

Submission  
No 296

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

**Organisation:** Spinal Cord Injuries Australia

**Date Received:** 16 August 2018

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## **Inquiry into the implementation of the National Disability Insurance Scheme and the provision of disability services in New South Wales**

Portfolio Committee No.2 – Health and Community Services

16 August 2018

Dear Committee,

Thank you for the opportunity to provide feedback to this inquiry. Spinal Cord Injuries Australia (SCIA) represents the interests of people with spinal cord injury and other similar disabilities. With the rapid roll-out of the NDIS across New South Wales over two years, this that led to service gaps emerging for participants particularly across the Health/Disability interface.

### **Health/Disability Interface Issues**

Prior to the roll-out of the NDIS, many people with disability living in the community across New South Wales relied significantly on the services provided by Community Health for nursing, occupational therapy and physiotherapy services provided in the home.

As the NDIS rolled out across the state based on geographical locations, those newly transitioning into the NDIS with individual funding packages found they were being questioned on their eligibility to Community Health, including being denied service. Participants subsequently found that because they were now in the NDIS, they needed to seek those services previously provided by Community Health through their NDIS funding. However when a participant then approaches the NDIS – particularly for nursing support for catheter changes and wound management – they are told that this is a chronic health issue and is not provided by the NDIS.

This scenario has been playing out across the state. To date, there has been significant inconsistency in the supports being provided to NDIS participants across the health/disability interface with the result being that some participants have got funding in their plan for community nursing and others have not.

Unfortunately the policy around this issue has been confusing with little guidance or resources available on how to resolve or navigate the issues for participants leading to service gaps emerging. Prior to funding being allocated to a participant – either for new participants or those receiving a new plan – they undergo a planning meeting, usually with a Local Area Coordinator. This meeting decides what funding you will get for the duration of your plan (usually 12 months). If, as a participant, you have not been told that you can no longer use Community Health, then you are not likely to cover this domain in your planning meeting leaving you with no funding for those supports.

If the participant is aware of the change, there is no guarantee they will get funding for those specific supports – which need to be allocated in the right area of your plan (under Improved Daily Living) – with many planners interpreting such services as Health issues not disability.

SCIA has made representations to the Ministry of Health (NSW Health) on the inconsistencies in policy across the health/disability interface and the problems participants are facing when interacting with either the NDIS or Community Health. The response from NSW Health has been to refer to the “applied principles and tables of supports” (APTOS) as set out in the bilateral agreements. These guidelines have generally set out where responsibilities lie in interacting with mainstream services. In particular, the Health Applied Principles point 4 states the following:

*The NDIS will be responsible for supports related to a person’s ongoing functional impairment and that enable the person to undertake activities of daily living, including “maintenance” supports delivered or supervised by clinically trained or qualified health practitioners where this is directly related to a functional impairment and integrally linked to the care and support a person requires to live in the community and participate in education and employment.*

Taken at face value, there would appear to be little confusion on understanding where the responsibilities lie. However, again there is no consistency in the interpreting the delineation. Couple this with complex disability and the outcome of which leaves people with disability without services. NSW Health sees services provided in the home such as catheter changes – by way of example – as part of an ongoing maintenance of functional impairment. The NDIA is pushing back on this, believing this level of nursing intervention as the responsibility mainstream health.

On the ground, NSW Health have specific staff allocated in every Local Health District, referred to as “transitional leads”, with the responsibility of working through the issues faced by participants. SCIA has been led to believe that, where a participant does not have specific funding for nursing support in their NDIS plan, Community Health – with interaction from the transitional leads – will provide the service in the interim. But again there have been issues with this approach, particularly in regional areas, with pushback coming from some local health districts.

SCIA has met with the NDIA and they have acknowledged the current inconsistencies and a Senior Officials Working Group has been set up – sitting within the Disability Reform Council – that is working through these problems. Unfortunately, this is all sitting at a very high level with little to no information filtering through to local NDIS offices. As a result, participants are battling with the NDIA and NSW Health in trying to get access to fundamental services.

This puts participants in the very difficult position of having to pursue the drawn-out review pathways in order to get changes made to their plans, with no guarantee they will get the appropriate funding in this contested health/disability space. Without intervention from local health district transition leads, participants are left without crucial support.

### **Continuation of Advocacy Funding from the NSW Government**

The NSW Government must commit to ongoing funding for disability advocacy. Whilst it is welcome that the government has provided additional transitional funding for two years up until July 2020, it is imperative that the funding remains beyond this interim period.

With the fundamental changes that have been underway across disability services with the transition to the NDIS, the demand for disability advocacy has increased significantly. Whilst overall the NDIS has been a positive experience for many, there have been many problems and



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inconsistencies experienced by participants with the allocation of individual plans, leaving participants frustrated with outcomes. The scheme itself has been complex in navigating its processes, understanding its policies and pursuing changes to plans through the internal and external review pathways. Advocates play an important role in assisting participants and those wanting access to the scheme by providing support, education and knowledge of its processes.

The vast majority of people with disability across the state, will not meet the eligibility requirements of the NDIS and without doubt they will need access to disability advocacy services. They provide a vital role in supporting people with disability gain access to services. This need will be ongoing, particularly across mainstream services that are the responsibility of state governments, such as transport, health, housing and education. By comparison with the general population, access to these services by people with disability remains at a much lower rate and with poorer outcomes.

Without continued funding for disability advocacy, some of these services will not survive and the loss of expertise they offer, across complex disability and different cohorts, will have a detrimental effect that will fall heavily on some of the most vulnerable and isolated people in the community.

Yours sincerely,

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