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JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY
INSURANCE SCHEME

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JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME

Tuesday, 28 July 2020

Members in attendance: Senators Askew, Carol Brown and Mr Andrews, Ms Coker, Ms Payne.

Terms of Reference for the Inquiry:

To inquire into and report on:

- a. the implementation, performance and governance of the National Disability Insurance Scheme;
- b. the administration and expenditure of the National Disability Insurance Scheme; and
- c. such other matters in relation to the National Disability Insurance Scheme as may be referred to it by either House of the Parliament.

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Evidence was taken via teleconference—

Committee met at 12:03

CHAIR (Mr Andrews): I now declare open this hearing of the Joint Standing Committee on the National Disability Insurance Scheme for the inquiries into NDIS planning, NDIS workforce, and general issues around the implementation and performance of the NDIS. These are public proceedings, although the committee may determine or agree to a request to have evidence heard in camera. I remind all witnesses that, in giving evidence to the committee, they're protected by parliamentary privilege. It is unlawful for anyone to threaten or disadvantage a witness on account of evidence given to a committee, and such action may be treated by the Senate as a contempt. It's also contempt to give false or misleading evidence to a committee.

If a witness objects to answering a question, the witness should state the ground upon which the objection is taken and the committee will determine whether it will insist on an answer, having regard to the ground which is claimed. If the committee determines to insist on an answer, a witness may request that the answer be given in camera. Such a request may also be made at any other time. I also remind those contributing that you cannot divulge confidential, personal or identifying information when you speak. If you wish to supplement your evidence with written information, please forward it to the secretariat after these hearings. And can everyone please switch off their mobile phone or have them turned to silent unless they're being used for the purpose of this hearing.

I now welcome representatives from Children and Young People with Disability Australia, who are appearing via teleconference today. Thank you for appearing before the committee. Information on procedural rules governing public hearings has been provided to you and is also available from the secretariat. The committee has your submission to the inquiry, so I invite you to make some opening comments.

Ms Sayers: I would like to acknowledge the traditional owners of the land on which I am meeting today, the Wurundjeri people of the Kulin nation, and pay my respects to elders past, present and emerging. I would also like to acknowledge that this was and always will be Aboriginal land, and sovereignty was never ceded.

Children and Young People with Disability Australia is the national representative organisation for children and young people with disability aged zero to 25 in Australia. We have over 5,000 members made up of young people with disability and families of children with disabilities. While we are a small organisation predominantly funded by the Australian government, we have significant reach through our membership; our social media following, which is over 19,000 Facebook followers and over 5,000 Twitter followers; along with extensive policy and capacity-building work.

At the outset I would like to talk about the importance of children and young people with disabilities' needs and rights in the National Disability Insurance Scheme. As of March 2020, 56 per cent of all NDIS participants were under the age of 25 years. That's 205,852 children and young people. However, often their holistic needs are missed in thinking about the workforce and NDIS structures needed to support their developmental outcomes, their wellbeing and the key transitions throughout their life from birth to early childhood, school and post-school education and employment journey.

As noted by the research that has been conducted for CYDA by Dr Tim Moore at the Murdoch Children's Research Institute, children and young people with disability are children first of all and have the same core needs as other children and young people. These core needs are good health care, adequate nutrition, security and safety, responsive care giving, opportunities for early childhood learning, a range of experiences across environments and opportunities for meaningful participation in the home and community activities. In focusing too much on trying to address children's impairments, it can be easy to lose sight of these basic needs. The social model of disability tells us that children and young people with disabilities thrive when they are well supported in their families and included in a whole range of community and mainstream environments. These are good for all children and young people—such as early childhood education and care, inclusive schooling that does not segregate them from their non-disabled peers and strong post-school transition.

We have been concerned that, since the onset of the NDIS, the focus has moved to a medical model and away from best practices to curative practices that are inherently trying to 'fix' children and young people with disabilities. Much of this is driven by a lack of workforce knowledge on the social model of disability and the

market model where there are vested interests in providing individual therapies that are not about building the capacity of children and young people to participate in all the environments listed above.

One of the challenges is the NDIS does not have a framework about what it is trying to achieve for children and young people with disabilities from zero to 25 years which is underpinned by Australia's human rights obligations, such as the UN Convention on the Rights of Persons with Disabilities and the UN Convention on the Rights of the Child. Essentially, with children, the NDIS has an early childhood intervention pathway up to the age of six, and then they're essentially considered as an adult with a lifelong and permanent disability to get support post the age of six. This is inherently problematic. As we know from neurodevelopmental evidence, brain development occurs right into early adulthood. Lifelong costs and outcomes for young people with disability are going to be better if they are supported well through an inclusive early childhood and school education and those transitions throughout their early years up to 25.

In the absence of the NDIS articulating what it's trying to achieve for children and young people, it's little surprise that medical models have infiltrated the scheme. A major challenge is the early childhood early intervention and LAC, or local area coordinator, workforces do not understand child and adolescent development, disability and family centred practice. As we noted in our submission to this inquiry, while ECEI partners working with participants under seven years are required to be qualified in early childhood education or allied health, LACs or planners who work with children above seven years are not required to hold such minimum qualifications. There is currently no recognition within the scheme of the importance and uniqueness of middle childhood and adolescent periods in children's lives, which are also important to their growth and development. During these periods, young people's cognitive, social, emotional and other needs vary significantly from the needs of adults.

CYDA is concerned that many staff working with young people between seven and 25 years are not appropriately trained to meet their needs and support the development of their potential. CYDA recommends a standardisation of qualifications that increase training in disability development and youth empowerment for people working with NDIS participants up to the age of 25 years, as these are key periods of growth. Hence we recommended in our submission workforce capability development, particularly for NDIA, ECEI and LAC workforces. Additionally the lack of support coordination for participants aged under 25 is a challenge in thin markets and a confusing service landscape, and problems with planning which have been noted elsewhere.

As we have seen during the COVID-19 situation with aged care, which has been plagued because of insecure work, casualisation and low wages, the value of disability work is not reflected in the pricing structure, which no doubt contributes to thin markets. Whilst we provided the submission to the NDIS thin market consultation conducted by the Department of Social Services, we are yet to see tangible outcomes.

Before closing, I would like to discuss the important challenges for NDIS participants during COVID-19. Very early on during the pandemic, feedback from our members told us that children and young people with disabilities and their families were scared, isolated and not getting enough support. We launched two major surveys, both with over 700 responses. The data were analysed by academics at University of New South Wales and the University of Melbourne. These are titled *More than isolated: The experience of children and young people with disability and their families during the COVID-19 pandemic* and *Not even remotely fair: Experiences of students with disability during COVID-19*. The overwhelming messages from both our surveys is the needs of children and young people with disability have been insufficiently planned for during the COVID pandemic, and it spans across all sectors: health, education, the NDIS, disability services, advocacy and access to essential community support. The education integrated with the NDIS is a serious issue that has not been resolved, along with other areas which were exacerbated during the COVID-19 situation.

Gatekeeping by LAC and ECEI providers was a theme that emerged from our research about what people could reasonably access during COVID-19. So while the NDIA were putting out key messages, these were not filtering down to these important interface services that meet with participants. For example, a quote from the research: 'An LAC recently warned me of not using NDIS funding on support workers to assist with learning from home. The LAC also warned that we could be audited and have to pay it back if we did. Who do I trust—your advice to use funding flexibly or the LAC, who feel workers cannot fill education gaps? A definite is we cannot afford repay money that was deemed reasonable and necessary for the future.'

In conclusion, while the focus of these hearings is on workforce, workforce cannot be seen in isolation from the structural and systemic barriers for children and young people with disabilities, which spans their early childhood, inclusive education in non-segregated education settings, and post-school transition to employment. The NDIS, through its intent and structure, should be helping to resolve these issues but is still a long way from reaching this promise.

CHAIR: Thank you very much, Ms Sayers. I will lead off and then I'll go to the other members of the committee. You said in your opening statement, if I'm recalling you accurately, that a medical model had effectively sort of slipped into the system. Can you elaborate on that a little bit more?

Ms Sayers: We know from best practice that the best support that can be provided to children and young people with disability is to support them in the environments that they will spend the majority of the time. In early childhood, that is in their home. In late early childhood through to school, it is in those other settings that are in the community. A medical model would be where individual therapies that are clinic based which are focused only on the child are provided as opposed to supporting the family and the child to be included in those community and educational settings. What we have seen is that preference by planners as well as by participants to choose those medical models which really are about focusing on the deficits of the child and what they can't do rather than the environments that create a disabling attitude and supporting the child to be included in those really important mainstream settings. Does that help clarify what I mean?

CHAIR: Yes, it does. You made reference to the fact that the ECI program or provisions go to age seven. Is there a later age which this should apply to or should there be some other variation of the way in which children are approached?

Ms Sayers: We really think that there needs to be an approach that goes right up to 25, given the really critical brain development, which is from the science; it's not from us. We know that if we get those first years right and the critical transitions between early childhood and primary school, from primary to secondary, and from secondary to post school and employment then we are going to have better outcomes. Yet at the moment the NDIA only considers them children up until they are ages seven and then after that they're considered as, if you like, adults in the scheme.

So we're not saying that necessarily the ECI pathway needs to go up to 25; rather that the NBA needs to be really clear that support may be more intensive in the early years and taper off right up to those early years rather than thinking that you've got this cliff that you fall off if you don't have that formal diagnosis. We know that diagnosis based support for students with disability is inherently problematic as well, because many conditions do not actually have a formal diagnosis until much later in primary school and secondary school.

CHAIR: This committee has heard—it may not be in this precise inquiry but certainly whilst I've been a member of it—that there's no consistency in even disability support services being provided within school settings or children being able to go out of school for services or for support workers come into schools. There seems to be, on the evidence that I recall in previous inquiries, no consistency or universal approach to this.

Ms Sayers: Absolutely we agree. Given that the major setting that children and young people with disability continue through in their childhood and adolescent is education, these educational interface issues have not been resolved and they're not clear. I wouldn't mind drawing your attention to our report that we released on Friday, which is called *Not even remotely fair: Experiences of students with disability during COVID-19*. If you like, that was the canary in the coalmine of what was not working. We heard that that interface between the two systems completely broke down, and one parent, who was quoted in the report, explained:

'We are in the process of requesting a review because of the trauma experienced due to the significant changes and isolation and increased school load have caused which will mean that we will run out of funds before the plan end date'.

Whilst half of our respondents said that their NDIS needs changed with the onset of COVID-19, not many families, only five per cent, actually were able to secure changes. As one parent explained: 'I don't have capacity for that battle.' So I think these educational interface issues are deep, entrenched problems that require—and I think it would be very good if the government or even this committee could look further into those educational interface issue.

CHAIR: Is there a model anywhere else of best practice in this area.

Ms Sayers: Models of best practice are underpinned by the Convention on the Rights of Persons with Disabilities. In terms of article 24, which is the right to inclusive education, and general comment No. 4, which was made in 2016, the UN explains that inclusive education can only be provided in schools where students are educated alongside their non-disabled peers, not separated in segregated education or special units in schools. The research evidence is overwhelming that students with disability have much better experiences at school and lifelong outcomes when they experience inclusive education. The role of the NDIS should not be to provide the education but to work in concert with the NDIS and education to really promote and ensure that inclusive environment. So all efforts and funding that are NDIS supports should be focused on that inclusion rather than on taking children out of schools during hours to focus on individual therapy. The evidence is very clear that that is not the best-practice approach.

CHAIR: Have you had this discussion with officials from the NDIA?

Ms Sayers: Yes, ad nauseam, and in multiple submissions to the disability royal commission and to other public inquiries at the Australian parliament, including recently the remote education inquiry. Numerous, yes—it's a major part of our advocacy work.

CHAIR: I suppose I'm asking for hearsay now, but I'll give the NDIA the opportunity in due course to answer this. Do you sense that there is an understanding of this issue at the level of the NDIA?

Ms Sayers: I would say that, at the very senior levels of the NDIA, including the CEO and the senior leadership team, there is a very deep understanding of this issue. The challenge is that we have a federation. While the NDIA is a federal scheme, education is run by the states and territories, and we have such inconsistency in the way that the UN convention is articulated in the education systems. We are a long way off from the rights being upheld, as well as demobilising segregated education, which the UN convention, as well as the evidence, would tell us is an absolute must. I don't think the problem rests with the agency. I think the agency is doing the best it can. I think state and territory education systems need to work much more closely to ensure rights are upheld.

CHAIR: I will go to Senator Brown, but before I do could I ask you to send or forward the report that you mentioned, or the link to it, to the secretariat?

Ms Sayers: Absolutely. I'm happy to do that.

CHAIR: Thank you. Senator Brown?

Senator CAROL BROWN: Thank you. In your submission you talk about unregistered providers. Why is it important that the responsibility for unregistered providers is more clearly defined?

Ms Sayers: Unregistered providers are not unregulated, which I think is an important distinction, because the NDIS Quality and Safeguards Commission does have a role. But unregulated providers only have to abide by a code of conduct. So the challenge is we have no data that actually tells us if unregistered providers understand the code of conduct. Do families, and particularly families with young children, as well as young adults and their carers know about the complaint mechanisms of the NDIS Quality and Safeguards Commission? We do think there is a big safeguarding and quality gap, because there is not a wide understanding by people who may complain to the NDIS Quality and Safeguards Commission that they can complain and get their complaints investigated. It is a major problem that we have raised in a number of forums around unregistered providers.

Senator CAROL BROWN: What would you like to see change there?

Ms Sayers: I might call on Maeve Kennedy as well because there are two answers to that question: one is around safeguarding and one is around quality. I might get Maeve to answer around the safeguarding issue and then I'll let answer about the quality. Is that okay, Maeve?

Ms Kennedy: Yes, absolutely. I think one of the things around safeguarding that CYDA has been spending a lot of time thinking and working on lately is the risks that the system intersections pose, particularly for children who are experiencing disadvantage, or abuse and neglect, or are otherwise involved in institutions in a way. We've been spending a lot of time working on the issues around children in the out-of-home care system and children in youth justice and some of the safeguarding mechanisms in place at that level. One of the concerns is around the number of bodies that are currently involved and the lack of clarity around director responsibilities. There's no national approach at the moment in terms of harmonisation or alignment of child safety or child safeguarding approaches. There are different systems in each state and territory in terms of children's commissioners, guardians as well as the NDIA and the NDIS Quality and Safeguards Commission role. So we're really asking for greater clarity around the different roles and responsibilities of each organisation and making sure that there aren't the gaps in the system that we're currently seeing. Mary's talked a lot about the intersections between the education system and the NDIS. There are similar issues in terms of the interfaces between other systems, including out-of-home care and criminal justice. We're calling for a lot more attention to be paid to identifying and then addressing the gaps to make sure that the systems are really able to identify and respond to those red flags when they're happening in children's lives. Mary, did you want to add?

Ms Sayers: Yes. I would just add that we know that the request and the movement behind unregistered providers was really a key part of the disability advocacy movement for adults, because many adults didn't have choice and control in their lives. But, for children and young people with disability, we know from the evidence that they are much more likely to be victims of abuse. So we have to balance the need for choice and control, which is really critical for adults in the scheme, with the protection of children and young people, who are much more likely to experience violence and abuse. The risk is that we don't look at unregistered providers through that lens. As Maeve mentioned, we look at it through a 'choice and control' lens as opposed to a safeguarding lens.

In terms of quality and unregistered providers, I think what we are looking for is much more assertive outreach by the NDIS Quality and Safeguards Commission about their role in regulating non-registered providers. That may come to a resourcing issue for the Quality and Safeguards Commission—that real educative role that they need to play to help participants who use unregistered providers to understand how they can be safeguarded. I hope that answers your question, Senator Brown.

Senator CAROL BROWN: Thank you. You have spoken about the importance and uniqueness of middle school and the adolescent period. What do you believe could be done better to recognise that importance?

Ms Sayers: The first thing that would be really important is for the NDIA to articulate what outcomes it is trying to achieve for children and young people with disability across early childhood, middle childhood and late adolescence—to say that what we are trying to include in the insurance model is an inclusive life. It is about how we see the NDIS, through its funding of all those phases, supporting an inclusive life. We know from adolescence onwards the importance of peers, social connections and friendships. Yet the NDIA is often seeing a very narrow paradigm and attendant care model in terms of personal support. So having a really robust outcomes framework and intention around what the NDIA is trying to achieve would then focus on those things that are needed for an inclusive life—strong peer networks, inclusion in regular education, capability development and activating the voice of young people with disabilities. Yet we don't see those elements well articulated in the NDIA. I think that would be a really great starting point. It would be an educative process for planners, ECI and LAC providers. But it would also help participants to understand—'This is what the NDIS can achieve for me to make sure I have a fully inclusive life.'

Senator CAROL BROWN: Thank you. You talk in your submission about the need to improve current employment conditions of the NDIS workforce to improve recruitment, retention and quality, targeting areas of critical workforce shortages. What steps do you think should be taken?

Ms Sayers: I will repeat what is happening in Victoria with the crisis of COVID and aged care. This work is precarious. It is low-paid, it is feminised, it creates poverty for those who are working in the system. If we think about who the most valuable people in our community are—that is, people with disability and older Australians—they deserve the highest quality workforce and qualifications, not the lowest. So there really needs to be a holistic workforce strategy that incorporates all of those elements and addresses things that we know create insecure work for people, which then undermines that really critical, important relationship between workers and participants, and the quality of the relationship between workers and participants is so key to a high-quality service.

Senator CAROL BROWN: Thank you.

Senator ASKEW: Thank you very much to Ms Sayers and Ms Kennedy for joining us. Senator Brown has covered off some of my points, but I just wanted to elaborate a little bit further in the area of the workforce. You were saying that there is a lot of insecurity in that workforce. But what areas could we look to improve in? I notice throughout your submission you talked about the lack of experience and the skill gaps and training. Do you think that would help to retain some of the workforce and to provide more security?

Ms Sayers: Absolutely, and part of this comes to community attitudes as well, and that's where the National Disability Strategy that's being renegotiated now is so key. When people with disability are seen as valued members of the community, that will flow to the desire to work in this area as well. If we're thinking about what's going to attract people to work in disability, it's going to be through a deep understanding of disability and the inherent uniqueness and value of all people. One of the barriers that needs to be overcome is how we train people through their careers guidance that happens in schools that disability work is really meaningful and important work, and then how do we have pathways into disability work? That could be through vocational education, through TAFE. In Victoria, for example, free TAFE which was offered in disability and aged care and community services went through the roof. You need to have both the supply side and the demand side. I think it's about making disability work an attractive career option for young people to enter, and then also for people with disability themselves to work in their own sector. What sorts of incentives are there that may be able to be provided, whether it be through traineeships or through work that happens in education, so that people can have a career in community services and in disability work?

What we also know is that in disability work, or caring work, if you like, there's a lot of movement across the community sector. You're not just a disability worker or an aged-care worker or a community services worker—they're portable skills that move across. So in some ways you can't look at the disability sector without looking at the whole of the community sector, which is the fastest growing industry in Australia yet has the least amount of attention when we're thinking about jobs—I hate to say 'jobs and growth', but you know what I mean, in that it's a growing sector. How do we get a pipeline of people who want to work in our sector and see it as attractive? That goes to incentives, training, remuneration and award conditions or industrial conditions.

Senator ASKEW: Thank you. That's a valid point. You mention in your submission that there's quite a bit of variation between the different jurisdictions around the country. Are there any that are doing really well?

Ms Sayers: Maeve, I don't know if you want to add to that in terms of what's happening with the Victorian government, because I think that notion of free TAFE has been a really huge incentive to get qualified workers doing aged care, disability, individual support qualifications. I'm not sure, Maeve, if you've got anything else to add.

Ms Kennedy: Yes, thank you, Mary. One of the other things which we, along with many others, are watching with interest is the Victorian Disability Worker Registration Scheme and the regulation that's happening at a state level, for example. Given that's only beginning and there have been some postponements of parts of the scheme being introduced as well, and there have been some widespread public awareness and public engagement campaigns about how that scheme is working, that's something we're really interested to keep an eye on. We're interested to watch for the intersections and how that dual jurisdictional system is going to work.

One thing that seems key, if we go back to the safeguarding approach, is the 'no-wrong-door' approach. From a participant's perspective or a community member's perspective, how will different workforce regulation and registration schemes work for somebody who would like to make a complaint or seek information? I think the no-wrong-door approach, and having widespread community awareness of those sorts of schemes, is something that's really important to CYDA as well, as Mary was saying earlier, in terms of the outreach work around the commission.

So, as to starting to harmonise those state and territory schemes, I guess we're not really in a position where we can say with certainty how that's all going but we're certainly watching with interest in Victoria.

Ms Sayers: One other point to add is that we have seen the horrific employment outcomes from the COVID situation, particularly for young people, yet the disability workforce sector is not short of jobs. So how do we think about a post-COVID jobs recovery being focused on this sector? I know a lot of the public narrative is around the construction industry, but this industry is a really important growth industry. When we look at how many workforce shortages we have, how can we shift the narrative to say that this work is really meaningful and valuable work that young people who have lost jobs in other sectors could be interested in entering? That requires a public campaign. It requires incentives, as I mentioned earlier, and the right environment. I'm sorry to keep drawing back to COVID but I do think it is an opportunity for us to reset where the opportunities in our labour market are, and disability work is one of those opportunities.

Senator ASKEW: That's a very valid point. In the interest of time, I'll hand back to the chair. Thank you very much for that.

CHAIR: Ms Coker.

Ms COKER: Thank you, CYDA, for your involvement today. I am interested in the connection between the workforce and the education sector. I've had a number of parents come to me who have young people in these schools, and they've talked to me—and I've actually spoken to schools in Victoria as well—about the challenges in workforce from the NDIS being able to come into schools and the issues around the funding of staff who work in schools to support young people with a disability. There seem to be some barriers. That's Victoria; the challenge is that throughout Australia there are different things in place. I just want your thoughts about the barriers and how we can create a better connection and enable the workforce who work with young people with a disability in schools. How do we dovetail better? How do we improve the interface?

Ms Sayers: At its heart it has to go to the purpose of education and students with disability at education, which is to ensure that they can access the curriculum on a basis equal with that of their non-disabled peers. If the NDIS work that comes into school is about that then there should be no barriers at all, but if the NDIS work involvement is about providing therapies or taking the child away from their education then we would have problems with that, because the school is all about making sure that students are educated and can access their curriculum equally with their non-disabled peers. I don't know whether some of the situations that you've mentioned have been the former or the latter, but certainly I think a really meaningful dialogue bringing together education jurisdictions, the NDIA, advocates like ourselves, parents and young people with disability would be a really valuable exercise, because these issues need to be ironed out. They're across the system, not just in Victoria.

Ms COKER: Thank you for that. I do think it's something that needs to be ironed out. I think it needs an effort, but I'm not quite sure how we do that; that's the challenge. How do you think we go about making change to support young people in schools? Is there anything specific that you think could occur?

Ms Sayers: We're members of the Australian Coalition for Inclusive Education, which is members of organisations from around Australia who are working on inclusive education. One of the key things we have said

is that we really need a national plan for inclusive education. Whether or not that comes under the National Disability Strategy, that national plan for inclusive education would articulate what role the NDIS provides in supporting education for students with disability.

I think the Commonwealth government has a number of levers. We know that the disability standards for education are up for review. But the disability standards for education sit under antidiscrimination legislation, the Disability Discrimination Act, which is a discrimination paradigm as opposed to the right to inclusive education and all the supports that need to be provided to make sure that a student receives an inclusive education. Part of it is legislative change that needs to be made, part of it is around the National Disability Strategy and part of it is making really clear what the NDIS is trying to achieve for children and young people with disability. So I think there are a number of levers we can pull. We could provide to you a national road map we've developed for providing inclusive education in Australia, which we've prepared for the disability royal commission, which is stepping out a 10-year change program that needs to happen to make sure we can realise inclusive education for students with disability in Australia.

Ms COKER: It would be very good if that could be sent through to us; thank you for that offer. You say that within the sector there are challenges around the workforce not being suitably qualified to support young people with disability. What do you think the minimum qualifications should be for people working with children and young people with disability, and do you think holding such qualifications would in turn impact on a provider's ability to attract and retain staff?

Ms Sayers: I might pass to Maeve after I make an introductory comment. Part of the challenge is the current qualifications. If we look at Certificate III in Individual Support, for example, which is quasi-seen as a minimum qualification, that does not have a holistic focus on children and young people with disability. Part of it is about embedding the curriculum into the existing courses available that really focus on children and young people with disability. The early-childhood early-intervention pathway has minimum qualifications, which we mention in our submission. But beyond that there are no qualifications, I would say, that holistically address the particular needs. I think there's work that can be done through the national skills council—I've forgotten what their acronym is now—on how we can build this specialty into existing qualifications. It's quite a complex landscape to say, 'Well, this qualification would be better over the other', because that would assume that the existing qualifications cover the needs of children and young people with disability sufficiently at the moment, and I don't necessarily think they do. I don't know if there's anything else you want to add, Maeve?

Ms Kennedy: I was wondering, to add to Mary's comments, whether there's an opportunity for the committee to explore values based qualifications and curricula. It's really an ethics based curriculum that's being developed, in a sense. I know in Victoria there's the Future Social Service Institute, which is doing some work around ethics based education and training for the community sector. I think one of the issues at the moment is inconsistency. We hear a lot of feedback, from families and from young people, that there are some incredibly brilliant people in the workforce. There is some inconsistency in terms of experience and approach and the rights based lens that people bring to the work, which is of course something to be considered in terms of developing a safeguarding approach.

Ms Sayers: Micro-credentials provide a really important opportunity. Rather than thinking about whole qualifications, building in micro-credentials around particular specialties like, as Maeve said, ethics, rights, a social model of disability, and the particular needs of children and young people with disabilities. We're probably not coming to you with a clear answer, because the training landscape is so complex at the moment.

Ms COKER: It is quite complex, and it sounds to me like there is a body of work that does need to be done, looking at young people and ensuring that the skills of workers are specific to that need. I think it's something that we need to focus on more. So it's a complex one and we can't solve it today, but thank you for the points you've made.

CHAIR: I'm afraid we've run out of time. Ms Sayers and Ms Kennedy, I thank you for your submission and for coming online with us today. If you can forward those various materials to the secretariat, we'd appreciate that.

Ms Sayers: We shall do, and thank you very much.