UNITING COMMUNITIES

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The Homelink model and the NDIS

(Full-time placements)

Introduction

Uniting Communities' Homelink model provides home-based care for children, young people and adults with intellectual disabilities and autism spectrum disorders. The service caters for people who are unable to live with, or wish to live independently from, their birth families. Care is provided on a respite, shared care or fulltime basis.

Uniting Communities has been informed by staff from both NDIA and DCSI that the legislation underpinning the NDIS specifically prevents family members and other informal supports, who live with an NDIS participant, from receiving payment for the support they provide. They have informed us that the Homelink Contractors providing Fulltime care would be seen in this light (respite and shared care will not be affected as the client's primary place of residence would not be with the respite or shared care provider). The NDIA have also informed us that the conflict of interest arising as a result of the relationship between the participant and the carer would be an additional problem for the NDIA and would prevent the NDIS being able to fund these placements.

Subsequent meetings with DCSI staff have confirmed that contractor payments will continue via the Continuity of Support (COS) program through the 17/18 period. At this point in time there has been no commitment beyond June 30 2018. DCSI has instructed us not to take on anymore full time placements.

The Homelink Model

Homelink is a statewide program with current placements in metropolitan Adelaide and South Australian country regions including Limestone Coast, Riverland, Mid-North and West Coast. The program currently supports 62 fulltime clients. These clients are assessed to determine the level of care required and the current number of clients on each level is as follows:

- **Level 1:** 3 placements
- **Level 2:** 26 placements
- **Level 3:** 27 placements
- **Level 4:** 6 placements

From a client's perspective the program is similar to the foster care model with clients living in the homes of their Carers. The major difference however is that program does not fall under the Foster Care legislation and the Carers are contracted sole traders, each operating their own business with their own ABN.

The Homelink model supports people to develop greater independence and community living skills through skilled support provided by the Contractors who share their home, family and friendship, including support with daily living to maximise independence and skills development. The support provided includes: personal care, assistance with decision making, meal preparation, accessing the community and pursuing recreational

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interests. Clients benefit from a family home environment where there is continuity of care and long term stability.

Referrals

The majority of the placements supported by Homelink are for clients who have been placed with the Contractors for many years often having transitioned from foster care as children placed under Guardianship of the Minister. 63% of the current clients in the program commenced their placements in foster care. These placements still represent the major referral pathway into the Homelink program and Uniting Communities is very concerned about the loss of this option for young people leaving care in the future.

Other referral sources include aging carers who are no longer able to care for their loved one. Homelink also receives referrals for a range of other reasons including clients no longer able to remain at home due to issues such as family breakdown, death of a carer as well as families affected by domestic violence, mental health and drug and alcohol issues.

Supported Independent Living

Uniting Communities welcomes the opportunity the NDIS presents for some existing clients in the Homelink program to transition to more independent living where appropriate. While it is difficult to apply a "one size fits all" approach to determining who might be suitable for independent living, it would be reasonable to assume that many level 1 and 2 clients may, with the right support, choose this option. However for other clients this would not be something they would choose and the move away from a family environment to shared living would result in a significant reduction in control they have over where they live.

Homelink Placements

Uniting Communities believes that for some clients the Homelink model provides the best accommodation option. It is our belief that these are people who would benefit from a family environment, and the consistency of relationship that it can deliver. Typically Homelink clients requiring higher levels of care do not have the capacity to instigate and independently maintain relationships. The Homelink model offers the opportunity for these people to be in an environment in which the people who care for them also live in that environment and therefore are able to develop deep and meaningful relationships with them. As a result of this close living arrangement our Contractors get to know their clients' needs in a very detailed way, manage complex communication issues and are often able to recognise and respond to behaviours and other issues much more effectively than a rostered workforce could do.

Cost comparison

Below is a table outlining cost comparison between current costs for clients supported under the Homelink model and the costs quoted in the NDIS Price guide 1 July 2017 under Assistance in Shared Living Arrangements - Supported Independent Living. It is not possible to determine in this paper where clients currently supported in the Homelink program might be placed if they were to move into shared living as this

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would need to be done on a case by case basis. However Uniting Communities belief is that to avoid institutional style accommodation for clients who are nonverbal and have limited ability to instigate social interaction, shared living arrangement for 2 -3 people is likely to provide the closest experience to their current living arrangements. Considering costs on a staff/client ratio basis, the Homelink model is a far cheaper option. Uniting Communities believes that the cheaper options outlined under the shared living price guide represents a significant reduction in quality of life and consistency of relationship for these clients.

Homelink		**NDIS**			
Annual cost per person per week	NDIS support needs - Approx. equivalent level of care	Shared Living - cost per person per week			
		2 person shared living arrangements	**3 person shared living arrangements**	**4 person shared living arrangements**	**7 person shared living arrangements**
$558.67	**Lower needs**	$2258.02	$1963.49	$1950.48	$1751.76
$856.42	**standard needs**	$3879.68	$3203.09	$2481.57	$2302.95
$1,152.98	**Higher needs**	$5023.46	$4350.44	$3453.84	$2722.86

(Prices do not include cost of rent, board and lodging or other day to day expenses usual living expenses such as food and activities).

Host Family/Alternative Family Situation

The NDIS Pricing Guide outlines the following support item under the Support Category; Assistance with daily life (includes Supported Independent Living):

- Daily Tasks/Shared Living;
  - *Assistance in living arrangements (host family/alternative family situation).*
- Support Item;
  - *Agreement for a participant with high support needs to stay with a host family. The host family will have minimum qualifications & provide support in the home for the agreed time. The quote will reflect the hours of assistance required & length of stay.*

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The Homelink program is currently providing respite care for clients funded by the NDIS using this support item. While the description indicates that there is an agreed timeframe for the provision of care, we have not been able to identify anything which precludes this timeframe from being one which is ongoing. We believe that this has only been considered by the NDIA for use in respite situations as this appears to have been the only way in which it has been used previously. We further believe that the ability to fund fulltime placements under this support item would not only resolve this issue for the existing clients in the Homelink program but could also be option for other NDIS participants who would benefit from this type of support.

Conclusion

Unless a solution is found that enables this model of care to be recognised under the NDIS or there is long term commitment to meet these payments under COS, Contractors will be left with one of 2 choices. Either they continue to provide care without being paid (other than a carer allowance for those that are eligible) or they relinquish care and their client is found alternative accommodation which is likely to be a shared living arrangement under NDIS. Ironically neither of these options prioritise client choice or control, which is one of the central planks of the NDIS.

Currently the Homelink program has 32 clients who have been with their Contractors for over 10 years, with many being significantly more than this. We have one client who has been with the Contractor for 29 years. For these clients, the prospect of being uprooted from the only homes they have ever really known is at the very least significant and for many is potentially devastating.

Uniting Communities believes that the Homelink model of care is one which could not only meet the needs of the existing group of clients supported within the program but is a model that should be adopted by the NDIS to meet the needs of this cohort of people at a national level.

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Case Studies

Case study 1

In 2010 Homelink received a referral from the Riverland requesting if we had any suitable Carers or could find a suitable Carer/s for a 7 year old boy living with Autism, was non-verbal & living with his mother who was struggling to care for him.

Mum had mental health issues and no family support. Her son would not go to sleep until the early hours of the morning and then they would both sleep in and mum would not get him to school on time and consequently he would miss half a day of school. At night he would raid the pantry; or bring the sprinkler inside and turn it on in the middle of the house running under it and flooding the home. He was not toilet trained and would smear faeces on the wall. On occasions when mum was so exhausted and fall into a deep sleep, he would strip off and take off outside in the middle of the night until he was spotted by the police and brought safely home.

Homelink placed an advertisement in the local paper and had limited response to assist this family. In 2013 we were contacted again by Disability Services and asked again to find a suitable Carer for this boy as there were ongoing concerns and mum was on the verge of relinquishing care. Homelink put significant effort into promoting the program in the local area generally as well as running a specific advertisement for this little boy who was now 10 years of age. We advertised in the local papers and on the local radio station. We visited the TAFE College and spoke to students studying Cert 3 in Disability. We visited the area and had a stall in one of the shopping centres and placed flyers around the local town promoting the Program. As a result of this campaign we received 2 enquiries of which one person was suitable. This Carer was able to assist this family in a shared care capacity.

Today this placement is going really well. The Carer has been working with the mum and sharing ideas to assist mum in the home. They have a good working relationship and the mum says that the Carer is a "god send" as she does not know what she would have done without the support. The little boy is now a young man aged 14yrs and looks forward to staying with the Homelink Carer and her children. He is sleeping most night's right through the night, and uses the toilet independently.

He can say four words and uses an IPad to indicate his choices. He has a second family that he can share family experiences such as going to the cinema and eating popcorn together. He also enjoys going to the local swimming pool. The Carer ensures that he arrives at school on time and he is engaging better at school with his teacher and peers. He has made friends at school and has been attending school camps like the rest of his school friends.

Mum is now able to sleep better and slowly trying to find some part time work in her local community.

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There are still issues that we are all working together but it is a team effort. The Carer is visited by Homelink every 3 months to see how the placement is going and keep in contact via phone or emails. The Carer has commented about how supported she has felt when there has been issues and how Homelink was quick to respond and involve all interested parties to problem solve and work out goals and responsibilities for each person present.

Case study 2

Homelink received a call from Disability Services requesting emergency respite for an 18 year old indigenous man living with Autism. His Grandmother had passed away suddenly and the young person was homeless. He was placed in respite with a Homelink Carer who had known him for a number of years. The Homelink Carer was prepared to care for him for a short period of time, until a suitable placement had been found.

When over stimulated the young man's behaviours can escalate to a point that may put himself or others at risk and therefore this consideration had to be taken into account when address his accommodation needs. During the following 6 months, attempts were made by DS to place him in a group home, but due to the young person requiring a quiet environment to assist him to remain calm, no suitable accommodation could be sought.

At the same time UC undertook a recruitment campaign and was finally successful in the recruitment of a suitable Carer and transition commenced over the following 2 months. As a result of the challenging behaviours displayed by the client, the placement required regular ongoing support in the early stages to ensure that the Homelink Carer felt supported in his role. The first 3 months went well without any significant issues. The Homelink Coordinator made regular fortnightly visits to support the Carer and provide advice around managing the young person's behaviours. A 3 month review was organised and personal goals were developed with this young person. The Carer was supported to encourage the client's independence and daily living skills. Suggestions for different activities including cultural awareness for both the Carer and the young person was organised.

Case study 3.

Homelink received a call late one evening from a long term Carer explaining that 'Jane', the client she cared for, had suddenly and without warning gone on a rampage smashing things, hitting their vehicle, yelling, screaming, and swearing, threatening to cut her hair, throwing things at the Carer and saying she has to go, not her.

The Carer asked Jane to step outside so that she could try to talk with her but she was so agitated and began breaking the lights outside, throwing rocks over the neighbour's fence, and then pulled the doorbell off the

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wall. The Carer did not feel that she could adequately support Jane at that moment and requested further assistance from me.

Homelink attended the home to try to talk with Jane and to calm her down. The worker explained that we were asked to visit as the Carer was very worried about her. We asked her if she could tell us why she was so upset and she then explained that she was worried about an upcoming guardianship hearing as she was worried that she would be taken away from her Carer.

The context of Jane's distress arising from a Guardianship hearing that had been scheduled following recent contact from her Maternal Grandmother who wanted to have access visits with her. There is a history of abuse of Jane by a relative who is still living with her Grandmother. The Grandmother has approached SACAT to have access with Jane and she had received notification that a hearing is to occur although as yet no date had been set for this. Jane had been told that the Homelink Carer would not be allowed to attend the hearing and this had caused extreme anxiety for Jane who could not understand the reasons for this. Jane expressed the belief that she will be taken from the home where she feels safe and have to go and live with her Grandmother and the person who had abused her.

We talked about the hearing and explained it was for her to speak up and say what she wants. We talked about strategies to try to keep calm when she feels that she is getting anxious. As a result of attending the home we were able to help to diffuse the situation and support Jane to be able to share her feelings. We were able to provide clarity and reassurance to Jane about a very complex situation that she was experiencing and this helped reduce her anxiety.

This incident provided the Carer with insight into Jane's feelings and behaviour and we were able to discuss some strategies for the Carer to use to support Jane through this difficult time.