

TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into services for people with autism spectrum disorder

Geelong — 19 September 2016

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Ms Louise Glanville, deputy chief executive officer, stakeholder relations and organisational capability,

Ms Chris Faulkner, regional manager, Victoria West, and

Mr Peter De Natris, strategic adviser, National Disability Insurance Agency.

The CHAIR — Good afternoon, and welcome to this public hearing of the Family and Community Development Committee inquiry into services for people with autism spectrum disorder. The committee is pleased to be here in Geelong and has spent the morning visiting local disability provider Gateways and the Whittington Primary School, which were both valuable visits for the committee and its inquiry.

Today we will hear from a range of people, including parents and carers and people with ASD. We will also be hearing from the National Disability Insurance Agency, the City of Greater Geelong and the autism support group, Treehouse. In the final hour of this hearing we will hear short statements from community members who have expressed their interest in speaking to the committee. We look forward to hearing from all participants.

These proceedings today are covered by parliamentary privilege and as such nothing that is said here today can be the subject of any action by any court or to any proceedings for defamation. If you have any special needs today, please see the committee staff who will assist you.

Can I welcome to these public hearings Ms Louise Glanville, deputy chief executive officer, stakeholder relations; Ms Chris Faulkner, regional manager, Victoria West; and Mr Peter De Natris, strategic adviser, from the National Disability Insurance Agency. Thank you very much for attending this afternoon.

All evidence at this hearing taken by the committee is protected by parliamentary privilege as provided by the Constitution Act 1975 and is subject to the provisions of the Parliamentary Committees Act 2003 and other relevant legislation. Any comments you make outside the hearing will not be afforded such privilege. It is a contempt of Parliament to provide false evidence. Recording of the proceedings will commence today, and you will be sent a proof copy of the transcript and be able to make factual or grammatical corrections if necessary.

Thanks again for your time this afternoon. I hand over to you now to make a 15-minute presentation to the committee. Thank you.

Ms GLANVILLE — Thank you very much for that. On behalf of my colleagues, it is a pleasure to be here. I should probably do a little bit more in introducing us if that is okay. I am Louise Glanville. I am one of the deputy CEOs with the NDIA. Of course we are based very happily here in Geelong. I have with me the person who leads our Barwon trial sites. Do you want to introduce yourself, Chris?

Ms FAULKNER — My name, as you can see, is Chris Faulkner, regional manager for Vic West. I commenced in the agency just over six months ago and would like to say very positively that it is fantastic that we have worked towards our numbers and the bilat that was agreed between the Victorian government and the commonwealth government. We have met those figures and continue to work towards plan reviews as part of our normal process as business as usual within the agency. It has been, I have to say, a real joy to have that individual choice in the trial with participants as we have gone through this trial site.

Ms GLANVILLE — Thanks, Chris. Also Peter De Natris; Peter can introduce himself, but essentially he provides us with specialist expertise, particularly in relation to early childhood early intervention. He is part of the national office. Do you want to say a bit about yourself, Peter?

Mr De NATRIS — Yes, thanks Louise. I am Peter De Natris. I came to the agency from New South Wales family and community services where I headed up, as executive director, the area of early childhood and the school years, and the reforms that we went through over the last 10 years in New South Wales in this area, particularly bringing to bear the strong evidence and science base that underpins early childhood intervention and the outcomes that you aspire to for children with disability or developmental delay, using that, bringing that to the design of the scheme and the implementation of the scheme.

Ms GLANVILLE — Perhaps just by way of giving you the national picture, I will not spend too much time on that, but a sense of the fact that we of course commenced in July 2013. We completed the trial period on 30 June 2016 and we are now in the transition period, which will continue until 2019–2020. All jurisdictions around the country have signed up to the NDIS and have bilateral agreements in place with the commonwealth, with the exception at this stage of Western Australia, which is extending their trial; their trial will continue until the middle of next year. As part of that, an evaluation is taking place of the My Way NDIS trial and the NDIA-NDIS trial with a view to the WA government and the commonwealth coming to a position on what is the way forward in WA.

It is very pleasing actually today that our minister has released the results at the end of trial, so that is as at 30 June 2016. What those results show in our actuarial report for that period, that last quarter, is that we now have over 30 000 people in the scheme around the country. Very importantly, as Ms Faulkner was referring to, it indicates that we have hit our targets here in Barwon, which is incredibly pleasing and a tribute in part to her leadership. We see that those results have meant not only that we have the numbers coming into the scheme that were predicted but that we are within budget. That is very clear from our figures. Also we continue to have high levels of satisfaction from participants in our scheme. That is not to say of course that there are not issues that we have to address all the time, and probably that is the bit that I am most engaged with — trying to look at what is happening where things are not going as well as what we would like and really understanding what the participant and the provider experience is in terms of our systems and our processes.

We have now moved into that solid transition phase. Many of you will have read about some of the challenges in our ICT systems, and I am happy to talk about those a bit further if that is of any interest. But I think your interest today is really about those with autism and others and how they are coming into the scheme. We are ready to answer any particular questions you might have.

I should say though that we have across the last one and a half years really, with Peter's expert advice, developed what we are calling our early childhood early intervention approach, which is a national approach across the country. That of course will still focus on, as the Act and insurance principles require us to, reasonable and necessary supports for children, but really thinking about choice and control and thinking about how, particularly with children and families, they can be well supported in communities and know the sorts of resources and information that exist within communities in order to assist them with the particular issues that they are dealing with, so that real embeddedness is important.

Finally, the Disability Reform Council, a couple of weeks ago, endorsed the quality and safeguards framework going forward. I am sure this committee will have seen the communiqué from CDRC so that is something that is good to see, also supporting the roles and responsibilities framework that relates to the market and what we will be doing in the space of the market during the transition period. Importantly, once again, it is endorsing the national disability strategy and the importance of continuing to have mainstream services that are accessible to people with disabilities across the country. A bit of a broad overview, Chair, and we stand ready to answer any questions you would have.

The CHAIR — Fantastic; thank you very much. It seems that some progress is being made, particularly around the quality and safeguarding framework which this committee has, as you know, a particular interest in. I have a couple of questions that have come off the back of our visits this morning that I wanted to start with, and one of the issues that was raised was that should a person with ASD wish to change or modify their plan once it is in place, given that their needs may change or they may find that some of the services may not be necessarily what they want, how easy is it for them to change those plans? What is the flexibility within that arrangement?

Ms FAULKNER — I have to answer that. When a participant requests a plan review it is usually based on exceptional circumstances, and that means that there has been a change in that participant's circumstances. If they would like to change providers, then we are certainly open to having that discussion with the participant and working on that plan review.

The CHAIR — So you have to request a review?

Ms FAULKNER — The only way we can change a plan would be by a plan review.

The CHAIR — So given that people with ASD do have changing needs, and certainly young people as they get older find their needs change and they may find that they might do one particular thing for six months and then go, 'Well, no, that is actually not what I need', it is very difficult really, is it not, for them to go back and change that plan?

Ms FAULKNER — With early childhood we would recommend a six-month review anyway, so they would get that review in six months, according to their developmental progression.

The CHAIR — Do they need evidence from anywhere to change those plans or can they make that decision based on their own needs?

Ms FAULKNER — It is a difficult question. No, each individual is different of course. It would depend on what those circumstances were at the time. So respectfully, if it is a whim, it is difficult to do, but if there is evidence behind it or they are dissatisfied with the service they are currently receiving from a provider, we are happy to do that review.

Ms GLANVILLE — It is really important to say that the reasonable and necessary supports that people or individuals or children are entitled to as a result of the national disability insurance scheme have to be tailored to meet their particular needs. That is the whole point of the scheme. In instances where in someone's plan perhaps something has been included which has proven not to be particularly useful over time, or where sometimes in a plan review we may see that some resources have not been expended, the transition site now would interrogate that pretty thoroughly to get a sense of that and whether that was wrongly targeted and something else is actually needed, or was there not a provider that could be utilised for that purpose so was it a market deficiency in some way. But it is particularly important for plans to be very much focused on what the needs of those individuals are.

One of the things I suppose it is important to note is that as we move into transition we are doing a very big uplift in the Agency, so we are moving from that 30 000 I referred to earlier to 460 000 participants in the scheme. It gives you a bit of a sense of the magnitude of the task that is before us. We learnt during the trial that people with disability were worried about two main things: one, would the money run out; we would often be asked around the country, 'Is the money going to run out?'; two, 'When will it be my turn to come in?' — so that idea of the nose of someone with a disability being pressed against a window waiting for their turn. The fact that people are moving into the scheme quite quickly now is a very, very good thing in our view because it gives I think the certainty that people with disability around the country require and deserve as part of this scheme, but it also means that the planning process is altering. I think some of these comments may relate to how people are coming into the scheme more quickly to start what is necessarily their lifelong journey with us about their reasonable and necessary supports going forward.

The CHAIR — Do you think there is room for more flexibility within that planning, particularly for people with ASD?

Ms GLANVILLE — I think one of the great things about being in trial has been that we have really tested our planning out pretty thoroughly during that time. I know some of you do remember when we started we had these, what I would call, incredibly slavish plans. I have seen plans with 120, 130 line items in them, built from the bottom up, but really I think not accurately reflecting the sort of choice and control principles that exist in our legislation. So what we have done with the planning process is we have actually created and put in groupings of offerings into particular categories.

We have three of those. We have core supports, which is really around the personal supports that people need; capacity, capability-building supports, which is very much linked to that early investment, early intervention in order to really develop people's skills and capacities as much as possible in as quick a time as possible; and, of course, capital supports, which has been often a big lift for a lot of people who have been utilising equipment that might be outmoded or perhaps not had the sort of equipment they need at all. So that new way of conceptualising the plan, also in the context of reference packages that our actuaries have been developing over the last three years, gives us a very good ability to I think reflect more thoroughly the choice and control principles. Largely people can determine within those categories, a couple of exceptions, but largely they can actually determine how those resources are used to meet their reasonable and necessary supports. I think that gives much greater choice of control than where we started perhaps in July 2013, in terms of building people's plans from the bottom up.

The CHAIR — A report that was commissioned by the NDIA on evidence-based supports recommends that children diagnosed with autism should receive at least 20 hours per week of early intervention. Is this advice being used by the NDIA when developing the plans?

Ms GLANVILLE — Do you want to comment on that, Peter?

Mr De NATRIS — Sure. The actual wording in the report, Chair, was '20 hours of intervention'. It did not state that it had to be specialist; it actually went on to clearly indicate that that intervention should be, wherever possible, family and participatory based. We are using that as a guideline, but what we are more interested in from a diagnosis point of view is the functional impact of the diagnosis — so, what is the impact, in what

domains, for that young person, that child? And how are we best constructing reasonable and necessary plans to respond to that? We would like to think that there is a rich evidence base, indeed led by the early childhood intervention sector here in Victoria, that clearly states that family-centred practice, the practice that involves the child in activities that are very focused on inclusion and respects the fact that children live, grow, play and develop best with other children and with their families than in therapists' rooms and those sorts of things.

It is about getting that balance right. But yes, we do use that as a guidance; it is not a hard-and-fast rule. But we do from time to time also understand in best practice, in evidence-based practice, in autism that may include sometimes some quite instructionally based activities for the child that lead to inclusion and lead to the child being able to participate fully.

The CHAIR — How then will the NDIS be able to assess what supports participants will require if they do not have the information provided by a diagnosis? And also, how will people who have not been diagnosed with autism be able to access early intervention services?

Ms GLANVILLE — I am just thinking it might be useful to start with the gateway and how we are using that.

Mr De NATRIS — Yes. The design that we have now been able to start to implement since the trial is very much predicated on making sure that those types of questions that you have raised are answered by those with the expertise to answer them appropriately. So the agency is looking at partnering with early childhood intervention specialists as the access or gateway partner into the scheme. That is because the act is written in such a way that it respects very much that early intervention is a very important part of the scheme and particularly in the very young years.

We learnt from the trial and from the feedback in trial that often the planning process as it was constructed in trial was not really meeting the need of both the family and the child, and often the person that was asked to make some of those decisions did not have all the information they needed to make good decisions around that. So the concept is that we will partner with the early childhood intervention provider, who will then work with the family around looking at the functional impact of delay if there is no diagnosis. So developmental delay, where you may have a significant deficit in one domain that requires an interdisciplinary response for a significant period of time, is a threshold of entry into the scheme. But that does not mean it should be an all-or-nothing proposition.

We also know that the concept of the partner in community is also about those families coming to them at a period of time where there is something going on for their child; it is a highly emotional time, it is often a very confusing time. The partner needs to be there to be able to assist them through that and give them good quality information, if that is not access to the scheme, and support them to the appropriate supports that their child needs. So we are looking at bringing the best of that expertise into the gateway with the agency for early childhood intervention because it is a very key and important component, particularly for families who, at that very exciting time of a new child, are confronted with something that probably is quite foreign to them.

Ms GLANVILLE — And I should indicate that we have been trialling that model in Nepean Blue Mountains and Townsville in particular before we looked at the efficacy of it and looked at the support for it and then were able to develop it to roll out across the country. What it means when children come into the gateway in particular is that some of them will go on to become participants in the scheme, and they will, as a consequence of that, have their reasonable and necessary supports met. Some children are supported with their families to become better connected in community and with mainstream services in community. So the gateway allows us to have a much more individualised approach to children in particular than we have previously seen in many parts of the country. So it will help in creating not a one-size-fits-all, but a very targeted and individualised approach but that all children across the country, for example, will have access to through the gateway of the NDIS.

The CHAIR — The NDIA commissioned a report which recommended that the NDIS only fund early interventions that are evidence based. Is that still the case?

Mr De NATRIS — Yes. It is a very good question. Without making it too complicated, we have the emerging quality and safeguards area that we have talked about. But what is really, really important here is that the outcome for the parent in their first contact with the scheme is that they, through that process, walk away far

more informed and far more capable of making good evidence-based decisions. So another key aspect of the design with the access partner is to make sure that parents are given good information that is linked to the evidence and science about what they should look for to respond to their child.

We will supplement that by having our access partners as a national network, and we will partner with a broad range of agencies, as we are currently looking at some work with the Autism Cooperative Research Centre around some of the best practice that that looks at and make that available consistently and nationally to our partners. So we would want from this design very much that the parent, the key decision-maker for the child, walks away with good quality information. That will hopefully in time serve the scheme very, very well, because they will demand the types of evidence-based services that should be provided to their child.

Ms McLEISH — First of all, the spectrum disorder is very broad. Can you tell me your experience with the breadth, or was it one end only?

Mr De NATRIS — No, it was across the breadth. There are a number of reports and studies over the past 5 to 10 years in Australia that talk about the breadth and the appropriate responses. If I use the latest one that was done here in Victoria around students with disability and their access to support, and I just want to use a little bit of the modelling in that — —

Ms McLEISH — Students — primary or secondary?

Mr De NATRIS — It was students with disability in Victoria. The modelling in that suggested that for all disability about 15 out of every 100 children attending school would need some form of reasonable adjustment or some form of modification for their learning needs in school. Out of that 15, about 4 would need specialist support in school. It sort of opens up the whole concept of spectrum; it opens up the concept that there are goals to be played by different systems for children with additional needs as students. In the early childhood years for children on the spectrum that could be anything from communication or attachment-type issues right through to the functional impact that could see them out in behaviours and those sorts of things. We are going to work with the Autism CRC about best practice diagnosis in autism, with the view of trying to give even further clarity to that broad spectrum and how we best respond as an insurance scheme to the needs of all children and all adults on the spectrum.

Ms McLEISH — Did you get the sense that a number of families feel like they are not going to get any support through the scheme? Or is that not just the sense; is that the reality?

Mr De NATRIS — The scheme is more than the tier 3 package; the scheme is about changing Australia's accessibility to all services for people with additional needs. My sense is that, yes, there were some people who were more focused on how to access from a point of view of getting a reasonable and necessary package, but I think what the scheme is doing, particularly in the early childhood years, is making sure that its design embraces the concept of inclusion before it goes to specialisation.

Ms McLEISH — And you are supporting the early childhood years. Do you think that is the most important period to be supporting?

Mr De NATRIS — I think it is important — very, very important — but I do not think it is the only time early intervention is required. I think early childhood intervention traps us into thinking it is not six or not seven. Early intervention is across the life span. There are different life challenges and different life transition points where the scheme will also need to pay attention to the way it looks at early intervention.

Ms McLEISH — With regard to the planning process, what sort of feedback did you get during the trial from the families and perhaps some of the people themselves?

Ms GLANVILLE — Yes, I can talk a bit to that. Part of my role is travelling around the country and meeting with people. I would have to say that the most feedback I got was in South Australia, which is probably not unusual, given the fact that that was a trial site in relation to children and so there were lots of parents and children as part of that trial site. I think some people felt that we had done very well and they understood what the scheme was about; for others that was not the case.

I think my greatest learning during the trial was that it is really about a process of continually engaging with the Australian community more broadly about what the scheme is and how the scheme will work and the sorts of

ways in which the scheme is not only about those reasonable and necessary supports for individuals but also information linkages and capacity building, the building of the mainstream — and not by ourselves, not just the NDIA; we all have to do this together in partnership. It is not possible for the agency to do all of this, but the mainstream interfaces, the community interfaces, the way in which, for example, parents are supported in terms of their needs were just as important to the parents who I spoke to as well as, of course, where their child was eligible for the sort of reasonable and necessary supports that they were going to have to assist them in that part of their life or continuing with us if it was a developmental delay that was going to continue for a period of time.

So my sense is that there is a big communication challenge here. Often until we are coming into an area there has not necessarily been a lot of thinking about the NDIS and what it is and what it means and we take that process of engagement pretty seriously, particularly with a lot of the new transition sites, particularly in NEMA and those areas that we are now moving into in Victoria that we have put a big effort into certainly with potential participants but also providers. There is much more thinking about how we more thoroughly engage with what the scheme is all about.

Ms McLEISH — You mentioned communication challenges. Thinking about the trial as well as now the transition, how prepared do you think the families were to engage in that planning process with you?

Ms GLANVILLE — Chris, if you want to make some comment about this too. But I just think it varies. I think there is no sort of simple answer. I am not a planner. I often come in to, as I said, meet with people who either might be very satisfied or very dissatisfied with how their experience has gone, and I have given you some examples of how we change what we did on the basis of that experience that people told us. But I think it does vary very much on the individual. We cannot pretend that it is easy to move from a rationed welfare system, where people are having to fight, for example, for how disabled they are to get services around the country, to a system that is based on building capacity and where there is not a need to argue how disabled you are because eligible people's reasonable and necessary supports will be met.

As our data shows today, the Productivity Commission's estimates of what the scheme will look like going forward and the cost still remain the best estimates that we have in the country. You cannot underestimate, I think, that challenge for people who have often come from quite a fearful setting that they are not going to get what they need to what we are saying, which is, 'Look, we want to work with you around what the reasonable and necessary supports are'. We actually want to try to influence the mainstream as well to make sure it is as inclusive as possible and we want to be putting out the resources in terms of local area coordination, information linkages and capacity building with state and territory governments to ensure that people can see the variety of support that may be available.

I think it is only by looking at that massive shift — and it is a massive shift for providers too. Providers have gone from resources in advance from governments to resources going directly to participants who can then purchase what they feel they need in that way. It is a very big quantum leap, and I think that that part of the change management process is one that we have to spend a lot of time on because I think it is challenging. Chris, just from your experience?

Ms FAULKNER — Yes, just from my experience certainly recently with the forums that we are holding in the Central Highlands — community forums — there were a lot of parents coming to our booths talking about early intervention, what services will be available to them, what does 'reasonable and necessary' mean, what does individual choice mean. I think our experience has shown that they are going away a lot more comfortable about what the NDIS will provide as we go forward. I still think there is certainly a cohort of people that we need to get out to, particularly in rural and regional spaces, as we get thinner. Certainly part of our engagement plan is to do that out more in that rural and regional sector. So to date I would say it has been very positive.

Ms McLEISH — We have talked about the early intervention and you mentioned earlier about building up access partners. Will they include service providers?

Mr De NATRIS — Yes, they will. We are not excluding anyone. We are actually more focused on having organisations that have the right capabilities and the right staffing profiles, including the clinical governance that is required particularly in early childhood intervention. However, we look at this across the whole life span. So let us not just look at the early childhood years here. It is important that our LAC partners also bring to the table a whole range of understandings and a whole range of values that are important around, as Louise described, the

culture and the outcomes of inclusion that we want. The short answer is no, we are not limiting it to anyone, but yes, service providers are definitely included.

Ms COUZENS — Thanks for coming along today; we appreciate your doing that. I have a few questions. My own experience as the member for Geelong is that I have had a number of families approach me around education and the NDIS. Can you just run through what your expectations are of that? Where there is a young person at a school, for example, how does that interaction happen between what they have traditionally had from the state and what they are getting now from the NDIA?

Ms FAULKNER — Education is one of our mainstream partners, of course, so we would expect to work with them within schools to provide the level of support that is required for individuals. We do know that in personal care in schools there has been an ongoing discourse between us all about how we can do that best. We are continuing to develop those guidelines on how we can continue to do that. We would expect that if you have not transitioned into the scheme, you continue to receive the supports you have previously received from the state government and local. There should not be anyone who misses those gaps within the education system.

Ms GLANVILLE — Just to elaborate on that in a broader sense, there are agreements in place between governments around the country about things like continuity of support in a variety of areas. I think our experience during trial was that often that might not have gone as completely smoothly as you would have wanted it to. Often it will be the agency that learns of that because someone will come to us and we will perhaps see that they are not receiving something they had previously been receiving. I think governments are aware of their obligations there. It is a time when we are trying to make all the bits of it fit together as we move in transition, so we are going to have to be mindful of that and watch carefully what is happening.

It is a very important part of our legislation that our scheme actuary can report on gaps in provision, and we are currently thinking about how we would do that reporting if we came across particular areas that we thought had not been as well thought through as they should have been. That is quite an important part of our legislation that enables us to do that reporting to governments around what is happening on the ground and what people's experiences are on the ground practically.

Ms COUZENS — Good. We have also heard that people who have had packages of around \$12 000 are now cut down to \$7000. I am just wondering what your thoughts are on that. The argument is that they are not getting the same level of support.

Ms FAULKNER — Each individual will receive supports that are individualised. Individuals receive what is necessary. Sometimes that can be a lot more than they have received in the past, and sometimes it is a little bit less than what they may have received in the past.

Ms COUZENS — I think it is more the ones that are getting less than what they have.

Ms FAULKNER — We are not seeing a trend in that at all. Our figures are showing, certainly at the Barwon trial site, that each individual is receiving more support. There may be some isolated individuals that are receiving less, but our pictures show that we are receiving certainly along the same lines or even a little bit more.

Ms GLANVILLE — I think historically with the tiered amounts, and certainly as a part of transdisciplinary packages, what we have tended to see in our evidence during trial is a gathering around those \$8,000 and \$12,000 points. Our expectation would be that we see the whole spectrum — some perhaps much more than that upper level, and some much lower. In some instances, as we have already seen in Nepean-Blue Mountains, for example, through the gateway it was not so much financial resources that were needed, it was assistance for parents to navigate getting their child, for example, into a playgroup that they wanted him or her to go into. I had a couple of very good examples of parents who talked about just needing someone to support them to access mainstream better with their child who was on the spectrum at a point. So what we want to see is a whole spectrum of responses, not just one size fits all responses, that really do meet the individual needs of these children and families. That would be what we would expect to see. Because we have a strong actuarial focus as an insurance scheme, we can actually see what is happening and monitor it. The whole point of the scheme is to be able to look at trends and see what is happening. You would expect to see, certainly with our wide gateway, that very broad array of responses. That is what we would be looking for, and we will be testing that out during the transition period.

Ms FAULKNER — Of course it does go back to if individuals feel they are not getting what they need, there is a process to have a look at that.

Ms COUZENS — In terms of the disability support staff — NDIS staff that are doing the assessments — do you think they need to have specific qualifications to do an assessment for a person that has got autism? What is your take on that?

Mr De NATRIS — As I mentioned earlier, we have entered into a partnership with Autism CRC, and one of the first projects we are looking at nationally is some best practice guidelines on diagnosis. One of the things that will come out of that will be what types of qualifications and experiences should you have to make these types of assessments and judgements. We know that the gold-plated standard that is in practice in Australia in certain places certainly says that that is a multidisciplinary team looking at a child in multiple settings. It is not just in a doctor's rooms or a paediatrician's rooms or whatever it may be. We are looking at how to give life to that. We will do that a lot through the gateway partners that we have rather than through our staff.

Ms COUZENS — So are your staff currently doing assessments?

Mr De NATRIS — No, most assessments are done through the diagnostic and assessment services of health systems or through the medical, but they will need to be able to interpret and understand those types of —

Ms COUZENS — Yes, that is what I mean. It comes back to you, though, to make the decision, does it not?

Mr De NATRIS — Yes, so we need to make sure that they have the right information to make some of those.

Ms COUZENS — Just one other question. Do you know of any areas where people with autism cannot access services?

Mr De NATRIS — Is the question that there is no supply for the demand that they have in their package?

Ms COUZENS — Yes.

Ms GLANVILLE — Something that is interesting, and we were just looking at in preparation for this, actually, the number of providers in Barwon that we see, which I have a note on —

Ms FAULKNER — Yes, we do. We have had a growth within the Barwon site —

Ms GLANVILLE — Do you want to say what those figures are, because I think that is quite interesting.

Ms FAULKNER — We have got 56 providers of early childhood supports in Barwon, so —

The CHAIR — Are they all registered providers?

Ms FAULKNER — They are registered providers, and 70 were previously funded by the Victorian government. There are 39 new providers. The majority of these would be allied health professionals. We do have other providers outside our geographical area that are now registering to provide early childhood services — for example, Yooralla will now provide that service within this geographical area.

Ms GLANVILLE — I think the other area that we are very interested in in the agency is — and we know this, once again, from trial — the availability of not just education but also employment services for people with autism. I recently watched a terrific video of a young man with autism who has for the first time picked up a role that he feels he is able to do. He talks in this YouTube video, which we have published — we use a lot of social media, and we try and get our messages out in that way — about the difference that it has made to his life. We do have aspirations for employment in particular, I think, Peter, it would be fair to say. We think there are many roles. In the same way as the agency now employs 15 per cent of people with a disability, we think there are many, many opportunities that should exist for people with a disability and of course for people with autism as well in terms of the sort of employment opportunities and employment services that would be possible. For us it is about that mainstream space as well and how you might support people to be able to take up opportunities that exist in that way.

Ms COUZENS — In rural areas, though, it is going to be harder for people to access services, is it not?

Ms GLANVILLE — Yes, and we are very focused on market, as you can imagine, and the responsibilities and roles that relate to market and market development, both supply and demand. I think it is really important to remember both of those are about having demanding participants in our scheme — in the nicest possible way. It is also about having a rich and diverse supply network. The agency is on the record as saying that we think it will take a decade to develop that. We think in some areas it will mean perhaps some enhanced intervention by the agency in order to stimulate the sort of supply we would wish to see. We have learned from the Barkly region, for example, in the Northern Territory that we need to work very carefully and very locally, often with communities there, to actually generate different ways of supply occurring in those sorts of communities.

This is why we monitor what is happening in the markets. We look at what is occurring, we try and see when is it our role to intervene and when is it the role of states or territories or indeed the commonwealth to look at this as well. I think those figures are encouraging because certainly there are more providers coming in. What we want is, of course, the best possible quality from those and we are hoping that people with disability will be able to exercise their choice and control by getting exactly what they need in that regard from the providers.

Ms COUZENS — So is there an allowance made for them, though, if they have got additional travel, for example, associated with the fact that they are more isolated or they are in a rural community.

Ms GLANVILLE — Yes.

Ms COUZENS — So is more funding allocated to address those isolation issues?

Ms GLANVILLE — Our pricing takes account of issues that relate to travel as well, yes, absolutely.

The CHAIR — I just have a couple more questions. We were talking about assessment and diagnosis. Chris mentioned that in one of her questions. I just wondered if in the future there is any scope for the NDIS to actually fund assessment and diagnosis process for ASD?

Mr De NATRIS — Currently under the policy frameworks that Louise has mentioned, the mainstream interface, Health is responsible for diagnosis and assessment. We would want to work collaboratively with them to make that as supportive as possible for people with ASD. The agency clearly has policies that respect that interface at the moment, so it is something we note but it is not something that I think at the moment is part of the scheme's design.

The CHAIR — I just want to quickly jump back to the planning that we were talking about — the plans that are put in place. Are you finding that people with ASD are using advocates or are they actually developing plans themselves? What is the average, the general sort of — —

Ms FAULKNER — I cannot give you accurate figures on that, but certainly we would encourage people to have supports with them when they are doing planning.

The CHAIR — Is there a shortage of advocates?

Ms FAULKNER — That has not been my experience to date. Certainly in Barwon we have had OPA and VALID and various other organisations and families with informal supports that they use to work their plans. So that is not what I have heard, but maybe you can take that.

Mr De NATRIS — I have two observations, Chair. One is that autistic people and people on the spectrum — adults — are very good social media users and very good networkers. With the right forms of communication many of them certainly learn from peer to peer and certainly support one another that way as a community. We would also observe that while being on the spectrum can impact them in many ways, they are very, very intelligent and very, very able to seek out good quality information. So I think the challenge for the agency is about making sure that it is stimulating that right information supply, particularly to adults on the spectrum, and then for children through the partners making sure that we are giving them good quality information to make good decisions on.

The CHAIR — Yes, there is that, but I would also suggest that there are many on the spectrum who have comorbidities and who certainly do not have good communication who would genuinely need advocacy to support them with plans. You mentioned employment. It is a challenging area —

Ms GLANVILLE — Very.

The CHAIR — particularly in relation to the possibility of exploitation. Social enterprise is certainly growing across the state, but I am just curious about how you see the NDIA and NDIS being involved? How do you get that message out? How do you encourage employers to employ people who have ASD? Is it a public relations exercise that you will have to enter into, or is there some incentive that needs to be offered, bearing in mind that we want to make sure that people who do go into the workforce, should they be fortunate enough to, are not exploited?

Ms GLANVILLE — I should start by saying that we like to practise what we preach, so we set ourselves a very high target for our own recruitment of people with disability, including people with autism, and we expect that of others that we engage with. So our community partners are a good example where we want them to really aspire to the same targets that we would have.

We play quite a public role nationally in Australia around the employment of people with disability generally. Most recently I attended a very big session with a lot of CEOs, both nationally and internationally, about employment and the importance of employment for an ordinary life, if we can put it that way. This is a growing movement, in my view, and it is one I think that is very, very welcome.

I think, as you say, you always have to be mindful of those aspects of exploitation that might cause some issues, but overall I would have to say that, certainly from that session I attended recently and spoke out about our own experiences, overwhelmingly people with disability who were employed were doing fantastic jobs in a way that they wished to and which was really enhancing the way that they were able to live their lives. I think this is very important. It is about the choice and control that people with disability should have. Like all of us — I certainly include me in this; in my daily life I do not make every good decision for myself all the time — there is some risk in it, but that is well and truly a risk worth taking and a very important one in terms of employment.

Ms McLEISH — I have just got one final question. Before, in one of your responses, you talked about looking at the trends from the trials. What trends around autism did you notice?

Ms GLANVILLE — We noticed that in some areas a lot of children came in and in others smaller numbers of children came in during trials, not just linked to the nature of what the trial was but the sorts of percentages you would have thought to have seen in those populations. We looked at the sort of packages that people are receiving. That is very important in relation to the question of consistency — not sameness but to ensure that in different parts of the country individuals are not being treated differently. So that has been a big focus during the trial to look at what is happening in different trial sites and to be sharing experience and knowledge to ensure that that is happening. The best description of the trends that we see is included in the actuary's report, which is on our website for the last quarter. That is worth having a look at and I would encourage you to do so.

Ms McLEISH — Thank you. We shall.

The CHAIR — Thank you very much for your time this afternoon. It is much appreciated, Peter, Louise and Chris. Thank you again.

Ms GLANVILLE — Thank you.

Ms FAULKNER — Thank you.

Mr De NATRIS — Thank you.

Witnesses withdrew.