

6 November 2018

Mr Greg Donnelly  
Chair  
Portfolio Committee No.2 – Health and Community Services  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000

By email: [portfoliocommittee2@parliament.nsw.gov.au](mailto:portfoliocommittee2@parliament.nsw.gov.au)

**Re: Inquiry into the implementation of the NDIS and the provision of disability services in NSW**

Thank you for the opportunity to appear before the Committee to give evidence. I am pleased to provide a response to the following Supplementary Question.

*Are you aware of any specific groups of people with disability who are not being captured by the NDIS and thus not receiving NDIS funding? Please describe these groups by their disability/medical/health condition?*

*a. How are these groups accessing the support and services they need, if not by the NDIS?*

Through consultations with our members in both metropolitan and rural and regional areas, NCOSS is aware of many groups of people with disability who experience barriers accessing the National Disability Insurance Scheme (NDIS). Below, we provide some information about the main groups we are aware of, noting that this list is non exhaustive:

**People with mental illness and psychosocial disability**

The episodic nature of these conditions coupled with the limited experience of National Disability Insurance Agency (NDIA) staff results in many people with mental illness and psychosocial disability being deemed ineligible for the NDIS. Many of these people previously accessed supports through programs like Personal Helpers and Mentors and are now turning to non-specialist services, such as community centres and community legal centres. Our members emphasised that these mainstream services are struggling to meet the need because they lack the necessary funding and do not have the specialist expertise.

We are pleased to note that the NDIA is developing a specialised pathway for people with psychosocial disability, to assist in remedying these obstacles.

**People previously accessing low level supports**

People who accessed support under the Community Care Support Program but are ineligible for the NDIS are now struggling to maintain their homes, use community transport to do their shopping and get to specialist appointments. We refer to case studies about this in other submissions to the inquiry, such as the submission from [People With Disability Australia](#).

### **Aboriginal people**

Accumulated experiences of trauma and social exclusion continue to have a significant and detrimental impact on the health and wellbeing of Aboriginal and Torres Strait Islander people. Yet Aboriginal and Torres Strait Islander people are under-represented in take-up of the NDIS, including those with psychosocial disability. Contributing factors, reported by AbSec, include that Aboriginal people experience disability differently, it is not a widely recognised concept in Aboriginal culture, and support is more likely to be sought from family and community, rather than formal services. Aboriginal communities need to be resourced to deliver NDIS and provide culturally appropriate support in order for those with psychosocial disability to feel comfortable accessing the NDIS.

### **People experiencing homelessness**

People experiencing homelessness would experience severe difficulties navigating the NDIS system, particularly in fulfilling the requirement to obtain specialist reports. Additionally, the lack of a fixed address would make it difficult for people to communicate with the NDIA.

### **People under 65 with degenerative illnesses and other health conditions that are being deemed the health system's responsibility even though they impact their function significantly**

Our members tell us about barriers to accessing the NDIS experienced by people with younger onset degenerative diseases that are typically associated with age, such as dementia, Parkinsons, and stroke. During the early stages of these conditions, access requests tend to be unsuccessful on the basis that the individual's needs are best met by the health system. However, mainstream support from the health system is often inadequate. Additionally, NDIS planning process are often too slow to address the changing needs resulting from the degenerative nature of these conditions.

We understand that work is underway to address the interface issues between the health system and the NDIS.

### **People over the age of 65 who have a congenital or acquired disability that is not typically age-related and whose needs are not met within the aged care system**

Our members tell us that aged care supports are inadequate to meet the needs of people with severe disability. For example, Home Care Packages are insufficient to fund complex assistance technology, such as wheelchairs.

If you require any further information about this response, please do not hesitate to contact Ya'el Frisch (Project Officer Advocacy) on 8960 7908 or [yael@ncoss.org.au](mailto:yael@ncoss.org.au).

Yours sincerely



Joanna Quilty

Chief Executive Officer