

National Disability Insurance Agency

# Rural and Remote Strategy

2016–2019

February 2016

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# 1. National Disability Insurance Agency's Rural and Remote Strategy

The National Disability Insurance Agency's (NDIA) Rural and Remote Strategy (the Strategy) is built on the approach to:

**'Listen, Learn, Build, and Deliver'.**

The Strategy will be considered within the overarching framework of the National Disability Strategy 2010-2020 (NDS) to ensure the National Disability Insurance Scheme (NDIS or the Scheme) is responsive to and appropriate for people with disability, their families and carers living in rural and remote areas.

The Strategy is aspirational. Communities will be our collaborators. Achievements will be gradual. We will work together to improve the lives of people with disability within their communities. As we listen and learn, our actions to build and deliver will continue to change and become more tailored for rural and remote communities. The Strategy supports us to work together with communities, identify their features and strengths, support local planning that builds on these existing strengths, and develop creative ways to best support people with disability as the NDIS is delivered.

The Strategy encompasses the full range of supports that could be available through the NDIS, which includes access and contact, planning, implementation, engagement, early intervention and personal services, and the delivery of specialist services.

The Strategy recognises the diversity that exists within communities and identifies the varying needs of people with disability who reside in rural and remote areas. The Strategy supports service delivery in rural and remote communities, particularly those communities that include a higher proportion of Aboriginal and Torres Strait Islander peoples<sup>1</sup>. For example, in 2011, about one-fifth of Aboriginal and Torres Strait Islander peoples lived in remote or very remote areas (7.7% in remote and 13.7% in very remote areas) compared with only 1.7% of other Australians. Aboriginal and Torres Strait Islander peoples represent 16% and 45% of all people living in *Remote* and *Very remote* areas respectively<sup>2</sup>.

In achieving the goals of the Strategy, we acknowledge the important role of genuine and collaborative engagement to inform the way we deliver the NDIS. To assist us, we have developed an Aboriginal and Torres Strait Islander Engagement Strategy that describes the best way for the NDIA to engage and work collaboratively with Aboriginal and Torres Strait Islander peoples and their communities, recognising that Torres Strait Islander peoples have their own distinct cultures and identities. We are developing a Cultural and Linguistic

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<sup>1</sup> Aboriginal and Torres Strait Islander peoples is the collective term for all people who identify and are recognised as descendants of the original inhabitants of Australia, and acknowledges the many Aboriginal and Torres Strait Islander groups in Australia.

<sup>2</sup> Australian Institute of Health and Welfare 2014 *Australia's health 2014*. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW.

Diversity Strategy to support people from culturally and linguistically diverse (CALD) backgrounds in accessing the services of the NDIS.

The Strategy aims to build on the experience of the Commonwealth and state and territory governments in providing services to rural and remote communities. In addition the Strategy will build on the efforts of governments to implement the NDIS. Agreements between the Commonwealth, states and territories guide the transition of the NDIS to full delivery across Australia. Transition Operational Plans developed between the NDIA, Department of Social Services (DSS) and each state and territory describe this partnership and how the NDIS will be implemented in each region. Activities and commitments within these plans will underpin and complement the Strategy.

The Strategy has been informed through consultation with:

- the Rural and Remote and Aboriginal and Torres Strait Islander Reference group;
- the Rural and Remote Working Group;
- the Aboriginal and Torres Strait Islander Working Group;
- state and territory governments;
- Australian government departments and agencies; and
- NDIA staff from trial sites including those in rural and remote locations and in our National Office.

## 1.1 Vision

People with disability in rural and remote Australia, including Aboriginal and Torres Strait Islander communities, are supported to participate in social and economic life to the extent of their ability, to contribute as valued members of their community, and to achieve good life outcomes.

## 1.2 Goals

To achieve this vision, the Strategy aims to address the following goals:

- Easy access and contact with the NDIA.
- Effective, appropriate supports available wherever people live.
- Creative approaches for individuals within their communities.
- Harnessing collaborative partnerships to achieve results.
- Support and strengthen local capacity of rural and remote communities.

NDIA work is guided by the approach of – **listen, learn, build and deliver** and our five values:

- Assurance.
- Empowerment.
- Responsibility.
- Learning.
- Integrity.

Our values inform everything we do – our behaviour in the workplace, the way we interact with people, and how we design better ways of delivering the NDIS.

Our principles are described in our legislation at Appendix A. The NDIA Strategic Plan outlines the vision, mission and goals and provides the overarching framework for the Strategy.

The Charter of Service commits us to service which is – **professional, accessible, fair, and timely**.

The Strategy establishes the way we plan to give effect to our approach, our values, principles and service commitment for people with disability, their families and carers who live in rural and remote communities.

The key components of the Strategy have been developed into a one page summary to identify its goals and corresponding output areas. The key activities that arise from the output areas will be informed through collaboration, engagement and co-design. Key activities will be tailored and will recognise different community contexts including the need for varying service delivery approaches across rural, remote and very remote locations. The key activity areas are further described in Section 8 of the Strategy. The one page summary of the Strategy is below and is available as an accessibility description at Appendix B.

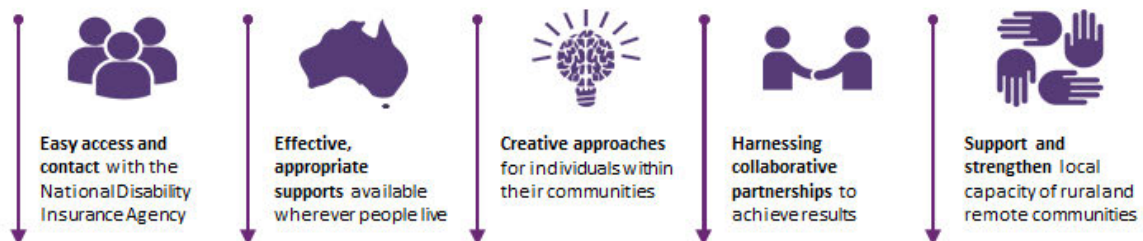
## National Disability Strategy

## RURAL AND REMOTE STRATEGY

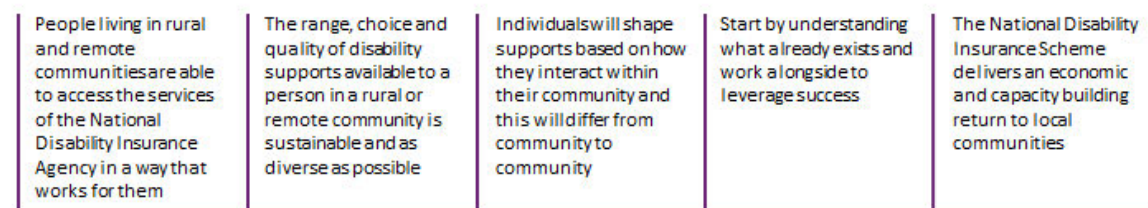
## OUR VISION

People with disability in rural and remote Australia, including Aboriginal and Torres Strait Islander communities, are supported to participate in social and economic life to the extent of their ability, to contribute as valued members of their community, and to achieve good life outcomes.

## OUR GOALS



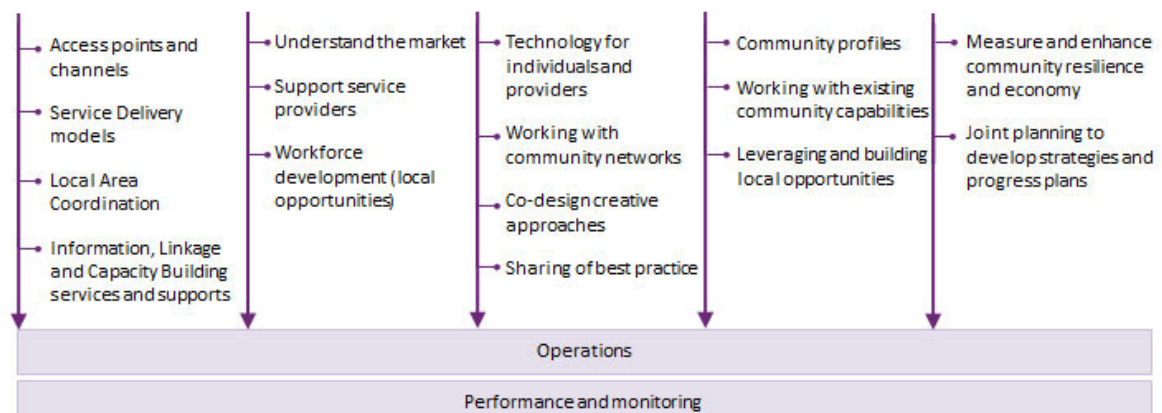
## OUTPUT AREA



Engagement with communities that respects, learns and builds on their social capital, community collaborations and creative ways

NDIS Acts, Rules, legislation; Convention on the Rights of Persons with Disabilities and other legislation

## ACTIVITY AREA



Icons designed by Freepix

## 2. Indicators of success

Ultimately, the test of how successful the Strategy is will be measured by the impact the NDIS has on the lives of people with disability, their families, carers and communities in rural and remote parts of Australia. A number of outcomes have been identified to measure the success of the NDIS in the context of the Strategy from 2016 to 2019. A number of these indicators will be collected through the NDIA Outcomes Framework and for others we will need to jointly design ways to gather this information. The Indicators of Success and Improvement Areas will be subject to refinement including further identification of measures and associated timeframes.

The proposed indicators arising from the NDIA Outcomes Framework include:

- Percentage of families using specialist services who believe these services support them to assist their child;
- Percentage of families who say they get the services and supports they need to care for their family member with disability;
- Percentage of families who report that:
  - the services they use listen to them; and
  - they feel in control in selecting services and supports that meet their needs; and
  - the services they receive meet their needs;
- Percentage of people/parents whose children attend age appropriate community, cultural and religious activities who feel their child is welcomed/actively included;
- Percentage of people who feel like they belong to a community group;
- Percentage of participants self-managing;
- Percentage of people satisfied with the implementation of their plan;
- Percentage of parents using informal care (other than parents) for their children; and
- Percentage who feel able to have a say on issues that are important to them.

### 3. Policy context

Work undertaken with rural and remote communities to recognise features, strengths and challenges takes place in the context of previous and current approaches of governments. The NDIA will work collaboratively with communities and across all levels of government to make decisions that support good outcomes for people with disability. It will be important to develop ways to ensure key stakeholders have ongoing input into decisions which affect their communities. It is crucial that these are informed by feedback from people with disability, their families and carers.

All governments are committed to a national approach to supporting people with disability. The NDS provides a 10-year national policy framework for all levels of government to improve the lives of people with disability. The NDS seeks to drive a more inclusive approach to the design of policies, programs and infrastructure so people with disability can participate in all areas of Australian life. Improving access to buildings, transport, social events, education, health care services and employment will provide the opportunity for people with disability to fulfil their potential as equal citizens.

The NDIS acknowledges that people with disability living in rural and remote areas often face additional challenges that are distinctly different from people who live in metropolitan areas.

The NDIS takes an approach that is comprehensive while recognising the different needs, perspectives and interests of people with disability. The NDS and the whole of government policy framework which underpins its six outcome areas and associated actions, aims to improve the lives of people with disability on a national and local level across both mainstream and disability specific services. The Strategy will contribute to achieving the vision of the NDIS for an Australian society inclusive of people with disability. Additionally, the Commonwealth is currently working to develop an Australian Government plan to improve outcomes for Aboriginal and Torres Strait Islander peoples with disability. This plan will sit alongside the second implementation of the NDS and will include tangible actions in mainstream and specialist areas for Aboriginal and Torres Strait Islander peoples with disability.

The Strategy is delivered in the context of frameworks, strategies and plans of other government agencies and departments (Appendix C). Additionally, there are frameworks, strategies and plans which address the goals of the Strategy through supporting implementation and reporting of the NDIS (Appendix D). The Strategy does not stand alone. It will be successful if activities working with communities are coordinated.

The implementation of the Strategy is supported by collaboration with key stakeholders, developing strong relationships and working to achieve shared outcomes to contribute to sustainable rural and remote service delivery approaches. Cross-agency collaboration will enable the NDIA to provide a more responsive service that has the capacity to address a range of inter-related issues.



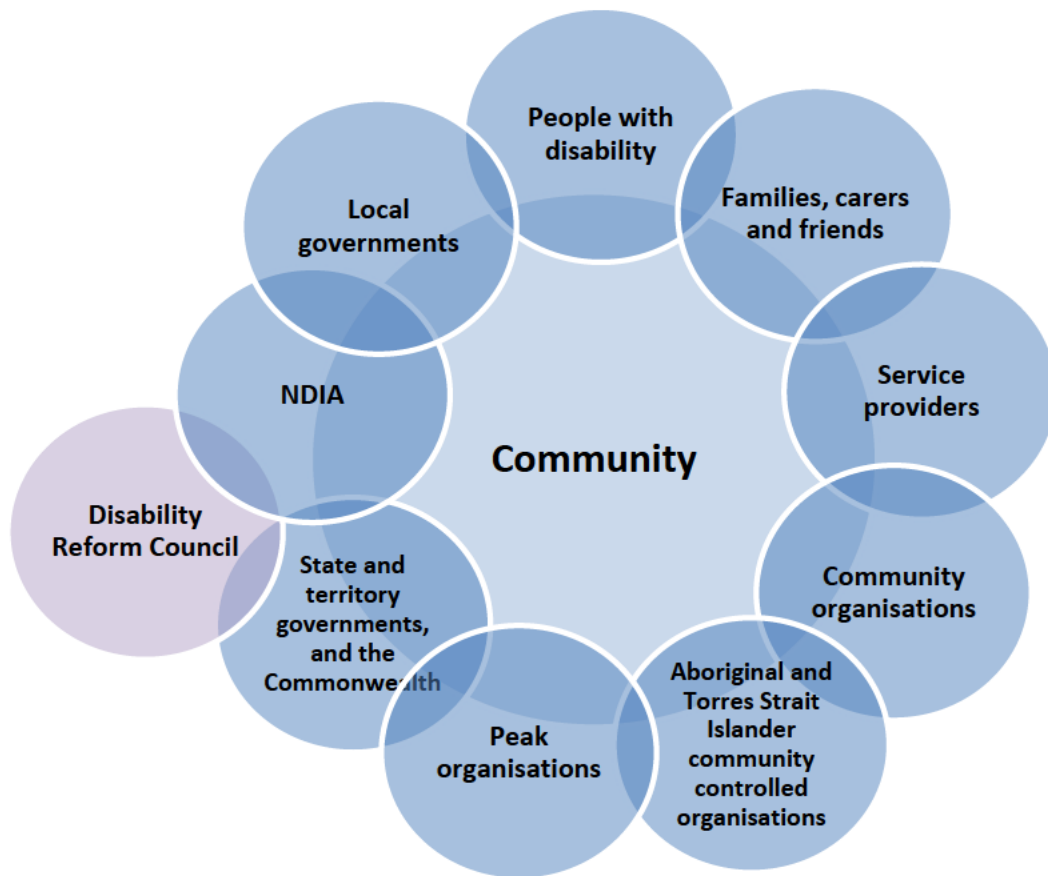
### 3.1 Governance framework:

The Governance framework for the Strategy recognises that the community has many important stakeholders and the NDIA is one part of this picture (**Figure 1: Community relationships**). People living in communities have a proud and strong legacy of contributing to their community, with specific community knowledge and resourcefulness. The NDIA can draw on these key stakeholders to help inform the Disability Reform Council (DRC), to meet the expectations of the Council of Australian Governments (COAG) and ensure the NDIS is achieving the practical delivery of the Productivity Commission's vision.

The NDIA established a Rural, Remote and Aboriginal and Torres Strait Islander Reference Group and two Working Groups to guide the development of the Strategy (a list of members is included at Appendix E). The members of the Reference and Working groups have provided insight into the experiences and lives of people living in rural and remote areas, and have represented the voice of local communities. The members are experts in their field and have provided significant contributions to the development of the Strategy.

Input from the Reference and Working groups has helped inform the approaches for working with communities to ensure that people with disability have significant opportunities to engage with and benefit from the NDIS and its services, supports and functions. Consultation with Reference and Working group members has reinforced the importance of collaborating with communities and partnering with them through local planning, to best meet their expressed needs. In measuring and evaluating the success of the Strategy, the NDIA will work with an independent advisory group/s to monitor our progress and hold us accountable. Regular reporting will occur, proposed annually and the Strategy will be reviewed every two years to identify lessons learned and support the ongoing adoption of better practices for delivery of the NDIS.

The relationship between the Reference and Working groups in supporting development of the Strategy is described at Appendix F.



**Figure 1: Community relationships**

The Radial Venn diagram above depicts overlapping relationships to a central idea. The central circle contains the idea of community and is overlapped by nine smaller circles. In a clockwise direction, the nine circles overlap the next and the main idea in this order:

- People with disability.
- Families, carers and friends.
- Service providers.
- Community organisations.
- Aboriginal and Torres Strait Islander community controlled organisations.
- Peak organisations.
- State and territory governments and the Commonwealth.
- The NDIA.
- Local governments.

Lastly there is a tenth circle for the Disability Reform Council which overlaps the NDIA and state and territory governments and the Commonwealth as a separate relationship.

## 4. Opportunities for rural and remote service delivery

*"We've been with the NDIS about a year now, and being able to get more supports has meant Alex is progressing so much faster now... With his plan we are actually able to access way more therapy than ever before and as a family we are enjoying the flexibility of choosing therapists to meet Alex's unique needs".*

Through his participant plan, Alex has been able to access an intensive program, 250 kilometres away from their home in rural South Australia.

*"As part of that program we were also able to stay in Adelaide for a week so staff could visit us during meal times. We saw a dietician, an occupational therapist and a speech therapist during those times and they were able to give us lots of tips and ideas on how to get our little boy eating."*

- Parents of NDIS participant

Rural and remote communities have many existing strengths and potential that provides a basis from which the NDIA will work. This can include the skills, experience and motivation of individuals, resources offered by local organisations, major employers, schools, businesses and industries or the local council, land, property, buildings, parks or the environment which contribute to the arts, culture and stories of the community. Importantly, communities provide connection, participation, involvement in decisions and opportunities for inclusion, tolerance and safety.

Service delivery for the NDIS in rural and remote Australia must recognise and determine the best way to respond to the impact of small populations dispersed across vast geographic regions, limited infrastructure, and difficulty in attracting professional personnel. Most importantly, service delivery will be tailored to take account of the specific geographical, social, economic and cultural contexts that differentiate rural and remote communities. Responding to these challenges for communities is not only an NDIA service delivery issue; it is shared with the provider and service sector, particularly in relation to attracting skilled professionals to work in some rural and remote areas.

Consultations and feedback from other agencies and trial sites have recognised some of the circumstances that need to be considered for people with disability and their families and carers who live in rural and remote communities. Their situations are currently challenged by:

- limited service choice and availability;
- the need for travel and transportation;
- difficulties with recruiting, training and retaining professionals;
- issues relating to service/support quality; and
- lack of alternative accommodation options.

These issues were also identified by the National Rural Health Alliance in its submission to the Practical Design Fund report<sup>3</sup>.

Rural and remote services are unlikely to have the same economies of scale as metropolitan-based services. Additionally, many small rural and remote organisations experience a greater administrative burden on their limited resources due to multiple accreditation, accountability and reporting requirements. These service providers may find it harder to maintain their viability, and may face difficulties continuing to provide the services their communities need.

The introduction of the NDIS presents an opportunity for a balanced approach in responding to:

- lack of supply in areas of high demand growth such as personal care;
- provider readiness such as profitability, working capital and contact with the NDIA;
- services in remote, rural and lower socio-economic regions;
- impact of transition of state and territory government specialist disability services;
- services to meet episodic/unpredictable demand. For example: in crisis supports and mental health;
- transport needs that arise as a result of a person's disability;
- support for people with complex support needs e.g. challenging behaviours;
- support to assist with independent/informed choices and access;
- housing needs that arise as a result of a person's disability;
- availability of specific types of therapy/therapists; and
- supporting linkage and local coordination between services/agencies. For example: with Aboriginal Medical Services.

Non-metropolitan Australia is characterised by great diversity; there is no one single type of rural or remote place. This means there will not be one particular type of disability service model or delivery that will be successful for all rural and remote communities. Tailored responses will be required to design, deliver and support effective rural and remote services to these communities. Time will be required to progress NDIS to full maturity and our approach will require flexible, creative, and locally appropriate solutions.

In developing tailored, locally appropriate solutions the NDIA recognises some rural or remote communities also experience lower incomes and lower levels of education. There may be higher levels of poverty and homelessness, higher cost of living, poorer housing and health outcomes. Employment opportunities (a key enabler of control in one's life) are generally fewer in rural and remote areas. The social disadvantage many people in rural and remote Australia experience means they are more at risk of mental illness and harm from alcohol, tobacco and drug misuse<sup>4 5</sup>. The Strategy recognises the multiple disadvantage people with disability living in rural and remote areas experience and the need to work across different sectors, including mental health and develop solutions which involve interaction with mainstream services to support the delivery of vital services and provide opportunities to build the marketplace.

<sup>3</sup> *Delivering equitable services to people living with a disability in rural and remote areas*. FaHCSIA Practical Design Fund (NDIS) Project 2013 – Final Report (7 June 2013).

<sup>4</sup> [Australian Bureau of Statistics, Australian Social Trends, March 2010](#)

<sup>5</sup> Ministerial Council on Drug Strategy, *National Drug Strategy 2010-2015, A framework for action on alcohol, tobacco and other drugs*, February 2011.

## 5. Creative supports and services

*"Having the NDIS in Tennant Creek helps to inform the community about what resources and equipment are available and what we can access... The services aren't like they are in a city but you can't expect that they ever will be because we don't live in the city. The NDIS has made remarkable inroads in the 12 months it's been here... As more people become aware of the Scheme, more people get on board. I think a lot of people presumed services would pop up overnight, which of course will take time because we are so remote."*

- carer of an NDIS participant

The NDIS will increase the opportunities for people with disability to participate in and contribute to social and economic life. Key to this will be:

- linking individuals with mainstream community services and opportunities;
- strengthening informal supports and funding supports to enable people with disability to develop skills;
- maximising independent lifestyles; and
- actively participating in the community.

In rural and remote communities, key questions in delivery include:

- what supports will participants want to purchase to assist them to achieve their goals?;
- will these supports be available?; and
- how is pricing of support structured in order to take account of local conditions in rural and remote communities?

The NDIA vision includes a market for supports and services that is vibrant, innovative and competitive with sufficient levels of supply and demand for it to be self-sustaining and largely deregulated. However, where there are thin markets (very few providers, no local providers or a monopoly provider), particularly in many remote areas, specific intervention by the NDIA may be necessary to ensure the delivery of culturally appropriate and relevant supports to maximise achievement of outcomes for participants.

For these market-related and other reasons, supports and services may take on different forms or be provided in different ways in rural and remote areas. For example: leveraging off the high demand and success of tele-health, videoconferencing or support workers/therapy assistants working with support and professional supervision provided off site. In some instances, families, carers and informal support networks may play a greater role as there are fewer 'registered' or mainstream supports and fewer people currently accessing disability supports. The boundaries between disability, health and aged care may be less defined. Some allied health or therapeutic services may not be available or may be accessed in different ways. Still, there may be strong community networks that exist and local effective solutions which can be used or further developed to support people with disability, their families and carers to coordinate and integrate these with other supports and services.

It is commonly understood there are barriers to greater access, delivery of therapy supports and choice in rural and remote areas<sup>6</sup>. These include:

- lack of information and advice;
- limited local service options and capacity;
- higher costs and fewer services; and
- greater complexity of self-managing packages.

For people with a disability, their families and carers, access to respite services to sustain informal supports is important. Although the proportion of people living with a disability increases the further you move from major centres, the level of access to respite services decreases<sup>7</sup>. Flexible support packages offer people with disability a range of ways to obtain supports while sustaining important informal support networks. Supports funded through the NDIS need to build upon existing strengths and respond to what works for the individual. Cultural sensitivities need to be considered in delivering some supports. Supports will need to be coordinated without barriers between various agencies and service systems, and this will be a key focus of the role of Local Area Coordination (LAC) in and across these communities.

Other ways of providing supports will be explored, encouraged and tailored for rural and remote communities. In these areas, the NDIA recognises that training and support should be made available to local people to enable them to provide non-professional services to people with disability. There are also opportunities for collaboration between the health, disability and aged care sectors in the delivery of supports and in making best use of available existing community infrastructure and resources to deliver services. Sustaining those who provide informal supports or providing respite may occur in different ways tailored to the individual's circumstances such as care in the home. More importantly, supporting paid work for individuals, skill building and supporting social engagement provide the opportunity to strengthen the community and potentially address workforce issues in these regions.

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<sup>6</sup> Dew, A., Bulkeley, K., Veitch, C., Bundy, A., Lincoln, M., Brentnall, J., Gallego, G., Griffiths, S. (2013). Carer and service providers' experiences of individual funding models for children with a disability in rural and remote areas. *Health and Social Care in the Community*. 21(4), 432–441.

<sup>7</sup> [Australian Government, Australian Bureau of Statistics, General Social Survey, Summary Results, Australia, 2014, Table 4.3: All persons, Selected personal characteristics – by remoteness areas.](#)

## 6. Towards a positive engagement approach

The NDIA recognises the rights and importance of involving people who are impacted by decisions in their development:

### **‘Nothing About Us, Without Us’.**

Engagement which is focused on building and nurturing ongoing relationships between the NDIA and rural and remote communities is an essential part of the Strategy. These relationships are vital to improve the way we all work together and deliver on our agreed outcomes. It is how we take the journey together. Engagement respects the strengths of the community, building on existing approaches, recognising and acknowledging the natural systems and networks that exist in communities and harnessing creative responses to issues. It provides an exciting opportunity to listen, learn, build and deliver.

Effective engagement and relationship building takes time. As the NDIS rolls out the NDIA will continue to focus on supports and services needed by people with disability. This approach starts where the community is at, recognising and building capacity hand-in-hand to ensure the community is strengthened and inclusive of people with disability. The NDIA recognises services should be provided as locally as possible, which involves seeking out and listening to the views of people with disability, their families and carers, and including them throughout service development.

A core value of the NDIA is that people with disability are at the centre of everything we do. Co-design is one of the ways we achieve this goal. Co-design is essential as it provides a voice for people with disability, providers and the community. It involves the end-user of the experience as we design the process or policy with a goal of attaining an improved outcome. Co-design is not considered to be a linear process; co-design for the NDIA will generally follow five stages; focus, learn, innovate, evaluate and build, with each stage placing people at the centre of our design. These stages are about learning from people, validating assumptions and turning these insights into ideas that are possible and viable, a critical consideration for rural and remote service delivery.

Engagement underpins how we deliver and implement the Strategy through and with people. The Aboriginal and Torres Strait Islander Engagement Strategy describes the NDIA’s commitment to collectively build inclusion and positive outcomes for communities, including Aboriginal and Torres Strait Islander peoples. The Aboriginal and Torres Strait Islander Engagement Strategy is informed by our ongoing interactions and engagement with Aboriginal and Torres Strait Islander peoples with disability, their families, carers and supporting organisations to clearly understand and respond to issues affecting access to the NDIS. It is acknowledged cultural obligations play a large role in how services connect with people and build trust over time. Therefore, it is critical Aboriginal and Torres Strait Islander peoples are engaged in a way which ensures the work of NDIA with communities supports local planning in rural and remote and metropolitan locations.



Our commitment is that:

All NDIA staff will be trained to understand and engage with Aboriginal and Torres Strait Islander peoples and communities in a culturally appropriate or 'proper way'<sup>8</sup>.

We recognise community engagement is a process of involving people in government decision-making processes, policies and programs. It is a way of understanding and addressing community needs through listening, building relationships and collaboration. The NDIA will provide successful community engagement through the way we:

- allocate resources and develop systems and skills to engage with communities;
- develop partnerships with communities;
- gain community input into the development, implementation and review of policies, programs and services;
- provide information and support in ways that are culturally appropriate; and
- evaluate outcomes and provides feedback to communities.

The Strategy supports the Aboriginal and Torres Strait Islander Engagement Strategy in developing a model of collaboration in planning and establishing ongoing partnerships with communities and Aboriginal and Torres Strait Islander peoples. This is critical to informing practice and implementing a range of activities which are compatible with cultural values and the needs of individuals and their community.

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<sup>8</sup> The term 'proper way' is designed to reflect the importance of cultural sensitiveness specific to communities and it is recognised that this may not be a preferred term across all communities.



## 7. Definition of rural and remote areas

The NDIA will adopt the Modified Monash Model (MMM) because it provides a clear differentiation between large, medium and small populations in regional areas. The MMM is a new classification system that categorises metropolitan, regional, rural and remote areas according to their population size and isolation - distance from capital cities. The system was developed to recognise the challenges in attracting health workers to more remote and smaller communities.

Previously rural and remote areas have been defined using the Australian Statistical Geography Standard (ASGS) system. The ASGS is the Australian Bureau of Statistics' geographical framework which replaced the Australian Standard Geographical Classification (ASGC) in July 2011. The ASGC provides a common framework of statistical geography which allows quantitative comparisons between 'city' and 'country' Australia by classifying data from census Collection Districts into broad geographical categories, called Remoteness Areas (RAs). Australian standard geographical classification RAs are as follows:

- RA1 – Major Cities
- RA2 – Inner Regional
- RA3 – Outer Regional
- RA4 – Remote
- RA5 – Very Remote

A summary of the current classification and the new classification can be found in Table 1 and the classification of a particular location can be determined by using the MMM locator on the Department of Health website.

Places that are currently in ASGC-RA 2 and 3 have been allocated to four groups according to population size.

**TABLE 1: The Modified Monash Model inclusions of the Australian Standard Geographical Classifications**

Modified Monash Category	Inclusions
MM 1	All areas categorised ASGC-RA1.
MM 2	Areas categorised ASGC-RA 2 and ASGC-RA 3 that are in, or within 20km road distance, of a town with population >50,000.
MM 3	Areas categorised ASGC-RA 2 and ASGC-RA 3 that are not in MM 2 and are in, or within 15km road distance, of a town with population between 15,000 and 50,000.
MM 4	Areas categorised ASGC-RA 2 and ASGC-RA 3 that are not in MM 2 or MM 3, and are in, or within 10km road distance, of a town with population between 5,000 and 15,000.
MM 5	All other areas in ASGC-RA 2 and 3.
MM 6	All areas categorised ASGC-RA 4 that are not on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore.
MM 7	All other areas – that being ASGC-RA 5 and areas on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore.

The MMM lessons learned during trial, information obtained from state, territory and Commonwealth governments, and our growing understanding of these areas (including whether a location is rural, remote or very remote), will guide the way that the NDIA works with each community. Key activities and service delivery will be tailored to the community recognising their contexts including level of infrastructure, economic activity and existing services. Additionally, the NDIA recognises that for very remote communities a broader role may be required in terms of engagement and to support individual skills building and development of community capacity.

## 8. The Strategy

The Strategy contains goals, outputs and related actions which support working in collaboration with communities and others to deliver the intent and outcomes of the NDIS for people with disability living in rural and remote areas. As we progressively introduce the NDIS across Australia, actions will be linked to the timeframes of the Full Scheme transition (once the NDIS has full national coverage). Roll out timeframes are specific to each region based on bi-lateral agreements between the Commonwealth and each state and territory government. Ongoing review, identification and responses to emerging issues will maximise opportunities for service delivery and support tailored implementation of the NDIS in rural, remote and very remote communities<sup>9</sup>.

### 8.1 Easy access and contact with the National Disability Insurance Agency.

#### 8.1.1 Output area: Access to the National Disability Insurance Agency

People living in rural and remote communities are able to access the services of the NDIA in a way that works for them.

***Participant expectation:***

*As a rural remote participant*

*“I want to know where the regional headquarters of the NDIS will be. Most people I know hardly ever go to the State Capital, and when they do they want to get out of there as soon as they can. So it is important that the NDIS does all it can to be accessible and prepared to meet me on my patch sometimes too.”*

*And*

*“I and my local community expect to be informed about how the NDIS works and what I need to do to work with it. What support may I get? How much is it going to cost me? Who do I talk with to make sure that we put the right support in place?”*

The NDIA is establishing NDIA regional hubs and Local Area Coordination to facilitate easier access to the NDIS for rural and remote participants. People in rural and remote Australia will be informed of how to access the NDIS, the mechanisms for engagement, opportunities for collaboration and co-design, and the types of support available (and not available) under the NDIA by staff who are local to their region.

<sup>9</sup> The NDIA acknowledges the delayed release of the Rural and Remote Strategy to coincide with the endorsement and release of the Aboriginal and Torres Strait Islander Engagement Strategy. A National Inclusion Framework will be developed to guide and support the NDIA to implement its inclusion strategies.

**Participant expectation:**

*“As a rural/ remote participant, I expect the NDIS people will need to be on the ground well before they start with me, so they already know what is going on around here. I want to be talking to people who have got their act together.”*

Communication channels will be appropriate for participants, families, and service providers and Local Area Coordination will work locally to support people, including those not able to become an NDIS participant.

**Participant expectation:**

*“As a rural remote participant, I expect that the NDIS will ensure training and support for their staff, as it’s critical that they understand how things are in rural remote and Aboriginal and Torres Strait Islander communities.”*

Appropriate training will contribute to developing a culturally competent workforce and NDIA staff will be supported to engage effectively with diverse communities and make decisions at the closest point to the participant.

**8.1.2 What have we learned?**

People living in rural and remote areas of Australia currently face a number of challenges when accessing a range of disability supports and services. This includes contact with the NDIA.

The NDIA needs a careful balance in managing office locations, workforce, contact centres and systems to respond to the need for easy access in rural and remote communities and to support effective engagement. This includes ensuring that NDIA service delivery and staff recruitment does not adversely impact on the availability of disability support or other service systems within communities. It also includes understanding the impacts of distance, travel and timeframes.

We also need to be alert to and consider other local activities and community priorities. For example, times of the year when communities might be inaccessible due to flooding or whole families may be involved in agricultural production; cultural ceremonies such as sorry business activities; community fairs and both traditional and contemporary cultural festivals or events that bring people to town so it is a good time to set up information facilities and pop up contact stands.

**8.1.3 What did we do in trial?**

The experience from trial tells us that service delivery in rural and remote areas of Australia requires agile, responsive, innovative and flexible solutions that are tailored to address community challenges and take account of cultural differences.

During the trial some Local Area Coordinators (LACs) were working with local councils, community organisations and rural access workers to better connect people with disability and participants to these services.

**For example:**

*LACs have been recruited to support families and children living in remote areas through partnerships with the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council and Tullawon Health Service in South Australia.*

The NDIA has ensured LACs have provided supports to people through 'outreach'. This may include a regular visiting service to rural locations or smaller communities or co-location with other agencies or providers in regions. Additionally, NDIA offices were established in Murray Bridge in South Australia, Devonport in Tasmania, Tennant Creek in Northern Territory and Colac in Victoria. LACs provide information, linkages and skills building for participants who are eligible but have not commenced planning. LACs refer and support people with disability and families to strengthen natural networks, and access community opportunities and mainstream services such as child care, recreational organisations, peer support or user-led community groups and health services.

Ongoing cultural competency is important for staff to engage and interact appropriately with diverse communities. It is important this is included as part of the induction process for all NDIA staff.

**Trial site example**

The Barwon region has partnered with the local Aboriginal and Torres Strait Islander community to provide training for all NDIA staff in 'Aboriginal and Torres Strait Islander Cultural Awareness' and 'working with the local community'. Barwon staff are working with the local Aboriginal and Torres Strait Islander communities to engage with and support families to access the NDIS.

Through our engagement activities we have heard from a number of people across diverse backgrounds who have identified additional needs and sensitivities for the NDIA to take into account. Our approach to employment of staff and LACs includes consideration of the need for representation of people from diverse backgrounds in each region.

**Trial site example**

The Barkly region demonstrated the NDIA's commitment to ensuring it is engaging and interacting successfully with communities, with half of its staff being Aboriginal.

Our approach includes providing training to all frontline staff which has a component on cultural competency delivered by relevant community groups and tailored to each location.

**8.1.4 What are we now doing?**

The NDIA is structured on the basis of a 'hub and spoke' model. We have established regional hubs, led by senior staff, to support a variety of spoke locations that will be sited closer to where participants normally do business. From our spoke locations we will have capability to support outreach sites, for example through Land Councils, local governments, health care centres and community organisations, and operate mobile contact centres and activities. Regions will not be defined solely by state or territory boundaries and services will be provided across borders to ensure flexibility and efficiency of servicing. NDIA staff will be available in co-located, visiting and outreach based services as well as stand-alone offices. Planning will include time to build relationships and travel to communities.

The NDIA will work closely with existing service providers, key community agencies and across sectors to share information and address concerns to ensure smooth transition to the NDIS for participants. We will test and refine the way we do things and how people interact with our processes and technology to identify better ways to use these in rural and remote areas.

We will think about and make sure that ways of contact with the NDIA are ones that work. There will be a variety of ways offered to ensure that people who do not have access to a computer or the internet can contact the NDIA. The NDIA will pursue alternative service delivery strategies in order to support participant choice. These strategies will be based on lessons learned from the trial sites and through the delivery of Commonwealth, state and territory government services in rural and remote areas.

To support contact with the NDIA, LAC will be implemented in a manner that best meets the needs of the community. The NDIA acknowledges the value and role of a wide gateway in rural and remote communities and will in the first instance look to build upon and work with existing services and community contacts to understand the current strengths and gaps in opportunities and supports for people with disability in that community. LACs will also work to explain access requirements and assist with engagement with the NDIS.

Information, Linkages and Capacity Building (ILC) will be guided by feedback from communities and there will be more flexibility in how this will be delivered. Flexibility with focus on a commitment to local solutions. For example: greater co-location of services; or coordination of a range of specific capacity building resources to be delivered into remote communities.

#### **8.1.5 Success indicators**

- Participant, family and carers interaction with the NDIA including level of client satisfaction.

#### **8.1.6 Proposed improvement areas**

Measures to be considered include a focus on:

- Emerging continuous improvement responses and practices (impact on peoples' experience and interaction); and
- Improved local contact and access (understanding and knowledge of the NDIS, access to LAC and access through identified natural community contact points).

**8.1.7 Activity area 1: Service model and workforce deliverables**

1. By December 2015, the NDIA completed a property plan which reflects population characteristics and natural patterns, reasonable travel times and transport routes to support transition to Full Scheme.
2. By July 2016, the NDIA workforce plan included approaches for employment, training and retention of staff from local communities to reflect the cultural and gender diversity of the area.
3. By March 2016, undertaken co-design activities to optimise multiple access channels and ways to contact the NDIA that work across rural and remote/very remote areas.
4. By April 2016, NDIA Operational Guidelines to support flexible service delivery for rural, remote and very remote areas. For example: guidelines support multiple forms to request access including verbal, participant plans which are tailored including pictorial and ongoing processes further support use of guardian or nominee arrangements.
5. By December 2016, communications materials are updated for cultural appropriateness.
6. Within 1 month of commencement of employment, all NDIA staff have completed cultural awareness training including training on engaging and working with communities.

**8.1.8 Activity Area 2: Local Area Coordination (LAC) deliverables**

1. LAC services established in regions prior to commencement of transition and planning is focused on building linkages with local community leaders and mapping existing community strengths.
2. LAC services in rural and remote locations (as much as possible) operates from or close to local community hubs or is co-located in sites known to local communities.
3. Within 1 month of commencement of employment, training supports NDIA staff working in rural and remote communities to focus on listening, building cooperation, problem-solving and working with people in relation to their family and community context.

**8.1.9 Activity Area 3: Information, Linkages and Capacity Building (ILC) deliverables**

1. By July 2017, the core focus of ILC effort in rural and remote areas contributes to building local community capacity and informal networks.

### 8.1.10 Indicators of progress

- Community champions are identified and working to connect people with the NDIA;
- Plans are developed for each region including:
  - engagement;
  - community profiles;
  - key contacts such as Elders and Traditional Owners; and
  - contact points including office and co-location options.
- Plans are developed to establish a regional workforce which:
  - reflects cultural diversity of the region. For example: percentage of the population who identify as Aboriginal and/or Torres Strait Islander;
  - increases local employment opportunities;
  - considers strategies to support local recruitment and retention; and
  - ensures that all staff are trained to engage in a culturally appropriate manner.
- Service delivery processes are developed and take into account the intensity of working with remote communities including support for access decisions and participant plan implementation and monitoring;
- LAC is implemented to match the remoteness of the location and is building partnerships to create local opportunities;
- Information, Linkages and Capacity Building (ILC) funding will commence progressively from 1 July 2017. The ILC Commissioning Framework guides the approach to ILC and includes recognition of the importance of ensuring that people with disability who live in rural and remote areas have access to ILC activities that are designed to address local needs, circumstances and conditions in rural and remote locations.; and
- Mechanisms to capture client satisfaction are being developed.



## 8.2 Effective, appropriate supports available wherever people live

### 8.2.1 Output area: Delivery of disability supports including workforce

The range, choice and quality of disability supports available to a person in a rural or remote community are sustainable and as diverse as possible.

**Participant expectation:**

*“As a rural remote participant, I expect that I will have the option to pool my funds (or part of my funds) with others so that together we can obtain services which individually may have been costly.”*

Individuals can maximise use of funding for supports by having opportunities and being supported to explore innovative approaches.

**Participant expectation:**

*“As a rural remote participant I expect that the NDIS will acknowledge and support the additional costs of provision of services in rural and remote communities.”*

Strategies tailored to each region will help influence the service delivery costs and address issues for ‘thin markets’ in rural and remote areas.

### 8.2.2 What have we learned?

Geographic spread, low population density and limited infrastructure may adversely impact on the range and cost of available disability supports and services. Rural and remote communities experience difficulties in attracting and retaining a skilled workforce.

Service delivery in some rural and remote areas may be single source and interdependent, or dependent on other services systems, e.g. one provider may be delivering health, child support, aged care and disability supports through a single worker or team. In areas where there are insufficient service providers for a market approach to work, the NDIA will take a considered approach to determine how to intervene, and with what levers, to support market development without negatively impacting on other sectors. Any action taken to grow the market needs to balance with our goals to build local opportunities and economies.

Strong community inclusion and concepts of disability, including mental health, may also influence whether a person identifies as having a disability and whether they seek to access services. Previous interactions with government and non-government services which did not deliver as expected, which came and left quickly, or which did not engage in a culturally sensitive way can impact on whether people choose to access a service or try something new including the NDIS.

### 8.2.3 What did we do in trial?

One of the factors critical to market development is the ability to articulate what people are likely to need, in what quantities, where and when. We have invested in working with potential participants, with input from their families and carers, to understand goals and aspirations in preparation for transition to the NDIS. Disability Support Organisations (DSO)

have been funded to increase participant awareness and readiness for the NDIS, this helps us gain a better understanding of participant expectation so we can plan for market demand.

#### **Trial site example**

The NDIA has worked in trial sites to support the development of markets, including a specific project to encourage new providers and services in the Northern Territory and remote regions of South Australia, through:

- assessing and supporting provider readiness;
- direct support to assist providers with NDIS registration processes;
- identifying immediate supply gaps presented by 'thin' or limited markets in communities; and
- developing responses such as simplifying the Support Catalogue - which describes the prices for disability supports, to address some of the barriers that impact on suppliers being competitive, innovative and responsive in rural and remote regions.

#### **8.2.4 What are we now doing?**

The NDIA will work to understand the market for each community. This includes how the current market is responding to NDIA prices for support, the number of service providers and the range of available supports. Where there are limited local providers and services, the NDIA will actively engage with providers and draw on local expertise and community knowledge to assess and build potential capacity to expand their service offerings and encourage new enterprises. This may include work to enable or encourage service providers from other sectors (health, aged care, employment) to increase their engagement with people with disability.

In recognising the challenges associated with service provider viability, the NDIA will develop a framework for Provider of Last Resort arrangements to respond in remote areas. This may include the provision of personal supports and training to meet the needs of participants in the event of provider failure and when no provider is available. These providers may need to leverage existing infrastructure.

Commonwealth, state and territory governments have endorsed a National Integrated Market, Sector and Workforce Strategy. Governments are also developing a National Action Plan that will describe the role of the NDIA and governments in enabling the NDIS markets. The NDIA will work to support the implementation of the National Integrated Market, Sector and Workforce Strategy, which includes:

- continual work to assess and support supplier readiness and attract new suppliers;
- understanding and managing supply and demand risks, including addressing the risk of limited or failed markets in rural and remote regions;
- ensuring the NDIA has a range of levers it can use to generate supply;
- working with providers to identify incentives to deliver supports. For example: use of remote travel provisions across a number of participants in a similar location;
- setting up processes to grow supply e.g. providing demand information to support business decisions and partnering with other organisations; and
- recognising the need for greater innovation in supports delivered by providers to assist participants to achieve their outcomes.

Additionally, there is a potential role for Industry Advisory Groups to take an action-oriented, national perspective to provide advice on specific issues and identify potential solutions to achieve market maturity.

An underlying and important focus of market and sector work will be ongoing evaluation to determine who makes up the paid workforce for the NDIS, how this workforce comes into being and how it links with informal networks (e.g. family) and other services.

### **8.2.5 Success indicators**

- Percentage of families using specialist services who believe these services support them to assist their child;
- Percentage of families who say they get the services and supports they need to care for their family member with disability; and
- Percentage of families who report that:
  - The services they use listen to them;
  - They feel in control in selecting services and supports that meet their needs; and
  - The services they receive meet their needs.

### **8.2.6 Proposed improvement areas**

- Improved choice of service provider/options (impact on number of services being offered, number of providers and range of supports delivered locally); and
- Improved partnerships (impact in terms of engagement through community groups/networks and with other government programs, joint planning to create or enhance supports).

### **8.2.7 Activity area 1: Markets deliverables**

1. In 2016 the NDIA updated price loadings for remote and very remote locations – the NDIA now use the 'Modified Monash Model' to determine remoteness
2. In 2016 the NDIA through its Markets Branch held a series of consultation session to build on current lessons learnt from NT and SA trial sites to understand the barriers to service provision and cost drivers for remote service delivery.
3. In November 2016, the Agency released its 'Market Approach – Statement of Opportunity and Intent' document which sets out the NDIA's market stewardship role and market intervention approach. As the next step, the NDIA will develop a more detailed Market Intervention Framework which will include Provider of Last Resort arrangements.
4. Market and Provider Readiness working arrangements are currently being developed with each state and territory government. Most of these working arrangements will include the monitoring and development of rural and remote markets, and also the preparedness of providers in those areas. The mapping of these phasing in regions will be a key initial action of the arrangements.
5. Through the market and provider readiness working arrangements, an analysis of market gaps and opportunities will be undertaken as soon as reliable market data become available after transition. Where appropriate, customised market signalling will occur to attract service providers to the market.

### **8.2.8 Activity area 2: Service providers deliverables**

1. 6 months after commencement of transition, service providers in remote areas are supported to identify and address transition risks. This may include support with
  - a) improving costing and pricing skills;
  - b) developing a provider toolkit; and
  - c) registration with the NDIA.
2. 6 months after commencement of transition, local service providers, including the Torres Strait Regional Authority and Aboriginal Community Controlled organisations such as health centres and local councils, understand how to engage with the NDIS.
3. 12 months after commencement of transition, Aboriginal and Torres Strait Islander organisations are working with the NDIA and other agencies to continue in or enter the sector.
4. Throughout transition, understand whether state and territory governments will continue to deliver specialist disability services and ensure plans are developed to manage the transition.

### **8.2.9 Activity area 3: Workforce development deliverables**

1. By December 2015, the Action Plan to implement the NDIA activities of the National Integrated Market, Sector and Workforce Strategy is developed.
2. 12 months after commencement of transition, alternative workforce models in communities that include local employment opportunities have been investigated for implementation in each region.
3. In implementing the Action Plan, partnerships with other sectors in communities are identifying and encouraging local employment opportunities.

### 8.2.10 Indicators of progress

- Market approach is developed to:
  - support new and existing service providers;
  - identify and engage with Aboriginal and Torres Strait Islander controlled agencies;
  - provide certainty of conditions and expectations;
  - consider local options, opportunities and community strengths, capabilities and viability;
  - maximise use of funded and informal supports;
  - develop strategies to address issues, such as commissioning options, to enable investment and expansion; and
  - formulate a Provider of Last Resort framework is developed.
- Market information is collated and shared with service providers to support expansion of existing and new providers;
- Service provider Terms of Business and support are readily available and clearly outline roles and responsibilities;
- Future provision of specialist disability services by state and territory governments is clarified including consideration of provider options for 'thin' markets; and
- Action Plan – National Integrated Market, Sector and Workforce Strategy is being implemented.

## 8.3 Creative approaches for individuals within their communities

### 8.3.1 Output area: Creative approaches for individuals within their communities

*Individuals will shape supports based on how they interact within their community and these will differ from community to community.*

**Participant expectation:**

*As a rural remote participant, I expect the NDIS will use tele-communications to make it possible to stay in contact. Maybe they can help me get set up with the right technology to make it easier for me stay in touch, and implement the plan we have been talking about.*

Tailored options for participants may include communication technology such as video and teleconferencing, and Skype.

**Participant expectation:**

*As a rural/ remote participant, I expect that the NDIS will give priority to finding the support services that I need from within my local community or region. I understand that may not always be possible.*

Participants can obtain the supports they need delivered within their community, or as close as possible.

### 8.3.2 What have we learned?

The particular characteristics of rural and remote areas and the people in them living with disability mean creative models of service delivery will be needed. It is likely they will vary from place to place in order to build on localised service systems that already exist. Despite this diversity, there are some general approaches that will apply across all rural and remote areas, including the use of technology to provide services and support for a range of people with disability.

Not all service delivery has to occur within the local community. For example: therapeutic supports could be assisted or delivered via videoconference. Specialised processes may also be required to deliver some supports such as Assistive Technology including aids and equipment for participants.

Collaborative partnerships using local expertise are important in order to develop appropriate approaches for individuals in their communities. They recognise local strengths to ensure that access to the NDIA and disability supports is flexible and does not rely only on the use of technology. For some individuals, the existing informal networks in their communities may be best placed to take on a role as the provider or facilitator of their formal supports. This may include consideration of processes or training to ensure the services provided meet the participants' needs.

### 8.3.3 What we did in trial?

The NDIA has developed tools for collecting qualitative data and measuring participant outcomes. This is underpinned by collection of quantitative data through the Information and Communications Technology (ICT) system. This plays an important role in building an evidence base about what works well and in what circumstances.

Trial site experience identified a need for more reliable and comprehensive data on the prevalence of disability in rural and remote areas by category (type of disability), and specific places to inform best practice models.

Access to aids and equipment in sites has been improved. New technologies that enable participation in recreation are being funded. Funding is also being provided for aids and equipment, and for vehicle modification, to help meet the particular needs and environment of rural and remote areas.

**For example:**

*A purpose built motorised chair was provided to a participant in a remote location. The motorised chair is built for rough terrain and is fitted with additional stump support, custom sized gel cushion and other pressure reducing measures, to manage the impact of its use on the participant's body.*

The NDIA takes a proactive approach to the inclusion in participant's plans of innovative solutions (e.g. through assistive technology) that have been shown to work well in rural and remote trial sites. Care is being taken to collect information and evidence about the solutions that work for individual participants, so that other people can be informed.

The NDIA is investigating the possibility of identifying community members who could take a role as a therapy assistant in remote communities to support early intervention therapies between visits from therapists. Additionally, this support could be provided in a number of settings, including at the local early childhood centre or local health centre.

### 8.3.4 What are we now doing?

The NDIA will consider opportunities to use technological solutions to deliver supports and services across large distances and to sparse populations, while remaining aware of the needs to engage local people in planning. In developing creative approaches, it will be important for participants to provide feedback on what works for them. The NDIA is designing and developing a range of digital services and channels to support this communication and engagement.

The NDIA will use emerging technologies including Assistive Technology, interactive information and E-technology to assist innovation in product designs, assessment approaches, service delivery and support options to meet the needs of people with disability living in rural and remote areas. This will include the implementation of an eMarket platform – an online marketplace to assist people with disability, their families and carers to exercise choice about support options, and to assist service agencies and other suppliers to communicate their offerings and access information that will inform their commercial decisions. Different approaches may be required to support choice of providers and implementation of participant plans where access to technology may be limited.

The NDIA recognises the particular challenges to engage people with disability in planning their supports when they live in rural and remote areas. Planning approaches will aim to



develop creative responses that work for individuals no matter where they live. They will consider localised circumstances, including skill and community capacity building to support localised choices.

The NDIA will be collecting, analysing and sharing information about disability and supports for participants in rural and remote areas to help identify best practice models appropriate to each type of community and across the range of personal circumstances.

#### **Trial site example**

The NDIA worked collaboratively to understand the incidence and impact of Fetal Alcohol Syndrome and how best to deliver and provide support for children and adults. The Telethon Kids Institute undertook the project with the NDIA to advise on factors that would support access and planning decisions, taking a lifespan approach. The project's aim was to identify best practice guidelines and current and emerging evidence of effective approaches, drawing on national and international research.

To identify solutions, the NDIA will recognise and build on local strengths and existing mainstream and community infrastructure in all relevant sectors (e.g. health, education, transport, housing), that are additional to disability-specific services.

The NDIA will continue to build an evidence base to collect comprehensive information on the range of supports and services that are being funded for people with disability. There are opportunities for the NDIA to use this growing evidence base to provide specific and tailored information to prospective providers in rural and remote regions and generate responses in the market.

The NDIA will recognise the importance of informal supports and carers for participants and ensure localised approaches respect and reflect these relationships.

#### **8.3.5 Success indicators**

- Percentage of parents whose children attend age appropriate community, cultural and religious activities who feel their child is welcomed/actively included;
- Percentage who feel they belong to a community group;
- Percentage participants self-managing; and
- Percentage satisfied with the implementation of their plan.



### 8.3.6 Proposed improvement areas

Measures to be considered with a focus on:

- Networks/Communities of Interest  
(presence of networks or groups in community and virtually, impact on participant practices/approaches); and
- Improved connectivity and use of technology  
(use of technology to connect and communicate, use of Assistive Technology in participant plans).

### 8.3.7 Activity area 1: Use of technology deliverables

1. Within 6 months from the NDIS becoming available in an area, options for use of technology to assist in efficient delivery of supports to participants in their community have been investigated, and are being trialled.
2. Within 6 months from the NDIS becoming available in an area, required assistive technology is made available that is appropriate for daily use in the rural and remote setting, taking account of harsh physical environments and other challenges.
3. Within 6 months from the NDIS becoming available in an area, robust processes and networks ensure that delivery, repairs and maintenance of assistive technology are achieved in a timely manner.

### 8.3.8 Activity area 2: Community networks deliverables

1. As the NDIS commences in a region, community networks have been identified and are assisting NDIA to plan for the delivery of NDIS across the community.
2. By 3-6 months prior to the NDIS becoming available in an area, community networks are engaging with the NDIA to create culturally appropriate information about disability and related concepts, including translation of key messages.
3. Some 12 months after the NDIS becomes available in an area, community networks are working with participants to support and deliver the NDIS.

### 8.3.9 Activity area 3: Co-design deliverables

1. 3-6 months prior to the NDIS becoming available in an area, co-design is occurring with people with disability, community organisations and providers to develop creative approaches for supports and services.
2. 3-6 months prior to the NDIS becoming available in an area, community members, other agencies, service providers and governments have begun planning at a local level to prepare communities for transitioning to the NDIS.
3. Within 6 months the NDIS becoming available in an area, approaches are determined to support co-design aimed at delivering services that are suitable for people within their communities.

### **8.3.10 Activity area 4: Best practice models deliverables**

1. Within 6 months after the NDIS becoming available in an area, communities are identifying and sharing successful service delivery solutions refining approaches which can be used widely and adopted by other communities.
2. Within 6 months after the NDIS becoming available in an area, research is underway to assess the effectiveness of disability supports in the rural and remote context to help identify what is working for participants.
3. Within 3 months after the NDIS becoming available in an area, good news stories are being used to showcase the strengths of communities and their creative approaches.
4. Within 6 months after the NDIS becoming available in an area, continuous improvement practices are being identified and promoted including through the use of Communities of Practice.

### **8.3.11 Indicators of progress**

- Assistive Technology options are identified, provided to participants and are considered 'fit for purpose';
- Information products are specific and assisting participants to interact effectively with supports and services;
- Community networks are identified or emerging;
- Engagement with communities using co-design approaches and considering local opportunities;
- Participants are working with the NDIA to consider innovative support either individually or through a group or network;
- Good news stories and best practice are emerging and documented; and
- Communities of Practice groups are informing service delivery.

## 8.4 Harnessing collaborative partnerships to achieve results

### 8.4.1 Output area: Harnessing collaborative partnerships to achieve results

*Start by understanding what already exists and work together to leverage success.*

***Participant expectation:***

*As a rural remote participant I expect the NDIS will show they can be flexible when working with specific regions and communities, as they are all different. This will show that the NDIS is tuned into the ways in which people think in my region.*

A flexible approach to implementation will build on community strengths and address specific regional and community nuances and challenges.

***Participant expectation:***

*As a rural remote participant, I expect the NDIA will need to work closely with key leaders in my community, and collaborate with them to build the NDIS.*

Community champions and leaders will build NDIS capacity in rural and remote communities by working collaboratively and in a respectful manner.

### 8.4.2 What have we learned?

The best results from the NDIS will be obtained where there are collaborative partnerships between:

- The NDIA,
- Participants and their families and carers,
- Local community leaders,
- Traditional Owners and Elders,
- State and territory and local governments,
- Pre-existing and potential service providers, and
- Professional workers and the organisations to which they belong.

Some of the complexities of rural and remote provision of supports can be addressed through collaborative partnerships with local community or family and carers to tailor fit-for-purpose solutions.

Our strongest partnerships in rural and remote areas will be developed working closely with:

- Other government sectors,
- Local government,
- Community organisations,
- Corporations,
- Service providers in health, and
- Other allied sectors that also support these communities.

The partnerships will assist in facilitating joint service delivery of care and/or supports to participants.

We need to start with a comprehensive mapping of the characteristics and understanding of rural areas and each remote community, key community stakeholders and government partners. We also know considerable effort and activity has occurred across government and within each state and territory to deliver appropriate service solutions and outcomes for people with disability in rural and remote areas. The Operational Plans support transition of the NDIS and provide for mapping of existing effort and identifying success strategies that should be continued during transition through to Full Scheme.

#### **8.4.3 What did we do in trial?**

In the Barkly region, engagement activities focussed on meeting with local government and local non-government organisation representatives to establish key relationships.

##### **For example:**

A Local Advisory Group (LAG) was established in the Barkly region with broad representation from local stakeholders, including Aboriginal and Torres Strait Islander organisations to provide cultural and local advice to ensure the NDIS is responsive to the surrounding context and environment. The LAG endorsed the creation of an action plan – ‘moving forward’. With the participant/community at the centre, the action plan will show progress across five themes - participant/community, communication, engagement, carers and workforce.

The South Australian region established two projects with Aboriginal and Torres Strait Islander families and carers of children with disability, in the Anangu Pitjantjatjara Yankunytjatjara Lands (APY Lands) and in the Maralinga Tjaruta Lands in the Yalata and Oak Valley communities. The APY Lands project was delivered in partnership with the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women’s Council in Alice Springs and the Yalata and Oak Valley project in partnership with Tullawon Health Service.

The project in the APY Lands included working with senior community leaders to provide advice on the introduction of the NDIS to their communities including translating the principles and concepts of the NDIS in a culturally appropriate way. This has been achieved by using art and the local Pitjantjatjara and Yankunytjatjara languages to explain descriptions of disability so they are readily understood by local community members.

#### **8.4.4 What are we now doing?**

The NDIA will support responsive, creative services through strengthening partnerships and active participation in place-based strategies with governments and other Commonwealth agencies to facilitate access to services. In conjunction with local communities, the NDIA will identify and work with community champions and networks to create better ways to access supports, understand the concepts of disability and raise community awareness of the rights of people with disability.

To find the best solutions for effective service delivery for people with disability, the NDIA will identify opportunities to use or expand local infrastructure and resources. NDIA staff located closest to communities will lead this work and engage with communities to facilitate and build partnerships.

#### **8.4.5 Success indicators**

- Percentage of parents using informal care (other than parents) for their children;
- Percentage who feel like they belong to a community group; and
- Percentage who feel able to have a say on issues that are important to them.

#### **8.4.6 Proposed improvement areas**

Measures to be considered with a focus on:

- Community supports (recognition of natural supports as part of participant plans, access to supports through mainstream and community organisations)

#### **8.4.7 Activity area 1: Community profiles deliverables**

1. 3-6 months prior to the NDIS becoming available in an area, community profiles have been sourced or developed and are informing how we deliver the NDIS.
2. 3-6 months prior to the NDIS becoming available in an area, key community contacts including people with disability have been identified and agreed the best ways to work together.
3. 3-6 months prior to the NDIS becoming available in an area, existing protocols and systems within communities have been identified and are informing how we interact with the community.

#### **8.4.8 Activity area 2: Community capabilities deliverables**

1. 3-6 months prior to the NDIS becoming available in an area, existing linkages and connections within the community are identified and mapped to support local planning.
2. 6 months after the NDIS becoming available in an area, community champions or connectors are identified and working in partnership with the NDIA within their community.
3. 6 months after the NDIS becoming available in an area, approaches are developed in collaboration with community networks to inform the ongoing delivery of the NDIS.

#### **8.4.9 Activity area 3: Local opportunities deliverables**

1. 12 months after the NDIS becoming available in an area, links across governments and with new and existing policy directions in rural and remote Australia are creating opportunities at a local level.
2. 12 months after the NDIS becoming available in an area, joined up service delivery and coordination across sectors is increasing availability of services.
3. 12 months after the NDIS becoming available in an area, supports that could be addressed through micro-businesses opportunities have been identified.
4. As the NDIS is becoming available in an area, participant plans are providing support and promoting the value of paid work for participants and their communities.
5. 6-12 months after the NDIS becoming available in an area, information is being shared on supports required by participants across their community to enable creation of local opportunities including direct employment by participants.

#### 8.4.10 Indicators of progress

- Identify existing sources of community mapping. For example: Business directories <sup>10</sup>, and Major Remote Town Job Profiles <sup>11</sup>;
- Community profiles are used to understand:
  - history and service provision patterns; and
  - existing community capabilities and successes.
- Community contacts and key community stakeholders are working with NDIS in delivery of tailored supports and services;
- Plans developed with communities outline the best way for the NDIA to:
  - engage with people with disability;
  - support choice and control;
  - engage with the community;
  - engage with mainstream programs, services and activities; and
  - increase opportunities for independence, self-management and community inclusion.
- Local opportunities are identified and respond to support needs.

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<sup>10</sup> [Northern Territory Government Business Directories](#)

<sup>11</sup> [Northern Territory Government Remote Town Profiles](#)

## 8.5 Support and strengthen local capacity of rural and remote communities

### 8.5.1 Output area: Support and strengthen local capacity of rural and remote communities

*The NDIS delivers an economic and capacity building return to local communities.*

**Participant expectation:**

*As a rural remote participant, I want the NDIS to provide clear information about its benefits to the whole community, and not just about my progress. I want to be informed of how the NDIS is performing, both in service delivery, but also how it is going financially in rural and remote areas.*

Communicating participant outcomes through lifetime, efficiency and financial viability in rural and remote regions will help promote the positive impact of the NDIS.

**Participant expectation:**

*As a rural remote participant I want to know how the NDIS is performing in other rural or remote regions... what is working well and what needs to be improved.*

Sharing best practice models and promoting achievements will inform consideration of service delivery across rural and remote communities.

### 8.5.2 What have we learned?

The Rural, Remote and Aboriginal and Torres Strait Islander Reference and Working Group provided feedback about the importance of an ongoing presence and relationship between the NDIA, service providers and other governments and their agencies to strengthen communities. They provided strong support for working with existing capabilities of communities and to build sustainability including through economic benefits. For example: remote service delivery would be greatly strengthened by employing community based workers to work in partnership with visiting service providers and workers and act as community/cultural advisors. With training, these individuals would be best placed to provide regular, on the ground support for people with disability in their local community and help workers to navigate the local context.

The Delivering NDIS in Rural & Remote Communities Workshop held in May 2015 raised the importance of ensuring that the NDIA works with communities to maintain their viability. This includes retaining highly valued service providers and recognising and enhancing already existing rural and remote support programs rather than creating new ones.

### 8.5.3 What did we do in trial?

Engagement activities in the Barkly region focussed on raising awareness of the NDIS and establishing key relationships through activities which are appropriate for the community.



### **Trial site example**

The NDIA sponsored the 2015 Barkly Regional Arts (BRA) Desert Harmony Festival, held in Tennant Creek. The Festival program celebrated and promoted local Aboriginal Artists and has strong connections with all communities of the Barkly region. The Festival included a strong disability theme, facilitating NDIA engagement with Aboriginal and Torres Strait Islander peoples and communities and built the story of the NDIS in remote Australia.

Additionally, the NDIA/BRA 'ceramic story plates' disability project used ceramics as an art medium to bring together artists and community people from the Barkly region to design fifteen ceramic plates describing the concept of disability. The project was designed to develop understanding of disability within Aboriginal and Torres Strait Islander communities in order to increase community awareness and ability to engage with the NDIA.

The NDIA continuously evaluates participant outcomes, regularly conducts participant plan reviews and monitors the financial sustainability of the NDIS to compare experience and actual results with the forecasts and to identify improvements. This monitoring includes consideration of the economic impact of the NDIS at a national, state and local level wherever possible. The NDIA Outcomes Framework aims to monitor and identify factors that contribute to the achievement of outcomes over a participant's lifetime. The outcomes measured during 2015-2016 will inform the baseline for future years.

### **8.5.4 What are we now doing?**

The NDIA is building relationships by working in partnerships with all areas of government to embed ownership of the NDIS within the community and support empowerment of people with disability. Importantly, action taken under the National Disability Strategy 2010-2020 to improve the accessibility of mainstream services for people with disability will complement specialist disability services and programs currently provided by Commonwealth, state and territory governments, including those provided through the NDIS. For example: linking into the new policy directions in rural and remote Australia such as the Remote Jobs and Community Programmes (RJCP) that can assist with training and support for employment opportunities.

The NDIA is continuing to engage with rural and remote communities to build local partnerships. For example: Senior Executive Staff and the previous Chairman of the NDIA Board have met with community members and listened to their stories. Relationship building activities, such as these, develop community confidence and trust by creating a presence that is respectful, establishing clear contact points and emphasising the importance of including people with disability in local planning and action. Such work may also involve the creation or identification of a network of community leaders or champions for disability and the NDIS, and engagement with Traditional Owners and Elders to understand the context of Aboriginal and Torres Strait Islander culture.

The NDIA will develop plans for engagement and implementation by working in consultation with people with disability, community champions and networks and key stakeholders. Existing approaches to delivery will be considered to inform key aspects for successful transition. For example: the Northern Territory government has established a 'remote Key Contacts' approach. This model supports engagement with Aboriginal and Torres Strait



Islander peoples across health and other services and uses a key person who has developed trust with these communities to assist them to engage with various services.

The NDIA will work with local communities and other government partners to establish measures of the impact of the NDIS on community economy and resilience. For example:

- Measure of the economic and social engagement of clients with their community (work, recreation, communication);
- 'Before and after' views and stories;
- Measure of the ability to attract and retain workforce and providers to set up and stay in rural and remote service delivery; or
- Measure of the impact of technological solutions at individual and service delivery level.

#### **8.5.5 Success indicators**

- NDIA Quarterly Reports to monitor progress in delivering the NDIS
- Ongoing improvements in access to mainstream service systems for people with disability by all levels of Government under the National Disability Strategy 2010-2020.

#### **8.5.6 Proposed improvement areas**

Measures to be considered with a focus on:

- Local leadership (impact on level of engagement and relationship building activities, level of information sharing and reporting across communities)
- Level of collaboration/partnership (impact on level of collaboration to share access to community infrastructure)

#### **8.5.7 Activity area 1: Joint planning deliverables**

1. 6-12 months after the NDIS becomes available in an area, implementation strategies, milestones (including timeframes) and local opportunities for delivery of the NDIS will be developed.
2. 12 months after the NDIS becomes available in an area, participant data collection by the NDIA at the individual level is informing monitoring and reporting of outcomes, on the progress of rural and remote participants.
3. 12 months after the NDIS becomes available in an area, data provided to community contacts and key community stakeholders are specific to their communities and guide decision-making and review.

#### **8.5.8 Indicators of progress**

- Approaches to support implementation of the NDIS are developed, including the identification of local opportunities;
- Data are collected, and sharing occurs in a timely, reliable and outcomes-focused manner;
- Good news stories, challenges and best practices arising from delivery of the NDIS in communities are shared; and
- Measures for community resilience and economy are identified.

## 9. Key lessons the NDIA has learned from initiatives across Australian states and territories

State and territory governments have for many years provided supports and services to people with disability in rural and remote communities. The lessons learned from this experience have provided valuable insight into the challenges and opportunities for delivering the NDIS in rural and remote Australia.

These include:

- Developing structured approaches to work with communities, Commonwealth, other government and non-government agencies to deliver services to communities;
- Strategies to address workforce needs, from recruitment and retention of workers and ensuring workers are appropriately skilled, to ensuring local facility space, equipment and technology are available;
- Working with and preparing local communities prior to commencing services including engagement with local mainstream services;
- Skilled and connected people present in each community to support communities to build capacity;
- Providing quality service delivery through the innovative, flexible, efficient and effective allocation and use of resources;
- Contingency planning for service delivery in a range of different circumstances e.g. limited community access during the wet season and the departure of workers;
- Developing a coordinated approach to engage and support local community members as trainees, mentors and employees;
- Cultural capability of services, such as communications and supports which have a strong educational focus; and consideration that English may not be the first language;
- Developing technological literacy (and other access barriers) which impact on communication and timely access to information to support individuals, families, communities and services to be ready for the NDIS; and
- Additional safeguards may be required to ensure quality, cost-effective and appropriateness of supports and services where choice is expected to be limited, for example where there is a limited market or there is no market.
- Outcomes in the Final Report from the Pricing Joint Working Group – which comprised representation from the NDIA and the National Disability Services and two independent expert consultants. The Final Report outlines a set of recommendations around transitional prices, and presents the concept of an efficient price including proposed sector development strategies to help drive efficiency.

This section presents some examples of key initiatives which have occurred across states and territories:

## 9.1 Australian Capital Territory

### 9.1.1 NDIS Outreach to Members of the Aboriginal and Torres Strait Islander Community

This service delivered by Gudan Gulwan commenced as a six month project in July 2014. Funding was increased to employ additional staff and to extend the program to March 2017.

The service provides outreach to promote understanding and awareness about the NDIS among Aboriginal and Torres Strait Islander peoples across the Australian Capital Territory (ACT) community, including:

- The local communities have heard about and have a general understanding of what the NDIS is;
- Community members with disability and their families are enabled and/or assisted to find out whether they may be eligible for NDIS and what types of supports and services the NDIS might provide them;
- Eligible people are supported to consider their whole of life needs and make a participant plan that outlines their goals and their disability related needs;
- Eligible community members are supported to meet and engage with the NDIA to get the best package of supports and services to achieve the goals in the participant plan; and
- The benefits and successes of the NDIS for local communities' members are promoted.

Additionally, Gudan Gulwan hosted gatherings in partnership with other community providers who engaged with local community by recruiting family leaders who talked to other families about their NDIS /NDIA experience.

### 9.1.2 Update on Building Culturally Sensitive Disability Services in the ACT

For Aboriginal and Torres Strait Islander community members to genuinely exercise choice and control and get the best from the NDIS, community members need the option to access culturally sensitive supports and services.

Community members should be able to choose from Aboriginal managed disability services as well as from other mainstream culturally sensitive disability services. Community members should be provided with the option of having their support needs met by Aboriginal and Torres Strait Islander disability support workers, both male and female. At the start of the NDIS trial in July 2014, there were no Aboriginal and Torres Strait Islander organisations delivering disability services in the ACT.

As of February 2017 there is one Aboriginal organisation (based in NSW) registered to deliver disability services in the ACT.

A small number of mainstream disability providers have good connections and are working well for Aboriginal and Torres Strait Islander peoples in the local community. However, in general, community members have expressed concern and frustration about the lack of culturally sensitive support services to choose from. A tender was announced on 20 June 2015 seeking a suitably qualified and experienced consultant to develop and deliver a program to assist Aboriginal and Torres Strait Islander community organisations to prepare for the NDIS and to build the availability of culturally sensitive disability services in the ACT.

The *Opening Doors* Program was delivered from late 2015 to December 2016 by The Nous Group, Lifestyle Solutions and First People's Disability Network. The program:

- offered intensive targeted response to three local Aboriginal organisations looking to build their capacity to provide disability services in the ACT; and
- worked with 13 mainstream disability providers to deliver more culturally sensitive services.

A final report will be provided by The Nous Group 31 March 2017.

## 9.2 New South Wales

### 9.2.1 MacKillop Rural Community Services therapy pilot project

(Part of the Wobbly Hub project)

In early 2013, MacKillop Rural Community Services (MRCS) received funding to conduct a therapy pilot project under the Strengthening supports for children and families 0 to 8 years strategy in the Western New South Wales (NSW) Region. MRCS employed four therapy support workers (TSW) to engage with children aged 0 to 8 years living in the northern NSW towns of Brewarrina, Walgett, Lightning Ridge and Coonamble who were not meeting their developmental milestones. The TSW worked with mainstream services (playgroups, child care settings, pre-schools and schools) to provide targeted therapy services to the children.

The dual aims of the pilot project were to promote the inclusion of the children in mainstream settings and, through individual therapy-related goals, to develop the children's physical, social and emotional readiness for pre-school and school.

The TSW met with 56 children as part of the therapy pilot project. They ranged in age from 1 to 7 years and had a range of developmental, physical and psychological impairments. Of the children, 69% were of Aboriginal or Torres Strait Islander background and 11 were in the primary care of foster parents or grandparents. The TSW spent almost 2000 hours with the children and their families over a 12 month period, visiting the children at home, in early childhood and school settings, and in the local community.

The evaluation of the project<sup>12</sup> concluded that it made a valuable contribution to the lives of the children and families who participated. The project also had a wider benefit in enhancing the capacity of early childhood services in the four towns to support children aged 0 to 8 years with developmental delay or disability. The evaluation highlighted the employment of local women in the TSW roles as crucial to engaging the children, their families and communities. Furthermore, the evaluation identified four recommendations with associated strategies:

1. Embed TSW services in local communities by building on existing links, extending the reach to schools and continuing to employ local people in TSW roles;
2. Support TSW in their local communities by enhancing networks, mentors, formal training (including accredited qualifications) and adequate resourcing;

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<sup>12</sup> Wobbly Hub and Double Spokes project activities:  
<http://sydney.edu.au/health-sciences/research/wobbly-hub/activities.shtml>

3. Clarify the TSW role via a range of strategies to inform local and outreach providers about the scope and boundaries of the TSW role. Train therapists to work with TSW and to better understand the community capacity-building approach;
4. Build, sustain and maximise relationships with therapists including engaging them in assessment and goal setting with TSW and families using technology.

### **9.2.2 Broken Hill Silverlea Early Childhood Service and Novita Children's Services capacity building project**

In the 2012/13 and 2013/14 financial years, Novita Children's Services (Novita) received fixed term Skill Development funding to provide support to Silverlea Early Childhood Services (Silverlea) with a capacity building opportunity. This project was designed to reorient the service from an early intervention service which traditionally delivered a preschool-like service, to become a community inclusion team available to assist children and their families access inclusive quality services within their community.

The proposal stemmed from the *Strengthening Supports for Children and Families 0 to 8 Years Strategy* and reflected objectives which specified:

- Families supported in context of mainstream community settings;
- Targeted and specialist supports provided in mainstream community settings;
- Supporting families with children with a disability or developmental delay in the early childhood and school age years is a priority;
- Responsive service delivery;
- Quality life outcomes and social inclusion are facilitated;
- Emphasis on prevention and early intervention;
- Incorporates lifespan, person and family-centred approaches;
- Effective use of resources;
- Social capital and community engagement are maximised; and
- Strong community partnerships and clearly defined roles of disability therapy providers.

Novita was engaged due to their skills and extensive experience in the fields of:

- children's developmental and disability care;
- inclusion facilitation for children with additional needs including those from CALD backgrounds;
- social inclusion and life-skill development including recreation connection and accommodation brokerage for and with adolescents and young adults with complex health and/or disability needs and their carers; and
- regional, rural and remote environments.

The model of support was based on the already established 'Inclusion Support Facilitation team' developed by Novita and utilised in South Australia. The model focused on:

- Building and expanding established relationships/partnerships with mainstream providers including Silverlea, local child care centre staff, kindergarten and school teachers in Broken Hill by the Novita therapy/inclusion specialist staff, to create local social capital and community engagement.
- Expanding the frequency, quantum and nature of Novita service delivery in mainstream community settings, to provide a responsive service to children in early childhood and school age years, achieving the outcomes of:
  - Improved quality of life, including improved child functional skill development and social connectivity; and
  - Continuously improving socially inclusive practices within all child community environments including home, child care, kindergarten, school, employment settings and broader community.

It was envisaged transition of this service out of a centre based model would take approximately two years to ensure families continued to be supported while they considered alternatives to a centre based model. The service has transitioned from 100% centre based to one which utilises the centre on:

- Monday and Tuesday mornings to conduct a half hour 1:1 service for children under 2 years of age;
- Thursdays for the whole day conducting three programs for children at different stages; and
- Every second Tuesday to allow Silverlea to work in partnership with Novita therapists.

The service is community based and working with clients in community settings such as play groups, preschools, health and medical appointments on Mondays, Tuesday afternoons, Wednesdays and Fridays. Silverlea estimate they would be working at a 60:40 ratio of community based to centre based services.

### **9.2.3 Ready, Set....Go!**

Between 2011/13, Northcott Disability Services was funded by Ageing, Disability and Home Care (ADHC) to support the Mudgee Child and Family Interagency access non-recurrent funding to ensure therapists could provide services to children accessing child care services in Mudgee, under a program known as 'Ready, Set....Go!'. The program involved a number of stages, including:

- Consideration of each referral by a panel involving representatives from local primary schools, local child care centres, ADHC, Health and independent members;
- Goal setting and development of a family-centred participant plan by a therapist to determine goals, areas of concern and to understand the natural settings the child and family access;
- Review of the participant plan and recommended package by the panel and allocation of package amounts; and
- Provision of therapy programs within the natural environment in collaboration with the family, school, sporting groups and child care centres designed to achieve the family's goals.



Following its success, this program was later extended to operate in the Warrumbungle (Coonabarabran and surrounds, delivered by Barnardos Australia) and Mid-Western Regional Council (Mudgee and surrounds, delivered by The Benevolent Society) Local Government Areas (LGAs). Both projects received additional recurrent funding as part of the 2014/15 and 2015/16 Ready Together Growth funding. While both programs experienced some initial difficulty with regards to recruitment and set up, current feedback indicates they are now developing a good working partnership with ADHC and local mainstream service providers to implement the projects.

### **9.2.4 Mainstream Capacity Building Projects**

CareWest Ltd received recurrent funding as part of the 2014/15 and 2015/16 Ready Together Growth funding to continue the Connections4Families project to build capacity of mainstream and specialist service providers and families of children with a developmental delay in the Lachlan LGA (Condobolin and surrounds).

Autism Australia (ASPECT) received recurrent funding as part of the 2014/15 and 2015/16 Ready Together Growth funding to continue the Building Connections Western project to build capacity of mainstream and specialist service providers and families of children with a developmental delay in Western NSW. The program is initially being implemented in Bourke, Brewarrina and Walgett communities. It will then expand through identified rural and remote communities in Western NSW.

## **9.3 Northern Territory**

The Northern Territory (NT) experience of remote service delivery has highlighted key issues:

- Recognising remote service delivery is a specialised area of practice requiring ongoing case coordination and management to ensure risk is mitigated;
- Minimising the separation of roles and functions so that contact with remote communities is consistent and relationship building is valued as part of the service delivery;
- Current remote service delivery interacts with a range of other health services for clients, including aged care, primary health care, and other specialised areas depending on the needs of the client in the community.
- Remote teams, despite intensive efforts, still experience cross cultural and communication barriers, a lack of supply of disability service options in remote areas.

The NT has operated under the current remote service delivery model since 2003. The model ensures clients in remote and very remote areas have access to services. It has been developed to enable effective and streamlined use of resources in a timely manner. The key components of the remote service delivery model are as follows:

- The remote service delivery model uses 'Key Contacts' as a pivotal role for the community (family and individual) and service delivery. The role and services of the Key Contact include specialist disability assessment, case management and co-ordination, allied health service delivery, individual support planning, LAC and both aged carer assessments and remote intensive paediatric services. The Key Contact is assigned responsibility for up to three remote communities. The Key Contact, as an allied health professional also manages referrals for discipline specific needs.



- The Key Contact is supported by multidisciplinary remote service delivery teams that include speech pathologists, physiotherapists, and occupational therapists. The teams incorporate protocols for remote community access including cultural practices specific to Aboriginal and Torres Strait Islander communities.
- A schedule of visits (to remote communities) is set up for the year at intervals based on needs. Relationship building and follow up is a primary function of the Key Contact in providing support to the client.
- Remote intensive paediatric teams have a dedicated 'Key Therapist' that provides ongoing support and coordination of services in an outreach model of service delivery. This ensures consistency of support and care.

## 9.4 Queensland

The Queensland Government supports certain passenger transport services which are open to the general public, to ensure that communities in regional and remote Queensland have a reasonable level of access to essential goods and services such as health and education. Government intervention includes investment in subsidy and/or restriction on competition for the viability and continuity of services.

Approximately half of Queensland schools are located in rural and remote areas. Outreach services are provided through the Advisory Visiting Teachers (AVT) for students with hearing, physical and vision impairment.

The Queensland Government funds Early Childhood Education and Care state-wide services including Children and Family Centres; Child and Family Hubs; and Early Years Centres. This includes Aboriginal and Torres Strait Islander early years services across Cape York and the Torres Strait Islands and the pre-Prep kindergarten program across 35 discrete Aboriginal and Torres Strait Islander communities. The approach to rural and remote service delivery encompasses identification of key community leaders and stakeholders with a focus on the development of relationships and partnerships in local communities and utilisation of outreach as a model for service delivery.

The Queensland Government's Skilling Queenslanders for Work initiative encourages equitable participation in training which has the potential to increase the disability workforce in rural and remote regions, and particularly a workforce which can deliver services that are culturally appropriate. The Indigenous VET Partnership initiative seeks to support economic participation by Aboriginal and Torres Strait Islander Queenslanders, particularly in rural and remote communities.

The Government commissioned two community capacity building projects in small rural and remote communities and discrete Aboriginal and Torres Strait Islander communities to gain a clearer understanding of the level of readiness within communities, possibilities for local development and to assist in building community capacity to deliver disability supports in preparation for the NDIS rollout.

## 9.5 South Australia

### 9.5.1 Department for Communities and Social Inclusion (DCSI) - Equipment Prescribers Training Project

The DCSI obtained a Commonwealth Government Sector Development Fund (SDF) grant in 2014/15 to develop a training package for allied health workers servicing rural and remote areas of South Australia which would enable them to effectively work with families in determining the equipment needs of their children.

Existing training programs for prescription of equipment are usually offered either in Adelaide, requiring considerable travel for some allied health workers, or in regional areas on a periodic basis. This project aimed to expand the provision of professional training in rural and remote areas, without extra travel or designated time away from the work place.

University of South Australia was engaged to develop the following four modules:

- Assistive technology and activity of daily living;
- Augmentative and alternative communication;
- Provision of sensory equipment; and
- Positioning equipment.

The flexible training package allows participants to access each module independently and at a time that suits them.

### 9.5.2 Assistive Technology Equipment Repair Training Project

The DCSI obtained SDF funding in 2013/14 for this project. External agencies and commercial repair organisations as well as equipment suppliers play a key role in the provision of equipment for people with disability. The ability of these organisations to provide the best possible level of support to this sector can be inhibited by a lack of availability of staff trained with specific equipment, particularly in rural and remote areas.

Many 'technicians' in this sector have related skills (e.g. previously motor mechanics now working on wheelchairs) but have needed to fill skill gaps by on-the-job training and various informal methods. This project set out to identify and fill any skill gaps so that the industry in general could have a clear understanding of the capability of these providers and create the basis for ongoing skill development as products and needs change.

A contractor was engaged to develop and deliver a training and skills validation program in Assistive Technology Equipment Repair to existing repairers in South Australia.

The types of assistive technology equipment included, but were not limited to, manual and powered wheel chairs and scooters, alternating air pressure care mattresses, transfer aids and lifters, home access equipment and adjustable beds.

The project focussed on:

1. The development of a training and skills validation program for people working with assistive technology equipment repair; and
2. Rolling out the training to existing repairers, including in regional locations where shortages are acute.

The project has ended. A report, with recommendations, has been provided to the NDIA for consideration.

## 9.6 Tasmania

The Tasmania specialist disability services system seeks to increase inclusion and participation. This is achieved by:

- An increased emphasis on community based support (wherever possible, supports are provided in the person's local community to support participation);
- Recognition of the need to nurture and develop informal and formal support networks;
- The Tasmanian Regional Gateway model provides information and advice to individuals and services about both generic and specialist disability services within the four areas of Tasmania - North, North West, South East and South West;
- The effective utilisation of partnerships between community sector providers to deliver services in rural and remote locations; and
- A state-wide Local Area Coordination Model. Local Area Coordination may include single session response to people in immediate need, person centred planning and/or a case management function.

## 9.7 Victoria

Victoria's Disability Act 2006 provides a person centred and whole-of-community approach to supporting people with a disability in which supports are built around the person on the basis of their individual needs and the resources of the communities within which they live and move.

The Department of Health and Human Services supports inclusive local communities by working with local government and communities to improve access to local resources and supports.

The RuralAccess initiative gives people with a disability more opportunities to join in the life of their community through a range of arts, cultural, sport, tourism and leisure activities, as well as by improving access to education, health and other services in local communities. RuralAccess workers are located in 25 local governments and community health services across rural and regional Victoria.<sup>13</sup>

The Victorian Parliamentary Inquiry into Social Inclusion for People with a Disability (2014) acknowledges the important contributions made by people with a disability, their families and carers, local governments and service providers about what works well and what needs to change. It also confirmed that the Victorian Disability Act 2006 and the State Disability Plan provide a strong basis for Victoria's social inclusion agenda. The next State Disability Plan 2017-2020 will incorporate Victoria's transition to the NDIS and a continued role for the Victorian Government in enabling people with a disability to participate and contribute to social, economic and cultural life, including those in regional communities.

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<sup>13</sup> Further information about the Rural Access initiative can be found here [on the DHS web page for community involvement, rural access, metro access, deaf access](#)

## 10. Operational plans in the rural and remote context

The Commonwealth, states and territories are major partners with the NDIA in delivering better outcomes for people with disability through the NDIS. Operational Plans which are agreed between the NDIA, states and territories, and the Department of Social Services (DSS) describe the way in which we work together as the NDIS is rolled out across Australia.

Building on jurisdictional knowledge and initiatives, we will work together to share lessons learned and ensure that the NDIA service delivery operating model is able to respond to the needs of participants in rural and remote communities.

In general Operational Plans provide that the NDIA, State and Territory Governments and the Commonwealth will work together to:

- identify appropriate resources and modification of processes and tools to effectively engage with Aboriginal and Torres Strait Islander and CALD communities and to deliver supports and services in a remote context;
- identify other strategies and activities undertaken by states and territories that are important to identify, build on and enhance through transition;
- identify opportunities to capitalise on existing knowledge and experience in service delivery such as specific approaches or protocols;
- recognise that the approach will be different for remote compared to metropolitan environments; and
- help inform future changes to activities under the Strategy.

Operational Plans will guide the delivery of transition to Full Scheme specific to regions across Australia including the development of associated implementation plans to ensure that people in rural and remote areas are engaged and informed about the NDIS.

# 11. Glossary

This Strategy uses a range of terms:

**Access requirements** – are the criteria a person must meet to become a participant in the NDIS during the trial period (1 July 2013 to 30 June 2016)

**Carer** – someone who provides personal care, support and assistance to a person with disability and who is not contracted as a paid or voluntary worker

**Co-design** – a design process which empowers, encourages, and guides users to develop solutions for themselves

**Community engagement** – a term used to describe the broad range of interactions between people

**Community services** – activities and services such as social, study, sporting or other interests, available from local non-government groups and government entities

**Consumer** – refers to a person with disability or family/carer of a person with disability who is able to access any Tier of the NDIS

**Early intervention** – providing support early in a child's life or post-onset of disability to reduce the effects of disability and to improve functional capacity

**Efficient price** – a price determined by the NDIA as the maximum amount to be included for certain supports in a participant's plan. This price is built up from the cost of wages, on-costs and organisational overheads and includes a margin for profit or re-investment

**eMarket platform** - an online marketplace to assist people with disability, their families and carers to exercise choice about support options, and to assist service agencies and other suppliers to communicate their offerings and access information that will inform their commercial decisions

**Evidence base** – the evidentiary base for decision making by NDIA personnel, including whether a person meets the access criteria and is eligible for funding for reasonable and necessary supports, as well as the factual information compiled by the NDIA from its experience in trial sites, data collection and independent research

**Full scheme** – also known as 'full rollout', the dates by which the NDIS will be available to all eligible residents, specifically, in the Australian Capital Territory by July 2016, in New South Wales and South Australia by July 2018, and in Tasmania, Victoria, Queensland and the Northern Territory by July 2019

**Funded supports** – see reasonable and necessary supports

**Individual plan** – see participant's plan

**Informal supports** – those informal arrangements that are part and parcel of family life or natural connections with friends and community services

**Insurance model** – where the future costs of the NDIS are projected, based on actuarial modelling; the impact on these long-term costs is considered in the justification for current ‘reasonable and necessary’ decisions, and outcomes for participants are monitored and actions put in place to improve those outcomes

**Insurance principle** – placing emphasis on making up-front investments that reduce participants’ call in the NDIS into the future

**Lived experience of disability** – either personally living with disability or having a close relationship with a person with disability (for example, a family member or partner)

**Mainstream services** – government systems providing services to the Australian population, for example, health, mental health, education, justice, housing, child protection and employment services

**Market** – refers to the competitive marketplace for suppliers of supports through the NDIS.

**National Access Team** – NDIA staff members working in a number of locations around Australia to review all applications for access to the NDIS and decisions relating to participants

**Our** - in the context of developing and delivering the Strategy, generally refers to the NDIA

**Outcomes framework** – the NDIA’s mechanism for measuring success for people with disability in areas like choice and control, social inclusion, education, employment, health and housing

**Participant** – a person who is assessed as meeting the NDIS eligibility/access requirements

**Participant outcomes** – a way of measuring the aggregation of whether or not participants’ goals are achieved combined with whether the NDIA is meeting its objectives

**(Participant’s) Plan** – an approved plan consisting of a participant’s statement of goals and aspirations and the reasonable and necessary supports approved by the CEO

**People with disability** – a person who experiences any or all of the following: impairments (abnormalities or changes in body function or structure); activity limitations (difficulties in carrying out usual age-appropriate activities); participation restrictions (problems an individual may experience engaging in community, social and family life)

**Plan/s** – refers to an agreed set of actions, which may be documented, or part of an overarching plan, developed to guide the NDIA and support the delivery of better outcomes for people living in rural and remote communities

**Planning process** – the process by which the NDIA helps a participant to plan for the assistance they need from the NDIS to attain their goals

**‘Proper way’** – is a colloquial phrase used to describe a way of doing business in Aboriginal and Torres Strait Islander communities in a manner which is compatible with that community’s values and customs.

**Provider** – refers to an organisation currently funded to deliver disability support services, either through Commonwealth, State/Territory or local governments

**Provider of Last Resort framework** – model which could include an arrangement or mechanisms to provide participants with supports and/or services in the event of market failure or if there is no provider available

**Reasonable and necessary supports** – the supports that are funded under the NDIS Act. The NDIA publishes operational guidelines to assist decisions on what is to be funded as a reasonable and necessary support

**Registered provider** – a disability support provider that has met the NDIS requirements for qualifications, approvals, experience and capacity for the approved supports and the quality standards of the jurisdiction in which they operate

**Sector** – refers to organisations and sole traders who deliver disability support services and the peak bodies that represent them

**Self-management** – participants receive all or part of their funding and pay directly for reasonable and necessary supports as required

**Services** – assistance delivered through a current support provider

**Supplier** – refers to an organisation that will deliver or currently delivers NDIS supports.

**Support package** – the term used by the NDIA to describe the funding available for the supports available to an individual participant

**Supports** – assistance that helps a participant to reach their goals, objectives and aspirations, and to undertake activities to enable their social and economic participation

**Trial phase** – the first three years of the NDIS

**Trial sites** – the NDIA sites at which different operating models for providing services to eligible people with disability are being trialled under the NDIS

**We** – in the context of developing and delivering the Strategy, generally refers to the NDIA

**Wide gateway** – in the context of the Strategy, refers to a range of pathways that can facilitate a person's access to the NDIS

**Workforce** – refers to people currently working in the disability support sector, or to new members of the disability support workforce



## 12. Acronym list

**ADHC** – Ageing, Disability and Home Care

**APY** – Anangu Pitjantjatjara Yankunytjatjara Lands

**ASGC** – Australian Standard Geographical Classification

**ASGS** – Australian Statistical Geography Standard

**AVT** – Advisory Visiting Teachers

**BRA** – Barkly Regional Arts

**CALD** – Culturally and Linguistically Diverse

**COAG** – Council of Australian Governments

**DCSI** – Department of Communities and Social Inclusion

**DRC** – Disability Reform Council

**DSO** – Disability Support Organisations

**DSS** – Department of Social Services

**IAC** – Independent Advisory Council

**IAG** – Industry Advisory Group

**ICT** – Information Communication Technology

**ILC** – Information, Linkages and Capacity Building

**LAC** – Local Area Coordination

**LACs** – Local Area Coordinators

**LAG** – Local Advisory Group

**LGA** – Local Government Area

**MMM** – Modified Monash Model

**MRCS** – MacKillop Rural Community Services

**NDS** – National Disability Strategy

**NDIS** – National Disability Insurance Scheme

**NDIA** – National Disability Insurance Agency

**NSW** – New South Wales

**NT** – Northern Territory

**RJCP** – Remote Jobs and Community Programmes

**PM&C** – Department of Prime Minister & Cabinet

**SDF** – Sector Development Fund

# Appendix A

## Principles of the National Disability Insurance Scheme Act, 2013:

- (1) People with disability have the same right as other members of Australian society to realise their potential for physical, social, emotional and intellectual development.
- (2) People with disability should be supported to participate in and contribute to social and economic life to the extent of their ability.
- (3) People with disability and their families and carers should have certainty that people with disability will receive the care and support they need over their lifetime.
- (4) People with disability should be supported to exercise choice, including in relation to taking reasonable risks, in the pursuit of their goals and the planning and delivery of their supports.
- (5) People with disability should be supported to receive reasonable and necessary supports, including early intervention supports.
- (6) People with disability have the same right as other members of Australian society to respect for their worth and dignity and to live free from abuse, neglect and exploitation.
- (7) People with disability have the same right as other members of Australian society to pursue any grievance.
- (8) People with disability have the same right as other members of Australian society to be able to determine their own best interests, including the right to exercise choice and control, and to engage as equal partners in decisions that will affect their lives, to the full extent of their capacity.
- (9) People with disability should be supported in all their dealings and communications with the NDIA so that their capacity to exercise choice and control is maximised in a way that is appropriate to their circumstances and cultural needs.
- (10) People with disability should have their privacy and dignity respected.
- (11) Reasonable and necessary supports for people with disability should:
  - a) support people with disability to pursue their goals and maximise their independence; and
  - b) support people with disability to live independently and to be included in the community as fully participating citizens; and
  - c) develop and support the capacity of people with disability to undertake activities that enable them to participate in the mainstream community and in employment.
- (12) The role of families, carers and other significant persons in the lives of people with disability is to be acknowledged and respected.
- (13) The role of advocacy in representing the interests of people with disability is to be acknowledged and respected, recognising that advocacy supports people with disability by:
  - a) promoting their independence and social and economic participation; and
  - b) promoting choice and control in the pursuit of their goals and the planning and delivery of their supports; and
  - c) maximising independent lifestyles of people with disability and their full inclusion in the mainstream community.
- (14) People with disability should be supported to receive supports outside the National Disability Insurance Scheme, and be assisted to coordinate these supports with the supports provided under the National Disability Insurance Scheme.

- (15) Innovation, quality, continuous improvement, contemporary best practice and effectiveness in the provision of supports to people with disability are to be promoted.
- (16) Positive personal and social development of people with disability, including children and young people, is to be promoted.

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# Appendix B

## Rural and Remote Strategy One Page Summary Accessibility Description

### National Disability Strategy Rural and Remote Strategy

#### Our Vision

People with disability in rural and remote Australia, including Aboriginal and Torres Strait islander communities, are supported to participate in social and economic life to the extent of their ability, to contribute as valued members of their community, and to achieve good life outcomes.

Goals, output Areas and Activity Areas	Details	Details	Details	Details	Details
<b>Goals</b>	Easy access and contact with the NDIA	Effective, appropriate supports available wherever people live	Creative approaches for individuals within their communities	Harnessing collaborative partnerships to achieve results	Support and strengthen local capacity of rural and remote communities
Output areas – engage with communities that respects, learns and builds on their social capital, community collaborations and creative ways	People living in rural and remote communities are able to access the services of the NDIA in a way that works for them	The range, choice and quality of disability supports available to a person in a rural or remote community is sustainable and as diverse as possible	Individuals will shape supports based on how they interact within their community and this will differ from community to community	Start by understanding what already exists and work alongside to leverage success	The National Disability Insurance Scheme delivers an economic and capacity building return to local communities
Activity Area – is built around the framework of operations and performance monitoring	Access points and channels, Service Delivery models, Local Area Coordination Information, Linkages and Capacity Building services and supports	Understanding the market, Support service providers, Workforce development (local) opportunities	Technology for individuals and providers, Working with community networks, Co-design creative approaches, Sharing of best practice	Community profiles, Working with existing community capabilities, Leveraging and building local opportunities	Measure and enhance resilience and economy, Joint planning to develop strategies and progress plans

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## Appendix C

### **Key strategies, frameworks or plans that inform or influence the Strategy:**

- National Strategic Framework for Rural and Remote Health (the Framework)
- National Aboriginal and Torres Strait Islander Health Plan (the Health Plan)
- White Paper on Developing Northern Australia
- Indigenous Advancement Strategy (IAS)
- National Aboriginal and Torres Strait Islander Education Plan
- National Mental Health Strategy
- National Carer Strategy Implementation Plan
- Disability Standards for Education
- Disability Standards for Accessible Public Transport 2002
- Disability (Access to Premises – Buildings) Standards 2010
- National Standards for Mental Health
- Roadmap for National Mental Health Reform 2012–2022
- Report of the National Review of Mental Health Programmes and Services – *Contributing Lives, Thriving Communities*

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## Appendix D

### **Key strategies, frameworks or plans which support delivery of the NDIS:**

- Information, Linkages and Capacity Building Framework
- NDIS Quality and Safeguarding Framework
- NDIS Integrated Market, Sector and Workforce Strategy
- NDIA 2013–2016 Strategic Plan
- NDIA Corporate Plan 2015–2019
- Our Accessibility Action Plan 2013–2017
- NDIS Evaluation Framework
- Integrated NDIS Performance Reporting Framework (as reported in the Quarterly Report to COAG Disability Reform Council)

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# Appendix E

## Rural, Remote and Aboriginal and Torres Strait Islander Reference Group

- Ms Jennifer Cullen, IAC member and CEO of Synapse in Qld
- Ms Libby Massey, Director, Research and Community Services MJD Foundation
- Ms Kim McRae, NPY Women's Council
- Emeritus Prof John Humphreys, Monash University School of Rural Health
- Mr Gordon Gregory, National Rural Health Alliance
- Mr Ian Taylor, Rural Health Workforce Alliance
- Prof Michelle Lincoln, Faculty of Health Sciences, University of Sydney
- Ms Ruth Chalk, Services for Australian Rural and Remote Allied Health, Tasmania
- (Aunty) Gayle Rankine, First Peoples Disability Network Australia
- Ms Annie Rily, Office of Disability, NT Government

## Rural and Remote Working Group

- Mr Richard Nelson, Qld State Manager, National Disability Services
- Dr Jo McCubbin, Community Paediatrician
- Ms Tanya Lehmann, Acting Principal, Allied Health Advisor Country Health SA
- Ms Tanja Hirvonen, Professional Practice at the Australian Psychological Society
- Ms Lynne Strathie, President, Carers Northern Territory Board
- Ms Lyn Poole, CEO, South Australian Rural Doctors Workforce Agency
- Dr Angela Dew, PhD - Research Fellow, Intellectual Disability and Behaviour Support, School of Social Sciences, University of New South Wales
- Ms June Reimer, Deputy CEO, First Peoples Disability Network Australia

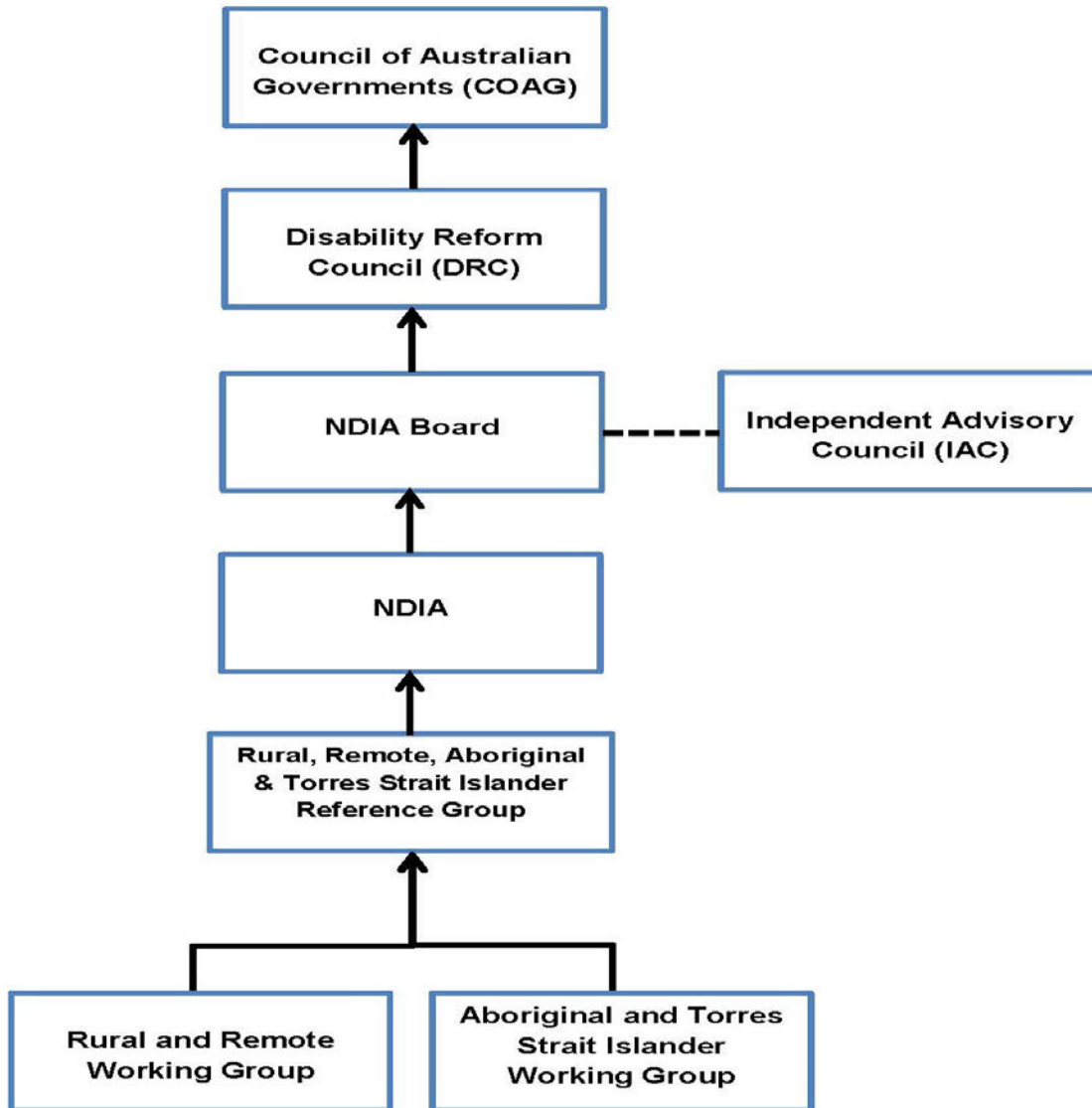


**Aboriginal and Torres Strait Islander Working Group:**

- Ms Jennifer Cullen, IAC member and CEO of Synapse in Qld
- Mr Damian Griffis, CEO, First People Disability Network
- Dr Paul White, Consultant Physician, Psychiatry Special Disability Services Outreach, Assessment Team, Queensland Department of Communities, Child Safety and Disability Services
- Ms Kim Bulkeley, Research Fellow, POCHE Centre for Indigenous Health, University of Sydney
- Ms Pat Brahim, CEO, Julalikari Aboriginal Corporation, Tennant Creek, Member of the NT Minister's Advisory Council on Disability Reform.
- Ms Libby Massey, Director, Research and Community Services MJD Foundation
- Prof Tim Carey, Director, Centre for Remote Health
- Ms Joanne Badke, CEO, Tullawon Health
- Mr Richard Nelson, Qld State Manager, National Disability Services

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## Appendix F



Detailed Accessibility Description of the relationship between the Reference and the Working Groups in supporting development of the Strategy

The Rural and Remote Working Group and the Aboriginal and Torres Strait Islander Working Group provided advice and information to develop the Strategy which was passed to the Rural, Remote, Aboriginal and Torres Strait Islander Reference Group. The Strategy was then passed onto the NDIA and onto the NDIA Board. The NDIA Board is advised by the Independent Advisory Council which sits to the Boards right. The Board passed the Strategy to the Disability Reform Council. Finally the Strategy was passed to the Council of Australian Governments

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## For more information, please contact:

### National Disability Insurance Agency



1800 800 110



[www.ndis.gov.au](http://www.ndis.gov.au)



[www.nt.gov.au/community/interpreting-and-translating-services](http://www.nt.gov.au/community/interpreting-and-translating-services)

### For people with hearing or speech loss



TTY: 1800 555 677



Speak and Listen: 1800 555 727

### Indigenous Interpreting Services



Alice Springs region: 08 8951 5576



Darwin region: 1800 994 944



Kimberley region: 08 9192 3981



Queensland: 131 450



South Australia: 1800 334 944

### For people who need help with English



TIS: 131 450

This report can be accessed online at [www.ndis.gov.au](http://www.ndis.gov.au)



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Our Reference: Response to FOI 20/21-0797



## FOI 20/21-797 – Information related to Modified Monash Model

### Scope

*"1 Why does the NDIA use the Modified Monash Method for reporting CaLD and Indigenous participant numbers?  
2 I require a copy of all documents and or policies used to determine the reporting framework."*

### Response

The NDIA adopted the Modified Monash Model (MMM) because it provides a clear differentiation between large, medium and small populations in regional areas. The MMM is a classification system that categorises metropolitan, regional, rural and remote areas according to their population size and isolation – distance from capital cities. The system was developed to recognise the challenges in attracting health workers to more remote and smaller communities.