

Mind Australia Limited

Submission to the NDIS Home and Living consultation – An ordinary life at home

About Mind Australia Limited

Mind Australia Limited (Mind) is one of the country's leading community-managed specialised mental health service providers. We have been supporting people who are dealing with the day-to-day impacts of mental ill-health, as well as their families, friends and carers for over 40 years. Our staff deliver a range of services and supports to people challenged by mental ill-health, in psychological distress, at risk of suicide and those with suicidal thoughts and intentions. In the 2019-20 financial year, Mind provided recovery focused, person centred support service to over 11,000 people, including residential rehabilitation, personalised support, youth services, family carer services and care coordination. Mind also operates as a provider of services and supports to individuals who have NDIS funding packages in multiple locations across Australia.

We also work with people to address poverty, housing, education and employment. It is an approach to mental health and wellbeing that looks at the whole person in the context of their daily life, and focuses on the social determinants of mental health, as they play out in people's lives. We value lived experience and diversity and many of our staff identify as having a lived experience of mental ill-health.

Mind significantly invests in research about mental health recovery and psychosocial disability and shares this knowledge, developing evidence informed new service models, evaluating outcomes, and providing training for peer workers and mental health professionals. We also advocate for, and campaign on basic human rights for everyone; constantly challenging the stigma and discrimination experienced by people with mental health issues.

Introduction

Mind appreciates the opportunity to respond to the *Home and Living consultation – An ordinary life at home*. Our response to the Home and Living consultation paper is informed by consultation with people with lived experience, including experience with NDIS Home and Living supports.

The NDIS provide a number of key services to people with psychosocial disability. However, we believe more can be done to improve home and living policy settings for people with a psychosocial disability. We strongly believe that ‘choice and control’ which are guiding principles of NDIS delivery must also be kept at the forefront when undertaking this consultation.

Mind is a registered NDIS provider and is committed to the provision of psychosocial disability support. We are registered to provide:

- Supported Independent Living (SIL) to 199 NDIS participants as at August 2021.
- Supports to over 1800 NDIS participants including support coordination, Allied Health specialised assessment and behaviour support, and community engagement and capacity building support.

These services are delivered by a Community Mental Health Practitioner (CMHP) and mobile Allied Health workforce of over 110 FTE as at August 2021.

Mind are committed to ensuring NDIS participants with a psychosocial disability are able to have their support needs met based on what their individual needs and goals are.

We know there is a relationship between housing and mental health. Stable housing is the foundation for mental health recovery, and mental health, housing and homelessness are interrelated¹. Having a safe, secure, affordable and appropriate place to call home is essential for people to live an ordinary life and stay well. Research suggests housing and support aren’t well integrated under the NDIS and this is creating challenges in providing support for a client in a way which respects their rights to choice and control.²

Key Messages:

- Home and living policy settings should be reformed in order for specialist disability accommodation (SDA) to be seen as an option for people with psychosocial disability. This should include:
 - consideration of eligibility requirements
 - improving transparency around outcomes and timelines
 - streamlining SDA and concurrent home and living application processes, such as SIL.
- Participants should have a range of home and living options available to them.
- Supported Independent Living group accommodation settings with shared supports should remain available for participants where appropriate, given the benefit of 24/7 support and a sense of community.
- It can be efficient to have a single provider delivering shared supports into a group accommodation setting. If this is not possible, issues such as funding a foundational level of

¹ Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020). Trajectories: the interplay between mental health and housing pathways. Final research report, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>

² Ibid

support for participants, and occupational health and safety implications for providers must be considered.

- We encourage the NDIA to consider how in-home supports can be delivered in a flexible manner so participants have access to a range of options suited to their individual needs.
- The NDIA should improve transparency and communication of decisions relating to participants home and living funding arrangements.
- Improved clarity and guidance must be provided for Individualised Living Options supports, including around quality and safeguarding, criteria used to determine funding type, and pricing components.
- We strongly encourage improved information sharing and guidance to empower participants and ensure planners, support coordinators and Local Area Coordinators can appropriately advise and support participants to understand the home and living options available to them.

We have made general comments regarding the NDIS home and living consultation below, followed by some more specific commentary on the NDIS's ideas about features of a new home and living approach.

Response to the NDIS Home and Living consultation paper

As at 30 July 2021, around 10 percent of NDIS participants have a primary psychosocial disability³ with the proportion of participants in the Scheme with a psychosocial disability increasing.⁴

We are supportive of measures which increase an individual's choice and control, as well as the ability to forward plan and respond flexibly to changes in home and living support needs.

We are also supportive of measures which remove conflicts of interest, and allow participants to exercise choice and control. Our joint research with the Australian Housing and Urban Research Institute (AHURI) noted the tension felt by NDIS service providers when housing and support services were provided by a single organisation. This limited client choice as they were bound to the service provider due to being housed by them, meaning their housing could be discontinued if they stopped using the service.⁵ We agree that participants should be able to choose a provider without feeling as though their housing situation is going to be impacted. However, we need a framework which is cost-effective, and can provide participants with choice and control as well as deliver the integrated home and living supports they need.

Maintaining the highest level of choice and control across all elements of the NDIS is crucial. We encourage the NDIA to listen to the voices of participants who are experts in their own recovery and best placed to determine what their goals and support needs are.

Supported Independent Living

Some commentators have suggested the NDIA is seeking to phase out SIL and replace it with an ILO framework, as part of the new home and living policy.⁶ There should be a range of options available to individuals. This should include SIL shared accommodation environments with shared supports, living

³ NDIA. (2021). *NDIS Quarterly Report to Disability Ministers*. National Disability Insurance Agency, Australia.

⁴ NDIA. (2021). *National Disability Insurance Scheme: Annual Financial Sustainability Report Summary – Interim Update*. National Disability Insurance Agency, Australia.

⁵ Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020) *Trajectories: the interplay between mental health and housing pathways*. Final research report, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>

⁶ Winther, Todd. (2021). *Are SIL's days numbered?* DSC. Available at: <https://teamdsc.com.au/resources/are-sils-days-numbered> [Accessed 31 August 2021]

alone, or other arrangements as deemed appropriate for the individual and possible within their funding package.

As at August 2021, Mind delivers SIL within 20 properties with a total bed capacity of 199. Within the next two years, this will expand by nine brand new properties which will house and support a further 130 clients in self-contained units within a shared environment. Of these, six properties are shared living properties, largely SDA with less than six beds, with a total capacity of 27 in which we deliver support to complex care clients.

Mind delivers SIL to clients with a range of complex needs and significant functional impairment, with participants living with a psychosocial or dual disability (comorbidity with intellectual disability, autism spectrum disorder or acquired brain injury). We also support some participants with significant behaviours of concern. Without stable housing and support, these participants may be at-risk of homelessness, as well as the associated negative impacts to their mental health and wellbeing. A large cohort of our NDIS clients have housing goals within their plans, and with the right support and stable accommodation, functional improvement and achieving goals is possible. Supports should focus on working to achieve a client's individual goals. At Mind, we help clients identify and work towards their goals through the use of our My Better Life[®] framework.

The consultation paper clearly highlights the cost associated with SIL; average NDIS packages for clients with SIL funding costing \$325,000 per participant (Quarter 4, 2019-20), with the cost increasing by 39.5% over seven quarters.⁷ This is clearly an unsustainable aspect of the Scheme. SIL has not been designed to incentivise outcomes or capacity building. This needs to change to ensure an effective home and living model can be sustained. Sadly, the design of SIL can attract low-quality providers who are in the business to profiteer. Mind welcomes the extension of the NDIS Fraud Taskforce, though more needs to be done to target low-quality SIL providers who are not driven to support participants to achieve positive outcomes.

Further to this, average annual committed dollars for NDIS participants who have a SIL package and live at a SIL Haven property supported by Mind are \$102,000 per annum. Our non-Haven properties for people with a psychosocial disability (not including dual disability) have average SIL packages of around \$96,000. Given the national average total support package for people with SIL is around \$325,000, we suspect that Mind's SIL models represent significant value for money for the NDIA. Largely, the cost effectiveness is due to supports being shared amongst all residents. Mind have also evidenced our approaches build capacity over time which results in reduced SIL costs.

We provide housing with support to help people living with mental ill-health live life to the fullest via our Haven residences. These SIL services are provided to residents who have NDIS funding for assistance with activities of daily living, as well as 24/7 support. A third party is employed for tenancy management. Residents are supported with a range of individual and group activities which promote social connection and skills for independent living. At Haven, participants have access to shared supports but are able to live alone in self-contained units. This model is cost-effective and allows participants to use remaining NDIS funds as they need, such as on other items which enhance quality of life and support skill-building. We believe the Haven model is an example of the effectiveness of shared supports delivered by a single provider.

The Haven model was also recognised in the Final Report of the Royal Commission into Victoria's Mental Health System as valuable for enabling participants to live independently but with support available

⁷ NDIA. (2021). *Home and Living – public consultation paper*. Available at: <https://www.ndis.gov.au/community/have-your-say/home-and-living-consultation-ordinary-life-home>

when they needed it to assist them in their recovery.⁸ Further, participants have told us that having access to group and peer-directed activities is a valuable part of living in SIL residences, as well as the sense of community. Participants have also told us that 24/7 support at SIL residences means if you need something urgently you can access support, as well as have experienced staff available to manage any conflict which might arise. For people with a psychosocial disability, we know that 24/7 support is a crucial factor to keeping people well and out of hospital.

Research confirms receiving a SIL package under the NDIS can be a circuit breaker for consumers facing barriers to accessing the support and housing they need⁹.

“Circuit breakers are events or supports that allow consumers to overcome the barriers they face and to access the supports and housing they need. Circuit breakers reported by consumers and services providers included...receiving a SIL package under the NDIS.”¹⁰

SIL packages can often provide people with the choice and financial resource to access the services they need. We believe there is a place for SIL within the suite of options available under the NDIS.

For example, of the 170 SIL packages Mind delivered across 14 rosters of care in the 2019-20 financial year, a resident moved out once a fortnight. Most often this was due to participants building their independence, skills in daily living, achieving goal’s associated with their housing and mental-ill health recovery and then moving in to more mainstream housing with less support. We see this as a positive outcome and one which is attributable in part to the effectiveness of shared supports and our unique approach to achieving individual recovery goals with My Better Life[®].

Recently, we have had a number of participants who have not received SIL funding but the equivalent amount in their core budget to fund SIL-like support. If you have SIL funding, you are locked in to that provider with a service agreement. Use of core funds means SIL residents may terminate a service agreement but remain in the property because they have a tenancy agreement. Participants have told us that there is a lack of transparency as to how the NDIA is making decisions about their home and living supports, with some having their SIL budgets cut without adequate explanation. Even where funding has been provided through core supports, some participants have had to choose between other supports or funding SIL.

We understand the NDIA is concerned with SIL being locked in to one provider. If a single provider is not delivering supports to residents, there will need to be careful consideration to how participants can be supported to fund a foundational level of support, as well as the occupational health and safety arrangements for providers delivering services.

Providing in-home supports in a flexible manner is challenging under current policy and funding settings. We want to be able to support people in a more flexible way, so that they have access to a range of options which are more suited to their individual needs. We strongly encourage the NDIA to consider this when delivering the new home and living policy.

Specialist Disability Accommodation

People receiving SIL support may live in accommodation funded under Specialist Disability Accommodation (SDA). Mind delivers a number of shared living properties as SDA with under six beds,

⁸ State of Victoria, Royal Commission into Victoria’s Mental Health System. (2021). *Final Report, Volume 2: Collaboration to support good mental health and wellbeing*, Parl Paper No. 202, Session 2018–21 (document 3 of 6)

⁹ Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020) Trajectories: the interplay between mental health and housing pathways. Final research report, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>

¹⁰ Ibid

providing support to complex care clients. A number of issues have been raised in relation to access to SDA for people with a psychosocial disability, and the limited supply of housing stock which we believe could be addressed in an updated home and living approach.

Assessments for SDA within the NDIS architecture have been largely based on intellectual or physical disability, with SDA predominantly available to people with a psychosocial disability who also have comorbid physical or intellectual disability.¹¹ The Productivity Commission and Royal Commission both noted a shortfall of SDA for NDIS participants with a primary psychosocial disability, and the need for reform to encourage improved access to and development of SDA supply.^{12 13}

Some of the issues relating to SDA funding may stem from long-term specialist accommodation for people with a primary psychosocial disability being a relatively new concept. Under previous funding, such as state-based psychiatric disability rehabilitation, access to mental health community support service or clinical funding, accommodation has been time-limited with the focus on rehabilitation. We have worked with some participants who were living in like accommodation at the time of transition to NDIS, therefore they received in-kind SDA or their eligibility was relatively straight forward to assess. However, these participants had comorbid intellectual and/or physical disability. As a sector we need further guidance on how someone's house can support disability with a psychosocial origin. There needs to be some leadership from the NDIS in educating the sector about SDA eligibility for people with a primary psychosocial disability.

The process to access SDA is incredibly long and convoluted with many points for error, oversight and loss to the system – especially as SDA and SIL are assessed separately. For SDA, a participant needs to obtain funding for a specialised Occupational Therapist (OT) report which includes locating an OT who can write the report to address SDA legislative requirements and understands psychosocial disability. They then need to wait for the SDA panel assessment and outcome, whilst at the same time being assessed for a vacancy by a provider – even when the level of funding they might be approved for is unknown – and apply for home and living supports which is another complex process. The NDIA should streamline the SDA process, ensuring it is integrated and coordinated with other NDIS processes to avoid unnecessary bureaucracy and duplication. Clarity on the SDA process, including greater transparency on outcomes and timelines, should also be communicated to participants and the sector.

The Productivity Commission recommended the NDIA continue to amend its SDA strategy and policies to encourage development of long-term supported accommodation for NDIS participants with severe and persistent mental illness.¹⁴ We believe home and living reform is also necessary in order for SDA to be seen as a housing option for people with psychosocial disability. This should include influencing the market to increase suitable housing stock, and amending access requirements to reflect the needs of people with psychosocial disability.¹⁵

Individualised Living Options

The Consultation Paper states the NDIS wants others across Australia to have access to Individualised Living Option (ILO) arrangements, which have existed in Western Australia for many years. ILOs are stated to let participants make their own arrangements for the home they live in and set up supports in the way which best suits them. We are supportive of participants having more choice and control over

¹¹ Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020). Trajectories: the interplay between mental health and housing pathways. Final research report, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>

¹² Productivity Commission. (2020). *Mental Health*, Report no. 95, Canberra

¹³ State of Victoria, Royal Commission into Victoria's Mental Health System. (2021). *Final Report, Volume 2: Collaboration to support good mental health and wellbeing*, Parl Paper No. 202, Session 2018–21 (document 3 of 6)

¹⁴ Productivity Commission. (2020). *Mental Health*, Report no. 95, Canberra

¹⁵ Ibid

their home and living supports. However, improved budget flexibility and choice and control will not necessarily translate into participants being able to receive the supports they desire if they are out of reach of their budget. We are concerned that while ILOs may be suitable for some clients, it is possible the model will be more costly due to increased funds required for overheads and travel where shared supports are not being delivered to a single site.

Mind has spent considerable time setting up infrastructure to deliver ILOs. However, the process is complicated and it takes time for providers to build the market knowledge required to support participants. There is still a lot of ambiguity in relation to the ILO process and what can be funded, as well as who will be eligible for accessing flexible funding through ILO. We have experienced instances where support coordinators have been given incorrect information from the NDIA around eligibility. For example, a NDIA planner advised that current SIL participants cannot simultaneously access Stage 1 exploration and design ILO funding, when this is not actually the case.

If the NDIS is encouraging greater uptake of ILOs, it should provide improved guidance. This would assist planners and providers to give consistent and correct information, as well as support participants to explore and design supports and make decisions about using funding to put supports in place. Two particular areas require further clarification: quality and safeguarding for ILO supports given the use of informal/unpaid supports and close living arrangements such as host and co-residency, and further detail around pricing of components which make up Stage 2 supports, such as primary living arrangements and monitoring, and adjustment of supports.

Consideration of the fluctuating nature of mental illness in NDIS fund allocation and plan flexibility will require careful implementation, including training for assessors and planners. ILO providers will also need to be knowledgeable in psychosocial disability and supporting people with fluctuating mental ill health and psychological distress.

There is a need for improved clarity about what home and living supports the NDIS might fund, in order for participants to be empowered to have exploration conversations about what an ordinary life at home might look like. Current budget rules do not readily facilitate participants flexing funding up and down as their needs change. Adjustments should be able to be made outside of review meetings, without having to go through the process of unscheduled reviews. This will be essential if participants are to be empowered to access ILOs and use personalised budgets.

Further, we are concerned that although participants will be empowered to have exploration and design conversations about what an ordinary life at home looks like for them, this will be unrealised in practice given they will be constrained by what is within their NDIS-set budget to fund.

Comments on proposed features of a home and living approach

- 1. Changing the conversation**
- 2. Supporting you to be an informed and empowered consumer**
- 3. Supporting you to make decisions**
- 4. Reforming the funding model**
- 5. Improving choice and control through flexible budgets**
- 6. Assisting implementation and maintenance**
- 7. Engaging the market and driving innovation**

The application process for the NDIS, including home and living supports can be confusing. Add to this applications required to secure housing and it can be a complex process for participants to navigate. We are encouraged by plans to support participants to have informed conversations about their home and

living arrangements. Participants should have access to planners and LACs who understand psychosocial disability and can support them to understand how to use their flexible budget.

We are supportive of making planning conversations simpler. However, we encourage the NDIS to consider how they will ensure planners, support coordinators and Local Area Coordinators receive adequate guidance and timely information. This must occur in order for them to support participants to be informed and empowered with regard to their home and living options.

There is also a need for planners, support coordinators and LACs to have an understanding of psychosocial disability in order to provide appropriate support and information to participants with a psychosocial disability.

Choice and control are key principles of the NDIS. However, consumers who participated in our *Trajectories* research with AHURI reported their choices were constrained by the limited availability of NDIS services in some locations.¹⁶ People need access to housing to recover, and support to maintain their tenancies. The NDIA needs to influence state housing policy by encouraging Federal and State Governments to work together on solutions. As the Victorian Royal Commission pointed out, allocation of home and living supports, such as SIL or SDA, in a participant's plan doesn't translate directly into access to a property¹⁷. If there is no appropriate housing available, it is questionable as to how participants will be enabled to exercise the choice and control to live how they wish to.

The lack of appropriate housing supply is a continued problem for participants wishing to transition from SIL residences. Whilst we understand housing supply is beyond the NDIA's control, we encourage the NDIA to advocate for Federal and State Governments to work together to provide greater social and affordable housing stock, and fulfil recommendations for more supported housing options for people living with psychosocial disability, mental ill-health and psychological distress.

Conclusion

We are supportive of the NDIS providing participants with greater choice and control in their home and living arrangements. The NDIA should take into consideration the elements of current arrangements which are working positively, such as more affordable accommodation in shared environments with shared supports in SIL, when planning its new home and living policy. Uptake of ILOs will rely on improved and consistent guidance from the NDIA. Along with this, reform to SDA settings should progress in order to increase supply and access for people with psychosocial disability. We strongly encourage improved information sharing and guidance to empower participants and ensure planners, support coordinators and LACs can appropriately advise and support participants to understand the options available to them. Further, decisions made in relation to people's home and living arrangements should be transparent and made readily available to participants.

Mind are committed to ensuring NDIS participants with a psychosocial disability are able to have their support needs met based on their individual needs and goals. We would welcome the opportunity to have further discussions with the NDIA on home and living policy settings for people with a psychosocial disability.

¹⁶ Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020). *Trajectories: the interplay between mental health and housing pathways*. Final research report, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>

¹⁷ State of Victoria, Royal Commission into Victoria's Mental Health System. (2021). *Final Report, Volume 2: Collaboration to support good mental health and wellbeing*, Parl Paper No. 202, Session 2018–21 (document 3 of 6)

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