

**The Mental Health Coordinating Council in partnership with the  
Mental Health Commission of NSW**

**Hunter NDIS and Mental Health  
Community of Practice Forum**

**MINUTES**

**Friday 24 July 2015 - 10:00 AM to 1.00 PM**

**Newcastle Jockey Club, Darling St Broadmeadow NSW 2292**

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**Acknowledgements & Introduction**

Deb Howe, Senior Policy Advisor  
Mental Health Commission of NSW

Deb welcomed people to the event and provided an Aboriginal and Torres Strait Islander acknowledgement and consumer acknowledgement.

**Update on NSW/Hunter NDIS and Mental Health Activity**

Tina Smith - Senior Policy Advisor/Sector Development (NDIS Mental Health Analyst), Mental Health Coordinating Council

This was the eighth COP Forum. 81 people attended the event. As usual, the majority were community sector service providers followed by HNEMHS staff. Four people identified as being consumers and other service providers, both peer and non-peer, identified as being consumers and carers. Attendance included people from outside of the trial site.

It was described that following our last forum in March 2015, 317 participants had attended the forums with about 70 people attending each event. A breakdown of forum participation across all seven events was presented:

- 136 community sector workers from the Hunter
- 75 community sector workers from outside the Hunter
- 77 other people from the Hunter (mostly Hunter New England Mental Health Service staff)
- 26 other people from outside the Hunter
- 3 consumers (and with other consumers and carers participating from within paid peer work roles).

The March COP Forum evaluation results were presented:

- 69 attendees and 38 feedback forms completed (55%)
- 93% rated the forum as 'very good' to 'excellent'
- 92% felt 'more informed' after the forum
- 76% rated length of time and frequency of forum is 'just right'
- The things people most liked were:
  - Consumer update on the NDIS
  - MHCC update
  - NDIA update.

Previously identified priorities for the COP Forum are:

- Explore circumstances of people applying but not accessing Tier 3/individual funded supports. – advocacy continues
- Exploring the needs of people with co-existing conditions (drug and alcohol/intellectual Disability etc). – explored with service providers for possible topic today and there appear to be few NDIA access issues

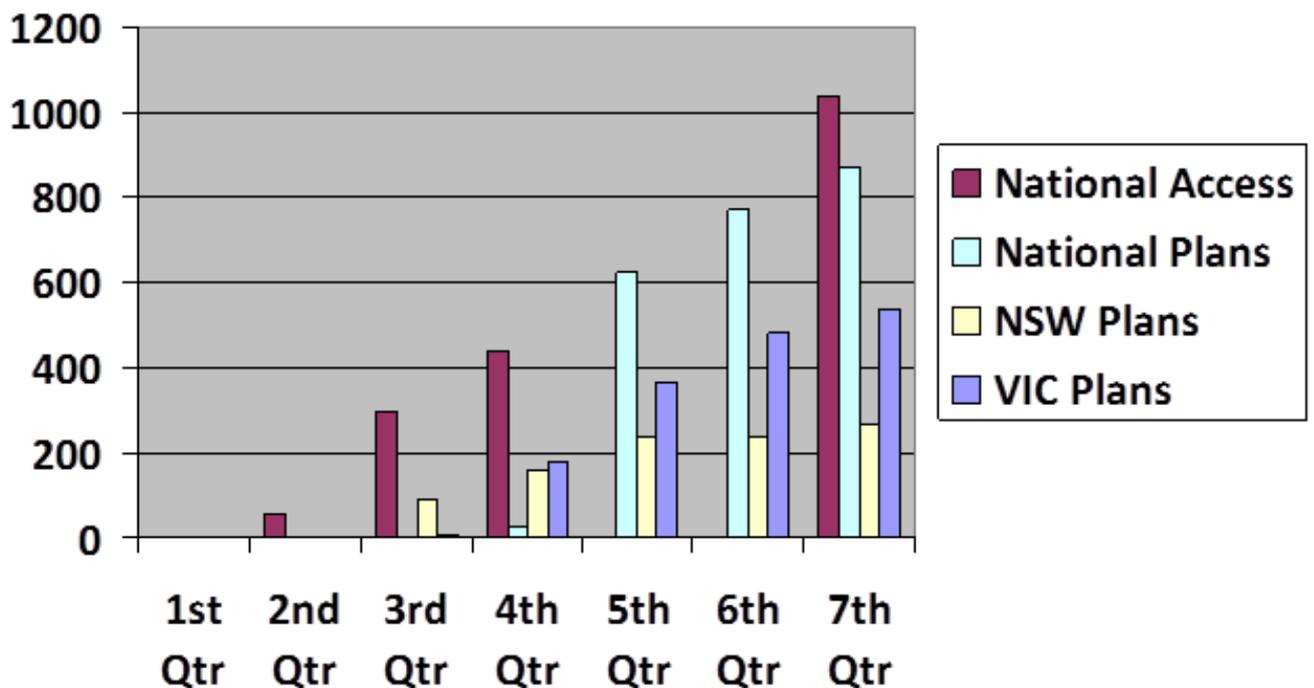
- Family and carer support services – possible future topic
- Criminal justice and forensic issues – possible future topic.

Access to affordable housing for NDIS participants is another area of interest. The NSW Ombudsman’s requested to attend today’s forum to consult with the trial site. It was noted that this COP Forum consultation will be followed by NSW Ombudsman’s Office meetings to be held separately with a consumer group and carer group between 2:00 and 4:00 PM at RichmondPRA on King.

**MH and the NDIS: How is NSW Faring?**

- January to June 2015 report developed
- Full roll-out of the NDIS is less than one year away (known in September?)
- 12/5 meeting with MHCC, the Commission and NDIA - feeding back was given by the NDIA that the review of all 2013/14 applicants with a psychosocial disability (who were deemed ineligible for NDIS) and that all of these decisions were ‘sound’. The NDIA also advised that there was no ‘slow down’ in access for people with mental health conditions.
- The NDIS indicates that at the end of March:
- 1,039 NDIS participants with a primary psychosocial disability nationally (and 534 participants with a secondary)
- 866 of these had approved plans and 269 of these were in NSW.
- At the end of 2013/14, 170 people in NSW had an approved plan.
- This indicates a significant deceleration in NDIS access by mental health consumers in NSW during 2014/15.

Some data from the NDIS quarterly/annual reports illustrating trends in access by people with a primary psychosocial disability over time was presented.



Consideration was given to the range of national projects currently underway through both the NDIA Mental Health Sector Reference Group, Mental Health Australia and/or Community Mental Health Australia. These projects are important for continuing to learn from the early experience and also improve policy. Procedure and practices and this relates to NDIS access for people with MH conditions.

Current NSW activity includes:

- 4<sup>th</sup> six-monthly report for January to December 2015 produced/distributed
- Update on status of 2013/14 NDIS and MH report (now for 2 years to June 2015)
- Western Sydney (Blue Mountains/Nepean) – early commencement for 2000 young people
- ‘Transitions’, ‘phasings’ and new access for people with MH conditions continuing
- Awaiting NSW roll-out plan.

National activity:

- Housing paper released (via Freedom of Information request)
- National Projects – continuing as per previous
- The Information, Linkages and Capacity Building/ILC Framework (end of July)
- The NDIS Quality and Safeguarding Framework – development continues
- DSS Sector, Market & Workforce Strategy released this week – to be released soon (likely to be a new Sector Development Fund).

### **Update: Consumer Participation in the NDIS**

Debbie Hamilton, Consumer Representative

Debbie’s presentation was titled ‘Project Managing the NDIS. She highlighted that at this early stage the empowering philosophy of the NDIS model may in reality be white different from the reality of it (ie, disempowering); especially for people with co-existing issues.

- The NDIS is fantastic – and she has seen friends who have sat around for years now go shopping and go on holidays.
- She very much welcomed the changes in the community with regards to the additional support which were being provided through the NDIS.
- She recently decided to look at the NDIS and liken it to project Management.
- Project management is a book of knowledge. There are 4 different groups and 42 processes to make it work well.
- Really, the NDIS is a project – consumers go through at least 13 different processes.

### Initiate participation

- find out about NDIS
- submit an application
- gather proof of eligibility
- be approved (Debbie says that she knows for a fact that if you have a psychiatrist it will be much easier to be assessed as eligible for NDIS than if you just have a GP)
- This is a very complex process – what you ask for is important in terms of funding.

### Planning

- planning is an uneven playing field – there are a lot of things to get through - paperwork to plan goals, receive and decipher paperwork, planning meetings at the NDIS, also planning and review meetings.
- important to go to these meetings with an advocate.
- how can you make this an ‘accessible’ space?

### Executing the Plan

- find a service - you need to go into the portal to choose a service – this is an area that could be greatly improved on – quite difficult to decipher
- funding control
- work at plan with service Provider (would like a space on the portal where consumers can blog on there about what services are good or not)

- Thinks that the business model should be looked at – if you do your planning with one organisation but want your services provided somewhere else – how is this supported (especially for people who may be quite vulnerable).

### Reviewing and changing

- Negotiating change with the community MH service provider not always easy.
- Relationships important
- There needs to be a capacity to make a complaint about this agency.
- They all need to 'walk the talk'
- The Safeguard Framework is very important.
- *'If I am getting a service from a provider in the community then I need to know the complaint mechanism'.*

### 12 month review

- prepare for the Review after 12 months – this took hours then had to go to the NDIS planning meeting
- Processes of review need to be transparent.

### Appeals

- If it is about the service provider – to the NSW Ombudsman
- If it is about the NDIA – to the Commonwealth Ombudsman or the NDIA

*'Consumers and Carers want an external body to safe guard them in the NDIS'.  
'NDIS has made a profound difference to my life'*

## **Presentation and Consultation: Reflections on the NDIS implementation**

Kathryn McKenzie – Director, Disability, NSW Ombudsman's Office

The NSW Ombudsman's Office has new roles and functions arising from the NSW 2014 Disability Inclusion Act that include monitoring NDIA funded services and supports provided to NDIS participants. The Deputy Ombudsman & Community and Disability Services Commissioner, Steve Kinmond, came to speak with us about these new roles and functions in September 2014. This time they attended to consult with people affected by mental health conditions and their supporters about their experience of the NDIS and what is working well and what is not working so well. The specific questions explored by the Ombudsman's Office included:

- What kind of decision making support are participants accessing to assist them in the planning process, and who is generally fulfilling this role?
- How are people finding out about what support options are available to them?
- What changes in supports have come about for participants since accessing an NDIS package?
- How are participants coordinating supports across disability supports and mainstream services (what assistance are they accessing to do this)?
- Where a participant experiences a crisis (eg: carer rushed to hospital; or carer is no longer able to accommodate or support the person), how is the crisis responded to under the NDIS? Is there provision in plans for emergencies?
- What mechanisms exist in the NDIS planning (or other) processes to identify current or emerging risks for a participant (eg: potential abuse; lack of informal supports; unmet health concerns, etc)?
- What has been your experience in relation to participants who are self-managing their funds?
- Any other feedback on what is working well and not so well that you would care to provide?

Participants were provided the opportunity to provide written responses to these questions and these are collated in Attachment 1. Other feedback from forum participants during discussion is provided as Attachment 2.

People were thanked for their participation in the consultation.

### **Update from National Disability Insurance Agency (NDIA) Hunter** Suzanne Punshon - Director of Engagement and Funding

Suzi commenced her presentation with a consumer acknowledgement.

- Thank you to everybody for their feedback. The NDIA's remit is to listen, learn, build and deliver – we are a trial (since July 2013) and we are about to transition to the full Scheme.
- There will be an announcement next month (August) of the full scheme roll-out.
- The Scheme was never meant to be a static because we are working with people and their lives.
- In feeding back on the comments made by the group – the Catalogue of Supports changes from August 1.
  - there will be a new Plan and Review – the Plan will look very different.
  - the current Catalogue will be gone – in its place will be 14 Categories of Support- each with a Guide
  - the Categories of Support will be linked to an Outcomes Framework (8 domains)
  - the Plan will be simplified – where one person had 17 pages they now have 5.
- Planners will talk to participants and make sure that everything is on page.
- They will help them *'live ordinary lives'*.
- There will be more of a focus on what outcomes participants want to achieve and how they are going to get there.
- There are 3 focus areas – Core, Capacity Building and Capital (services and supports).
- There will be more flexibility in how the funding is able to be spent – e.g. – if you have 14 hours a week for personal care – the NDIA will talk with Participants about what that looks like for them.
- There will now be a total budget – this is what I want to achieve within the next 12 months – how do we get there.
- The intent of the Scheme is to put Participants in the *'driver's seat'*.
- With the new Catalogue of Supports – it will be very simple – easy language – how they then implement this is a stronger focus.
- Not everyone needs coordination of support, however, there are now three categories of this in the new guide – the NDIA will fund **Support Connection** which will be side-by-side connection – short term. If the participant requires more, then funding for **Support Coordination** will be provided and if additional support again is required – funding for **Specialised Coordination Support** will be provided.
- There are big changes coming – a big cultural change will occur for participants and the planning process.
- The NDIA have already held two sessions with service providers – there is a lot happening.
- The relationship with Service Provider Agreements will change to *how am I going to support you and meet your outcomes?*
- Complaints – participants can come to the NDIA and tell them their problems so that they can fix it. They are encouraged to complain or appeal decisions made by the NDIA that they don't agree to – pick up the phone and ring the NDIA.
- Data - current data has no context – no story – people who need the Scheme and are eligible for the Scheme – if not assessed as eligible – come back and try again.
- Assessor can help – the NDIA is going to increase their community presence – in shopping centres etc. – increasingly NDIA staff will be able to do that.

- PIR clients – phased into the Scheme in the last quarter.
- We won't see carers data in reports – the reports are for participants only.
- The Housing Paper recently obtained under FOI is on the NDIA website – this is not the final version and work is still being done on it.
- This is the last year of the NDIS trial – they (government?) are all getting ready for the full Scheme.
- There is currently a strong project focused on forensic clients – in trial.
- People who elect to self-manage – not a lot of people have taken up this option. Self-directing can be very powerful and the NDIA want people to have greater engagement.
- Families also want to choose the support workers for their family members.
- Encouragement people to contact the NDIA with their feedback  
[engagement@ndia.nsw.gov.au](mailto:engagement@ndia.nsw.gov.au)
- Ability Linkers – there are 2 providers – this is the NSW Government's 'in-kind' contribution to the Scheme.
- Transport – Centrelink has changed their criteria for the Mobility Allowance. NDIA has 3 levels for those who can't use public transport, if there is no public transport then this is a NSW Transport issue – not the NDIA.
- The Scheme is not there to fund everything – it is a (disability) Insurance Scheme.
- Under NSW arrangements anyone who is getting NDIA funding – transport support is still available.
- Moving forward:
  - New Catalogue of Supports with new items.
  - On the website or UTube video stories.
  - Further filming work to be done
- Question: There is concern about services previously funded by ADAC which are now not yet available (clinical services etc.)? A - There are grey areas still to be sorted out – for example Justice Health, Education, Health etc. and who does what. The NDIA doesn't always get everything right but it needs to get it right so they are keen for feedback. Still learning – in the last year of the trial.
- Question: is the NDIA going to address the Participant Portal – from Login on – information that the participant has less access than a service provider and service provider can't see what a participant does? A - The portal is changing and the NDIA are working on this.

### **Update: Hunter New England Mental Health (HNEMH)**

Megan Turrell, Rehabilitation Coordinator (Hunter) – HNEMH Psychiatric Rehabilitation Service

- Megan acknowledged importance of the NDIS for the service and consumers which has resulted in the appointment of a full time Senior Project Manager position – NDIS and Community Managed Organisations Partnerships
- Jodie Bertoldi will be undertaking this role full time for 12 months
- Development and implementation of efficient and sustainable initiatives to maximise the benefits for consumers eligible for NDIS.
- Ensuring that HNEMH are moving through this transition phase and HNEMH staff are well supported.
- Establishing collaborative relationships across the MHS, CMOs & NDIA.
- Working closely with the community sector in regard to partnership development (together with Barbara Stacy) and looking at capacity building opportunities within these partnerships.
- Managing the many challenges that come with any reform process.
- Supporting the NDIS Champions appointed in each of the MHS.

Continuing to bed in the governance structure regarding NDIS within HNEMHS. Jodie has spoken about this previously, but a recap:

- At a HNELHD level

- Representation at an Operational Working Group – senior interface with NDIA and the broader HNELHD.
- General Manager attends a Transition to NDIS Project Team meeting within HNELHD.
- Mental health specifically:
  - Senior Implementation Working Group (meets monthly): trends, data, unresolved issues, challenges and success
  - Subject Group Meeting (meets monthly): direct interface between MH and NDIA planners to discuss and resolve issues
  - Local NDIS Champions Meetings (meets monthly): local issues, challenges and success with referrals and interface with NDIA

Access numbers have been steady since the update at the last forum:

- Continue to work in partnership with the NDIA across services in regard to referral and planning processes, and continue to see positive outcomes for individuals.
- Continuing to very much have NDIS on the agenda within our clinical services and proving support to people who are eligible to access the scheme.
  - Work going on in Lake Macquarie MHS in regard to identifying referral opportunities for consumers and working collaboratively with the consumers in regard to referral to NDIS, while also looking at how to manage the referral process within the service.
  - Very exciting that Maitland trial site came on line as of 1<sup>st</sup> July. A lot of planning has been going in to this opportunity in Maitland with the HVMHS.
    - Together with NDIA, a presentation was provided to staff about the scheme, access for consumers, benefits for the consumers and sharing experiences from the Newcastle and Lake Macquarie areas. This was met with very positive response.
    - There has also been the offer of a colocation model at HVMHS with NDIS staff invited to sit at HVMHS perhaps a couple of days a week. Given there will be no local NDIA office in Maitland, this would improve access for consumers, carers and families and MH staff.
    - Exciting initiative and continuing to develop the partnership between NDIA and MH.
    - NDIS update on the JFH campus BY NDIA staff – number of services now operating from this campus so there is a real opportunity to reach a number of clinicians and ensure their knowledge and understanding of the scheme is up to date.

HNEMH held the third and final Collaborative Forum with Disability Services on 10<sup>th</sup> June:

- These forums have focussed on engaging disability service providers, including those services that did not traditionally partner with health, develop partnerships and developing collaborative working arrangements between our services.
- As a result of the forums, the service has been engaged in conversation exploring how HNE MHS could be involved in providing education to further support the NGO sector to support people with complex mental health issues.
- The Service is very excited and positive about the partnerships they are building, and adding to existing very positive partnerships they have enjoyed with a number of CMOs for many years.
- As this was the last forum, interested agencies have been invited to join existing forums where MH and CMOs meet.

In regard to promoting choice and control for consumers for consumers accepted into the scheme when selecting service providers:

- Resource kit is being developed containing helpful information for consumers and carers regarding the process as well as information about different agencies.

- CMOs will be invited through Jodie Bertoldi to be included in this resource kit by providing information about their service. If you do not receive a communication about this, Jodie is the contact for this.
- Not only will this initiative ensure choice and control for consumers but provide transparent and equitable access to services for consumers being supported through the process by MH staff.

#### Development of the Collaborative Care Resource Centre (CCRC):

- Exciting initiative building on the very successful Collaborative Care Arrangement developed between MH and a range of CMO partners
- The CCRC will be based on JFH campus and provide:
  - A point of contact for service enquires about resources available for MH consumers in the local community
  - Staffed by collaborative partner CMOs, HNEMH volunteers and HNEMH staff
  - General information can be obtained, interviews with staff can occur, contact will be made with services to ascertain service capacity and availability and follow up will occur to ensure satisfaction with chosen services or if further assistance is required
  - In regard to the NDIS, the CCRC will provide another opportunity to ensure choice and control as consumers and carers will be able to access the centre and find out information about service providers
  - More information and publicity will be available closer to the opening of the centre.

#### Consumer Participation Unit (CPU):

- Will be a central point for recruiting, managing and retaining enthusiastic individuals (consumers, carers, community members) willing to participate in various MHS activities
  - Training and remuneration will be provided to participants
  - Participation job descriptions will be developed
- Health participants will play a role in how the service plans and delivers care, including:
  - Committees – business and strategic planning, service planning, quality activities
  - Service improvement projects
  - Focus groups
  - Advisory groups
- The CPU obviously presents incredible opportunities to the MH service to partner with consumers in a more sophisticated way, and the opportunities it offers to consumers will be integral to their recovery process through enhancing social inclusion through socially valued roles which is incredibly positive.
- The service continues to mature its processes in regard to the NDIS the Consumer Participation Unit will be an integral part of this development.

#### Summary and Next Steps

- Next Hunter NDIS and MH COP Forums are TBC (currently planned for 15 September & 15 December but this may change due to forthcoming MHCC NSW NDIS Organisational Readiness Forum and Regional Forums)
- 11 August NSW NDS – ‘Essential NDIS Briefing’
- 7 or 10 September – NDIS Organisational Readiness Forum (Sydney)
- 25 September – Hunter PIR ‘PIR, Health & Housing’ Forum
- Late September/early October – MHCC Regional Forums (Wagga, Coffs Harbour, Ulladulla, Sydney)
- 21 & 22/10 Criterion Conference – ‘Designing and Delivering MHS within the NDIS’.

**Written Feedback - NSW Ombudsman's Office Consultation  
NDIS and Psychosocial Disability 24/7/2015**

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**What kind of decision making support are participants accessing to assist them in the planning process, and who is generally fulfilling this role?**

- Consumers of existing agency (non-NDIS) who seek NDIS funding for additional supports are given info from our service delivery staff, clinical teams, and less so from NDIA. Being in Maitland LGA we have had limited experience to date, though the consumers accessing NDIS so far have wanted us involved in planning meetings and NDIA so far have wanted us involved in planning meetings and NDIA were open to having us support the consumer during meetings.
- A lot of support is required for consumers to access the NDIA. From application through to planning process. MH services are providing this creating strain on services. Consumers are at times discouraged from including MH services in planning processes by NDIA.
- Our clients are receiving information from us (job title) with funding for Coordination of Supports.
- Service providers who are not funded for case coordination still are providing a lot of support.
- Participants reluctant to use someone new.
- Partners in Recovery provide this role to consumers who have been referred to our program.
- Family, Public Guardians, clinical care team (social worker, OT, doctors, case manager) are all involved with the participant in decision making.
- No external support.
- Encouragement and support is given to clients to access IDRS for external advocacy. This, however, is not appreciated by NDIA who then accuse us of colluding to 'feather our own nest'. This results in hesitation to promote external advocacy.
- There seems to be very little support outside our organisation for this. There is very little information in a style that our consumers can access. When we support our consumers to access the IRDS to support our consumers this is undermined by NDIA staff.

**How are people finding out about what support options are available to them?**

- Morisset Hospital staff negotiate with CMOs re capacity to support an individual with a pending plan. It seems that the deal is 'done' re which provider will give service to the consumer and the consumers I have observed seem not to really care which service helps them, so long as someone does. It would be good to see the consumers get a choice of all potential providers independent of hospital staff agenda.
- Through MH clinicians and conversations with NDIS planner after planning meetings.
- (job title), Local Area Coordinators.
- Lack of education by NDIA about options.
- LACs skill level variable.
- It is incredibly difficult to explain the support options and then to find a good service with suitably qualified workers is another challenge.
- A resource folder is being developed to assist people to consider their options and supports available in the community. This information is provided to families/carers and Public Guardians.

- Essentially, they are not given options, per se, but are informed of what supports they will be funded for at their NDIA planning meeting (by the planner).
- There again seems to be very little supports in this area for our consumers outside our agency. Many have little support when the NDIA approaches the consumer independent of our service.

### **What changes in supports have come about for participants since accessing an NDIS package?**

- HASI supported a consumer who needed temporary overnight support to develop coping strategies in their home has been given 6 months overnight support to 'top-up' HASI support to allow the person to stay in their tenancy/community of choice otherwise they would have had to look at other residential options.
- More services, flexible services, (job title) developing a relationship with clients to gain a better understanding of clients history, needs, issues and current situation.
- Increases in hours of support.
- Supports are not always operating in the best interest. Trying to sway them into the organisations activities when it is not something that the client wants or needs.
- Increased supported access to the community.
- 16/24 hour supported accommodation in the community to enable discharge from hospital.
- Reduced hours.
- No clinical supports.
- Lack of funding for behavioural supports.
- Pushed into mainstream services that are not skilled in dealing with people with mental health, ID, AOD, ABI, etc.
- Mainstream services not enough and come with a gap.
- For individuals with obvious disabilities (physical, ID) there is good outcomes. For people with complex mental health/emotional issues there is significant reductions in service provision. Loss of clinical supports, reduction in face to face services that place the individual at risk.

### **How are participants coordinating supports across disability supports and mainstream services (what assistance are they accessing to do this)?**

- With great difficulty. Coordination of Supports is often far too low in weekly hours to be satisfactory. Monitoring/watchdogging is imperative in Coordination of Supports and crucial due to observed poor practice by some staff in other agencies. Two consumers will be at the forum this afternoon.
- Consumers require a lot of support with coordinating services. CMOs at times do not provide this even if part of their NDIA plan. This is falling to MH services.
- We are coordinating supports for consumers until they choose another provider.
- With support from their mental health team. Family/carers and Public Guardians.
- Case management, if provided.
- Most who have traditionally viewed disabilities have supports to assist through family or current provider. Many people who have hidden disabilities find this difficult and there is little coordination.

**Where a participant experiences a crisis (eg: carer rushed to hospital; or carer is no longer able to accommodate or support the person), how is the crisis responded to under the NDIS? Is there provision in plans for emergencies?**

- n/a
- Unsure.
- Our service is not an emergency service. However, if a client was in this situation we would respond by assisting with housing, supports, accessing further funding from NDIS.
- A participant or provider contacts a planner to get additional supports. What happened if crisis occurs outside of regular office hours?
- I have not seen any contingency plans built into plans.
- NDIA planners will not put any provisions into the plan, even when requested. When asked if, should the crisis occur, we can come back and get a plan review to assist at that time, we were told "You need to remember we are not a crisis service".
- Have been informed by the NDIA that they are not a crisis service and were told to go back to existing services.

**What mechanisms exist in the NDIS planning (or other) processes to identify current or emerging risks for a participant (eg: potential abuse; lack of informal supports; unmet health concerns, etc)?**

- Staff of our agency have attempted to contact the NDIS to ask about this/query process and have been met with rudeness from Senior Planner. Limitations to choice and control when the agency/provider is predetermined by pre-existing services involved. Concerns re, privacy, confidentiality and independent choice in shared living arrangements where the provider takes control and places limits on consumers, eg, look into House With No Steps in the Hunter.
- Unsure.
- I am not aware.
- None that I'm aware of, sorry.
- Ongoing support and contact with NDIS planners/agency.
- None – risk is not a focus at all.
- Nil!!! Unless it is related to an obvious disability of a physical nature.

**What has been your experience in relation to participants who are self-managing their funds?**

- n/a
- Unsure.
- I have not met a client who is self-managing. My clients state that planning carers, rosters, payments and all else would be too time consuming and overwhelming.
- Good – it has given them greater confidence to choose what they need.
- None of the participants I work with self-manage their funds.
- Increase in anxiety; need for financial guardianship; spending transport money on food, poker machines, etc.
- This varies. Many use this as a threat against the service "Do (ABC) or I won't pay you". Some use this money to buy drugs, play poker machines or other AOD purchases.

## **Any other feedback on what is working well and not so well that you would care to provide?**

- Concern for risk management for MH and AOD; psychosis – some agency staff inexperienced and poorly funded line items does not allow for staff to be fully trained or pay high quality staff.
- NDIA need to put mandatory minimum training requirements in place for CMOs funded to care for consumers. It is not good enough for the NDIA to say this is out of their hands. Who is accountable when things fall down?
- Clients with mental health issues but no (obvious) physical disability it's very hard to get a planner to understand unless an OT report has been done prior to planning meeting.
- Desperately need the NDIA website to be made user friendly so that consumers and workers can find registered services easily, ie, actually search by a suburb or area of need.
- Access to affordable, safe housing remains a major block for consumers I work with.
- Planners are not educated/qualified to develop plans. This was evident when discussing the lack of clinical/behavioural supports for a gentleman with an intellectual disability, mood and anxiety disorder, personality disorder, and trauma background. NDIA planner stated that he just needed to access mainstream services, and that "How he deals with anxiety and grief and loss is no different from the rest of us".
- NDIA planner when I was trying to de-escalate the person by assuring him that the clinician in our internal NDIS team could come to the next meeting to help explain his issues, clearly told our client that there was "nobody else coming to the meetings" because it was "a circus already".
- Inconsistent approach (by) planners. Poor risk management. Poor transition planning.
- Need to look at staff skill development across the sector.
- Good support to people with physical disabilities.

**Discussion Feedback - NSW Ombudsman's Office Consultation  
NDIS and Psychosocial Disability 24/7/2015**

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Note taker 1

- Existing service providers are sometimes still being excluded from planning where people seem to have a need for support in their interactions with the NDIA
- Many positive comments about the greater emphasis on more collaborative practice between existing service providers and the NDIA as this relates to access, planning, review etc.
- Concern about people's 'transitions' both into the Scheme and/or in changing providers not being supported/funded
- Service provider staff training/skills (ie, workforce) issues becoming increasingly apparent
- Some service providers struggling with their capacity to provide support to participants
- Discussion of the pros and cons of qualified vs unqualified staff
- Opinion that skills are required for working with people with complex needs and especially as this relates to transition planning
- Some people with disabilities with criminal offending background are becoming, or are at risk of becoming, unwell around NDIA processes
- Consumer complained of having lots of trouble accessing and coordinating supports initially with service providers saying 'no'
- Another consumer noted that self-management of funds was not initially offered. She changes this but now would prefer not to
- Self-funding requires more capacity and assessment of capacity, including risk assessment
- Inconsistency in transport approaches (ie, It was noted that people under 65 can't access community transport any longer unless they have an NDIS package. Someone else said the opposite (ie, if NDIS then no community transport)
- NDIA planners don't understand mental health related limitations/impairment
- Participant sometimes given inconsistent information by NDIA Planners
- Interfaces between NDIS Local Area Coordinators (LACs), Partners in Recovery and NDIS ILC/Ability Linkers are still evolving
- One person had very positive experience with LAC; another had no LAC after two years
- ATSI clients can only go to ASTI Ability Links (?).

Note taker 2

- Concerns about the level of qualifications of service providers for people with an intellectual disability and complex needs
- (X) Hospital & PHaMHS – what is the NDIA Planner's previous experience with people with co-existing issues? Even how they frame the questions indicate that this isn't very much. It is quite daunting for participants to go to the NDIA when advocates aren't allowed into the planning and review meetings or this happens over the phone.
- (Service Provider) they have had a positive experience of the NDIA/NDIS – when the Scheme started they had some initial problems but this has now improved.
- There has been a recent report into the Deaths of People in Residential Care and these talk about issues with the interaction between Health and Disability support.
- (Service provider) - concerned about the services people are getting through the NDIS. One example was a woman who had experienced a philosophical difference with her support agency. The team looking after her had a different idea to her of what she required. One specific issue related to sterile needles – the service provider did not support the use of sterile needles therefore the consumer was forced to resume unsafe drug use practices.
- One consumer had a two year Plan – it took over two months to have a workable coordinator in place and was then turned down by many service provider agencies –

despite having considerable funds. She was not getting information about why they were not able to take her on and her entire service coordination has fallen to her and she has had to employ untrained workers to meet some of her needs. The NDIA has been great in enabling her to fund this support – all areas NDIA are supposed to be supporting her with – the workforce just hasn't been there. She now has a 'coordination of supports' – but this should have happened two years ago.

- There is a range of services that can be identified for intellectual disability supports but for mental health consumers this is much more difficult. NDIS are funding a range of services but there are many service provider gaps. In some cases we have gone back 10 years. ADHC have provided services in the past for people with complex issues – you can now get them on an NDIS plan but there is no transition period - better transition planning needs to occur – ADHC traditionally funded psychological support – this is no longer available (they are now being pushed to the Commonwealth Better Access and Better Outcomes programs via GP's and the number of sessions available is now only up to 10 – where in the past this was unlimited). This has meant that criminal offending and suicidal behaviour has increased and the impact on individuals has been quite significant.
- Self- managing NDIS packages:
  - One woman had one provider and then that provider decided to discontinue support with no explanation
  - One person started to self-manage then this was taken off her by the NDIS with no explanation
  - One carer had a daughter with Autism and she wasn't told by the NDIS that she had this option available to her
  - Another person knew of other people who are self-managing and this is the ultimate in choice and control – there have been a lot of training workshops run by CMO's and the NDIA and these have been quite positive
  - Another person thought that there needed to be a better capacity assessment of this – some are managing well but others are using it as a 'threat' to agencies; '*do this or else*' – others are using funds on the pokies.
- HNEMH Rehab Team – they had an NDIA representative come out and talk to the service.
- Two services are now unavailable to consumers (Community Transport and a Hoarder and Squalor service) unless you have a NDIS package or are over 65 years – NDIA representative said that this should not be the case.
- Consumer - transport has been an issue for people. She was told at a planning meeting that she could utilise transport support if it met an item under the NDIS
- There was a general understanding that transport was an issue that has a substantial impact on ability – the NDIA Planners think that they are 'capable' but don't consider the variation in mental health states (or phase of illness)
- There was general consensus that there was an inconsistent application of this – someone who had a car and licence (therefore had less need) has got transport assistance when others haven't
- Another consumer commented that she found that people talk about getting access to different information given to individuals – she was on her 4<sup>th</sup> Planner and 20<sup>th</sup> meeting with the NDIA.
- Involvement of the NDIA Local Area Coordinators/ILC Ability Linkers:
  - Just one carer identified having a Local Area Coordinator
  - A consumer said that she still doesn't have a Local Area Coordinator after 2 years
  - Another person commented on the lack of choice when it comes to Ability Linkers – if you are an Aboriginal person there was only one person (organisation?) to choose from.