

**Office of the Public Advocate
South Australia**



Submission

National Disability Insurance Scheme – Consultation Paper: An Ordinary Life at Home

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CONTENTS

1.	INTRODUCTION	3
1.1	OFFICE OF THE PUBLIC ADVOCATE	3
1.2	DISABILITY ADVOCATE	3
2.	BACKGROUND	4
3.	DISCUSSION	4
3.1	CHANGES IN DAY-TO-DAY LIFE NEED A QUICKER RESPONSE.....	4
3.2	NOT ENOUGH SUPPORT OPTIONS OR APPROPRIATE HOUSING.....	5
3.3	LACK OF COMMUNITY CAPITAL AND CAPACITY BUILDING SUPPORT IN PLANS	7
3.4	AN OPPORTUNITY FOR GREATER NDIA MARKET STEWARDSHIP	7
3.5	CONFLICT OF INTEREST PREVENTS YOUR CHOICE.....	7
3.6	OTHER KEY CONCERNS OF THE OFFICE OF THE PUBLIC ADVOCATE	8
4.	FEATURES OF A HOME AND LIVING APPROACH.....	9
4.1	CHANGING THE CONVERSATION	9
4.2	SUPPORTING YOU TO BE AN INFORMED AND EMPOWERED CONSUMER	9
4.3	SUPPORTING YOU TO MAKE DECISIONS	10
4.4	REFORMING THE FUNDING MODEL	10
4.5	IMPROVING CHOICE AND CONTROL THROUGH FLEXIBLE BUDGETS.....	10
4.6	ASSISTING IMPLEMENTATION AND MAINTENANCE	10
4.7	ENGAGING MARKET AND DRIVING INNOVATION	11
5.	CONCLUSION	11
6.	CASE STUDIES.....	12
6.1	CASE STUDY – CLIENT A.....	12
6.2	CASE STUDY – CLIENT B.....	12
6.3	CASE STUDY – CLIENT C.....	13
7.	APPENDIX A: HOUSING PATHWAY FOR NDIS PARTICIPANTS	14
8.	REFERENCES.....	15

1. INTRODUCTION

1.1 OFFICE OF THE PUBLIC ADVOCATE

The South Australian Public Advocate is a statutory official appointed by the Governor to implement the provisions of Section 21 of the *Guardianship and Administration Act 1993*, (the GAA). The Public Advocate is supported by the Office of the Public Advocate (OPA) to assume guardianship, and provide advocacy, support, and education to people with mental incapacity and the systems and services around them. This includes speaking for and on behalf of people and their families, carers, and supporters, educating the sector and identifying areas of unmet need for reporting to the Minister.

The Public Advocate acts as guardian of last resort for people with impaired decision-making capacity, when appointed by the South Australian Civil and Administrative Tribunal (SACAT) under the GAA. The SACAT will only appoint the Public Advocate as a person's guardian if it is satisfied that no other order would be appropriate. What this means in practice is that the Public Advocate will only be appointed if there is no one else in a person's life able or willing to make necessary decisions, or if there is family conflict meaning that agreement on decisions is difficult or not possible. Consequently, the Public Advocate often must make decisions for people who have complex needs or experience complex situations and who may be without support networks.

The Public Advocate's role as guardian is to make decisions, including giving the relevant consent about a person's health, accommodation, and lifestyle, where there is the requisite authority to do so under the guardianship order from SACAT. However, the Public Advocate as guardian is not responsible for arranging and coordinating a protected person's package of care and services.

1.2 DISABILITY ADVOCATE

The Disability Advocate is a position located within the Office of the Public Advocate and was established in November 2018. The purpose of the role of the Disability Advocate is to "ensure that South Australians with a disability and their families are getting a good deal from the National Disability Insurance Scheme (NDIS)."

Throughout 2019 the Disability Advocate attended over 150 meetings with people with disability, family advocates and carers to speak with people about their experiences with the NDIS, what was working well and areas for improvement. Regular reports were presented to Ministers and senior State and National Disability Insurance Agency (NDIA) officers. These reports are included in the Disability Advocate 2019 Annual Report which can be found on the OPA website.

The role has been extended with funding for the next 2 years. COVID-19 and work requested by the Minister for Human Services (such as the Safeguarding Task Force) made it difficult to undertake face to face meetings in 2020 but the Disability Advocate conducted over 270 meetings (mostly via telepresence) with external stakeholders during the year. The Disability Advocate has recommenced meetings with regular reports produced in 2021, which are also available on the OPA website.

2. BACKGROUND

The Public Advocate and Disability Advocate welcome the opportunity to provide feedback on the NDIA *Consultation Paper: An Ordinary Life at Home*. This is an opportunity to advocate for some of the most vulnerable South Australian citizens.

The OPA has over 1463 clients (905 of whom are under 65 and 835 are NDIS participants). There are also 61 people over the age of 65 who are NDIS participants with approved plans. Of these, approximately 100 are known to be living in tenuous accommodation arrangements. Examples of these arrangements can include where a client may be in hospital or rehabilitation services awaiting accommodation, of no-fixed abode or homeless. Additionally, clients may have their housing and support tied together with the same provider, with no separate tenancy agreement. Relinquishment of either service could render the client homeless.

3. DISCUSSION

The consultation paper identifies concerns that the NDIS has heard from participants which impact on them accessing and sourcing suitable and sustainable housing/ accommodation. These include:

- Group homes often do not represent an ordinary life
- Planning meetings focus on support categories instead of your needs
- Changes in day-to-day life need a quicker response
- Not enough support options or appropriate housing
- Lack of community capital and capacity building supports in plans
- Home is seen as a workplace for staff first and home second
- An opportunity for greater NDIA market stewardship
- Conflicts of interest prevent your choice.

These are also a concern for clients of the OPA. The main issues from this list are discussed in further detail below.

3.1 CHANGES IN DAY-TO-DAY LIFE NEED A QUICKER RESPONSE

A concern of OPA is that, under current arrangements, there is no quick response or pathway to safeguard an NDIS participant if their support services or housing fail.

The NDIS Participant Service Guarantee states that the reasonable timeframe for a Change of Circumstances (CoC) is up to 28 days for a small change and 50 for a larger change in the plan. Guardianship staff can ring the NDIS 1300 number, but it is unlikely they will have a same day outcome for a client in crisis. It is likely that whilst they wait for the CoC to be considered they will have to draw down on funding for other supports in the person's plan.

With the transition to the NDIS, guardianship staff are reliant on systems that are not set up to be as dynamic as a person's life. Crisis situations may result in pressures in other state government systems. It places clients of the OPA at risk of homelessness or being placed for extended periods in inappropriate housing settings (for example, hospitals and hotels). Client case study A and B are examples of where delays in response have resulted in social admissions and long stays in hospital. These case studies also speak to other issues identified further on in this paper.

The current housing process within the NDIA does not provide a timely response for people who are homeless or at imminent risk of homelessness. 'Appendix A: Housing Pathway for NDIS Participants' demonstrates the process, in OPA's experience, with approximate time frames. This process can take up to 18 months from its commencement but will vary depending on a range of factors. In the interim NDIS participants are unable to access Medium Term Accommodation (MTA) through the NDIA until they have secured a long-term accommodation option. The MTA option is only available for up to 90 days.

3.2 NOT ENOUGH SUPPORT OPTIONS OR APPROPRIATE HOUSING

The consultation paper discusses the issue of 'closed system SIL homes' where a provider acts as the property/ tenancy manager and as the SIL provider.

OPA has seen such arrangements emerge where service providers have taken on leases of properties to accommodate people they support. This results in both the accommodation and support services being provided by the one service provider.

This arrangement does not allow for choice and control by the participant. The OPA is particularly concerned about the heightened risks of abuse and neglect for NDIS participants whose supports and services are provided by a single service provider.

A single service provider reduces the external oversight around the services / support for the NDIS participant. The client is only interacting with staff engaged by the SIL provider and may have limited means to raise concerns about the SIL provider or feel they cannot do so as it may mean that their accommodation will be under threat.

If the provider can no longer support the client and withdraws their services, the provider will generally also terminate the accommodation arrangement. In OPA's experience, many service providers will not allow another service provider to support the client in the home and the client loses both their support service and their home. The client must then either source alternative accommodation or face homelessness.

There is a potential for a conflict of interest to arise if a service provider is both the SIL provider and the housing provider. As a housing provider, the landlord is responsible for providing suitable and safe housing. The landlord must respond to maintenance requests in a timely manner. Disputes can arise between landlord and tenant; for example, the landlord may pursue the tenant for compensation for damage to the property. A SIL provider that is independent from the landlord, may support the tenant to pursue maintenance issues or refer the tenant for advice in relation to any tenancy dispute. However, where the provider of the accommodation is also the SIL provider, this is unlikely to occur.

Linking services and housing also heightens risks of financial exploitation of people with disability. South Australian Housing Authority (SAHA) and Community Housing Providers (CHP) in South Australia charge rent at 25% of the tenant's Disability Support Pension plus Commonwealth Rent Assistance. The OPA has experience of SIL providers offering combined SIL and accommodation services with a rent higher than SAHA/CHP rates, and comparable to market rates. When the OPA has challenged the affordability of the proposed arrangement, providers have agreed to supplement the rent. This raises issues including:

- a. Where the funds are drawn from (e.g., the client's NDIS plan).
- b. Whether the funds are being appropriately expended and who may authorise the expenditure.

The OPA's position is that housing and support services should be separated so that when support services fail, accommodation services will continue (and *vice versa*).

The OPA has reviewed documents called 'service agreements' that relate to the SIL services and also include reference to the housing arrangements. These documents vary greatly, do not align with legislation and as such provide limited or no legal protection for the client. It is preferable that clients of the OPA have a clear and enforceable housing arrangement such as a tenancy agreement or rooming house agreement under the *Residential Tenancy Act 1995 (SA)* or an agreement under the *Supported Residential Facilities Act 1992 (SA)*. Case study A and B are both examples of this arrangement.

Specialist Disability Accommodation (SDA)

The OPA recognises that social housing is a state responsibility but notes that the NDIA may also fund Specialist Disability Accommodation (SDA) which is permanent housing where the participant has extreme functional impairment or very high disability support needs.

There are several challenges for clients of the OPA in relation to SDA.

- SDA funding in an NDIS participant's plan is needed to secure this specialist disability accommodation. The OPA client may have this funding in their initial plan which assists them to secure the SDA housing. It is sometimes not included in subsequent plans. This places the participant's placement at risk as they are living in an SDA premises and no longer have the SDA funding which would be paid directly by the NDIA to the CHP.
- SDA properties are categorised into a range of funding levels. This means that the participant must look for an SDA property that matches their funding level or lower. The NDIA offers the option of the participant topping up the SDA funding at their own expense so that they can live in a more desirable location. This option is out of reach of most people with disability who may be on lower income or reliant on the Disability Support Pension.
- There is limited availability of SDA properties in certain locations. This, coupled with having to find either a 'robust' or 'high physical support' property, depending on the participant's needs and then a property that matches the SDA funding in the participant's plan reduces a participant's ability to exercise choice and control. This is even more evident for people living in regional and remote locations. In some instances, it may result in a younger person living in Residential Aged Care (RAC) choosing to remain there due to a lack of other options within the area. Although the NDIS 'Younger People in Residential Aged Care Strategy 2020-2025'¹ talks about choice and control, a lack of appropriate SDA in a particular region is a barrier to a participant exiting RAC.
- There are instances where an SDA property is owned by the South Australian Housing Authority (SAHA) and leased to a Community Housing Provider (CHP). In these circumstances the CHP is not able to use SDA funding that would otherwise accrue to that property and participant.
- A participant is unable to secure SDA funding in their plan without finding placement in SDA-approved accommodation; however, SDA providers are unwilling to make an accommodation offer without guaranteed SDA funding for the individual. This creates an impossible "Catch 22" for the participant.
- SIL and SDA are currently assessed by different parts of the NDIA. This can cause delays in the approval process for the participant. SIL and SDA need to be reviewed together to assist in a more consistent and timely response. This is now under consideration by the NDIA.

- The OPA has concerns about the lack of clarity in the NDIA SDA arrangements for “extraordinary reactive maintenance” costs. In particular, OPA is concerned that on-charging OPA clients for damage to property will preclude the client from housing options and SDA providers will therefore be reluctant to offer housing placements to people with challenging behaviours and a tendency towards property damage.

3.3 LACK OF COMMUNITY CAPITAL AND CAPACITY BUILDING SUPPORT IN PLANS

The consultation paper discusses limitations of current plans not considering the benefits of intentionally building personal, informal support networks or capital support such as assistive technologies or SDA. The OPA sees that connection with informal support networks is important in safeguarding people with disability. It is important to recognise that clients of the OPA do not usually have access to these informal networks and, therefore, support to establish these connections is important to have in the NDIS plan.

Capacity building support in the NDIS plan is also an important consideration to assist the participant to sustain their tenancy. Practical supports that could be made available in the NDIS plan to assist with tenancy sustainment may include gardening and cleaning, and life skill development such as cooking and budgeting.

3.4 AN OPPORTUNITY FOR GREATER NDIA MARKET STEWARDSHIP

The OPA strongly supports market stewardship and notes that the NDIA is responsible for this area of work. The lack of market stewardship has seen traditional models of support continue, and a lack of innovative solutions. In the absence of innovation and better choice of options in the sector, the OPA has at times had to accept housing options for the clients of OPA which may not be ideal. The OPA has seen models of combined housing and support emerge that do not reflect appropriate tenancy rights or rent payments. The NDIA provides support for over 466,619 Australians (as of 30 June 2021) with approximately 76,000 participants (as of 31 December 2020, according to the consultation paper) with a goal relating to community living in their plan. This significant investment should provide plenty of room for innovation and creative housing options.

3.5 CONFLICT OF INTEREST PREVENTS YOUR CHOICE

This topic has been discussed earlier in the paper under point 3.2 *Not enough support options or appropriate housing*.

The consultation paper refers to data on people who receive SIL, Support Coordination and SDA from the same provider. The gap in the current NDIA data sets is that they do not provide specific numbers of the overlap of SIL and SDA in each state and region. This data is critical to gain a full understanding of the extent to which conflict of interests exist.

A conflict of interest occurs when the same agency provides Support Coordination (or Specialist Support Coordination) and other services, like SIL or SDA.

Support Coordinators, employed within service providers from where NDIS participants receive other services, are conflicted in their ability to give impartial advice to a participant. There is a risk they have not investigated all housing and service options beyond what their own agency may provide.

3.6 OTHER KEY CONCERNS OF THE OFFICE OF THE PUBLIC ADVOCATE

The OPA has identified the following issues as barriers to exercising choice and control on behalf of its clients:

- Skills and knowledge of Support Coordinators,
- Marketisation of the disability sector,
- The absence of a service provider of last resort, and
- The lack of data related to relinquishment of care of clients.

These issues are discussed in further detail below.

3.6.1 SKILLS AND KNOWLEDGE OF SUPPORT COORDINATORS

Support Coordinators or Specialist Support Coordinators may operate as individual consultants or may be employed by private or not-for-profit service providers. The level of knowledge and expertise of Support Coordinators inevitably varies.

Support Coordinators are not always well versed in locating housing. There is not a one stop shop for accessing accommodation options due to the market-based approach.

Support Coordinators are required to comply with the NDIS Code of Conduct and, if registered, relevant NDIS Practice Standards. The OPA is not aware of any process for auditing or checking the quality or accuracy of advice provided by Support Coordinators.

This is an area where the NDIS Quality and Safeguards Commission and the NDIA should undertake greater market stewardship and lead the capacity building of providers of Support Coordination within the sector.

3.6.2 MARKETISATION OF THE DISABILITY SECTOR

In the current market, a service provider can choose who they want to provide services to. Many OPA clients require highly specialised support and have significant funding packages through the NDIS. Some service providers may agree to take on clients with complex needs and later withdraw services when they are unable to adequately provide the specialised support the person requires.

OPA is now regularly seeing a reduction in NDIS funding for supports for complex clients which can result in a service provider withdrawing support. For some OPA clients this failure of support results in a cycling through service providers and supports which can be further disruptive and destabilising in their lives.

3.6.3 THE ABSENCE OF A SERVICE PROVIDER OF LAST RESORT

When services are withdrawn from clients with complex needs, it is difficult to source a substitute provider at short notice and this highlights the need for a provider of last resort. There is a need for services that will not cease their support or accommodation for a person who has high and complex needs. A provider of 'last resort' is relevant in this context. A provider of 'last resort' is an accommodation or support service provider that can step in when the market fails to provide the required services.

3.6.4 LACK OF DATA RELATED TO THE RELINQUISHMENT OF CARE

There is no single, consistent location where data is collected about when a service provider relinquishes support for a participant. There is also no current requirement for service providers to self-report the cessation of services to the NDIA.

Recently the OPA has reported to the NDIS Commission an instance of a service provider withdrawing services at short notice and placing the client at risk of harm. The Commission directed the service provider to reinstate services until an alternative support/ service can be found.

Consistent collection of this information is important to identify trends and issues. It also provides information for targeted training and capacity building in the sector and an opportunity for continuous improvement.

4. FEATURES OF A HOME AND LIVING APPROACH

Following the identification of concerns, the NDIA is proposing a new approach which includes the following themes:

- Changing the conversation,
- Supporting you to be an informed and empowered consumer,
- Supporting you to make decisions,
- Reforming the funding model,
- Improving choice and control through flexible budgets,
- Assisting implementation and maintenance, and
- Engaging the market and driving innovation.

4.1 CHANGING THE CONVERSATION

The consultation paper does not provide specific details about how the NDIA intends to provide further choice and control over where you want to live and who you want to live with. Issues identified earlier need to be addressed, such as matters relating to supply of housing in the affordable housing sector and approaches relating to SDA before participants can exercise true choice and control.

The OPA supports ensuring that the participant is involved in discussions about their needs and preferences along with simpler planning conversations to start the discussion. At times a more rapid approach needs to be taken when there is a breakdown of the current housing situation and the participant is facing homelessness. It is noted that this is recognised in the consultation paper under 'Supporting you to be an informed and empowered consumer'.

4.2 SUPPORTING YOU TO BE AN INFORMED AND EMPOWERED CONSUMER

The OPA supports initiatives around informing and empowering individuals to exercise choice and control. The lack of skills or knowledge, together with conflicts of interest around housing and accommodation options can result in reduced options and choices for clients of the OPA. Steps to further educate and inform key stakeholders such as Local Area

Coordinators, Support Coordinators and Planners on housing and accommodation options is supported by the OPA.

The OPA has long recognised the value of informal networks such as peer networks, circles of support and micro boards in providing additional safeguards for people with disability. Continued encouragement of such informal supports is needed as we know that these networks are critical in supporting the clients of the OPA and providing some additional safeguarding. The clients of OPA often do not have access to these informal networks due to breakdowns in relationships with family or friendships. This is why they come under guardianship of the Public Advocate. Capacity for building these social networks needs to be considered and appropriately funded within the planning process for clients of the OPA.

4.3 SUPPORTING YOU TO MAKE DECISIONS

The OPA notes and supports the work currently being undertaken in the concurrent NDIA consultation on Supported Decision Making policy framework. We look forward to seeing guidance and resources developed by the NDIA as a result of this consultation. Such resources will be of great benefit to the sector in supporting participants in exercising their own choices. It needs to be recognised that supported decision making is a process which requires an investment in time and skill development. This needs to be funded in NDIS plans.

OPA delegated guardians are guided by the S5 Principles to be observed under the *Guardianship and Administration Act 1993* when making decisions on behalf of clients of OPA. This includes supported decision-making. Noting the opportunity for continuous improvement in practices, the OPA is working in full with SAHMRI in providing training to OPA staff to support their knowledge and skills in supported decision-making. This project was made possible through an ILC grant.

4.4 REFORMING THE FUNDING MODEL

The NDIS has resulted in significant increases in support and funding for people with disability. It is noted that the NDIA is now in the process of reforming the funding within the NDIS in order to make it a sustainable scheme that leads to a more consistent, fair and transparent scheme. The provision of a draft NDIS plan (including budget) to the participant is a positive step to ensure that they have the correct agreed supports and goals that they need. This may reduce the number of S100 “reviews of reviewable decisions” that OPA has to submit on behalf of their clients who are also participants of the NDIS.

4.5 IMPROVING CHOICE AND CONTROL THROUGH FLEXIBLE BUDGETS

Increased flexibility within the participant’s budget is a positive step forward. Flexibility in the participant’s budget will greatly assist when a client of OPA is in crisis. One example is that funding can be used from different budget areas to increase funding for Support Coordination. This will allow the Support Coordinator to continue their work whereas, in the past, OPA staff have had to take on the role of coordinating services and supports due to the Support Coordination budget item being fully expended.

4.6 ASSISTING IMPLEMENTATION AND MAINTENANCE

The Support Coordinator, LAC and planners have an important role in assisting participants to implement their budget. These roles need to remain separate from the providers of services to be able to truly offer independent support. The proposed lifecycle approach to

conversations about home and living are supported as it may potentially reduce the breakdown of accommodation placements and the need for a crisis response. There are distinct benefits to this occurring outside of the planning process as it can happen when required and not wait for the next planning meeting.

4.7 ENGAGING THE MARKET AND DRIVING INNOVATION

The NDIA has a significant role to play in market stewardship and encouraging new and innovative models of support. As the funder of disability support for over 466,000 Australians it needs to take the lead in this area. Market thin-ness, marketisation of the disability sector and a lack of options reduces the opportunity for participants to exercise choice and control. A lack of choices when it comes to housing and support options is a significant issue for clients of the OPA as there are often limited options and OPA staff are often forced to choose a least preferred option to avoid homelessness.

The NDIA needs to work more closely with the states and territories to understand the individual accommodation needs and find opportunities to innovate with people with disability, government, non-government and other key stakeholders to find smarter solutions and provide more options. Listening to the participant and their families and openly considering realistic suggestions will be essential in identifying innovative and unique individualised solutions. It is good to see that this need is recognised in this consultation paper.

5. CONCLUSION

As the NDIS enters its 8th year, it is timely to review of the current approaches and processes to assist NDIS participants in finding and sourcing a safe and appropriate home.

Key considerations for a future approach include:

- The need for a quick response for situations where a participant is in crisis,
- Education for key stakeholders such as LACs, Support Coordinators and NDIS planners who assist participants to identify and source their housing needs, including SDA,
- Education for key stakeholders, including participants and their families, in supported decision making to further facilitate participants exercising their own choices,
- Funding for supported decision making in NDIS plans
- Flexibility within the NDIS participant's plan to address needs as they arise,
- Guidance/ direction to the sector to avoid the conflict of interest when a service provider is also the housing provider (and sometimes also the Support Coordinator),
- Clear direction in relation to responsibility for reactive maintenance,
- The NDIS taking a strong lead on market stewardship to develop innovative housing solutions and more options for people in regional and remote areas.

The OPA and Disability Advocate look forward to the outcomes and resulting improvements to the home and living process from this consultation.

6. CASE STUDIES

6.1 CASE STUDY – CLIENT A

Client A is a man who enjoys music, arts and crafts, cooking, and social interaction with others. Client A has complex disability and mental health issues. He was living in specialist disability accommodation with supported independent living services for several years. During this time Client A had regular stays in hospital as a result of incidents where he had engaged in self-injurious behaviour. The service provider was unable to continue supporting Client A and he was admitted to hospital care in late 2019 where he remains.

Since his admission there have been multiple incidents where Client A's behaviour has put himself and others at risk of harm.

Some incidents have caused hospital staff to call a "Code Black". This response involves a physical restraint and (potentially) administration of additional PRN medication. A Code Black may also result in a period of 'shackling' of Client A to his bed.

Many housing options have been explored by the specialist support coordinator and the OPA staff including registering through a number of housing platforms for SDA Robust housing vacancies. Exploring housing vacancies with numerous individual community housing providers and request for housing through South Australian Housing Authority have also been pursued. Additionally, exploring options where both the SIL and SDA are provided by the same support agency have been tried. For almost two years, no suitable vacancy has been identified. A government property has recently been secured and Client A will soon be discharged to a house.

6.2 CASE STUDY – CLIENT B

Client B is a man with complex physical and mental health needs. He is under guardianship and a NDIS participant.

A sole registered service provider supplied both the housing and the SIL supports to Client B.

The client has a history of trauma and abuse and makes allegations against support staff on a regular basis. He also engages in verbal and physical abuse of staff and property damage.

Client B requires a high level of staff support and the service provider had exhausted its pool of staff who were willing to work with the client. The service provider contacted the OPA to advise that they could no longer support Client B due to his behaviours, which placed himself and others at risk of harm.

The client remains in hospital as a social admission. He requires an accessible and robust SDA property to facilitate his discharge from hospital. The OPA is currently working with the SSC, SA Health and DHS to determine appropriate housing for Client B.

6.3 CASE STUDY – CLIENT C

Client C is a man with an acquired brain injury. He is reliant on a powered wheelchair and requires support in aspects of personal care, wound management and medication management.

The Public Advocate is appointed full guardian.

Client C has a history of homelessness and challenges in sustaining stable accommodation and support. Factors contributing to this situation include:

- anti-social behaviour
- refusing to take his medications and refusing personal care and other medical care
- frequent verbal and physical abuse, and threats of abuse, to support staff
- threats to damage or destroy property

Since June 2019 Client C has had at least four hospital admissions, moved accommodation four times and has had at least four different support and nursing services in place.

Service providers have withdrawn services to Client C as providers are unable to sustain a support team due to the complexity of needs and circumstances. There has been significant involvement and effort from numerous state government agencies such as Office of the Public Advocate, South Australian Housing Authority (**SAHA**), SA Health and Department of Human Services to secure safe, stable and appropriate long term accommodation and support for Client C.

The OPA continues to work with Client C and interested parties.

7. APPENDIX A: HOUSING PATHWAY FOR NDIS PARTICIPANTS

<p>The client needs housing (They may want to move out of home or are homeless or in crisis)</p> <p>If the client is not already an NDIS participant, they will need to join. To become a participant involves:</p> <ul style="list-style-type: none"> • Gathering evidence (28 days) • Assessments • NDIS Access Request • Meet NDIS Eligibility criteria <p>Access confirmed</p>	<p>TIME FRAMES (NDIS Participant Service Guarantee)</p> <p>90 days for participant to provide evidence.</p> <p>21 days for access decision 28 days to explain a decision 14 days to make a decision about who can use the NDIS after receiving more information.</p>										
<p>For existing participants, a Change of Circumstances is submitted if required.</p>	<p>21 days minor, 50 days larger changes</p>										
<p>NDIS Planning meeting held. Participant needs to request that the following be included in plan:</p> <ul style="list-style-type: none"> • A goal related to Home and Living Supports in your plan • An allocation for allied health assessments • Specialist Support Coordination (SSC) 	<p>21 days to start making plan Making meeting time – ASAP 28 days to have meeting 7 days to give you a copy of the plan</p>										
<p>Plan needs to be approved by the NDIA.</p>	<p>70 days to approve a plan</p>										
<p>The Request for Home and Living Supports Form needs to be completed by the individual or person on their behalf and submitted to the NDIA.</p>	<p>Dependent on individual guardian/nominee</p>										
<p>Once the NDIA has reviewed the request and if further information required the NDIA will advise what is needed. This may include further assessments.</p>	<p>This is a new process so timeframes not clear. This may also be depending on whether the participant engages with therapists for assessments if they are required.</p>										
<p>If approved, the NDIA may provide funding for:</p> <table border="0"> <tr> <td>Assisted Daily Living</td> <td>Capacity Building</td> </tr> <tr> <td>Individualised Living Option</td> <td>Home Modifications</td> </tr> <tr> <td>Short Term Accommodation</td> <td>Specialist Disability Accommodation</td> </tr> <tr> <td>Medium Term Accommodation</td> <td>Assistive Technology</td> </tr> <tr> <td>Supported Independent Living</td> <td></td> </tr> </table>	Assisted Daily Living	Capacity Building	Individualised Living Option	Home Modifications	Short Term Accommodation	Specialist Disability Accommodation	Medium Term Accommodation	Assistive Technology	Supported Independent Living		<p>Variable</p>
Assisted Daily Living	Capacity Building										
Individualised Living Option	Home Modifications										
Short Term Accommodation	Specialist Disability Accommodation										
Medium Term Accommodation	Assistive Technology										
Supported Independent Living											
<p>Support Coordinator or Specialist Support Coordinator utilise the plan and connect them with services. Note: The SSC needs to have appropriate skills and experience in the following: culturally appropriate/ have capacity/ Mental Health and adequately trained.</p>	<p>21 days depending on complexity and agreement on funding.</p> <p>There are often discrepancies about what is in the EHO, what the NDIS will fund and what the Service Provider will accept for the safety of participants and staff. This can delay transition.</p>										
<p>Housing</p> <ul style="list-style-type: none"> • Community Housing <p>The participant needs to register and be eligible for Community Housing</p> <ul style="list-style-type: none"> • Public Housing • Private rental • SDA <p>If SDA approved in plan and property is not an SDA property</p> <ul style="list-style-type: none"> • SDA providers need to be registered with the NDIS Quality and Safeguards Commission • Property needs to be enrolled with the Commission. 	<p>If SIL quote needs to be submitted and approved by the NDIA</p> <ul style="list-style-type: none"> • Participant profile • property profile • Participant outcomes • Roster of support (inclusive of all house participants) 										
<p>Housing modifications to be undertaken if required.</p>	<p>Variable</p>										
<p>The participant commences transition to the new home</p>	<p>Variable</p>										
<p>Please note time frames are an estimation only and vary from client to client</p>											

8. REFERENCES

ⁱ <https://www.ndis.gov.au/about-us/strategies/younger-people-residential-aged-care-strategy>