

Submission  
No 282

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

**Name:** Mrs Veronica Miller  
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Partially  
Confidential

8<sup>th</sup> August 2018

Mrs Veronica Miller

Dear Sir/Madam

Submission to the Parliamentary inquiry into the National Disability Insurance Scheme and the provision of disability services in NSW

Please accept my submission to the inquiry in the provision of disability services in NSW.

I am a disability professional, with a specialist degree in a Bachelor of Applied Science (Disability Studies) from Flinders University. I have nearly 20 years' of practice experience working with people with a range of disability in the government, university and not for profit sector. For the past 9 years I have lived and worked in Central West NSW, having moved from South Australia.

While I agree in principle with the aspiration of the National Disability Insurance Scheme (NDIS) to provide people with a disability and their carers with: 'more choice and control'; the ability to direct how and when services are provided; to select their own provider; and to be able to transfer services between states, I am aware of great difficulties in the delivery of the NDIS. This is particularly in rural and regional areas, which are causing enormous distress and difficulty not only for participants and their families, but for the staff and providers expected to administer the NDIS.

I will refer to the local experience in \_\_\_\_\_ as I believe it has relevance to the experience in other regional areas.

1. The privatisation of Ageing, Disability and Home Care (ADHC) and the implementation of the NDIS:

As a former case manager who had worked for ADHC until 2012, from the outset I held concerns about the privatisation of ADHC in

NSW. From my understanding, NSW has been the only state to privatise its state disability service. In my view, the loss of ADHC to regional and rural areas has come at a cost to those communities. ADHC represented an organisation that had a strong specialist presence across the state, with staff servicing regional and remote communities, including aboriginal communities. These ADHC staff were often well known and trusted in their communities. Aside from the core work, case managers often assisted people with additional tasks such as helping them to complete paperwork for whatever purpose, not just ADHC specific, and not just ADHC clients, any member of the public who sought help would receive at least a conversation and a referral or information. The ad hoc assistance the staff were able to provide to the public often assisted people to navigate supports, and provided a safe guard to becoming 'lost in the system'. Under NDIS products 'support coordination' is now a very limited role, only provided to those with NDIS funding.

Under the NDIS, I am aware of people with a disability now being treated as a commodity; unless they have funding attached to them, they will not receive support from a service provider. This practice includes the organisation successful in their tender to purchase ADHC. Now staff are 'performance managed' if they don't reach a certain target of billable hours each week. This is a starkly different landscape to the previous approach to disability service provision. I am aware of very experienced disability professionals, who had transitioned from ADHC to who have resigned from their positions owing to highly elevated stress resulting from not being able to provide the service to the public that they consider ethical, and being forced to extract 'business' from participants so that they can reach the weekly target of billable hours.

I fear that people with a disability are not in a better position than they were before the NDIS and before ADHC was privatised, for some they are left more vulnerable. In particular people with dual diagnosis, such as those with intellectual disability, criminal justice involvement, or mental illness who previously received complex case management, are now not being well catered for under the NDIS. I am informed that the NDIS won't fund any assistance re: criminal behaviour issues. This is leaving people with intellectual disability who have a history of criminal behaviour such as paedophilia without the essential support to address their offending

behaviour. Additionally, support coordination funding under NDIS is not adequate to work with people with these very complex issues.

I am advised that the NDIS is requiring former ADHC clients to be reassessed and undergo diagnostic psychometric assessment – despite their eligibility for ADHC services having previously been established. If people require psychometric diagnostic assessments then these are very expensive – previously ADHC performed these, but now people can't get NDIS funding to fund these at a cost of approximately \$1000. The expectation is that this will be done in a mainstream services– e.g. school counsellor for children, but this places an onerous responsibility on school counsellors who are often already overworked in schools. Adults are required to access a private psychologist to obtain a diagnostic psychometric assessment. In addition, the NDIS won't accept assessments over 2 years old, however many psychometric can only be performed at set ages, e.g. children's diagnostic assessments are performed at a prescribed age. The issue of requiring psychometric assessments to determine eligibility is a barrier and obstacle for people who should be eligible for the NDIS.

I am aware that [redacted] is not allowed to assist potential NDIS clients to access the NDIS, as this work is not 'billable'. There is no Local Area Coordinator located in [redacted] to assist with access to the NDIS, instead the LAC role is allocated across a region which means that the LACs are stretched beyond capacity.

Psychiatry services are not funded under NDIS for clients with Intellectual Disability. Dual diagnosis is a highly specialised area of expertise. Historically, [redacted] (a psychiatrist who specialises in dual diagnosis of Intellectual Disability and mental illness) has been an essential support for these complex clients. [redacted] travels to Western NSW – but clients cannot afford to pay privately, and without [redacted] support the providers that support these complex clients are at high risk of withdrawing support.

There is a strong need for more funded advocates, as there is no provision for support coordinators to provide advocacy, and regional advocacy is extremely limited.

Overall, NDIS has been rolled out too quickly, especially in regional areas, where the context for service provision, such as more funding for transport where there is no public transport, is very different to the urban NDIS trial sites.

## 2. Defunding of the Scheme

was a service that provided 1:1 support for people recovering from mental illness. It provided support for people to either avoid acute mental health episodes, or recover after an acute episode of mental illness, this is something which is not available through Mental Health Services. helped people to become well again, and to reduce isolation by supporting people to become involved in their communities. I am aware of some people for whom the defunding of has left them without any support, and therefore in a worse position. As far as I am aware the NDIS has not catered well for people with episodic mental illness, leaving them more vulnerable and without essential support, and some people locally have been hospitalised for months.

## 3. Bureaucratic obstruction by the National Disability Insurance Agency:

I know of people who are living a nightmare while trying to navigate the NDIS. They have had funding approved for essential items, such as bathroom modifications, but owing to the delay in the NDIA processing their claim, they have repeatedly been requested by the NDIA to obtain another Occupational Therapy report because the NDIA have said their first report expired. This has been happening for over 18 months, with no progress on the approved bathroom modifications. As you can imagine, this is exceedingly frustrating, and has caused significant distress. Every carer I have spoken to has described difficulty actually getting to speak to an NDIA staff person, and lack of consistency in contact person, so that they feel that their issues are not being progressed.

Overwhelmingly, the NDIS promised much, but the delivery has resulted in: long delays; confusion about eligibility criteria; a disparity in the funding that some participants are receiving compared to others with the same needs that does not appear

rational; difficulties for families and potential participants to obtain information or to have a conversation about their needs with NDIA staff; families not included in planning conversations with their adult child with a disability; a lack of clarity and accountability for decision making; and long wait times for reviews of plans. Some people who previously received a service from ADHC or now receive no service, and have been made more vulnerable and isolated. In addition, people with a disability are being treated as a commodity, a potential source of income, and in some cases are being pressured to swap providers and being 'poached' from other providers.

I have heard the NDIS described as a 'shape shifter', the guidelines, rules and processes appear to be constantly changing. I appreciate that the NDIS has introduced a radically different approach to disability services, one that in some regards as I stated, is welcome and provides more choice and control. However, I am concerned that it is not working well for people in my community, and that some people are worse off. I have certainly heard first-hand accounts from carers and disability professionals about serious concerns regarding the implementation of the NDIS.

I no longer work in the disability sector, as I was unable to establish myself as a registered NDIS provider to provide support coordination and case management. The NSW NDIS procedure requires me to undergo a 'third party verification' audit before I can register. However without any clients or a business to audit, I cannot enter the sector.

I look forward to learning the outcome of your inquiry into the NDIS and disability service provision in NSW, and hope that the recommendations can make a positive difference to improve the lives of people with a disability and their families.

Yours sincerely

Veronica Miller