

**Submission  
No 153**

**INQUIRY INTO IMPLEMENTATION OF THE NATIONAL  
DISABILITY INSURANCE SCHEME AND THE PROVISION  
OF DISABILITY SERVICES IN NEW SOUTH WALES**

**Organisation:** Disability Advocacy NSW

**Date Received:** 7 August 2018

---



**Head Office**

Suite 1 Level 2, 408 King Street  
Newcastle West NSW Australia 2302  
Ph: 02 4927 0111 / 1300 365 085  
Fax: 02 4927 0114

7 August 2018

Hon Greg Donnelly MLC  
Chair - **Legislative Council Inquiry  
Into the Implementation of the NDIS and  
the Provision of Disability Services in NSW**

Dear Mr Donnelly,

Thank you for the opportunity to make this submission. Disability Advocacy NSW (DA) provides individual advocacy to people with all disabilities and all ages over two thirds of NSW. While DA operates in western Sydney the service has a regional, rural and remote focus with local disability advocates in Armidale, Bathurst, Broken Hill, Blue Mountains, Coffs Harbour, Central Coast, Dubbo, Newcastle, Port Macquarie, Tamworth and Taree. These locations service surrounding regions. A significant proportion of DA's funding comes from the NSW Government. As on-the-ground, local advocates in daily contact with people with a disability we believe we can offer relevant insights into the implementation of the NDIS in NSW.

NSW has rolled out the NDIS more rapidly than any other states, putting all its disability funds into the NDIS and effectively removing itself from the disability sector. Given the speed of the NSW roll out and the fact that 90% of people with a disability are not eligible for the Scheme, this has meant numerous problems which cannot be attributed to the National Disability Insurance Agency (NDIA).

We think the following statement succinctly summarises the current situation, particularly in NSW.

---

*The NDIS was never meant to be an oasis in a desert. People not eligible still need programs and supports. There should never be a cliff outside the scheme. We need strong leadership by all our governments to ensure that no one falls through the gaps. (Every Australian Counts)*

---

Should the committee require oral evidence we would be happy to do so.

Yours sincerely

Mark Grierson  
Chief Executive Officer

August 2018

## Submission to the inquiry into the implementation of the NDIS and the provision of disability services in New South Wales

Our submission focuses on two points (e) and (i) from the terms of reference.

(e) The provision of support services, including accommodation services, for people with disability regardless of whether they are eligible or ineligible to participate in the National Disability Insurance Scheme.

There are many types of support services that appear to be ‘collateral damage’ resulting from NSW’s approach to implementation of the NDIS. Many of these will be addressed in other submissions. However we will concentrate on individual advocacy and the potential impact if NSW ceases to fund it in 2020. Disability advocacy services now only have temporary funding following a campaign to encourage the NSW government to understand that the NDIS will not fund advocacy and that having no access to local advocates—particularly in regional, rural and remote areas—will have a disastrous impact.

### The Impact if NSW does not provide ongoing advocacy funding

- It will be like turning back the clock 10 or 20 years when local individual advocacy services were unavailable
- Many advocacy services will be affected **but regional and remote communities will be hit the hardest**. Some areas of the state will lose disability advocacy support completely and people with a disability in remote areas will have no choice but to try calling metropolitan areas.
- The need for advocacy with the NDIS has increased not decreased; as people need help to ensure fair treatment in this complex NDIS system. Even over time we predict that this will not change
- The decision to cut advocacy funds with the introduction of the NDIS does not fit with the fact that many advocacy issues are not related to the NDIS e.g. education, justice, accommodation, abuse, discrimination, health, finances, guardianship.

---

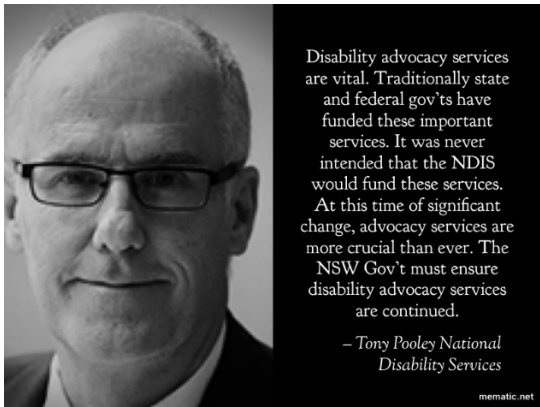
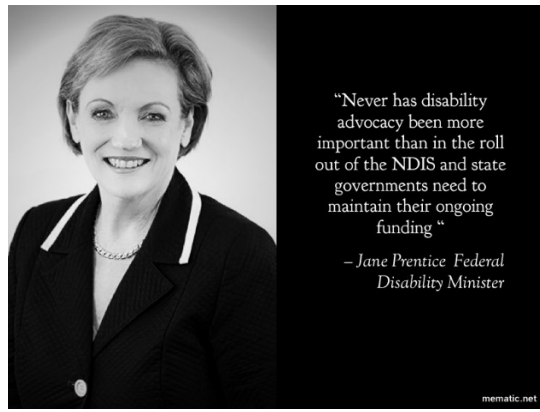
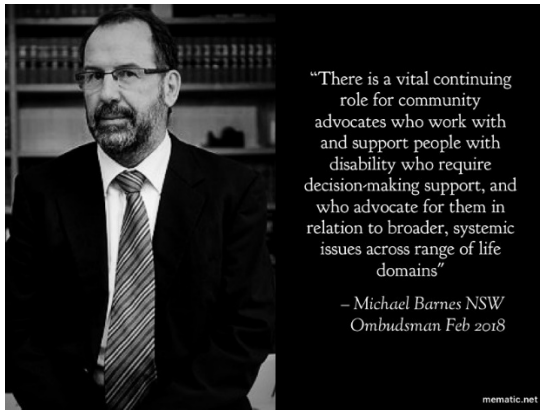
*The NSW government is throwing the baby out with the bathwater by cutting advocacy and throwing all its funds into the NDIS. The NDIS is not everything -- 90% of people with a disability are not eligible for the NDIS.*

---

### Specific Impact on Disability Advocacy NSW

- NSW funds about a third of Disability Advocacy NSW’s total advocacy work. If the funding cuts go ahead as planned in 2020, Bathurst - Central West region will have to be closed completely (as it is completely funded by NSW). Parts of the New England (Armidale), Mid North Coast (Coffs Harbour) and Hunter regions also will close. This includes closing offices and loss of advocates and support staff.
- We expect the loss of NSW funding will effect over 1000 people per year with a disability who use Disability Advocacy NSW

## Evidence that disability advocacy remains vital in an NDIS Environment



### Recommendation (e)

That the NSW government provide ongoing funding for disability advocacy in light of the fact that 90% of the disability population are not eligible for the NDIS (and still need advocacy support) and that the NDIS has increased the workload of disability advocates.

- (i) Incidents where inadequate disability supports result in greater strain on other community services, such as justice and health services.

**‘Hospital Pass’: where the NDIS in NSW has meant a move from the community to hospital.**

The rapid roll out of the NDIS in NSW has resulted in numerous problems with the interface between NDIS and NSW services. We think the best way to let the Inquiry know about these issues is to provide some common case examples.

**Case 1**

Client X is 37 years old and has multiple complex disabilities including both physical and psychosocial disabilities. Client X is bed bound and unable to leave the home. Client X requires physical support for all daily activities and apart from his carer, has no informal supports in the community. Prior to the rollout of the NDIS, client X was a long standing recipient (5 years plus) of NSW funded support including home care and personal care support. Client X was eligible for community access support but his complex physical disability prevented uptake of this support.

When the NDIS rolled out in the region, client X anticipated a simple transition to the NDIS, a new plan and flow on of existing supports. Client X received notice from the NDIA that he was ineligible for the NDIS and that the health system was better suited to support his complex “health issues”. Client X requested a review of this decision but as this is a lengthy process the service provider was unable to continue to provide services without funding.

Client X has support needs that are too complex and physically demanding to be met by the informal support. Client X had no other option other than to contact an ambulance service and be admitted to the public hospital under a social admission. Client X remained in hospital for over 4 months before being discharged with a temporary support package through the local community health team. This is not adequate to meet support needs for client X but client was no longer able to stay in hospital.

**Case 2**

Client Y is a 50 year old participant of the NDIS and in need of intensive support for all daily living activities. Prior to the NDIS the client was a recipient of state funded services including home care, personal care, community access, including community transport. Client Y was told that she met the access criteria because of her psychosocial disability. In addition to support for her psychosocial disability client Y also needs support for her physical disability. Client Y has very limited mobility. Client Y is unable to walk and requires full use of a wheelchair, she cannot self-transfer in and out of bed or her chair (needs a hoist for all transfers), she cannot access the community without a wheelchair and 1:1 support, she cannot dress/undress, toilet or shower independently and she cannot prepare food or feed herself.

When the NDIA created client Y’s statement of participant supports they stated that because she gained access to the scheme for her psychosocial disability she would only be able to receive supports directly related to this and not her physical disability. The NDIA perceived client Y’s physical disability to be a side effect of medication and hence the responsibility of the health system and not the NDIS. The NDIA decided to fund a small amount of in home support and advised that community health were responsible for meeting assistive technology, home modifications and the additional hours of support needed each week. Client Y followed the NDIA instructions and contacted community health however she was told that due to being on the NDIS they would not be able to support her.

The client is currently not receiving the necessary level of supports she needs and her informal support arrangement is under strain and at risk of falling through. Without informal support client Y will have no choice but to be hospitalised. Client Y is appealing the decision made by community health and the NDIA but there is no resolution to date.

**Recommendation (i)**

NSW needs to abandon the mantra that all disability funding has gone to the NDIS and carefully review how it maintains services for people who are not eligible/or partially eligible for the NDIS. There is some potential improvements on the horizon in the area of justice, however as the case studies above shown there is much to be done in the area of health.