

Inquiry into The Implementation of the NDIS and the Provision of Disability Services in NSW

Responses to supplementary questions from the Committee

Measures to resolve the issues in relation to people with disability deciding not to apply for NDIS packages

In order to encourage people with disability to engage with the NDIS, it is vital that measures are adopted to streamline and simplify the application process. This is particularly important in relation to the large amount of specialist or clinical evidence required to establish the support needs. Many people with physical or psychosocial disabilities may not have consistent medical records to support the NDIS access request forms (ARF). There have also been issues in relation to the consistency of evidence required for the same disability. All these issues need to be resolved to encourage people to apply for the NDIS.

The protracted time periods between different stages of the application process can also discourage people. In addition to the delays with the application process, our submission also highlights the challenges of obtaining appointments with professionals in rural and remote areas when compiling evidence.

There should be measures to educate mainstream services, GPs and other professionals that people with disability interact with, as there are instances where people with disability have been discouraged from submitting their NDIS applications by various professionals who do not have a clear understanding of the Scheme or understanding about specific forms of disabilities.

Better targeted strategies should also be in place to raise public awareness about the NDIS and to change the public perception about the complex application process.

Alternative services for people who are ineligible for the NDIS

Examples of people who are ineligible for the NDIS

As highlighted in our submission, Australian Bureau of Statistics (ABS) estimates that there are over 450,000 people with disabilities in NSW with profound or severe core activity limitations and NDIS participation from NSW is expected to be up to 140,000. This means that a large proportion of people with varying physical and/or psychosocial disabilities will need access to ongoing supports outside of the NDIS. In addition, with 1.3 million people with disability in NSW, there will be a large cohort of people who do not meet the high support need threshold for NDIS or other high level, intense support services (such as Housing and Accommodation Support Initiatives (HASI) and Enhanced Adult Community Living Support Program (EACLS)) but still require some level of support to manage day to day life.

We are particularly concerned about people with mental health issues who are either participants of Partners in Recovery (PiR) or Personal Helpers and Mentors (PHaMs) or people with mental health issues who are currently not accessing mental health services, who may not be eligible for the NDIS.

According to the available data, psychoses and mood affective disorders were the second largest long-term health condition in Australia.¹ However, only 10% of the total NDIS participants with approved NDIS packages identify psychosocial disability as their primary disability. Although this is an improvement in the last quarter compared to previous quarters (combined average of 7%), the NDIA acknowledges that the proportion of participants who have a psychosocial disability is lower than expected.² Despite the increase in the national average, in NSW, the proportion of active participants with an approved plan who has a primary psychosocial disability remains 7%.³ This is particularly concerning as mental ill health/psychosocial disability causes the third largest disease burden in Australia, behind cardiovascular disease and cancer.⁴ These statistics demonstrate that people with psychosocial disabilities in NSW are likely to need additional supports both within and outside the NDIS.

Under the current model, children receiving Early Childhood Early Intervention (ECEI) services will not be automatically transitioned into the NDIS as they turn 9 years. The supports received under ECEI may be sufficient for a proportion of young children, however, there may be situations where the child has ceased receiving supports after turning 9 and they have their NDIS application approved. There may also be young children who were supported under the ECEI and do not meet the high threshold for the NDIS eligibility.

In the absence of appropriate services, these young people may have to rely on the existing State health and other support systems that are already stretched for resources. Without the necessary supports in place for children with disabilities and their families where children do not qualify for supports under the NDIS, there is a risk of children unnecessarily entering the child protection system. Thus, there is a need to provide support to build capacity of parents of children with disability through initiatives such as parenting skills, family counselling, functioning and support services.

Understanding the impact on families and their capacity to continue to care for children with complex needs is critical, we don't want to revert to families having no option other than to use the child protection systems to get the support they need.

¹ Australian Bureau of statistics, Disability, 4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2015, accessible at:

<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4430.0Main%20Features202015?opendocument&tabname=Summary&prodno=4430.0&issue=2015&num=&view=>

² National Disability Insurance Scheme, COAG Disability Reform Council Quarterly Report 30 June 2018, p.10 accessible at: <https://www.ndis.gov.au/medias/documents/coag-report-q4-y5-full/2018-Q4-June-COAG-report-Full.pdf>

³ National Disability Insurance Scheme, NSW Public dashboard, 30 June 2018, accessible at: <https://www.ndis.gov.au/medias/documents/nsw-dashboard-aug18/NSW-Dashboard.pdf>

⁴ Australian Institute of Health and Welfare (AIHW) 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW.

By design, the NDIS is only available to people who are citizens, permanent residents or a holder of a special category visa. This means people in NSW who do not meet these residency requirements will also need access to other disability and/or mental health related supports. With the current changes to provide mental health supports outside the NDIS, it is unlikely that there will be sufficient supports for this cohort unless there is additional investment.

How they access services

We applaud the NSW government's continued commitment to programs such as HASI and EACLS which provide vital supports for people with disabilities.

Currently, people with diagnosed or undiagnosed psychosocial disabilities are able to access federally funded mental health services. However, with the implementation of the NDIS, these services are now being rolled into the NDIS. These people will only have access to services until the PiR and PHaMs contracts expire.

The tension between NDIS and other government services (for example, health system, aged care and State funded services such as HASI and EACLS) protract the waiting times to access services, as the NDIA or the other services are expecting people with disabilities to exhaust other service options before applying for the NDIS or vice versa. Due to these reasons, and not being eligible for the NDIS, people who used to access State funded disability and mental health related services are now accessing mainstream health services which are already at capacity. This creates an over-reliance on crisis services such as hospital emergency departments and homelessness services.

Approaches of other states

The approaches to addressing the gap in service delivery for people who are ineligible for the NDIS vary from state to state as they have set their priorities based on the needs of the local communities and the funding arrangements with the Commonwealth. The Federal Government committed \$80 million in the 2017/18 budget to support people with psychosocial disability with the expectation that state and territory governments will provide in-kind financial contributions.

However, considering the significant demand for mental health services further investments in mental health services will be required. For example, the Victorian government recently committed \$50 million to community mental health organisations to deliver a new service and provide job security to people employed in the mental health sector which will remedy the casualization of the workforce.⁵ Similar investments are needed in NSW to meet the needs of people whose disability or mental health conditions do not meet the threshold for the intensive supports such as the NDIS, HASI or EACLS.

⁵ Department of Premier and Cabinet Victoria, Media release: Victoria Stepping into support community mental health, accessible at: <https://www.premier.vic.gov.au/victoria-stepping-in-to-support-community-mental-health/>

NDIS Planners

Following consistent advocacy from the sector organisations and peak bodies, the Federal Government recently announced a new 'psychosocial disability stream'.⁶ This new stream is expected to be implemented progressively and includes, employing specialised planners and Local Area Coordinators; better linkages between mental health services and National Disability Insurance Agency (NDIA) staff, partners and a focus on recovery-based planning and episodic needs. It is important that information such as structure, timelines and other relevant information is made public in a timely manner. This approach may address the majority of challenges experienced by people with psychosocial disabilities.

There is also little clarity in relation to what supports will be available under this stream for people who were deemed ineligible and have disengaged from mental health services.

Quality and consistency of NDIS planners have been under scrutiny due to lack of or limited understanding of the diverse range of disabilities. The training provided to trainers should entail education in relation to the disability sector and working with people who may experience vulnerabilities. This should also include training for planners to make sure they do not impose or project their expectations onto the NDIS participants during the planning process. This needs to be not only achieved through formal training, but regular and consistent practice review with specialist staff to explore issues such as transference/counter transference, and reflect on their practice and work.

Currently, due to significant workloads the planners are expected to achieve outcome targets which adds further pressure on them. There has been some discussion in relation to lifting the cap on NDIA staffing levels. Mission Australia believes that the staff levels should be increased to meet the growing number of people accessing the NDIS whilst ensuring the new staff members have the requisite skills, knowledge, understanding and experience.

Providers of last resort

Mission Australia has worked with the NDIA towards addressing the issues in relation to the providers of last resort, including an after hour crisis service to support NDIA participants.

As highlighted in Mission Australia's submission, there are a number of people with disabilities in NSW with NDIS packages who do not have access to qualified and appropriate service providers. In such situations, there should be a service provider who is able to support people who are unable to secure services funded under their NDIS packages. The commissioning framework of such a service should be different to the NDIS and may require block-funding to ensure that NDIS participants who are unable to secure services through the NDIS are able to access high quality, clinically trained, therapeutic supports.

⁶ Department of Social Services, Media Release: Government announces improved NDIS mental health support, 10 October 2018, accessible at: <https://ministers.dss.gov.au/media-releases/3691>

Recognising the gap in service delivery, the Northern Territory has negotiated with the Commonwealth to ensure that there are providers of last resort during the transition period.⁷ We are of the view that there should be a provider of last resort during and after the transition period as there may be areas with thin markets, particularly in rural and remote NSW and information about these providers should be made widely available.

Groups of people who are not being captured by the NDIS and meeting their support needs

As highlighted above, many people with mental health issues are likely to fall outside of the NDIS irrespective of the need for ongoing support needs. It is possible that these people rely heavily on family, carers and informal networks for support. The productivity commission envisaged that the NDIS would support 460,000 individuals with disabilities and the other people with disability will have access to capacity building, peer-mentoring and community development through the Information, Linkages and Capacity Building (ILC) Framework. However, due to the delays in implementing the ILC Framework and limited funding to achieve these outcomes, there will be a large proportion of people who are likely to not receive the supports that they are entitled until these implementation delays are resolved.

There is limited clarity in relation to the interface between the NDIS and other governmental services including family and community services, health, justice, housing, child protection and education. In order to meet the support needs of those who are not being captured by the NDIS, there should be a broader State strategy or a framework to ensure all the aforementioned sectors work in collaboration to support people with disabilities.

⁷ Bilateral Agreement between the Commonwealth and the Northern Territory for the transition to an NDIS, Schedule K, accessible at: http://www.federalfinancialrelations.gov.au/content/npa/community_services/other/NT_Bilateral_Agreement_NDIS.pdf