GAPS AND RISKS IN COMMUNITY SUPPORT EMERGING IN HUNTER – NEW ENGLAND

THE EFFECT OF PRIVATISATION ON THERAPEUTIC SERVICES PROVIDED BY AGEING DISABILITY AND HOME CARE (ADHC) FOR PEOPLE WITH DISABILITY

ADHC is a high quality public provider of disability services which sets the benchmark for best practice for our non-government partners. This is particularly evident in the expert clinical support for our ageing, mental health, behavioural and high medical support needs clients.

In the Hunter NDIS trial site, Community Support Teams (CST) comprised of clinical specialists such as Psychologists, Speech Pathologists, Occupational Therapists, Dieticians, Physiotherapists and Case Managers have ceased to exist in Newcastle and are devolving in Lake Macquarie.

ENGAGEMENT

Some people with intellectual disabilities (ID) and complex needs can be difficult to engage with or challenging to maintain engagement in working toward a beneficial outcome. Private and NGO providers have shown in the past they are reluctant to accept or continue with such difficult referrals because of the complexity of dealing with families and the problem of claiming funding against "non-attendance" or where the client avoids or refuses to engage. NDIS funding can be restricted as billable hours and when a time limit is imposed for engagement and funding is used up, the client may not be offered support following that end date. This lack of flexibility means people with a disability miss out on services that are important in improving their lives.

ADHC is able to spend more time attempting to engage and can be available when the person is more prepared to engage.

COLLABORATION

People with a dual diagnosis (intellectual disability and mental health) can be poorly managed because of the need to have more than one agency involved. In the Hunter, Mental Health and ADHC developed a cooperative and supportive agreement to provide more effective mental health services for people with intellectual disability. For a disparate group of small, non-government organisations, negotiating and resourcing the development of an agreement with a large agency such as Mental Health Services has the potential to be a major obstacle.

A similar agency to agency collaboration would benefit people with ageing issues and intellectual disability. This is a developing issue as a significant proportion of people with Down syndrome also have early stage dementia. In ADHC, the practice

has been to continue to support people with an ID until they required specialist ageing care. Instead, the government's proposal is that people over 65 will be funded through aged services.

SPECIALIST SUPPORT

Under ADHC, people with ID and very complex needs had three tiers of support, spanning from local area front line services to regional specialist supports to state-wide specialist support. If ADHC no longer exists, all that is left will be front line support.

Training support staff to work with people with ID is an important part of ensuring effectiveness in the support role. In the new system, training time is not funded and staff must attend training in their own time. This will almost certainly result in support workers who are less prepared for working with people with ID and complex needs.

NO SAFETY NET

Most of the people who have NDIS plans have chosen to remain with their current providers and, as such, there has been very little movement in the system. At present ADHC is providing services in kind, so has retained most of its clients. However, support services are being withdrawn from people as soon as they get an NDIS plan. Community Support staff are directed to stop working with these people and there is no process in place for that transition. Moreover, in the full implementation of the NDIS in NSW, there is no opportunity for people with ID to choose to keep ADHC as their provider, particularly those with very complex needs who may have great difficulty finding another provider with skilled staff and a suitable setting.

Families supporting a person with a disability with complex needs at home are becoming increasingly isolated in the community. Those with an NDIS plan no longer have access to ADHC case management and therapeutic supports and are funded minimal hours for these under NDIS. Some clinicians have been unable to complete intervention plans within the funded hours, resulting in an increased risk for the person with an ID and their family.

A family member has raised concerns about ADHC CST no longer existing anywhere in NSW, as they provided immediate response and case management support after the arrest of her son who has an intellectual disability. ADHC CST clients in these situations currently receive intensive supports from a cohesive and strategic system, but there is no equivalent safety net under the NDIS. New sole traders are emerging in the delivery of services such as Psychology, Physiotherapy, Occupational Therapy, Speech Pathology, but without the underpinning of a tiered network of support and supervision that is inherent in ADHC.

Without ADHC CST supports, our most vulnerable clients are at risk of homelessness or entering an already overcrowded criminal justice system or a mental health unit.

WHAT CAN YOU DO?

- Print this bulletin and fact sheet and display them on your notice-boards.
- Discuss the issues with delegates in your workplace.
- Table this fact sheet at your team meetings (using the approved 15 minutes per meeting)
- Become active in your Local Campaign Action Group (LCAG).
- Talk to your colleagues about the importance of joining the PSA.

The PSA is campaigning to preserve ADHC as a provider of front line and specialist disability services. We need all ADHC workers and the community at large to be aware of the emerging gaps and risks in the NDIS transition being implemented in NSW. We all want the quality disability and home care services the NDIS can provide, but not at the expense of choice for parents, carers, clients and staff.

Join us in calling for the situation to change.

JOIN the PSA
and support the campaign

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