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Joint Standing Committee on the National Disability Insurance Scheme  
PO Box 6100  
Parliament House  
Canberra ACT 2600

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### **Submission NDIS Planning**

Amicus Group Inc. is a registered NDIS Provider providing NDIS Core and Capacity Building support throughout Central Victoria. We currently support over 300 people with a disability of all ages through our Direct Service Delivery, 18 through Specialist Behaviour Support and 110 through Support Coordination including Specialist Support Coordination.

We make our contribution to the Joint Standing Committee Parliamentary Inquiry into the National Disability Insurance Scheme (NDIS), NDIS Planning based on our experience in the Loddon Area of Victoria. The NDIS was implemented in Loddon on 1 May 2017, but Amicus supported early entrants to the scheme from as early as December 2016, so we have now almost 3 years of implementation experience. In our submission we will not address all matters you are reporting on, but want to highlight areas for improvement based on our experiences.

As an organization we believe that good planning is the fundamental driver of getting people their best lives. We are truly aligned with the principles of the NDIS but believe that the aspirations of the NDIS for people living with a disability in our community cannot be achieved without good planning. From our experience one of the biggest barriers in the NDIS service design is that planning is the mechanism for resource allocation. This is then compounded by planner skill and in our experience this has varied significantly from very good to poor, despite standardised training.

We often hear from participants that their plans do not reflect the planning conversations that were had and prioritization of the goals that are most important to them. We are particularly concerned when evidence of need is provided through allied health assessment and a planner unqualified in that discipline makes a determination that disregards the evidence.

Also of great concern is a practice we have experienced on many occasions with planners planning to their delegation, under the guise of reasonable and necessary, which means plans are approved but don't reflect the true need of the participant which only results in plan reviews being initiated. Including participant approval of a draft plan would address many of these practices as there would be greater planner accountability and transparency. Introducing the option for self-directed planning is another way for us to build the choice, control and self-determination of participants and is an area that we should be building capacity in. Both draft plans and self-directed planning stand to significantly reduce the number of plans referred for review.

We understand that the rapid scaling of the scheme, planning targets, implementation in new areas and staff churn all had an impact on available planners. This in turn resulted in negative impacts for many participants who found themselves with plan gaps. As an organisation we have made a commitment to continuous service, which is an NDIS Practice Standard, however this has resulted in a significant financial risks for the organisation and on many occasions we have struggled to be paid for these services, not because the participant is disputing they have been delivered but because the plan manager or manual claims process fails. We still have tens of thousands of dollars outstanding which mostly relate to plan gaps some of these are now 18 months old.

There are considerable shortcomings in our region when it comes to planning to support housing and support needs. The Department of Health and Human Services Disability Support Register (DSR) as at February 2016 indicated that there were 102 people with a disability in the Bendigo area in need immediately of Specialist Disability Housing, and of those 38 people had ageing carers who were listed as urgent priorities, where have they all gone?

We know they have not all been accommodated and we know the participants we provide direct Service delivery or Support coordination too, who were on the DSR do not have housing goals despite urgent needs including ageing carers. This is not because housing is no longer a need, this is because the planning conversations are not detailed enough and subsequent resources aren't allocated to enable people to explore suitable housing options. Similarly there are gaps in participants being identified to undertake SDA eligibility assessments.

Lastly we wanted to focus on participants with complex support needs, whether that complexity relates to multiple needs or behaviours of concern. We have seen time after time that poor planning and insufficient resource allocation leads to a breakdown of services for those who challenge the disability and universal service system. As we understand it there is no provider of last resort identified in Victoria even though this was due to be in place mid 2017, which is also problematic. We believe that planning for people with complex needs is a specialist skill and needs to be conducted by appropriately qualified staff, preferably psychologists or Behavioural Specialists.

We are also concerned with the introduction of the new Quality and Safeguards framework in Victoria, it appears that there is not sufficient knowledge by planners of changed requirements, so there are insufficient allocations being made in plans for people with complex behavioural support to enable providers to meet their requirements under the new framework. This includes the development of Behaviour Support Plans, assessments and training and this needs to be addressed as an absolute priority.

Amicus would be happy to answer directly any queries that you may have relating to our submission, or participate in any further consultations or focus groups that you might like to convene. Should you have any further queries please do not hesitate to contact me on 03) 5441 2666.

Yours sincerely

Ann-Maree Davis  
Chief Executive Officer