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Submission to the Productivity Commission for the National Disability Agreement Review

Patron : His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd)

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Submission to the Productivity Commission

Mental Illness Fellowship of Australia Inc (MIFA) is a federation of long-standing member organisations, delivering specialist services for individuals living with mental illness and their friends and families. MIFA members operate in metropolitan and regional areas, and support 20,000 people living with mental illness and their carers each year. Our membership has a strong focus on building community, valuing peer support and lived experience, and supporting recovery. We have substantial experience delivering specialist, place-based, community-building programs to those experiencing mental illness, and over 50% of our workforce has a lived experience as a consumer or carer. As such, we feel we are well placed to assist the Department of Social Services in their development of the Code of Conduct for the National Disability Insurance Scheme (NDIS), and we welcome the opportunity to provide our input.

This submission relating to the National Disability Agreement focuses on the following:

- What results and measurable outcomes are sought from the Agreement and are these results and measurable outcomes aligned with related documents such as The Fifth National Mental Health and Suicide Prevention Plan: Implementation Plan?
- What approaches are to be employed to bring into effect the contents of the National Disability Agreement?
- What strategies are in place to deploy the contents of the Agreement?
- What methods will be used to assess and review progress towards achievement of results and measurable outcomes as outlined in the National Agreement?

Generic Comments on the National Disability Agreement

- We still need a National Disability Agreement to ensure the needs of people with psychosocial disability who fall outside the NDIS are still met. However, it needs to have much more grit and be more effective than the current Agreement and approach. Too many people are falling between the gaps of Federal and State services to the detriment of their mental health and wellbeing. There needs to be a lived experience leadership embedded in the agreement and there needs to be more clarity regarding the what, why, where, who, when, and how that is currently missing from the Agreement. People with disability need to be actively engaged and be a part of the journey in implementing the contents of the Agreement.
- Given the latest data shows the majority of those with psychosocial disability or severe mental illness seem unable to access the NDIS, it is imperative that the Federal Government ensure adequate support is available to those diagnosed with a severe mental illness as State and Territory Governments transition to the NDIS model and defund traditional mental health supports. Given this is not currently happening across States and Territories, the Federal Government has a duty of care to seek urgent assurances from each State and Territory Government on what action is being undertaken to evaluate outcomes arising from support provided to those with psychosocial disability or severe mental illness.

- The 5th National Mental Health and Suicide Prevention Plan needs urgent updating to reflect significant changes in the landscape resulting from the rollout of the NDIS. Following on from this, the 5th National Mental Health and Suicide Prevention Plan needs to involve broad consultation with all mental health service providers across Australia to ensure a smooth transition to the NDIS and that mental health service providers can adopt new models of service provision reflecting the new landscape and ongoing needs of those with a severe mental illness.
- The Federal Government needs to lead by example and urgently review outcomes being delivered under the National Disability Agreement to address widening gaps between the numbers being diagnosed with a psychosocial disability or severe mental illness and the level of service provision to support effective recovery.
- The National Disability Insurance Agency needs to take on a leadership role potentially as lead implementation partner in the revised 5th National Mental Health and Suicide Prevention Plan.
- Whilst it useful to have a National Disability Agreement, National Disability Strategy, National Mental Health and Suicide Prevention Plan, it would be useful if each of the documents cross-referenced each other to demonstrate alignment rather than allow each document to stand on its own. A joined-up approach in policy-making and service-delivery would be of most value and avoid duplication and gaps which is negatively impacting on value for money, effective policy-making and delivery of effective client-focused outcomes.
- Notice needs to be given to Continuity of Support, psychosocial support measure (the \$80 or \$160m) and other state funding arrangements, noting that people are already falling through the gap. Our [Federal Pre-Budget Submission](#) provides a good summary of some of these issues which have been partially met by some [additional Continuity of Support funding](#).
- As the culture towards a more market-based approach through the rollout of the NDIS evolves, a more open system of reporting of outcomes achieved and accountability needs to be considered to ensure no one with a psychosocial disability or severe mental illness is “falling through the gaps” as the system transitions from “old” to “new”.

Detailed comments are contained below and in the “The Productivity Commission – Issues Paper Questions and Responses”.

Comments on “Preliminaries” section of the National Disability Agreement

- There is a gap that needs to be addressed for those living with disability and the content of this opening statement.
- There needs to be clarity about who is leading the implementation of this Agreement, what incentives exist to motivate the fulfilment of the outcomes, and what reporting mechanisms exist to ensure accountability and openness.
- Further elaboration of the phrase “the Parties are committed to addressing the issue of social inclusion” is required. There needs to be strong leadership at the Federal or State/Territory levels of Government to further articulate this commitment and ensure this objective is met.

Comments on OUTCOMES section in the National Disability Agreement

- We provide our full support for this section. Are these outcomes embedded in the culture of Disability Services at Federal and State/Territory levels (such as Centrelink)? How are they embedded in their service culture and reflected in performance criteria?

Comments on OUTPUTS section in the National Disability Agreement

- There needs to be strong leadership at all levels of government to ensure the necessary motivation, incentives, delivery mechanisms, reporting and accountability mechanisms, and cultural leadership are present to deliver on these outputs. Further work is required in this area to ensure there is effective delivery of these outputs.

Comments on ROLES AND RESPONSIBILITIES OF EACH PARTY section in the National Disability Agreement

- Item 13: Does the community know this Agreement exists? How do Governments communicate their roles and responsibilities to the community? How are Ministers of Disability communicating the content and actions/commitments to the public to reassure communities that progress is being delivered and outcomes being achieved as outlined in this Agreement?
- Item 14: What does this look like/sound like/feel like? Strong leadership is needed at the Federal and State/Territory levels to add weight to the commitments outlined in this Agreement.
- Item 15: Again, strong leadership is needed by Federal and State/Territory Governments and leaders to ensure the roles and responsibilities of each party are followed and achieved.

Comments on the Productivity Commission – Issues Paper Questions and Responses

1. In light of developments in the disability policy landscape and intergovernmental funding arrangements, is an NDA still required?

Yes, but as noted above in an earlier comment, it needs to be more effective at improving the desired outcomes stated in the Agreement. The Agreement and contents therein need to permeate through the disability cultures of Federal and State agencies delivering disability services. Outcomes need to matter, and leaders of disability organisations need to be held accountable for delivery of desired outcomes to provide a more concerted incentive to implement the contents of the Agreement.

2. What should be the purpose of the NDA? Is it an effective accountability mechanism for government actions relating to disability? If not, what are the more effective mechanisms that could be used?

The purpose of the National Disability Agreement should be to drive and co-ordinate progress towards desired outcomes as detailed in the Agreement. It is not an effective accountability mechanism as there are no drivers to ensure progress in implementation of the contents of the Agreement. Targets are a flawed approach. Measurable outcomes including measures of customer satisfaction and evaluation of achievement of measurable outcomes should be contained in the Agreement and be reported online by all parties to provide visibility in progress towards achievement of desired outcomes.

3. What should be the scope of the NDA? Should it continue to cover all people with disability? What services should it cover (such as specialist disability services and/or mainstream services, including mental health, healthcare, aged care, education, transport, housing and justice)?

The scope of the National Disability Agreement should be clear and should cover all those with a diagnosed disability, whether it be physical and/or psychosocial disability. It is important for clarity of focus and to emphasise parity of esteem and equity between physical and psychosocial disability.

4. Is there a coherent link between the NDA and other related agreements, strategies and policies, such as the NDS, the NDIS and State and Territory disability strategies?

Not an obvious one currently but there needs to be and there needs to a more coherent approach in implementation of disability policy and service delivery to avoid duplication, reinventing the wheel and minimise risk of gaps in service delivery.

- i. If not, what should be the relationship between each of these strategies and agreements? Is it necessary to have both an NDA and an NDS, and if so, why?

Each strategy should complement the other with minimal duplication to maximise focus on delivery of desired outcomes and minimise risks to achieve value for money.

5. Are the objectives, outcomes and outputs of the NDA relevant in the context of contemporary policy settings? Are they clear and consistent?

With the progress of the rollout of the National Disability Insurance Scheme and the importance of inclusion of those with physical and/or psychosocial disability, now may be a timely opportunity to consult widely across the nation with those living with a physical and/or psychosocial disability to ask them whether they consider the objectives, outcomes and outputs of the National Disability Agreement relevant to their needs now and into the future rather than allow second-guessing from agents of those concerned.

6. To what extent should the outcomes be aspirational (worked towards but not necessarily achieved within a specified time period), versus achievable within a defined period?

Given the fact that there are massive gaps between what is and what should be, there should be much more grit in the Agreement to better services for those living with a physical and/or psychosocial disability. Outcomes should be SMART – specific, measurable, achievable, realistic and timely.

7. Should there be specific performance measures linked to the outputs and if so, what should they be?

There should be more effective policy implementation with clear, meaningful and open reporting performance measures relating to customer satisfaction and delivery of desired outcomes.

8. How have the roles and responsibilities of Governments changed since the NDA was updated in 2012? Are the roles and responsibilities clear?

The roles and responsibilities of Governments are unclear. There is an inherent lack of accountability between services. The client suffers as a result.

9. What criteria should be used to assess roles and responsibilities of Governments under the NDA?

Criteria that incentivise the various Federal and State/Territory departments and agencies to deliver against their legal mandates and ensure value for money and desired outcomes are achieved as detailed in the Agreement.

10. In light of the changing policy landscape (particularly with respect to the NDIS), do the roles and responsibilities of Governments in the NDA need to change? How?

There needs to be more clarity regarding who is responsible for what, why, when, where, who and how to minimise risk of duplication and gaps in service delivery and ensure improvement to delivery of value for money.

- i. What role should the NDA play in assigning responsibilities for all disability services between governments? How should this relate to the responsibilities set out in the NDIS bilateral agreements?

The National Disability Agreement could play a fundamental role by providing an over-arching accountability framework that delivers desirable outcomes, is readily available and digestible for clients of disability service providers, and where outcomes are publicly reported and available online.

- ii. Should the roles and responsibilities of mainstream services to people with a disability be more clearly outlined in a national agreement?

Roles and responsibilities of mainstream services could usefully be detailed either in the main body of the Agreement itself or in an Appendix to give the Agreement more grit than it currently has.

11. Should the agreement set out responsibility for reforms to broader regulation that affect people with disability (such as building standards)?

The disability sector is undergoing deep reform and strong leadership is required to ensure a positive impact on the end-user – the individual living with a physical and/or psychosocial disability. There needs to be a central driver for reform that is competent in delivery of reform, is incentivised to deliver reform and held accountable for delivery of reform.

12. How has the introduction of the NDIS impacted on access to services for people not eligible for the NDIS?

There are stories of people attempting and completing suicide after interacting with the NDIS. Supports are needed to support individuals with physical and/or psychosocial disability who are deemed ineligible for the NDIS in this situation.

- i. Where are the main gaps in services outside the NDIS? What are the problem areas?

The gaps are huge. There are no effective services to support those living with a mental health diagnosis to support their recovery. The situation is difficult in metro areas and worse in regional and rural Australia.

- ii. To what extent does the NDIS (for example, through the provision of ILC activities and Local Area Coordinators) cater to people outside the NDIS?

This is a work in progress. The current leadership of the NDIS needs to have more of a focus on those individuals living with a psychosocial disability. There needs to be lived experience leadership within the NDIS. This will facilitate greater understanding of the complexities of the client base and seek to mitigate any problems that may arise from a lack of understanding of people living with psychosocial disability.

- iii. What role could the NDA play in assigning responsibilities for addressing service gaps identified in the current arrangements?

The National Disability Agreement could play a key role in assigning responsibilities for addressing services gaps identified in current agreements. Ideally, it should state there will be no service gaps by 31 August 2020, for example.

13. Should the agreement have regard to the way States and Territories are delivering services to people with a disability outside the NDIS (for example, through mainstream services or through specialist disability services)? If so, why?

Yes, because the Agreement covers all those living with a physical and/or psychosocial disability.

14. To what extent has the performance framework of the NDA supported improved outcomes for people with disability, their families and carers? Has it influenced government policy?

The performance framework has failed to deliver any improved outcomes for people with disability. It has been wholly ineffective and needs to be thrown out and replaced with a more meaningful approach directly aligned to delivery of customer satisfaction and achievement of desirable outcomes, as stated in the Agreement.

15. Does public reporting against the indicators serve to ensure that governments are held accountable for their policies and actions relating to disability? If not, why not, and how could this be improved?

The current approach to reporting does not seem to be working and needs to be overhauled with a more real-time approach to measure and monitor delivery of desirable outcomes.

16. Are the criteria for good performance indicators listed in box 2 suitable? If not, what should be added/changed? How do the existing indicators perform against those criteria?

The criteria for good performance indicators should align with Australian National Audit Office guidance and that of other audit agencies such as the UK National Audit Office's guide – see <https://www.nao.org.uk/report/choosing-the-right-fabric-3/>.

17. Are there any other measures relating to people with disability and/or their carers that should be added as indicators in the NDA?

The effectiveness of measures should be put out to broader consultation with those diagnosed with a physical and/or psychosocial disability.

18. How should the significance of changes in indicators be judged? For example, what magnitude of change in the indicators should be targeted?

In the context of the above comments, the current indicators are ineffective and need to be re-evaluated to be replaced with more meaningful measures and indicators of progress towards achievable and desired outcomes.

19. What level of disaggregation should the indicators provide? For example, should they be articulated at the national or jurisdictional level? Should they be disaggregated by type of support, nature of disability (such as those covered by the NDIS and/ or those outside the NDIS)?

Indicators should be able to be aggregated and disaggregated to demonstrated levels of effectiveness in fulfilment of role. Ultimately, at the national level, indicators should be reported to demonstrate effectiveness of the Federal approach in implementing the contents of the Agreement and then there should be availability of disaggregated data to compare State and Territory performance. And yes, technology is such that there should be functionality made available to people who can drill into the data to determine, either for their own service or for their own disability, what is happening in terms of performance against desired outcomes.

20. Are the current benchmarks of the NDA still relevant? What should they be beyond 2018? For example, what magnitude of change should be targeted and over what time period?

Given the current benchmarks have been ineffective, they should align with the rest of the performance delivery approach to be completely revised to engineer a more economic, efficient and effective approach to ensure delivery of desired outcomes is achieved along with value for money.

21. How should the benchmark of ensuring that families and carers are well supported be measured?

There should be a separation of measurement to ensure families and carers are being treated equally.

22. To what extent has a coherent national performance reporting system been achieved?

This is not the right question – it may be coherent but still uneconomic, inefficient, and ineffective.

- i. What needs to be improved? For example, are there duplications, overlaps, inconsistencies and data gaps? Are data provided in a timely manner?

A complete reform of the performance reporting system needs to be adopted arising from a root and branch review of what's working, what's not working and what needs to be urgently improved.

ii. How are improvements best achieved?

Lived experience leadership will guarantee success because there will be the experience, the skills, the knowledge and understanding of what works and why.

23. How relevant is the current performance reporting framework of the NDA in light of the implementation of the NDIS? How can outcomes for people outside the NDIS be adequately monitored?

This is irrelevant. We need to consult those people outside the NDIS to determine the most economic, efficient and effective approach to deliver the desired outcome.

24. Is it possible to effectively separate out performance against NDA objectives and outcomes from those of the NDS and NDIS?

Yes, this is possible, by ensuring consistency of data collection so it is clear which data relates to an individual inside the scheme and outside the scheme. Of course, there will always be timing issues where someone may be outside at one point early in the year and be in the scheme later in the same year, but there will always be inaccuracies however the data is collected.

25. Is the relationship between outcomes, outputs, benchmarks and indicators clear? If not, what changes to the structure of the agreement should be made?

No. The structure and content of the Agreement needs to bring into effect a more transparent approach to the theory of change and adopt a logic model approach to support implementation of a more effective evaluation culture within the disability sector.

26. Is the collection and publishing of data, and funding of this, adequately dealt with in the NDA?

No. There needs to be a more professional approach to data collection and reporting online to ensure a more real time approach is available to monitor progress.

i. Are existing datasets adequately resourced to provide the necessary evidence base for performance reporting under the NDA, NDS and NDIS?

No. There is a lack of data and hence a lack of meaningful accountability in delivery of the outcomes contained within the Agreement. This needs to be reformed with urgency to adopt a more innovative client-focused approach reporting what matters most to the end user of disability services.

- ii. Are there gaps in what data are collected (for example, in relation to the disability workforce)? How could data collection and publication be improved?

Data needs to cover all elements of the logic model, from inputs through processes and outputs to outcomes (short, medium and long term) to be fully comprehensive and meaningful to all concerned in delivering of services, including the end user.

27. Is the NDA an effective vehicle for articulating reform and policy directions?

If the Agreement was drafted by those living with a physical and/or psychosocial disability it would be meaningful and effective at articulating reform and policy direction.

28. How relevant are the existing reform and policy directions of the NDA and should they be clearly linked to measurable outcomes in the NDA?

The reform and policy directions of the National Disability Agreement need to be directly representative of concerns of those living with physical and/or psychosocial disability. And yes, they should be clearly linked to measurable outcomes in the National Disability Agreement.

29. Does it make sense to separate them, or should the NDA and NDS be merged into a single agreement?

The National Disability Agreement should be an overarching document underpinned by the National Disability Strategy which should be the implementation and accountability tool through which the contents including stated outcomes of the Agreement are implemented and reported thereon.

30. Has the NDA been effective in shaping and driving policy directions and reform for disability? What are the example of success?

It is unclear whether the National Disability Agreement has been effective in shaping and driving policy direction and reform for disability due to the lack of data and customer feedback.

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Disclaimer

This submission represents the position of the author. The views of MIFA and its members may vary.