

## Further information on our 'NDIS Hub Model' including case studies:

Both the Tiwi NDIS Hub and Amata NDIS Hub (known as the Amata ILC) provide NDIS Participants with basic needs such as showering facilities, laundry (staff are there to provide support to Participants as required but independence is promoted), Participants can access the kitchen space independently to access staple foods (e.g. make toasties, cup of coffee/tea, sandwiches etc.). We then also use this space to provide Participant activities like “bush cook ups” – damper and kangaroo tails etc., spear making, painting, beading, weaving, computer access, watch movies, play Nintendo, darts, social interactions with other NDIS community members.

Other services are able to connect with Participants while at the Hubs. Allied Health providers now use the Hub to provide their services to Participants. This gives a confidential space away from family and other community members for sensitive conversations as well as addressing issues of cultural safety. At times, Participants in remote communities have expressed that they do not feel comfortable having fly in providers not familiar to them providing support in their home. We have also noticed that Participants are more comfortable connecting with these service providers as the Hubs are seen as a culturally safe place with local workers they know and trust to support them to access all the services they require.

Having supports within a facility in community allows for support to be provided no matter the external influences including severe weather, cultural business happening within the communities (e.g. men's business), community unrest. In contrast to Tiwi and Amata, CCNT provides NDIS supports in the remote community of Indulkana within the APY Lands where we have place based staff but do not have a Hub space. Services within this community are continually influenced by weather and cultural activities. Participants are reluctant to engage when they are exposed to either very cold or very hot weather. Our experience has been that having the Hub space allows Participants to access and engage in appropriate supports no matter the external environment in remote Aboriginal communities.

CASE STUDY 1 - When CCNT first commenced providing NDIS services in Wurrimiyanga on the Tiwi Islands we connected with a Participant that did not feel safe to leave his house and access the community. He now attends the Hub daily for multiple supports. Since attending the Hub he has learnt how to make toasties and enjoys showing off this new skills by making them not only for himself but for the other participants that attend the Hub. He accesses the shower facility daily, washes his clothes and bedding with support from staff continuing to learn this skill independently which helps reduce skin infections he used to be impacted by. Since accessing the Hub not only have we seen his capacity with his own daily life tasks increase we have also noticed his confidence grow. This Participant is now happy to come talk to other Participants and staff and is

also confident enough to ask questions about NDIS supports when needed. Community members have noticed and commented on the impact this model of NDIS support has had on this Participant's wellbeing and engagement in the community.

CASE STUDY 2 - We have a participant in Amata APY Lands who is a victim of DV. This Participant has developed strong connection/ relationship with the CCNT staff in Amata and has, on many occasions, attended the Hub to ask for assistance when feeling threatened within the community. This Participant has been willing to connect with other suitable DV specific services we have recommended as trusts our staff and their guidance. As our staff are connected and based within the community, they have been able to monitor the situation and make reports to police as required. As a result of this Participant's determination and the support from the CCNT NDIS staff this participant has been able to remove themselves from the DV situation. This is an example of being physical available for NDIS participants when things go wrong.

CASE STUDY 3 – There is a participant located in Wurrimiyanga that attends the Hub daily. He utilises this space not only for the supports and services that are available to him there but has also required a space to remove himself from the hassle and humbug of living in community. He has certain family members that hassle him regularly for money and there has been multiple occasions when family members have become physical with this Participant in order to access his money. When this has occurred the Hub is the first place he retreats to as he states that he feels safe and heard within this space. He has built good relationships with our NDIS staff and opens up about the situation involving his family. As we are there on the ground with him we are able to support him when and as needed. Our team has been able to connect him with other relevant services such as disability advocacy support and has supported him to report the incidents to police and attend the clinic if needed.

CASE STUDY 4 – Our NDIS service being embedded within the local community with strong connections with elders, community and other services is perceived as important to our remote Participants. Last Christmas school holidays our Participants indicated that they wanted to share their traditions, culture and knowledge with the younger generation in the community. Consequently, our staff collaborated with the local school to arrange a week of culturally appropriate activities for everyone. Our participants were heavily involved in this activity by teaching their traditional spear making and painting knowledge to the school children. This brought the community and all services together to embrace tradition and community, enabling young community members to interact with NDIS Participants and learn from them. This is an example of how a place based NDIS service can be there when things go right.

## Further information / evidence regarding the changes to respite requests being rejected unless the participant has a carer with them:

An NDIS Planner stated during a planning meeting that NDIS participants will not receive STA (respite funding) unless they live with a carer as the STA is there to prevent carer burnout, NDIS participants that don't have a carer do not need STA – case notes provided.

We connect other services/ supports not available or limited within community to Participants while they attend STA. For example, most participants attend prosthetist appointments, OT including specialised OT, intensive physio blocks and other community access activities not available in remote communities. Therefore, STA is an important part of any remote Participants plan, supporting plan utilisation and helping to minimise non-utilisation due to thin service markets in remote localities.

## Further information / evidence regarding participants being sent away from the community into SIL or SDA facilities in major centres against their wishes:

Case note/s provided. Verbal conversation since case note made stating Participant is now supported by another provider for COS and is now residing in a SIL in Adelaide.