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

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NDIS is a huge change which is being carried out by a national bureaucracy. NDIA seems opaque and impenetrable to service provides. It is even more opaque and impenetrable to the people to whom the service should be provided.

There is difficulty in succinctly describing the issues as NDIS is so large, its impacts are so extensive and there are so many flaws. I have therefore picked a very limited number of issues in this commentary without imagining they will coalesce into a coherent commentary on the whole of the NDIS.

Issue One – The typical person with a disability

NDIS policies and procedures are seemingly predicated on the notion that a 'typical' person with a disability is either a person with a 'physical' disability who is 'cognitively' able or is a person with a cognitive disability who is supported by guardians who are cognitively able.

The reality is that the major groups of people with disability in Australia are people on the intellectual disability spectrum, the ASD spectrum, the ABI spectrum, or experiencing psycho-social disadvantage.

There are only a minority of these people who have 'official guardians' and many experience lives of significant social disadvantage (homelessness, criminal justice, exploitation, poverty). Supporting these individuals to exercise choice and control requires highly skilled workers. It is not a straight forward task.

There are many difficulties in accessing the NDIS for these groups. Very proactive outreach to them is needed to address these issues:

- They won't know about it
- They may not understand what it is about without support
- They may distrust service systems
- They may not have a disability diagnosis (and getting one is costly)
- They will find it difficult to approach the NDIS
- They will not be able to organise their approach to the NDIS
- They may have difficulty expressing goals
- They may have limited understanding of the impacts of their disability
- They may reject disability labels
- They may have no supports to assist them approach NDIS

Issue Two – The NDIS Service Model

NDIS policies and procedures are seemingly predicated on the notion that

(i)   people only have needs are fairly stable – regular service need, same time, same place, easily arranged, co-operative user.

(ii)   a user who is cognitively able to make decisions without support or has guardians around them that make decisions.

Many of the populations previously mentioned live chaotic lives. They find it difficult to organise, to be organised. The possibility of them not effectively using and falling out of NDIS services is huge.

Good practice by services with this group is usually reliant on a 'trust relationship'. Because it consciously seeks to limit the connection service users have with any one service, the NDIS model undermines the possibility of such a trust relationship.

The probability is that people from these groups are going to not have their needs met by NDIS and will fall back on needing State Government interventions as they fall through the gaps. State Governments which have signed over disability resources to NDIS will again find themselves liable.

Issue Three – Impact on existing Disability Service System
The existing Disability Service System has been undermined and huge amounts of both financial and social capital lost.
- A number of service providers have exited the field – leading to less services available
- Loss of small services
- Amalgamations
- All disability organisations are losing money as they seek to adapt to the NDIS
- Loss of experienced staff from the sector

At the same time without any financial compensation services are supporting people to develop their plans; this was not a role foreseen for services under NDIS.

Item Four – Workforce
The costing model of NDIS means that the face-to-face work will be done by increasingly untrained, unsupported and overstretched staff.

NDIA has pulled experienced persons into its and its partners workforce. Therefore, there is an even greater shortage of people who will work with the people who have need significant support on a daily basis or who have challenging behaviours etc.

There seems little doubt that either or both of two unsatisfactory outcomes will soon occur. One possibility is major class action by untrained, unsupported staff who are seeking to provide support to very difficult to care individuals and who begin to report PTSD type impacts. The even nastier reaction is the use of inappropriate control responses to people with a disability.

Issue Five – The NDIS operates in an unfair way
For example;
- Young man with intellectual disability has been receiving 10 hours a week support.
- Meets NDIA planner.
- The Plan limits his support to 4 hours per week.
- While he has the option of review, there is a risk that could be cut further.
- A person with a disability, limited education and poor literacy is totally unable to understand what is needed to argue for an increase in his funding and defend against a possible decrease.

Issue Six – Being subjective while believing they are objective

NDIA clearly believes that it operates objectively.

This is debatable. There are key points where subjectivity comes into play. In particular in how the Planner conducts the interview.

For example, one planner will ask a person with an intellectual disability whether they manage their money. The person is likely to say yes even through their management is within a financial framework defined by their parent or carer. A more skilled planner will ask 'tell me about how you manage your money' so inviting the person to share the context of how they use their money. These instances are most likely to have negative influences on the support provided to people with a cognitive disability as they are invited to downplay their needs by the way the Planner interacts and support needs.