

Transcript for the Insurance and sustainability principles underpinning Australia's National Disability Insurance Scheme – running time 50 min

Hello and welcome to all our listeners wherever you may be in the world. My name is Clenton Farquharson. I am the chair of Think Local Act Personal. It's my greatest pleasure on behalf of TLAP to welcome you today to the last in our series of webinars, which are focusing on Australia's National Disability Insurance Scheme, the NDIS. I'm very pleased to have expert speakers here with me today. We have Eddie Bartnik, international lead for the international initiative for disability leadership, Dr. Sam Bennett, general manager of the NDIS. Sarah Johnson the scheme's actuary and Caroline Speirs, former head of TLAP. This webinar is for people interested in the overall sustainability of the scheme.

Our experienced speakers will compare Australia's Insurance approach to England's welfare approach. Sam will draw specific comparisons based on his prior experience working in the UK and Sarah will discuss the measurements, data research and the evaluation of the NDIS. If you missed the first two webinars, fear not as Eddie will give a brief recap of the scheme and how it works at the start but for more detailed information, please refer to the earlier recordings on the TLAP website and a warm welcome again to our speakers and Eddie, it's over to you.

Thank you very much Clenton and to TLAP for hosting this joint event featuring some of the outstanding national leaders who are working hard to implement the groundbreaking National Insurance Scheme in Australia. And on the screen, you will see Dr. Sam Bennett and also Sarah Johnson both from Australia. Now the International Initiative for Disability Leadership or as we affectionately call it Double IDL is an international membership organisation, which focuses on collective and inclusive leadership development and the rapid dissemination of policy research, resources and innovative practice across our eight-member countries. And so, England joined in 2018 and are making a great contribution through the Department of Health and Social Care and also through the Think Local Act Personal National Partnership. And just basically the way it works is - countries join as members and then leaders can participate for free and pay only for their travel.

And some key activities include international leadership exchanges and network meetings every 18 months, rotating between member countries with the next one New Zealand and in 2022. We have country events just like this one. We have a bi-monthly e-newsletter featuring latest reports and resources, and then we have collaborative virtual networks that focus on a particular topic. And the really great thing about Double IDL is it allows for a more speedy and candid sharing of experiences and progress through a

trusted network of established relationships, and just for example the first of these webinars we got a bunch of our key leaders together who spoke about the creation, the formation and the leadership that led to the NDIS and that then prompted a really deep and great discussion we had with people from Engaged Britain who are working on the public campaign for health and social care reform in England. So that's sort of one example of how these conversations then lead on to further deep conversations. In discussions with both TLAP and also David Nuttall from the Department of Health and Social Care, we understood there was significant interest in the NDIS in England but also that it could be hard to get a holistic picture of the scheme and to reconcile the various reports that you might read.

So, we agreed a series of three webinars would be a good way to go. The first focusing on the creation and initial design of the scheme. Second, focusing on how the NDIS works and is evolving in practical detail, and then today's session focusing on the sustainability, research and data aspects of the scheme. So, in terms of the format of the session today I'm going to provide a very brief recap on the NDIS session so far. I'll then introduce more formally both Sam and Sarah who I'll interview informally on some key aspects of the scheme and then I'll finish up with some next steps about how people can get further information.

Now just back to the NDIS, which is the biggest social policy reform in Australia since Medicare and internationally the scale of the transformation in Australia is very unique. The scheme's had a number of stages including creation and initial design, a trial phase, a transition period and now what's called Full Scheme Development. And in terms of the big vision for how things are changing, firstly the access criteria used to vary from state to state, and I was part of a state system and so my state was very different from every other state, now these are nationally consistent in legislation. Choice and control, some states everybody had a personal budget other states nobody had a personal budget. So, it varied very dramatically. Now everybody in Australia in the scheme has a personal budget and choice of control over the type and mix of supports their delivery and how they're managed. Previously the level of assistance was kept with wait lists everywhere. Now it's a demand-driven entitlement program. And then funding was within multiple programs with, and across governments now leading to a single pool of government funding administered by the National Disability Insurance Agency and very importantly it's portable right across the country, so you get a plan you can take it anywhere in the country.

So, the NDIA which is the agency administering the scheme provides a public quarterly report with a September 30 2020 report outlining a 100% National Geographical coverage with approximately 412 000 participants. Satisfaction ratings around 84% and progress on participant and carer outcomes, and these are things that both Sam and Sarah will come back to. So, a significant

transformation has occurred but it certainly is a work in progress as the scheme starts to mature in a full scheme environment. I also just have a few contextual comments to make, so in terms of the architecture of the scheme - the NDIS is the National Disability Insurance Scheme and the NDIA is the National Disability Insurance Agency, which delivers the scheme. There's a new NDIS Quality and Safeguard Commission, which is a separate organization and there were references made in the first webinar to the three tiers of the scheme, Tier One being all Australians, Tier Two being the broad population of people with disabilities and Tier Three being participants of the NDIS who have a permanent and significant disability so you are likely hear these terms again today.

In terms of different sources of evidence, we need to triangulate the system as it was before the NDIS and the extent of the proposed changes. We've then got the quarterly reports to ministers and to the public that Sarah will be talking about. We've got the views of service providers who do their own surveys and provide their views. And we've had the views of Every Australian Counts Campaign, the grassroots campaign, and also, we've had some independent reviews, evaluations and reports. And so, during our series of three webinars, we've been trying to bring you as many of these different perspectives as possible.

So, today's outstanding speakers on the insurance and sustainability principles that underpin the NDIS are all deeply involved in the NDIS and also with Double IDL where they regularly share our experiences with international colleagues. I'm now going to move to our first speaker who's Dr. Sam Bennett, who's General Manager of Policy Advice and Research with the NDIA in Australia. And I think very importantly, Sam was previously a Director of programs with TLAP in England and so will be well known to many of you and also, he led national work on integrated personal commissioning in England. So, we're going to start with you Sam and so welcome to you and given your unique experience both in the UK at a national level and now in Australia for the past three years, I thought it'd be really helpful if you could share a few brief observations about how the NDIS is uniquely different to how the disability social care and health systems work in the UK.

Thanks Eddie and hello everybody that's tuning in to the podcast. It's been, as you said a unique privilege I think really that I've had in being able to work on disability and health reform in the UK and then laterally since 2018 and it's been a really quick three years, I've learned an awful lot in that time working on the National Disability Insurance Scheme here in Australia so it's given me a good sense of where some of the similarities and differences are, which are interesting to consider in the context of today's discussion. I suppose the first of which, which will be obvious I suppose to many of the people tuning in to the webinar, it's there in the name in terms of the N in the NDIS but it's a truly national approach, a you reference this Eddie in terms of the various

jurisdictional models that the NDIS has replaced and that's very different to the UK administration of social care, which is a devolved responsibility to 152 different council authorities governed politically and by their different sort of flavours of politics, so I think the national nature of the scheme is one of the things that makes it quite uniquely different in terms of its ability to operate at scale and to drive a level of, I guess consistency of implementation across a significant geography and a very large significant population of over 430 000 participants I think as we speak, so 152 different ways of doing things in the UK in terms of implementing a national policy framework set by the Department of Health and Social Care.

There's also a difference in scope, which again will be clear from the D in the NDIS because social care in England is delivered as an integrated service that combines disability and aged care, whereas those things are implemented in quite distinct and different ways within the Australian context. One of the implications of that for the NDIS being as it is one of the, you know as you said the biggest social reforms in Australian history - is a real strength of brand I think. People know what the NDIS is now, it's been a long journey of education that continues arguably. But it has a really strong brand and a broad reach across the population both in terms of people that are employed within the NDIS as well as participants and families that directly benefit from it. And the contrast there with the UK situation I suppose is that social care is always struggling, I think within a broader social policy context and within the public consciousness to differentiate itself from the National Health Service and the various, sort of, higher profile reforms that have happened within the NHS over various sort of periods of time so quite a distinctly stronger and more definitive brand of what the NDIS is all about.

The I in the NDIS is also one of the things that makes it uniquely different, I think and that's the insurance bit that Sarah will talk about at length, I'm sure. But the UK social care system, for all of the fact that it's grounded now in a comparable system of individualised funding and personal budgets to the NDIS is still very much within arguably, a sort of welfare paradigm as opposed to the NDIS context, which is intended to be demand driven, which is looking at costs across a lifetime and investment in people with disability and families with a view to a return in terms of the outcomes that are received and also the economic benefits that come from that for Australia at large and that's quite a distinctly different paradigm I suppose to the delivery of social care in England at the moment.

Clearly related to that, there's the fact that the NDIS is not as it stands a means-tested system, whereas access to a finite state-funded social care system in the UK is absolutely one that depends on your means. There's actually a far higher proportion of people with disability compared to the national population here in Australia that are receiving individualised funding from the NDIS than has ever been the case in recent time within UK social

care so it's a broader reach in that respect as well. And two final points I'll make to the national nature of it and that the insurance nature of it and the fact that we employ wonderful actuaries like Sarah to sort of run and administer some of the sort of technical aspects of the scheme.

We have more data than will ever be the case for social care run through 152 fragmented local authorities that are seeking to do the very best for their citizens in each local area, but the sort of data capability that the NDIS has - to be able to determine sort of what works for our participants and to adjust our approach across that participant population is really incomparable to the UK's capability in that respect. And then the final point I would draw out relates to the nature of the individualised funding approach in Australia and through the NDIS as opposed to in the UK, namely the fact that under the NDIS, genuinely every one of the 430 plus thousand participants does have direct control over the funding through an individual package whether that's administered by the agency or as increasingly the case through our data managed, through third parties Plan Managers as we call them here or self self-managed by participants. And what that means is, the agency doesn't have any contracts or very few contracts directly with providers. It's very much a market driven reform, which again is quite different to the UK where there's quite a lot of commissioning leverage retained by local authorities in being able to set prices and, sort of drive quality at a local level through those contractual arrangements.

We're able to do that through the NDIA but it's difficult and different mechanisms that we need to deploy in terms of enabling supply side innovation and change within the market and I think it's one of the things that I think we've discussed in some of the earlier sessions through TLAP. There's unfinished work that we need to move to now in terms of how we really seek to support that sort of market side change to more contemporary and innovative models of disability support but I guess those are some of the things Eddie that have stood out to me in terms of the unique differences from my 3 years here now.

Thanks very much Sam, I can't believe how much you rammed into all that. That was pretty amazing I think. It was quite unique, you've been having a foot in both countries and being able to pull out those differences so that was fabulous. And so just the second part, while we've got you and is really think about your role with research and data and strategic advice and how that works to do two things - one is to support participants in the scheme with their choice and control but also how it contributes to the overall sustainability of the scheme so if you could speak about that - that would be great.

I'm happy to. I'll probably concentrate mostly on research as you said - it's one part of my range of responsibilities at the moment with the agency. It's

also not a new area by any stretch as the NDIA has always done research and it's called out in the NDIS Act that it's one of the things the agency has to do but it is one, that I think during the transition of the scheme, where we were bringing in very high volumes of people onto the scheme the first time, the focus on research perhaps wasn't as evident as it now is starting to be so it's great to be involved at the point where we've got a bit more bandwidth I guess to focus on the medium to longer term research that the agency is in quite a unique position to both conduct but and also to influence in the more broader disability research eco system here in Australia.

I mean, I guess in the context of an insurance approach becomes even more important if that could be the case, to really understand what works. If we're making upfront investments, if we're trying to think about costs across a lifetime and our key objectives is to deliver outcomes for our participants in terms of social and economic participation and economic returns to broader, sort of Australian society. Then you know it becomes incumbent on us to really have a good understanding of what sorts of things work best. And there's a research angle on that clearly and we're doing work now to understand relative efficacy of different interventions that could be taken. Whether that's you know the sorts of things that will help people with a psychosocial disability into employment, whether it be the sorts of things that are most likely to impact positively on people with intellectual disability, in terms of their social and community participation.

It's a wildly under-researched area I think if you compare it to things like the health system where there's been really a lot more funding, a lot broader and sort of longer-term research into medical interventions so disability is of course very different but I think there's a lot we can do to get a lot smarter in how we understand what works. The other angle on that in terms of participant choices - clearly the scheme, one of its insurance principles goes to the importance of choice in terms of people being able to choose the sorts of supports that will work for them and their lives with the creativity and innovation that can come from that rather than being restricted perhaps to more traditional service provision. And the task for us really as an agency is to try and ensure that our participants in making those choices are doing so as far as possible as informed consumers. And there's a real implication from that in terms of how research is structured and the sorts of questions that you ask. But probably more importantly, the focus that really needs to be there on research translation or really how you're putting that evidence in ways that you know will work into the hands of participants at the right point within their journey with the scheme so that it can help them to understand the sorts of things that other people have tried that may have worked in similar circumstances. What the evidence tells you about a certain intervention and what you might need to consider for your child on the autism spectrum for example, or whatever it might be. And that's actually even more important now than it has ever been because of additional flexibilities that we're

introducing through some quite fundamental reforms to the scheme at the moment, which will you know, increase the ability of participants to use funding in their plan more flexibly and over a longer duration so much of the focus of research is on those two things.

It's on what works best what does the research tell us about that? How can we sort of chunk that up in such a way that we can start to understand that perhaps better from a relatively low base? And then secondly how do we actually put that evidence into people's hands in a way that's going to be most effective for them to make really good and informed decisions as they go. And of course the research is only one part of that there's a much broader set of resources that need to come into play to enable people to make good and informed decisions about how they implement their plan and that can come from our own data and what that tells us about what people are trying and what's working in different circumstances and as I referred to in the last question, it's a really phenomenal sort of data set that we have to work with now over the eight years that the scheme's been running. And they'll also be the perspective of experts coming to play which is another part of my kind of responsibilities with the agency in giving a view on you know, what constitutes really good early intervention supports for children with developmental delay for example. And so, all of that needs to come together really to help our participants to be good and informed consumers and to help the scheme to make really good evidence-informed policy and strategic decisions as we progress.

Thanks very much Sam and I know you've got to leave us in a moment but I just really want to acknowledge that you've joined us for each of these three webinars and each time, you've helped sort of bridge the context and similarities, differences and help people interpret I think what's happening in a very meaningful way. So, thanks very much in what you put into today and I know you've got to leave now but towards the end, I'll let people know about how they can connect with us again in the future. So again, thank you very much.

Pleasure to have the opportunity to talk to people again and obviously watching with them with very keen interest how the reform agenda starts to take shape over in the UK and always keen to hear from people about that experience too. So, thanks Eddie. Great, thanks very much Sam.

So, Sarah, welcome to you and Sarah and I go back quite a few years. We hosted a leadership exchange together back in Sydney some years ago so we had guests from all over the world through IIDL coming to check out what was happening with the NDIS and great pleasure to have you join us again. So, Sarah is currently the scheme actuary of the National Disability Insurance Scheme and prior to this, she was a director at Price Waterhouse Coopers and worked with the productivity commission on the disability care and

support inquiry, which led to the NDIS in Australia. She also has broader experience in human services including excellent compensation, health, homelessness justice and aged care and Sarah is a fellow at the Institute of Evacuees of Australia and was their national actuary of the year in 2016. Now, Sarah's been involved with the NDIS since before day one, I reckon Sarah, you must be the longest serving individual, certainly the longest-serving executive and the most experienced executive. So, I think what you really bring to this conversation is a truly unique long-term perspective on, sort of the original intention of the scheme and where we are at the moment. And so first of all, welcome Sarah and I thought a really good place to start would be for you to explain the role of the scheme actuary in the NDIS because this is not the type of position that we would usually associate with a disability support scheme.

Thanks Eddie and thanks everyone for having me. And yes, I am now definitely the longest standing executive on the NDIS, I've worked there for a little bit over seven years. So, I've seen quite a lot of the changes and the big roll out across the country. But my role has always been to be the scheme's actuary of the NDIS. It's a legislative role, supported by our Board. I report through to both the CEO and the Board. And at the highest level my role is to monitor the financial sustainability of the NDIS. There's really two parts to that and two parts as equally important. One is what are the costs of the scheme? So, what is it costing now? And what's it likely to cost in the future? And that's looking at the participants that come into the scheme, which we have a big variation in terms of the different groups that come in. What are they going to cost annually but also what their lifetime cost is likely to be? And then also the outcomes of those participants, so how are they going against achieving their goals? And sets of outcomes across employment, social participation etc. which is set out in our Act. So those two aspects are the main parts of the role.

Sarah, maybe just a reflection because I've spent decades and most of my professional career working in sort of various disability mental health community services and the equation always seemed to be demographics blowing out, demand blowing out wait listing, priority criteria, all that sort of stuff and yet the sort of the way that the NDIS was conceived was like, take the whole population and then like think about what's needed. So, what if you just sort of tease it out because I think that's one of the groundbreaking differences. We're not just tinkering at the edge and sort of rationing further and further. It took a whole population approach. So, can you maybe just go back a bit to how the modeling was done and the costings were done and all that sort of business?

Yes, I can. So, thinking about it a little bit more broadly, the NDIS Act sets out the criteria for which a person can be made eligible for the scheme and then similarly once a person's been in the scheme we provide them with

reasonable and necessary costs or reasonably necessary supports. Now that's quite different from the traditional grant models, which Eddie is talking about where an amount of money is being set aside and once that money runs out then ultimately people either miss out or people who are in the programme don't get as much funding. So, in terms of the understanding of the NDIS it was to think about, well who would make the eligibility criteria? So what portion of the population in Australia would meet it? What are the characteristics of those people and what's a reasonable and necessary amount? So, we're not bound by total funding like a grant, not bound by caps but we are bound by this concept of reasonable and necessary and it's quite important because ultimately, we need a balance there. We need to make sure that the amount that we find reasonably necessary for our participants ensures they get goods and services but at the same time our governments need to think that's affordable now and in the future.

So, if you think about an insurance company, an insurance company writes premiums and if a person makes a claim then they have to pay that claim, they don't have an option not to make that claim. But then they monitor their experience and ultimately if they think that they haven't gotten enough money set aside to pay all of their claims, then they need to either increase their premiums or change policy wording so it's more in line. So, the NDIS works along those lines. We're bound by reasonable and necessary we need to make sure that we fit within an overall envelope set by government and that amount was set by considering the participants who should be eligible in a reasonable and necessary amount. That's important but we don't have an unlimited amount of money out there, we still need to manage our finances accordingly but very differently to historical grant programs.

Hey Sarah, John Walsh was on the first of our webinars and we were talking about some of the original work that was done. It really struck me that it was really the best information about the population of people with likely permanent, significant disabilities and then the best information there was around what reasonable support would look like and cost and that was then factored into a model, which then generated like sort of a year by year projection of costs, which I found to be really quite a unique and very brave thing for Government to do. So that was very helpful. Did you want to comment any more on that?

I'm happy to talk about it. So, when the scheme first started we used an ABS survey ABS is the Australian Bureau of Statistics. It's called the Survey of Disability Ageing and Carers and it has estimates of population in Australia who have a disability and some information about their support needs. So, combining that data with known models of support at the time came up with an aggregate cost and that cost was set aside and then modelled year on year considering who would enter who would leave and how that cost distribution might change. Realistically though now, we have seven years of

data. It's redundant - a lot of our old population information now because we've built up a much stronger database on everyone that we have in the scheme. So, we have, we know who's entered we know their cost profile etc. so we can do a much more predictive model about what the NDIS is going to cost in the future. That said, it still is an amount of money that then needs to be thought of as affordable so there's other concepts that come into sustainability now besides the original setting of the budget, looking a lot of depth at who might be eligible and how much they might cost. It's most akin to some of the accident compensation schemes in Australia. So, Workers Compensation for a lifetime care and those sorts of things for motor accident schemes. So those are sort of concepts that we used.

And Sarah, what sort of struck me when I was working with the scheme was, once you started to see across the country people with similar support needs, similar disabilities and then what they were getting historically. So, it started to point out all sorts of anomalies didn't it? Around, you know what people were getting in different states and territories and maybe also comment on the number of people that came into the scheme for the first time that weren't receiving services previously. Would you like to comment on that?

I can. So, the states and territories, I don't know how the systems all works around the world but they were state based. There are 8 states and territories across Australia. The funding model was that they paid providers, they gave providers grants to provide services. In return in terms of the data, the providers were asked to provide information back to the state government on who they were supporting. As we started to roll out the NDIS, we found out that data wasn't too robust in terms of knowing exactly who was getting services and the amount of services they were getting. So, inputting that data and getting everyone to the NDIS took quite a long time so at the end of last year Feb- Sept 2020 342,500 were in the NDIS of which 212, 000 got support for the first time. Now some of those are kids that weren't getting support in the old system but nonetheless, we've consistently seen from starting the scheme maybe two thirds coming from existing programs and then one third coming from people who are completely new and that's changing a little bit as we are rolling the scheme out across the country so people now getting services they didn't get in the past. But nonetheless, there are lots who were getting services in the past are now getting new services so both aspects there.

Hey Sarah, maybe just to add one bit that we bought in people with a psychosocial disability that were previously part of the health system and I think we ended up with about 164,000 people coming to the scheme. That's probably one of the more unique features because there's only small groups people with a psychosocial condition that has accessed that sort of support in other countries so this was quite a big thing as well I think.

It was very fragmented across the country – services of psychosocial disability, in the sense that the state and territories provided services for community and mental health and also delivers our hospital system where there were significant interactions. But then our commonwealth government was providing additional funding for community supports. So, we actually captured the people from these commonwealth community programs and brought them into NDIS. They weren't getting personal budgets back then, it was grant programs but we certainly bought across quite a big group of people who were getting services from these different programs and wrapped them up with the NDIA. So that's quite a big change. It's roughly 142,000, 45-50,000 with a psychosocial disability at this point in time.

Hey Sarah just being mindful of the time, I just going to move on to a couple of things so you spoke about this sort of actuarial approach where there was this initial modeling of a population, reasonable costs and so all the time you're like measuring, counting. Is it in line with where we started? What's it looking like for the future? So, we sort of had that element but the other element of the scheme that Sam also mentioned was this incredible database on each and every person and I just remember when we started the scheme, some states couldn't find half the people when it came to trying to transitions because individual data wasn't very good. So, we now have this, you know, pretty amazing data set so just wait if you could talk about the data set, maybe what's in your quarterly reports, the outcomes data and those sorts of things.

I'm happy to talk about all those things. I might just talk a little bit about the insurance principals of the scheme and then move on to how that fits in with my role. So ultimately, a couple of things that underpins the scheme, insurance is a big one. Actuaries are all through insurance. That's probably one of the reasons why they have actuaries in the NDIS. Evidence and decision making are pretty key. We take a lifespan approach so rather than look at annual spend, we see how much participants will spend over their lifetime, which is great because we can make investments in people to upfront additional support, to mean that they build into their plan how to get employment etc. And ultimately, that can lead to lower spend as well because good outcomes often go hand in hand.

A big part of my job is to model the scheme and the way that we do that is to look at different participant groups that we have. And we do that across the age groups and significant disability groups. The biggest group we've got is Autism followed by disability. Psychosocial disability is the third largest group and then we've got development delay for children, cerebral palsy, spine injury, stroke, motor neuron disease. Those types of disabilities are starting to come to our scheme. We also look at support needs, as you would know, there are support needs across these disability groups so support needs. And we also look at the gender so male and female.

By the time we pull all these factors together, we are actually monitoring 2000 different participant cohorts. And we have a projection that says, well this is the amount of people that we think will enter each year and this is the number that will exit. And they exit the NDIS through either mortality. It might be that they have entered a stage of life where they will enter into residential age and for a lot of our children, they also exit because they receive early intervention upfront support, which means they have effectively caught up with delay and they are able to participate in mainstream and community without support from the NDIA so you can exit that way as well.

So, we know from these 2,000 group, we know how many are coming in and how many are exiting and we have an estimate of what the annual cost is and we also have a lifetime cost from these groups of people. And then each year, we keep monitoring how many will come in, how many exit, how much do they cost and what is their lifetime cost looking like. So, we call that the actuary control cycle and that's about the regular monitoring of the NDIS. So, what we do a lot of the time is try to understand why some of the things deviate from what we were expecting. So, seeing the numbers of people that we thought and if not, what sort of people with a disability do we see more or less of. Is the cost in line with what was expected or not? And then we also look at outcomes.

And so just in terms of explaining that process and how it works in practice is the great things about longitudinal data base is that you can spot things that are looking different very quickly and up front. So ultimately as an example, when we first started, two or three year into the scheme, we can see against that modeling that we've done, quite a bit more children coming in than we would have expected – more with a developmental delay and autism diagnosis.

So, looking a bit more broadly, we were thinking, look - these children might not need to be in NDIS all their lifetime. It may mean that they need short upfront support. So, what we did was that we put in place early intervention gateway with a bit of support and then there was a decision or not about whether they needed to come into the scheme. If they came into the scheme, whether they needed the short-term early intervention then or whether they are likely to be for their lifetime. So, with the data, we were able to see if there a better way to support these people.

Another thing we have been able to see recently, we've actually seen our plans so up over time as quite a lot more is going into plans as plans are reviewed. Traditionally, we reviewed plans pretty much every year. If participants came into the scheme back in 2014, they probably had their plans reviewed about six times if they have been 6 years in scheme. Now, each time, we would have seen the plans increasing probably more than we would

have thought. We would have thought a lot of these would have been more stable and we worked out we don't really need to review the plans every year. We can do a light touch check in with our participants to check in that things are going well and they will continue their plan next year rather than do a full plan review. Equally we could just extend it and not even check in with them if we feel that things were going well and they don't need to interact with the NDIA for this particular year. That's had two results, one is that participants are quite happy with that. They don't need us in their lives all the time and we would just extend the funding and secondly it has reduced the inflation in the scheme because we have been careful to put plans up only when we've needed to. That's important from a cost perspective. That's two examples where it works quite well. I guess another big part of the NDIS and the data is that we are really transparent. We put huge reports out every quarter to our minister who is the commonwealth minister, the federal minister but also it goes to the state and territory ministers and we put it up on our website so you can find it there. In that report, we look at participants, their characteristics, participant experience, outcomes. We look at costs, we look at the market, how many service providers are in the market. We look at overall financial stability as well and then we have lots of data that we put out. I will do a plug for our website. It's called <https://data.ndis.gov.au/> and if you go on there, you can find out huge amounts of data you can play with in terms of understanding the population of NDIS, the market etc. So, we are just putting a lot of information as well to make it transparent.

In terms of outcomes I thought that I would like to just touch on this a little bit as well. We've made an effort not just to look at costing. They'll talk quite a bit about the point in time. We've invested considerably in getting information on participant outcomes and the way we've done that is to look at it from a social tabular point of view so it comes across a number of domains. So daily activities, choice and control, relationships, work, home, lifelong learning, social and economic participation, social and civic participation as I say and health and wellbeing. So ultimately, we get lots of information across all of those domains. We develop the outcomes, framework questionnaires with our independent advisory council who are a group of experts who advise and support. Some have disabilities, some represent disability groups some represent providers. We did a lot of work to bench mark it against international studies that were had around the time and also bench mark it with our own Australian Bureau of Statistics information so we could benchmark our population with the whole population of Australia. In doing all that work obviously the NDIS can't influence every single one of those domains. For example, housing also comes down to our social housing system and affordable housing options. Lifelong learning. There's a big intersection with their education system and health and well-being there's a big intersection with our health system. But nonetheless we've now collected that from participants when they entered the scheme and we continue to collect it at planned reviews so we've built up a big longitudinal database of how people

are tracking outputs across those domains and in fact we're going to release our next set of data for that and reports tomorrow, Australian time so you'll be able to go onto the website and have a look.

But that's really important, it's shown us quite a few different things. We know who's getting a job we also don't know unfortunately who's losing their jobs but we can work out the factors that are meaning that people are getting to employment and those that are not. Similarly, we can see improvements in community participations, people getting out more being more included in society. We can see people building more relationships, having more people they can call on for help in their social networks, which is good. And we've seen some improved health outcomes so people are going to hospital less so we're able to track those various things across our outcomes.

We'll also look at satisfaction but satisfaction with interacting with the NDIA. And also, just broad perceptions on - has the NDIS helped? And we're seeing quite good - has the NDIS helped results? You can see that going up and it goes up the longer a person's in the scheme as well. That mainly means I think more of them are used to using their personalised budgets and more being able to use that money in a way that supports them in particular. And then satisfaction, you'll also see in the reports that we've put out that is mainly with their interaction with the NDIA in terms of getting their plan and that sort of thing. So, they're the main parts.

Hey Sarah, just sort of reflecting on sort of having personal lifelong data on 430,000 people with all the key points in time, the investments, the decisions, the outcomes, the progress in people's lives. I remember in my early days of service provision, I used to worry like hell about the people who would pop up from nowhere, that we didn't really know that were out there somewhere, you know and now, not perfect but having this data on people and progress in their lives I think is pretty monumental so that's really appreciated.

I'm happy to also talk about that so people understand the data base. In particular we have information person-centred database so every individual within our scheme, we have a lot of characteristics about them so we know things about their disability, their support needs, where they live, their age, their living arrangements, their employment status etc. Then we have information on the money that went into their plan and each time their plans are reviewed, how that changed. For each plan we know how much money was drawn down against the plan and we know which service providers provided that support and we're also tracking outcomes so we know who got a job for example, who's participating more in the community. So, all those things are quite useful in the sense that you can then really start to understand what's driving a good outcome for different groups of our

participants and what's not driving so good outcomes so we can put that information out there so it's quite a useful database.

That's fantastic Sarah and we're exactly on time so we're probably going to wrap up there so thank you very much and we hope this is sort of just like another point along the journey where we can have contact with you again next year when we've got our big event in New Zealand so I think combined with Sam's input we've been very privileged today to have had such a deeply informed view of the sustainability aspects of the scheme.

Today's really be a high level overview of this topic of sustainability because I think this dogs every system in the world - health system, mental health, social care, disability and I think the NDIS is one of the few places in the world where people have bitten off the whole problem and trying to find a whole solution so I think this has been an incredibly important webinar and really rounds off the series of three webinars.

I just want to say there's some excellent opportunities for people to find out more and become involved in future discussions on this topic. So, I mentioned double IDL before. There's a mental health component as well so there's two streams - disability and mental health and in fact there's quite a big overlap between the two. So, we've got a couple of events coming up, we've got a regional exchange for Australian - New Zealand planned for June this year and then we've got a big international event in Christchurch, New Zealand late February 2022. Now both of those two events again have opportunities for people from England to connect either digitally or in person hopefully by the time Christchurch comes around. So, these debates around research, data, sustainability - we have further events planned which all the TLAP members in England are welcome to join us.

So really just in closing this part of the video I'd really like to thank our speakers, Sam who's had to leave a bit early and Sarah. Fantastic to have you join us again and also, I want to acknowledge that TLAP have been wonderful partners both through Clenton Farquharson Chair, Caroline Speirs the CEO and also Sara Zmertych who does a great job putting these webinars together.

I'm Caroline Speirs, I'm head of Think Local Act Personal. We've had three fantastic sessions hearing from our colleagues from the National Disability Insurance Scheme in Australia.

And I want to start by thanking Eddie, Sam and Sarah for being so incredibly generous with their time and with their experience and sharing their knowledge and if it's all right, I just want to wrap up as usual by sharing some of my own reflections on some of what I heard and I think to start with, for all of us here in England it's really important to understand how other countries

have transformed or at least are trying to transform and as Eddie noted in the webinar, Australia is one of the few countries in the world where the system has bitten off the whole problem and tried to find the whole solution.

So, the learning from the Australian experience seems to me to be pretty critical, especially now as it looks like, you know, there is a real possibility of social care reform and that is becoming a reality. And so, some of the key points of resonance for were firstly around the narrative and when Australian colleagues talk about the National Disability Insurance Scheme, they talk about investment repeatedly and we heard it here again today didn't we? Both Sam and Sarah spoke about investment in people, investing in people across their lifetime with an expectation of course that there will be a return on this investment.

And I know that many TLAP partners are concerned that we frame our existing narrative, which for far too long has been about social care being a drain on the public purse to instead seeing it as an investment in people, which will pay dividends and Sarah spoke about the availability of good data that is evidencing the difference that this investment is making with people reporting improvements in community participation, improvements in people building new relationships and improvements in health and wellbeing with fewer people going to hospital and that's the other key bit of the NDIS, the National Disability Insurance Scheme - as well as investing in people and their wellbeing, there is a corresponding and significant investment in research and data which clearly continues to support the case for NDIS National Disability Insurance Scheme and also keeps it on track.

So there were some other highlights as well that jumped at me listening to Eddie, Sam and Sarah - the significant number of people with a psychosocial disability who were brought into the scheme and now have a personal budget as a result of that, something I know we're really concerned to see more of here in England and Sarah's comment too about the robust, predictive modeling they have, which help keep the check on the sustainability of the scheme enabling it to make sensible shifts when it looks like some of those costs might be increasing including moving to a light touch review every year. Or if everything seems to be going well just extending the plan, extending the funding and it was no surprise at all that Sarah reports that participants are really happy with that because when I think of the conversations I've had with colleagues with lived experience, they've spoken so much about their nervousness, their heightened anxiety when it comes to that annual review, particularly in terms of what it means for their personal budget and more appropriately I guess, a reduction in that budget. So, it seems to me that there is so much we can and should take from everything we've heard today and of course the other two sessions as well. On so many different levels, the economic arguments, the evidence, the investment in data and research but more importantly the investment in people.

So once again, I want to thank Eddie Bartnik for pulling all of this together and thank you Eddie for giving us access to these outstanding leaders who have designed, created and continued to work to ensure that the success of the National Disability Insurance Scheme including today of course, Sam Bennett and Sarah Johnson. So, from the TLAP partners to our Australian colleagues, thank you all. I genuinely hope we can learn from your experience to form our own approach to social care and build a better and brighter social care. Thank you.