RichmondFellowship
ACT Inc.

SUBMISSION TO THE PARLIAMENTARY JOINT COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME.

JOINT COMMITTEE ACT HEARING

12 MAY 2017

INTRODUCTION

Richmond Fellowship ACT (RFACT) has been a major provider of services to the disadvantaged in the ACT community since 1976. We provided services to young people in residential out of home care and to adults with severe and enduring mental illness. Until June 2016, our services provided in the ACT were block funded through both the commonwealth and local governments.

We now find ourselves operating in a totally new environment, paid in arrears and on a fortnightly basis. The period between the trial and now has been tumultuous, changes and demands exceeding our scope of control and at times our very existence and solvency at risk. Our experiences have been both positive and negative as identified below but now, post transition, with systems and services in place and operating, we feel confident that the NDIS is both a positive reform for participants and for the sustainability of our organisation.

TRANSITION PROCESS

Richmond Fellowship ACT's NDIS supports team fields at least one telephone query per week from consumers or their families and carers looking for information and support about how to apply to the NDIS. There continues to be widespread ignorance in the community that psycho-social disability constitutes a permanent condition for the purposes of the NDIS; this is especially true for CALD families.

In the main people with a psycho-social disability and their families and carers find the process to be considered for the scheme overwhelming with people often confusing *need* with *evidence of the disability*. We have found that accompanying the applicant to medical and allied health appointments to explain the evidence required, makes the process clearer

to both the person applying to the scheme and those professionals assisting them. Note that this support will not be possible once block funding is no longer available.

POSITIVE PARTICIPANT OUTCOMES

In spite of the newness of the NDIS, there are many positive outcomes reported by the participants we work with. Initially participants are reticent to assert themselves with service providers and look to their support coordinators and others to provide feedback on their behalf. The Richmond Fellowship team has found it useful to interview prospective providers with the participant at the early stages of plan implementation but gradually, the participant grows in confidence and is willing to negotiate and provide feedback to providers on their own terms including giving our team candid feedback! As one participant recently noted:

My NDIS plan has been pretty positive.
It's helped me get my life back on track.
I now have lots of appointments and activities and
I am not just sitting at home all the time. R.OS

WORKER EXPERIENCE

Workers have found the following challenges in the transition to the NDIS

The time limited nature of participant contact visits. As time is all now billable and participant's NDIS plans can vary widely in terms of how comprehensive their package of supports are; workers must now be prepared to work within the limits of the plan's budget and not as has historically been the case under block funding, provide supports based on the participant's current and actual need. This model does not recognise the fluctuating needs of participants with Psychosocial Disability (PSD). The best of planning and intentions cannot prevent what often occurs where participants are unable to engage in the planned activity or appointment.

Limited choice of basic support services. Workers in the Support Coordination space report daily dilemmas around shortfalls of support worker availability. Agencies are not yet large enough to provide replacement workers at short notice when a worker cancels a shift. Participants are then left without means to attend important medical appointments and the coordinator must negotiate with the participant about what to do in these all too frequent scenarios.

Administrative responsibilities. Workers now have additional pressures to adequately bill for NDIS service time but this does not leave scope for the essential office administrative duties which must be borne by the organisation. Workers rightly feel conflicted by this tension.

Training and clinical supervision has temporarily taken a backseat. As organisation's grapple with the new service model, priority has been given to helping workers understand how to *drive* the NDIS apparatus at some expense to training and support around working more effectively with people living with a disability who have complex needs. Workers have been very patient with the rapid rate of change in their workplace and do appreciate the inevitable 'teething problems'.

Planning meetings and plan review meetings do not appear to be optimising the opportunity for the agency staff to ensure details for participants are updated and or checked. A recent experience where this has not occurred has led to a participant needing to re-sign release of information forms for all agencies they have been involved with so RFACT staff can continue or coordinate their supports. In addition, when a person is identified who needs 24 hour accommodation, and a home is identified, this then provokes a plan review – this process can take weeks to be completed and some people can actually be homeless in the interim as a result.

ORGANISATIONAL IMPACTS:

General

RF made the utmost use of the NDIS taskforce opportunities with successfully gaining 2 x 50k grants to prepare our organisation for NDIS. The roadmap to NDIS had no bearing on the reality of life in NDIS funding.

In an outreach model, the NDIS approach is not applicable to support people with mental illness - their needs are complex and staff require higher skill sets. The costing assumptions also do not factor in organisational quality systems that are essential to ensure effective and efficient services.

The relationships with the NDIS and staff during the trial were fantastic. A specialist psychosocial planning team was established by the NDIA in recognition of the complex and extraordinary characteristics of people with mental illness. We could contact participants planners directly, could access the team leader of the specialist planning team if necessary and saw a reasonably short turnaround time from planning meeting to actual funded plan. This has now changed significantly – there is no psychosocial planning team, we have a hit and miss approach to the main NDIS number for all communications and are often on hold for significant periods of time.

The organisational administrative burden to work in the NDIS space is immense - it requires a dedicated financial FTE just to manage the portal / billing and a minimum of 3 days per week of NDIS support team manager hours (service agreements, plan reviews, staff scheduling, service bookings, billing preparation etc).

Financial & Portal

The funding modelling reflects a significantly lower salary point than specialist MH Recovery workers are paid. The pricing limits set by NDIS have not considered the costs associated with supporting people with a mental illness and associated PSD. Staff in this field require a minimum Cert IV qualification which sits beyond the SCHDS level 2 award at which the NDIS funding is based.

The initial transition in the ACT was a challenge. Despite optimising training opportunities for staff= the processes were unknown and 'theoretical' and in a state of change. No sooner would staff be understanding processes when things would be changed. The Portal shut down and from June 16th 2016 – August 16th 2016 created a major challenge to survive organisationally and we came close to declaring insolvency during this period. Likewise the 'capping' which resulted in an initial outright cessation or eligibility assessments and or planning meetings to a seemingly 'go slow' has hindered our ability to offer a service of choice to an individual in a timely way.

The current quote process, which Richmond Fellowship use for the supported accommodation support item, is unclear at best. We are not alerted to a participant requiring a new quote resulting from a plan review until our billing goes into error due to a current service booking not being in the system. Our Finance administrator then attempts to contact NDIA. We previously had a direct contact for the person responsible for this task. We are now only given the 1800 number and are unable to be put through to specific teams at our local NDIA office.

NDIA then generate the quote request within the portal. A number of these have been generated incorrectly for lower or higher support line items than specified in the participant plan. We believe these errors need to go back to planners for corrective action and this is taking weeks at a time.

Once a quote request is generated correctly a response is sent through the portal. The time it takes for these quotes to be accepted at this stage is varying from 4 hours up to 4 weeks. This is 2 full cycles of our billing that is on hold due to clerical hold ups. The acceptance stage previously with the quote specialist at NDIA Braddon only took a maximum of 24 to 48 hours.

Once the quote is accepted a service booking is automatically created within the system enabling us to bill.

The instigating of this quote process should not sit with the service providers but with the NDIA planners, who stipulate a quote is required for a certain support item in the participant plans, to then generate the quote request to the given service provider.

We do however acknowledge that when all things line up correctly, the reconciliation for invoices through the agency is working well and is timely.

Service redesign and capacity building

As mentioned above we have found that the funding offered to individuals in an outreach service is inadequate to support people with mental illness and subsequent PSD. RFACT decided that to be financially sustainable and organisationally viable, we needed to offer 24 hour supported accommodation. This decision seemed to reflect a retrograde step in recovery oriented care at the time however we now see that we are meeting a significant unmet need that existed in the ACT for a number of individuals. We currently support approximately 30 individuals, with more awaiting approvals and processes. This reflects a sad reality for some people with mental illness who are at risk of homelessness, incarceration or long term institutionalisation. These people now have a home, have hope and a quality of life that previously was not considered possible. This in turn has reduced the weight on families and carers, acute hospital admissions, relapse and crises, and has provided a quality exit point for acute and sub-acute services that previously did not exist.

Some of the residents in our program are studying, some are volunteering, some have started paid employment. Families have been restored and hope is a reality for individuals who could easily have been forgotten. Some statements;

"this is my home and I treat it as my home, I really love this place, really appreciate what you do for me here, this is the best group house in Canberra!"

"It's very special, very special"