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Homelessness and the National Disability Insurance Scheme: Challenges and solutions

Summary Report

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Executive summary

The Homelessness and the National Disability Insurance Scheme: challenges and solutions report outlines issues and opportunities arising from the national roll-out of the National Disability Insurance Scheme (NDIS) for people with disability who are homeless or at risk of homelessness and for the services that support them.

The NDIS is a new way of thinking about, providing and funding disability support. For many people it represents a long denied opportunity to access and control the individualised support they need to fully participate in the community. However, the NDIS trial in Barwon (ahead of the current national roll-out) identified challenges for people with complex mental health needs that are likely to be exacerbated for people who are homeless, in accessing the NDIS and getting the support they needed.

Council to Homeless Persons commissioned consultant Kate Paterson to document these challenges and identify the reforms needed by the Specialist Homelessness Sector, the NDIS, and the broader human services system to ensure people with disability who are also experiencing homelessness are able to access and benefit from the NDIS services to which they are entitled.

These challenges fall into the following main areas:

- **Ability and willingness to participate:** participation in the NDIS relies on an individual being willing and able to do so. Many people with complex mental health needs do not actively seek assistance and can find it difficult to engage with services.

- **Knowing about and making contact with the scheme**: potential NDIS participants do not always identify that they have a disability, may not consider or want to acknowledge that they have a disability, may not see or experience their disability as permanent, or see that the NDIS has supports that would be valuable to them.

- **Designing a scheme that encourages participation**: the NDIS was not designed for people who are homeless or at risk of homelessness. The trials have highlighted many barriers and issues for people with psychosocial disability, particularly around issues of permanence and recovery (see below). In the Barwon trial these were compounded by reliance on using mail to communicate with potential participants – with people either not receiving letters (because they had moved, or didn't have a safe and secure mail box), or not responding to the mail they received for a range of reasons, including poor literacy or mistrust.

- **Eligibility:** Proving eligibility for people with a psychosocial disability can be challenging and has produced inconsistent outcomes in Barwon, particularly for people with more complex needs and/or with episodic conditions.

- **The process of proving permanency of disability and eligibility** for the scheme are also barriers, as applicants must schedule and attend (often) multiple diagnostic appointments, which presents both logistical and cost problems. Accurate assessment, particularly of permanency, is particularly difficult for people who lack an ongoing relationship with a health provider.

- **Getting a plan that meets needs:** The process by which potential participants need to meet with a planner, usually in a single session, and articulate their long-term, worst-case needs and the supports they want, poses issues for people who are homeless or at risk of homelessness and have psychosocial disability. Many potential participants will be unwilling or unable to participate in this way.

- **Finding a service or support that meets your needs:** Mainstream services are likely to find it difficult to provide home based supports to people whose accommodation is shared, unstable or insecure.

In Victoria, further problems are likely to arise because all funding for Mental Health Community Support Services are being rolled into the NDIS. This will mean these specialist services are no longer available to people who have a mental illness and psychosocial disability but are either not eligible or willing to apply for NDIS support.

This report looks at the implications, opportunities and challenges for the Specialist Homelessness Sector and identifies potential new roles and responsibilities.

1.0 About this project

This report was commissioned by the Council to Homeless Persons (CHP) in 2016 to:

- explore the challenges and opportunities of the NDIS for people who both have a disability and experience homelessness

- understand how the Specialist Homelessness Sector might best support people to access their NDIS entitlements and receive services that meet their needs

- understand what reforms the Specialist Homelessness Sector should advocate for to the NDIA so the Scheme better meets the needs of this group

- understand what the Specialist Homelessness Sector should advocate for to the Victorian Government to address gaps created in human services as a consequence of the transition to the NDIS.

This report is a summary of a longer report available on our website. As the report is part of a process of advocacy, and the NDIS is constantly changing and improving, it should be read as a description of problems and opportunities at the time of its completion in September 2016.

2.0 Understanding the NDIS

2.1 Introduction

The National Disability Insurance Scheme (NDIS) is a new way of thinking about, providing and funding disability support. It replaces a plethora of different State and Commonwealth programs commonly described as underfunded, inefficient and unfair, with a single equitable client focused system.[1]

Governed by the *National Disability Insurance Act 2013*, the NDIS is built around three key 'pillars' which are critical for understanding how it works. They are:

- an insurance approach (that it must be financially sustainable and reduce long term costs)

- choice and control, and

- harnessing the power of the mainstream (the NDIS will not replace mainstream services, regardless of availability or accessibility).

For people who experience homelessness and are eligible for the NDIS, having access to ongoing individualised support may better enable them to secure and maintain stable accommodation, providing a pathway out of homelessness.

2.2 The NDIS components

There are three main components to the NDIS:

1. **Individualised funded packages (IFPS)** – this is the most talked about part of the scheme, with eligible people receiving an individual plan which includes both funded and unfunded (mainstream) supports, available over a lifetime if necessary. This caters for 2.2 per cent of the Australian population or 460,000 people.

2. **Information, linkage and capacity building (ILC)** – a suite of services to raise awareness about the NDIS and disability, support mainstream services to be more accessible, and support people to access the NDIS including to exercise choice and control. It also includes local area coordination (this is for the four million Australians with a disability and their 800,000 primary carers).

3. **Information and referral** – for people who are not eligible for an individualised package.

The scheme is administered by the National Disability Insurance Agency (NDIA). The Local Area Coordinator (LAC) is a new function, commissioned by the NDIA, which will deliver most of the ILC and information and referral functions, and develop the individualised plans.

2.3 What are the big changes?

These include:

- **Roll-over of Mental Health Community Support Service (MHCSS) funding into the NDIS**: Unlike other states Victoria has committed to roll all MHCSS funding into the NDIS (starting in North Eastern Victoria from May 2017). As a consequence, there will no longer be any community mental health support services providing community based psychosocial rehabilitation programs. This will significantly reduce specialist support options available to people who do not meet the NDIS access requirements.

- **Separation of assessment and planning for service delivery**: the NDIA/LAC undertakes assessment and provides a finished plan for each NDIS participant. Services (provided by both the for-profit and not-for-profit sectors) provide the supports as specified, ranging from personal care to home modifications.

- **Market approach:** participants choose their provider or providers of services and enter into signed agreements. This customer driven, deregulated and competitive market place has significant implications for the way community services conduct their businesses, including the need to adapt to receiving payment after service delivery. Over time it is expected that many organisations will either merge or exit service provision in this field.[2]

- **Workforce funding:** pricing for the most common support items is likely to mean that many people currently working in MHCSS will receive lower wages under the NDIS. The scheme operates as a 95 per cent direct service provision model with little margin for non-direct service work. The pricing structure makes little or no allowance for induction, training, development, collaboration, innovation, debriefing and routine administration. A high degree of casualisation is likely.[3] Concerns are already being raised about whether these changes will impact on safety for participants.

2.4 NDIS implementation progress

The full roll-out of the NDIS commenced in July 2016. In Victoria, the NDIS is now being delivered in Barwon (one of the trial sites) and North Eastern Melbourne. Transition arrangements depend on what service/s participants currently receive – for example MHCSS clients will transfer across to the NDIS from May 2017.

However, the NDIS is not expected to be fully mature until 2025 and there is recognition by all stakeholders that there is still much to be done. The NDIA itself is committed to an ongoing learning and development approach – which has seen ongoing change and review, including a number of projects specifically investigating access issues and support needs of people with a psychosocial disability as a result of issues identified during the trial stages.[4]

2.5 How does it work?

2.5.1 Access requirements

The NDIS has strict access requirements for individual support packages. In broad terms, a person must:

- be less than 65 years of age

- be an Australian citizen or permanent resident and be living in Australia

- have a disability which is attributable to, or likely to be, a permanent impairment or a condition which reduces ability to participate in activities or perform tasks unless assistance is received; and affects capacity for social and economic participation, and

- is likely to require support under the NDIS (and not another service system such as the health system) for a lifetime.

It is also possible to qualify under early intervention requirements. The criteria is similar to those above but there must be evidence that providing immediate support will reduce the need for disability support in the future, prevent deterioration or improve capacity, or help family and carers to keep helping.[5]

2.5.2 The process

Access to the NDIS can be summarised in five key stages:

1. **Making an application** – potential participants apply to the NDIA (people currently receiving particular kinds of disability services will be invited to apply). The application requires proof of condition or impairment, its permanency and that it limits functional ability. This is largely a paper-based exercise.

   Contact with the NDIA can be made by phone, email or mail or in North Eastern Melbourne by visiting one of the LAC offices. Initial contact needs to be initiated (or agreed to) by the client.

2. **Planning** – once a participant is accepted as being eligible, the planning process involves them meeting with the Local Area Coordinator or NDIA to discuss needs, goals and current supports around eight life domains.

3. **Individual plan** – this is prepared by the LAC (or NDIA) and sent out to the participant. It will be outcome focused, identify funded and mainstream supports, may have short and/or long-term supports and can include items for support coordination and plan management.

4. **Choosing a provider** – once the participant has received their plan they must choose the providers who will deliver their funded support and initiate contact with them. The participant enters into a signed agreement with the provider/s.

5. **Review** – the plan should be reviewed annually or when circumstances change (although there is some flexibility within the support categories to negotiate changes directly with the provider).

2.5.3 What does an individual package look like?

Individual funded packages are organised around support purpose, life domains and support categories according to the goals and needs of the participant.[6]

Support purposes are:

- **Core** – support for daily living (such as personal care, cooking, household tasks etc) and activities that enable participants to work towards their goals and meet their objectives (these are generally ongoing)

- **Capital** – investment in assistive technologies, equipment or home or vehicle modifications and funding for capital costs, and

- **Capacity building** – support that enables a participant to build their independence and skills (more likely to be time limited).

Individual funded supports must also meet the following criteria. They must:

- address a functional limitation

- be reasonable and necessary, and

- not be provided in the mainstream environment.

Most packages (70 per cent) have a value of under $30,000 per year (20 per cent are below $10,000; 50 per cent between $10,000 and $30,000).

People with a psychosocial disability (who are overrepresented among people who are experiencing homelessness) are most likely to have support allocated for the following life domains: daily living (97 per cent), independence (89 per cent) and community, social and civic participation (30 per cent).

Most plans (96 per cent) included capacity building support (which is often time limited and focused on building skills and abilities to reduce the support required), 72 per cent included core supports (this is usually for an ongoing need) and 12 per cent capital (such as home modifications or aids and equipment).[7]

3.0 Homelessness and disability – who might be eligible

The 2014-15 Specialist Homelessness Services (SHS) data collection identified about 8,250 people who need mental health and/or disability assistance, and identified that at least 5,440 of these people were not receiving this assistance.

Our analysis (described in the full paper) indicates that between 3,360 and 4,000 (around half) of this group are likely to meet the NDIS access requirements.

4.0 Accessing the NDIS – opportunities and challenges

4.1 The opportunities

Trials in both the Hunter region in New South Wales and Barwon in Victoria led to success stories for people who were homeless and/or at risk of homelessness and who had support needs met under the NDIS. The stories include:

- one person, who would otherwise have been ineligible due to high support needs, was able to access transitional housing with NDIS supports[8]

- a number of people benefitted from flexibility and choice and exercised their right to change providers or to receive a very different suite of supports,[9] and

- one notable example where practical and ongoing support to address hoarding behaviours led to a very positive housing outcome.[10]

The NDIS operational guidelines related to housing and community infrastructure identify likely funding for:

- personal and domestic assistance

- support which builds capacity to live independently, such as living skills training, money and household management

- social and communication skills and behaviour management

- support which assists a participant to obtain and maintain accommodation and/or tenancies (noting that the need for the support must arise from a functional impairment).

The NDIS will also fund the additional cost of accommodation (user costs of capital) in some limited circumstances (however, this is unlikely for most people who are homeless – see later discussion at 5.2).

4.2 Risks and issues

The underlying risk and issue around access to the NDIS for people who have a disability and experience homelessness is that it has not been designed for people who are homeless and does not specifically identify or target people who are homeless.

Table 1 provides a summary of the potential issues and barriers for people who have a disability and experience homelessness at each of the NDIS stages.

Key issues include:

- **Exercising choice and control:** participation in the NDIS is appropriately voluntary and relies on an individual understanding the merits of, and being willing and able to access and participate in, the scheme. This creates a significant barrier for many people who experience homelessness and have a disability, particularly those with complex needs and histories of trauma and/or previous poor experiences with health and community services.

  People are particularly vulnerable if they have a psychosocial disability that can impact on their ability to make decisions, think clearly, and manage the social and emotional aspects of their lives. There is evidence that people with psychosis and with the highest psychosocial needs are less likely (despite their needs) to access community based support.[11]

  To address these issues, homelessness services use a range of evidence based practices such as assertive outreach, continuity of care, relationship based work, and persistence to engage people who may otherwise be disengaged. Barwon providers highlighted the lack of such specific efforts and focus to engage potential NDIS participants as an issue of concern during the trial.[12]

- **Knowing about and making contact with the scheme**: the experience from Barwon (and anecdotally from the early stages of the roll out) is that potential participants do not always identify that they have a disability, may not consider or want to acknowledge that they have a disability, may not see or experience their disability as permanent, nor see that the NDIS has supports that would be valuable to them. These issues were exacerbated by the NDIA's reliance on using mail to communicate with potential participants – with people either not receiving letters (because they have moved, or do not have access to safe and secure mail box) or not responding to them if received.

  Responsibility for engaging and supporting groups regarded as "hard to reach" sits with the Local Area Coordinator and should be a responsibility under the Linkages and Capacity Building function (for which the framework is still to be released, see section 6.3 later for more information). It is unclear what

response or planning will occur to engage those who experience homelessness. However, the North Eastern Melbourne LAC will have a "walk through the door" option, which may make accessing the NDIS easier for some people.

- **Assessing eligibility:** this was identified as an issue for people with a psychosocial disability early in the trial sites, with people who were expected to be eligible for the NDIS found to be ineligible or declining to participate.[13] An operational access review was undertaken but the outcomes have not been released. While data is suggesting that access for this group of people is improving,[14] service providers see it as an ongoing issue and particularly so for people who have more complex needs and/or whose condition is episodic.[15]

- **Proving permanency and eligibility:** being required to provide proof of condition, impairment and permanency of disability is a significant issue for many people with a psychosocial disability and who experience or are at risk of homelessness. This problem is compounded where people don't have an ongoing relationship with a health provider (making it difficult to establish a diagnosis and permanency in the short term) and is also a consequence of barriers, including costs, for making and getting to appointments. For some people with complex mental health problems and histories of trauma it can be difficult to attribute functional limitations to a particular condition.

- **Getting a plan that meets needs:** potential participants may be unwilling or unable to participate in a planning process that has not been designed for their needs or issues, and so produces a plan that does not meet their needs. For example, a lack of trust and/or relationship with the planner may mean participants do not attend the planning meeting or fully disclose their needs and issues. A deficit approach to assessment can compound this issue.

  The process also requires participants to prioritise and articulate life goals and needs, which can be difficult when basic needs such as housing and personal safety may not have been met. People with complex issues may also have a range of needs that are not necessarily due to a functional limitation – there is concern that the NDIS planning is too narrow to support the comprehensive and joined up planning which really addresses individual needs.

  The need for funded coordination of supports is identified as important for many people with a psychosocial disability. Providing support to manage the relationship between providers and participants who may be reluctant to engage with new services is likely to be fundamental.

  There is also concern that the scheme lacks capacity to provide support items, which will allow for the employment of staff with skills in psychosocial rehabilitation and working with people with complex psychosocial needs.

- **Finding a service or support that meets needs:** there is a risk that support service sector changes under the NDIS will result in no or few services with the willingness, capacity and/or knowledge to work with and deliver supports for people who experience homelessness.

  This raises many issues, including:

  - having the service model and flexibility to deliver support to people who are not in stable housing or do not have a dwelling

  - being able to work with people whose needs are complex due to their homelessness and other social or economic factors rather than functional limitations due to disability

  - ability to manage the financial risks of a service/organisation associated with people potentially not showing up/or being available for appointments.

  Additionally, the expected high level of casualisation in the workforce is likely to make it more difficult to develop a trusting relationship between client and worker, thus reducing the suitability of the service to the participant (and their willingness to enter into an agreement with the provider).

Table 1: NDIS issues and barriers

NDIS pathway components	Issues and barriers for people who are homeless
Access (transition clients) - Invited to participate through mail (package of information sent, including planning workbook). - Information cannot be sent through service or accessed independently.	- Assumes that the client is literate and/or literate in English; will understand the intent or purpose of the documentation and is at the same address (or has a forwarding address). - In Barwon and in the current roll-out, services report that many clients either ignored or threw out the package of information.
Access (new clients) - Client must initiate contact (or someone else on the client's behalf with their consent) - Client must check if they meet requirements on web based access checker. - Potential participants call the NDIS and can answer questions over the phone and/or fill out a form.	- Participation is completely voluntary. Assumes that potential client knows about the NDIS, understands its value and relevance to them, and will want to make contact. - The NDIA (or LAC) does not have an assertive, engagement based approach to encourage and support people to make contact. However, the new LAC premises may provide a more welcoming environment for people to consider making first contact.

- In North Eastern Melbourne potential clients can also visit a shopfront.	

Making an application
- Paper based.
- Requires proof of condition or impairment, permanency and proof that it is limiting functional ability.
- Some conditions automatically qualify you for support (eg: some genetic or physical conditions).
	- There are specific issues in relation to mental illness and psychiatric disability that are still to be worked through by the NDIA – particularly regarding trying to get a consistent definition and understanding of severity and permanency.
	- Issues for people who are homeless include:
	   o not having relationships with health providers in order to get the paperwork complete
	   o knowing who to see to get the correct information, and
	   o potential expense involved in visiting specialists (and additional difficulties re making and getting to appointments).
	- Also, high level of complexity for some people may make it difficult to get a specific diagnosis and therefore to prove "functional limitations" as a result of a permanent condition or impairment (ie: could be complicated by alcohol or drug (AoD) issues, homelessness).

Planning - Once accepted as eligible, participant is invited to a planning meeting. - Complete workbook beforehand, bring in any existing plans. - LAC can help with pre planning as well as planning (including pre planning capacity building and linkages). - Identifies needs, goals and current supports. - Plan submitted to NDIA for approval.	- An expectation that the applicant is able, or willing, to participate in assessment and planning activities with a person with whom they have no established relationship. Planning occurs (generally) in one meeting. - May be difficult to identify life goals in context of not having basic needs met. - Person needs to be able to articulate what their needs would be on their worst day. This deficit focus and language of permanency can create an additional barrier.
Individual plan - Developed by LAC. - Around domains, outcome focused. - Includes funded/unfunded supports.	- Usually very specific; some but limited flexibility to change supports once completed. - Funded supports are only around functional limitations due to disability; however, a person with complex needs may require a more comprehensive assessment and plan.
Choosing a provider - Participant chooses who delivers funded support.	- The NDIA send the participant a copy of their plan, and they must then initiate contact with providers. In the

	Barwon trial some participants did not open this correspondence, or take action on it. - Uncertainty as to whether there will be a provider/ providers who are willing to work with people who are homeless and can provide creative options for support around activities of daily living when a person does not have a house/home or cooking/shower facilities etc. - Pricing levels raise issues about whether staff will have the specialised skills necessary to work with people with very complex needs at wages possible within the NDIS - Likely to be a high level of casualization in the workforce making it difficult for there to be consistency of workers.
Review - Can happen when circumstances change; plan stays static until this time.	- Some (but limited) flexibility in the plan to respond to changing needs. - Eight "no shows" are allowed per annum without financial disadvantage to the agency or participant – this includes if a worker turns up as agreed and person refuses to receive the support or is not there – but can result in the plan being reviewed or supports reduced.

Where the first cell at the top reads:
- Most will enter into a signed agreement with provider.
- LAC can assist with this process.

5.0 Implications for people experiencing homelessness and Specialist Homelessness Services

5.1 Not everyone will meet (or test) the access requirements

In 2014-15 Specialist Housing Support services identified 5,440 people who needed support, which was not or could not be provided by the SHS provider. Assuming between 3,360 and 4,003 people are potentially eligible for the NDIS, this leaves between 1,437 to 2,080 people who will need disability or mental health support from elsewhere.

There will also be people who may be eligible but choose to not (or are unable to) test their eligibility.

The Information, Linkages and Capacity Building (ILC) function will provide some support for people who have a disability but are not eligible for individualised packages – although at this stage it is unclear what this support will look like, how it will link in with the mainstream system and what support will be available beyond providing information and helping to make mainstream services more accessible. Similarly, given that there will no longer be any community based mental health programs in Victoria,

it is unclear what alternative supports will be available for people with a psychosocial disability.

It is likely that the homelessness service sector will be the "last resort" or "catch all" response option for people who have a psychosocial disability who are not receiving services through the NDIS.

5.2 Demand for affordable housing will increase with possible flow-on effects into the SHS sector

The NDIS will profoundly affect patterns of housing demand by people with a disability and for housing assistance generally. The provision of ongoing support will remove one of the barriers to independent living – and potentially enable people with disability to move from their parents' home or from group homes or institutional accommodation to independent living in the community.[16] Estimates about how this demand for affordable housing will play out vary, but are in the range of 83,000-127,000 additional housing units for Australia (it is unclear what it is in Victoria).[17]

The NDIA funded Specialist Disability Accommodation is not expected to have any impact on this demand, as it will only cater for people who require specific design elements in their accommodation which cannot be provided in the mainstream market. The majority of the earmarked 27,600 places are also already accounted for by people already in existing specialist disability accommodation.

The NDIA continues to state that it "will work closely with states and territories, housing authorities, and communities to identify opportunities to address the broader accessible and affordable housing challenges for people with disability".[18] However, it is unclear how this is happening and if and how it links to the broader affordable housing agenda. There is a lack of policy clarity about the roles of Commonwealth and state governments in providing housing assistance for NDIS participants.

5.3 Making it work – opportunities and challenges

Specialist Homelessness Services are designed to be a last resort service option providing short to medium term interventions to assist people to move out of homelessness. Connecting clients to the services and supports they need is integral to this process, and this work now must include the NDIS.

The changes to existing pathways and challenges and upheaval for clients, support workers and partnerships under the NDIS are significant. However, SHS are also well placed to work with the NDIA and NDIS providers to support access and overcome the barriers to participation (as outlined in section 4).

This includes:

- **Information and awareness raising:** The Initial Assessment and Planning (IAP) workers at homelessness system front doors could inform people about the NDIS and encourage access where appropriate. However, IAP workers lack the

time needed to undertake a warm referral or to actively support someone to take the next step in making contact with the NDIS or testing their eligibility.

Co-location of community mental health support workers at homelessness service access points has in the past been shown to be effective at linking people with mental illness and/or psychosocial disability to relevant mental health support.[19] A similar arrangement within the NDIS may be required.

- **Supporting access:** reports from the trial sites have suggested the need for significant practical assistance to support people through NDIS assessment and planning. This has included helping to obtain and collate evidence (including attending appointments to explain to GPs what they needed to do and why), providing copies of existing plans, assisting the participant to understand and articulate goals and attend planning meetings. During transition, support has also been needed to ensure mail has been received and opened and that appointments with the NDIA have been kept. Advice from the Barwon providers is that transition is more successful if support to obtain and collate necessary information occurs at the outset.

- **Support coordination and access:** a potential role and change for SHS case managers will be working alongside the NDIS support providers. This could take a number of forms and is likely to change depending on whether support coordination is included in the package and whether the homelessness support is identified as a mainstream short-term support within the package.

Other potential roles could include assisting and locating clients, advocating for clients to the service provider, and providing support to clients – such as encouraging them to attend appointments and/or making timely cancelations.

Support around housing access is likely to be key. Access to an NDIA package which provides ongoing and guaranteed support – including tenancy support – may create opportunities for stable accommodation that have not been available before and may require a different approach.

- **Nomination rights:** Some transitional housing places are reserved for people receiving support from particular support service providers (called nomination rights). This link between housing provision and support will no longer be possible for supports, such as mental health community support programs, which are transitioning into the NDIS, as the NDIS enables participants choice of service provider. This means that a person already in housing may change their provider, and means that service providers cannot guarantee that they will continue to provide support.

6.0 Homelessness services delivering the NDIS

6.1 Specialist Homelessness Services as NDIS support providers

The NDIS is a new funding stream and as such provides an opportunity for growth for interested services. Some SHS providers have a history of providing psychiatric disability rehabilitation and support/ mental health community support – the NDIS is expected to replace many of these services.

The NDIA has a wealth of transition information available to assist organisations to become providers of NDIS funded services, including checklists for readiness. Issues for organisations to consider include financial viability, accounting systems, reporting and quality management systems, and staffing changes. In the Barwon trial site, Psychiatric Disability Rehabilitation and Support Service (PDRSS) programs were block funded through the trial; as a result the funding model for working with people with a psychosocial disability is only being tested just now.[20]

Additional and particular issues for homelessness services to consider when deciding whether to become a NDIS support provider for people who are homeless will be:

- **Managing the risks associated with 'no shows':** as outlined above, only eight no shows are permitted before the plan is reviewed. The expectation is that the service will work with clients to minimise no shows and actively follow up with them to ensure that they are okay (none of which is funded).

- **Workforce changes:** the NDIS workforce is likely to be more casual, involve outside business hours work and, for some workers, a lower hourly rate. It is unclear to what extent the current SHS workforce would be able (or willing) to transfer their skills into the NDIS workforce.[21]

- **Separation of housing and support services:** if an SHS is also a housing provider, there must be adequate separation between tenancy and NDIS support functions.

- **Separation of NDIS and specialist homelessness support services:** a key principle of the NDIS is that it does not replace existing services or services that should be provided by other parts of the service system, regardless of accessibility or availability. The interface between homelessness and the NDIS is yet to be really tested and there is a risk (at least in the short or medium term) of some pushback from the NDIS to the homelessness service system.

  On the other hand, homelessness services bring a particular approach and philosophy of working with people who are homeless and there is perhaps an opportunity to think about delivering some "non-traditional" support models, which fit into the NDIS model. These could include, for example, support for

people to use public washing facilities, centre based daily meal preparation programs and/or mentor/peer support programs for people who are homeless.

SHS providers also bring expertise and experience in relation to the coordination of supports and to tenancy support and management, including in relation to private rental, which could assist people with a disability who have complex needs but for whom homelessness is not an issue.

6.2 As a Specialist Disability Accommodation provider

Specialist Disability Accommodation (SDA) refers to specialist designed housing — including land and built form (user cost of capital) – for NDIS participants requiring integrated housing and supports, due to significant functional impairment and/or complex needs. It includes both existing specialist accommodation where people are currently living, as well as new and innovative models that are not yet widely available.

It is expected that most SDA housing will be provided for people who need 24-hour support (or access to 24 hour support), and as such will only be available for a very small proportion (if any) of the people who are homeless and have a disability.

While the funding for new builds is seen as competitive, it is tied to the individual and therefore to occupancy rates. While demand is high, reducing the risk of low occupancy rates overall, risk of low occupancy may be increased by too specific targeting (eg. to people who are also homeless).

The NDIA prefers that SDA providers are not also NDIS support providers, although it acknowledges that separation is currently not always possible (for example, many existing disability accommodation services are provided by support providers).

6.3 Opportunities through Information, Linkages and Capacity Building (ILC)

The ILC function will comprise a suite of services to raise awareness about the NDIS and disability, support mainstream services to be more accessible, and support people to access the NDIS – including exercising choice and control and in planning.

Most of the ILC work will be undertaken by the Local Area Coordinator, but it is expected that grants will be available for other services to undertake some of this work – particularly for groups who are identified as requiring "cohort focused delivery". While people who experience homelessness are not specifically identified as one of these cohorts, correspondence from the NDIA to Homelessness Australia suggests that they would be included.

In particular, there may be opportunities in the area of individual capacity building. This could include activities such as courses, groups and organisations to build capacity, self-advocacy and decision making, and mentoring and peer support.

The final ILC commissioning framework was released in November 2016.

7.0 Update on the NDIS and homelessness

Since this report was completed in September 2016, the NDIS roll out has continued in North Eastern Melbourne, affecting a number of SHS services particularly in the City of Yarra. Roll out commenced in the Central Highlands in January and Loddon in May, and will commence in the Outer East, Inner Gippsland, Ovens Murray and Wimmera South West areas before the end of the year.

In October 2016 the Department of Health and Human Services (DHHS) confirmed that Mental Health Community Support Service (MHCSS) clients could transfer into the NDIS without having to test their eligibility. The NDIA has been working with DHHS and services to contact clients and invite them to prepare a plan. However, MHCSS clients are scheduled to be the last to transfer across in each of the roll out areas. The Commonwealth funded mental health programs, such as day to day living, have already commenced assisting their clients to test their eligibility and until full scheme roll out will provide their services on an in kind basis to the NDIS.

Many services remain concerned about the transfer of MHCSS funding into the NDIS and the lack of alternative mental health community supports for those for whom the NDIS will not be able to meet their mental health or rehabilitation needs and/or are ineligible for the NDIS. The issue is particularly significant for people who are homeless with mental health partnership funding also ceasing at the end of June 2017. This funding has supported a range of specialist programs that directly addressed service gaps as a result of mental health services being unable to respond to the needs of people who are homeless.

Anecdotal reports from service providers in North Eastern Melbourne suggest that some of the access issues that arose in the Barwon trial site continue. There are good news stories of people receiving significantly more support than previously, but also reports of difficulties in finding suitable support coordinators and services who are willing and/or able to provide home based supports to people whose accommodation is temporary or considered unsafe.

The Information Linkages and Capacity (ILC) Building Framework and Program Guidelines were released towards the end of 2016. ILC will be piloted in the ACT and will not be implemented in its totality in Victoria until full scheme roll out in July 2019.

The Council to Homeless Persons made a submission to the Parliamentary Inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition, highlighting the particular issues for people who are also homeless. You can read the submission here.

The Homelessness and the National Disability Insurance Scheme: challenges and solutions report outlines issues and opportunities arising from the national roll-out of the National Disability Insurance Scheme (NDIS) for people with disability who are homeless or at risk of homelessness and for the services that support them.

8.0 Where to from here

CHP understands that the implementation of the NDIS is a significant undertaking and that it will be many years before the system matures and is bedded down. However, people who experience homelessness and are socially marginalised, although only likely to comprise a small proportion of the overall group of people who are likely to be eligible for the NDIS, need to included earlier rather than later.

While changes in the way the NDIS is implemented is likely to be required, SHS are well placed to facilitate and support access for their clients and assist in the ongoing development of the scheme.

As the roll out commences in Victoria CHP will work with member organisations to:

- monitor and document the experience of people who are homeless in accessing the NDIS, including issues and success stories.

- better understand the impact of the NDIS and the cessation of community mental health support services on SHS and people who are homeless.

- identify service development needs to ensure people who are homeless are supported to access the NDIS.

- develop and implement a shared advocacy agenda.

CHP will also support member agencies through providing information and tools to assist workers and organisations better understand the NDIS and maximise access.

Finally, CHP will be seeking better representation at the State and Commonwealth level with regard to NDIS implementation to ensure that the needs of people who are homeless and have a disability are understood.

Endnotes

[1] Productivity Commission (2011), *Disability care and support, Report no. 54*, Canberra.

[2] Australian Strategic Services (2016), The Journey to a customer driven, competitive marketplace… re-engineer your business model, transform your culture, reinvent your organisation (mental health/disability), Presentation by Michael Goldsworthy to PIR/ CEO Forum, May 2016.

[3] See Community Mental Health Australia (2015), Developing the workforce: Community Managed Mental Health Sector National Disability Insurance Scheme Workforce Development Scoping Paper Project, Sydney, Mental Health Coordinating Council, available at http://qldalliance.org.au/wp-content/uploads/2016/08/FINAL-CMHA-NDIS-Workforce-Report-2015-.pdf

[4] See NDIS National Mental Health Service Reference Group minutes March 2016 at https://myplace.ndis.gov.au/ndisstorefront/document/nmhsrg-communique-march-2016.html

[5] For more detail see NDIS: Operational Guideline – Access – Early Intervention Requirements, May 2014, available at https://www.ndis.gov.au/html/sites/default/files/documents/access_early_intervention_requireme nts3.pdf; and *Operational Guideline – Planning and Assessment – Supports in the Plan – Interface with Mental Health* available at https://www.ndis.gov.au/html/sites/default/files/documents/og_planning_assessment_supports_in _the_plan_0.docx

[6] NDIA 2015/16 guide to prices in Victoria, available at https://www.ndis.gov.au/html/sites/default/files/documents/Provider/201617-vic-nsw-qld-tas-price-guide.pdf

[7] NDIA Quarterly Report – March 2016, available at https://www.ndis.gov.au/about-us/information-publications-and-reports/quarterly-reports

[8] Mental Health Coordinating Council (2015), Further unravelling psychosocial disability - Experiences of the National Disability Insurance Scheme in the NSW trial site: a mental health analysis, Sydney, MHCC.

[9] VICSERV (2015), *Learn and Build in Barwon,* Psychiatric Disability Services of Victoria (VICSERV).

[10] Mental Health Coordinating Council (2015), Further unravelling psychosocial disability - Experiences of the National Disability Insurance Scheme in the NSW trial site: a mental health analysis, Sydney, MHCC.

[11] C Harvey, L Brophy, S Parsons, K Moeller-Saxone, M Grigg and D Siskend (2106), "People living with psychosocial disability: Rehabilitation and recovery-informed service provision within the second Australian national survey of psychosis", *Australian New Zealand Journal of Psychiatry*, June 2016, 50:534-547.

[12] P Dunn, Presentation at VICSERV NDIS forum 2015 http://www.vicserv.org.au/images/documents/other_events/2015_Phil_Dunn_NDS_October_2015. pdf

[13] In December 2014, Barwon mental health services reported that 49 people who were eligible for the NDIS had declined or withdrawn from the service and another 46 people who had received mental health support under the previous system no longer qualified for support under the NDIS (Salvation Army).

[14] NDIS National Mental Health Service Reference Group (March 2016)

[15] Laura Collister (Wellways) quoted in VICSERV NDIS Bulletin, 28 July 2016; Interview with staff from SalvoConnect (Barwon) July 2016.

[16] AHURI Research and Policy Bulletin, Addressing the housing needs of participants is critical to NDIS success, January 2016.

[17] Bruce Bonyhady, Chairperson of the National Disability Insurance Agency, in August 2014 identified unmet need for affordable housing for 127,000 NDIS participants (ie 198,000 participants, minus 14,000 in group homes and minus 57,000 in social housing = 127,000); the National Affordable Housing Consortium says that the SDA signifies the most transformative growth in housing supply for people with a disability in decades, but that 35,000 to 55,000 NDIS participants will not have their housing needs met in the first decade of the scheme (Disability Housing Futures Working Group, 2016); AHURI estimates an unmet need in affordable housing for 83 000–122 000 participants at the full rollout of the scheme in 2019.

[18] https://www.ndis.gov.au/news/sda-decision-paper-0.html, viewed 11/7/16

[19] The value of this function was noted by SalvoConnect (Barwon); and was identified as a loss following the recommissioning of the MHCSS in Victoria (and did result in MHCSS providers and intake providing a presence at homelessness services for this purpose).

[20] Since moving to the full NDIS model in July 2016, one large local provider "Pathways" has announced that it is under administration.

[21] MHCSS organisations participating in the trial have identified a change in the nature of work and a need to recruit based on "relationship skills" rather than skills to respond to mental health needs (Community Mental Health Australia (2015).