

Provision of Services Under NDIS

NDIS is a grand concept. However its potential to live to its promise is deeply flawed by basic misconceptions in the design of the NDIS.

NDIS design clearly misconceives the standard person with a disability as:

- a person with a physical disability
- a person whose needs occur on a regular, repeatable basis
- a person who has no cognitive impediment to their decision making or has others around them who can make those decisions for them

A belief that because of the person's cognitive competence and the regularity and predictability of their needs, a very low level skill workforce is required.

A belief that where the person with a disability requires a higher skill assessment or intervention, this can be done through a short intervention by a higher paid operative (a therapist).

These basic design flaws ignored the fact that:

- a) a significant number of people with disabilities have cognitive and decision making difficulties, are not under guardianship and require ongoing assistance in managing their interface with and at times challenging, frightening, hostile, exploitative world.
- b) Many people with a disability do not have regular repeatable support needs but unexpected events, crisis, ongoing living successfully in the community difficulties.
- c) The ongoing complexity of people's lives and their ongoing interface problems with society require skilled, resilient, well supported staff.
- d) Short term therapies do not create change. Therapy might assist but it is the ongoing work with the person in their context that supports towards a better life.

The upshot of these basic design flaws is that many people with disabilities who do not fit the NDIA model stereotype will fall through the gaps.

Organisations that work with these groups will quit the field. In Brisbane where I live I know of three highly respected multi-human service agencies who are quitting the disability field because they do not believe they can continue to offer services to people with a disability under the present service model and funding regime. This is a pity because it is exactly these organisations that offer a creative alternative to the large disability only organisations.

Additionally millions of dollars will be wasted on assessments and short term therapy interventions because there is not a skilled and supported staff group who will work with people in their everyday context – where real change will happen.