

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

Name: Name suppressed

Date Received: 9 August 2018

Partially
Confidential

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

Terms of Reference (a) the implementation of the NDIS and its success or otherwise in providing choice and control for people with disability.

- The scheme's implementation in NSW has not been successful in providing choice and control for people with disability. The issue has been the lack of access to advocacy or supported decision making mechanisms. Furthermore, the contraction of the market has provided limited access to service providers for people with complex and challenging needs.
- This results in the choices and control that individuals should have through representation and specialist advice (this extends to carers and family members)
- The ability to categorise the levels of care and define the necessary support by agency personnel has meant plans are inadequate, are unable to be responsive to needs that change for more frequently than anticipated by the agency.
- The absence of a 'safety net' provided by the NSW Government has left many individuals vulnerable to homelessness, abuse and entering other institutional systems (Corrections, Health). The approach taken by the NSW Govt once the bilateral agreement was signed has been 'no care taken'. It is a mess...
- The numbers of people with disability entering nursing homes, aged care facilities, prisons, hospitals (including mental health presentations) will be statistically represented.

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

- It is expected that the inquiry will receive many examples of negative experiences by individuals. I have countless examples or heard of numerous experiences. I hope many of these find the way to your members so that there can be recommendations for change that will benefit participants, carers and professional staff working within the program.
- Participants with recognized and substantiated complex care needs (can we have a clear definition here) require a Senior Planner. I request a senior planner for many of my participants i.e. those in supported accommodation, multiple specialist services involved, dual diagnosis, chronic or unstable health needs, participants with drug and alcohol addiction etc.
- So many of these individuals have no families, access to advocacy or legal representation and have no one to advocate, communicate their circumstances or 'lobby' on their behalf. It is left to service professionals to do this and the risk or perception of conflict of interest must be acknowledged. Of course, those that know the person, understand them and see the impact of plans not being adequately constructed, ability to enact them and complete the 'necessary' paperwork – who does this??
- The length of time in having a planning meeting and the finalised plan is unsatisfactory. Further to this, every time there is some change in the person's circumstances, a further plan (unscheduled) review is required. So you have to submit a request and then wait several months. Of course, this takes considerable time as you follow up, make several phone calls, emails and general follow up to ensure this situation is communicated to the agency. And these requests often require professional advocacy support, ministerial or political intervention and in extreme cases, the threat of media exposure to force the agency to act.
- It is my belief for individuals with complex or unstable needs, an additional discretionary budget should be applied against the annual funding amount. If a change occurs anticipated that the scheme's implementation in NSW has not been successful in providing choice and control for people with disability. The issue has been the lack of access to advocacy or supported decision making mechanisms. Furthermore, the contraction of the

market has provided limited access to service providers for people with complex and challenging needs.

- This results in the choices and control that individuals should have through representation and specialist advice (this extends to carers and family members)
- The ability to categorise the levels of care and define the necessary support by agency personnel has meant plans are inadequate, are unable to be responsive to needs that change for more frequently than anticipated by the agency.
- The absence of a 'safety net' provided by the NSW Government has left many individuals vulnerable to homelessness, abuse and entering other institutional systems (Corrections, Health). The approach taken by the NSW Govt once the bilateral agreement was signed has been 'no care taken'. It is a mess...
- The numbers of people with disability entering nursing homes, aged care facilities, prisons, hospitals (including mental health presentations) will be statistically represented and this should be of concern to inquiry members.

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Terms of Reference (d) the effectiveness and impact of privatising government-run disability services.

- It is unclear as to effectiveness of the transfer of ADHC disability services to the private sector. However, seeing it from all angles – the transfer was a ‘mess’.
- It will not be successful and I foresee many of the organisations that ‘picked up’ these services (yes the tender process should be further investigated), will suffer significant financial losses and may be at risk of failure. This is pertinent to Supported Independent Living providers. This is central to the inadequate unit price against other market forces i.e. industrial awards etc.
- I bet you my house this will not be successful in most cases. In the _____ region, we have seen many services ‘collapse’, medium long standing service providers merge or amalgamate. Rumours are constant about the sustainability of those services once all funding and support withdrawn by NSW Government from 1 July 2018.

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Terms of Reference (g) workforce issues impacting on the delivery of disability services

- I am a disability professional with over 25 years of experience in the disability field
- I hold clinical qualifications and remain committed to the goals and intended outcomes of the NDIS and its principles
- I also hold a Masters of Business Administration and believe that organisations need to be financially responsible and demonstrate 'good governance'
- I have held senior management roles in government and non-government organisations, worked in rural and urban communities
- I have applied for two different roles within the NDIA and both times been culled at the first stage
- I believe that the recognition and professional nature of the industry has been long undermined, undervalued and unsupported by the NSW Government – let's face it if a nurse or teacher was working with your child, was not qualified or accredited – you would be outraged, yet it is okay to have the most vulnerable exposed to bad practice, negligence and ignorance!!
- There is no support or commitment to clinical or operational supervision of support or field staff. The reduction in funding (or access to) for supervisory support, management oversight, professional development, skills acquisition or practice development concerns me greatly
- Lack of leadership, representation or 'real voice' from any peak body meant to be representing disability (non-allied health). Disappointed with National Disability Services but suspect they too are experiencing 'fall-out' diminished revenue and perhaps aligned too closely with government. New CEO coming in so again I wait to see what happens
- The staff that have been employed by the NDIA with NO NO NO training or basic qualification to work with participants and their families – I have met some that worked at Just Jeans previously, or a Telstra Call centre. Lived experience is great and should be respected, however, I have been disappointed when these planners compare their situation to that of a participant or somehow it seems to 'be all about them'.

- The acknowledgement that many participants have a multitude of issues and whilst it is not the responsibility of the NDIS to 'fix this', workers need to have an understanding of the wider service system and some fairly sophisticated skills in the areas of mental health, medical and chronic disease, medications, certain conditions and syndromes, drug and alcohol, squalor and hoarding, conflict resolution, report writing, family mediation, abuse, behaviour management, crisis management, navigating service systems, etc. etc. and service providers only want to pay \$24 per hour for this!!
- I have heard rumours that the certain CEOs of large providers have gone to the Philippines to seek '457 visa' workers, whilst many of my qualified and experienced friends report when seeking employment have had no response as they would under the award demand a 'top of the award' classification or be perceived as overqualified!
- The sector has lost some very good people either through retirement, early retirement, NDIS Fatigue (it is real) or of course be clever and smart enough to do something else. I too have been tempted to change careers but believe participants and families need people like me – been around a while now and have a high level understanding of most things related to the field and considered a bit of a 'subject matter expert'.
- I was retrenched in June as the provider I was working for had to restructure for financial reasons and I was the most expensive person on staff (the only one with any clinical qualifications and significant experience) I had been in the role for 18 months and executed my duties to a very high standard and there were no performance issues.
- I know work on a contract or casual basis. I work casually at TAFE teaching Cert III, Cert IV in disability and community services, do support coordination for 28 NDIS participants and working with property developers in establishing social and specialist housing models in the Hunter Valley, Central Coast and Queensland.
- I am a single mother to an 11 year old son and a naughty 3 year old pug. I live in (which I love) but the opportunity for senior management roles as a 46 year old woman are extremely difficult to come by.
- I will attach my recent CV and some background to substantiate my claims made here
- I am confident that I will be okay and continue to make some sort of a living in the field as I am resourceful, have an extensive professional network and remain committed to people with disability, their carers and families and my peers and colleagues.
- I know the NDIS will need to change and be repackaged if it is going to be successful for those it professes to serve. It will take 10 years or thereabouts, eligibility will tighten and the market place will need to significantly change, be responsive and agile and have the full commitment of our political leaders and policy makers – it is just sad that many will suffer until then – and will we have something better than what we had before really....