

## **About Woden Community Service – background and NDIS experience**

Woden Community Service (WCS) is a well-established and regarded not-for-profit community organisation that has provided a wide range of services to the broader Canberra community for almost 50 years. WCS's services are flexible, responsive, innovative and person-focused. The services are funded by the ACT and Australian Governments, the National Disability Insurance Agency (NDIA), the Primary Health Network and fee-for-service.

WCS has been true to its mission and purpose since it was established in 1969. Our values of hope, community, integrity and responsiveness continue to form the cornerstone of every service we provide – from child care to working with seniors. We have a strong, respectful service intent that offers flexibility and choice to people across the ACT and we work with stakeholders to build a vibrant and connected community.

WCS is considered a leader in its field for a range of disciplines. The diverse suite of services WCS delivers reflects the breadth of the community we work with. A vibrant volunteer program supports the work of the organisation and a strong peer workforce is developing in some areas, particularly mental health. WCS is also a provider of National Disability Insurance Scheme (NDIS) services.

WCS services include:

- NDIS Services – Support Coordination and Capacity building for people living with a disability and mental illness
- Children, Youth and Family Services
- Children's Services, including early childhood education and care and Outside School Hours Care
- OneLink - ACT Government's Human Service access gateway
- Social Inclusion Services, including Commonwealth Home Support, Community Transport, Assistance with Care and Housing for the Aged, Social Groups, The Big Issue and Volunteers; and
- Mental Health and Housing Programs, including Personal Helpers and Mentors (PHaMs), Partners in Recovery (PIR), WayBack Service (Suicide Recovery) and Next Step (low intensity coaching for people with anxiety and depression)
- Supportive Tenancy Service, Community Development and Squalor and Hoarding support.

- Greyhound Industry Transition Service

WCS has worked to integrate our services as we acknowledge the interface of issues within people's lives that create complexity and vulnerability. WCS believes that it is the responsibility of the provider to manage the complexity of the service system to provide greater ease of access and improved outcomes for people accessing those services.

Collaborative service partnerships have underpinned WCS's service delivery over the past 10 years, acknowledging that when organisations work together better outcomes can be achieved by leveraging the diverse capabilities of each organisation. WCS enjoys service partnerships with a range of not-for-profit agencies in the ACT and with the ACT Health Directorate's Mental Health Justice and Alcohol and Drug Service for the delivery of mental health services.

### **Key Messages**

WCS provides support coordination, plan management, capacity building and direct service delivery for ability and psychosocial services under the NDIS.

There is no provider of last resort in the NDIS environment - this role ultimately falls to organisations such as WCS to provide support to people with complex issues in their lives. WCS can no longer afford to play this role.

With the cashing out of block funded supports for people the NDIS has shifted the financial burden of ongoing assistance to people living a disability onto the community sector, whether they have an NDIS plan or not.

WCS has developed a recovery approach to psychosocial support in the NDIS environment and the outcomes we have achieved for people living with severe mental illness have been significant. However, the NDIA's (and its service partner, Feros Care) understanding of the recovery approach and its benefits to people living with mental illness is limited and has not been greatly supported by the NDIA until recently.

WCS's financial viability is threatened due to our continuing delivery of services through the NDIS due to the low level of pay for staff, poor NDIA processes and demand for services not funded by the NDIA.

## **Background**

WCS was actively involved in the ACT whole of jurisdiction transition trial to the NDIS having previously delivered both disability and mental health programs that have had their funding transitioned into the Scheme. WCS has been delivering NDIS services since the beginning of the ACT trial in mid-2014 and spent the previous year, 2013/14 preparing for our NDIS transition.

WCS has also invested in the introduction of the NDIS in testing service delivery approaches that engaged clients and others in service development prior to the commencement of the scheme. WCS funds additional Practice Leader positions to support outposted Ability Facilitators to assist them in delivering a quality service.

WCS's psychosocial capacity building services are delivered by a peer workforce with the lived experience of mental illness.

WCS managed the introduction of NDIS well in the first couple of years with clients choosing to remain with our service over that period, however the changing policy settings have affected our viability.

The constantly changing NDIA rules and processes over the three year transition period have caused significant disruption to service delivery, uncertainty for clients and ongoing business and service viability.

The poor portal implementation, the extended periods for plan reviews, the changing review process, poor communication channels, the introduction of the LAC provider that assumed 50% of our support coordination (Ability Services), the lack of knowledge of psychosocial disability have all contributed to market instability – and contributed to our current situation of financial instability.

WCS has designed approaches that deliver positive results for clients in the NDIS environment. This includes a successful recovery approach in the delivery of psychosocial services using evidence based research on effective activities that deliver long term outcomes for clients that includes a combination of support coordination and capacity building.

WCS has prudently managed our funds over many years that has allowed us to invest in service development without relying on government funding.

These areas of service development address significant service gaps where government has either withdrawn or not committed to funding, such as squalor and hoarding, services for 8 – 12 year olds and emergency food relief in Woden.

Despite these successes WCS considers that it has not invested wisely in the NDIS as it has not delivered the “returns” that were expected, despite our preparation for the scheme’s introduction, the training and support of staff and the internal systems that were developed to support service delivery.

It has cost WCS significant funds to operate in the NDIS environment which provides a warning to other organisations who are entering into this “market” as the NDIS rolls out across Australia.

The NDIA is responsible for ensuring that there is a market to deliver quality services to clients. However, the NDIA’s push to a market model when it has done little to develop that market or give it (the service providers) any certainty to thrive has had a detrimental impact on our financial viability.

WCS continued to support people through the NDIS eligibility, planning and plan review processes, and much of this work has been unfunded. We have delivered significant amounts of unfunded work for the NDIA – assisting people with their eligibility checks, assisting people with their planning, working with people to implement their plans and prepare for their annual plan reviews, negotiating with the NDIA regarding the outcomes of eligibility checks, people’s plans and their reviews, and lastly assisting with appeals for their reviews.

WCS has been accused of claiming support coordination time undertaking appeal activities and for not seeking the client’s voice in the appeal process. Most of our plan appeal work is unfunded – it is not claimed for. The appeal request is made on behalf of clients, with their permission, as they have sometimes been told that if they request an appeal they might get less than what was provided in the review process.

## Issues

WCS has developed a unique, outcome focused recovery approach to NDIS services for people living with a mental illness that has not been replicated by other services in Australia. The approach seeks to reduce reliance on the NDIS by building personal capacity, reliance and independent living skills.

The recovery approach that WCS brought to psychosocial support and the outcomes achieved for people living with severe mental illness within the NDIS is at risk of being sacrificed due to the cost implications of delivery NDIS services, due to low rates of pay for staff, uncertainty in the flow of participants, uncertainty of sufficient demand to maintain an agile workforce and uncertainty of plan funding to deliver services to meet the goals of participants.

We are greatly concerned that this approach is being threatened due to the lack of understanding of the importance of such a recovery approach when working with people living with a mental illness. WCS staff recently trained NDIA and LAC planners in the approach, outlining the outcomes that have been achieved by people living with severe mental illness. Plans with the more appropriate funds for recovery related activities are now being received.

However, if this approach is not supported by the NDIA or their service partner, Feros Care, it will severely affect the outcomes people have planned for and reduce the NDIS to a “necessary and reasonable supports” scheme rather than a “choice and control” scheme.

## Specific responses

- 1. The relationship between the ACT Government and Australian Government in regard NDIS and National Disability Insurance Agency (NDIA) as it affects the ACT; particularly gaps or duplicate roles and responsibilities**

The decision to commence with Tier 3 services - Individually Funded Plans - rather than Tier 2 services – appropriate supports for people living with a disability resulted in the loss of capacity building services, providing paid and natural supports for people who may not have needed their own plan. Services such as Personal Helpers and Mentors (PHaMS) and Partners in Recovery (PiR) provided ongoing support for people living with a severe and persistent mental

illness and critical care coordination for people with multiple and complex issues.

However, the early cashing in of these block funded services, particularly in the psychosocial space has had a significant impact on the continuity of services for people living with mental illness. This resulted in other non-specialist and non-allied services, such as tenancy support services being filled with people who were either not willing to test their eligibility or were unsupported to test their eligibility or prepare a NDIS plan.

The need for these services continues today despite the full transition to the NDIS as the plans that are being developed by the NDIA and Feros Care are not sufficient to provide the level of support that will see people lead fulfilling lives, particularly those with a mental illness.

**i. Practical outcomes of implementation in relation to disability workforce development strategies**

A disability workforce strategy has been discussed for the past 14 years in the ACT with no satisfactory outcome, it has worsened since the introduction of the NDIS due to the lack of market certainty for providers. The introduction of the NDIS saw services such as WCS casualise our workforce as we couldn't afford to pay them pre-NDIS rates for the services they delivered – they were made redundant and then offered new fixed term contracts at NDIA rates of pay.

A challenge of this was to ensure we had sufficient staff to meet the demand for services – as we couldn't guarantee levels of employment people left the sector for greater certainty of a living wage.

Services can't over contract staff for work that is not currently available and yet can't accept work when there are insufficient staff to provide services. The financial burden falls upon casual contractors and service providers.

**ii. The [role/function/exercise of responsibilities] of the Human Services Registrar; need to consider role to include "compliance with standards"**

No comment

**iii. The availability of services for eligible NDIS participants**

There is a lack of specialist behavioural specialists in the ACT to assist with the behaviour management of people living with a disability. Specialist disciplines, such as psychologists, counsellors, speech therapists and occupational therapists are also in short supply and in some cases refuse to register a NDIS providers as the rates paid by the NDIA are lower than they charge as private practitioners.

**iv. The availability of early childhood intervention services**

WCS does not deliver services to this client group.

**v. The implementation of local area coordination**

WCS has not witnessed any delivery of “local area coordination” by the provider, Feros Care. It is unclear whether this service is currently being offered.

WCS has however had involvement with them in their expanded functions of planner, plan reviewer and support connector. The first two functions were previously undertaken by NDIA staff and the third was delivered by NDIS registered services, such as WCS, as support coordination.

It appears that these functions were added during the tender process (and not as part of the original procurement).

WCS has provided training to the Feros Care planners in our psychosocial recovery approach for people living with mental illness as the plans that participants were receiving following review did not support the notion of recovery.

**Definition of recovery ....**

*From the perspective of the individual with mental illness, recovery means gaining and retaining hope, understanding of one’s abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self. Recovery is not synonymous with cure.*

*“Recovery refers to both internal conditions experienced by persons who describe themselves as being in recovery— hope, healing, empowerment and connection—and external conditions that facilitate recovery— implementation of human rights, a positive culture of healing, and recovery-oriented services. (Jacobson and Greenley, 2001 p. 482)”*

*The purpose of principles of recovery oriented mental health practice is to ensure that mental health services are being delivered in a way that supports the recovery of mental health consumers.*

**vi. Supports for people with psycho-social disabilities;**

It is apparent that the NDIS is not designed for people living with mental illness. There is a residual belief that psychosocial disability was a late inclusion into the scheme and wasn't well considered or adapted into the scheme. Planners appear to have little knowledge of the impact of psychosocial disability on the activities of daily living and the funding requirements to provide it.

There appears to be a reliance on the NDIA benchmarks for determining funding for "like" conditions rather than a closer examination of an individual's experience of their condition. There is little or no understanding of the recovery approach.

WCS's delivery of mental health services has focused on a recovery approach (see definition above). While the NDIA has stated that it does not fund service models WCS has sought to incorporate the recovery approach in its delivery of psychosocial services. We have managed to do this successfully however it relies on appropriate funding for the appropriate activities in a plan, namely Support Coordination and Capacity Building.

Such an approach relies on the understanding of the NDIA and Feros Care to ensure that these activities are included in plans. Our early experience, particularly following the first annual reviews, was that these activities were significantly reduced, however core activities, such as shopping and cleaning services, were retained. It was found that plans were funded the same as previously however core funds were increased and the other two were reduced.

Conversations with Feros Care planners state that they put sufficient Support Coordination and Capacity Building in plans however the NDIA delegate takes it out of plans during the approval process.

Discussions with the NDIA has since rectified this anomaly with sufficient funding for these activities on a case by case basis.

**2. Whether there are unique factors relating to the provision of disability services affected by the implementation of the NDIS in the ACT.**

As the first whole jurisdiction undertaking full transition to the NDIS it became apparent that the ACT was the “test case” for planning and service delivery, rather than just a region of a larger state or a specific disability type. As a result there was overwhelming chaos with NDIA rules and guidelines constantly changing, the uncertainty of eligibility and the challenges of establishing eligibility, the delay in transitioning people with a psychosocial disability into the service and most notably, the potential promise of the NDIS providing significant outcomes and life improvements for participants.

Planners provided seemingly generous plans that provided participants with funds they have never had access to previously or the ability to activate those plans across the domains that were funded. This led to plans not being expended in that first year and when they were reviewed funds were lost and the value of plans reduced to the level of funds spent in the first year.

Simultaneously, service providers, new to the scheme, were unequally unaccustomed to having funds available to expend on participants’ behalf and were judicious about such spending, wishing to ensure that there was a sequential plan to achieve the goals set by participants. Again a slow build in planning would have been encouraged as opposed to fund everything and withdraw funds later.

It was apparent that the Federal Minister kept a strong oversight on plan spending and was critical of the underspend in plans. This placed other tensions on plans, planners, participants and service providers.