

AMSANT Member experience with NDIS

Introduction

At 30 June 2022, nine AMSANT members (6 full, 3 associate) were registered NDIS providers, all of which service remote MMM6 & MMM7 communities. At least 2 others were providing services as non-registered providers. Members support their NDIS service delivery through grant funding as well as funds received from individual NDIS plans.

Members services are providing a variety of services, including:

- supporting community members to access and manage their involvement with the NDIS
- providing cultural brokerage between the NDIA and participants, their families and communities
- case management and capacity building
- therapeutic support

Barriers

Member Services identify numerous barriers with the NDIS and how it works in remote Aboriginal communities. Some of the barriers are presented here.

Barriers noted by registered providers

There has been limited uptake of the scheme though potential client numbers are high. The NDIS scheme is viewed as complicated and there is limited understanding and awareness of the scheme and how to access it among member service staff and community members. NDIS Planners and Local Area Coordinators typically lack cultural understanding generally and in community-specific contexts, which can translate into inappropriate advice and decisions being taken about client care. There is a lack of clarity regarding the roles and responsibilities of the various workers associated with the scheme.

Prices within the price guide are too low for remote organisations to operate fee-for-service models. The price guide fails to recognise the holistic approach to health taken by our Member Services and there are many costs and supporting functions provided by Member Services which cannot be claimed under NDIS rules. NDIS rules also fail to support cultural obligations (eg number of plan nominees, use of funding) and do not reflect caring roles appropriately. Administration and compliance burdens are significant.

Wait times for reviews and assessments are lengthy, as is advice on outcomes of assessments and reviews. Assessments are not funded by NDIS and Member Services can be left to cover the costs of working through application processes with clients, without additional funding cover for this service. Provision of care to people in remote areas is interrupted and inconsistent. Thin markets in remote areas means there is a lack of provider options, and excessive delays to securing planning meetings, social support activities and therapy visits are common. Often accessing care involves complicated logistics and expensive travel which can rapidly exhaust plan funds.

Member Services support the implementation of the NDIS Scheme from their position within the primary health care system. Delays in accessing NDIS assessments and care at least in some part reflect structural issues facing the supply of workforce to the health care sector in remote areas more generally – including high turnover, staff burnout, lack of access to accommodation and poorly defined training and career pathways. Specific issues identified in relation to NDIS include the

general lack of long term investment into the disability support workforce, a lack of organisational capacity to fund upskilling for existing workers and insufficient training opportunities for existing NDIS workers. Education and training pathways for key skill sets (for eg Allied Health Assistants) are not well defined. There is a lack of investment in higher education graduates working in rural and remote regions, and higher education providers also lack understanding/training in the NDIS.

Barriers noted by members considering registering

Member Services have identified numerous barriers to registering as an NDIS provider, reflecting limited existing internal capacity to develop systems and policies required to meet NDIS registration and practice standards. Limited disability prevalence data is available to support adequate planning, and some Member Services struggle to access the online platforms where this data is stored. Without up-front funding support to transition and internal decision-making processes, the risks associated with commencing NDIS service support are deemed too great by many Member Services.

Workforce opportunities

The Remote Community Connector Program is vital and should be sustained and expanded across the Northern Territory. Remote Community Connectors (RCCs) are pivotal to supporting Aboriginal people living in community with disability to understand and access the NDIS and provide essential cultural brokerage between the NDIA, participants and the community. Currently, RCCs are typically employed on casual and/or part time basis owing to limited funding support available. To promote retention of current RCCs and to attract people to the role in the future, full time, secure job roles must be funded and supported.

Direct support to Member Services to build their NDIS workforce needs to be considered through all stages of the Scheme. This includes funding services to expand their capacity to provide timely NDIS assessments, clinical and therapeutic care, and care and support activities. Aboriginal workforce development must be supported as a priority to ensure culturally safe and appropriate care. This requires strengthening the training and career pathways for Aboriginal Health Workers and Practitioners, Aboriginal Allied Health Assistants and Aboriginal Liaison Officers, and supporting the capacity within health services to manage and mentor Aboriginal workers.

Particular attention too should be considered for supporting Member Services to employ people with disabilities to engage in meaningful work including NDIS related activities. Sufficient flexibility must be provided in pre-employment clearance requirements (eg working with children and police checks) to allow case by case risk assessments when considering employment applications.

AMSANT's support to Member Services

From October 2020 - 30 June 2022, AMSANT was funded by the Commonwealth through NACCHO to undertake the NDIS Ready Project. This project sought to promote and support expanding access to the NDIS scheme for Aboriginal people by providing support to Member Services already registered as providers, as well as to those considering registration. The coordination, information sharing, advocacy and networking support this project allowed AMSANT to provide its members was greatly valued, and AMSANT is seeking funding to support ongoing NDIS related support to its members.

The information presented in this note draws on the experiences of Member Services during the NDIS Ready project. Given the current workforce crisis facing primary health care in the NT health sector we can only assume that issues reported here are unchanged or further intensified since the project ceased.