

**Submission  
No 183**

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

**Name:** Mr Greg Franklin

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6 August 2018

INQUIRY INTO THE IMPLEMENTATION OF THE NATIONAL DISABILITY  
INSURANCE SCHEME AND THE PROVISION OF DISABILITY SERVICE  
PROVIDERS IN NEW SOUTH WALES

The Director  
Portfolio Committee No. 2 – Health and Community Services  
Parliament House  
Macquarie Street, Sydney NSW 2000

Dear Sir/Madam,

I thank the Committee for the opportunity to present my views on the Implementation of the National Disability Insurance Scheme, and the provision of disability service providers in New South Wales.

I am a NDIS Participant and Carer of an applicant currently awaiting Legal Aid to progress action before the AAT. The person I am caring for has not received any Disability Supports from the Federal and New South Wales Government for over a year. This has had a huge adverse impact on our lives, and the lives of our children. Two of our Children are also participants in the NDIS.

Living in Regional NSW has exasperated our situation even further. Regional NSW has always been under serviced, but even more so since the Introduction of the NDIS.

I welcome the opportunity to personally present input to the Committee.

Yours Sincerely

*Greg Franklin*

Greg Franklin

6 August 2018

## INQUIRY INTO THE IMPLEMENTATION OF THE NATIONAL DISABILITY INSURANCE SCHEME AND THE PROVISION OF DISABILITY SERVICE PROVIDERS IN NEW SOUTH WALES

I will mainly focus in my submission on the Psycho-social Cohort, Autistic Spectrum Disorder Cohort, and Early Childhood Intervention Cohort. I am currently active within the Systemic Advocacy area on a Voluntary basis, and sit on on the Lived experience advisory Board for Innowell. I liaise directly with major NGO's on a regular basis, and assist where able, at a National Level. I have also had matters raised in Federal Estimates, and via NSW MLC as Questions on Notice. I have also placed submissions in my own right, and as a representative, to the Joint Standing Committee on NDIS, and appeared before the Committee as a witness.

### **Executive Summary**

The NDIS was intended to bring much needed improvement in the lives of people with disabilities. It was also cited that it would benefit the economy by providing business opportunities and employment. Sadly neither has occurred. The Legislation is so poorly written that the NDIA employs a literal army of barristers to bring matters before the courts to test the Legislation under Law. The poor scoping of the NDIS, in particular the Autistic Cohort, and the Psycho social Cohort has resulted in the NDIA continually tightening Access to the Scheme causing enormous financial and mental stress to people with disabilities. Plans under the legislation are providing significantly less supports to what was previously available. The NSW Government, in its haste to achieve economic benefit per-emptively removed all disability supports to regions on the day the NDIS rolled out., leaving people without proper care. Deaths have resulted, mainly by suicide as a result. The NSW government cannot absolve itself from responsibility, as it is a partner with the Federal Government in the NDIS.

Indigenous and CALD people have been very poorly served under the NDIS, and by the NSW Government. The cultural differences have resulted in poor understanding by both people with a disability in these social groups, and the NDIS. Once again, the NSW government cannot absolve itself from responsibility, as it is a partner with the Federal Government in the NDIS.

People living in Regional, rural and remote locations have also seen what little support they had received further reduced. People with Autism and a Psycho-social Disability have been extremely adversely affected. Psycho-social Disability being the Elephant in the NDIS Room. This Elephant, that was scoped at 64,000 people Nationally, is much larger; by as much as 250,000 to 1.2million people Nationally. Once again, the NSW government cannot absolve itself from responsibility, as it is a partner with the Federal Government in the NDIS.

The NSW Government should immediately begin consultation with the Federal Government to have the Legislative and scoping issues rectified, or a suitable alternative put in place to ensure all people with Disabilities in NSW are properly supported and cared for. To achieve this by retaining the NDIS would mean, by my calculations, approximately doubling the 463,000 Nationally estimated people eligible for the scheme.

The NSW Government must increase the level of funding for advocacy, and commit to long term retention of funded advocacy.

I welcome the opportunity appear before the committee to provide further detail.

**(a) the implementation of the National Disability Insurance Scheme and its success or otherwise in providing choice and control for people with disability**

The implementation of the NDIS in NSW has been, and continues to be a disaster. I live in the Southern NSW Region, one of the first regions to commence Roll out in July 2016. I and my Wife have the same Psychological Disability. I was accepted. My wife was not, and is now waiting for Legal Aid to continue before the AAT. Since July 2016 State and Federal Supports have been removed. My wife's support is via a GP Mental Health Plan, limited to 10 sessions with a Psychologist, and monthly Telecare sessions with a Psychiatrist, which consist of her medication continually increased. Prior to NDIS Roll out she, and I, had access to NSW Mental Health with a Mental Health nurse available when needed, and as Case manager. Psychiatric assistance was also provided by fly in Psychiatrists on a regular basis. Although this was interrupted for a considerable time due to resignation of one of the two Psychiatrists. This ceased for both of us January this Year when NSW Health directed that on going case management was to cease, and all patients must access the GP Mental Health Plan only. Any patients not in the process of accessing NDIS were referred to One Door who allocated a Peer Worker, who helped the patient apply for NDIS. No further support was provided after submission of Application. Because the NDIS has allocated 64, 000 Psychosocial places, no applications are now successful.

This 64,000 Psycho social allocation is at the heart of the failure of the NDIS. It is completely inaccurate. Professor Alan Fells, former Chair of the National Mental Health Commission puts the figure at 280, 000 at a minimum. Some put it as high as 1.2 Million. The Productivity commission itself has stated that to ensure the NDIS remains within budget it must tighten access. The Scheme Architect even states the NDIS scoped Psycho-social on Severe and Persistent Mental Illness. The 64,000 relates to an Australian Bureau of Statistics figure for 64,000 with Severe and persistent Psychosis. This is seeing well over 100, 000 people in NSW deemed Eligible, with no state or federal support. This is a major reason for the dramatic increase in people with Mental Health issues presenting to Emergency Departments, the increase of violent crime by those suffering a mental health issue, suicide, and other issues impacting on individuals, family, and society. For this reason the NSW government must restore access to all services that were available for people with Mental Health prior to the roll out of the NDIS, so those not eligible can receive assistance. This applies not only to the Psycho-social cohort but all other disabilities.

I also have two children with Autistic Spectrum Disorder, DSM 5 level 2. Both were accepted without application. But, when the scheme began Roll out both no longer had access to any State Community Health services, or Block Funding for respite, etc. Neither received NDIS funding until many months later. The eldest 7 months after roll out, and even then the amount was insufficient to retain services received prior to NDIS. Review under the act was initiated, but not completed prior to his first annual plan review. That too is underfunded. The NDIS is now his sole source of funding.

His Sister went over 18months without supports. She was 6 at the time of roll out, and her first planning meeting was cancelled when the NDIS implemented the Early Childhood Intervention pathway. She had limited funds left in her Federal Helping Children with Autism Package, as we had decided to intensify Therapy so she could start school the next year, with her ongoing assistance being provided by the NDIS, rather than obtain authority from her Paediatrician to delay school past the NSW Education Department required age. The ECEI implementation was, and still is a disaster. I

have communication with the NSW Minister, ADHC Director, and others that show that my daughter, and hundreds of others were “missed” by the NSW Government because they had not received any funding under ADHC. She finally received NDIS Funding in September last year. In the interim there was no other assistance, including NSW Community Health, that she could access. The NSW Government decreed that all eligible for NDIS were not able to access State supports, from the day the Scheme Rolled Out in a region. This left her on a 10 session GP Mental Health Plan, and very sparse speech and occupation therapy sessions. Obviously she regressed to the point we were faced with removing her from school.

I also have another son who was being treated by CAMHS in Conjunction with Royal Far West. This too ceased, when the NSW Government directed that CAMHS was to stop. And that he was to utilise a GP Mental Health Plan, and receive 10 sessions via RFW Telecare. This is absurd in the case of a 10 year old child.

Obviously, from my experience, the Roll Out and Implementation of the NDIS in NSW has been a disaster. This is partially due to the NDIA, in particular the poor scoping of numbers eligible in Psycho-social Cohort, and the Autistic Spectrum Disorder Cohort. The NSW Government only exasperated the problem by their actions. The NDIS is, after all reliant on the States to continue providing necessary services for those who have not gained access. This has not, and is not occurring in NSW.

For some clarity. My family were victims of a major and ongoing Crime which included my then 6 year old son having a Petrol Bomb thrown through his bedroom window late one night, causing his Mental Health Condition. I will not even attempt to put my disgust with the NSW Government and its agencies, in the way that this criminal activity was handled, other than to say we will not step forward if we become aware of any criminal activity in the future.

**(b) the experience of people with complex care and support needs in developing, enacting and reviewing NDIS plans,**

My self and family are deemed by the NDIS not to fulfil the complex needs and support requirements by the NDIS. I am aware, from my systemic advocacy that is failing badly in NSW.

**(c) the accessibility of early intervention supports for children,**

The accessibility of supports in Regional and Rural NSW, is extremely limited. Children who are in the NDIS cannot access NSW Government supports. The NSW Government cannot wipe their hands of responsibility in this matter. They have partnered with the Federal Government in the NDIS, but still have obligations to meet the needs of the people of NSW.

**(d) the effectiveness and impact of privatising government-run disability services,**

There has been a negative impact since the privatisation of government run services. I will not go into detail, as the Media is beginning to report some of the impacts.

**(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,**

Last year I communicated with the Hon Dawn Walkers Office, on behalf of a person I was advocating for. I also Communicated with the Hon Sophie Costis Office. The Hon Dawn Walker put three questions on Notice to the Disabilities Minister on my behalf:

1820 - Disability Services - NATIONAL DISABILITY INSURANCE SCHEME ROLLOUT

Walker, Dawn to the Minister for Early Childhood Education, Minister for Aboriginal Affairs, Assistant Minister for Education representing the Minister for Multiculturalism, and Minister for Disability Services

The Federal Health Department has revealed that it under-estimated the number of people expected to access the National Disability Insurance Scheme (NDIS) by 30,000.

What steps is the Government taking to ensure that there are adequate disability services for the people of New South Wales in light of this?

Does the Government expect that this underestimation will create a shortfall in the capacity of the NDIS to service people in New South Wales?

If so, what steps it is taking to mitigate this?

What option will there be for the people with disabilities in New South Wales if NDIS funding is not available?

Previously this Government has stated that those people not eligible for the NDIS rollout before July 2018 will receive State funding:

Who is managing this fund?

How is it being administered?

Answer -

(1) and (2) The Productivity Commission Study Report - National Disability Insurance Scheme (NDIS) Costs estimates the number of people expected to access the NDIS. The report also outlines the 'uncapped' nature of the Scheme for eligible participants to receive reasonable and necessary supports. The report is available on the Productivity Commission's website at: [www.pc.gov.au](http://www.pc.gov.au).

(3) Ability Links NSW currently provides support and community connections for people with disability, particularly those who are not eligible for the NDIS. From 1 July 2018, people with disability will be able to access supports through the Information, Linkages and Capacity Building component of the NDIS, including people who do not have an individualised NDIS support plan.

(4) Continuity of Support arrangements are in place for people in receipt of NSW funded disability supports who are found ineligible for NDIS supports. Continuity of Supports arrangements for clients under 65 are funded by the Commonwealth and administered by FACS. The Commonwealth funds and administers the Continuity of Support Program for clients over 65 years.

Question asked on 12 October 2017 (session 56-1) and published in Questions & Answers Paper No. 128

Answer received on 16 November 2017 and printed in Questions & Answers Paper No. 134

To date the person has had very limited assistance, and only then after much battling on my part. I requested the Hon Dawn Walker to follow this up. But to date she has not done so.

So, it is obvious that there are little to no support services provided by the NSW Government.

**(f) the adequacy of current regulations and oversight mechanisms in relation to disability service providers,**

There is little to no oversight at present from my experience, and from discussions with others across NSW. As an example, an Organisation in my Region is Invoicing Group Sessions as Therapy under the NDIS, yet the sessions do not meet the NSW Statutory Requirements for Therapy courses, nor do they meet NDIS criteria.

**(g) workforce issues impacting on the delivery of disability services,**

Even though I am not a Service provider, or employer, my systemic advocacy includes issues experienced by organisations that employ personnel. In addition as a customer I experience the impacts of workforce Issues. Indicative issues are:-

1. Suitably qualified personnel are difficult, at times impossible to find in Regional, Rural and Remote NSW.
2. Episodic Nature of Psycho-social disabilities is difficult to cater for. Employing full time staff to cater for every contingency is not commercially viable. A pool of casual staff is also problematic, as these people tend to be booked well in advance by other agencies that share the pool.
3. As a participant it is impossible for me to obtain a support without a minimum of 3 weeks notice. As a psycho-social participant the need for a support may be required within an hour. Without that support, the only alternative may be to attend Emergency Department by Ambulance.
4. NDIA rates are not in line with salary, and employment overheads for many occupations.
5. Travel between appointments is not adequately covered by NDIA.

These are only a few indicative issues. It is very apparent that the NDIA was set up, and is being administered by Government, that has little expertise in private sector workforce.

**(h) challenges facing disability service providers and their sustainability**

Issues outlined in item (g) apply.

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

The media is currently beginning to report on such incidents. In my opening statement to the NDIS Joint Standing Committee on 17 May 2017, I state:

“the NDIS was never designed to accommodate mental health, and this is now even more evident. To remove it, or not undertake proper scoping to allow for sufficient funding, will result in an economic and social disaster”. page 3 and 4 [Disability Insurance Scheme;17/05/2017;Services for people with psychosocial disabilities related to a mental health condition - 17 May 2017](#)

This referred to the current National Mental Health Crisis. Hospital Emergency Departments are being inundated, with the NSW Government announcing in its recent budget \$700mill for new Infrastructure. Obviously this also impacts on Police, Ambulance, and other associated emergency services and allied health. There is the also social and personal impact of the increasing number of Suicides, murders, hostage situations, etc. resulting in a further escalation of people succumbing to Mental Health conditions. From there we have the judicial and forensic impacts. This is well outlined by the World Health Authority as one example of Social Determinants of Health.

The expenditure on infrastructure would not be necessary, or the impact so great, if the NDIS was properly scoped. The 64,000 figure for the Psychosocial cohort is a “fictional Number” according to Professor John Mendoza. This number has never been subjected to rigorous Peer Review, and if it were, an exact figure cannot be given due to poor data. As stated previously, the number is anywhere between an estimated 280,000 to over 1.2million.

The \$700million would be better spent in beginning to restore Community Health Services, and early Intervention.

**(j) policies, regulation or oversight mechanisms that could improve the provision and accessibility of disability services across New South Wales,**

To list all the policies, regulation or oversight mechanisms would require a submission in its own right, if properly undertaken. But briefly:

- I. The NSW Government makes publicly available its agreement for the NDIS with the Federal Government now, and after each COAG.
- II. The Health Minister instructs the Health department to report on a quarterly basis the number of people with disabilities being treated who have been declined by the NDIS.
- III. Emergency services figures related to Mental Health Responses attended to people not accepted by the NDIS  
This data can then be utilised at each COAG meeting to address the discrepancy between State and Federal participant number expectations.
- IV. Emergency services in all NSW Jurisdictions have access to suitably qualified persons to attend any potentially dangerous incident involving a person with a mental health condition.

Obviously this is a minimum. It would be prudent to establish a task force at the conclusion of this enquiry, to determine suitable policies, regulation or oversight mechanisms.

**Thank You**

**Greg Franklin  
8 August 2018**