

**Submission
No 298**

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

Organisation: Mission Australia

Date Received: 17 August 2018

Implementation of the NDIS and the provision of disability services in NSW 2018

Submission



**MISSION
AUSTRALIA**

Inquiry into the implementation of the NDIS and the provision of disability services in NSW

Introduction

Mission Australia is a national non-denominational Christian organisation that delivers evidence-based, consumer-centred community services. In the 2016-17 financial year we supported over 140,000 people in Australia through 470 programs and services. In the 2016-17 financial year we supported over 88,000 individuals through 237 programs and services in NSW.¹ We work with individuals, families and children, young people and people experiencing homelessness and also provide specialist services for mental health, disability and alcohol and drug issues.

We deliver community mental health services including the Commonwealth Government funded Personal Helpers and Mentors (PHaMs), Partners in Recovery (PIR) and Family Mental Health Support Services (FMHSS) in NSW. We also deliver NSW government funded services such as Housing and Accommodation Support Initiative (HASI), HASI Plus, Enhanced Adult Community Living Supports (EACLS) and a range of other mental health and housing support services. In addition to these, Mission Australia is a Local Area Coordinator (LAC) provider in South Australia, Tasmania and Queensland and an Early Childhood Education Intervention (ECEI) provider in NSW and Tasmania.

Mission Australia welcomes the opportunity to provide input into the inquiry into the implementation of the National Disability Insurance Scheme (NDIS) and the provision of disability services in NSW. This submission is based on a combination of research and insights from direct service provision across NSW.

Recommendations

- The NSW government should implement measures in coordination with Commonwealth Government to facilitate a process where there is a 'provider of last resort' in instances where there are no service providers to support NDIS participants in particular locations or with particular issues until the market is mature enough to support all NDIS participants.
- The NSW Government should ensure that alternative services and supports are available for people with disabilities who are not eligible for the NDIS. This should include a process where measures are adopted to re-engage people who are disengaged from services since the rollout of the NDIS through assertive outreach.

¹ Mission Australia, Annual Report, 2017, p. 28, accessible at: <https://www.missionaustralia.com.au/publications/annual-reports/annual-report-2017>

- NDIS planners should be trained professionals who understand the different disabilities including psychosocial disabilities, their needs, cultural nuances and also understand the challenges in rural, remote and regional areas.
- In addition to the Commonwealth and privately funded SDAs, accommodation models such as HASI and EACLS should be replicated across the state to provide holistic, wrap-around supports to people with disabilities in order to prevent homelessness. This will ensure programs provide supports from a recovery oriented framework that encourages independence and individual empowerment.
- The NSW Government should invest in increasing the social housing stock, including homes that are appropriate and accessible for people with disability. This will provide people with a safe base for wrap around supports and prevent homelessness.
- People with disabilities, carers and parents should be provided with information to ensure they have a clear understanding of the quality and safeguarding mechanisms in place. Such information should be provided to people through a range of channels including General Practitioners, Local Area Coordinators, community organisations and the like.
- The Government should adopt measures to ensure that all levels of staff delivering services to people with mental health conditions both within and outside the NDIS are appropriately qualified or have equivalent work experience.
- Where there are gaps in the workforce, particularly in rural, regional and remote areas, NSW Government should intervene to ensure there are sufficient incentives to hire and retain skilled professionals and provide appropriate training. This needs to be reflected in pricing for service providers to attract skilled staff in these areas.
- The NSW government should provide support to peer worker programs that address skill shortages, take a recovery-oriented approach and boost local employment.
- There needs to be better coordination between supports under the NDIS and other complementary services provided by State Government.

The implementation of the NDIS and its success or otherwise in providing choice and control for people with disability

Providing people with disability choice and control is one of the key premises of the NDIS, which allows individuals to become active participants of the community. The NDIS is still in the early stages of development. The markets and demand to provide choice and control for consumers are expected to grow overtime. However, in NSW the choices of service providers are limited in some areas and people are forced to opt for services that are available to them as opposed to what they actually need. There

are numerous challenges in finding appropriate providers with the skills and expertise to provide high quality services for people with complex needs.

“While we see the potential for the NDIS to support people in our area we also see that people are not getting what they really need ... Rather than waiting for services people need, they opt for services that are available in the area that they can purchase from their package or they wait hoping for the services to come to the area with unspent money and without the services.”

Mission Australia Program Manager, NSW

There are also some situations in which people face particular barriers to accessing services such as people in prison, hospitals and other similar settings. These people may not be able to get any services in a competitive market, let alone exercise choice and this can perpetuate cycles of disadvantage.

“We know of people who are not receiving the services although they have been approved a package. There are people in prisons in NSW with NDIS packages and nobody will deliver services to them. The competition in the market is not helping these people. There should be a better framework to pick up people like this, there should be a provider of last resort to make sure people don't fall through the cracks.”

Mission Australia State Leader, Regional NSW

The experience of people with complex care and support needs in developing, enacting and reviewing NDIS plans

The NDIS is expected to support people with disabilities to enjoy an ordinary life.² However some people who are currently receiving other forms of disability related supports, particularly those receiving mental health related supports are facing barriers to having their applications approved and spend a considerable amount of time either contesting the rejected application or claiming for further funding as their approved package does not cover all the reasonable and necessary supports.

Concerningly, a significant number of people with complex needs are not applying for NDIS due to the complexity of the application process, despite their case workers offering to support them throughout the application process. For instance, a PiR service in NSW had a caseload of 256 clients as of March 2018, and 47 clients have decided not to apply for NDIS packages. Another PiR service also had a total caseload of 114 clients as of March 2018 and 20 of them decided not to apply for NDIS packages.³

Although the NDIS' aspirations and intentions are to support people with disabilities through a strengths based approach, some of the practices in the implementation including the evidence required, reflect a

² National Disability Insurance Scheme, NDIS ready, accessible at: <https://www.ndis.gov.au/ndis-ready.html>

³ Mission Australia is a part of the consortium delivering the PiR services.

deficit model. This was seen as one of the reasons for people to refrain from applying for NDIS packages.⁴

In instances where people receive negative assessments, many people decide not to appeal the NDIA's determination even though their case workers or the support staff believe that the person should be eligible for the NDIS. Upon the initial determination, the participants are expected to challenge the decision within 3 months. This timeframe might not be sufficient for people to gather further evidence, particularly if they have severe mental health issues.

Many of the negative assessments in relation to clients with mental health issues relate to lack of supporting evidence to establish that they have mental health issues. The lack of evidence can be due to a range of reasons including not acknowledging that they have mental health related issues or being unable to demonstrate that they have been receiving mental health supports for a long period of time.

Case Study

Josephine* was referred to Mission Australia's PiR services by Housing NSW considering Josephine's behaviour towards neighbouring tenants and other possible symptoms of mental illness, although there was no formal diagnosis. She was at risk of losing her tenancy. At the time of engagement with PiR, Josephine did not identify as a person with mental health conditions, and had complex needs related to physical health. Mission Australia assisted Josephine to obtain a letter from her GP highlighting her mental health issues and health conditions. In addition to the GP, the impact of her mental health and physical conditions were assessed by an Occupational Therapist.

Mission Australia assisted Josephine with her NDIS application. Although Josephine's level of function was impaired due to her physical health related issues, mental health issues were a main reason for her need for supports with daily activities. Josephine's NDIS application was rejected as the assessment team deemed that medical evidence to support her psychosocial disability was not strong enough and the issues relating to her level of functionality was a result of her physical ailments. The NDIA likely focused on a statement provided by Josephine during assessments, that she did not believe she had a mental health condition. Although Mission Australia staff offered to support Josephine with an appeal to review the NDIA's determination, she was not willing to challenge the NDIA's decision.

*Name has been changed to protect the individual's identity.

⁴ See further: University of Sydney, Mind the Gap: The National Disability Insurance Scheme and psychosocial disability Final Report: Stakeholder identified gaps and solutions, accessible at: <http://sydney.edu.au/health-sciences/documents/mind-the-gap.pdf>

There are numerous instances across different trial sites where people with psychosocial disabilities with functional impairments were not approved due to insufficient evidence to demonstrate the impact of mental health despite providing evidence from their current mental health services such as Personal Helpers and Mentors (PHaMs) and Partners in Recovery (PiR). Although the NDIS application process does not require individuals to obtain a formal diagnosis, there is a focus on medical evidence to establish severity of the disability as opposed to statements in relation to functional impairments.⁵ This is particularly challenging for people with psychosocial disabilities.

Mission Australia staff working in the sector also observed that, although the NDIS is expected to focus on functional impairment during the assessment process, the assessors pay more attention to medical evidence and documents provided by medical professionals. This disadvantages people with mental health concerns.

For example, PiR services are no longer able to obtain services from Occupational Therapists (OTs) to support the NDIS applications despite evidence from OTs are listed as professionals who can provide evidence of the disability.⁶ The Department of Health has informed the PiR services that the PiR Support Facilitators are experienced enough to provide statements in relation to the client's level of functional impairment. However, services have witnessed that additional evidence to support the Access Request Forms (ARFs) are highly likely to work in favour of clients. There is a possibility that people with financial means who pay privately to obtain supporting documents including assessments by OTs to receive favourable assessment outcomes compared to those who are unable to do so.

There is a need for greater consistency in evidence required as some applications have only required a single supporting report from a General Practitioner or Psychiatrist as evidence of the consumer's disability, while others have required up to five or more reports from different services. It is important that this process is streamlined as much as possible. Burdensome and inflexible evidence requirements may result in consumers being excluded from the NDIS because they do not have the support and assistance required to complete the exhaustive assessment process. It may also place an excessive burden on their carers.

In situations where people with both physical and mental health issues were approved by the NDIA, in some cases their mental health needs were not covered by the packages. This results in participants appealing the decisions to obtain more funding for their mental health services. In some cases, where the initial application for both physical and mental health supports were declined, clients have decided to reapply/appeal based on their physical condition, leaving out the need for mental health supports. The ability to access both physical and mental health services under the NDIS is imperative to ensure the

⁵ Department of Social Services, *Accessing the NDIS, Assisting people with psychosocial disability to access the NDIS: a guide for Commonwealth-funded community mental health service providers*, accessible at:

https://www.dss.gov.au/sites/default/files/documents/09_2017/accessing_the_ndis_guide_interactive.pdf

⁶ NDIS, Providing evidence of your disability, accessible at: <https://www.ndis.gov.au/people-with-disability/access-requirements/completing-your-access-request-form/evidence-of-disability>

participants are able to receive meaningful supports to achieve greater independence, community involvement, employment and improved wellbeing.

In many sites, a number of people have been rejected due to their mental health issues not meeting the permanent and significant condition criterion despite having accessed mental health services for a long period of time or not having a formal diagnosis, limiting their ability to access supports through the NDIS.

Even when participants are approved to become NDIS participants, they sometimes find the transition too stressful or overwhelming. They also struggle to find appropriate services in their local areas. Existing services are expected to transition people out when the individuals are approved for NDIS packages, however, many people are finding this transition unnecessarily stressful.

Case Study

Mike* is a 60 year old male with vision impairment (cone rod dystrophy), schizophrenia, Major Depressive Disorder and Personality Disorder who accessed the PHaMs service in Orange in 2016. Mike had been approved for an NDIS package, however, has been frustrated by the delay in accessing service agreements and coordinating his choice of supports in the community. The difficulties in accessing NDIS services made him anxious and he was constantly asking his caseworker what was happening with his NDIS paperwork. Mike currently lives in a homeless aged care facility in Orange.

*Name has been changed to protect the individual's identity

The accessibility of early intervention supports for children

The intention behind providing early intervention to young children is to ensure that children are provided with the necessary supports to families to help children develop the skills they need to take part in daily activities and achieve the best possible outcomes throughout their life.⁷

The supports also need to be age appropriate and able to engage the person's family, friends, community and other relevant stakeholders when delivering services. The services, particularly those targeting children and young people should be delivered in environments that they are comfortable with such as their own homes or schools.

There is a particular lack of expert services for young people, in rural and remote areas. Travel distance and time in regional and remote areas can deter service providers from going into smaller communities where children need services such as speech therapy or other specialised services.

⁷ National Disability Insurance Scheme, Early Childhood Education Intervention, Accessible at: <https://www.ndis.gov.au/ecei>

“There are areas where the market is not mature enough and we know that there are children with NDIS packages without any services. Even if they had some services delivered to them prior to NDIS, those services have closed down or don’t deliver NDIS services.”

Mission Australia State Leader, Regional NSW

Another challenge is that the number of hours approved in the NDIS packages are not reflective of the full spectrum of the child’s needs. Parents and carers of children accessing the NDIS might be unaware of the options to appeal the NDIS determination to increase the funded services or not have the capacity and time to appeal.

Not being able to access the early intervention supports at the right time may prolong their ability to develop the skills to ensure greater inclusion in mainstream settings and build the capacity of children and families. Thus, measures should be in place to ensure that the NDIS planners are able to clearly understand the support needs of children eligible to access early intervention supports under the NDIS and services need to be available to cater to their needs.

The provision of support services, including accommodation services, for people with disability regardless of whether they are eligible or ineligible to participate in the NDIS

In NSW, the NDIS is expected to benefit up to 140,000 people with disability.⁸ According to the ABS Survey of Disability, Ageing and Carers 2015, there are over 1.3 million people with a reported disability in NSW and close to 450,000 people have a profound or severe core activity limitation.⁹ This means a large proportion of people in NSW who are ineligible for the NDIS will require continuity of support.

Prior to the implementation of the NDIS, state governments were responsible for the provision of disability services, these services were provided by Department of Family and Community services supported by formal agreements and MOUs with health, justice or other relevant portfolios. However, with the implementation of the NDIS, there is little clarity as to the role of these different agencies and there is much work to be done so that people with disabilities are able to access appropriate supports.

The majority of these authorities have reduced or removed services that they provided for people with disability with the expectation that these people will be supported under the NDIS. This leaves a large proportion of people without services to meet their needs. Many agencies are still trying to understand how to provide appropriate services to people with complex needs as there was an expectation that these will be provided under the NDIS service model.

⁸ Ibid

⁹ Australian Bureau of Statistics, 4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2015, NSW, accessible at: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02015?OpenDocument>

Although NSW was the first state to complete the full roll-out of the NDIS,¹⁰ there are large geographic areas with limited or no service providers.

“Historically, when the state government was providing services to people with disabilities, there was a clear responsibility on them to ensure that no person was left behind. With the introduction of the NDIS, the state government no longer delivers disability services. This has created a situation where there is no ‘provider of last resort’ for people who are not able to access mainstream services. We are seeing increasing numbers of people with complex needs in mental health facilities, justice systems and other inappropriate placements, some even becoming homeless.”

Mission Australia State Leader, Regional NSW

With the rollout of the NDIS, state funded disability services will cease to operate. However, it is important that adequate supports remain in place outside of the NDIS structure to care for people with a disability who do not meet the eligibility criteria or who are not applying for funding within the NDIS, but who still require ongoing disability related supports.

Although the Federal Government announced two separate funding streams during the last two budget announcements to provide mental health supports for people who are ineligible for the NDIS, these contracts are still being negotiated and gaps in service provision are likely to remain. This will mean that people who are disengaged from mental health services will be left without any supports to address their mental health needs.

The commissioning framework of the Primary Health Networks (PHN) will be useful in designing services that are appropriate for the local community. However, this also means that there will be a lack of consistency in services across the State. The State government should play a role in ensuring that people with mental health issues continue to receive supports that meet their needs.

Provision of accommodation services

It is estimated that 6% of the NDIS participants, or 28,000 individuals need access to Supported Disability Accommodation (SDA).¹¹ When the Scheme is fully implemented, the SDA is expected to account for NDIS spending of \$700 million a year.¹² It is also expected that the NDIS will contribute to

¹⁰ NSW NDIS, NSW is the First state to complete the rollout of the NDIS, Media release, 1st July 2018, accessible at: <http://ndis.nsw.gov.au/2018/07/nsw-the-first-state-to-complete-the-rollout-of-the-ndis/>

¹¹ National Disability Insurance Scheme, *Specialist Disability Accommodation Provider and Investor Brief*, April 2018, p.5, accessible at: <https://www.ndis.gov.au/medias/documents/sda-provider-investor-brief-pdf/SDA-provider-investor-brief.pdf>

¹² D. Winkler, G. Taleporos and L. Bo’sher, *How the NDIS is using the market to create housing for people with disability*, The Conversation, accessible at: <https://theconversation.com/how-the-ndis-is-using-the-market-to-create-housing-for-people-with-disability-83144>

create a \$5 billion disability housing market over the next five years.¹³ This investment into disability accommodation is vital considering the acute shortage of affordable and accessible housing in the private rental market.¹⁴

There are significant waiting times for public and social housing in NSW. Only a small number of private rental properties were found to be appropriate for people with disability in NSW. These factors add further pressure on people with disabilities as they are unable to find appropriate, accessible and affordable housing. The Government should adopt measures to increase social and affordable housing in NSW and ensure that these new constructions adhere to universal accessibility principles.

There are some accommodation models such as housing first model that provide holistic supports to people with disabilities, including those with mental health issues, alcohol and drug related issues and a range of other complex needs. The evidence from this model demonstrate that these models are effective in increasing wellbeing and has significant positive financial benefits to the government. Based on the housing first model, Common Ground in NSW provides a range of wrap-around holistic supports to people who experienced homelessness with long-term complex needs. This model should be scaled and replicated across the state.

Housing and Accommodation Support Initiative (HASI) in NSW

HASI in NSW aims to provide people with mental illness with access to stable housing, clinical mental health services and accommodation support. It enables people to maintain successful tenancies and participate in their communities, often resulting in improvements in their quality of life and assists in their recovery from mental illness.

Supports include daily living skills, including self-care, personal hygiene, cleaning, shopping, cooking and transport; facilitating access to education, vocational training and employment; participation in social, leisure and recreation opportunities; support in building and maintaining family and community connections; and linkage to other related services.

Over the past 9 years Mission Australia has delivered HASI, Aboriginal HASI, HASI in the Home and HASI Plus across NSW including in many regional areas.

Support from HASI results in improvements in the participant's quality of life and, most importantly, assists in their recovery from mental illness. However, one of the challenges with HASI service is the lack

¹³ Summer Foundation and PwC, *NDIS Specialist Disability Accommodation Pathway to a mature market*, August 2017, p.5 accessible at: <https://www.summerfoundation.org.au/resources/ndis-specialist-disability-accommodation-pathway-to-a-mature-market/>

¹⁴ Anglicare Australia, *Rental Affordability Snapshot*, 2018, accessible at: <http://www.anglicare.asn.au/docs/default-source/default-document-library/final---rental-affordability-snapshotb811d9309d6962baacc1ff0000899bca.pdf?sfvrsn=4>

of availability of appropriate step-down accommodation for those people who are ready to transition out of their HASI support model into the community.

Case study

Kate* a 62 year old woman, has been in a residential care facility for more than a decade. She started receiving coordinated supports from Mission Australia's HASI Plus in 2014. Since that time, her supports were reduced from 24 hours to 16 hours per week, as she had made a number of positive changes in her life. With the support of the HASI plus support team, Kate is more confident and has become more independent.

She is now waiting for an independent unit through Housing NSW. Kate is concerned that she may not find a suitable house in the same area as she has already built strong networks with the community.

*Name has been changed to protect the individual's identity.

The Enhanced Adult Community Living Supports (EACLS)

The Enhanced Adult Community Living Supports (EACLS) program is a collaborative state government funded project. EACLS aims to strengthen the community based responses to adults aged 16 years and older with severe mental illness through psychosocial support within the community. EACLS is based on the Housing Accommodation and Support Initiative (HASI), however, it aims to offer flexible hours of support based on need instead of a set package allocation. This flexibility in delivery will ensure individualised care is linked directly to a consumer's changing levels of needs as assessed by the consumer, their clinical professionals and the EACLS support team.

EACLS is targeted at consumers who have some form of continuous accommodation including: social housing, boarding house, caravan, private rental and owned properties in addition to individuals exiting the correctional system. EACLS aims to work with consumers on their recovery journey while also reducing hospital admissions and homelessness. EACLS support workers assist to coordinate a consumer's holistic care ensuring open communication between all stakeholders in their recovery journey and driving shared and sustainable consumer outcomes.

HASI and EACLS type services provide wrap around holistic supports to people with psychosocial disabilities, through qualified and trained mental health staff members working with individuals to meet all their needs within the program and refer on to other programs where necessary. It is important to ensure that the NDIS service providers meet similar quality standards and have the requisite mental health training and qualifications to deliver these services.

The adequacy of current regulations and oversight mechanisms in relation to disability service providers

People with disability are likely to be more vulnerable to exploitation and abuse compared to other cohorts of the community. We are pleased to see encouraging developments include the establishment of the NDIS Quality and Safeguarding Commission and the complaints pathway through the Commonwealth Ombudsman.

Recent legislative amendments including *the Disability Services and Other Legislation (Worker Screening) Amendment Bill 2018*¹⁵ provide additional protections to ensure that a person engaged by a registered NDIS provider in a range of capacities are subjected to thorough background checks. This includes an NDIS worker screening unit to consider pardoned, quashed or spent convictions in determining whether an individual poses a risk to people with disability.¹⁶

However, it is likely that some people may not be subjected to these laws and mechanisms if they are not a registered provider or if they are not delivering services that are directly related to the disability sector. Without the necessary supports, understanding of the disability sector and safety frameworks, or where the markets are thin and with limited or no choices of service providers, parents or carers of people with disability may risk the safety of the NDIS participants. For instance, Mission Australia staff have been notified of an instance where a parent had advertised on a 'buy, sell and swap page' on a social media platform looking for a person to take the child to the park twice a week. The parent has also indicated that the payment will be made under the child's NDIS package.

This demonstrates the significant risks that vulnerable people might be exposed to if the participants themselves, their parents or carers do not look for the requisite safety checks and clearances. Therefore, in addition to strengthening the protections and safety mechanisms to safeguard people with disability, the participants, carers and their family members should also be educated on these protections. The information should be made available in a variety of formats.

Workforce issues impacting on the delivery of disability services

The introduction of competition for services can also mean that service providers will compete with each other to hire the best qualified and trained staff. This may result in increased staff turn-over which can impact on people with disabilities not being able to build a relationship with service providers.

In areas where the markets are yet to be developed, there can be a higher demand for professional services and therapists. Some rural and remote communities rely on medical and allied health professionals who visit intermittently, who are often on short term contracts. This affects continuity of care and means that people have to regularly rebuild rapport with different professionals. The long

¹⁵ Disability Services and Other Legislation (Worker Screening) Amendment Bill 2018 (Cth), accessible at: https://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bld=r6054

¹⁶ Ibid

waiting periods to obtain appointments with mental health professionals can result in significantly deteriorating mental health or discourage people from seeking help.

“In areas where local help is minimal, people have to wait for weeks to see a GP. It’s much worse if you need a specialist professional like a psychiatrist.”

Mission Australia, Area Manager NSW

In addition to the challenges of having limited health professionals, the vast distances and scattered populations in rural and remote areas make it difficult for community organisations to deliver mental health services and retain trained and qualified staff.

Rural and remote areas of Australia have low levels of public transport access. Some remote areas have relatively low levels of vehicle ownership.¹⁷ In outer-urban areas transport disadvantage is the result of a range of intersecting factors including poor public transport infrastructure, a higher proportion of low-income households and the need to travel further distances in order to get to places of employment, services and activities.¹⁸ This may mean that the services need to be flexible to travel to these locations to deliver services.

Travelling between services where there are staff shortages is not a viable option in many areas. For example, in certain regions travel distances between towns can range from 5 to 7 hours, and therefore, it is not feasible for staff to travel to other areas to deliver services.

“Currently we have staff members who are willing to travel between different service areas if there is a staffing issue. It may not be possible in other remote areas where travel times are excessive.”

- Mission Australia, Area Manager NSW

Additional incentives may be required for current employees in the community sectors to remain in rural, regional and remote areas. Upskilling and reskilling those who are, or have been supported by mental health services (where appropriate) may also assist to address the staff shortage issue through the creation of a peer workforce.

Connections program – Broken Hill

Mission Australia in collaboration with the Far West Local Health District (LHD) and GROW (a community based mental health service) commenced the Connections Program to address loneliness.

The Connections Program is a unique service staffed exclusively by Peer Workers to build connections between program participants and the broader community, particularly in the evenings and on

¹⁷ Australian Institute of Family Studies, *the relationship between transport and disadvantage in Australia*, 2011, p.1

¹⁸ Ibid

weekends. The Connections program promotes social inclusion, social skills and community participation.

Currently, 5 Peer Support Workers are employed in the Program. GROW has a senior field peer worker who provides support and supervision of the Peer Support Workers team. LHD provides assistance with program governance, clinical support, mentoring, provision of data, support for family and carers of people involved in the project. There are over 70 people accessing the program.

According to data gathered by the local health service, in just over six months, the program has been instrumental in reducing participants' inpatient hospital days by 65%; and presentations to emergency departments by 80%.

Feedback from participants has been extremely positive, with one participant stating: *"The Connections program is incredibly wonderful. There is a real atmosphere of friendliness, harmony and a sense of shared journey amongst the participants."*

This demonstrates the positive outcomes delivered in rural NSW in a short span of time to build trust, rapport and community connections. Funding for this program has been uncertain and further commitment is required to continue this effective program over the long-term.

Creating a peer support worker network has created employment opportunities for people in the community who understand the cultural nuances, local communities as well as the existing services and other relevant support networks. Therefore, Mission Australia recommends that programs such as Connections that address the workforce issues in rural and remote areas by employing peer workers with lived experience should continue to be funded and replicated in other communities.

Peer workers enrich the provision of mental health services (and other services) by bringing skills and knowledge gained through lived experience and engagement with support services, to collaborate with others in overcoming life adversity. Understanding the importance of peer workforce in delivering services in local communities, Mission Australia is currently developing a series of internal policies and procedures to build and strengthen a lived experience workforce. Mission Australia's current peer workers bring significant value to the organisation through their contribution to the development of person led and recovery focused support and care.

The availability and practicality of training rural and regional areas is another key consideration. It is vital that the services are provided with additional funding and other material supports to access training to ensure that the staff members are able to keep abreast of the new developments, policies and practices in the mental health sector. However, certain programs include extensive mandatory training requirements for staff members that can be burdensome and inflexible.

"For those in rural areas, having to travel for training means they are unable to work for several days. I had a staff member from Dareton, located in far south-western New South Wales, travel to Dubbo to do some motivational interview training — and he was on the road for a day to get

there, a day training and a day to get home. So that is three days out where he had not seen anyone.”

Mission Australia, Area Manager NSW

Training and capacity building supports are imperative to ensure that staff members are able to receive the most up to date information and to maintain the quality of service delivery. However, these training programs need to be flexible to suit the circumstances of the staff members and delivered in a manner that has minimal disruption to their capacity to provide services.

Incidents where inadequate disability supports result in greater strain on other community services, such as justice and health services

Numerous studies and research projects have demonstrated that providing people with the necessary holistic, wrap-around supports has significant financial benefits and positively impacts on the health and wellbeing of the individuals.¹⁹ However, with the challenges created by the rollout of the NDIS, other community services are under further pressure to support those who fall through the cracks, including homelessness services.

Inability to access the NDIS or other disability supports can increase the risk of homelessness among people with disabilities or significant health conditions. This risk is higher among people exiting institutions such as hospitals, rehabilitation facilities, prisons or other similar institutional settings. The delays in accessing the NDIS or ineligibility can also place people with disability at higher risk of experiencing or at risk of homelessness. Models such as HASI can provide effective solutions to these problems but these services are only available in limited locations. A greater supply of social housing that is appropriate and accessible is also required.

Even where the NDIS supports are in place, people may not be receiving the optimal benefits due to the siloed nature of the services. There needs to be better coordination between supports under the NDIS and other complementary services provided by state or territory governments.

People living in rural areas experience a higher prevalence of deprivation, generally higher rates of social disengagement, the highest rates of service exclusion, and higher rates of economic exclusion compared to those living in inner cities.²⁰ As a consequence, delivering services and raising awareness about mental health issues, services available in the local area and engaging people is much more challenging and time consuming. Targeted strategies should be in place to support people with disabilities in rural, regional and remote parts of NSW.

¹⁹ See further: Mission Australia, *From Homelessness to Sustained Housing, 2010 – 2013, MISHA research report*, accessible at: <https://www.missionaustralia.com.au/documents/279-from-homelessness-to-sustained-housing-2010-2013-misha-research-report-2014/file>

²⁰ Australian Institute of Health and Welfare, *Australia's Welfare 2017*, July 2017, accessible at: <https://www.aihw.gov.au/getmedia/088848dc-906d-4a8b-aa09-79df0f943984/aihw-aus-214-aw17.pdf.aspx?inline=true>