some independence, there are shared facilities.

The further into remote regions people live, the harder it is for them to access other services they need directly.

For four decades, LiveBetter has been providing critical services to people living with a disability. The organisation was originally established in the 1980s as the Orange Community Resource Centre by a group of socially active residents amid a climate of uncertainty about the direction of local community services.

From there, the organisation has evolved into one of the largest regionally based providers of community services in regional NSW, and now also in Queensland.

LiveBetter chief executive Natalie Forsyth-Stock says the regional focus provides a challenge and also offers opportunities.

"Housing is clearly more affordable in regional areas, and that often makes it more attractive for people with a child with a disability, including those with adult children," she says. "Being able to get out into a regional area means the child can potentially have a much better lifestyle than they would in the city, and it also means that often the parents can be closer to them.

"So I think that regional areas offer those two key advantages of more independence and affordability, and often they can be really important, particularly to families"

While Orange has become something of a hub and even a centre of excellence for the delivery of social services, and other large regional towns such as Bathurst, Wagga and Dubbo are well provided with services, Forsyth-Stock says it becomes more problematic to deliver a combination of what people with disability need in the "thinner" markets further out west, both in NSW and Queensland.

"The further you go out west, the more likely we are to have a shared facility and the harder it is to fill vacancies," she says. "It can be hard to find someone who wants to live in that location, and of course you might also have compatibility issues with the other people.

"You can't think about it as an Airbnb where you just put somebody in a room, because compatibility-matching people often with complex physical and intellectual disabilities is extremely important."

LiveBetter's approach, she says, is to understand that "what might work in Sydney won't necessarily work in the bush" and that there is no "one size fits all" solution to providing disability housing.

"I know there have been some models in Sydney where a developer might take a whole building with a couple of affordable units within it," says Forsyth-Stock. "But that's unlikely to work in a regional area. So we look at alternatives such as a pod-type

arrangement, where people can have some amount of independent and private space and there's a shared space as well."

## COMMITMENT TO INNOVATION

Creating a Research and Innovation Unit in 2015 for developing strategic research priorities, leading research activities (including the interventions associated with research projects), and managing research systems and reporting requirements, supported LiveBetter's commitment to the idea of innovation in service delivery.

The unit also aids the activities of executive and senior management staff by providing internal consultation services on a broad range of issues, including corporate governance, project and program evaluation, tender writing, staff and sector-wide training and development, and business planning and reporting.

The commitment to innovation is also at project level, and is in evidence in a new pilot housing project in Albury which could become a model for new services.

The supported living pilot is the result of a co-design process with the individual and the families of the person with disability, taking their input into the service design of three new houses in the regional centre.

"It's talking to the families about how they want the houses to be run, rather than us saying 'this is our product, take it or leave it'," says Forsyth-Stock.

"We are in an early stage of this co-design, and I think it's going to be an interesting pilot to understand the difference between what we are delivering and what people actually want. Families, for instance, will have input into the design and development of the house manual, policies and procedures, in the recruitment of the house leader position and into the functionality required for a fit-for-purpose communication platform to improve knowledge sharing across the care network.

"It's also about understanding how we can make that work, because you are not always going to be able to satisfy every requirement for families but the closer you can get to what they would ideally like to see, the better."

The physical design of the home and its features were being considered alongside discussions on the management structure.

Often, says Forsyth-Stock, individuals and their families living in the homes wanted more decision making at a house level, rather than at a corporate level coming from the service provider.

"It's important to clarify those choices get made in the house, and that is also part of the pilot," she says. "You have a group of people living together and they have a different idea of what they want, but it really shouldn't be for us as a provider to say 'this is what we are going to do.'

"In the current environment, it is expected that the person with a disability has a much greater influence on decision making than in the past, and we have moved away from the concept of care to a model of support."

## A HOLISTIC APPROACH

Forsyth-Stock says LiveBetter has a "holistic" approach to supporting people with disability, which for some people extends to employment.

"Another piece of the puzzle is facilitating people with a disability to get a job as well, and for that, a town like Orange can be very supportive," she says.

"If people with a disability want to have independence and live with their friends, then things like affordable housing and access to allied health are also important.

"In some ways, this is destination marketing for a town like Orange, which has a history in providing services and links housing to employment to community, which is the holistic approach, but other regional towns can also deliver this."

In co-designing the Albury pilot, another issue was the extent to which people with disabilities wanted to be involved in domestic activities such as grocery shopping, both in physical stores and online, and in cooking. This was in line with the key purpose of the NDIS, which is to help foster skills and assist people to reach new goals.

Another part of the holistic approach is transport; this is also critical in creating the independence which many people with disability need to live in their own homes.

LiveBetter has a transport operation, and this is also involved in a pilot project which began in Dubbo in February 2020.

Called LIFT, the pilot program provided transport to people with restricted mobility through an app service, to and from social and recreational activities outside normal business hours.

With $180,000 in funding from the icare Foundation, the premise of the program is that many people with a disability want to be more involved and integrated in their communities, but their ability to do so is often hampered by a lack of transport.

In response to firstly the catastrophic bushfires followed quickly by the COVID-19 pandemic, LiveBetter accelerated a number of technology innovations which had been in development for some time.

## TECHNOLOGY ROLLOUTS

The Microsoft Teams solutions had been used only by executive staff, but it was rolled out throughout the organisation as a critical communication and collaboration tool.

LiveBetter also used business intelligence tools during the bushfire crisis in early 2020 to map the locations of all its clients to establish who was at risk.

Workforce data was used to not only map the whereabouts of clients, but also of its 1,600 staff to understand who was closest to particular clients in the event of an emergency.

> "The further you go out west, the more likely we are to have a shared facility and the harder it is to fill vacancies. It can be hard to find someone who wants to live in that location, and of course you might also have compatibility issues with the other people.

"Over time, we are trying to use business intelligence and data more, so during the Covid disruptions we did a lot of live indications of how many staff were off sick," says Forsyth-Stock. "Early on, we were very concerned that if it really took hold then we would have a lot of staff in isolation.

"That worse case didn't transpire, but we were very conscious of tracking our staff numbers so we could make sure we could maintain our service."

LiveBetter has also been putting technology into the hands of its clients, giving devices such as laptops and tablet iPads to people living with disability as they develop their technological literacy.

"This was also useful during the bushfires and Covid to make sure some of our clients who could, remained connected," says Forsyth-Stock. "It's not always easy for some of our clients to use technology, but it has been positive and also aligns with the concept of the NDIS being around person-centred care."

Collaborative video tools were also important in another LiveBetter program, as the organisation is working as part of Carer Gateway, a national phone and face-to-face service specifically designed to assist the 2.7 million unpaid carers in Australia.

LiveBetter is one of 15 providers that have replaced the Commonwealth Carer Respite Centres with the aim of delivering more nationally consistent carer services.

"Keeping this service going during the disruptions has had its challenging moments as there hasn't been any face-to-face counselling or the peer support which is also important," says Forsyth-Stock.

Getting people together who have lived experience of caring for a family member with a disability is important for sharing stories and coping strategies, and for building support networks.

"We've had to transition to more of an online, video and over-the-phone rollout of that program," says Forsyth-Stock. "We've had to be more flexible but a lot of people have taken to things like Zoom calls like ducks to water, so that has enabled us to maintain a lot of that peer support through online connectivity."

Another innovation as part of this service has been a free hotline which began operating in early April 2020, with LiveBetter boosting its headcount by 13 full-time staff to deliver the service.

Having the Carer Gateway service available during COVID-19 disruptions was actually found to be very helpful for carers, many of whom reported to be more anxious and stressed in their roles during the isolation of the lockdown period. ■

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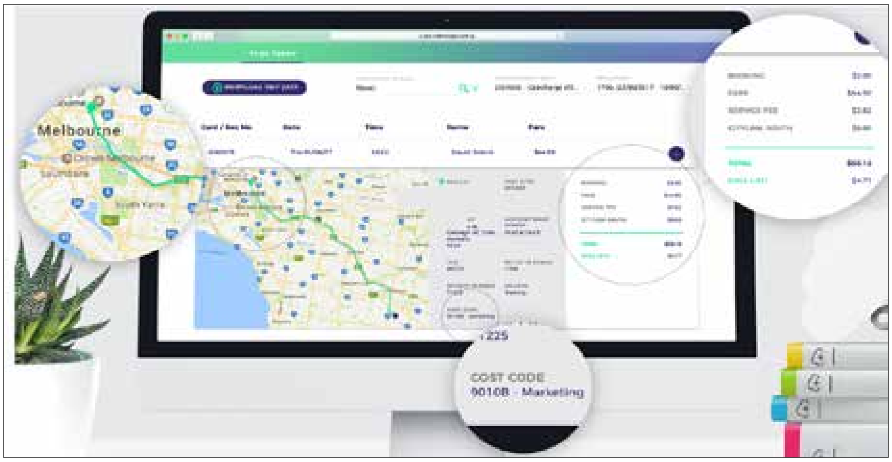
# IS YOUR AGENCY CHARGING YOU FOR HOURS SPENT ON REPORTING?



By **Todd Shipp**.

As the National Disability Insurance Agency (NDIA) matures, so too does the need for greater reporting of participant travel. The Cabcharge Community Card was created to address this need. While participant travel data is extremely important, it can increase the already-time-consuming administration requirements, and failure to adequately report all usage could potentially result in decreases to yearly allowances.

Over the past 18 months, Cabcharge has partnered with hundreds of self-managed taxis and a rapidly growing list of agencies to implement a fully automated and streamlined travel solution available across metropolitan and regional Australia called the Cabcharge Community Card.

All taxis in Australia have hard-wired GPS (global positioning system) that allows Cabcharge to report on every trip's pick-up and drop-off locations, provide a route map and any other specific participant details required for government reporting.

Designed for Aged Care, Community Care and National Disability Insurance Scheme (NDIS) service providers as well as self-managed participants, the Cabcharge Community Card provides participants with a safe and reliable taxi transport solution while ensuring detailed trip information is automatically sent to the participant or their Plan Manager after every trip. Many agencies have their own reporting processes so Cabcharge has developed APIs that also allow the trip information to automatically appear in their reporting software.

Participants are given a personalised Community Card that can be used for multiple trips. The participant simple taps their card (or a digital version on their smartphone) on the in-taxi payment terminal at the end of each trip. A receipt is then instantly emailed through as well as all trip information uploaded into the agency's reporting software.

The card can have a predefined monthly value, for example $150, and once the participant has used 80% of their monthly allowance, they or their Plan Manager are instantly notified. The monthly value can be changed at any time and a reporting dashboard is available 24/7 online through Cabcharge's travel management platform.

Agencies that have rolled out the card to their participants have reported the following key benefits:

- Significant reduction in time spent on administration and reporting
- No lost receipts
- No manual entry errors
- Visibility of participant travel destinations
- Quick and simple participant payment experience
- Seamless integration with TSS and MPTP payments

The importance of trip data in determining a participant's allowance will continue to increase, with many additional data fields already being captured including distance travelled, participant name, driver's details, pick-up and drop-off times and fare breakdowns (including tolls and participant contributions).

As of September 2019, NDIA statistics stated that of all the 314,247 NDIS plans that were active in Australia, 18.2% were self-managed, 12.5% were partly self-managed, 36.8% were a combination of plan-managed and agency-managed, and 32.5% were fully agency-managed.

With such a large percentage of NDIS plans being managed by agencies, participants should be looking for providers who invest in technology to reduce their operating costs and can therefore spend more time supporting them in meeting their current needs as well as helping them work towards their future goals.

# EMPLOYMENT: A KEY TO INDEPENDENCE

While progress has been made in the disability employment area in recent years, the COVID-19 pandemic disruptions are posing challenges for people with disability and also providers in the sector working through the DES and the NDIS. By **Lachlan Colquhoun**.

For many people living with a disability, finding suitable employment is the gateway to independence. Not only does it provide income for life's necessities, but finding the right job brings confidence, fosters relationships with colleagues from diverse backgrounds and drives a sense of greater inclusion. More than 13% of working age people in Australia have a disability, but just over half are participating in the workforce – either full or part time. In 2018, the federal government committed to providing $3 billion to disability employment over the forward estimates, which is roughly $800 million per year to the Disability Employment Service.

## A SUCCESS STORY

Living in South Australia, Ben is a 23 year old who loves his footy and plays in the SANFL Inclusive League.

The League is sponsored by human services company APM Employment Services, a major provider to the Disability Employment Service.

Although he was nervous at first, Ben soon came out of his shell speaking to his APM Employment Consultant Kelly, who was eager to learn about his interests, hobbies and day-to-day activities to get a clear understanding of his challenges.

As well as his passion for AFL, Ben told Kelly about his learning disability and how he lived with epilepsy. He also told Kelly how his employment assessment had given him a benchmark of 30 hours a week and this made him feel anxious and uncomfortable about fulfilling his work obligations.

Kelly was able to help Ben in having a new assessment plus obtain medical evidence in order to have the benchmark lowered to a more suitable 23 hours per week.

Ben continued to work with Kelly to find a suitable job and joined her on workplace visits to meet potential employers.

As part of his program with APM, Ben was also able to get assistance with tools and equipment he needed to get started in the role.

Ben has now been employed for more than six months with the company and has also been offered new roles within his job.

"Ben feels great about his job and loves that he can buy things for himself and for his family," says Kelly, who continues to see Ben when he visits the APM office to tell her about his latest accomplishments.

Ben's story is one of APM's many success stories in its work in the disability employment sector, where one of the keys to success is appropriately matching people with their capacities.

The company, founded 26 years ago in Western Australia, has a presence in around 90% of the 110 employment services areas under the DES and enjoys consistently top-level five-star ratings under the ratings system.

Since July 2018, APM has placed over 32,000 people living with disability into employment, and has around 1,400 consultants working in its employment area.

## ATTEMPTING TO ENGAGE LARGE CORPORATES

Karen Rainbow, the chief executive officer of APM Employment Services, says the company's perspective is that work is not just about work, "it's about mental health and getting socially involved".

A two-decade veteran of the disability employment sector, Rainbow has seen a positive change in employer attitudes towards people with disability, but says it is clear that much more needs to be done.

Even though APM is a major provider, she says the company still struggles to engage with major corporates and continues to have its best success with small- and medium-sized enterprises.

> "Even though APM is a major provider, the company still struggles to engage with major corporates and continues to have its best success with small- and medium-sized enterprises.

From a consultant's point of view, they might work extensively with a large corporate and manage to place 10 or a dozen people in roles, whereas the same time spent with SMEs, says Rainbow, can result in several hundred jobs. "If you walk into the local mechanic workshop, fruit and vegetable shop or whatever it is, the person you speak with is very often the owner and the manager, and these people can make decisions pretty quickly," she says. "So there's not very much red tape to cut through.

"But often when you deal with large corporates, a decision to employ people with disability may have been taken at a high level in the HR department, but that decision needs to be filtered down to the workplace to the managers on the ground and that's another step to go through, and often it is difficult."

Large corporates, says Rainbow, often have HR procedures which act as barriers to employing people with disabilities.

"There are health checks, licence checks, and often these are things which a person with a disability may not have but it doesn't mean they can't do the job," says Rainbow.

When major companies do employ people with disability, the results are often extremely positive – not just for the people with disability but for the wider workforce and the corporate culture.

"I worked with a major mining company and they had people with disability working on site doing the canteen and the gardening," says Rainbow.

"Every time they did a survey around culture and buy-in, one of the things which came up was a positive feeling about them as employers because they were engaging with people with disability."

Employers have been talking with APM about new ways of engaging with people with disabilities, and the company has been developing an employment app, to be called 'Employable Me', which aims to make better and faster connections between employers and job seekers with disability.

"This will be for employers who want

to engage someone with a disability, and it's a response to a lot of employers who have come to us saying that this is what they need as they look to employ someone from a diverse background," says Rainbow. "So there's a definite need for it. It'll be a safe app and a safe space for people to ask questions and advice and get support."

## COVID-19 DISRUPTIONS

While the disability employment sector has made gains, its momentum in 2020 has been halted in its tracks by the COVID-19 pandemic disruptions, which have impacted people of disability in particular as their jobs are often in hard-hit sectors such as hospitality, retail and manufacturing.

"Unfortunately, a large percentage of these people are not eligible for the government's JobKeeper support, and this is very frustrating as they are one of the most marginalised groups in the community," says Rainbow. "When we talk about bringing them back to work, often they will be the last person to be brought back, so the impact is much bigger than we would like and many of them will take a long time to get back to work if they do go back to those jobs at all."

She gives the example of a young autistic man who works in the cafe of a golf club, preparing food and cleaning dishes. The cafe has only just re-opened for food servicing, but under social distancing requirements only a few people are allowed, so the demand for food – and for staff – is reduced.

## NOT SEEING THE DISABILITY

Martin Wren, CEO of NOVA Employment says the company is one of the few workplaces where a key question at the job interview is, "are you kind?"

Kindness, he says, is a key quality for success at the organisation, which places between 1,000 and 1,200 people with disability in jobs each year throughout its catchment area of Greater Sydney.

NOVA is an open employment program working through the Disability Employment service and more recently with the NDIS.

While the goal is to find regular award employment for people with disabilities, some of the NOVA placements are under a supported wage, determined by independent assessors.

Wren says the company maintains a headcount of around 165 people – and is always hiring – but staff need to have special qualities.

While some are required to have qualifications appropriate to their roles, Wren says that empathy which comes from lived experience of disability is often a key marker for success.

"Lived experience of disability is a good predictor," he says. "It can be your own or that of a family member, and we do look very favourably on that experiential learning because it has proven itself many times.

"We've done that, and the result is that we do have a cracking team.

NOVA has a 30-year track record and Wren says he noticed a welcome change in employer attitudes over that time.

"When I started in this area I was full of enthusiasm and optimism because I knew the quality of the candidates I was offering to employers, but it was often very difficult," he says. "But that has certainly changed. We do see, independent of our actions, people coming to us and saying 'we've seen what has been achieved and we want to be a part of it, how can we get on board?'

"So we do have independent demand now coming from employers."

For NOVA, the definition of success is more than the number of people the organisation places in employment.

"We always place a great emphasis on more than 12 months in employment," says Wren. "And also on more than 15 hours' work a week, which is more than the minimum under the Disability Support Pension.

"So we want our people integrated into the workplace where they have friendships, and also to have some meaningful coin in their pocket so they can start to buy stuff they like and enjoy life."

Quality is judged, he says, by "how long did you stay, how much did you get, and were you happy?"

January and February 2020 were the two best comparative months for NOVA in the organisation's three-decade history, but then the employment sector was disrupted by the COVID-19 pandemic which hit the wider economy.

"I was very optimistic, and thinking we'd turned a bit of a corner with employer attitudes," says Wren.

The COVID-19 disruptions stopped hiring in its tracks, but Wren and NOVA are undeterred and believe the situation for disability employment will continue to improve when the economy regains momentum.

"I'm really excited about working in this sector, and still have all my enthusiasm after 30 years," he says.

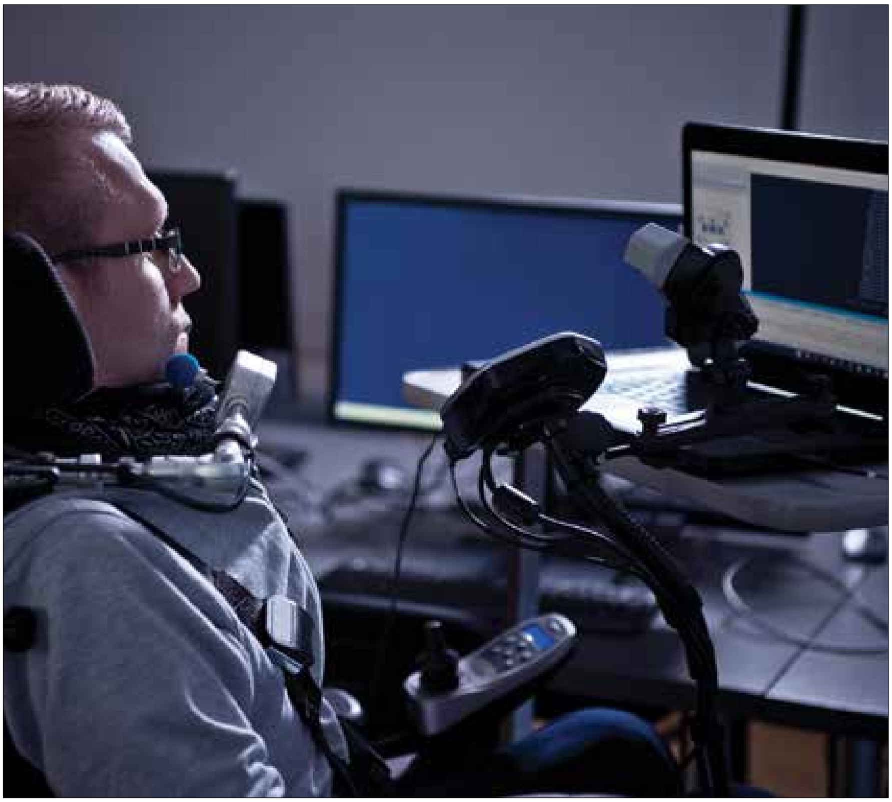
"It's terrific and it still challenges me, and I still get a real kick when we have a success and help change someone's life for the better.

This has a knock-on effect on the disability employment sector, says Rainbow, where provider revenues are outcome fees based on success rates in placing people in employment.

While a system based on outcomes is appropriate, the current downturn due to the economic disruptions jeopardises the viability of providers and their ability to support people with disability in their search for employment.

"I think people with disability need a skilled and vital sector to make sure they are supported and that we can continue the momentum we have," says Rainbow. "We need skilled people in the sector so they can help people with disability, and if we make decisions around cutting our staff it's not only us who are going to suffer, it is our clients as well.

"So the danger is that it will only get harder for those people, and that is not the outcome we want having come so far." ■



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# THE COLLEGE THAT IS CHANGING LIVES FOR FAMILIES LIVING WITH DISABILITY


Carmel Crouch and graduate Tom on Graduation day 2019.

The concept of Australia's first boarding college for young adults with a disability, STEPS Pathways College, was born five years ago. Now in its third year up and running as a college, the students, trainers and parents are reaching milestones, kicking goals and aiming higher than ever before.

The idea was simple: it came from a place that all parents of children with disabilities experience day in, day out – 'What's going to happen to my child when I'm not here? What responsibility am I leaving for their siblings to carry for the rest of their lives?'

STEPS Group managing director Carmel Crouch, whose 48-year-old son with a disability is still living at home, said that for her, this perspective has always been her driving force.

"This idea of the college comes very much from my personal point of view; I needed to know that if I couldn't make a difference in my life, I had to make a difference in somebody else's," Carmel says.

"I always thought there had to be some other way we could make opportunities for young people with disabilities to become independent; however, I knew it needed to be done from an early age.

"So, we started STEPS Charity six years ago, with the idea that we would raise the money to build a college, then the community rallied and with their generosity, they built the college for us, probably five years sooner than we expected!"

The Sunshine Coast college, Murphy House, consists of a five-unit, modern campus that accommodates students, in shared two-bedroom apartments, with extensive outdoor and recreational zones.

"We're excited to announce we will have a new extension built by September this year, to accommodate even more students, and we have purchased a block of units attached to the campus property to accommodate 16 new students," Carmel says.

When asked about the college's major achievements, Carmel notes that seeing the very first cohort graduate last year was a huge milestone.

"Every student that has graduated, has moved on to living independently," she says. "But for me, the first biggest achievement was that the first cohort of students that came in was delivered to us by very brave parents, who were the 'early innovators', delivering their children to a new program; without those parents, we might not have got very far.

"The biggest achievement for me after we got the college started was to see parents be able to blossom into their 'new-found freedom'; they could get on a plane and go overseas for the first time in 25 years or so, and were able to do the things that parents without children with disabilities can do all the time.

"I really love to see the freedom that the parents have because they no longer have to spend the rest of their lives worrying so much about their child with a disability, because they're actually going to be OK," she says.

Anne Nioa was one of those 'early innovators'; she dropped off her daughter Ariana to learn the skills of independent living

Ariana and mother Anne Nioa at Murphy House - STEPS Pathways College.

and describes their journey as an 'entirely gratifying experience for the entire family'.

"As a widowed mum of a daughter with Down syndrome, the relief of having Ariana learn the skills to live independently and gain the confidence to make her own decisions has been life-changing for me," Anne says.

"It's also a relief for me on behalf of my son, who now would not need to fill my shoes should something happen to me – even though he would in an instant; our extended family also shares the joy of Ari's independence."

Ariana was part of the first cohort to graduate last year, and is now living independently and working at the Caloundra RSL in the accounts department.

"Ari's achievements since starting at the college may be too numerous to mention, but her ability to now travel intercity by public transport – taxi, bus, train by herself – is amazing to me," Anne says. "She shows no hesitation as she is completely confident in her ability – and if she cannot find something, she immediately asks someone of responsibility to help her out.

"The college has given us an opportunity as a family to enjoy the future without the worry of 'what if'. We're confident that her time at the college has instilled the skills she needs to make solid, sensible decisions about her life."

STEPS Pathways College also runs a day program, providing flexible learning five days a week, and the opportunity to experience campus life for students still living at home.

The program is now available online and is open to everyone, and will be interactive to include a combination of online classwork, group discussions and project-based activities to enhance the participants' learning and reduce isolation.

STEPS Pathways manager DJ McGlynn says the exponential growth of their programs is a true testament to their success.

"Every single element of our training program has an educational underpinning; we see it working every day as we witness the confidence and capacity of our students grow," DJ says.

"Imagine the changes the parents see after not seeing their child for a couple of months!

"The nine-module curriculum is a mix of classroom learning with time to explore concepts and hands-on practical applications. Every student has an individual plan tailored to their needs; it's a true training program, not a therapy program.

"I'm constantly surprised by how much a student can do when given the opportunity.

"Our expectation is 'you're going to do this yourself', which is

A vibrant and supportive campus lifestyle - STEPS Pathways College students and trainers.

a huge change after coming from their home environment.

"When you put the right resources in front of students, they really come out of their shells, and the peer support is amazing to see; they all help each other out, they all love the campus lifestyle," DJ says.

"One of my favourite moments was witnessing the growth of a student who had lived at home all her life, she never had to do anything for herself; to see what she can accomplish on her own puts a big smile on my face. She makes her own decisions, cooks meals, asks for things herself and has the confidence to stand up.

"All the students are growing in different ways," he says.

Carmel agrees there are some heartfelt moments that will stay with her forever.

"I've made some lifelong friends, with people who have a large chunk of my heart really, because we spent two years of life together watching their child grow, in a really emotional and heartfelt place; it's not something you walk away from without a really serious connection to families," she says.

"One of the most interesting days was the college's first day open, when I had nine sets of parents that had brought their child to the college for the very first time; it was probably one of the most overwhelming things that I have had happen in my entire life.

"To know that they had the confidence to 'hand over their precious cargo' to someone they didn't really know, to a brand new program, I think that was a life-altering moment."

Looking to the future, the passionate team at STEPS has very big plans on the table, and they invite the world to come and join them, either as a student, a parent or a much-needed supporter of STEPS Charity, donating funds to keep the college going and the dreams of so many families alive.

**Learning the skills of independent living – cooking and meal preparation.**

"Now we're clear how successful the STEPS Pathways College learning model is, expansion is the way forward for us, to build another college, even another couple of colleges," Carmel says.

"There are very few programs that start, that are so instantly successful, and this has been, and it's because of the passion behind the people who are working in it.

"It's really hard to fail at something, when everybody has no expectation that there's going to be any failure, that everybody believes it's going to be an amazing success.

"And young people's future happiness is at stake, and when you have people that are passionate about what they do and know they are making an incredible difference in somebody's life, it's a great motivator."

DJ says he is receiving applications from all over Australia, as far as Tasmania, Western Australia and Alice Springs and welcomes everyone to apply.

The college is best suited for young adults with intellectual disabilities. A simple suitability assessment process is completed as part of the application.

"We're always driving outcomes; our greatest success is to see the transition of students into the community – we're just the conduit for them to get to their next level," DJ says.

Anne's advice for parents considering enrolling their child is to ring immediately, as they will not regret the decision.

"Life-changing is rather cliché – but it is so true. I am excited for Ari as she seems so very happy – in her job, in her life, and for me, I have a new-found freedom that I did not experience for the first 24 years of her life."

**If you have a family member or friends with young adults with disabilities that would benefit from being taught to live independently, contact STEPS! To support STEPS Charity as a partner or to donate to their life-changing initiatives, visit stepscharity.com.au or call STEPS on 07 5458 3000.**

# NEW MOMENTUM FOR HOUSING SECTOR

As the NDIS gains momentum, private investors are becoming increasingly involved in paving the way for a new model of housing and support for people living with a disability which seeks to maximise their independence and give them new options. By **Lachlan Colquhoun**.

There is a quiet revolution happening in the disability housing sector. Banks, big superannuation funds and private investors are joining with the social impact investment community to take a fresh look at the sector, with some significant recent results.

No-one is suggesting that the early days of the National Disability Insurance Scheme (NDIS) have been plain sailing, but already it is clear that the Specialist Disability Accommodation (SDA) program is a model which has promise and can combine financial sustainability with better housing outcomes for the people who really count: people living with disabilities.

SDA is designed for NDIS participants who are unable to live in mainstream housing and have high support needs, but who want to live independently from carers.

It is also a solution to the problem of thousands of young people who are forced to live inappropriately in residential aged-care facilities.

Housing in this growing sector is an attractive investment, with rental streams backed by the NDIS. It also encourages competition between providers, which in turn is likely to improve the quality of the housing on offer.

When the scheme is fully expanded, annual funding is expected to reach $700 million a year, and analysts are anticipating – over time – the creation of a new $5 billion asset class housing as many as 28,000 people.

This will represent an estimated 6% of NDIS participants when the scheme reaches full maturity.

## NEW INNOVATIVE ALLIANCES

Already, the SDA program is seeing the creation of some innovative alliances.

The Synergis Fund, for example, was founded by not-for-profit group Social Ventures Australia and Federation Asset Management to invest in the sector, and recently closed its third round with $26.5 million in funding from investors including major superannuation fund Hesta, insurer Suncorp and the Paul Ramsay Foundation.

The fund's first SDA home is slated for completion in 2020 in Mount Colah on Sydney's Upper North Shore.

"Your real risk here is vacancy – not having people in your property," Michael Lynch, Social Ventures' executive director of investing, told the Australian Financial Review.

"If you build a quality product in the right area for people, where they want to live, and give the right level of care, your vacancy risk is significantly mitigated."

In other words, get it right and the people will come, and your investment will be a sound one.

The Synergis Fund has approved 12 acquisitions for SDA projects

spread across Brisbane, Toowoomba, Melbourne and Sydney, and has targeted yields of between 8% and 10%.

Australian Unity looks set to be another significant player, raising $39 million in a March capital raising which was oversubscribed by $9 million, such was the level of investor interest.

The fund has plans to commit $60 million to the SDA sector after investing in a number of seed projects in Melbourne comprising 33 SDA apartments and five for carers.

Across the entire SDA program, the pipeline of new homes has increased from 2,000 in 2019 to 3,000 this year, an increase of 50%.

There are four accommodation categories based on differing levels of care required. A major percentage of the new accommodation is being created for the category which draws the highest subsidy: high physical support.

A report by Social Ventures Australia and the Summer Foundation, released in March 2020, also found a contradiction in the lower subsidy “robust” category. While this category draws the lowest subsidies, the accommodation requires stronger and more expensive construction and specialist managers to assist clients, and this creates a disincentive for investors. The report found that only 68 homes in this category were completed last year.

While six providers account for around 60% of the homes being built, the sector continues to attract private investors and social impact investors who can see both the commercial potential of the sector and its ability to improve the quality of housing for people living with a disability.

With that goal in mind, the Minister for the NDIS, Stuart Robert, announced changes to the SDA rules in June which will add more flexibility and increased choice.

> “Where an SDA provider is responsible for the ‘bricks and mortar’ of the house itself, a SIL provider manages the support services to people in the house and their daily living tasks.

The changes mean that couples will be able to share a bedroom if that is their choice, and children will also be able to share a room with their parents or siblings.

“The NDIS enables people with disability to live more independently and one of the most fundamental aspects of all our lives is having choice and control over where we live, who we live with, and the supports we need,” Robert said.

“We are improving the range of options available to participants who have SDA in their NDIS plans, while also stimulating growth in SDA across Australia.”

## SDA SUCCESSES

Already, a look around Australia shows examples of how the SDA is developing.

In February 2020, Casa Capace opened its first SDA home at Oran Park in Sydney, with the official opening by Prime Minister Scott Morrison.

The $1.5 million home is equipped with assistive technologies to support high-dependence living and is the first to offer end-to-end Apple HomeKit capabilities across its two dwellings which comprise six bedrooms.

The home is the first of 16 Casa Capace has planned in NSW in 2020, at Ballina, Coffs Harbour,

> “There are four accommodation categories based on differing levels of care required. A major percentage of the new accommodation is being created for the category which draws the highest subsidy: high physical support.

Taree, Western Sydney and Wagga Wagga.

In the Blue Mountains in NSW, Kirinari Community Services announced in June that it had vacancies for a two-bedroom SDA apartment and three share SDA places in a large, comfortable home.

In Ipswich in Queensland, local media highlighted the case of Tyson Turner-Thomas, who was set to move into a new $627,000 purpose-built home only blocks away from his beloved rugby league team, the Ipswich Jets.

The home was designed with the new occupant’s wish list in mind.

Currently living in a share house with three other people with disabilities – strangers he did not choose to live with – Mr Turner-Thomas will now have his own brand-new home and will not have to catch a taxi to go and see the Jets play.

“That is the ultimate goal I am aiming for,” he told the ABC.

In Newcastle in NSW, a 59-year-old named Chris – who withheld his surname – has lived in state care since he was four years of age, but has now moved into a new specially designed home with 24-hour support.

In making it his own, he has built a chicken coop in the backyard and collects their eggs and tends a new vegetable garden.

## SUPPORTED INDEPENDENT LIVING PROGRAM

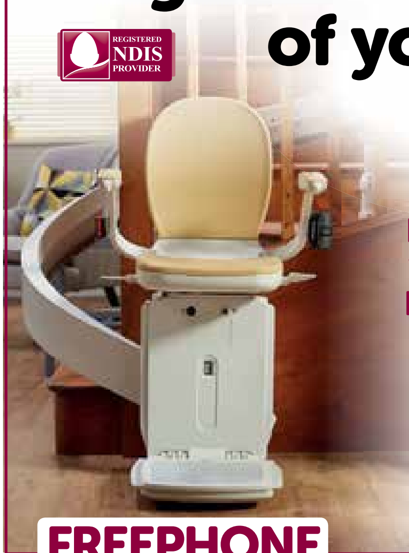
The second part of the disability housing model, next to SDA housing, is the Supported Independent Living (SIL) program.

SIL sits alongside SDA and funds the support services which residents need in their homes.

Where an SDA provider is responsible for the ‘bricks and mortar’ of the house itself, a SIL provider manages the support services to people in the house and their daily living tasks.

SIL offers funding for help in tasks such as shopping, cooking and cleaning, and can manage carer appointments and help people with disability access social and community activities.

SIL funding is at three levels of care and also comes through an



NDIS plan, although dollar amounts are not specified. The idea is that a support coordinator works with the participant to understand what is required.

Although funded individually, supports can be shared in houses with more than one resident.

Some providers in the sector, such as the Endeavour Foundation, work in both schemes but others, such as Summer Housing, focus purely on the SDA and on providing the new physical environment of the home.

Ability Options is another provider which works in both schemes in NSW, with the goal of helping people with a disability to find accommodation that is suitable for them. The organisation has a 40-year track record in the disability housing sector.

Ability's service involves matching people with compatible housemates and finding accommodation close to shops, parks and medical facilities.

Just as the SDA is being modified as the scheme matures, the SIL has also been under review by a Federal Parliamentary Committee.

In May 2020, the committee brought down its report, which made 45 new recommendations to improve the SIL scheme. A key issue, the report said, was that some participants were unable to be assessed for eligibility because they could not access NDIS funding.

Bureaucratic 'red tape' was still a barrier to people with disability living independently in their homes.

"The financial status of a person should not act as a barrier to accessing the NDIS or receiving supports," the report said.

The report recommended that participants should be able to pick their service provider, urged a cut in delays to funding wait times, and suggested a reduction in the amount of evidence required for people to provide their eligibility.

Committee chair Kevin Andrews MP told parliament that although the NDIS had made changes, some people still struggled to access SIL.

"Ultimately, the recommendations aim to maximise choice and control for participants," Andrews said.

The opposition disability spokesperson criticised the 'red tape' but said the report provided a road map for significant improvements.

During the COVID-19 lockdowns, the government also announced some NDIS changes which impacted on SIL.

New support items for SIL providers were made available in cases where participants had been diagnosed with coronavirus, including higher intensity support and professional cleaning services.

The aim was to ensure minimum service disruption and the continued delivery of services. ■

cara
we find possible

# YOUR LIFE, YOUR HOME, YOUR WAY

Do you like meeting friends? Catching up with family? What about exploring new opportunities, adopting a pet, learning to cook or getting active with exercise? Do you want to expand your social circle, have your views listened to and your choices respected?

At Cara, we can support you to do all that, and more, with Supported Independent Living (SIL). SIL is the support you need to live as independently as possible.

Our SIL supports are personalised to you and what you need. We are proudly person-centred, which means that we get to know you as an individual, your likes and dislikes, how you like to be supported and what your goals and dreams are, both big and small.

We can work alongside you with:

- Daily life tasks, including cooking, cleaning and washing
- Community connections
- Family, relationships and friendships
- Support with personal tasks
- Health medication and mealtime support
- Independent living skills

Cara works with more than 200 adults in SIL across metropolitan Adelaide and regional South Australia.

People like James. James is 36 years old, with a smile that lights up a room. His social nature is one of the first things you notice when you meet him. Walking through the home that James shares with his house mate, Brenton, it's clear that he's very proud of where he lives.

**Cara customer James with support worker Kim.**

A shelf in his bedroom is dedicated to his favourite television series, Doctor Who, along with awards from his achievements in soccer and sailing. "Check out my medals and trophies" James says, holding them proudly.

In the backyard, raised garden beds are flourishing with flowers, fruit, vegetables and herbs, lovingly tended to by James every day and used when cooking his favourite meals with his Cara support staff.

When James was young, his mum Gaynor and dad Ian were told that he "wouldn't live past his mid-teens". As the years rolled by, they initiated conversations with James as to what the future may hold.

"We began to think about what would happen to him if we weren't here, so we decided together to explore Supported Independent Living with Cara," Gaynor says.

"James is independent and makes his own decisions. His staff work alongside him to go out and explore his interests.

"He is living his life, the way that he wants to live it."

**If you want to find out more about how Cara can support you and your family, call (08) 8347 4588 or email contact@cara.org.au.**

# YOUNG LIVING FOR YOUNG PEOPLE

More than 20 years ago, a young Queensland woman – Shevaune Conry – was diagnosed with multiple sclerosis and by 2005 her husband Dave could no longer provide the 24-hour care that she needed.

When Shevaune and Dave started looking around for appropriate care facilities, they were shocked at how limited the options were. The choices were between nursing homes, aged care and institutional care.

This revelation didn't just anger Shevaune and Dave – it had a big impact on their group of friends.

The result was that four of them put their developing corporate careers on hold and worked for 12 months – without pay – to establish Youngcare, which 15 years later is a significant national provider of innovative and appropriate housing solutions for people with disability.

"All the friends got together and said 'this isn't good enough, as a country we are better than this'," explains Anthony Ryan, Youngcare's chief executive.

"So we started as a group of mates,

but the mission was to make Australia aware that there is a hidden infrastructure nightmare out there for young people with disability, which often stops them living independent lives.”

From connections in the friends’ network, 60 Minutes television reporter Tara Brown did a groundbreaking story which introduced the public to the issue and “showed the abhorrent conditions that young people with high care needs were living under”.

Other friends played in successful rock band Powderfinger, with singer Bernard Fanning an old school friend. The band took up the cause in a series of concerts around Australia to highlight the issue.

“It was an iconic story of mateship,” says Ryan. “And many people got behind it because it was such a compelling and honest and passionate crusade that was nothing but altruistic, and really wanted to make a difference for young people with disabilities.”

Shevaune sadly passed away in 2010, but Youngcare is proving to be her legacy.

Fifteen years on, it is a national organisation designing and building age-appropriate housing solutions for young people with high physical care needs eligible for Specialist Disability Accommodation (SDA) at the ‘High Physical Support’ level within their NDIS Plan.

Youngcare partners with architects, developers and residents to help young people living in, or at risk of entering inappropriate housing, and makes its designs freely available to other organisations in a bid to improve the overall standard of disability housing.

It also enjoys significant corporate support from Queensland-based bank and insurer Suncorp, and a large range of other partners such as KFC Youth, Channel 9 and respected Brisbane music venue the Triffid.

“We are really flying right now,” says Ryan. “There are four developments in progress now and another 23 in train, and they’ll all be coming out in 2021.”

Youngcare’s approach is to go for the highest quality accommodation that it can create.

> “Youngcare partners with architects, developers and residents to help young people living in, or at risk of entering inappropriate housing, and makes its designs freely available to other organisations in a bid to improve the overall standard of disability housing.

It looks at standards and seeks to exceed them in an effort to raise the overall standard of accommodation for young people with disability.

“Every room has an en suite bathroom, for example, and we make sure there are outdoor living areas and independent living areas where people can entertain,” says Ryan.

“We often found that the minimum requirements were not functional. If you are in a room and you are in an electric wheelchair and you need to do a three-point turn, then that is not functional enough.”

Youngcare also puts a priority on location, because often the location delivers the best lifestyle for young people.

“Factors such as access to night life, cafes, shopping centres and sporting facilities so people can have a young life, these are really important,” says Ryan.

“We aim to provide choice in our portfolio. Some people might like to live in a rural setting, so we look to site developments there as well.

“Or if it’s inner city they want, we have that too.”

Youngcare does not just do housing. It operates a system of grants for young people with disability, providing equipment – beyond that provided through NDIS plans – to enhance their lifestyles.

There is also an emergency help line, offering support for young people with disability, and the number of calls is doubling each year.

Chief executive Ryan was in the original network of friends which helped establish Youngcare, and came to his current full-time role in 2016 after a career in teaching and then in overseas aid.

Originally, he was destined for a career in athletics but, after qualifying for the Olympics to run for Australia, suffered a hamstring injury and was forced to retire.

“That was a disappointment at the time, of course,” he says. “But when I think about it now, I almost have to thank that snapped hamstring because it changed my life and sent me on this other pathway, and I’m loving being able to make this difference.” ■

Cara customer Erik with support worker Patrick.

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Disability services. Putting you first.

# Aruma: Putting People With A Disability First

You might remember them as House with No Steps and The Tipping Foundation, but mid-last year, one of Australia's leading disability service providers changed their stripes to Aruma.

Aruma might be its new name, but it is definitely not new in the disability services space. The organisation has over 100 years of combined experience supporting people with a disability, and currently supports over 5,000 customers up and down the east coast of Australia.

"We were two leading organisations founded by incredible and passionate people: Lionel and Dorothy Watts, and Bill and Marjorie Tipping," says Andrew Richardson, Aruma's CEO.

"We came together in March 2018, and since our merger we have taken the time to consider what we should be called in the future.

"Our staff and customers encouraged us to be bold and to look seriously at adopting a new name. The feeling was that this would not only unite us internally, it would also position us more clearly in the rapidly-changing NDIS world," says Richardson.

So, what does Aruma mean? Aruma has its roots in languages and cultures from all over the world. But the organisation is not so focused on literal explanations.

"For us, Aruma is what we make it. Aruma is a trailblazer. Aruma puts customers first and never entertains a one-size-fits-all approach. Aruma raises the bar higher," says Richardson.

"We're very clear on the fact that our customers know how to live their best lives. Our role is to support them to do just that."

Essentially, it all comes down to the organisation's simple, but very clear promise – their customers come first.

## A RICH HISTORY

Although Aruma might be a new name, the organisation is steeped in rich history with two famous founders.

Back in the 1950s at the age of 28, Lionel Watts was happily married when he contracted polio and developed quadriplegia.

When Lionel's health returned, he faced one of society's greatest barriers – prejudice. Fighting to return to work, he was knocked back time and time again.

So, Lionel set out to change the world for people with a disability. With the help of his peers and his wife, Dorothy, in 1962 House with No Steps was born.

Leading the organisation he founded, he went on to introduce a whole range of initiatives to make Australia more accessible including parking permits.

E.W. "Bill" Tipping was also a man who had a fascinating history. A well-known journalist, he was dubbed Mr Melbourne.

With a son who had a disability as his driving force, Bill began to fight for the rights of people with a disability and that is when the poor conditions of a local institution for children with a disability came to his attention.

Being a journalist, Bill knew he had a platform to speak out. And people stood up and took notice. Over 13,000 people donated to 'The Tipping Appeal' to fund a refurbishment, which raised nearly £100,000.

Fast forward years later, and through talkback radio there was again a spotlight on institutions for people with a disability with the public calling for an alternative.

And they found one – named in honour of the man whose advocacy inspired it all, they established The Tipping Foundation which would allow people with a disability to live in homes in the community.

## WHAT SERVICES DOES ARUMA OFFER TODAY?

Back to the modern day, Aruma is still supporting and breaking down barriers for people with a disability each and every day.

Its disability services are never a one-size-fits-all approach and are about supporting both adults and children with a disability to live their best life.

Across NSW, Victoria, Queensland and the ACT, it offers a wide range of disability services.

For example, through its Supported Independent Living services, it can help people with a disability find a home to call their own.

Aruma can also help someone meet new people, enjoy activities, or learn new skills with its Social and Community Participation and Daily Living Skills services.

Aruma not only can help someone learn the skills to find a job, it can actually provide employment for people with a disability through Supported Employment in their businesses.

Full details of all Aruma's services can be found on its website: www.aruma.com.au.

## MEET HANNAH

Hannah is a great example of how the right supports from Aruma can help someone with a disability go from strength to strength.

Hannah lives with autism and ADHD and tells us how it has been frustrating for her over the years. "You communicate differently, it's like being Australian and the rest of the world is from Japan," she says.

"People speak differently in Japan and you can't understand what they're saying. People in Japan do things differently – you're not sure why they're doing it, but you can tell it's obviously important. For a lot of people with autism that's what it's like – it just all seems foreign and unfamiliar.

"I've definitely learned to communicate better, but I'm still very strong willed. I've always said I'm like a steamroller made of flowers – I look pretty, I smell great, but people can still get squished!"

Although Hannah does tell us that her autism is sometimes challenging, she also sees how it is one of her strengths. "Autism comes with its challenges, I will admit that. But it's also something that's really cool because it means you can do stuff that most other people can't. It allows you to see the world differently.

"I'm a lot more confident now and I can actually see my dreams coming true. What I wanted was a good life, a good life that everybody else I saw had and I never believed could come true. It's now coming true!"

**Keen to have a chat to the Aruma team? You can reach them on 1300 538 746 or enquiries@aruma.com.au**

# HINO PONCHO: ACCESSIBILITY ON DEMAND

One area of disability services that has made significant gains in recent years is transport and mobility. By **Lachlan Colquhoun**.

Introduced in Australia in 2017, the Hino Poncho light-duty bus is fully compliant with the requirements of the Disability Discrimination Act (DDA), and was available five years before the full implementation of the legislation in 2022.

Australia was the first market outside of Japan to receive the Poncho, which is available in an 18-seat configuration.

"Having a DDA-compliant vehicle was really important to us, and it's really all about improving the quality of life for people with disability but also for their carers," says Sara Clark, Manager of Hino Bus for Hino Australia.

"The Poncho is unique and when it was introduced it was a real point of difference to what was being offered in the Australian market, and it still is to this day."

The Hino Poncho combines a range of accessibility features which not only comply with the upcoming DDA requirements, but make it a leading choice in the accessible vehicle market.

With an ultra-low floor design and a kerb kneeling function, the Poncho has a portable wheelchair ramp with dedicated wheelchair space inside.

"Wheelchair access is possible inside one minute from entering the vehicle through the ramp to settling in the wheelchair space," says Clark.

"Our competitors use wheelchair lifts, but we think that being able to get a chair on inside a minute is not only convenient and accessible for the person in the wheelchair, but it also provides all passengers with an experience of comfort."

Wheelchair boarding on a traditional small bus can take up to 20 minutes, a comparison which underlines the Poncho as a superior solution.

Powered by a four cylinder common-rail turbo-diesel engine, the Poncho measures under seven metres in length and features a tight turning radius, which delivers high manoeuvrability.

This makes the Poncho a versatile and innovative community transport solution for care providers in areas such as disabled services, aged care, and for schools and universities.

"We aim to be a leading brand in the disability and community transport space," says Clark.

"People with disability often face some barriers including discriminatory attitudes when it comes to transportation, and the Poncho offers solutions and access to all passengers, including those with disability and those without."

Hino has taken orders for upwards of 50 Poncho buses since it was launched in Australia in 2017, and Clark says it has found a popular niche in providing on-demand services and opening up a segment of the Australian transport market which did not previously exist.

The service delivery model has seen the Poncho go into areas where large buses would not normally go. This offers greater access for people in the community and also a sense of renewed independence.

In the new greenfield Canberra suburb of Strathnairn, for example, two Ponchos are currently operating as free community shuttle bus services, linking residents with the broader Canberra bus network.

The suburb is not currently served by regular bus networks, and the Poncho buses are a vital transport link and an attractive alternative to private cars.

Some fleet customers have come back and ordered multiple vehicles after their initial purchase, while for many service providers it was an advantage to be able to achieve DDA compliance well ahead of the deadline.

Key safety features include three emergency exit points, a comprehensive field of vision, air over hydraulic brakes with ABS and an infrared night-vision-enabled reverse camera as standard.

For added safety, the large 850mm sliding door features sensitive touch technology and sensors near the entrance which stop the door from closing if there is an obstruction.

An additional safety feature is that the door is prevented from opening until the 'park' gear is selected, and the drive position can only be selected once the door is fully closed.

"The Poncho is a complete solution for many types of customers looking in this vehicle market," says Clark.

"We are seeing demand for it from community transport in disabled and aged services, and also in private housing estates where it can provide an on-demand shuttle for residents to go shopping and connect with other transport services."

The early DDA compliance, says Clark, has also had a strong and positive impact on demand for the Poncho and feedback has been extremely positive.

"Customers also sometimes come back and ask us to include various add-on options such as CCTV and USB ports," says Clark.

"We are happy to customise the Poncho for them, and that has been another reason for the vehicle's popularity.

"We also then consider those improvements suggested by customers and often we can incorporate them as a product update going forward, so the vehicle features are in a continual process of improvement."

**Sara Clark, Manager of Hino Bus for Hino Australia.**

An innovation which is a good solution for one community provider is often a good solution for all, says Clark.

Providing a customisation approach in the community transport sector has positioned Hino for further growth in the market.

An example of this is the Poncho buses that were customised specifically for Transport Canberra in the Strathnairn-owned new residential estate of Ginninderry. To increase comfort for drivers and passengers, Hino included a lower inside back step, an ISRI 6860 air suspension driver's seat, a driver's window blind, a water bottle holder, and Perspex sun visor.

"At Hino, we are committed to a strategy which will deliver best-fit products with a priority on safety and comfort," says Clark.

"The Poncho is a landmark product for Hino, but it is just the first of many innovative products we have planned for the disability and community transport market."

Like all Hino products, Hino buses are built with the core brand attributes of quality, durability and reliability (QDR), and with high levels of safety, versatility and comfort, the Hino Poncho will continue to succeed in the market. ■

# TAKING THE STRESS OUT OF TRANSPORT

If you do not want to take public transport or use a shared vehicle, you may consider having a vehicle modified to suit your needs. By **Pete Miller, Brazier Mobility.**

It is easy to become stuck at home when you have a disability. Getting in and out of a car might be difficult, loading your wheelchair or gopher might be a problem, or driving safely could be hard to do. These are all barriers to one of the most important aspects of our lives: getting out of the house and into the community.

2020 has thrown us a few curveballs and it is fair to say that many of us have a different view of the world we live in these days.

More than ever, cleanliness is king; shaking hands, giving a hug or just touching a shared surface makes us think twice and reach for the hand sanitiser. Sure, the spread of bugs has always been a 'thing' – but COVID-19 has raised the bar.

When it comes to getting around, some of us may no longer be comfortable taking public transport. Crowds and uncertain surfaces might cause us to think twice about making those all-important trips from home. It is unfortunate, but the hangover from 2020 is set to last for some time yet.

So, if you do not want to take public transport or use a shared vehicle any longer, you may consider having a vehicle modified to suit your needs. Your own wheels provide the convenience of a purpose-built vehicle designed for you. You can travel to your own schedule and have the comfort of knowing exactly who has been in your car and where it has been. And if you've ever needed an Access Taxi over Christmas or New Year, you won't know yourself when you can come and go as you please in your own transport.

And that is where vehicle modifiers come in. They are experts in mechanics, body rebuilding and vehicle electrics. They will work with you and your support people to come up with solutions aimed at getting you out and about. They will look at what you need, the products available, and how these might integrate with the car you choose.

So, if you are ready for your own modified wheels, this article will take you through the main

types of modifications available, give some tips on selecting your modifier and, if you are a National Disability Insurance Scheme (NDIS) participant, take you through the most common process to have modifications done.

**THERE ARE 3 MAIN TYPES OF VEHICLE MODIFICATIONS**

Vehicle modifications usually aim to help in one of three areas. Let us go through each one and take a look at a few examples.

**Task 1. Getting in and out of vehicles**

Getting in and out of a vehicle is one of the greatest barriers to getting out of the house. Luckily there are a range of solutions to suit your needs, as well as your car.

Swivel and lowering seat bases bring the passenger seat out of the car and into a position that makes it easier to get onto the seat. Once seated, the chair raises and turns to bring the passenger into the car. The 'swivel' solution works best in cars that are not high off the ground whilst 'lowering' is designed for higher-floored vehicles that have good sized open spaces when the doors are open.

Wheelchair lifts bring passengers in chairs in and out of vehicles using an electro-hydraulic platform that raises and lowers. There needs to be enough headroom for passengers inside the vehicle which means they are often best suited for use in certain vans. Wheelchair lifts are most commonly mounted on the inside of the vehicle (inboard lifts), however there are also models that are mounted on the underside of the vehicle (underfloor cassettes).

Personal lifts are a handy alternative to lowering swivel seat bases when transferring from a wheelchair is not possible. These lifters have a base that is installed to the car footwell, as well as a removable electric lift unit to help bring your passenger in and out. Different sling sizes are available to accommodate a variety of passengers.

**Task 2. Transporting your wheels**

Wheelchairs and gophers can be bulky and heavy, and it is important they are loaded to cars safely. Where and how you load them into your car depends on the size and style of both your wheels as well as your car.

Here is just a few solutions to help pick up your wheels and take them with you when you travel.

Rooftop wheelchair hoists are great for picking up manual folding wheelchairs and storing them on your roof. If you are able to transfer from wheelchair to car seat, this simple solution requires little or no modification to your car. All you need is a set of roof racks to attach your hoist. Some can even run from your cigarette lighter plug so there is no wiring necessary. Once the hoist is set up to match your chair, you are free to go.

Wheelchair/gopher lifters are great when there is heavier lifting involved. Think of them as little electric cranes that pick up your wheels and store them in your wagon or SUV's cargo area. There are different models to match different load requirements too. If you are looking at one of these, you should talk with your vehicle modifier to find a model that can reach outside your car as well as fit both itself and your wheels into the back.

Automated loaders literally reach around and pick up your manual wheelchair to stow it in the back of your wagon or SUV. Then, when you arrive at your destination, a simple press of the button opens your tailgate and your wheelchair is brought back near your door, ready for you to transfer. Available space and the shape of your car is critical here, so you need to be sure this device is suitable for your car, as well as your wheelchair.

**Task 3. Helping you drive**

Being able to drive independently

is the ultimate goal for many people with a disability. If you need help getting into the drivers' seat, there is technology to do that. And once you are there, it is now a matter of getting the right tools to help you operate the controls, steer, accelerate and brake. Can you get help choosing the right technologies? Yes, you can – and you should!

A driver-trained occupational therapist can work with you to determine the best tools to help you drive. Often, they will have a car with various devices installed which allows you to try each one to find out what work for you. Whilst each state or territory will have different rules, most will require you to be assessed by a driver-trained OT before you are allowed to drive.

So, what types of products are available to help you drive? Let us take a look at some of the most common ones.

Hand controls replace the need for using your legs and feet to brake or accelerate. They come in a range of configurations from fully mechanical units that work by rods, right through to fully electronic versions that plug directly into your car's computer.

Electronic park brakes convert your lift-up style handbrake to a simple push of a button

Left foot accelerator pedals allow you to use your left foot for accelerating and braking. Some can be electronically controlled whilst manual models simply 'mirror' the left foot action onto the car's actual accelerator pedal. Both electronic and manual versions can quickly revert back to standard right foot operation if necessary so you can still share your car if you need.

## FINDING YOURSELF A GOOD VEHICLE MODIFIER

NDIS has brought a whole range of new providers out of the woodwork. There is nothing wrong with new providers – so long as they have the knowledge and skills to help you with what you need.

A good modifier on your side is vital to you getting the right modifications for you. In much the same way as a good doctor is important to your health, a good modifier will 'diagnose' your needs and use their knowledge to recommend a solution that works for you.

So, how can you tell a quality vehicle modifier?

### Listening is so important

When you first meet a modifier, are they listening to you and your needs? Are they asking lots of questions about you and what you are looking to do? Are the suggestions they provide a reflection of the information you have given, or are they simply telling you what to do? If they do not listen to what you want and explain how the solution meets your needs, it is time to find someone who will.

### Check out their premises

Look at the place where the work is to be done. Is it a good size? Is it clean and well organised? Does it look like a real workshop?

### Skills matter

Are they simply mechanics or are they also experienced in vehicle electronics, fabrication and body modifications? Do they have to outsource significant tasks? Remember, if your modifier needs outside help to complete your work, it is going to take longer, and it could be harder to get help if a problem arises.

### Product quality

What brands do they carry and where do their products come from? There is an old saying that "price is what you pay, but value is what you get". This is so true, especially when you think about what might happen in the event of a sudden product failure.

### Who certifies their work?

Ask about their certifying engineer. Do they have an in-house engineer, or do they use an independent consultant? Having an engineer working outside the company is always preferred as they are more

likely to make the hard decisions when they really need to.

**The past can often predict the future**
Look at the quality of their work and if you can, speak to past customers. Most will be happy to share their experiences – good or bad!

Now that you have found your preferred modifier, and assuming you are an NDIS participant, you can apply to NDIS to fund your modifications.

### REQUESTING A MODIFICATION THROUGH NDIS

If you are with NDIS and vehicle modifications are part of your plan, NDIS may cover the reasonable costs of vehicle modifications, so long as you have your own vehicle and it meets the NDIS vehicle age and condition criteria. If this is something you are looking to do, here's how most people would go about this:

**Step 1:** Roughly work out what you need. As an example, if you need to drive to get to work you might mention you need hand controls for driving and a wheelchair loader to store your chair automatically. No need for intricate detail, just focus on the things you need at this stage.

**Step 2:** Include the vehicle assistive technology (AT) you need in your next NDIS plan and be sure to tie the need for transport into the goals you have listed in your plan. There is no need for detailed costings at this stage although if you can provide a ballpark estimate of costs then this can help.

**Step 3:** Wait until your plan review is complete and check to see if AT has been included in your plan. If it is, terrific! Move on to step 4.

**Step 4:** Now is the time for you and your people to talk with your vehicle modifier. They will help you work out the best way of delivering your modifications that works for both you and your vehicle. Once you have mapped out the 'how', they will prepare the quote which you can submit for approval. Sometimes you may need more than one quote, especially if there are higher costs involved. The quotes and any other supporting information you provide in your submission is vital, so be sure to go into detail.

**Step 5:** Wait for a decision. Remember, NDIS does not always approve everything you ask for.

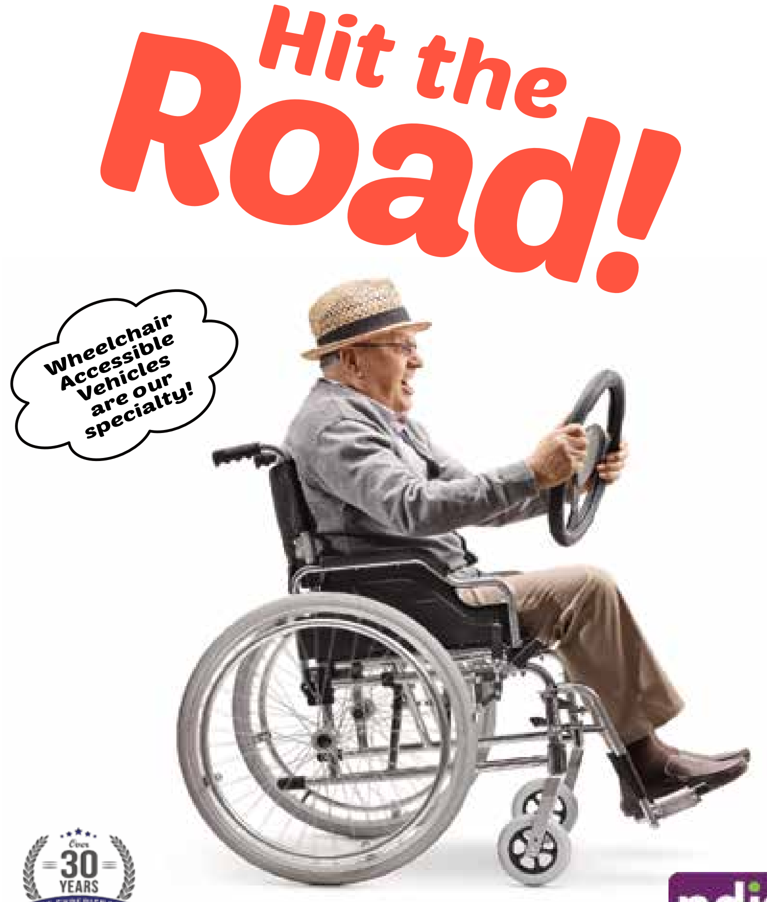
Sometimes they may need more information and sometimes you may be asked to consider an alternative solution that provides better value. But if your application is approved, well done. Go to step 6.

**Step 6:** The NDIS will usually notify the chosen vehicle modifier around the same time as your request is approved. All you need to do is contact that modifier and book time for your work to be done. Remember that sometimes components need to be sourced from around the world so there can be delays. How quickly your modification is completed will also be determined by how busy the workshop is. Be patient! Everybody gets their turn.

**Step 7:** When your wheels are ready, go out and enjoy the world! Remember in step 4 we mentioned that supporting information is vital to your NDIS applications? This is incredibly important, because NDIS must always provide the best value solution for all participants. If, for example, you are looking for a vehicle modification so you can travel 5km a month to attend a physiotherapy session, you may not get approved because there are other better value solutions (such as Access Taxis) available. But if you need a vehicle for regular activities and you can show how other options have been considered and reasonably dismissed, you may have a case. A good supporting document will show how the requested modification is best for you and your goals. It should also discuss the alternative options you have considered to arrive at your requested solution. Remember, the better the information you provide, the easier (and by definition, faster) it is for your submissions to be considered.

There you have it. There are so many ways a vehicle modifier can help get you out of the house. All you need to do is ask! ■

**Pete Miller works for Brazier Mobility, a South Australian company that has been modifying vehicles for almost 30 years. Brazier Mobility builds bespoke vehicle solutions for corporate, government and private customers all over Australia. Their repeat customers are testament to the personalisation and attention to quality in every job they do. Call Brazier Mobility on 1800 272 943.**



# ORCODA CONNECT:
# TRANSPORT FOR INDEPENDENCE

An estimated 500,000 people in Australia need additional transport support, and this number is expected to double in the next 10 years. Orcoda Connect was created in 2019 to specifically address this need and the gap in the market for transport services. By **Lachlan Colquhoun**.

For the elderly and people living with a disability, transport options are there – but often they are not. Buses and trains are often infrequent and unsuitable, taxis are hard to book and drivers at rideshare services might not have the time or inclination to help the elderly or person with a disability find just the right entrance to a building, or help them with their bags.

An estimated 500,000 people in Australia need additional transport support, and this number is expected to double in the next 10 years. This group comprises people living with a disability, the elderly and veterans.

Orcoda Connect was created by the ASX-listed business efficiency firm Orcoda in 2019 to specifically address this need and the gap in the market for transport services.

The idea came from Orcoda managing director Geoffrey Jamieson, whose mother was having problems with the reliability of her transport service in Perth.

Orcoda's healthcare division had a booking and scheduling platform which was then optimised into a route planning tool for transport services.

"Through understanding the problems his mother was having, Geoff understood there was an entire market that was not being looked after appropriately," says Sean Hardman, sales and marketing manager for Orcoda Connect.

"Orcoda comes from a transport and logistics background, and we wanted to apply that capability we had developed into the community transport space, and that is how Orcoda Connect really began."

Orcoda Connect is an integrated scheduled people transport service, using optimisation software which enables lower cost operation with a better service than other rideshare providers available in the marketplace.

While it began in its home market of south-east Queensland, Orcoda Connect plans to roll out in stages around Australia over the next few years, as Australia moves out of the COVID-19 lockdown period.

The concept is to provide safe, secure and personalised transport services utilising trained and qualified drivers.

While all transport services were slowed down during the COVID-19 disruptions, Orcoda Connect is now back and ramping up its services as the nation moves out of lockdown. All hygiene requirements are being closely observed to ensure maximum cleanliness and safety.

Drivers are placed within select locations such as retirement villages, medical centres and returned services clubs, and Orcoda Connect works in conjunction with existing home care providers, transit bus services or in-house carers.

The key objective is to provide a safe and personalised scheduled transport service to customers who need appropriate transport to maintain their independence, travelling to medical appointments or social and entertainment activities. This means a provider which can accommodate disability requirements, and provide a known environment that operates within a reliable network.

The service is delivered by experienced and uniformed drivers who have blue and yellow cards, CPR and first aid accreditation, federal police checks and driver authorities.

"We don't see our drivers just as drivers," says Hardman. "They really are carers. They are there to support and assist, to carry bags, walk people in and out of places, and really go that extra mile.

"And the idea is also to give people the same driver each time whenever we can, so they build relationships and trust and feel even more secure using our service."

Orcoda Connect is also a rideshare service, which means that people can often find themselves travelling with friends, housemates and fellow residents.

The fact that all Orcoda Connect vehicles are the same also adds to the accessibility, because people do not have to acclimatise to different vehicle types.

Hardman says there are currently evaluations underway for vehicles with wheelchair access, and these could be added to the fleet in future as Orcoda Connect expands.

Each trip is either paid or subsidised through My Aged Care, Veteran Affairs or the National Disability Insurance Scheme (NDIS). Orcoda Connect is a registered NDIS provider and offers seamless payment linked to client platforms.

Alternatively, credit and debit card payments are available should a consumer not be registered under one of these three schemes.

Bookings are made either online or through a downloadable app which then takes users to a website. Telephone bookings are also available if that is a client's preference.

"Our service is for people who still want to get around and be active in the community, but just don't have the right transport options at the moment," says Hardman. "The vision is to provide a service that can enrich their lives and enhance their independence.

"The service is designed around letting people live their lives, just go from point A to B and meet a friend for a coffee, so it's about assisting people to make connections."

Orcoda Connect is a logical extension of the expertise the company has already built up through its transport logistics capability. Orcoda Limited has been involved with transport logistics for the past 20 years and has expertise in all facets of transport logistics including heavy haulage and line haul, along with workforce transport logistics on planes, buses and light vehicles. In a past project, Orcoda managed approximately 6,000 people movements a day at the project's peak demand and it has recently announced a new project that may realise around 10,000 movements a day if anticipated demand is achieved.

"We know that people can be very active, and not have a car for whatever reason," says Hardman. "Our service is there to help drive greater independence, help people connect and feel good about living in their own homes if that is what they want to do, but still give them options to get out and be part of their communities.

"We think that this market has been underserviced for too long, and we are here to meet that demand." ■

> "We don't see our drivers just as drivers. They really are carers. They are there to support and assist, to carry bags, walk people in and out of places, and really go that extra mile. And the idea is also to give people the same driver each time whenever we can."

# WHY THE DISABILITY SECTOR SHOULD CONSIDER SIBLINGS

Siblings can play a crucial part in each other's emotional development, allowing for companionship, learning of social skills and influence on identity development.

By **Kate Strohm, Director, Siblings Australia**.

Family is a key connection for most people across their lifetime. It is one of the main influences on a child's skill and confidence development and their connection to community. Siblings in particular can play a crucial part in each other's emotional development, allowing for companionship, learning of social skills and influence on identity development. The relationships that all siblings share can be the longest of any, complex and ever-changing, and can literally last a lifetime. Siblings, uniquely, can be there for the 'whole journey'.

When one sibling has a disability, these relationships can be even more complex, but still of utmost importance for both the person with and without disability. Often this relationship is 'couched' in terms of 'carer' or 'informal support' and certainly siblings can play these roles, but the relationship itself is crucial in its own right.

There is evidence that a person with disability, especially if they have an intellectual disability, can become isolated and more vulnerable to neglect and abuse. Siblings are an integral part of the person with disability's informal social network and likely to have the longest relationship with them. If the relationship becomes strong, siblings can help to connect their brother/sister with disability to family/friends, services and the community, thereby reducing isolation and risks to safety over a lifetime. There is no attention given to what might be barriers to the relationship and what might enhance it. Some siblings move away from the family and the person with disability as they are not able to cope with a mix of stresses, which likely originated in childhood. More support options from early childhood might prevent that from happening.

## WHAT DOES SIBLINGS AUSTRALIA DO?

Siblings Australia was established by its current CEO in 1999 and since that time it has developed a national and international reputation for its work with families and professionals. It aims to build awareness of the roles and needs of siblings, highlight the gaps in support services, and to build sibling capacity and strength, in order to improve family relationships.

The organisation has run workshops for thousands of siblings, parents and service providers all around Australia (in both metropolitan and regional areas) and the CEO has been asked to present in the UK, US, Canada and several times in Italy. The workshops for providers, where appropriate, have included training in the Sibworks peer support model for young siblings, developed by Siblings Australia in 2004. A range of resources for families and providers has been developed, both in hard copy and online, as well as opportunities for teen and adult siblings to connect online. There have been two national conferences which attracted attendees from around Australia and overseas, and a continuing role in informing social policy makers through submissions to government and other inquiries, direct advocacy, and playing an important role in areas of research. In the last decade, the organisation has lacked capacity, but the situation is set to improve for both Siblings Australia and families.

## CURRENT AND FUTURE DIRECTIONS

### 1. Siblings Australia Mapping Project

In 2017 the organisation was awarded a small NDIS ILC grant to explore the issues and to map what was happening in terms of sibling support. The findings reinforced what the organisation had been saying for some time. The full report is available via the Siblings website but below is a summary:

**Key findings**

- Siblings of children with disability are very vulnerable to a range of mental and physical health problems, some in certain circumstances are especially vulnerable, and sibling needs change over a lifetime.
- Siblings often contribute much to the wellbeing and/or direct care of a person with disability, especially as they age.
- Watching the impact on young siblings, in particular, and being unable to find support for them adds to the stress on parents.
- There is a big gap in support services for siblings.
- The sibling support sector is uncoordinated and lacking in 'best practice' approaches.
- There is little or no collaboration between sibling support services, or referrals between such services.
- There is no policy framework for sibling support and without it there is little imperative for agencies to provide such support.
- There are many barriers to agencies providing sibling support services, including lack of policy that directly relates to siblings, lack of funding specific to siblings, and a lack of understanding/skills by professionals regarding sibling needs and models of support.

> “If the relationship becomes strong, siblings can help to connect their brother/sister with disability to family/friends, services and the community, thereby reducing isolation and risks to safety over a lifetime.

**Why the findings matter**

Support for siblings is likely to have benefits for the whole family, but also likely to contribute to a 'good life' for their brother or sister with disability. As one sister said, after accessing support, “I am in a much better place and my brother benefits from instead of having a sister with high anxiety who avoided contact (which just compounded my guilt), having a sister who is involved in his life.”

**How issues could be addressed**

The Mapping Project also made a number of recommendations, including the recognition of the needs and contributions of siblings from the very beginning; a true 'family focus' when considering the impacts of disability; more research into 'best practice' models of lifetime support for siblings; workforce development; and policy development to ensure there is an imperative to consider siblings. Also, the NDIS needs to acknowledge and respect the role of siblings, and 'family and carer outcomes' reports should start to include siblings specifically.

### 2. NDIS Individual Capacity Building grant over three years

In early 2018, Siblings Australia was awarded an Individual Capacity Building grant, through the NDIS, to carry out the 'Stronger Siblings – Stronger Families' project.

The Plan is to build capacity of siblings (through helping them to understand their brother or sister's disability and, as they become older, the system that supports them, to learn tools to manage the mix of stresses, and connecting them with other siblings) and enhance their relationships with brothers/sisters with disability (through greater understanding and shared activities); to build capacity of both parents and providers to support siblings; and build the capacity of the organisation into the future. Through the next three years and beyond, Siblings Australia is committed to developing best practice national approaches to the support of siblings and their families.■

**Siblings Australia will be looking to develop consultation groups and other ways of engaging with families and providers. If anyone would like to follow or contribute to this important work, please explore the website (www.siblingsaustralia.org.au), contact Siblings Australia via the website, or 'like' the Facebook page.**

# EARLIER INTERVENTION A POTENTIAL GAMECHANGER

Identified early and treated with the right programs, many children with disability are able to live significantly better lives. By **Lachlan Colquhoun**.

In managing a range of significant health problems in children, early intervention is critical.

Identified early and treated with the right programs, many children with conditions such as autism are able to live significantly better lives.

Given that up to 40% of individuals on the autism spectrum also live with some degree of intellectual disability, early intervention can be a lifetime gamechanger for many people.

A recent study by Professor Andrew Whitehouse, the Professor of Autism Research at the Telethon Kids Institute, looked at whether intervening two years before autism spectrum disorder was normally diagnosed can reduce autism symptoms.

Normally, therapy does not begin until a child is two to three years of age, which is when the first signs of autistic behaviour begin to manifest.

Autism Australia recently revised its prevalence rates from 1 person in 100 to 1 in 70, meaning that over 350,000 Australians are formally diagnosed as being on the spectrum.

Earlier intervention means intervening when a child is still a baby, but in Professor Whitehouse's study he and his colleagues at La Trobe University and the Autism CRC and the WA Child Development Service sought to identify children as young as 12 months.

The study showed that starting therapy with 12-month-old infants who show early behavioural signs of autism can deliver benefits.

Parents of toddlers who received six months of early therapy reported that their child was able to understand an average of 37 more words, and spoke an average of 15 more words than those who did not receive the therapy.

## EARLIER ACCESS TO INTERVENTION SERVICES

This work is in its early stages, but is a case in point on the importance of early intervention and why this is such an important area for disability services.

Early diagnosis is key to early intervention, but in a classic 'catch 22', children have historically found it a struggle to access early intervention services without a diagnosis.

As an investigation in early 2020 by the ABC discovered, some doctors have admitted they hasten autism diagnosis, for example, so that children can access services, even though they realise that it might be best to refer them to child assessment teams.

The dilemma is that there are often significant waiting times for these assessments at public hospitals, with the result that children wait longer for diagnosis and crucial time is lost when early intervention can make a difference.

The Federal Government has responded by saying that children with disabilities can access early intervention support through the National Disability Insurance Scheme (NDIS) without a diagnosis, and simply with evidence of a development delay, but as the NDIS gains in momentum and maturity, this remains a difficult area for families.

Mike Freelander, a paediatrician in the Campbelltown area in suburban Sydney and also a Labor MP, told the ABC investigation that he had sometimes given children with developmental disabilities a diagnosis even when he had doubts.

"It's a way of trying to subvert a system that's not working well for people with severe disability and people who have difficulty accessing services," he said.

"Sometimes we'll see a child and we don't know whether the diagnosis is developmental delay or autism or language delay and they have severe problems.

"I know the best thing to do is to give that child a diagnosis even though I'm not 100% sure, so they can access services as soon as possible.

"There are some ethical concerns, maybe some concerns procedurally, but as a paediatrician, as a doctor, what I do is what's best for my patient – not what is best for the system."

In response to the ABC investigation, NDIS Minister Stuart Robert said that while waiting times for assessments in public hospitals was a matter for the state system, the Federal Government was trialing what he called functional assessments, in the hope that people could access the system sooner.

This would be a situation where an expert saw a child in a setting such as at their home, rather than in a hospital consultation.

"That's designed to make it a lot more quantifiable, a lot faster for people and that way, the issue is not questioning the disability, but looking at what function they have and what level of support they will need to speed the whole system up," Robert told the ABC.

He urged any parent who had a child under six, and who they believed had a development delay, to take them straight to an early intervention partner.

"You do not need a diagnosis to seek access to the NDIS."

## GOVERNMENT PROGRAMS

Since the advent of the National Disability Insurance Scheme, key early intervention programs such as the Helping Children with Autism (HCWA) and Better Start for Children with Disability (Better Start) are transitioning to the NDIS.

> “Early diagnosis is key to early intervention, but in a classic ‘catch 22’, children have historically found it a struggle to access early intervention services without a diagnosis.

Both programs are for children up to the age of six with ASD or another eligible condition, with maximum funding of $6,000 per financial year to provide services and therapies from a panel of registered service providers.

In addition to these programs, the Department of Social Services also offers a number of programs such as Better Start Medicare, available for children up to the age of 15 and offering up to four diagnostic and 20 treatment sessions.

Then there are a range of playgroup and workshop programs such as Positive Partnerships, which is offered by the Department of Education for school aged children.

State governments also offer a number of programs, some of which are transitioning to the NDIS, while the area is also populated by some well-regarded not-for-profit organisations.

These include EarlyEd and the AEIOU Foundation, a provider of evidence-based early intervention for pre-school-aged children with autism.

There is also Early Children Intervention Australia (ECIA), the peak national organisation advocating for the interests of young children with disabilities and developmental delays.

ECIA has a strong focus on the families of children with disability. Some years ago, in its submission to the Senate Standing Committee on Community Affairs on the NDIS legislation, families were a key component in the ECIA's advocacy.

The Act, the submission said, needed "to think about children in the context of their families, rather than as individual NDIS participants".

"For families of young children with a disability and development delays, the role of families is at the core of the success of early childhood intervention," the submission said.

"In the early years the role of families is more as a participant and receiver of early childhood intervention, rather than simply the child receiving the intervention in isolation."

## PARLIAMENTARY INQUIRY

Many of these issues for families will be aired at a wide-ranging parliamentary inquiry looking at services, support and life outcomes for people on the spectrum, established by the Senate in November 2019.

Liberal senator and committee chair Hollie Hughes, who has a 10-year-old son with autism, pressed hard for the initiative and said it would be the first of its kind.

"Just to have this sort of focus and this sort of support for people with autism, the autism community and families is just extraordinary," Senator Hughes said after the committee was established.

She said the NDIS would be a focus as the committee looked at how the scheme was funding best-practice programs, and what could be done to improve and target its approach.

"I could tell you stories, but I'm pretty sure any autism parent who's been around a while could tell you the snake oil salesmen and the charlatans that push products that are just rubbish or downright dangerous," Senator Hughes said.

She said her son had accessed early intervention programs after earlier receiving a challenging diagnosis.

"He just continues going from strength to strength," she said.

The committee is due to present its final report in early 2021, although this timetable may be moved due to the COVID-19 pandemic disruptions.

## INNOVATIVE EARLY INTERVENTION PROGRAMS

In the meantime, many dedicated professionals around Australia continue to work in innovative early intervention programs which make a positive contribution to the lives of young people with disability today, and help improve the outlooks for their lives in the future.

Not-for-profit group Autism Spectrum Australia, for example, operates nine schools around Australia with a combined total of 1,150 students.

Each student has a special plan comprising a number of goals set by parents and specialist teachers in consultation with therapists.

One of the most recent schools to open, in 2019, was Aspect Hunter in Newcastle which has around 170 students.

The school is a registered provider under the NDIS, although parents are not able to use NDIS funding towards fees.

In another example, Queensland children are benefitting from $63 million in state government funding for 12 early childhood development programs in Central Queensland, targeted at Years 0-5.

There are currently around 1,800 children registered with early childhood development programs in Queensland, with services addressing spectrum disorder, intellectual disabilities, hearing impairment, physical impairment, and speech and vision impairment.

In the words of Senator Hollie Hughes, "these people are amazing" and services need to continue to strive to enable their maximum potential.

"They're honest, intelligent, funny. They can be the most amazing people that you'll ever meet," the Senator said as the parliamentary inquiry was established.

"We as a society or a community haven't really fully understood or embraced how we can best utilise people with autism."

As Australia addresses this ongoing issue, early intervention remains one of the most important keys to improvement and change. ■

# TALI: INATTENTION NEEDS ATTENTION

The TALi program incorporates engaging touchscreen exercises to train children's four core attentional skills.
By **Lachlan Colquhoun**.

When Amy saw her autistic son Josh having trouble organising, planning and maintaining focus, she took it upon herself to do some research to see if anything could be done to make their daily life easier.

It was during this research that she stumbled upon TALi TRAIN and decided to give the digital-delivered attention-strengthening program a try.

Amy did not implement TALi immediately, however, as Josh's school had an Outreach Support Program, but it quickly became apparent to her that the program was not suitable.

So Josh started the TALi TRAIN five-week attention training program. In the first week back at school, Josh received an award for demonstrating the value of responsibility, which was presented to him at the school assembly.

"His class teacher was extremely surprised by the change and noticed my son had become less fidgety and distracted, more focused and was showing better listening skills," says Amy.

"Our TALi journey proved to be so beneficial for Josh that the teacher and staff took notice and requested further information about the program to possibly assist other students at the school."

Josh and Amy's case study is no one-off story. A growing number of children around the world are benefitting from using the TALi TRAIN digital training and treatment program to address issue-attention difficulties, which are a key feature in conditions including ADHD and ASD (autism spectrum disorder).

The TALi program represents the culmination of over 25 years of research in developmental psychology and cognitive neuroscience. It incorporates engaging touchscreen exercises to train children's four core attentional skills.

Using a special algorithm, each exercise adapts in difficulty in real time to the gameplay of the child to ensure they are constantly challenged.

Since early intervention is the key to better outcomes, TALi is developing programs for children aged from three to eight, making TALi a unique provider of early years intervention when it is most needed.

Inattention is the most commonly reported childhood issue. An estimated 136 million children globally are identified as having attention deficit symptoms.

In Australia, 13% – or 40,000 – of children start school with attention problems, while 800,000 Australians are diagnosed with ADHD, which in many cases emerged in childhood.

The personal and societal costs of this are significant. In 2019, the financial cost of ADHD was estimated at $12.83 billion, while the total loss of wellbeing costs were $7.59 billion.

These figures underline why early detection is vital, because young brains are at their highest point of neuroplasticity and early action makes the most difference to cognitive abilities in early childhood.

A lack of attention is closely associated with disrupting the ability to learn and reduced social inclusion, and is critical to mental and general wellbeing throughout life.

The medical world has developed a suite of pharmaceutical treatments, but there remains the need for a safe, non-pharmaceutical approach to early intervention.

TALi offers a proven, affordable and accessible training methodology for young people, delivered online to parents and caregivers and to a diversity of platforms and devices.

And Josh? In the months following his attention strengthening with TALi TRAIN, his Term Four report showed a complete turnaround as his overall classroom behaviour went from "needing attention" to "good" and his overall effort in all subjects increased to "expected level" and "above".

"Encourage your child to complete the program, even when it becomes mundane," says mother Amy.

"Persevere, and by the end of the program the benefits become evident.

"And you may find that your child may even miss playing TALi long after the program has finished. My son did." ■

**www.talihealth.com**

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