

**30 August 2021**

**ICLA - NDIS Submission - Consultation paper: An ordinary life at home**

Independent Community Living Australia - ICLA, as a current Supported Independent Living (SIL) provider, would like to submit the following viewpoints to help inform the consultation process.

ICLA currently understand that there is a need to diverify the options and choice of living arrangements, for people with disability. A key focus of supporting and assisting people with disability is to provide more flexibility, choice, and control in relation to their living arrangements and the supports they receive. This is a viewpoint that ICLA supports and is aligned to our service design and delivery. It is also consistent with our experience of best practice.

As a provider of supported independent living arrangements in Australia, we have taken steps to design and deliver options for people with disability that reflect their ability to exercise choice and control. We continually adapt and adjust the living options, premises, service delivery and staffing capability to reflect the needs of the people we support.

Our 35-year history and experience provide good evidence that such flexible approach delivers better outcomes for, not only people with disability, but their family and carers as well as staff involved in providing the services.

Contrary to the dominant view reported in the Independent Advisory Council to the NDIS – Challenges in Housing and Support under the NDIS 2019 report1, it is important to note that there are distinct differences between SIL providers.

Importantly ICLA focusses on the care and service delivery for people identified as experiencing psychosocial disability and/ or complex and chronic mental health conditions. The long-term effects of such conditions impact the ability to have consistent and sustainable living arrangements and often require support from staff beyond routine time-limited services.

These conditions are unique, as many people experience, psychosis, mania, delusions and/or severe (debilitating) depression. In a shared home environment, requires additional support to manage the individual’s wellbeing. This requires staff to be responsive and manage difficult situations when people may not be able to functionally make decision for themselves.

The National Disability Insurance Scheme Act 20132, which provides the legislative base for the Scheme, recognises the suite of support options to clinical mental health practice is well developed. However, its implications regarding psychosocial disability for community and housing services are less clearly defined and not as well understood.

This is a small but distinct population group within the NDIS scheme, (estimated between 3 to 5% of the population) with an array of complexities associated with inconsistent and fluctuating diagnosis, the need for episodic care and treatment management, at times, poorly defined. Additionally, the people experiencing psychosocial disability will have sporadic and varying degrees of disablement, functional limitation, and impairment.

Support and housing services for people experiencing a psychosocial disability require a proactive approach to be able to intervene early and manage any escalations. Additionally, the combination of

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housing and coordination of community and mental health services by trained staff are required to assist with the recovery journey and maintaining the wellbeing of the individual.

# The importance of residential options for people with Psychosocial disability (and chronic and complex mental health conditions)

There is a complex relationship between homelessness and experiences of psychosocial disability. Several systemic and individual factors increase the likelihood of poor housing outcomes among people with psychosocial disability and lived experience of complex mental health conditions who are more vulnerable to common risk factors for homelessness, domestic and family violence, alcohol and other drug addiction, loneliness, and unemployment.

The recent NDIS Consultation paper: An ordinary Life at Home (2021)3 outlines what could be the best practices in terms of supporting people with a disability in a group home setting, by reducing the number of residents and widening the choice and availability of services to provide greater independence as well as a home environment that incorporates a sense of belonging, security, and safety.

Some of the steps toward recovery and outcomes for a person with a psychosocial disability, an

“ordinary life” includes stable and consistent levels of monitored and peripheral care to the person with a psychosocial disability to be supported towards employment, family and social engagement, community participation and several self-directed health related behaviors such a medication management and symptoms awareness.

The benefit of a shared home environment for people with a psychosocial disability and chronic and complex mental health condition is that it provides several protective factors that supports the individual. The 24 hour “periphery care”, with the ability to respond early and proactively, usually alleviates or reduces hospital stay.

In addition, a shared home setting allows peer-relationships to be formed with people who are also experiencing similar needs and can assist in their recovery journey. As a SIL provider, the ability to provide periphery care to support the individual in this shared environment with peers, is immensely valuable to people experiencing psychosocial disability and chronic and complex mental health condition.

# The difficulties of moving away from a SIL to ILO Structure.

One of the key components of the SIL model as operated by ICLA is that we provide 24 coverage for all participants in the homes. At ICLA we have a maximum of 4 people per house, and we strive to create and support a home like environment.

This process works well, as each participant knows that there will be a staff member to support their daily living needs and provide any proactive steps should any of them require additional support needs or become unwell or unstable.

In this current model the 24-hour care is shared amongst the 4 people in the home and as a provider, we can manage the staffing required every day in the calendar year and across several homes. This is negotiated with the people in the home and a roster of care is provided to NDIS in advance to approve such level of care. Currently, under **Supported** Independent Living, the costs of providing this 24-hour support are covered through participants’ individual rosters of care and plans. They are **not** covered by the participants’ rental payments, which are funded by their Disability Support pensions or other means.

1. Challenges in housing and support under the NDIS (2019). Independent Advisory Council NDIS [www.ndis-iac.com.au](http://www.ndis-iac.com.au/)
2. <https://www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis>
3. NDIS Consultation Paper: An ordinary Life at Home (June 2021) [https://www.ndis.gov.au/community/have-your-say/home- and-living-consultation-ordinary-life-home](https://www.ndis.gov.au/community/have-your-say/home-and-living-consultation-ordinary-life-home)

The difficulty of moving to an ILO structure, will be to manage this 24-hour support. Under the ILO scheme, the 24-hour support will need to be negotiated with each individual and paid out of their individual plan & budgets. These individuals may choose very specific (and more than one) service provider in addition to the residential provider. This will have a significant impact on the periphery of care and communal support currently offered in a Supported Independent Living arrangement.

The complexities may mean that more than one staff/ support person may be scheduled overnight based on the individual needs. There are significant insurance and risk management requirements to coordinate external service provider to enter the shared home. Additionally people in the shared home environment may be impacted by individual choices of care managed by ICLA.

# Proposed system to support “periphery of care” and communal living arrangements.

Considering the proposed changes to an ILO arrangement, ICLA supports and encourages the choice and control of all individuals who require support from the NDIS. The ILO model of care will allow most participants and carers to be able to choose and control the level of care and support when needed and essentially providing a more responsive and flexible system of care to support individuals to reach better outcomes for an “ordinary life”.

However, ICLA would encourage for the NDIS to incorporate a function within the ILO provisions that allow a “communal plan” covering each individual living in a shared home. Importantly this should be included in the individual’s plan to nominate the residential service provider in the provision of the peripheral care (24-hour support).

This communal plan will be coordinated with the people living in a shared home environment and work towards a consensus to who and how the care is provided overnight, including timeframes. For ICLA as a service provider, such arrangements will allow a more manageable and coordinated approach to scheduling and rostering of support.

ICLA would see the above suggestion as much more in line with the challenges of supporting people with psychosocial disability living in shared homes. This will allow a more consistent operational management of the care and cost effective and fairer process for people living in each house.

Further information regarding ICLA’s position and recommendation can be provided if required. Please feel free to contact myself directly.

Kind Regards



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**Home and Living consultation submission**

**Organisation:** Independent Community Living Australia (NSW)

**Date and time submitted:** 9/3/2021 12:27:00 AM

**How do you identify:** A representative of an organisation or group (as detailed above)

# **Do you talk to people about how you would like to live?**

Yes

## **If not, why not?**

* I’m happy with my current arrangements:
* I don’t think I have the money to make changes:
* I don’t know where to start:
* I’m comfortable thinking about it on my own:
* I don’t want to talk about it:
* Other – please describe:

## **What kinds of things do you talk about / would want to talk about?**

* Who I want to live with: Yes
* Where I want to live: Yes
* What supports the NDIS funds: Yes
* What options are available: Yes
* What other people have done: No
* Not sure: No
* Not Applicable: No
* Other – please describe: No

# **Where would you like to get information to think about where and how you live?**

* Internet: No
* Social media: No
* Service providers: Yes
* Support Coordinator / LACs: Yes
* NDIS / NDIS website: Yes
* Friends and family: Yes
* Other participants / peers: Yes
* Government websites: No
* Peak bodies / advocacy groups: Yes
* Other – please describe: No

# **What information, learning and resources could we create to help you choose your home and living supports?**

* Examples of what options other people with disability might have chosen: Yes
* Someone to talk through my options with me: Yes
* Information that I can take away and read on my own: Yes
* Information given to providers: Yes
* Opportunities to talk with NDIS representatives on new options: No
* Other – please describe: No

# **How helpful is the NDIS website to find information on home and living supports?**

Somewhat helpful

## **What would improve the helpfulness of home and living information on the website?**

No answer recorded

# **Would it be helpful if your informal supports (e.g. friends, family and carers) knew more about how and where you want to live?**

Not sure

## **How can we work better with your informal supports to help them know more?**

No answer recorded

# **If your NDIS funding was more flexible, would you purchase different support/s for your home life than what you have now?**

No answer recorded

## **Such as?**

# **Who helps you to organise your NDIS supports?**

* Formal support, such as a support coordinator / LAC / NDIA planner or delegate: Yes
* Informal support, such as family / friends / carer / peer support networks / mentors: No
* No one / I self-manage my funds: Yes
* Other – please describe: No

## **How helpful is using formal supports?**

Somewhat helpful

## **How helpful is using informal supports?**

No answer recorded

## **How helpful is using other supports?**

No answer recorded

# **Have you ever used peer support networks or a mentor to find / access NDIS supports?**

Yes

# **Of the following options, who would you be most likely to use to help you implement your plan?**

* Peer support networks: Extremely likely
* Mentors: Likely
* Specialised home and living support coordinators: Very likely
* Support coordinator / LAC: Likely
* NDIA planner / delegate: Likely
* Family and friends: Neutral
* Other – please describe: Extremely unlikely

# **How would you like to encourage providers to offer new and innovative service options?**

* Pricing incentives for providers: Yes
* Recognition of innovative providers: Yes
* Newsletters: No
* Showcases: No
* Participant reviews and ratings: No
* Other – please describe: No

# **Appendix D (see consultation paper) lists options for actions we could take to improve home and living in the NDIS. What other ideas would you add to Appendix D?**

No answer recorded

# **Do you identify as:**

* Aboriginal and Torres Strait Islander? Yes
* From a culturally and linguistically diverse background? Yes
* Living in a rural and remote area? No
* LGBTIQA? Prefer not to say
* Having a psychosocial disability? Yes

# **Is there something you would like to see in a home and living policy specific to your response in previous question 12?**

Communal plan for 24 hour, peripheral care

# **Is there anything else you would like to add?**

No response recorded