

# NDIA Joint Standing Committee actions

**Information requested:**

- NSW Mental Health program outlines

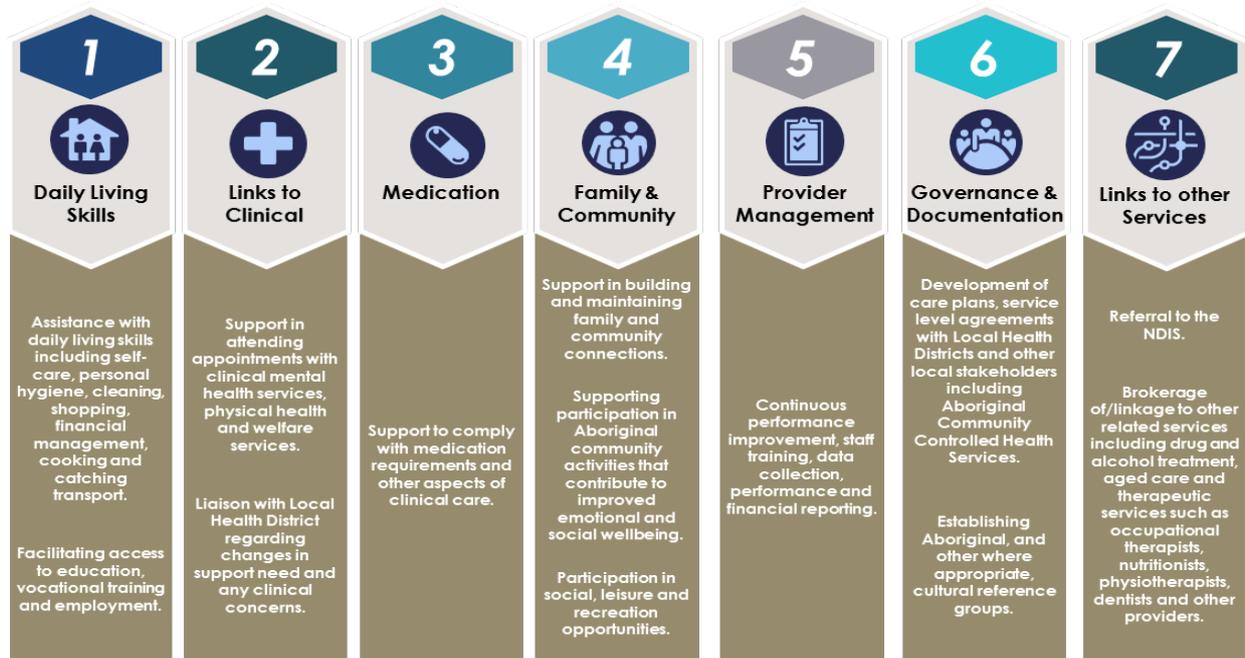
**Relevant hearing transcript:**

**Ms MACKLIN:** Thank you very much for being here today. I want to follow up on your point about the community based mental health services that are going to continue in New South Wales. It would really help the committee if you could give us a note on what they are. The reason I think it would be very helpful is that, as you can imagine, we have heard a lot of submissions from people who are very concerned about the people who are not going to be in the NDIS. As I am sure you are aware, not each state is doing what you are doing. So it would be very helpful for us to have a practical idea of what that means—not just the line items in the budget and the amounts of money. Could you describe what they do and the sorts of people that you help in that regard? That is the first thing.<sup>1</sup>

## NSW community based psychosocial support

Community based psychosocial supports provide different levels of integrated clinical care, psychosocial support and supported accommodation to help an individual recover from severe mental illness and live a quality life in the community. These are people who typically have a primary diagnosis of severe mental illness (schizophrenia, bi-polar disorder or schizo-affective disorder), mental health disorder or experience an extreme level of emotional or psychological distress, which also results in significant functional impairment.

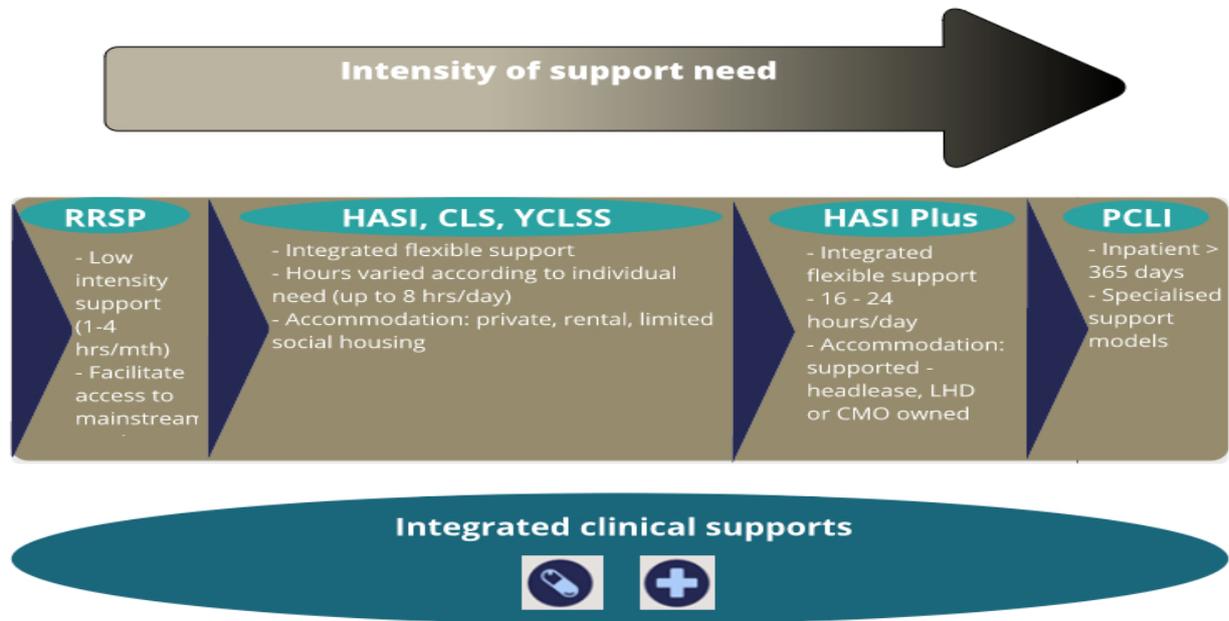
Broadly, community based psychosocial services are delivered by non-government organisations in partnership with local health districts and, in some cases, housing providers. The range of community living support services provided across the NSW Government funded programs include:



<sup>1</sup> Commonwealth of Australia (17 May 2017) Proof Committee Hansard, *Joint Standing Committee on the National Disability Insurance Scheme - Services for people with psychosocial disabilities related to a mental health condition* at pg. 19.

NSW funds a range of psychosocial support programs which are integrated with clinical supports and targeted to meet the needs of different cohorts on the basis of intensity of support need. These are summarised in Figure 1 and outlined further below

**Figure 1. Overview of NSW community based psychosocial support.**



**Housing and accommodation support initiative (HASI)**

NSW Health’s main investment in community living supports is the Housing and Accommodation Support Initiative (HASI), which provides recovery-focused supports that build independence in daily life and assist individuals to recognise and take responsibility for their own recovery and wellbeing in line with their own goals, wishes and aspirations.

**Target group**

The primary target group for HASI support is people with severe mental illness and high levels of psychosocial impairment, aged 16 years or over until age related frailty is determined to inhibit active ongoing involvement in the program. The level of need for psychosocial supports will vary between individuals.

Typically, the people supported are individuals who have a primary diagnosis of severe mental illness (schizophrenia, bi-polar disorder or schizo-affective disorder), which also results in significant functional impairment.

A benchmark of a minimum number of Aboriginal clients is established for providers based on local health district needs.

**Coverage**

HASI is a state-wide program with supports delivered in all NSW local health districts.

**Service model**

HASI delivers an integrated care and support model. This involves a partnership between local health district mental health teams who provide clinical care as required and specialist non-government

organisations, which provide psychosocial supports. Some, but not all HASI participants, are supported in dedicated social housing.

Activities and required hours of support are adjusted to respond to client need and may change or fluctuate over time. The exact number of hours to be provided to an individual each day or each week will depend on the individual's needs and care plan agreed with the local health district and in consultation with other support providers where relevant.

### **Community Living Supports (CLS) program**

Community Living Supports is a recent enhancement to NSW community psychosocial supports funded under the Government's ten year reform of the mental health system. It provides for integrated HASI type supports targeted to people who have stable housing.

#### **Target group**

To participate in Community Living Supports, people must meet the following general eligibility criteria:

- aged 16 years or over, until age related frailty is determined to inhibit active ongoing involvement in the program
- are diagnosed with a mental illness; or in the case of a young person where a formal diagnosis is absent, functional impairment due to psychological disturbance has been identified by a mental health professional
- experience disability primarily stemming from a mental health diagnosis which impacts on their day to day functioning including issues around maintaining their accommodation
- are willing to engage with non-clinical support services
- have genuinely consented to participate in the program and/or where relevant have their guardian's consent and are willing to consent to information sharing between key partners
- have the desire and with support, the ability to live in the community
- living in stable accommodation or accessible by services on a regular basis so that supports can be provided with continuity.

#### **Coverage**

CLS is a state-wide program with supports delivered in all NSW local health districts.

#### **Service model**

Like HASI, CLS delivers an integrated care and support model. This involves a partnership between local health district mental health teams who provide clinical care and specialist non-government organisations which provide psychosocial supports.

### **HASI Plus**

The HASI Plus program provides very high intensity 16 and 24 hour per day coordinated housing, clinical and accommodation support services for people with severe or persistent mental illness.

#### **Target group**

HASI Plus is targeted to people with complex care needs who require stable accommodation and intensive psychosocial support to keep well and break a repeating cycle of hospital admissions. Participants are typically people with severe mental illness and functional disability who would be unable to transition to community living from institutional care such as prison, forensic care settings, or hospital.

#### **Coverage**

HASI Plus is delivered by three community managed organisations (CMOs) at sites in Northern Sydney, Western Sydney and Hunter New England Local Health Districts. As a state-wide program referrals are accepted from all NSW local health districts.

#### **Service model**

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HASI Plus delivers very high intensity HASI type supports in supported accommodation. The properties used for the program are either owned by the local health district, the non-government support service provider or are being head leased from community housing or the open rental market. Initial program funding provided for a range of capital works projects on these properties to tailor them for the needs of the client group.

### **Youth Community Living Support Services (YCLSS)**

The Youth Community Living Support Services (YCLSS) program provides short term specialist community based psychosocial support services designed for young people, aged 16 to 24 (inclusive).

#### **Target group**

The target group is young people with serious mental illness, who have, or are at risk of developing, functional disability because of their mental health problems.

#### **Coverage**

YCLSS is currently delivered across five targeted locations: Hunter New England LHD, Nepean Blue Mountains LHD, Western Sydney LHD, South Western Sydney LHD and Northern NSW LHD.

#### **Service model**

YCLSS also delivers a community based recovery oriented integrated care and support model. This involves a partnership between local health district mental health teams who provide clinical care as required and specialist non-government organisations which provide psychosocial supports. The focus is to provide practical assistance in developing living skills, accessing education and training, improving relationships with family and friends, as well as facilitating access to other services such as income support, employment, drug and alcohol treatment and recreation.

### **Pathways to Community Living Initiative**

The Pathways to Community Living Initiative is a coordinated state-wide approach to supporting people with enduring and serious mental illness who have been in hospital for more than twelve months to, wherever possible, re-establishing their lives in the community.

#### **Target group**

People with severe and enduring mental illness residing long term (over 12 months) in non-acute and acute mental health units, who have high and very high levels of behavioural disturbance and associated clinical and functional needs.

#### **Coverage**

New community residential options are being designed for a cohort of people currently receiving long-term hospital care in non-acute and acute units in NSW. Each long-stay patient will be clinically assessed and staff will work with each and every person to create a plan based on their individual needs.

To achieve this, transition will need to occur in stages to ensure new community-based options are established and a variety of accommodation options are available to meet clinical needs. **Service model**

Transition to community living will depend on each individual's particular needs and wishes as well as the availability of tailored housing, clinical care and psychosocial support.

### **Resolve Social Benefit Bond**

The NSW Government has partnered with Flourish Australia to deliver an innovative mental health program to enhance the wellbeing of individuals experiencing mental health issues in the community. The Resolve Program will help approximately 530 people in and around Penrith and Orange with their mental health recovery journey.

The Program will provide participants with two years of comprehensive, recovery-oriented mental health support.

The Program is expected to start in October 2017.

**Target group**

The Resolve Program will be targeted to people who experience severe and persistent mental illness that may lead to recurrent and long term hospitalisation. People are eligible if they:

- are aged 18 – 64 years;
- have been hospitalised for a mental health condition for an extended period within the last 12 months;
- live in or around Penrith or Orange; and
- do not have a diagnosis of dementia

**Coverage**

The Resolve Program will be delivered in the Nepean Blue Mountains and Western NSW Local Health Districts.

**Service model**

The Resolve Program is a two year program comprising:

- a residential program for periodic care with 24/7 peer support provided through Resolve Centres;
- outreach support to people in their homes;
- care coordination and case management for individuals;
- linkages to specialist drug and alcohol services; and
- a phone line for after-hours peer support.

The Program complements existing mental health services in Nepean Blue Mountains and Western NSW Local Health Districts that are responsible for taking care of participants' clinical needs. The support is tiered and care can be stepped up and down as required.

**Resource and Recovery Support Program (RRSP)**

The Resource and Recovery Support Program (RRSP) is a legacy psychosocial support program which commenced in 2008. The program delivers low intensity support for people with mental illness to facilitate access to mainstream community, vocational and educational services, and social, leisure and recreational opportunities.

The current priorities of the NSW Government's mental health reforms emphasise services for people with severe mental illness. Therefore, the RRSP program will gradually cease operation to re-prioritise services for people with higher needs than the program is currently supporting. To achieve this, low needs clients will need to be transitioned to other supports where possible. Decisions regarding this will be made locally between CMO providers and the local health district.

**Target group**

RRSP clients typically have less severe mental illness and lower levels of impairment than HASI clients.

**Coverage**

RRSP is currently delivered across ten local health districts.

**Service model**

RRSP provides flexible low intensity (1 – 4 hrs per month) recovery focussed support. The focus of the model of support is on assisting consumers to access quality mainstream community, social, leisure and recreation opportunities and vocational and educational services.

### Evaluation of NSW community based psychosocial supports

Rigorous evaluations of the HASI program were conducted by the Social Policy Research Centre, University of New South Wales in 2007 and again in 2010. These concluded that, amongst other things, the majority of HASI participants:

- successfully maintained their tenancies;
- regularly used appropriate services in the community;
- obtained a high degree of independence in activities of daily living;
- showed some improvements in mental health; and
- reduced their time spent in hospital since joining HASI.

In relation to client outcomes, research and program evaluation have found this model of integrated care reduces hospitalisations, improves physical health and mental health, increases ability to sustain tenancies, and enhances life skills, community participation, independence and relationships. In 2009/10 dollars, it was estimated HASI may save hospital costs of over \$30 million per annum.

There have also been some other program specific evaluations which may be provided on request if necessary.

### Information requested:

- Examples of policy decisions that have been made in the mental health context as a result of trial experience, including case studies where arrangements for participants have gone well.

### Relevant hearing transcript:

**Ms MACKLIN:** ...The second thing is the point you make—which I think is fair—that it is a work in progress to find the way in which, particularly in this area but in other areas as well, the intersection between health and the NDIS will work. Given the transition in different places in New South Wales, do you have any good examples of where that is working well? Obviously, we hear a lot of bad examples. That is fair enough, because people are experiencing difficulties. Given your breadth across the whole state, I thought you might know where a hospital psychiatric service, for example, is working in well with the local non-government organisation providing support to a person who is in the NDIS.

**Ms Taylor:** We have quite a number of examples, balancing off with examples that are not ideal, as you reference.

**Ms MACKLIN:** You can tell both; we have heard a lot of the negative—

**CHAIR:** You might want to balance it up.

**Ms Taylor:** Rather than us trying to take up time talking through case studies today, maybe if we were to give you some of those examples and confer with our health colleagues about how some of that is working. There is some really good work being done, particularly in the Hunter. That launch site was chosen because of the very strong and mature mental health service delivery system in that location. There have been some very interesting collaborations done between mental health, the NDIA and the intersection with specialist disability in the transition in that place.

**Ms MACKLIN:** As you draw out the examples, could you indicate to us what policy decisions have been made by the state and, probably, also the NDIA, that have made it work. What are the things that should be replicated elsewhere? <sup>2</sup>

## Positive examples

### Example 1

*Mr X has a primary psychosocial disability and had been in a mental health bed for 1124 days awaiting placement in 24-hour specialist disability accommodation. He transitioned through the NDIS process earlier this year and is now living in an NDIS funded CMO Provided 24 hour supported community group home.*

*Mr X had been admitted to hospital following deterioration in his mental state. His mother's health was deteriorating and she could no longer provide the level of care he required as his primary carer. A number of attempts to facilitate discharge home with support had been unsuccessful and Mr X was referred to ADHC for 24-hour supported accommodation. Mr X was mentally stable and no longer needed to be in a mental health hospital bed. Mr X sat on the waiting list for a vacancy until NDIS rolled out in the area.*

*A specialist local health district NDIS Mental Health Rollout Project Officer coordinated the referral to progress to NDIS, working with the clinical team to identify functional needs and existing supports. The process included proactively building relationships with specialist group home providers and scoping out appropriate vacancies.*

*A suitable vacancy for Mr X was identified towards the end of February 2017 and he was successfully discharged from hospital at the beginning of April.*

*All feedback that has been received is of a very positive nature and Mr X is enjoy his life back in the community and having a place to call home.*

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<sup>2</sup> Commonwealth of Australia (17 May 2017) Proof Committee Hansard, *Joint Standing Committee on the National Disability Insurance Scheme - Services for people with psychosocial disabilities related to a mental health condition* at pg. 19 - 20.

**Example 2**

*Mr SL is a 39-year-old man diagnosed with Schizoaffective Disorder, Developmental Delay, Polysubstance Abuse, aggressive when unwell. He first came to the attention of mental health services in 1995 when he was 17 yrs. He was born in Australia to Serbian parents. His mother had schizophrenia.*

*He had 31 admissions from 1999 to the present. This included four lengthy admissions to Morisset Hospital during that period where he spent extensive periods in the Medium Secure Unit. There had been several unsuccessful attempts to discharge SL from hospital since 2008. These were to family, HASI High Support, several hostels and later to HASI Plus. All failed largely due to difficulty engaging with staff.*

*SL was supported in applying to NDIS and was accepted. He required 24-hour care as he needed total assistance with budgeting, literacy/numeracy, clothing maintenance/washing and moderate assistance with medication support, daily routine and home maintenance. In July 2016, he started to have transition leave to a supported accommodation. The transition period gradually increased over following months (according to the localised Morisset arrangement for inpatient transition as outlined below).*

*In March 2017 SL was discharged from the rehabilitation program at Morisset Hospital to the 24-hour facility in Adamstown, under the care of CMO House With No Steps. The transition to the new accommodation was largely uneventful. He stayed permanently in his accommodation for several weeks prior to discharge. Since then he has had one presentation to Psychiatric Emergency Care in June 2017 but not admitted. He is case managed by the Newcastle Mental Health Service.*

*SL has a close but sometimes turbulent relationship with his father and sister. A guardian was appointed towards the end of his admission, so that a more impartial person could advise the treating team about suitable discharge options.*

**Policy implications**

An overview of policy related decisions that reflect successes to date are outlined below.

It should be noted that the NDIS transition in NSW has focused on prioritising clients receiving specialist disability services from Ageing, Disability and Home Care (ADHC). Only a proportion of these individuals are shared clients with NSW mental health services. As such, experience in relation to the NDIS for people with a primary psychosocial disability is still drawn largely from the Hunter trial site and NSW mental health services are continuing to develop understanding of the factors which contribute to people with psychosocial disability successfully accessing the NDIS.

The recency of the trial site experience, and the still relatively limited numbers of examples, mean that the policy type decisions described below are localised governance and operational arrangements. These processes require further analysis and testing before being considered for state-wide policy implementation.

**Governance**

The experience of the Hunter trial site emphasises the importance of effective local governance arrangements to formalise information sharing, escalation processes, and facilitate close interagency relationships and innovative problem solving. Two key structures highlighted are the mental health stream NDIS Mental Health Champions Group and the Hunter New England and NDIS Subject Groups.

*NDIS Mental Health Champions Group*

The NDIS Mental Health Champions Group consists of representatives from each of the mental health streams in the local health districts and specialty health networks. Facilitated by the NSW Ministry of Health, the objective is to enable the implementation of internal systems and practices with each mental health stream that are critical to the trial implementation of the NDIS. This group meets monthly.

*Hunter New England and NDIS Subject Groups*

The Subject Groups comprise representatives from the local health district and the NDIS. The objective is to ensure the successful operational interface between the two agencies and relevant partners within the

Hunter trial area. The scope of this group included developing clear referral, assessment and care planning pathways and processes between HNE Health & NDIS.

## **Operations**

### *Dedicated local specialist resources*

The trial successes suggest that there is significant benefit in maximising the relationship and interface between the local health district and NDIA by establishing dedicated, specialist positions in both.

In the South Western Sydney Local Health District case a dedicated mental health lead for NDIS has been established by the district and a dedicated mental health planner has been established locally by the NDIA. The close working arrangement between these two positions is reported as a critical success factor and allows for, among other things:

- ongoing opportunity to develop the skills and knowledge of each person on respective medical and disability language and approaches;
- more effective and efficient sharing of appropriate information;
- developing innovative design solutions on a case-by-case basis;
- more effective engagement of the 'right people' who know the patient and their needs

### *Pre-discharge engagement for clients transitioning from inpatient care*

In the Hunter trial site, a highly successful local arrangement has been established to support the transition of NDIS participants from inpatient care at Morisset Hospital to the community (the 'Morisset Arrangement'), which has facilitated the discharge of 20 NDIS participants since 1 July 2016, with a further 12 currently in transition.

According to this localised approach, Morisset Hospital maintains primary responsibility for discharge planning of participants deemed 'ready for discharge'. The intention of NDIS funding is to support the participant to participate in this transition through funded support coordination.

Operationally, once the inpatient clinical team confirms that a participant is ready to be discharged to the community a 12 month plan is developed by a Planner. For participants with identified accommodation this Plan includes a requirement for discharge to occur within three months. Failure to discharge within this time enlivens a possible scheduled review of the circumstances by the NDIA. A similar, albeit longer, pathway is also established for 'discharge ready' participants who do not have identified accommodation. Further details of the (in trial) Morisset Arrangement is set out attached (**ATT A**).

NSW Health and NDIS are continuing to work together and with the Mental Health Review Tribunal to ensure that these arrangements operate effectively within the statutory frameworks for mental health consumers, including people subject to the *Mental Health (Forensic Provisions) Act 1990* (NSW).

### *Accelerated consideration for approval of a Plan where accommodation has been identified*

In South Western Sydney LHD the NDIA and LHD representatives have developed a local working arrangement to 'fast track' consideration for the approval of a Plan in some circumstances for inpatients. This applies where an inpatient participant has been formally accepted for accommodation, and the vacancy is available. The key objective is to address CMO providers concerns about the viability of holding the vacancy during potential delays in discharge.

**[DRAFT LOCALISED ARRANGEMENT ONLY]**

**Arrangements for NDIS participants who are current Morisset Hospital Patients:**

(1) Morisset Hospital Psychiatrist confirms in writing the participant is ready for discharge into the community

(2) Participants that have identified accommodation:

- Participant will meet with Planner to develop full 12 month plan. Please note: Plans for all new participants will be developed in accordance with the First Plan approach.
- STATED in plan → Participant must be fully discharged from Morisset Hospital within **3 months of plan start date**; inability to achieve this may result in a scheduled review initiated by NDIA to review circumstances.

(3a) Participants with nil accommodation:

- Participant will meet with Planner to develop 12 month plan
- As per Practice Guide for Intensive and Super-Intensive Participants, the NDIS will fund up to 75 hours of Support Coordination. The intention of this funding is to supplement the role of Morisset Hospital which is to assist in the development of a full discharge plan for the participant including sourcing suitable accommodation, linking the participant with appropriate mainstream, community and funded supports.
- STATED in plan: The role of the NDIS funded Support Coordinator is to support the participant through the discharge process. Morisset Hospital will retain primary responsibility for discharge planning.
- If accommodation Care coordination plan is not achieved within 3 months, the Support Coordinator will be required to submit a comprehensive report detailing the action taken to progress this goal

(3b) If/when accommodation is found (ideally within 3 months):

- Support Coordinator or participant to complete "Request for Plan Review Form" to notify the agency of significant change in circumstances
- If plan review is granted, Participant will meet with Planner to develop full 12 month plan.
- STATED in plan → Participant must be fully discharged from Morisset Hospital within 3 months of plan start date; inability to achieve this may result in a scheduled review initiated by NDIA to review circumstances.

(4) Existing participants who are not deemed ready to be discharged will receive a \$0 plan at scheduled plan review.

**These arrangements are in keeping with:**

NDIS - Principles to Determine the Responsibilities of the NDIS and Other Service Systems

Rule 7.7(a) of the Supports for Participants Rules) which states that NDIS will not be responsible for supports related to mental health that are clinical in nature, including acute, ambulatory and continuing care, rehabilitation/recovery

Rule 7.7(b) of the Supports for Participants Rules which states that the NDIS is not responsible for any residential care where the primary purpose is for inpatient treatment or clinical rehabilitation.

### Information requested:

The outline of the transfer process with the Home Care Service NSW to be provided as a case study of successful transmission of staff and clients to the non-government sector.

### Relevant hearing transcript:

**Senator GALLACHER:** Is that case study available? Do you know how many people—

**Ms Taylor:** Certainly, we are more than happy to provide you with the details of that particular transfer. It was announced by the government in 2015 and concluded at the beginning of last year, and 4,000 staff moved over. We put in place an employment guarantee period to ensure that, through that transfer arrangement, there was continuity of support for the clients of that service. The care workers continued to be the care workers that would go to their house, shower them and clean their house, et cetera. We did not want any adjustments to that. We are more than happy to provide you with that.

### Home Care Service NSW Case Study

The Minister for Disability Services announced on 28 August 2015, that Australian Unity would be the new operator of the Home Care Service of NSW (HCS).

The NSW Government finalised the transfer of HCS to Australian Unity on 19 February 2016.

Australian Unity is a mutual organisation – a member-based not-for-profit – with a proud history of supporting the wellbeing of Australians over more than 176 years. Australian Unity strives to ensure this approach underpins all interactions it has with members, customers and clients.

### Transfer scale outcome

- The transfer of HCS from the NSW Government to Australian Unity has been a project of significant scale, involving the transfer of records, rosters and personal preferences of more than 50,000 clients and 4,100 staff.
- Since the transfer, Australian Unity has reported a 5% increase in staff after the first 12 months following transfer.

### Transfer Process

- Since Home Care transferred to Australian Unity just over a year ago, it has had a 5 per cent net increase in the number of staff it employs – a reversing of the trend when operated by Government.
- The NSW Government has a range of mechanisms in place to ensure the quality and delivery of services – this includes contractual obligations to NSW and Commonwealth Governments, and the NSW Government's Funding Agreement, which includes: comprehensive performance, quality and continuity of service requirements and compliance with the Disability Service Standards.
- The HCS was run through a public Expression of Interest process to Tender.
- FACS included a number of independent assessors as part of the process of reviewing tender proposals.
- Expert advisors were involved in the transaction process which includes project assurance.

### Transferred staff and clients

- It was vital to retain in the sector the skilled workforce who played a critical role in the success of the HCS and the continuity of service to clients.
- The NSW Government protected workers' leave and superannuation entitlements through legislation, as well as recognising their continuity of service.

- Additionally, Australian Unity provided ongoing workers with up to a two-year employment guarantee from the date of transfer. Temporary workers have an employment guarantee for up to 6 months.
- Working Together is a comprehensive engagement strategy that supported HCS staff through the disability sector reforms. Working Together aimed to support staff through the disability sector reforms by staff engagement with an understanding of these sector reforms, providing staff and managers with practical and useful tools, staff inbox for questions and answers, resources and information on the transfer.
- A comprehensive client and stakeholder communication and engagement plan was implemented with HCS clients including communication at the grass roots level through HCS Branches, the provision of FAQ's and large print/easy to read versions for HCS clients and HCS aboriginal clients and notification in writing directly to clients through the transfer process.

*Note: The client, family and stakeholder engagement process for the transfer of FACS disability services is more complex and has included around 150 state-wide Client and Family Forums with feedback included in the EOI and Tender process and further meetings with potential providers prior to selection of a provider.*

**Information requested:**

Further information to be provided on the Ability Links program.

**Relevant hearing transcript:**

**Ms Taylor:** We are very happy to share with the committee a recent final evaluation of the program that Janet has just referred to, Ability Links. That program does not form part of ILC per se in terms of the contributions from government but it is an extremely successful program in New South Wales. It has supported upwards of 40,000 people who have disability—not into the scheme or into special supports but to assist them in getting really creative community based solutions that help them participate socially and economically in their communities. The cost-benefit analysis for that particular program showed that for every dollar the New South Wales government spends on it we were returning at least double that, and in the employment space we were getting back \$1.20. In most social programs even getting an economic return in terms of work, employment et cetera on that scale is very modest. It is quite rare.

**Ability Links Program Overview****Ability Links program – overview, evaluation highlights and provision of full evaluation**

Ability Links NSW (ALNSW) supports people with disability aged 0-64 years, their families and carers to connect with community and mainstream supports within their community, outside the traditional disability service system.

Following the state-wide implementation of ALNSW in July 2014, there are now 32 providers across NSW delivering ALNSW and ELNSW, including a variety of specialist partnership and consortia arrangements. The 32 providers are comprised of four large ALNSW (generalist) providers, and a variety of local Aboriginal controlled organisations, and smaller ELNSW providers. There are currently 347 funded Ability Linker positions supporting people with disability, their families and carers aged 0-64, consisting of 79 Early Linkers supporting families with children 0-8 years and 74 of all Linkers positions are Aboriginal-identified.

Ability Links NSW is a ground breaking approach to supporting people with disability, returning three dollars in economic and social benefits for every dollar invested, and making a significant change in the lives of people with disability. Please see **Attachment 1** for the Social Cost Analysis Benefit Report.

Ability Links is delivered by dedicated staff known as ‘Linkers’ who work with people with disability, their families and carers to help them plan for their future. Linkers help people with a disability build on their strengths and skills, and develop networks in their own communities so they can do what they want with their lives.

Linkers also work with local communities to help them become more welcoming and inclusive of people with disability.

This year, the NSW Government has committed \$44.2 million to ALNSW providers to deliver Ability Links NSW.<sup>3</sup>

Since the beginning of the program, Ability Links NSW has supported over 82,000 people with disability, their families and carers, and made over 725,000 community connections.<sup>4</sup>

In November 2013, Urbis was engaged to undertake an independent and outcomes evaluation of the first three years of implementation of ALNSW, from July 2013 to June 2016. The final reports under this three year evaluation are the Final Evaluation Report and second Social Cost Benefit Analysis Report.

<sup>3</sup> \$127,622.90 per Linker position (16/17 figures) x 347 Linker positions = \$42,285,146

<sup>4</sup> ALNSW Infographics January – March 2017

These reports represent the end of a comprehensive and independent, 3-year evaluation of the operation of Ability Links since its launch in the Hunter region in 1 July 2013, coinciding with the launch of the NDIS.

The reports show that the program is achieving incredible results for the people of NSW, with a wide range of social, economic and community benefits.

Key findings of the reports:

- Ability Links NSW works. Ability Links NSW delivers \$3 in benefits for every \$1 invested and \$3.90 in benefits for every \$1 invested for Aboriginal communities.
- The Ability Links model has been particularly successful in supporting Aboriginal people, who make up 27% of users.
- People who identify from CALD backgrounds make up 18% of users.
- The results of the Social Cost Benefit Analysis suggest that Ability links NSW is delivering significant economic and social benefits.
- Participation in ALNSW often leads to contribution to community and the growth of social capital.
- Ability Links strongly supports people with disability, their families and carers by being:
  - Person-centred
  - Consumer driven
  - A soft entry point for individual and communities
  - Flexibility and responsive
  - A shift from dependence to empowerment
  - Strengths based in its approach
  - Culturally appropriate
  - Community-based
  - Community focused and tapping into community goodwill
  - Independent
  - Dual approached – working with individuals and community
- The process of engagement with Ability Links allows individuals and families access support which leads to various forms of empowerment, increased community engagement and results in improved health, education and employment outcomes for people.
- 'Linking' can have an overwhelming impact on the quality of people's lives resulting in them feeling more optimistic and hopeful for the future, feeling safer, healthier, happier and more in control of their lives.
- Aboriginal community engagement of the program is high and they are major users of the program.
- Ability Links supports people to take action for themselves. For many people this is transformational.
- Critical success factors for achieving positive outcomes for individuals and families include tapping into individual's passions and interests to encourage and motivate them and encouraging the locus of control to remain with the individual and family not the program.
- There are promising examples of what is possible with outcomes at a community level.

A copy of the [Ability Links NSW - Evaluation Report and Cost Benefit Analysis Report](#) can be found here and at **Attachment 2**.

To find out more about Ability Links NSW, please visit: [www.abilitylinksnsw.org.au](http://www.abilitylinksnsw.org.au)

### Information requested:

Provide the NSW observation of plan review outcomes, including the methodology and current view of outcomes (8000:10).

### Relevant hearing transcript:

**Ms Taylor:** We can only look across the whole set to see whether or not there have been reviews that people have requested since 1 July 2016. I am talking about everything in that.

**Ms MACKLIN:** In that number you just gave us?

**Ms Taylor:** Yes. We can certainly provide you with our view on that. It is untested with the agency. We can only look at the high-level data to make that assessment. I can give you another example where we have done some work with some children who are in state voluntary out-of-home care, working with the agency to review their plans to make sure that they have satisfactory resources within their plan to enable a family restoration, for example.

### NSW observation of plan review outcomes – methodology and current view of outcomes

Based on the monthly unit record report that NSW receives from the NDIA, as at the end of February 2017, NSW have observed that out of 8,000 participants who had their NDIS plans reviewed/renewed there have only been 10 participants where there has been a decrease in their support package budget.

The decreased in funding ranges from \$700 to \$39,400 and the breakdown is related to:

- 5 participants having a reduction in their capital budget as it relates to assistive technology; and
- 5 participants having a reduction in their core budget as it relates daily activities.

The 8,000 people include all plan reviews from 1 July 2016 to the end February 2017, including trial and early rollout participants.

**Information requested:**

Provide an outline of the data NSW receives on Scheme progress to enable our local analysis.

**Relevant hearing transcript:**

**Senator SIEWERT:** That would be appreciated. In terms of the comment that you made about not actually seeing the plan and getting the high-level information in terms of the plans being reviewed and their outcomes, can you compare the whole of the package or just the actual dollar value? I am thinking of in-kind supports and things like that.

**Ms Taylor:** I will have to get back to you about what we can actually provide. I would not like to put a view in the minds of the committee members, given my limited numeric capabilities, but I am happy to provide you with information about what data we do get.

It is an evolving process. We are aware that the scheme actuary has been spending a significant amount of time building up the data warehouse that would enable jurisdictions to get the depth of data that we got in the trial environment, which was basically everything. That is certainly improving, and we are getting a much better view to enable us to do that comparative analysis back against what supports people have had.

**Data NSW receives on Scheme progress**

NSW receives regular reports from the NDIA Scheme Actuary that contain individual level data to track the progress of existing NSW dissents as they move to the NDIS, as well as monitoring overall transition numbers (including new participants) and the related participant costs in comparison to bilateral estimates.

Specifically, NSW receives:

- bi-monthly reports with access status information for all individuals in the NDIA's Client Relationship Management system;
- monthly reports that provide additional detail on participants' funded supports, plan costs, claims, and registered service providers; and
- monthly invoices.

**Information requested:**

Provision of findings of VOOHC project (within 3 months) – immediate task is provision of project plan and initial case uplift.

**Relevant hearing transcript:**

**Ms Taylor:** Yes. We can certainly provide you with our view on that. It is untested with the agency. We can only look at the high-level data to make that assessment. I can give you another example where we have done some work with some children who are in state voluntary out-of-home care, working with the agency to review their plans to make sure that they have satisfactory resources within their plan to enable a family restoration, for example. We have had stunning results with that and significant uplifts in plan values through that review process that is going to enable some of those children to not be in that voluntary out-of-home care setting any longer. We are doing that pilot with a view to sharing the results of that nationally and building up good practice in that cohort of children—and, indeed, adults who are complex cases.

**Senator SIEWERT:** When does that trial finish, and is it possible to give the committee some more information on it?

**Provision of findings of VOOHC Project**

The Transition Measures to the NDIS for Children in Voluntary Out Of Home Care (VOOHC) project was designed to apply the agreement between NSW and the Commonwealth on supporting optimal participation for children who require a high level of support due to their disability including the need for accommodation outside the family home. In NSW these arrangements are referred to as Voluntary Out of Home Care (VOOHC).

Key results can be found in the table below across a range of clients which demonstrate the overall increase from current to draft plan. It should be noted that the increase has generally occurred in the Daily Activities portion of the plan.

Client	Current Plan	Draft Plan	Increase/Decrease
001	\$ 195,401.19	\$ 491,464.82	↑ \$ 296,063.63 (152%)
002	\$ 59,701.43	\$ 183,509.75	↑ \$ 123,808.32 (207%)
003	\$ 115,391.30	\$ 172,631.09	↑ \$ 57,239.79 (50%)
004	\$ 92,800.00	\$ 220,814.29	↑\$ 128,014.29 (138%)
005	\$ 90,115.46	\$ 140,373.54	↑ \$ 50,258.08 (56%)
006	\$ 135,949.60	\$ 247,135.94	↑ \$ 111,186.34 (82%)
007 – Home	\$ 310,870.82	\$ 192,183.10	↓ \$ 118,687.72 (38%)
007 - SIL	\$ 310,870.82	\$ 358,771.49	↑\$ 47,900.67 (15%)

**Information requested:**

Overview of all the transfer announcements to date.

**Relevant hearing transcript:**

**Ms HUSAR:** You mentioned that you are in the process of transferring Home Care to Australian Unity and the clinical support to the Benevolent Society. Can you describe who is taking over the group homes. Is it one provider, or are they going to multiple service providers?

**Ms Taylor:** Multiple service providers. We put to market groups of our accommodation services, grouped in a way that made sense in terms of the management structures, so we were not breaking too much of the management layer and therefore some of the clinical supervision layers et cetera. In terms of the current announcements that we have, we have five NGOs that are taking on a range of different services. They range from organisations that are taking on just one single geography—in the case of western New South Wales and the group home cluster there, one single service formerly known as CareWest and now known as LiveBetter Community Services, will be taking on those houses. In northern New South Wales, Sydney, New England, Illawarra and southern New South Wales, House with No Steps is taking on a variety of clusters of group homes, for example. We are happy to provide the committee with the other NGOs that are publicly announced, and we are actively working with those organisations at the moment to effect that transfer.

**Transfer announcements to date**

**Numbers of staff and clients transferring in each tranche**

- The government has begun to transfer its disability services to the non-government sector to support the delivery of the National Disability Insurance Scheme and enable greater choice for participants.
- This will allow the transfer of every dollar of the disability budget directly into the NDIS, where it will be used to provide supports to people who need them most.
- The Home Care Service of NSW was the first of ADHC’s services to be transferred. This successfully occurred in February 2016, with Australian Unity as the new provider of supports to people across NSW.
- Following extensive consultation with people with disability, their families, carers and guardians the NSW government has begun announcing successful providers who will take over the operation of ADHC’s clinical, group home and respite services.
- The full list of all transfers and the new providers is below:

Service	Transfer Date	Provider Name	Location	Number of people transferring**	
				Staff	Clients
Home Care Service of NSW	19 February 2016	Australian Unity	State wide	4100	50,000
FACS clinical services	1 August 2017	The Benevolent Society	State wide	800	7,000

Service	Transfer Date	Provider Name	Location	Number of People transferring**
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				<b>Staff</b>	<b>Group Home</b>	<b>In Home Support</b>	<b>Centre Based Respite</b>
FACS Group Homes	1 September 2017	LiveBetter Community Services	Western NSW	249	82		104
FACS Group Homes	1 September 2017	Mid North Coast Disability Services	Mid North Coast	146	40	9	63
FACS Group Homes	1 October 2017	House With No Steps	Northern NSW, Sydney, New England, Illawarra and Southern NSW	1053	387	32	132
FACS Group Homes	1 November 2017	Northcott	Western & South Western Sydney, Murrumbidgee	1156	437		285
FACS Group Homes	1 December 2017	Hunter Valley Disability Services Limited	Hunter Valley	332	120	21	45

\*\* Figures at 30 June 2016

**Information requested:**

Self management underspend

**Relevant hearing transcript:**

**Senator SIEWERT:** That would be appreciated. On Friday we got information about the use of agency managed funds compared to self-managed funds, and one of the concerns we heard from individuals on Friday was that the agency managed funds, for example, were not necessarily all being spent and that then impacted on their next year's funds. We had a direct comparison when we heard from a lady who self-managed one of her children and whose other child was agency managed. From the information we were given, there was a significant difference between the different types of management. Do you get to look at the self-managed funds and the agency managed funds at the moment?

**Ms Taylor:** I would have to get back to you on that.

**Senator SIEWERT:** If you could, that would be really appreciated.

**Self-management underspend**

NSW receives monthly reports on participants who are self managing and the types of supports they are purchasing with their NDIS plans. It is difficult to report on underspends because spending can vary from month to month depending on what supports participants require during that monthly period.

At the end of Q3 2016-17, there was approximately 13% of people with plans in NSW who were either partly or fully self managing their plan.

NSW hasn't conducted any analysis at this stage as to whether there is an underspend for people self managing their plans over a 12 month period.