

## INTRODUCTION

Thank you for the opportunity for the South Australian Government to contribute to the NDIS Act 2013 Review (the Review) to simplify processes, remove barriers and generally improve positive participant experiences with the NDIS. This document provides general feedback on the experiences of participants as shared with the SA Disability Advocate and other SA government agencies.

Please find in this document:

- general comments
- feedback on the proposed principles and standards
- feedback on the current participant experience
- suggestions for removing red tape and streamlining business processes.

## GENERAL COMMENTS

Whilst feedback from NDIS participants in general has indicated that they are happier with the provisions under the scheme, than they were before the scheme was in place, some of the positives are being lost amongst the 'red tape' causing unnecessary frustration. There are likely to be some changes that can be actioned in the short term to change the current environment whilst bigger changes are identified, prioritised and work through.

Some feedback on the experience of participants and organisations interacting with the scheme has been:

- There needs to be respect for the expertise of participants and carers. These are the people who have the knowledge and understanding of their situations, circumstances and disabilities. Planners cannot continue to ignore their input at meetings and in the planning process, and they shouldn't be making decisions based on their own beliefs and misconceptions. Participant and carer input shouldn't be viewed as 'money grabbing' and an attempt to rot the system. These are the people, along with their specialists, who are the experts on their situation and circumstances, and they know their requirements.
- Policy interpretation and implementation seems to be the cause of many issues rather than the underlying legislation. There is no clear understanding on who the decision makers are or when the decisions are being made. In many cases it appears that decisions are being made before meetings or discussions occur.
- There has been a marked improvement for participants since the NDIS participant pathway reforms were implemented earlier this year.
- Complex support needs are required for some cases, and services need to be appropriate and sensitive. Participants with complex needs will often need ongoing specialist support coordination in their plans. Whilst some participants will be able to manage after initial assistance others may not have the capacity to manage their support needs on an ongoing basis.
- There needs to be recognition of the additional workload the scheme places on participants and families. There has been a marked increase in the amount of time being spent in managing packages and coordinating multiple services. Participants who were getting on with life are now being bogged down trying to navigate a new system just to arrange the exact same service provision. This is causing high levels of anxiety and workload that should be acknowledged.
- Carers are being lost and/or forgotten. There is an expectation they continue to do what they have always done but now without the provision of support or respite, and with an increase in the administrative burden of managing an individual plan. In some cases, an additional four to five service providers or people are now involved and this all needs coordination and management.
- The current interpretation that respite is a service for the carer and not the participant needs to change. Respite is an important factor in keeping families together, ensuring participants can remain in a stable environment in the community. It needs to be recognised as a cost management strategy. A cost pressure is being created with paid service providers now doing the work that carers previously managed. The cost of

this work is higher than the cost of respite provision. Further cost pressures also mount when families hit overload or crisis point and can no longer manage. The cost for 24 hour, seven days a week care far outweighs respite funding. It also maintains continuity of a family environment for the participants and limits emotional distress caused by families having to step away.

- There appears to be an expectation that participants will know what services and level of support they will require before having any provisions in place. This expectation is having an impact on service providers that is currently not being recognised or supported in this individualised model i.e. someone who is losing their sight needs to reach out to the Royal Society for the Blind to understand what supports they may require to ensure everything is put in their submission. This is an intensive period of time that often requires a good deal of support before a submission is made let alone funded. This puts cost pressures on the service providers who are not funded to provide this level of support and then impacts on other essential services they can provide.
- Case management needs to be recognised for its contribution to ensuring the participant experience is positive. A strong case management focus is also a good cost mitigation strategy. It can help navigate the 'blips' that can occur and can manage or avoid crisis situations and limit negative participant experience and cost impacts on the scheme. Early intervention measures over time are often less costly than alternatives required once situations escalate.
- The principles of choice and control have been lost in the overall management of the scheme and market has taken over as the primary consideration.
- The scheme has become similar to that of Centrelink in terms of interface and interactions. Much of the same language and attitude is being used to describe both services, and this was not the intent of the NDIS.
- There is misunderstanding around what is meant by insurance principles in the scheme which is inconsistent with the intent outlined by the Productivity Commission.
- There is often a lack of appreciation for the knowledge and expertise that states and territories bring to the table, particularly in relation to service delivery.
- Individualised funding doesn't work efficiently in all situations, there should be flexibility to fund the needs of groups where this is more effective.
- The current emphasis and focus on financial sustainability risks the broader success of the Scheme. The system will fail if social license is lost, and social licence is extremely hard to regain. There has already been a good deal of discussion in the media and wider community regarding underutilisation of funds etc. and the continued emphasis on financial sustainability only increases participant disengagement.
- The NDIA is not behaving as a model litigant in the use of the Administrative Appeals Tribunal (AAT) process. There is a sense that last minute settlements are occurring rather than allowing a precedent to occur in cases against the Agency. This can be seen as using the process for cost mitigation process rather than as intended.

## **FEEDBACK ON PROPOSED PRINCIPLES FOR NDIA SERVICE STANDARDS**

<b>Principle</b>	<b>Proposed standard</b>
<b>Timely</b>	The NDIS process is easy to understand and use. Decisions about access, planning and review happen quickly.

**Feedback:** *Timeliness is key to the process working effectively. The current process is not timely, decisions are taking a long time (many months in some cases) often coupled with a lack of communication, particularly with key stakeholders and invested parties.*

<b>Engaged</b>	The NDIA engages with me when developing procedures and processes. <i>Suggested addition: All participants are provided with a named contact person including mobile number and email address.</i>
----------------	--

**Feedback:** *Many families report that engagement is only at the point of planning – families have reported they have felt excluded and ignored from NDIS until the planning meeting*

<b>Expert</b>	NDIA staff have a high level of disability training and understand the impact disability has on my life. They understand the most effective supports for people with disability.
---------------	--

**Feedback:** *Staff should have a broad knowledge of all disabilities including psychosocial disabilities and the impacts on a person's functional abilities. Not all disabilities are physical/mental health.*

<b>Connected</b>	The NDIA ensures I have coordinated and integrated services. It works well with governments, mainstream services (eg. health, education, justice services), disability representative groups and providers. <i>Suggested addition: Feedback from mainstream agencies is sought and is positive about the relationship with NDIA.</i>
------------------	--

**Feedback:** *Currently there can be a lack of consistency in approach and response from NDIS workers. The lack of consistency and connection between NDIS, state services and agencies can have a big impact on outcomes. There is often a lack of clarity around key contacts, and who the worker is at any period of time.*

<b>Valued</b>	I feel valued by the NDIS and know where to go if I need more assistance. <i>Suggested addition: Participants and their families feel respected and valued by NDIA staff as reported via the NDIS Participant Survey.</i>
---------------	---

<b>Decisions are made on merit</b> <i>Suggested change: Decisions are made on merit that are clear and transparent</i>	The NDIA is transparent, informative and collaborative. I understand why decisions are made. <i>Suggested addition: Where plans deviate from what the participant/family wants, a full explanation of why is given.</i>
---	---

<b>Accessible</b> <i>Suggested addition: and inclusive*</i>	I understand and use the NDIS. The NDIS ensures its services are appropriate and sensitive for Aboriginal and Torres Strait Islander people, people from Culturally and Linguistically Diverse (CALD) backgrounds, LGBTQIA+ and other individuals. <i>Suggested addition: Each demographic provides feedback with their satisfaction with the NDIA performance.</i>
--	---

\*Aligns with the intent of the *National Disability Strategy Beyond 2020*, to create a more inclusive society that enables Australians with disability to fulfil their potential as equal citizens.

It is suggested that the Participant Survey questionnaire be redesigned as a measuring tool, being inclusive of questions that measure outcomes of the principles.

## **FEEDBACK ON THE CURRENT NDIS PARTICIPANT EXPERIENCE**

### **ELIGIBILITY AND APPLICATION**

Delays are being caused by uncertainty regarding required evidence in the application process. Incorrect information or forms are causing duplication in assessments. Utilisation of existing information would limit the need for further reports to be written, freeing up specialist time and also limiting delays in application processes. Often agencies / service providers (involved at the time) are not informed and cannot access information regarding where processes are at and lack the capacity to be involved in decision making and planning. Greater transparency is needed for the client, and service providers.

Whilst 21 days for an access request decision is an acceptable timeframe there needs to be significant work to ensure participants, their families, carers and health professionals know what is needed in terms of evidence. This lack of transparency is causing delays as further information is requested. Better collaboration and information sharing across service systems, including mainstream services, could mean utilisation of existing information on disability and function therefore reducing cost, red tape and frustrations and emotional drain of participants and families needing to share their story multiple times.

The need to identify a primary disability is problematic, creating a focus on one disability and not others limiting the supports that can be approved on plans. Supports for some of the non-primary diagnoses have a huge impact on quality of life and ability to manage. Feedback seems to suggest that often the primary disability is being added only due to the system constraints and not because of clinical or participant experience reasoning. There needs to be a focus on simplifying the access process and building a better understanding of program elements i.e. what evidence is needed and why, and of the complexities in each individual case rather than trying to fit into a set model.

Participants, families and carers are confused by all the working parts of the NDIA. Clarification of the roles and responsibilities for Support Coordinators, Plan Managers and Local Area Coordinators (LACs) would allow participants to seek assistance from the correct people.

It is acknowledged that the LACs play an integral role in the NDIS processes and are a major contributor to the level of participant satisfaction through helping with accessing the NDIS and implementing, creating and reviewing participant plans. However, the functions of the LAC have diversified to the extent that participants are reporting they are not getting the assistance they need to fill out forms and gather evidence to enable successful access to the NDIS. LACs are no longer able to help participants with important aspects of the access and planning process such as evidence gathering. To further streamline the LAC role, it may be useful to include a support coordination function to ensure collaborative approaches with mainstream services and focus on increasing plan utilisation rates. This would then leave the NDIA to manage the planning processes as part of their core work.

More information at a jurisdictional level about access decisions would be useful. For example, as well as existing survey data, participant pathway timeframes reported at this level will ensure more transparency and accountability.

More needs to be done to engage transient clients, who often do not have telephone skills or who do not want to talk on the telephone. Agencies need to be able to initiate on behalf of the client as there are many issues that can limit participation in accessing the system:

- Mental health conditions inhibit willingness to engage in processes e.g. paranoid schizophrenia
- There may be issues of intoxication at time of support
- Systems trauma – a lack of faith/willingness to engage in system
- NDIS access not their priority or are unable to initiate the ARF process
- Lack of understanding of process, options for support etc
- Dependence on services to progress applications, and barriers for service applications and willingness and priorities of agencies and services involved
- Often the client lacks knowledge themselves and the advocacy in ensuring the plan meets their needs. Factors like accommodation are often not considered in depth.

## **CREATING YOUR PLAN**

Feedback suggests that preparation for the planning meeting, and the meeting itself, are causing feelings of anxiety and dread. The evidence-based process is unclear and arduous, and participants feel they are having to justify their support needs whilst not being listened to or respected by the planner. Streamlining the planning process and having consistency and transparency in decision making would improve the participants experience. There needs to be a clear explanation for all differences between the plan discussed with a planner and the approved plan.

In preparation for planning meetings participants current supports should have the opportunity to share information (telephone call) that might not be appropriate to share in front of the client at a planning meeting. This may be due to sharing information in front of the client having a negative impact on rapport or increasing risk or agitation of the client.

Whilst the changes to the planning pathway for 2019 have been welcomed, there is still confusion and apprehension with planning meetings and review processes. There needs to be an acknowledgement that although a significant number of participants in the NDIS will build capacity with support coordination services, there is a small number of participants who will need ongoing support coordination services to achieve a good quality of life.

There are challenges to knowing where and how to start developing a plan, e.g. knowing to include support coordination and positive behaviour supports, getting help to find service providers, and a price guide that is not user friendly (long and complicated, subject to change)

## **USING AND REVIEWING PLANS**

Not all people with disability have easy access to online information Whilst the new participant and provider booklets are helpful, they refer people to online information and this is not always accessible or reasonable. There is a need for more written information regarding the NDIS Price Guide.

Clear information about who to contact when the needs arises, and more importantly who to contact when there is a crisis requiring immediate assistance is necessary.

The LAC could assist people to find a support coordinator, or even undertake support coordination as a function. This could provide more agility in the system as LACs would be able to monitor the support coordination function and required intensity level. LACs could also respond to crisis situations drawing together mainstream services in a responsive manner.

Participants have reported frustration at the complaints and plan review processes being multi-layered and confusing. This is creating an unnecessary increase in stress and anxiety of the review process and has impacts on the time taken to receive an outcome. The NDIA could look at creating an escalation team to assist participants having difficulty with the planning and review process. Streamlining required evidence and looking to current providers and mainstream agencies for existing information could alleviate some of this additional stress and reduce time frames.

## **APPEALING A NDIA DECISION**

Clear information on how to ask for a review of a decision is needed and changing language to be more user friendly would be helpful. The term 'review of a reviewable decision' can be confusing.

In general, the decision review process needs to be simplified and more focus should be on the relationship with the participant and assisting them through the process. Feedback suggests that reviews are taking long periods of times

(e.g. months). During this time there is very limited communication and often staff at NDIA are not aware of any reviews taking place, limiting communication with service provision teams. Reviews should have a time frame of 21 days (same as initial access decisions).

## **REDUCING RED TAPE AND STREAMLINING BUSINESS PROCESSES**

### **THE LEGISLATIVE FRAMEWORK**

Section 5(d) of the NDIS Act 2013 should be amended to reference lesbian, gay, bisexual, transgender and intersex, queer/questioning, asexual and many other terms (LGBTIQ+) status. Process and forms should be amended to reflect these changes and to ensure a respectful acknowledgement of the status of the LGBTIQ+ community.

In SA, it is understood that guardians appointed by the South Australian Civil and Administrative Tribunal are currently not recognised in the NDIS Act 2013. If a participant is under a court appointed guardianship order there is significant red tape and delays as the NDIS business and IT models do not recognise this. This can be rectified by changing the legislation.

### **PLAN AMENDMENTS**

This could potentially be a great way to improve the experience of participants with faster turnaround time, but timing needs to be flexible and not implemented in a strict way. Any change of circumstances that vary services to a participant in a nominal way but leaves the overall plan substantially unchanged could be an amendment rather than a review. (Similar to the 'light touch' reviews currently endorsed).

There needs to be a mechanism of oversight of service agreements to ensure that there are no unfair indemnity and liability clauses within documents. The rights of participants need to be protected and should model fair terms and acknowledge any limitation on the participants capacity to understand and/or comply with these obligations. There also needs to be a check for over servicing.

### **APY LANDS**

Due to the unique demographic and social issues in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands a separate review of participant outcomes should be progressed as a matter of urgency.

### **CARER RESPITE**

The NDIS should acknowledge carer respite as a legitimate service. Expecting carers, who provide huge amounts of unpaid support to participants, to manage a separate program is an unrealistic burden that doesn't take into consideration everyday family life. It also means that carers are forced to take more administrative time away for what their core role should be, caring for the participant, to navigate support provisions to the detriment of the participant.

## SUGGESTIONS FOR REMOVING RED TAPE

PLANNING, REVIEW AND ACCESS	OPERATIONAL Impact	PARTICIPANT Impact	Solution
The planning questionnaire does not capture the extent of the participant needs or subtlety due to yes/no answers required.	Significant number of plan reviews to try and get the plan right according to participant needs.	Participant frustration at not being able to fully and accurately express their needs.	Centrelink have a questionnaire using a scaling system which could be used by the NDIA.
	Significant amount of pre-planning preparation completed by staff to ensure that the participant and planner are aware of their support and funding needs.	Participant required to take part in pre-planning preparation and without preparation the participants plan is inaccurate.	NDIS to provide a pre-planning tool. LACs to have move comprehensive preplanning conversations with participant and current supports
Access Request Issues - Rigid assessment requirements that are unclear to the participants.	Unnecessary reviews and impact on advocacy services.	Several participants are attending special schools with intellectual disability but have been declined because the assessment does not identify functional capacity impact on daily living. Where there is insufficient evidence, GP's are being approached to complete the professional statement. For many people with disability the GP does not 'treat' their disability resulting in the statement not being useful.	More flexibility in the assessment process and more guidance for participants, families and health professions so that assessment reports to better reflect the functional capacity impact.
Mismatch between what the participant says at the planning meeting and what they get in the plan.	More plan reviews than should be needed and delays in the provision of services.	Plans often do not reflect what was discussed in planning meetings. Participants are then required to submit Change of Circumstances/reviews to have the plan changed. This causes delays to the provision of necessary supports and adds to administrative burden	A check should be undertaken before plan is finalised to ensure it is correct. Participant should be able to review the plan prior to it being approved. Any changes to a plan from the planning meeting to approval require an explanation.
Large number of plan reviews	Poor understanding by participants, service providers, guardians, health professionals about the evidence required to support a timely plan review.	Participants are confused about what information is needed to facilitate a timely plan review.	Light touch reviews have helped this issue, although further resources required to address the backlog. Need clear communication on evidence needed for a review.

PLANNING, REVIEW AND ACCESS	OPERATIONAL Impact	PARTICIPANT Impact	Solution
Support coordination as an individualised component of a participant plan does not work for all participants.	Providers and State mainstream services are providing the 'case management' component for participants. Conflict of interest is evident when providers are delivering services and support co-ordination to the same participant.	Participants who have 'run out' of support co-ordination in their plans are left to flounder. It is often impossible in advance to know how much support co-ordination is going to be needed. A more agile system is needed.	Support co-ordination also able to be offered by LAC as a choice. This will enable more agility in the Scheme to respond to participant need when required, eliminating the need to know the value of support co-ordination up front. Ongoing support co-ordination is needed for participants with complex support needs.
	During hospital admission, the health system takes on case management component because of the gap between case management and support coordination. Participants often need episodic care coordination to facilitate discharge which support coordination is not flexibility funded for in a participant plan.	Participant does not have continuity of support related to support coordination as the service provider is not funded to provide high intensity episodic care.	Establish a crisis criteria, process and team within NDIA where urgent changes can be made to participants' plans, which include additional specialist support coordination to provide high intensity episodic care to facilitate discharge and implement disability-related health supports.
Participant NDIS plans (supports and/or equipment funding) do not always reflect assessments provided in planning processes.	Health staff are providing assessments during the planning process and supports in the NDIS plan are not always reflected of the assessments. This results in staff following up and providing additional assessments to ensure decisions are accurate and clinician informed.	Participants are unable to discharge from hospital as the supports funded by NDIA are not always reflective of the participants support needs.	Where assessments are completed and provided to NDIA, Planners need to consider what is <i>clinically</i> reasonable and necessary to support the participant and this needs to be reflected in the NDIS Plan. A review of the NDIS planner practice guides are required to ensure there are clinician informed decisions and supports are included in participant plans.
NDIS planning processes require extensive functional assessments that were not previously provided	Extensive assessments and paperwork required for NDIS participants' hospital discharge. These assessments are additional work for allied health	Delay in hospital discharge for participants as they wait for assessments to be completed.	Standardise assessments required for hospital discharge and provide Short Term Accommodation funding so assessments can be completed by an



PLANNING, REVIEW AND ACCESS	OPERATIONAL Impact	PARTICIPANT Impact	Solution
by health under previous arrangements.	professionals in the health sector, which put additional strain on the health system.		NDIS funded allied health professional in the community. Conducting assessments in the community would be more applicable to the needs participants in the community setting and decrease the strain on the health system.
Transport and travel to and from participant appointments including disability-related health support appointments.	Participants are unable to attend medical appointments and their condition declines which results in a hospital admission and increased strain on the health sector.	Participant unable to attend appointment and results in health (physical and psychological wellbeing) decline and subsequent admission to hospital.	NDIS to fund transport and travel related to disability-related health support appointments within NDIS Plans.
Lack of flexibility in processes for CALD and indigenous participants.	Service providers and LAC often struggle to make appropriate provision for participants from Aboriginal and Torres Strait Islander and CALD backgrounds.	Services are not delivered in a culturally appropriate way. Participants are missing out on the supports/services they require.	Review of participant outcomes for CALD and indigenous pathway needed. Consider specialist LACs for indigenous and CALD participants if they request it.
No clear point of contact within the NDIA for participants	Multiple approaches by participants trying to get help from NDIA, LAC complaints mechanism, appeals, advocacy agencies resulting in administrative stress in the system.	Participants have indicated that they feel stress and at risk when they don't know how to get help when they need it and the service system fails to be customer friendly. Ringing a 1800 number and talking to a new person is not customer friendly.	Critical Issues Officer appointed in LAC until scheme maturation. LAC as 'go to person' better communicated and easier to contact the participant's LAC or NDIA planner.
<p>In SA, Public Guardians are not recognised as the participant's substitute decision maker.</p> <ul style="list-style-type: none"> <li>• Individual guardians required to give 100 points identification</li> <li>• Guardians unable to access the portal and or secure emails</li> </ul>	Office of the Public Advocate, guardians significant time being spent on NDIS administration and 'double handling'	Significant delay in plan activation times and frustration/stress	Recognising the Public Advocate's delegate as the contact person and making changes to the portal to enable access by the delegate to the participant's plan.

ACCOMMODATION / SUPPORTED INDEPENDENT LIVING	OPERATIONAL Impact	PARTICIPANT Impact	Solution
Significant wait times for home modifications. Compounded by significant shortages of providers of home modifications.	In SA up to 300 participants are waiting for 'scope of works' for home modifications, are exasperated when NDIA rejects the initial building assessment and quote (provided unfunded) requiring builders to re-quote. This is causing disincentive in the market.	Wait times for home modifications sometimes exceed the life of the plan and this is frustrating for participants.	NDIA provide training and clear guidelines for home modifications to ensure quotes are made according to the guidelines. This will eliminate the need for re-quoting.
Accommodation- Vacancies-there is no panel or replacement mechanism managing accommodation vacancies.	Loss of housing sector confidence in the NDIS resulting in housing shortages for people with disabilities.	Participants and families unable to access appropriate housing options.	An accommodation panel or mechanism for sourcing accommodation services is required.
Supported Independent Living (SIL) Quoting system is laborious and expensive	Providers are required to provide evidence that they have offered the participant 3 choices of SILs and when SIL is presented the NDIA are requiring more quotes.	Reported incidences from families indicating that the NDIA require 4 assessments.	NDIA has clearer protocols for what is required in a SIL quote and simple assessment requirements.
The SIL process and funding does not allow for flexibility in the hospital discharge process.	Service providers relinquish participants when they are unable to flexibly support participants in a new environment, this can often result in participants being admitted to hospital in crisis (non-health related) subsequently resulting in strain on the health sector.	When moving into new accommodation, people require flexible and often increased supports to become familiar with their new accommodation and supports. Lack of flexibility results in breakdown of supports, unsuccessful placement and often readmission to hospital for participants.	Provide Short Term Accommodation funding for participants in hospital discharging to SIL accommodation. This would allow flexibility of supports within the first month within the accommodation option and allow providers to review participant support needs within the group setting.
The SIL process takes time and is not yet streamlined which results in extended hospital stays and discharge delay.	The SIL process is an extensive process for NDIA Planners, Service providers and hospital staff. The current process results in extensive re-work and review for all parties due to the intricacies associated	Participants are disadvantaged by NDIS processes as they are required to wait for quotes to be finalised and approved prior to securing an accommodation option and commencing discharge planning. Participants	Provide Short Term Accommodation funding for participants in hospital discharging to SIL accommodation. This would allow participants secure an accommodation option quickly,

ACCOMMODATION / SUPPORTED INDEPENDENT LIVING	OPERATIONAL Impact	PARTICIPANT Impact	Solution
	with individual quoting in group settings. This creates additional work for those involved and results in hospital discharge delays.	remain in hospital for extended lengths of time which impacts their health and wellbeing.	discharge into the community in a timely manner and with appropriate funding to manage support needs during discharge process. It would also allow time for the provider and NDIA to review and amend all SILs in the identified accommodation option. Or consider an abbreviated SIL process.
Delays in approving a young person's transition from care application for SIL can result in the young person remaining in a child protection placement post 18.	Young people are at risk of remaining in a child protection placement due to the delay in approving SIL, resulting in a cost shift to the State. Non-government agencies may be reluctant to offer the young person a post 18 placement if there is uncertainty as to whether the young person's SIL application will be successful.	Young people already anxious about leaving care become further distressed around their transition from care journey due to the NDIA SIL approval delays and where they may be residing post 18 when they exit guardianship arrangements.	Processes for SIL to be streamlined to allow for more timely approval outcomes, particularly for participants entering life milestone points.

MAINSTREAM SERVICES AND PROVIDER INTERACTIONS	OPERATIONAL Impact	PARTICIPANT Impact	Solution
The price guide is complex and not well understood by participants	Providers and mainstream services are helping participants with understanding the NDIA Price Guide and this is unfunded.	Participants are unclear of the cost of services and the pricing regime is very confusing.	Price guide needs to be simplified to allow participants to understand pricing – this would help them to understand and build their capacity.
NDIA consent mechanisms are causing delays and double handling.	The health sector doesn't have access to participant plans, level of supports and support needs. Administrative delays and double handling results in increased strain on the health sector.	Significant disadvantage and discharge delays for participants.	Policy change required to allow eligible hospital staff to access limited information (NDIS access, Core budget and improved daily living budget) to ensure hospital discharge is not delayed for NDIS participants.
Additional medical assessments/reports requested by the NDIA for participants exiting hospitals and forensic institutions (e.g. James Nash House) when expert assessments/reports already exist.	Administrative cost for State mainstream services in preparing additional reports.	Significant delays in discharge from James Nash House and hospital whilst additional reports are sought.	Templates for required information needed and training of health professionals. <i>'Tell us what you want in a report and we will provide it.'</i> NDIA to be less rigid in acceptable formats of assessments/report.
Change of Circumstance (CoC) needs a triage approach	CoC ranges from a simple change of address to crisis. May impact mainstream services (i.e. hospital)	Significant wait times for the participant and risk if the situation is at crisis point.	Managing crisis needs a separate process to CoC.
Lack of transparency and data sharing to monitor and identify sticking points in the Scheme	Mainstream State agencies unable to monitor impacts on participants and assist where needed.	Delays in participant pathway and plan activation rates as quality data from the NDIA on levels of need is not available.	Further breakdown of data at a jurisdictional and program level (as per Bilateral Agreement) to ensure priority action where needed.
Many moving parts to the NDIS	Administrative impost to service providers trying to deal with a complex mechanism.	The participants are confused not knowing how to interact with the scheme placing pressure on families.	'Planners doing plans with delegation to sign off the plan.' LAC sticking to LAC work and not doing planning but also able to offer support co-ordination.

MAINSTREAM SERVICES AND PROVIDER INTERACTIONS	OPERATIONAL Impact	PARTICIPANT Impact	Solution
Concerns for the future of transport assistance.	Service providers often have to provide transport which is more than what is available in a participant's plan.	A limited 3 tier system of transport is insufficient for those with high and complex needs.	SOWG working group progresses this issue nationally as a priority. Transport is a key need which is not adequately met.
No clear crisis response by the NDIA or escalation pathway	Cost shift to the state's mainstream service systems (Health, Corrections, Child Protection) because NDIA does not offer what State disability systems offered. Service providers deal with crisis (unfunded).	No alternative to hospital casualty departments or police when families are dealing with family members with disabilities in crisis.	NDIA to formulate an escalation process for the CoC mechanism to allow for the release of urgent funds under section 34 of the <i>NDIS Act</i> . Broader access to the NDIA after-hours crisis phone number and communication with the sector.
NDIA inability to respond quickly to sudden changes in circumstances	Large numbers of plan reviews with significant delays. Providers are experiencing cash flow and potential bad debt	Delays in having a plan that accurately reflects the participant's support needs.	LAC's to have a crisis contingency fund for a quick response in high risk situations.
The Critical Service Incident Response pathway is not effective for crisis incidents that require immediate responses.	Not having a nationally consistent crisis escalation pathway is resulting in more participants being admitted to hospital in crisis (non-health related admission) subsequently resulting in strain on the health sector.	Participants are not receiving the critical supports they require in a timely manner. Patients are subsequently being admitted to hospital when it is not required.	Establish a crisis criteria, process and team within NDIA where urgent changes can be made to participants plans which include additional time limited in home supports or supported accommodation (e.g. short-term accommodation, increases to in-home support)
Child Protection officers do not have access to the NDIA Portal to see children and young people's NDIA plans.	Child protection case workers are reliant on waiting to receive a paper copy of a client's NDIS plan once approved. There is no capacity to see plan utilisation as parents do within the community.	Children and young people are significantly disadvantaged to that of their peers within the community due to case workers failing to have line of sight to funded supports and plan utilisation in real time.	Child protection agencies are able to have the same NDIA portal access as parents within the community, or an alternative solution such as plan management funding for all children and young people in care to enable child protection agencies to engage with a market-based solution.

MAINSTREAM SERVICES AND PROVIDER INTERACTIONS	OPERATIONAL Impact	PARTICIPANT Impact	Solution
Children and young people under guardianship are often denied reasonable and necessary supports such as respite and support coordination due to their guardianship status.	Child protection staff are required to undertake NDIA plan reviews to attempt to rectify the child's plan in order to meet their disability support needs. Child protection staff are required to undertake the role of support coordination in order to "fill the gap" despite not having the expertise to navigate the disability system.	Children and young people in care are unable to access the same reasonable and necessary disability supports as their peers within the community.	NDIA planners and LACs to be provided with operational guidance which clearly sets out the roles and responsibilities of child protection staff and the NDIS whilst a child is under guardianship.
Young people's NDIA plans cease when they enter into Youth Justice arrangements.	Significant difficulties in aligning the access and planning timeframes with the dates a young person is due to exit the youth justice placement, particularly where the young person is under guardianship and a substitute decision maker is in place given the delays experienced with current NDIA mechanisms.	Young people in Youth Justice arrangements experience a loss of continuity of supports and can be left increasingly vulnerable upon exit from a Youth Justice placement with no timely disability supports in place.	NDIA plans to remain with certain support types able to maintain continuity though out the Youth Justice placement.
Inability for the NDIA to respond to disability related crisis in a timely manner where a person is not an existing NDIS participant	Where a disability related crisis arises, particularly afterhours, involving a person who is not an existing NDIS participant responsibility falls to the State to respond resulting in cost shifting.	Where this involves a child or young person and child protection is required to respond this has a damaging impact on both the child and the family.	NDIA access determination processes are reviewed to allow for crisis determination access decisions.
Access to the NDIS is based on a deficit model rather than a strengths-based model	Child protection staff having to focus on a young person's deficits rather than their strengths to gain access to the NDIS. This results in a deficit-based model of thinking rather than a strengths-based model.	When a child or young person is present at a planning meeting or during the gathering of assessment evidence, discussions are required to be focused on the child's deficits rather than strengths. This can be distressing and can cause disengagement with the process.	NDIS to recognise that focusing on an individual's strengths is as equally important to fund as to ensure successful planning outcomes.