



Submission of Family Planning NSW

National Disability Insurance Scheme Workforce

April 2020

Family Planning NSW welcomes the opportunity to make a submission to the Joint Standing Committee on the National Disability Insurance Scheme regarding the 'National Disability Insurance Scheme Workforce'. The submission focuses on the current ability of the National Disability Insurance Scheme (NDIS) workforce to provide holistic sexuality and relationship support to people with disability and builds on our previous submissions to the Joint Standing Committee including our 2017 submission 'Transitional arrangements for the NDIS' and 2019 and 2020 submission 'General issues around the implementation and performance of the NDIS'.

About us

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW and Australia. Our mission is to enhance the reproductive and sexual health and rights of our communities by supporting all people to have control over and decide freely on all matters related to their reproductive and sexual health.

We have been delivering targeted services to people with disability and those who support them for over 35 years. These include clinical services, health promotion programs, education workshops and training. Family Planning NSW is also a registered provider under the NDIS. We provide services under the following NDIS support areas:

- specialised assessment of skills, abilities and needs
- therapeutic supports.

Recommendations

Family Planning NSW recommends that:

1. the National Disability Insurance Agency (NDIA) prioritises and improves the consistency and quality of sexuality and relationship support the NDIS workforce and wider disability sector provides to people with disability.
2. the NDIS Commission includes sexuality and relationship support and referral within the NDIS Capability Framework as a 'core capability'.
3. the NDIA provides funding for professional development and training opportunities for the NDIS workforce, including in the areas of sexuality and relationships.
4. the NDIA provides clearer guidance for the NDIS workforce and wider disability sector about the kinds of services that can be obtained as part of sexuality and relationship support, in the form of a policy document.
5. the NDIA increases the availability and accessibility of sexuality and relationship services for people with disability, particularly in regional and remote areas.

Key points

Family Planning NSW is deeply concerned that the current NDIS workforce and wider disability sector is not well equipped to provide consistent, quality holistic sexuality and relationship support to people with disability, placing them at a greater risk of violence, exploitation, abuse, neglect and poorer reproductive and sexual health outcomes than people without disability.

Our major concerns are outlined below.

1. The inconsistent and limited quality of sexuality and relationship support the NDIS workforce provides to people with disability

Sexuality and relationship support refers to a broad range of topics including healthy relationships, sexual and gender identity, reproductive and sexual health, reproductive and sexual rights, and healthy behaviours. The provision of sexuality and relationship support can include disability support workers providing a person with resources or information, making a referral to a service and assisting a person to access a service. Sexuality educators and health professionals, including counsellors, psychologists and social workers, provide sexuality and relationship support services for people with higher support needs.

We are concerned about the quality and availability of sexuality and relationship support being provided to people with disability by the NDIS workforce and wider disability sector. The NDIS relies heavily on a skilled workforce, competent to meet the needs of participants(1); however, the workforce does not currently have the skills required to meet their complex sexuality and relationship support needs.

All members of the NDIS workforce and wider disability sector should provide consistent, quality sexuality and relationship support, information and/or referral to people with disability. Of concern, our 2019 *Disability Needs Assessment* on the provision of sexuality and relationship support within the NDIS found that 50% of respondents did not consider that providing sexuality and relationship support is part of their role.(2) As a result, people with disability may not receive the sexuality and relationship support, information and education they are entitled to, leading to poorer reproductive and sexual health outcomes.

We acknowledge that while some health professionals are registered under the NDIS as service providers, they are not considered NDIS employees. It is essential to ensure a broad sector of skilled service providers that includes support workers, psychologists, counsellors and social workers.

We commend the NDIS Commission's development of the *NDIS Workforce Capability Framework*, which aims to improve the overall quality and effectiveness of services to provide better outcomes for NDIS participants. The NDIS Commission should include the provision and referral of sexuality and relationship support within the *NDIS Workforce Capability Framework* as a 'core capability' for all service providers.

Recommendation one: The NDIA prioritises and improves the consistency and quality of sexuality and relationship support the NDIS workforce and wider disability sector provides to people with disability.

Recommendation two: The NDIS Commission includes sexuality and relationship support and referral within the NDIS Capability Framework as a 'core capability'.

2. The current NDIS workforce is not supported to access education and training around the areas of sexuality and relationships

As a Registered Training Organisation, Family Planning NSW has provided training to over 12,000 doctors, nurses, teachers and members of the disability sector workforce over 12 years. Our courses and resources assist community members and professionals to better understand their role in supporting people with disability with reproductive and sexual health, sexuality and relationships.

The NDIS funding model has had a significant and negative impact on professional training around disability and sexuality and relationship support within the sector. Due to the lack of funding for training and professional development, we are concerned about the implication for workers' ongoing professional development and currency of skills, particularly in an increasingly casualised workforce. Since the rollout of the NDIS, there has been a marked drop in course enrolments by the disability sector. Our 2019 *Disability Needs Assessment* found that only 45% of respondents were confident in providing sexuality support, and only half felt that they had the skills required to provide this support. The *Disability Needs Assessment* also

reported that NDIS service providers found it increasingly difficult to support workers to access training due to limited funds available to support professional development. Where an NDIS workforce member wants to further their learning, they often have to access training using their own time and funds. Further, our needs assessment found that the majority (69.2%) of the 45 respondents had not completed any formal sexuality and disability training.(2)

Limited access to professional development in sexuality and relationship support is concerning as workforce skill and knowledge gaps contribute to risks for people with disability and those around them. The NDIS workforce has a responsibility to support, inform and educate people with disability in relation to sexuality and relationships.(3)

We acknowledge that the Government is exploring ways to support skills development for the NDIS workforce. We encourage the NDIA to increase professional development in sexuality and relationships which in turn will drive systemic improvement in the disability sector.(1,4)

Recommendation three: The NDIA provides funding for professional development and training opportunities for the NDIS workforce, including in the areas of sexuality and relationships.

3. The NDIS workforce is not currently clear about what sexuality and relationship supports can be funded, and the relevant support codes

As an NDIS service provider, we recognise that the NDIS system is complex and often confusing to navigate. We continue to hear of confusion from participants and members of the NDIS workforce and wider disability sector around what sexuality and relationship supports can be funded for participants to access and the correct codes to use for those supports.

Our recent *Disability Needs Assessment* found that a lack of organisational policy, internally and from the NDIA, around sexuality contributes to uncertainty and results in participants missing out on services. For example, some NDIS workers are not aware that a participant can access therapeutic services for support on healthy relationships under the code 'Capacity Building, Daily Living, Improved Daily Living' meaning that the participant may miss out on essential services. Often, NDIS workers are unaware that sexuality and relationship support can be incorporated into participant goals - and without these goals, funds are not allocated to provide support.

We believe that the NDIA has a responsibility to enable access to sexuality and relationship support services for people with disability. A skilled NDIS workforce is needed to do this. FPNSW endorses the joint position statement 'A call for a rights-based framework for sexuality in the NDIS'.(5) The position statement recommends developing a comprehensive sexuality policy to provide support for sexual expression through NDIS funding. Without an NDIS sexuality policy, people with disability may not have the support they need to make healthy decisions around their reproductive and sexual health. The NDIS workforce, including disability service providers and healthcare workers, also have little guidance to provide this type of support. An NDIA policy could support the NDIS workforce and provide clarity on the sexuality and relationship support services available to people with disability.

Recommendation four: The NDIA provides clearer guidance for the NDIS workforce and wider disability sector about the kinds of services that can be obtained as part of sexuality and relationship support, in the form of a policy document.

4. The limited availability of sexuality and relationship services

The Department of Social Services identified that the NDIA has a responsibility to ‘address thin markets in regional and remote areas, and for participants with different needs’ (Priority 1.5, *Growing the NDIS Market and Workforce* report).(4) We are concerned that people with disability, particularly those who live in rural and remote areas, do not have adequate access to sexuality and relationship services provided by the NDIS workforce and wider disability sector, including psychologists, counsellors and social workers. The NDIS has eleven dedicated sexuality and relationship support services available for people with disability in NSW; however, the majority of these services are located in the Sydney metropolitan region making access difficult for people with disability living in regional and remote areas.

Sexuality and relationship services provided by the NDIS workforce and wider disability sector should be available equitably in all areas across NSW and Australia, including in regional and remote locations. Where this is not possible, referral websites, phone and online services should be promoted.(6)

Family Planning NSW is currently developing a national online information and referral hub for parents and carers to better support children with intellectual disability and/or autism spectrum disorders in the transition from puberty to young adulthood as part of an NDIA *Information, Linkages and Capacity Building Grant*. We anticipate that this referral hub will be useful for all people, including members of the broader disability sector NDIS workforce, who are supporting a child or young person through puberty.

Recommendation five: The NDIA increases the availability and accessibility of sexuality and relationship services for people with disability, particularly in regional and remote areas.

Conclusion

The current NDIS workforce and wider disability sector is not yet equipped to provide consistent, quality sexuality and relationship support to all people with disability in NSW, leaving people with disability at risk of poorer reproductive and sexual health outcomes. There is a need for systemic change to improve education, organisational policies and provide guidance about the services available under the NDIS to better support people with disability. The NDIA should prioritise supporting the NDIS workforce and wider disability sector to provide sexuality and relationship support to people with disability through the provision of funding for training, the development of an NDIA sexuality policy and increasing the NDIS sexuality and relationship services available in regional and remote areas.

References

1. Dowse L, Weise, M, Smith, L. Workforce issues in the Australian National Disability Insurance Scheme: Complex support needs ready? *Research Practice in Intellectual and Developmental Disabilities*. 2016, 3(1): 54-64.
2. Family Planning NSW. Disability needs assessment. Sydney: Family Planning NSW; 2019, unpublished report.
3. Department of Family and Community Services. Sexuality and relationship guidelines. Sydney: Department of Family and Community Services; 2016.
4. Department of Social Services. *Growing the NDIS Market and Workforce*. Canberra: Department of Social Services; 2019.
5. Disabled People’s Organisations Australia. Joint Position Statement: A call for a rights-based framework for sexuality in the NDIS. Sydney: Disabled People’s Organisations Australia; 2019.
6. Family Planning NSW. *Love & kisses: Taking action on the reproductive and sexual health and rights of people with disability 2014-2018*. Sydney: Family Planning NSW; 2014.