



SARRAH

Services for Australian Rural and Remote Allied Health

20 August 2021

Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100
Parliament House
Canberra ACT 2600

Attention: Committee Secretary

ndis.sen@aph.gov.au

Dear Ms Allen,

**Services for Australian Rural and Remote Allied Health (SARRAH)
Submission: JSC NDIS Inquiry into the NDIS Workforce**

Thank you for the opportunity to provide feedback on the NDIS National Workforce Plan 2021-2025. SARRAH appreciates the Committee's consideration in allowing additional time to prepare and provide our Submission.

The Committee will be aware from our previous submissions that SARRAH considers the development and distribution of an appropriately skilled and accessible workforce and service capability as essential to the success of the NDIS; both for participants and for the broader Australian community who want to see the NDIS investment deliver improvement in peoples' lives and secure its ongoing support and viability into the future.

SARRAH appreciates the constructive, continuing role of the Joint Standing Committee in providing informed oversight and recommendations on the progress of implementation and performance of the NDIS. The potential and magnitude of Scheme require a considered, long-term and outcomes-oriented view to guide developments and investment.

Our overarching response to the NDIS National Workforce Plan 2021-2025 (the Plan) is positive. While there are areas of the Plan that require further work, refinement and addition, it recognises and proposes steps to address systemic obstacles and challenges that have hindered access, outcomes and, arguably, the financial sustainability of the Scheme to date.

Taken as a package, the Plan provides a framework that should:

- improve participants' access to enabling services, and consequently outcomes;

- improve the reach and equity of access to appropriate services, and importantly to capacity building and enabling services;
- develop the skills, career pathways and mobility of the workforce, while supporting much needed growth and distribution of that workforce and service capability;
- help reduce the fragmented planning and delivery aspects of the health and social assistance sector service and workforce; and
- help identify existing gaps in service and workforce training, education, development and enable them to be addressed in a more coherent, coordinated, but flexible and cost-effective way.

SARRAH welcomes, in particular, two key acknowledgements described in the NDIS Workforce Plan:

Enhancing the disability workforce will also boost the aged care and veterans' care workforce

Disability support, aged care and veterans' care programs are highly connected. Strengthening the care and support sector as a whole will increase productivity and consistency across the entire sector to meet demand, and grow the pool of available workers in order for disability support, aged care and veterans' care programs to meet demand. (Page 9) and

Many of these workforce challenges are particularly acute in regional and remote communities and in supporting participants with complex needs

Thin markets face more acute and varied challenges in growing a quality workforce. These challenges include a lower supply of providers and workers already operating in these markets, difficult working conditions and barriers to accessing training and support. Thin markets for the NDIS occur by service type (including supports for participants with complex needs) or by geography, mostly in regional and remote communities. (Page 20)

SARRAH has long advocated for policies and programs that recognise and are attuned to the particular circumstances and needs of individuals and communities across rural and remote Australia. Evidence of community need, differential service access and capacity and the case for a fundamental shift toward more person-and place-based approaches to service systems and supports in rural and remote Australia were put in our Submission to the JSC on the NDIS Workforce Inquiry in June 2020. Later that month, the former National Rural Health Commissioner, Professor Paul Worley, presented his important and substantial report [Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia](#) to Government. Professor Worley clearly articulated the value of the NDIS, and other service systems together, in addressing the cross-sector experience of chronic allied health service and workforce shortages in rural and remote Australia. His report noted that:

The Recommendations of the report would “enable cross-sector solutions essential to the success of the National Disability Insurance Scheme (NDIS)” – (Page vii)

The Recommendations of the report represented “a system prepared to respond accordingly to the significant issues raised by the National Disability Insurance Scheme (NDIS) Thin Markets Project” (Page 1)

“Funding models such as those for private health insurance, the Medicare Benefits Schedule (MBS), My Aged Care, and the National Disability Insurance Scheme (NDIS), are designed to be market-driven solutions. However, in smaller rural and remote towns prone to thin markets and market failure, these funding models are not effective and often exacerbate the ongoing challenges to attract, retain and support an allied health workforce.” (Page 3)

“In rural and remote communities, fragmented sector-by-sector funding approaches contribute to the vulnerability of local economies and viability of allied health service models.” (Page 16)

SARRAH applauds DSS for consulting with Professor Worley in developing the NDIS Workforce Plan and for citing his report, the Recommendations of which also deserve to be progressed on a scale and with an urgency that reflects a duty of care and commitment to address the inequitable access and outcomes large portions of Australia's population face at present. The NDIS Workforce Plan is a positive step.

Accordingly, the Plan proposes working toward a genuine and integrated workforce approach, with actions at the national and area/local level, allowing for an enhanced focus on overall community need and service capacity, with greater flexibility and potentially less constraint on innovative approaches; which are too often frustrated by administrative conditions and rigidity, and a lesser emphasis on outcomes, in programs. This is a fundamental and much needed shift in approach.

SARRAH has long advocated for fit-for-purpose approaches to meet the needs of rural and remote communities. That position is reflected in SARRAH's promotion of and commitment to implement the [Allied Health Rural Generalist Pathway](#) (AHRGP) across rural and remote Australia, in community-based and private service settings, including NDIS service providers.

The initial roll out of AHRGP places commenced in October in 2019, was welcomed by the sector and received a substantial boost in the 2021-22 Federal Budget with an announced \$9.6M over three years to support a further 90 AHRGP places (including 30 places in Aboriginal and Torres Strait Islander community controlled services) and 30 Allied Health Assistant places to further improve service reach and coverage.

- This development is a major, positive shift in Commonwealth support for rural and remote allied health service capacity and aligns directly with NDIA service needs and the objectives of the NDIS Workforce Plan.
- At scale, the AHRGP initiative, together with tailored workforce development innovations, such as Indigenous Allied Health Australia's National Aboriginal and Torres Strait Islander Health Academy (both supported in the NRHC report) provide established models to advance delivery of the NDIS Workforce Plan, especially in “thin markets” and for priority groups.

As Committee members know, the *utilisation* under the NDIS refers to the amount of a participant's plan budget that is used and that underutilisation suggests negative access or other service performance. The latest *NDIS Quarterly Report to disability ministers* (30 June 2021) shows utilisation continues to be lowest in remote areas and communities: with the areas identified as being more than 10 percentage points below the national average being Eyre and Western South Australia; Far North (SA) South Australia; Barkly Northern Territory; Darwin Remote Northern Territory; East Arnhem Northern Territory; and Kimberley-Pilbara Western Australia – all remote areas.

Utilisation of planned funding is an important indicator of participant access and system performance: it must be considered alongside other factors, such as whether eligible populations have been identified and enabled to access the NDIS (a major risk in rural and remote populations, including Aboriginal and Torres Strait Islander people; whether plans are skewed to what services or supports might be available in a location rather than what is of most beneficial and supported by an informed participant; whether there are affordable and cost-effective mechanisms to enable service access; and so on. Together these factors can compound the extent of access and/or service shortfall – with service implications far short of what any single measure might indicate. None of them can be properly addressed without adequate, accessible (capacity building) services and workforce to deliver them.

These issues get to the fundamental objectives of the Scheme and practical considerations about whether participant capacity building and other opportunities are able to contribute to the cost-effectiveness of insurance-based rationale of the NDIS.

SARRAH remains committed to working constructively with government to help address these issues, and would welcome opportunities to do so. DSS has invited stakeholders to be involved in the further development and implementation of the Plan: SARRAH welcomes this. SARRAH will seek to have a genuine and deep engagement in the further development and implementation of the Plan.

SARRAH is among the few organisations established by health and related service professionals, working across rural and remote Australia for decades, with a membership that has worked to overcome challenges in delivering services to communities despite the constraints of mainstream, often stove-piped and metro-centric models of service. SARRAH's membership works across every sector and has deep, long-term and contemporary experience of the challenges, requirements and opportunities of disability and other service provision in these situations. That commitment and expertise could be drawn on more than it has been. Notwithstanding the breadth of communication and consultation activities undertaken, their expertise is not drawn on sufficiently, especially considering the prevalence and persistent difficulties service systems have in equitably addressing need in rural and remote Australia.

We also understand that DSS is working closely with the National Skills Commission on the Care Workforce Labour Market Study (CWLMS) which the Commissioner is scheduled to provide to Minister for Employment, Workforce, Skills, Small and Family Business, the Hon Stuart /Robert MP in September. We understand that other agencies, with responsibility for aged care, veterans' care, mental health and possibly others are also involved

The NSC's Labour Market Study is also a timely, major and potentially system-changing development in establishing a more integrated and coherent system of workforce development nationally.

The [Final Report of the Inquiry into Australia's Skilled Migration Program](#), completed earlier this month also indicates a growing call from across government, business and community sectors for a more strategic, cross-cutting, contemporary and informed approach to workforce demand analysis, planning and skills development. The NSC is cited as working on a broader approach to skills development that should help to identify workforce gaps and shortfalls that continue to exist but go unaddressed.

- Given the health and social assistance sector continues to be by far the lead sector of employment growth and skills demand nationally and is likely to for the

foreseeable future it is fitting that the NSCs Care Workforce Labour Market Study and the NDIS Workforce Plan are being progressed in approximate unison.

- In rural and remote Australia these processes, in conjunction with related aged care, broader labour market, training developments provide a backdrop of existing resource allocation and aligned priorities and policy objectives should come together to deliver skills pathways that are backed by human and service infrastructure and flexible and adaptive approaches that work for communities and across sectors.

Further detail on the issues raised in this covering letter and comments on the priorities and specific actions of the Plan are provided in our Submission, attached.

SARRAH has no objections to the Committee making our Submission public and would welcome the opportunity to further assist the Joint Standing Committee to ensure equitable access, optimal impact and benefit for participants and the community and the long-term sustainability of the Scheme.

If you would like to discuss issues raised in SARRAHs submissions or require further information, please contact me at catherine@sarah.org.au.

Yours Sincerely



Cath Maloney

Chief Executive Officer

Services for Australian Rural and Remote Allied Health (SARRAH) exists so that rural and remote Australian communities have allied health services that support equitable and sustainable health and well-being. SARRAH also supports Allied Health Professionals who live and work in rural and remote areas of Australia to carry out their professional duties confidently and competently in providing a variety of health services to people who reside in the bush. SARRAH maintains that every Australian should have access to health services wherever they live and that allied health services are fundamental to the well-being of all Australians. SARRAH is a national, multidisciplinary member association and has been operating for 25 years. SARRAH is the only peak body to be fully focused on rural and remote allied health working across all disciplines. (More information is available at <http://www.sarah.org.au/>).