

# National Disability Insurance Scheme (NDIS)

Bringing the NDIS to people living in psychiatric hostels:  
How are people tracking two years on?

Kerry Stopher

NDIA Director Community and Stakeholder Engagement WA

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# Background information

Primary and Secondary Diagnoses (107 participants)	
Schizophrenia	82 (77%)
Bipolar, ABI, Autism, ID, other psychosocial or congenital brain conditions	25 (23%)
Secondary Diagnosis (likely to be more but not recorded)	10 (9%)
Other Information	
Comorbid substance use	13 (12%)
Has a case manager (Community Mental Health)	50 (47%)
Has a public trustee or others managing finances	88 (83%)
Has a guardian appointed	48 (45%)
Residing in Aged Care (receives NDIS funding)	2 (2%)
Exited NDIS (over 65 years and moved to aged care)	1 (1%)
Currently hospitalised (mental health ward)	3 (3%)

# Impact on residents

- Most have permanent and severe psychosocial disability – periods of illness
- Many unable to identify goals or aspirations and make decisions
- Lack of confidence to try new activities, take public transport, take risks
- Minimal or no contact with friends and family
- Lack of money to go out – generally no bank accounts
- Lack of clothes to present well in public
- Distrust that NDIS (or any initiative) will last

# Hostel Life



- Permanent residence for many – safe, familiar environment
- Residents pay up to 87.5% Disability Support Pension – covers accommodation, food, meals and laundry
- Residents have Personal Care Plans – with funding up to \$13k by WA via MHC - part of WA's funding contribution to NDIS as in-kind funding
- NDIS cannot fund support within a hostel
- NDIS can fund support to access community, employment, further education, build independence, explore housing



# Plan Supports

- Weekly support coordination
- 6 to 10 hours community access support – help to choose a support worker
- Activity costs - \$500
- Transport funding as required – generally \$1600
- Plan Management – so residents could access and track activity and transport costs via a debit card
- Employment support – for residents who wanted a job
- Health physiology – disability related health issues
- OT assessments for developing new skills
- Personal Futures Planning

Core Supports	2017	2018
Support Coordination	52 hrs pa	Slight decrease in number of hours for each resident (35 to 45 hours pa) – relationship with SC established - plan activated
Community access	6 /10 hrs pw	6/10 hours pw maintained
Transport funding	\$1600 pa	Slight decrease - funding removed if skills to catch public transport to multiple locations
Skills development (Trans trg, employment)		Increase in participants accessing transport training
Financial intermediary		Decrease in funding for all participants – help from SC to manage activity funds
Activity Fund	\$500 pa	Maintained if essential for community access
Accommodation exploration suitability		Increase in participants exploring accommodation options

# Outcomes and Learnings



## **Support Coordinators –**

- Developed relationship with participant – main aim in first year
- Maintained meetings with NDIS to share practice
- Next steps – ensure SC role coordinates all supports in plan including input from Community Mental Health Teams – essential to ensure a coordinated approach to supporting participant

## **Community Access Support Workers –**

- Developed relationship and facilitated activities outside of hostel – main aim in first year
- Next Steps - SW role to systematically develop participant independence, community connections and capacity – main aim is to reduce need for paid support over time`

## **Building Financial Capacity –**

- Many participants have a public trustee and little opportunity to build capacity to manage finances
- Next Steps – explore options (financial intermediary?)



# What's happening in 2018/19?

- WA Mental Health Commission and NDIA have commenced a new 'Hostel Recovery Support Project'
- Residents in psychiatric hostels in 2019 transition areas are being supported to access the NDIS and prepare for planning (similar approach to previous project)
- Three videos developed – see NDIA website WA page