

# The NDIS and Homelessness

Council to Homeless Persons

Mark Rosser

Director Scheme Strategies

13 September 2017



# The NDIA's Commitment



- The COAG National Disability Strategy makes reference to potential 'hard to reach' populations.
- Included in this reference are people who are homeless or at risk of homelessness, people with disability who have been subjected to abuse, neglect and violence and those people with disability presenting with drug and alcohol issues, mental health issues and other health concerns.
- The NDIA recognises the importance of inclusion, and particularly references the goals of *promoting the independence and social and economic participation of all peoples with disability and especially those who are vulnerable or marginalised* and *recognise, nurture and uphold informal support and care arrangements, especially for children and vulnerable adults.*



# Psychosocial Disability Data

- 7,840 (10.2%) of all scheme participants have a psychosocial disability
- 4,764 participants (6.2%) have psychosocial disability recorded as their primary disability (an increase from 2,747 participants (7.7%) with a primary psychosocial disability at 30 June 2016).
- 81% (up from 78% in June 2016) of participants with a psychosocial disability submitting an access request have been found to meet access
- 3,720 (78%) participants with a primary psychosocial disability currently have an approved plan, compared to 2,173 (79%) at 30 June 2016.

# The challenges

- To ensure people with a disability who are also experiencing homelessness are able to access and benefit from the NDIS the following challenges are being addressed
  - ability and willingness to participate
  - knowing about and making contact with the scheme
  - designing a scheme that encourages participation
  - eligibility
  - the process of proving permanency of disability and eligibility
  - getting a plan that meets needs
  - finding a service or support that meets needs

# Psychosocial Disability and Access



## What is Psychosocial Disability?

- **Psychosocial disability** is a term used to describe a disability that arises from a mental health issue
- Not all people with a mental health issue will experience a psychosocial disability
- People with disability that results from their mental health condition, and is likely to be permanent, may qualify for the NDIS

## Recovery and the NDIS

- The NDIA defines recovery as achieving an optimal state of personal, social and emotional wellbeing, as defined by each individual, whilst living with or recovering from a mental health condition .

# Psychosocial Disability and Access- likely permanence



1. Likely permanence of impairment can be confirmed when a primary treating clinician (usually a psychiatrist or GP) provides evidence that:
  - all appropriate treatment options that may remedy the impairment have been fully explored;
  - the impairment (impact of the mental health condition) is likely to remain regardless of ongoing treatment and recovery journey.
2. Important facts about likely permanence of impairment:
  - An impairment attributable to a mental health condition that varies in intensity (episodic) can be considered permanent;
  - There is **no requirement for diagnosis** (helpful if available);
  - There is no requirement that treatment must be completed for permanency to be demonstrated.

# Psychosocial Disability and Access- likely permanence



## 3. Helpful information includes:

- Onset of mental health condition;
- History of treatment; and
- Planned ongoing/future treatment (if applicable).

## 4. Helpful documents include:

- Existing psychiatric reports;
- Medical reports provided for other government services;
- Hospital discharge summaries.

NDIS provider resource:

[Completing the access process for the NDIS - Tips for communicating about psychosocial disability.](#)

# Psychosocial Disability and Access- Functional Capacity



1. Mental health professionals need to provide information on the functional impact of the impairment on the individual.
2. Functional information is usually best provided through functional assessment.
3. The domains of impact the NDIA requires information on are: mobility, communication, social interaction, learning, self-care, self-management.

# Psychosocial Disability and Access- Functional Capacity



4. The NDIA needs information on the potential participant's capacity to carry out activities within the domains. Helpful assessments include (can be completed by AMHOCN trained support workers):

- Health of Nation Outcome Scale (HONAS);
- Life Skills Profile 16 (LSP 16); and
- World Health Organisation Disability Assessment Schedule (WHODAS)

The NDIA accepts evidence in the potential participants chosen format.

# Engaging “Hard to Reach” Participants



- Enhancing access pathways, to support engaging ‘hard to reach’ cohorts
- Establishment of a Mental Health Subject Matter Expert Team in the National Access Team to specialisation in undertaking access decisions
- Verbal Access Requests supplemented with other contact approaches to reach potential participants e.g. SMS and email

# What is the NDIA undertaking to address challenges?



- In 2014 the NDIS established the National Mental Health Team under the lead of strategic advisor, Mr Eddie Bartnik.
- The focus of the Mental Health Team is shifting to embed psychosocial disability in the Scheme and building the capability of NDIA Regions and LAC Partners.
- Work has been underway on a possible enhanced pathway for psychosocial disability.

# What is the NDIA undertaking to address challenges?



## **Mental Health Team Work to date:**

- NDIS Psychosocial Resources Online Project
  - this work has been completed.
  - The *Reimagine Today* website was launched 30 June 2017- the website is to support people with a mental health condition to navigate the NDIS.
- Psychosocial Disability Access Workshop
  - First workshop held 5 September 2017, second to be held
  - Undertaken to support consumers and carers, services providers, and other government departments to understand the access requirements
  - Outcome- to produce a co-design access factsheet for potential participants
- Psychosocial Disability Practice Guidance
  - to assist NDIA staff to make consistent decisions for people with a psychosocial disability
- A Hard to Reach Strategy is currently being developed

# What support can the NDIS provide?



- Support which assists a participant to obtain and maintain accommodation/tenancies
- Support which builds capacity to live as independently as possible e.g. living skill development, budgeting skill development, and household management
- Social and communication skills, and behaviour management
- Note\* supports must be assessed as reasonable and necessary to be included in an individualised support plan
  
- Mental health conditions can be described as ‘episodic’ and can be characterised by variations in intensity and need for support
  - the NDIA addresses this by providing a flexible plan to increase and decrease supports as necessary

# Support Coordination

- Support coordination is a capacity building support to implement all supports in a participant's plan, including informal, mainstream, community and funded supports.
- Support coordination is included in a participant's plan if it is reasonable and necessary for the individual.
- Support is generally time limited and focuses on addressing barriers and reducing complexity in the support environment, while assisting the participant to connect with supports and build capacity and resilience.
- There are 3 streams of support coordination
  1. Support Connection
  2. Support Coordination
  3. Specialist Support Coordination



# Local Area Coordination

## **Local Area Coordinators will support people and the community by:**

- linking people to the NDIS;
- link people to information and support in the community; and
- working with their local community to make sure it is more welcoming and inclusive for people with disability.

## **LACs also:**

- Provide assistance with the planning process and effective implementation
- Work with non-participants as part of Information, Linkages and Capacity Building (ILC)
- Work with Community, providers and mainstream to build inclusion
- Provide some outreach by being visible and active in the community

## **LAC Partners:**

- Brotherhood of St Laurence
- Mission Australia
- St Vincent de Paul (NSW)

# What the NDIS is not responsible for



- As per the COAG Principles to determine the responsibilities of the NDIS and other service systems, the following areas will not be addressed by the NDIS:
  - provision of accessible and affordable accommodation
  - homelessness-specific services, including homelessness outreach emergency accommodation
  - intensive case coordination operated by the housing or homelessness system
  - provision of routine tenancy support by social housing authorities

# What service providers should know



- A diagnosis is not essential to access the NDIS as the heart of NDIA is impairment.
- Access requests are considered on an individual basis and there are no mental health conditions which are automatically granted or denied access.
- The NDIA still requires evidence of a mental health condition from a primary treating clinician, but does not require a specific diagnosis.
- Initial contact needs to be initiated, or agreed to, by the client.
- The need for support must arise from a functional impairment attributable to a mental health condition.