**Reasonable & Necessary – Special Election Series**

**Panel analysis on Reasonable & Necessary – Special Election Series featuring Sam Connor, Bruce Bonyhady, Graeme Innes, and Kirsten Deane**

**George:** Hi I’m Dr George Taleporos and welcome to our final episode in our 2022 election series of Reasonable & Necessary. I put this series together to help you decide who you think has the best plan for our NDIS ahead of the federal election. And today, you’ll hear from some of our leading disability advocates about what they think. So let me introduce you to them. Starting off, we’ve got Sam Connor, President at People with Disability Australia. Bruce Bonyhady, former Chairperson of the NDIA and the Executive Chair of the Melbourne Disability Institute. Graeme Innes, former Disability Discrimination Minister and Kirsten Deane, former Campaign Director of Every Australian Counts.

Welcome to you all.

**Kirsten:** Hey, George.

**Bruce:** Hi, George.

**Samantha:** Hey George.

**Graeme:** George.

**George:** I want to start with an issue that is on everyone’s mind and that’s the issue of funding cuts. Kirsten, can I go to you first? What do you make of the responses around the sustainability of the scheme?

**Kirsten:** When I listened to it, I was really struck by how one-dimensional the responses were. As someone who cares really, really deeply about the future of the scheme, I’m absolutely beyond frustrated at the very simplistic conversation that we’ve been having about the value of the NDIS. The concept of sustainability has 2 parts to it. One is cost and the other is benefit and for the last 2 years in particular, we’ve had politicians, we’ve had people in the media, we’ve had really expensive, fancy-pants consultants, we’ve had former NDIA staff who have all been on broadcast about how much the scheme is costing. What we haven’t heard is the value that it delivers and the benefits that it delivers and that’s a source of incredible frustration to me.

We cannot have a conversation about the sustainability of the NDIS unless we look at the 2 parts of the equation. What does the scheme deliver and how much is that going to cost? And when we talk about benefits, we’ve got to look at benefits at 3 levels, the benefit to the individuals, benefit to the economy and the benefit to the broader Australian community.

Obviously, the first is the most important, the benefit to people with disability but the other 2 are not insignificant and it’s really - I’m just gobsmacked that we are this far into the scheme and still the only modelling about the benefits of the NDIS is the original productivity commission 10 years ago. And then the recent per capita report which found that for every dollar invested in the NDIS, there was a $2.25 benefit to the economy. So, we are just having this incredible, one-sided conversation about how much the NDIS costs and we’re not having a conversation about the benefits it delivers. And we can’t have a real national conversation about that unless we look at both things.

**George:** Bruce, you were the architect of the NDIS. Tell me, what did you think around that conversation?

**Bruce:** There are 2 points I want to make, George. The first is it’s very clear to me that there is now an excessive focus on the short-term costs of the NDIS and short-term cost cutting and many of those cuts are being applied to the people with the biggest plans who are also the most vulnerable participants in the scheme. And my fear is that many of these cuts are counterproductive because it will lead to higher costs down the track. So, we need to get back to the original concept of an insurance scheme that invests in people with disability and minimises their lifetime costs, not the costs in a particular year. And maximises their lifetime opportunities, so it’s aligned with the goals of the individual as well as the goals of the scheme. The second point is that there has been an independent review of the sustainability of the NDIS by Taylor Fry, a group of consulting actuaries.

What their report suggests is that costs are going to be higher than originally estimated but as Kirsten said, you also have to look at the benefits. But the critical thing about that report is there is no analysis of why costs are higher than originally forecast. And until we understand why costs are higher, you can’t possibly look at potential policy solutions and expect that they’re going to deliver what might be needed. To give a simple example, if costs are higher because prevalence rates of disability are higher, then those people just need to be in the scheme. To exclude them would put all the priority on containing short-term costs. On the other hand, if costs are higher because the NDIS is an oasis in the desert, then we need to do something about that desert.

**George:** I like that analogy that you give there, the oasis in the desert. We’ll get more into that but let me just turn to Sam. A lot of the issues around costs and funding cuts have been around people who have autism. We see that 40% of the participants have autism and that that group is seen as having a higher use of the scheme. What are your reflections on that, Sam?

**Samantha:** I think there’s been so much scaremongering and demonising of people with disabilities through all of this, this constant narrative that we have close to election time is that the NDIS is a big cost blowout and you never hear that about Medicare, right? But I think also, there’s been quite a lot of demonising of particular groups and that includes autistic people and people with mental health conditions. So, it’s tricky. There haven’t suddenly become… nobody has gotten autism from the water, so there’s not a massive blowout in autistic people. There probably is a blowout in the need for services for people with autism and also, we have a bigger marketplace now compared to what we had in 2016 or ’17, so a lot of this has been driven from state services, government services closing down and people applying to the NDIS instead.

So, the idea that we’ve got a particular diagnostic group and there’s also the thing of this primary diagnosis. So there’s no such thing as a disabled person - maybe you, George, you might just have 1 disability but most people with disability have at least 1 co-occurring disability or condition. So this idea that we’ve got this medicalised thing where there’s a bunch of autistic people who are causing a problem is just not true. There’s people who have Down Syndrome and co-occurring autism, autism and co-occurring schizophrenia. The idea of the scheme was that we had a scheme that was not medicalised and I really reject the idea that it's just due to 1 particular cohort of people. It’s been a bit of a ride over the last year, hasn’t it?

**George:** It sure has. Graeme, your reflections?

**Graeme:** I agree with everything that’s been said, George, but I’d add just a couple of small points. Firstly, with regard to Bruce’s oasis in the desert analogy, which I think is a very powerful analogy, 1 of the things that’s made that oasis harder to reach I think is the moving of ILC funding back to the department from the agency. Because the purpose of ILC funding is, if you like, to retake the desert, to grow trees in the desert so that it’s not the oasis in the desert but so that the area of the oasis or the area of activity expands and I think it was a real mistake for that to occur.

The other point that I’d make about costs is it is so 1-dimensional, the conversation, except for people with disabilities because we have been saying this since the beginning of the scheme. I remember making speeches before the scheme was agreed to, about the broader benefits that the NDIS would bring. And I agree with Kirsten, it’s absolutely appalling that the only 2 pieces of research that have addressed that, are the productivity commission back before the scheme started and then per capita. Thank god for the per capita research, is what I would say.

**Samantha:** Sorry, George, can we just chip in? Because Kirsten is going to beat me to it otherwise. Somebody FOI’d the ILC money and there’s a huge amount of money that hasn’t been spent so it’s been - we’ve got this gatekeeping of funding and ring fencing of funding which is intended for the scheme. So, there’s a huge bucket of money, which was in the millions, of ILC funding, but also underspent funds, which, if you remember, got sucked into consolidated revenue in 2019 to win an election, right? $4.2 billion of that money.

So, it goes into a thing called the Disability Futures fund that’s in a thing called the Future Fund, so people with disability have deliberately, in my view, been starved of funding. And I don’t know if you’ve ever tried to get a wheelchair through sand… But the things that should’ve been put in place to build those paths so that we can actually get to the oasis in the desert - this is just going to go on forever now, Bruce - haven’t been put in place at all, and here we are, struggling, trying to just get any help at all.

**George:** And we need to plant some trees in that desert and get some water flowing through the desert.

**Kirsten:** George, can I just be really cheeky and add, because you started with cuts and we haven’t talked specifically about the cuts. One of the things that I would say is that -

**George:** Kirsten, can I say that when I was talking to Linda, Linda said there are no cuts. She was very sure on that.

**Graeme:** That’s pretty wrong.

**Kirsten:** And I wanted to bring that up because I’m always pleased when the Treasurer on budget night says, “We will fully fund the NDIS,” and it’s really good to hear the Minister say, “We will fully fund the NDIS,” but I will say 2 things about it. First of all, it’s true in that what she said is that there’s been no overall budget cut to the NDIS. The budget for the NDIS wasn’t cut in the federal budget, that’s absolutely true. But it is also true that individuals have had their plans cut and we can see that both by the number of people who are now taking their appeals - appealing the agency and then going to the Administrative Appeals Tribunal, but also that the average plan size has come down over the last 2 quarters.

So, people are getting their plans cut and it’s a bit disingenuous to suggest that’s not true. The second thing is, she says that the NDIS will always be fully funded. I’d love you if you get a chance to ask a follow-up question, is, “What kind of NDIS are you going to fully fund? Is it the one we’re having now where people are really struggling to get the stuff they need or is it going to be something different?” So, if you get a chance to ask the follow-up questions, that’s the question that I’d really like answered.

**Graeme:** And George, I’m sorry but I’m going to follow Kirsten’s example because there’s 1 more point on cuts that I’d want to make and that is that it is true that the scheme has been fully funded, but if you look at the staff freeze which has been in place for, I can’t remember how long now, the effect of that is that the agency is employing more and more consultants at a higher cost than it would be if the staff were inside the agency. So, that in itself is taking away money from plans.

**George:** Yes. Well, Bill said that he’s going to address that so how about we look at that now? Bill did talk about a response to that and getting staff, permanent staff. We also had Jordon talk about - he wants to lift the staffing cap. Should the staffing cap be lifted?  What are your thoughts?

**Graeme:** Without a doubt. I’ve worked in government agencies that have staffing caps applied and it’s really an insidious way to reduce the effectiveness of an agency. Efficiency dividends, I would put in the same category because effectively in real terms, you just get less and less money as the years go forward. It’s ludicrous to have the numbers of consultants and the numbers of expensive lawyers, and I know we’ll come to this, but we’ve seen a huge uptake in spend on AAT issues. And it’s a broader issue than just the cost of lawyers, but that’s a factor and all of this money that the agency has to spend means that fewer people get the same dollars in their plans and we know plans are being cut. So, let’s not kid ourselves that that’s not happening.

**Bruce:** George, just before we move off this point, I think the key point here is that we need an NDIA that has the capacity and the capability to deliver the NDIS. It needs to be staffed with permanent staff because we need to build the capability of the agency. A related point that Jordon picked up was that the relationship between the participants and agency staff is not meant to be transactional, it’s relational so that people’s needs are not just met but anticipated. The other side to this which we haven’t touched on is that there has been a huge cost from the staff cap and that is that local area coordination has not been able to fulfil its role of building community capacity and making our communities more inclusive.

**George:** Yeah, absolutely and that’s something that I think definitely needs more attention.  Let’s talk about the AAT. Graeme did mention this and I think it’s good to turn to this now.  We had a few varying responses around the fact that there’s more and more people going to the AAT.  Linda’s response was, “Well, there’s a lot more people in the scheme,” and what are your reflections? Can I start with you, Sam?

**Samantha:** Lots of reflections about the AAT. There’s been countless articles in the last couple of months about the AAT having been stacked with people who don’t necessarily have the same qualifications as people in the past have and that they’ve been political appointments and whether there’s truth to those ideas, I have no idea and if they’ve impacted upon people with disability. The fact is that people with disability generally don’t go to court unless it’s dire, because we don’t have the capacity or capability and most people can’t get legal aid, most people can’t get an advocacy service because advocacy services are backed up until I don’t know where. So the number of appeals, which has gone up by something like 400%, and the amount of money that has been spent on lawyers by the NDIA, if things are this dire knowing those things, I think it’s just in crisis.

We need to make sure that people have got good pathways to having complaints but it shouldn’t have to go to court. We also know that people quite often will get a phone call from the agency the night before they go to court and it will be withdrawn so the amount of stress and pressure that it’s putting people with disability under is just untenable and that needs to change.

**George:** Yes.

**Bruce:** George, 33% of appeals since the scheme began have been in the last 2 quarters. There’s just been a huge upsurge in those and we know that’s just the tip of the iceberg. Because as Sam’s pointed out, it takes enormous resilience and resources to be able to take an issue to the AAT. We need to deal with this issue at its source and it comes back to our conversation about a capable NDIA. We need best practice planning and assessment as a core part of the NDIS, not shortcut planning as was envisaged through independent assessments.

This is an investment. Good planning is an investment in the equity and sustainability of the scheme, and best practice planning and assessment is done by multidisciplinary teams observing the person with disability in multiple settings and recognising their goals and then identifying what support needs they need in order to fully participate. It’s a complex process and as long as we try to take shortcut approaches, we’ll continue to see an excessive number of people seeking plan reviews, going to the AAT and experiencing the sort of fear and stress that Sam has talked about. It’s got to stop.

**Graeme:** I completely agree with everything Bruce has said, George, but I would add 2 things. There’s 2 very quick fixes, as well as doing what Bruce has said, and Bill nailed this. He said, “Get plans right in the first place,” and I thought that was absolutely true. But the second thing he said was, introduce immediately, a dispute resolution process before the AAT, and that’s a very easy fix. But the third thing to do is what we did at the human rights commission, still do as far as I know when I was there, and what I’ve advocated to the agency and to government for the past 4 or 5 years. And that is to introduce a database of the details of complaint settlements so that people, before they decide whether they go to the AAT can go and have a look at how similar complaints were settled and get a sense of what they might expect from either a dispute resolution process or an AAT decision.

It’s really easy. It’s open. It lets people with disabilities get a far greater understanding of the sort of decisions that are being made. It’s far more transparent and it’s going to address a lot of this big spend.

**George:** That’s a really useful recommendation. Thank you, Graeme. Let’s turn to advocacy funding. I was reflecting on this and when I saw the $31 million - I think it was around that, $30 million - that the agency has spent on lawyers and then I thought - and it’s $100 million for the funding of community legal services over 4 years. Something’s not right there, is it?

**Graeme:** No, and that’s $31 million in 8 months, George.

**George:** So, what needs to happen? Sam?

**Samantha:** Wouldn’t you love to be Labor right now? I’d just be going, “Jeez, I don’t know if I’d want to take this on to be honest.” If you had to - I don’t think I’d want to take it on. I think it needs to be undone back to when it was good and working. We need to look at what worked and what has worked and return it to that. One of the biggest things that is going to be an issue is that they’ve purchased a salesforce system and introduced algorithms to make decisions. So, we’ve got machine learning, which is artificial intelligence, which all sounds - for us boomers and near boomers, it’s a little bit terrifying to think about. But it involves putting past data in to predict what future outcomes are going to look like basically and then the machine does the job for you.

The problem is when the people who put the data in are the people who A, don’t really know much about you, then what does that look like? And then B, if they have some sort of bias and I’d suggest that the bias might be saving money for the agency, then it’s not necessarily going to work very well for people with disability, so all of these appeals have happened since they’ve implemented that system, since we’ve had machine learning making decisions for people with disability.

So, I think a lot needs to happen. I think we need a board which is truly in control which is comprised of people with disability who know what the scheme looks like on the ground. There was a story about Aspen Health and the founder is on the board of the NDIA. I think that’s possibly a concern. So, there’s issues I think. It’s really about people with disability taking charge of the scheme and for there to be more accountability and transparency to make sure that it’s working well because when it’s working well, that’s when you save money.

**George:** Absolutely.  Let’s turn to the issue of people with disabilities who are stuck in hospital. It’s an issue that needs urgent attention. I did an episode a few weeks ago on this, a woman that’s been in hospital for almost a year. Bruce, what did you think of the responses to the question of people stuck in the health system?

**Bruce:** I think we need to look at this issue of people with disability stuck in the health system as being symptomatic of a much bigger issue because people with disability need interface and get services from, not just health but also from education, from justice and also from housing and today, I think the way these issues are essentially approached is from the perspective of cost and how can I as the guardian, the governor, the manager of these particular silos, how can I minimise my costs? That’s why we’ve got the issue of people with disability stuck in hospitals. We need to completely change this to one which is person-centred and says, “We’re going to put the needs and requirements, the reasonable and necessary requirements and needs of people with disability first and sort out the whole issue of who pays in the background.”

As long as we approach this from cost first, this will be an issue, so we need to fundamentally change the culture of these service silos so that they are truly person-centred and the people who are running them have got relationships with the other silos, with other levels of government so these issues can be sorted out and sorted out very quickly. It’s just wrong that we’ve got people with disability languishing in hospital when they should be out in the community. And it’s quite clear that there’s a cost to that beyond the financial cost, and that’s the cost to their mental health. So, they don’t emerge from the hospital experience under the medical model healed because they haven’t been treated first and foremost as citizens with rights and with the right to an ordinary life.

**George:** Yeah, it’s also their physical health. I don’t think the hospital is a great place for your rehabilitation from getting back to being well again.  Kirsten, any reflections from you?

**Kirsten:** I think this is one of the areas where the real nitty-gritty design and policy work just hasn’t been done. As Bruce said, all we’ve done is argue about costs and in this, both the Commonwealth and the state and territory governments have all frankly been as bad as each other in terms of disappearing off the field and hoping that the NDIS will pick up the slack. So, you’ve got a mess where, in my view, the NDIA and the NDIS are now paying for things that I think are other people’s responsibility and vice versa. They would argue that they’re now paying for things that they think is the NDIS’ responsibility.

So, those whole, what we’ll call the COAG principles, which tried to draw hard lines between, “This is NDIS and this is other systems’ responsibility,” instead of it as Bruce said, going, “What does the person need and how is everybody going to work together?” and this is part of the issue about why we’ve ended up with the NDIS, is that it wasn’t just that it was not meant to be an oasis in the desert. It was meant to be part of a system where everything else worked and that hasn’t happened at all and Commonwealth and state and territory governments have to take responsibility for it. And the NDIA have to take responsibility that they haven’t exactly been willing players in getting everybody together and making it work from the perspective of people with disability and their families. Because from the perspective of a person with disability, it doesn’t matter which level of government funds it and is responsible for it, it just needs to be done. So, that’s the approach we should be taking.

**George:** That is so true and I think when we look at education as well, all the different parts of government, if it ends up being seen as, “You’re disabled, you’re the NDIS’s issue,” then the whole system is going to collapse. So, we need all parts of government to address the issue. Let’s talk about workforce. Goodness me, it’s not easy to find people to work in the sector at the moment. It’s getting harder as unemployment drops. What are your thoughts on the responses that we got around the workforce issue?  Can I go to you, Bruce?

**Bruce:** Well, I don’t think we’ve heard from anyone really about how they’re going to deal with the very significant workforce issues that you refer to. I think there’s really 3 points that are vital. The first is that the disability workforce plan must be part of a human services workforce plan because people move from disability to aged care to health, and so we can’t afford to be robbing Peter to pay Paul. So, we need an overall strategy across human services. I think the second point is that when we think about these workforces, we have to think about it at a quite disaggregated level, the different skills and the different locations. So, we really have multiple labour markets.

There’s not a single disability labour market, and so we need to deal with some of the very specific issues that exist. It’s very clear there’s a very significant shortage of allied health professionals, not just in disability but in aged care and health, so there needs to be a focus on that. It’s also very clear that we have very significant workforce issues in remote communities. What we have now are fly-in, fly-out models predominating, which is clearly suboptimal.

So, not only is it suboptimal for people with disability in those communities, it’s missing a golden opportunity to create long-term, permanent jobs for indigenous people in those communities. And I think the third point to make is that all the discussion to date has focused on the specialist disability workforce. We need workers, employees, business people right across the community who understand and want people with disability as their customers. So, we also need to think about workforce training much more broadly so we have the inclusive community that we hoped the NDIS would deliver.

**George:** Absolutely. Sam, do you want to jump in?

**Samantha:** Yeah. The workforce thing is an ongoing nightmare. Referring back to Aspen, we have these externally sourced contract agencies who say they’re going to deliver and then don’t or they deliver underqualified people, people who are recent graduates, et cetera. I was on the original workforce working group during the architecture of the NDIS and the amount of sham contracting that goes on now, subcontracting to lesser providers and to individuals, there’s so many rorts going on in our workforce. We had some golden opportunities in the past I think and I think COVID was the time that really showed - the beginning of the pandemic really showed when it started to kick off, how frail our workforce was.

I was doing a radio interview with an Aboriginal station and they said it was like the potholes in the road when the water went out in the wet up north and I thought it was such a good example, where there were those existing dips and low-lying areas, they were now massive potholes that you could see and couldn’t drive across. And that’s where we’re at now. We could do so much better.

We don’t even think about people with disability ourselves being a workforce. There’s just no attention to that. There’s no understanding from the unions that people with disability are employers. There’s no discussion ever about self-managers being able to make a buck stretch 20,000 kilometres. So, we could’ve done things so much better. We still could, but I think we really need to start putting people with disability back at the heart of the scheme when it comes to workers.

**George:** Let’s talk about that issue. Sorry, Graeme, go on.

**Graeme:** I was just going to say, Sam made the point I was about to make which is we are - even with low unemployment levels and don’t start me on that because I think they misrepresent the real situation, but even with low unemployment levels, we’re not talking about fixing the general workforce problems in Australia by employing people with disabilities. We’re talking about bringing more people in from overseas, getting retirees back into the workforce, all useful strategies but having people with disabilities in the workforce is just not even part of the conversation. So, it really needs to be both in the NDIS workforce and in the broader workforce.

**Kirsten:** Yeah, George, can I add to that? Because your example is a really good one of what I was a bit frustrated with the responses is that there’s an enormous diversity of people with disability who are relying on the scheme for support. And it’s everything from personal care, someone to get you out of bed in the morning, through to some of the social and community participation stuff, through to people who have really complex needs and who need some really skilled people in their life through to - one of the things that we employ in our household because my daughter is trying to get a job, is we employ a work coach and there is a world of difference from the person who might come and get you out of bed in the morning to the work coach that we’re employing for my daughter.

So, again, I’m very frustrated by this very simplistic conversation that we’re having about ‘the workforce’ when actually, we need a bunch of workforces who have all different skills and who are really tailored to particular kinds of jobs because you’ll get different kinds of people attracted to different kinds of jobs and we’re having this really 1-dimensional conversation about it. When actually, in disability, we actually need really different skill sets and really different kinds of people and at different times. So, this kind of, “We’ll build the workforce,” seems a bit silly to me.

**George:** Absolutely right and that’s why we need to be careful when we start talking about mandatory qualifications because mandatory qualification for someone in your daughter’s situation would be different to mine and others are very concerned I raised it with Mr Shorten and I said, “We need diversity and we don’t need people to tell us who should work with it.”  Let’s turn to self-management. Sam, on that topic of registered and unregistered providers, it’s been a bit of a hot topic. What are your thoughts on that issue? And Kirsten, I’ll also bring you in on this.

**Samantha:** So, some people might not know that my background prior to being a difficult troublemaker was that I’d spent 12 years at a TAFE as the manager, being a difficult troublemaker there. So, in terms of understanding just what that qualification looks like now because we’re talking about a Cert III when people talk about - Cert III or Cert IV of Disability or Aged Care is what people are talking about. Really, there is nothing in that qualification that actually qualifies you to deliver that training. There might be some electives around lifting, manual handling, around recordkeeping, around administering medication but generally, they’re really not skill sets that are common to anything, and as we all know, people with disability have completely different needs and need different types of support.

The number of people with disability who say to me they either won’t have a person who has been trained because they have to untrain them or they just refuse, is hugely problematic. And then the hot topic part is we do have people who have medical needs where people absolutely need to know what they’re doing if it’s in terms of administering medication, especially if the person can’t advocate for themselves, just basic things around pressure sores and how to recognise them, just those sorts of nursing qualifications. So, I do think it’s a case of having people matched to the person with a disability and making sure they’ve got the skills that we need.

Qualifications might be something that might reassure a person just in the same way that police checks do, et cetera, et cetera, but really quite often, it’s the person with a disability who really - you learn on the job and preferably by buddying up with another support worker while you’re training.

**George:** That’s right. Kirsten?

**Kirsten:** I just wanted to go back to - because it’s a related issue - this issue about registered and unregistered providers and self-managed participants, so it’s related to the workforce issue. And I know I’m going to sound like a terrible broken record but again, I thought there was a really simplistic response to this about registered and unregistered providers and people who are self-managing using unregistered providers, is that it kind of ends up as a conversation as ‘registered providers good, unregistered providers bad’. And it’s just worth taking a moment to say Ann Marie Smith’s provider was a registered provider, and on the other hand, I use a couple of registered providers to provide support for my daughter with disability, and we get awesome value for money and I’m really happy with them.

So, I just think again, like some of these other areas, we’re having this really simplistic discussion about, “This is good, this is bad,” and in actual fact, we’re asking the wrong questions. To me, the right question is, “What have we got to do to get good quality services? What have we got to do to make sure that people with disability are safe? How can we make sure that people are getting good outcomes from their services, not just spending their dough, but what outcomes are they getting?” And I think the most important question is, “How are we supporting people with disability to make those decisions and make those choices?”. Because it’s enormously frustrating to me that we have let this market rip and we’ve talked about the supply of services and we don’t talk about investing in people with disability and their families to make sure that they’ve got all the information that they need to make choices.

Are they supported to make choices? This isn’t about just getting information to work your way through the maze of the NDIS. This is about, “How do you choose good services? What’s a good quality service? What outcome are you shooting for? How can you negotiate that?”

**Samantha:** And, “What does good look like?” is the other thing?

**Kirsten:** Yeah and also the question about what does good look like is, are you getting - is the NDIS driving inclusion in the community or are we just driving more tourism in the community where people with disability are out in it but not part of it? That’s the big meta question about the NDIS about the quality of services, is, “Are we driving inclusion or not?” And if we’re not driving inclusion, what are we going to do about it?

**George:** I want to go to a topic that’s quite serious and that’s the issue of violence, abuse, neglect and exploitation. Graeme, I’ll bring you in here. What do you think of the responses of our politicians to this question? What would you recommend needs to be done?

**Graeme:** I think Jordon really addressed this question the best of the 3… choice and control by people with disabilities and maximising that. Making sure that there are protocols which ensure people’s safety, particularly vulnerable people who might be on their own, so focusing on where the issues are likely to occur and trying to prevent this sort of stuff happening before it occurs. You’re not always going to be able to do that but that’s the place you should be starting from. So, I thought he really took that from the perspective of the person with disabilities and a more person-centred approach, which is really the message I’ve been hearing all the way through this podcast.

**George:** Sam?

**Samantha:** I’ve got so many things. There’s 4 - we’re in the middle of a Disability Royal Commission that we fought for, for 20 years and it feels like we’re just picking low hanging fruit. People with disability aren’t being heard. Under 30% of the people that have testified to date are people with disability. We’re having perpetrators who are testifying. We’re having discussions about inclusive schooling versus non-inclusive schooling but we can’t use terminology around segregation. So, we really - we have the biggest crisis that we’ve ever had with this pandemic, and people with disability are in those potholes in the road right now. I think the politicians have a fairly decent understanding of what violence looks like but I think there’s just such a lack of appetite to address it because as Kirsten was saying earlier about letting the market rip, we’ve kind of put the foxes in charge of the henhouse.

We’ve said to providers, “You’re self-governing, you’re self-regulating, you’re going to look after yourselves,” and for people with disability, unless we’re in charge of our lives, we are at more risk. The more cotton-woolled we are, the more wrapped up in cotton wool, the less likely we are, like Ann Marie Smith, to be able to get out from under provider capture. There needs to be so much change within the NDIS to make sure that violence, abuse, neglect and exploitation is addressed and I think until we address those issues and we start to return to the balance of power to people with disability, we’re still at risk.

**George:** Let’s end with going around and getting everyone’s reflections on what we think we need to consider when we all go to vote on the 21st of May and also, your final words on who you think might win and what you think they’re going to do. That’s a tough 1, isn’t it? How about I start with you, Graeme?

**Graeme:** Thanks, George. Well, incumbency in government has advantages and disadvantages. When you’re the incumbent government, you’re probably better known, you’ve got control of the levers, et cetera, et cetera, but the disadvantage that you can have if you haven’t governed well is that your record of what you do will be examined probably more than your record of what you say. And whilst Linda said some interesting things in her message or her podcast with you, George, there’s a 10-year record of this government not doing the right thing as far as the NDIS is concerned. I won’t go over all of the issues that we’ve already mentioned but everything that’s been raised as a concern with the NDIS has happened on this government’s watch.

So, if your focus at this election is on defending the NDIS, then you can’t vote for the current government. That then takes me to the other 2 and I think that’s where real politic has an effect. Jordon said some great things. He certainly is a person with a disability, totally gets disability policy, putting people with disabilities at the centre of things and improving the NDIS. I’m confident about that but he will only ever be the minor party in a coalition government if that even occurs. So, in that sense, a vote for the Greens is problematic because you’re voting for the party that even in a coalition, if that was to occur, is going to have least control.

So, the only thing that you can do is vote for a Labor government and if you do that, the likelihood is that Bill Shorten will be the Minister. He was there at the start of the NDIS. I’m not saying he’s the complete problem-solver but he is a good problem-solver and he gets a lot of the philosophies behind the NDIS and George, I’m only giving you my view if NDIS is the 1 issue for the many listeners you have to this podcast, it’s pretty clear in my view that you have to vote Labor.

**George:** Sam Connor.

**Samantha:** So, we are bipartisan of course as an organisation and of course, we all have individual views as people with disability who we’re going to vote for. I’d encourage anybody to vote for exactly who they want to vote for, but I think that for people with disability, it’s really important that we find out exactly what the intention is of that government that you’re voting for. We did an election scorecard that we’re putting up shortly which has got responses - we haven’t had all the responses back. We’ve had them back from the Greens and Labor. Labor have got a very comprehensive disability policy. I couldn’t find a disability policy from the LNP so I’m looking forward to seeing that, if it emerges before the election.

I think that you need to be informed and you need to make sure that your interests are represented and if you’re a person who has traditionally always voted for 1 party, it might be time to make a change 1 way or the other. I just think that there will be a change in government but of course, we don’t know which way it’s going to go. But I think the teals and the independents will probably get a fair run, and I think Labor are in with a good chance, and Bill Shorten, who I talk to, just like I do Linda and everybody else, knows that we will keep them honest if they get into government as well. So, as people who are advocating for our rights, we make sure that we advocate to everybody.

**George:** Bruce?

**Bruce:** I don’t know who’s going to win this election. From my perspective, it’s too hard to call. I don’t think polls have been particularly reliable in recent times. I think the way this issue needs to be framed is around what are the key things we want the next government to deliver? And from my perspective, the most important thing that the next government must do and the NDIA must also work with them to deliver is trust. Trust is broken between the NDIA and people with disability. It’s got to be rebuilt and in the absence of trust, the NDIS will never deliver what it was intended to do. The second part of that is that the NDIS promised certainty, certainty to people with disability and certainty to the families and that’s also been broken. So, that must be restored.

The issues confronting the NDIS which we’ve elaborated on in the last hour and could spend another several hours talking about are very, very significant so there are no - and there are no quick fixes. What we need now is a deep commitment to evidence-based reform of the NDIS, not refinement but reform so it delivers on the original vision and that can only be built on independent research because the agency is not trusted and then that independent research has to become the basis of a genuine co-design process which brings all parts of the disability community together but most importantly, people with disability in their lived experience. It also needs to bring people who are not necessarily going to agree, together.

True co-design is a contested process. What we have at the moment is not a contested process. We have co-design of matters that are very minor and no genuine co-design. We need to recognise that this is going to take time. As Graeme has said, these problems have not developed overnight. We need to embrace complexity, recognise that there’s no silver bullets and in fact, searching and seeking to identify silver bullets carries enormous risk of misstep, with very significant unintended consequences, some of which have already occurred. But if we take this path and it’s a difficult path, it’s a complex path, I still believe the NDIS could be the best disability system in the world. So, I’m looking for the party that’s going to deliver that.

**George:** Kirsten, lucky last.

**Kirsten:** Well, I’m like Bruce, I don’t have a crystal ball, I don’t know who’s going to win the election but what I do know is that if you do believe the polls, it’s close. So, like Sam, I’m not going to say who to vote for but I am going to say your vote counts and from my perspective, the NDIS is absolutely at a crossroads, more than any other election that we’ve had in the last 10 years. What happens to the NDIS after this election depends on this election. There are many paths that it could go down and what it will end up looking like in the future will be determined at this election. So, I would say to the people out there who are listening to the podcast, more than any other time - if the NDIS is important to you, your vote counts at this time.

I would say that I do think the NDIS is at a crossroads so I found it disturbing from the Minister to talk about the need for improvements to the scheme which tended to suggest some sort of tinkering around the edges. I think we are so far past that. I think what we need to do with the NDIS is strip it back to basics, get back to basics and ask 2 really simple questions. “What do we want the scheme to deliver for people with disability?” and then, “What’s the best way to make sure that it does that?” So, no more thought bubbles from whoever and then running that out, we really need to get back to basic design principles about what we want it to deliver for people with disability and what’s the best way to do that and the only way we can answer those questions is if people with disability, their families and their organisations are at the table and power is shared every single step of the way.

That is more than co-design and I know a lot of promises have been made about co-design but I would also note that while we are having this conversation, there is for example, a tender out which is going to - for local area coordinators and for early childhood partners, which outlines what their job is going to be for the next 5 years. So, on the 1 hand, we’ve got promises about co-design and then we are already barrelling ahead with what the scheme will look like and what those partners will do in the scheme already out to tender. So, I am less interested in parties giving me a laundry list of the things that they’re going to do. That’s the what. I’m interested in the how. How are you going to work with people with disability and their families to get this scheme to deliver on its promise? That’s what I’m looking for in this election and the future of the scheme depends on it.

**George:** What an amazing discussion. You’ve all brought your incredible experience to the table and shared it with our listeners. I hope that whoever does win puts the NDIS as a number one priority and making sure that it is the scheme that we all asked for back in 2012.  That’s what we deserve. That’s what we asked for and that’s what we want the next government to deliver. So, Kirsten, Bruce, Graeme, Sam, thank you for your time.

**Graeme:** Thanks, George

**Samantha:** Thanks so much, George.

**Kirsten:** Thanks, George.

**Bruce:** Thanks, George.

**George:** That’s all we have time for on today’s episode of Reasonable & Necessary.  Remember that this is just 1 of a series of episodes for the federal election so make sure you check them all out. To be notified of future episodes, don’t forget to hit the subscribe button and the notification bell. You can also follow me on Twitter at drgeorgethecrip

Thanks for listening and until next time, stay well and reasonable.