

NDIS review 2.0 White Paper

Spinal Cord Injuries Australia Submission



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Spinal Cord Injuries Australia's Submission

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NDIS Review 2.0 Focus:

Part 1 of the NDIS Review, which will be led by Dr Bruce Bonyhady AM, will examine the design, operation and sustainability of the scheme.

Part 2 of the NDIS Review, which will be led by Ms Lisa Paul AO, will analyse ways to build a more responsive, supportive, and sustainable market and workforce.

“The NDIS Review will examine the market and workforce opportunities to break-down barriers that prevent people with disability from achieving their life goals and participating in social and economic life.”

A final report, including opportunities for reform, will be delivered by the Independent Review Panel to Disability Reform Ministers by no later than the end of October 2023. However as consensus emerges around reforms, changes may be enacted well before the final Report.

Spinal Cord Injuries Australia's Submission:

Introduction:

Spinal Cord Injuries Australia (SCIA) applauds the Federal Government, the Independent Review Panel and Disability Reform Ministers for undertaking this much-needed NDIS Review 2.0. SCIA provides this submission that focuses on a number of the areas listed in the Terms of Reference. SCIA anticipates this submission and its recommendations will be given serious consideration, and SCIA is able to clarify any of this submission's details if required.

SCIA's Background:

SCIA was formed in July 1967 by a group of young men who acquired a spinal cord injury resulting in quadriplegia and who wanted to live independently in the community and contribute to society as active citizens. SCIA was initially called the Australian Quadriplegic Association, and name changed to SCIA in 2003.

SCIA's Vision:

"To advance the rights, choices and entitlements of people with spinal cord injury and similar neuro conditions, and to ensure that high-quality, relevant services are readily available to people with spinal cord injury and other physical disabilities".

SCIA has a proud history of successfully advocating for the development, implementation and improvement in the lives of people with disability across health, community, assistive technology, telecommunications, home modification and maintenance, transport (including wheelchair accessible taxis) and access to the performing arts services.

Part 1

Design, operations and sustainability of the NDIS

Inadequate NDIS Participant Plans and the Cost to Amend Them

The full cost burden of lodging Administrative Appeals Tribunal (AAT) applications including the financial cost for legal representation for participants and the NDIA, as well as the emotional cost on NDIS participants can be stressful. However, the cost could be fully or partially reduced if participants were provided with the necessary funding to meet their goals outlined in their plans.

NDIS participants are sometimes compelled to seek an AAT review to obtain funding for reasonable and necessary services and supports that may have not been included as requested, or an existing service or support has been removed from the participant's plan.

The NDIS review pathways of internal review and external review through to the AAT are complex and time-consuming for any participant to battle with after having gone through a scheduled plan review (now referred to as a plan reassessment). The typical scenario for a participant is that the plan is reassessed every 12 months. Prior to the planning meeting, conducted by either a local area coordinator (LAC) or NDIS planner, the participant has to gather all relevant material and evidence, including service provider quotes to fund the supports they need for the following 12 months.

It can be a very gruelling and stressful process for the participant as it seems an unnecessary process for many participants with a long-term and/or permanent disability with their circumstances being unchanged. They feel they have to provide proof time and again. This process can be greatly improved and made simpler whereby evidence is accepted once by the NDIA in acknowledgement of their circumstances, and only when a participant's needs have changed such as changing functional capacity or setting new goals, then a new assessment would be needed.

Which is why longer plans of 3-to-5-year durations will greatly improve participant experience and reduce the NDIS operational costs when minimising the number of reviews. Furthermore, the single most important change to improve the planning process is for the NDIA to implement draft plans. This was a recommendation of the Tune Review from 2019 and has been raised multiple times in the recently released Capability and Culture of the NDIA Interim Report.

Providing participants with a draft plan prior to their planning meeting means they can review all the funded support areas. If there are any concerns or discrepancies they can be discussed with the planner during the meeting to ensure against errors being made in the building of the plan. This will reduce the need for participants to seek an unscheduled review if every effort is made to initially get the plan right. This also displays the importance of transparency in decision-making by the NDIA. Consider it a collaboration or co-design.

The participant planning experience has undergone various amendments over time but the one systemic issue that is often overlooked is the NDIS client record management (CRM) software that is not fit for purpose and would appear to hinder what should be the rudimentary collation of participant information that would give an accurate snapshot of their circumstance at any given time. Important information related to the participant, such as therapy reports, get overlooked. Most worrying is any decisions or agreements reached externally through the AAT are unable to be integrated into the participant's records – they are "off book" decisions. How a planner is to gain an accurate understanding of a participant's circumstances and recent history, without reading every single line item entry, is very difficult. Key evidence and decisions get overlooked and frustrate participants.

There is a new CRM currently being trialled so it is hoped participant record management will be improved and result in better outcomes for participants should also reduce the NDIS operational costs.

Providing information on supports and services to improve education and work opportunities

The NDIS purpose is to enhance the social and economic opportunities for people with disability between 0-64 of age. So SCIA believes there is a need for the NDIA, State and Federal education facilities/institutions to collaborate to ensure there is appropriate integration and support for students with disability to obtain equitable education. This is essential to provide people with disability a greater opportunity to obtain employment especially in a competitive market that will lead to a career path of their choice.

To ensure students with disability have access to equitable education SCIA strongly recommends the NDIA provide information to students and their parents about education and workplace services, supports and resources. This should include AT such as speech recognition computer software, computer peripherals and interfaces as well as the training, maintenance and tutorials.

Providing the above-mentioned resources should be considered an investment in the students with disability so they have a greater opportunity to achieve their academic goals that will enhance their economic opportunities through employment.

Employment:

SCIA acknowledges that currently there is a relatively low percentage of participants with employment in their plans. As previously mentioned, SCIA believes the NDIS needs to promote the various education and workplace supports, services and funding available through the NDIS.

The 2010-2011 Productivity Commission's inquiry into a long-term care and support schemes identified the state and territory disability support systems were broken. It recommended the introduction of the NDIS (formerly known as Disability Care), and its purpose would support people with disability to enhance their social and economic opportunities.

The NDIS provides workplace assistance and workplace support to enable participants to obtain or maintain employment and would also enable the participant's parents or partners who have historically been primary carers to re-enter the workforce. It is then expected that the NDIS would eventually become virtually cost neutral due to the reduction in Centrelink's disability support pension (DSP) and Centrelink's carer's payments and allowances, and the revenue from income tax, GST and other levies from spending their wages.

The NDIS employment strategy has modest goals to increase employment to 30% for participants by July 2023. There are a range of NDIS education and workplace supports available to assist with this in combination with the strategy. SCIA believes it is important for participants to be informed of the NDIS education and workplace supports for all of their benefits and tapping into vocational training that is geared towards individual needs. Especially that many NDIS participants have not undertaken any related vocational studies, being employed or have been unemployed for many years and not considered entering the workforce as there has never been any workplace support or workplace personal care. Or if there has been it isn't widely known which has hindered people with disability considering or entering the workforce.

Disincentives to seek and/or maintain employment:

Although the NDIS provides the funding for the services and supports for participants to have the opportunity of equitable education and to seek and maintain employment, a major disincentive for people with disability to seek employment is the eligibility criteria for the disability support pension (DSP) and the DSP Concession Card.

The current DSP eligibility criteria is limited to people with disability who have been assessed to be only available to work less than 15 hours per week since the *Welfare to Work Act (the Act)* was implemented in 2006. Previously the DSP eligibility included people with disability assessed to have the work capacity up to 30 hours per week.

But due to the advocacy from SCIA and other disability sector representatives, the Federal Government grandfathered the DSP eligibility criteria for people with disability accessing the DSP from when the Act started. This enabled those DSP recipients to seek and/or maintain employment for up to 30 hours per week.

But the Act has created an ongoing negative impact on the Australian economy as the current DSP eligibility criteria provides no incentive for them to seek or maintain employment of more than 15 hours per week as they would be ineligible for the DSP and the DSP Concession Card. It also created a 2 tier DSP eligibility criteria which is inequitable.

It also penalises people with disability that may have been assessed with a working capacity of less than 15 hours per week but who want, or need, to work more than 15 hours per week.

Plus there are fewer jobs of 15 hours per week or less, and restricting people with disability to working less than 15 hours per week will prevent them from obtaining a career path that requires full time employment. And the less gross income people earn to be eligible for the DSP and the Concession Card means they pay less income tax and receive more DSP.

Other disincentives to seek and/or maintain employment

Also, many State and Territory Government aids and equipment programs require people with disability to have the DSP Concession Card for eligibility and/or priority to access the AT.

Many people with disability that live in social or public housing, such as properties owned by the NSW Department of Housing (DoH), pay rent of approximately 25% of their income. For DoH residents with disability who are receiving the means tested DSP as their sole income support and/or are seeking employment, or employed and receiving a partial DSP would be aware of the negative implications and disincentives of declaring an increase in their gross income.

The DSP eligibility means testing of 'gross' income reduces the DSP by \$0.50 for every gross \$1.00 earned over the DSP income threshold. In conjunction with paying the marginal income tax rate (e.g- \$0.19 marginal income tax rate for every \$1.00 over \$18,200) which results in the loss of \$0.69 cents and only receiving \$0.31 cents for every gross \$1.00 earned.

PERSONAL IMPACT STATEMENTS:

John:

"I acquired a spinal cord injury three years ago resulting in quadriplegia. It has taken this long for me to finally get my act together to seek part-time employment, however, most job advertisements are for full-time employment. If I obtain employment greater than 15 hours per week I am going to lose my DSP, including the Concession Card that will make me ineligible for different government subsidies and rebates. Also, apart from losing the DSP and Concession Card, my Department of Housing rent will increase so I feel governments make it extremely difficult and provide no incentive to look for employment."

Jenny:

"I have paraplegia which is a result from domestic violence about two years ago. My husband is no longer with me then I have custody of the two children which are at primary school. I have been employed two days per week (14 hours) doing administration for a local business, however, the business is expanding and I have been offered extra working hours which I am keen to do. However, although I would appreciate and need the extra income as one of my children will be entering high school next year, I do not want to work more than 15 hours per week as it will make me ineligible for the DSP, as well as the DSP Concession Card, and hence ineligible for subsidised public housing rental and other government rebates and concessions such as council rates, gas, electricity, water and telephone etc. Essential Medical Equipment Programs as well as discounted movie, theatre and entertainment tickets"

As previously mentioned, SCIA supports a strategy to assist and encourage people with disability to seek and/or maintain employment, however, the DSP eligibility criteria that restricts eligible DSP recipients to work less than 15 hours per week is a major disincentive and counter-productive.

SCIA believes that there is an urgent need for the NDIA to collaborate with the State and Territory Governments, the Federal Government's Department of Social Services and Centrelink to review the DSP eligibility criteria, with the aim to revert it to enable DSP recipients to be able to work up to 30 hours per week. This will remove the disincentives for people with disability wishing to seek and/or maintain employment, and especially for people living in public or social housing.

Transport Allowances:

The NDIS Transport Allowance is aimed to assist participants with the cost of accessing social & community events, education and employment. Around 2019 the Council of Australian Governments (COAG) approved for the NDIA to apply an increase to the Transport Allowance for some NDIS participants who were identified as frequent users of the state or territory taxi transport subsidy schemes (TTSS).

With regard to NDIS transport funding applied to participants as a direct payment, it's important that the NDIA is transparent in how it decides this fortnightly payment amount. A COAG Disability Reform Council meeting from October 2019 endorsed to increase transport funding for significant users of taxi transport subsidy schemes (TTSS) and the full reimbursement of states and territories for the continuation of those schemes for NDIS participants.

Furthermore, the NDIA used NDIS participants TTSS data usage to increase the fortnightly transport allowance for participants with "high out-of-pocket taxi costs". However, SCIA is aware of some NDIS participants who are employed and have high out-of-pocket taxi costs who did not receive the transport funding increase

Some NDIS participants received between \$30-\$100 and SCIA is also aware of one NDIS participant receiving over \$100, but these decisions were not directly communicated to those participants about how the increased funding decisions were made. Again this is an issue of transparency. Phased out NDIS participants should be told their TTSS data was accessed when deciding transport funding changes.

The NDIA has also stopped NDIS participants using Core Support funding for taxi transport costs except for when services and agencies provide transport for participants to attend day programs. This policy change is inequitable as it has removed the NDIS participant's choice and control of their transport options. It doesn't provide plan flexibility for participants who do not attend day programs but are regular taxi users with the TTSS but who also have high out-of-pocket transport costs.

SCIA believes the NDIA should review how it applies transport funding to ensure it is equitable and responsive to NDIS participant's circumstances and is transparently applied, so the NDIS participants understand how decisions are made and to ensure the NDIA is acting consistently and equitably.

Assessment and prescription of assistive technology

People with disability try to maintain and/or increase their independence which is possible with the timely provision of the most appropriate and fit for purpose assistive technology (AT). When NDIS participants choose their short and long-term goals it is essential that qualified and experienced therapists undertake the assessment and subsequent prescriptions for all 'high cost' AT needed for NDIS participants to achieve the goals. However, NDIS participants should still have the autonomy and approval to continue to purchase low-cost AT, particularly if it is new for old or an AT upgrade.

Apart from the current and developing wide range of AT that can increase the independence of NDIS participants, which can vary between simple off-the-shelf, made-to-measure hand splints, orthotics or artificial limbs to customised seating systems and high-end power wheelchairs, manual wheelchairs and other mobility aids, there is also the current and emerging environmental control units (ECU).

These ECUs enable NDIS participants to operate lights and appliances including electric hi low beds, electric doors, fans and air-conditioning, curtains and blinds, landline phones, televisions, set-top boxes and music systems etc. The ECUs provide NDIS participants with increased independence, autonomy, spontaneity and can be used to better utilise a support workers time and/or reduce the reliance on support workers to do repetitive or menial tasks.

SCIA believes the therapists the assessment and prescribing for high cost power wheelchairs, seating systems and ECUs, must have the appropriate knowledge and expertise. The NDIA should consult with the therapists' peak bodies and representative organisations to consider developing a 'credentialing' course that is mandatory for therapists assessing and prescribing AT for NDIS participants.

The Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) developed a credentialing process which therapists are required to complete and prove competent before they can prescribe specific types of AT. This is aimed to ensure people with disability are provided with appropriate AT which should prevent or minimise AT being abandoned. The Australian Rehabilitation and Assistive Technology Association (ARATA) is a member organisation that previously considered developing a credentialing course with different modules for the different types of AT.

SCIA would like to suggest the NDIA collaborate with ARATA to develop and implement a credentialing course for all therapists who seek to be engaged in assessing a prescribing AT for NDIS participants which would be expected to have short and long-term tangible and intangible benefits for NDIS participants as well as financial benefits for the NDIS and its sustainability.

The assistive technology and therapy service cost price gouging.

Since the introduction of the NDIS SCIA is aware that NDIS participants needing AT or therapy services are generally asked by the therapists, service providers and AT suppliers if they are NDIS participants. If people disability state they are NDIS participants then the AT quotation or therapy service hourly rate is usually higher.

Although high-end power wheelchairs are relatively expensive, SCIA is aware of a quote to add lights to a power wheelchair being \$2000+, manual wheelchairs quoted around \$14,000+ and a Nimbus Professional alternating air mattress quoted at \$19,000 in 2021. An SCIA member received a Nimbus 4 alternating air mattress quote for \$10,000 in 2021 and in 2022 was quoted \$19,000.

And the cost for AT replacement parts, repairs, maintenance and servicing has been quoted much higher for NDIS participants. SCIA is aware of quotations to supply and install 2 x 9 inch solid tyres for a power wheelchair quoted at \$770. And the supply only of a replacement controller for a Voyager 420 ceiling hoist quoted at \$900. And any callout fees cost around \$100 - \$130 and then around \$130+ per hour labour.

In Sydney the average cost of physiotherapy is around \$100-\$120 per hour. However, the NDIA has approved a New South Wales price guideline limit of \$193.99 per hour for all therapists as well as enabling therapists to claim travel time of up to 30 minutes to the participant's home at the same rate. And the therapist can claim up to 30 minutes travel time for the return trip at the same rate if the participant is the last client, however, the participant has no way of knowing if they are the therapist's last client.

For example, an NDIS participant having a 1 hour physiotherapist service at home is being charged \$193.99 plus \$48.75 for 15 minutes travel = \$242.74, or \$97.50 for 30 minutes = \$291.49). SCIA believes the therapy service pricing limits are extremely generous compared to what the therapists are charging the general public. SCIA would like to suggest the NDIA review the therapy service price guidelines, with the aim of reducing the hourly rates in the ability to claim travel, particularly the return travel, as these prices are contributing to the escalating cost of the NDIS and SCIA wants to ensure the NDIS remains sustainable.

Furthermore an SCIA member who is an NDIS participant reported to have a 1 hour physiotherapy service at home at 9 AM and received a tax invoice that included 15 minutes travel to and 15 minutes from the home. The member contacted the physiotherapist to ask how he was the last client when the service finished at 10 AM and the physiotherapist said he returned to the office as he had no other clients for the day. The SCIA member challenged this claim and the physiotherapist agreed to remove the return travel and issued a new tax invoice.

If the NDIS participant requested the physiotherapist give proof there were no other clients the physiotherapist would (or could) probably state it would be a breach of privacy policy to disclose such information. From a participant's point of view, it's important that cost structures applied for services are easily understood, accurate and transparent, irrespective of the type of services received and invoiced for.

NDIS Participants requiring ad hoc care and support

Flexibility in participant plans across core support is a very important aspect in how people respond to their circumstances. This is especially so where there is a change in circumstance, and the NDIS needs to be responsive to this, particularly where some people with disability are more susceptible to fluctuations.

NDIS participants with mental health conditions, such as bipolar or schizophrenia, will require ad hoc/episodic support in times of need. The number of times, length of time and the type of support needed can be unpredictable. However, the NDIS participant's plans require adequate funding to obtain these necessary and timely supports when they are required.

Similarly people with paraplegia, and some with high functioning quadriplegia, who are predominantly 'independent' and don't need support workers to assist with their personal care and daily routines, can occasionally require ad hoc services in the event they are on bed rest due to a pressure injury (bedsore) or other health or medical condition such as a hand or arm injury which would require a support worker to assist with transfers, even hoist transfers, which might require a short-term rental of a hoist and sling.

So NDIS planners need to be aware some participants may require extra funding to obtain essential support services, often at very short notice, to assist with personal care, transferring to and from bed, meal preparation, shopping, house cleaning, gardening etc. especially if they do not have family, friends or neighbours to support them.

Pressure injuries can occur within a few hours, and sometimes people who are paralysed may scrape skin off their buttocks when transferring between wheelchair and bed or wheelchair and car seat, and may not be aware of the skin damage until they check their skin when on the bed.

Service provider Inactive Sleepover interpretations and misinterpretations

SCIA would like to highlight that the NDIS Inactive Sleepover Guidelines (Guidelines) are being misinterpreted by some service providers that are charging for an extra 4 hours service either before, after or 2 hours before and after the inactive sleepover service that isn't requested by the NDIS participants and is having a negative impact on the NDIS sustainability.

Although the Guidelines state that the 10 PM-6 AM inactive sleepover 'includes' 2 hours of 'active support' during the sleepover period, some service providers are stating that if a carer provides a participant with support between 10 PM to 11 PM (1 hour) and then the participant requires support at 5:55 AM (for less than 5 minutes), then the service provider believes the carer should be paid an extra 1 hour.

SCIA has spoken to the NDIS Customer Service staff a number of times to seek the correct Guidelines interpretation and all the NDIS Customer Service staff have stated that the interpretation by the service provider is incorrect.

The NDIS Guidelines describes the services and the maximum rate that can be charged by service providers. And the Social, Community, Home Care and Disability Services Industry Award 2010 (the SCHADS Award) describes the employees' terms and conditions and includes Section 25.7 (the Inactive Sleepover Clause).

In regard to the SCHADS Award clause 25.7 (f) states:

"The employer may ask the employee (carer) to work immediately before or after the inactive sleepover (and if the employee does work) the employee will be paid no less than 4 hours for any work they do (between 1-4 hours) before or after the inactive sleepover."

SCIA is aware that clause 25.7 (f) is misinterpreted by Hireup, the online carer booking platform. Hireup's website lists the inactive sleepover as a 12 hour shift e.g. an 8 hour inactive sleepover plus 4 hours of support before, after or before and/or after the inactive sleepover, of which the 4 hours are charged at the rates for weekday, weekend public holiday. Even if the participant doesn't request service before, after or before and after the sleepover by a Hireup care worker. Please see the attached document of Hireup's inactive sleepover interpretation and charges.

SCIA has confirmed that the only time the employer (Hireup) MAY ask an employee (carer) to work a rostered service before, after or before and after an inactive sleepover would be at the request of the participant and should NOT be interpreted that the employer can just impose a rostered shift immediately before, after or before and after the sleepover. Please see the attached Hireup inactive sleepover interpretation and charge rates.

The NDIS purpose is to provide participants with the 'choice and control' of the services they need and are funded for to achieve their goals. If the employer (Hireup) asked the employee (carer) to work immediately before and/or after the inactive sleepover WITHOUT the client's request (or consent) SCIA believes it could be considered fraudulent to charge for a service that wasn't requested.

Apart from clarifying the interpretation with the NDIS customer support service, SCIA has raised the above-mentioned issue with the Fair Work Ombudsman as well as an employment solicitor and all agree with SCIA's position on how the inactive sleepover guidelines should be interpreted. The employment solicitor commented that the ordinary interpretation of the Sleepover Clause seems to suggest the following:

If the employer rosters (or otherwise requires) the employee to work immediately before or after the sleepover period, a minimum of 4 hours work must be rostered or paid for one of the periods (either the period before the sleepover, or the period after). The employee could also be rostered for 2 hours before and 2 hours after the sleepover.

However, the Fair Work Ombudsman representative stated that it was not the Ombudsman's role to contact the service providers to address their misinterpretation of the inactive sleepover.

The employment solicitor's response included:

*You are correct in your interpretation that this 4-hour minimum payment should **only** be paid to employees (carers) if they are required to work before or after the sleepover shift, it is not obligatory otherwise (when they aren't required to work those periods).*

Request for Additional Support

*With respect to your email of this morning, my understanding is that the employee (carer) would not be rostered on for before/after the sleepover period **unless** the client needed/requested the same. Similarly, if the employee (carer) is required to work before/after the sleepover period and they haven't been rostered on to do so beforehand, such work will arise based on the client need/request for the same.*

I cannot comment fully on the NDIS requirements as that falls outside the scope of employment law, however, the SCHADS Award expressly authorises the employer to 'roster on' employees for those before/after sleepover periods. The Award is simply concerned with ensuring the employees are appropriately remunerated when the employer exercises its discretion to require the carers to work those periods (through the minimum 4 hour payment).

I trust that sufficiently answers your questions through an interpretation of the SCHADS Award from an employment law perspective?

The NDIS customer service and the NDIS Quality and Safeguards Commission have both stated that service providers are not allowed to charge for services not provided. SCIA would like to strongly request that the NDIS review panel address this issue as a priority with the purpose to inform service providers of the appropriate inactive sleepover interpretation and to stop NDIS participants being charged for services not provided because of negative impact on the NDIS sustainability.

National Injury Insurance Scheme

Introduction of the National Injury Insurance Scheme (NIIS) was originally proposed for implementation prior to the rollout of the NDIS, by the Productivity Commission in its Disability Care and Support Inquiry 2011, as a companion scheme consisting of four injury streams (motor vehicle injury, workplace injury, medical injury and general injury).

Coordination of the NIIS sat with the federal treasury and a working group. All states and territories had agreed to implement no fault lifetime care provisions in motor vehicle and workplace injuries schemes as agreed in NDIS bilateral agreements. However no further work or decisions have been made in relation to implementation of general and medical injury streams.

Unfortunately, non-implementation of the NIIS has led to significant ramifications and costs to the NDIS, along with ongoing impacts for those that would have been otherwise covered under a NIIS across the general injury and medical injury streams.

Unlike the NDIS which restricts access to those under the age of 65, the no fault lifetime care schemes have no upper age limit. So anyone currently injured under the general and medical streams under the age of 65 are eligible for the NDIS but those over the age of 65 must contend with My Aged Care. As it currently stands, the maximum funding for in-home support is a level 4 home care package of approximately \$53,000 per year which is completely inadequate for anyone with a significant disability. This has a huge impact and financial cost for those newly injured and is a stark contrast to what they would be entitled to receive under the NDIS. Or if it was fully implemented as proposed, access to a national federated NIIS.

The Productivity Commission's 2017 NDIS Costs Study addressed the NIIS and recognised that the failure to fully implement the NIIS was putting an additional cost burden on the NDIS. In its own submission to the study, the NDIS estimated that the cost of this failure to the NDIS is an additional \$113M per year by 2025 and \$1.8B by 2040.

Part 2 examine ways to build a more responsive, supportive and sustainable market and workforce.

Employing and maintaining care workers to meet the demand

In 2021 the NDIA determined there is a need for an extra 83,000 care workers by 2024 to meet the demand of the increasing number of NDIS participants and aged care. To help address this issue SCIA would like to request the Federal Government make immigration policy amendments to enable international students who are also working in the disability and aged care sectors for at least 12 months to apply for permanent residency (PR). These Visas would have conditions requiring the students to be managed care workers for between 3-5 years.

International students are generally very good care workers, especially students studying nursing, disability support, aged care and allied health and make up a large portion of the care worker labour force while studying or have postgraduate Visas.

Apart from the urgent need to increase the number of care workers to assist NDIS participants to enable them to meet their goals, NDIS participants would generally prefer continuity of care as it can be very disruptive when care workers leave the sector. And many international student care workers have to leave because of their visa status although they would prefer to remain in Australia and obtain PR. SCIA would like to recommend that international students carried in Australia to be able to remain working as care workers where they are and any newly arriving international students have the Visa requirement to be working in rural and regional areas for at least 2 years.

Coincidentally, while drafting this submission, the Federal Government announced similar Visa amendments that would enable international students who have been working for 12 months in the disability and aged care sector to apply for PR after they have worked for 4 years in the sectors.

For Australian university students SCIA would also like to suggest the NDIA and Federal Government consider providing the option for HELP-HECS debt credits to reduce student repayments if they work as care workers for NDIS participants.

Again, thank you very much for providing SCIA the opportunity to make this submission and SCIA look forward to your reply and anticipate a positive response. If needed, SCIA is able to provide further information or clarification on the issues raised in this submission.

It was sincerely,

Greg Killeen

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