NDIS in the NT

Darwin - NT

Tania McInnes
Director Stakeholder Engagement

February 2017
What is the NDIS?

National Disability Insurance Scheme

- NDIA (National Disability Insurance Agency)
- Supports people with disability with the ‘reasonable and necessary’ supports they need to live an ordinary life and achieve their goals
- 460,000 participants by 2019
- It’s a different way of delivering services for people with disability.
What is the NDIS?

NDIS – key principles

• Choice and control
• Reasonable and necessary
• Value for money
• Outcomes focus
• Insurance approach

New, flexible, whole-of-life way to provide individualised support to people with disability
The NDIS has taken off

The Scheme will grow substantially over the next 3 years

Participants

2014/15: 12,000 (3%)
2015/16: 31,000 (7%)
2016/17: 151,000 (33%)
2017/18: 345,000 (76%)
2018/19: 456,900 (100%)

*Assuming all bilateral agreements are signed

Projected Growth in NDIS participation
Source: NDIA/ NOUS report

What is the NDIS?
What is the NDIS?

NDIS in NT – estimated participants

NT participants entering NDIS (6,545 total)
NDIS roll out in Northern Territory

- The NDIS will be made available progressively across the Territory over the next three years.
- The NDIS is being introduced in stages, because it’s a big change and it is important to get it right and make it sustainable.

1 July 2014
- Barkly

1 January 2017
- East Arnhem
- People in supported accommodation in Darwin Urban

1 July 2017
- Darwin Remote
- Katherine
- People in supported accommodation in Alice Springs and Katherine

1 July 2018
- Darwin Urban
- Central Australia (including Alice Springs)

Participant Intake – Estimated over 6,500 by June 2020
Working collaboratively

NDIA are working closely with the Northern Territory Government (NTG) to ensure a smooth transition.

NDIA are utilising the experience of NTG and leveraging off the strong networks they have in the Northern Territory.

The **bilateral agreement**, between the Commonwealth and the Northern Territory, outlines the parties will:

- Provide continuity of support to existing clients of disability services
- Report on progress, results and outcomes
- Share information to assist with policy development and scheme administration
The project is to collaboratively design a flexible model of delivery for the NDIS in the East Arnhem region.

**Aim:**
- Timely provision of appropriate services and supports for participants
- Build opportunities for employment within East Arnhem
- Build provider capacity

**Membership:**
- NDIA
- Northern Territory Government – Office of Disability and Department of Chief Minister
- Prime Minister and Cabinet
Mainstream Interfaces

Darwin - NT

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What is the NDIS?

NDIS and mainstream systems

- The NDIS is not intended to replace the supports or services provided by other mainstream systems
- Wherever possible we assist participants to access mainstream systems
- Key principles determine whether the NDIS or another system is more appropriate to fund particular supports
- A participant’s plan may include a range of supports provided by informal, mainstream and community networks. Some of these may be funded by the NDIS.
Determining the responsibilities of the NDIS and other service systems

The interactions of the NDIS with other service systems will reinforce the obligations of other service delivery systems

- **General Principles**: 6 principles to determine the funding and delivery responsibilities of the NDIS

- **Applied Principles**: 11 principles developed in a range of other service systems to assist governments to further define the funding responsibilities.
General Principles to determine the responsibilities of the NDIS and other service systems

1. People with disability have the same right of access to services as all Australians

2. The NDIS will fund personalised supports related to people’s disability support needs, unless those supports are part of another service systems’ universal service obligation or covered by reasonable adjustment

3. Clear funding and delivery responsibilities should provide for the transparency and integrity of government appropriateness consistent with their agreed policy goals

4. Nationally consistent approach to the supports funded by the NDIS and the basis on which the NDIS engages with other systems

5. In determining the approach to the supports funded by the NDIS and other service systems governments will have regard to efficiency, existing statutory responsibilities and policy objectives of other service systems and operational implications

6. Interactions of people with disability with the NDIS and other service systems should be seamless → ‘no wrong door’ approach
Applied Principles to determine the responsibilities of the NDIS and other service systems

1. Health
2. Mental Health
3. Early childhood development
4. Child protection and family support
5. School education
6. Higher education and Vocational Education and Training
7. Employment
8. Housing and community infrastructure
9. Transport
10. Justice
11. Aged Care
### Health interface

<table>
<thead>
<tr>
<th>Mainstream responsibility</th>
<th>NDIS responsibility</th>
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</thead>
</table>
| • Diagnosis, assessment, clinical services and treatment of health condition including:  
  - GP Services  
  - Medical specialists  
  - Surgery  
  - Dental care  
  - Care in hospital  
• Medications and pharmaceuticals  
• Chronic health care  
• Sub acute care: palliative, geriatric and psychogeriatric care  
• Post acute care: nursing, wound management  
• Rehabilitation and other therapy as a result of accident or injury | • Supports required to assist a participant to undertake activities of daily living  
• Aids and equipment  
• Prosthetics and artificial limbs  
• Allied health and other therapy required as a result of the participants impairment *(includes maintenance therapy supports to enable a person to live in the community and participate in education / employment)*  
• Early intervention treatment to increase functional capacity (not rehabilitation) |
## Mental Health interface

### Mainstream responsibility
- Treatment of mental illness including acute inpatient, ambulatory, rehabilitation and recovery
- Diagnosis of psychiatric conditions or mental illness
- Medications and pharmaceuticals
- Care whilst admitted in hospital, in patient or residential care
- Secure mental health facilities that are primarily clinical in nature

### NDIS responsibility
- Ongoing Psychosocial supports that focus on a persons functional ability to undertake activities of daily living.
- Assistance with accommodation and tenancy
- Assistance with daily life tasks in a group or shared living arrangement (*non-clinical*)
- Support for community integration
- Allied health and other therapies related to managing / reducing the impact of the impairment
**Early childhood development interface**

<table>
<thead>
<tr>
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</thead>
</table>
| • Inclusion supports that enable a service to meet child's needs e.g. increased staff to child ratios | • Early intervention supports that - improves functional capacity  
- prevents deteriorations of functioning |
| • Adapting educational programs                                                          | • Allied health or other therapies such as speech therapy or physiotherapy.                              |
| • Making reasonable adjustments to buildings *e.g. ramps*                               | • Individualised supports to enable a child to attend an Early Learning service  
(*Only in situations where a child has a very significant and complex care needs that are beyond reasonable expectation for early learning service to provide*) |
| • Transporting children while in Early Learning service (*such as excursions*)             |                                                                                                           |
## Child protection and family support interface

<table>
<thead>
<tr>
<th>Mainstream responsibility</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Family support and counselling</td>
<td>• Family support and counselling due to a family member's disability</td>
</tr>
<tr>
<td>• Parenting skills programs and family relationship services</td>
<td>• Building skills and capacity of other family members to manage the impact of a participant's disability</td>
</tr>
<tr>
<td>• All aspects of the statutory child protection system including assessing and responding to suspected abuse and neglect</td>
<td>• Supports required due to the impact of the child’s disability, in out of home care, if the support needs are in excess of children of a similar age</td>
</tr>
<tr>
<td>• Arranging out of home care for children subject to child protection orders and meeting the needs of the child with disability</td>
<td>• Supports aimed at increasing the sustainability of the family caring arrangement, including personal care and domestic assistance related to the person’s disability</td>
</tr>
</tbody>
</table>
## School education interface

<table>
<thead>
<tr>
<th>Mainstream responsibility</th>
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</thead>
<tbody>
<tr>
<td>• Employing teachers, learning assistants and facilitating access to educational resources</td>
<td>• Assistance with self-care at school e.g. feeding, mobility, managing airways</td>
</tr>
<tr>
<td>• Learning specific aids and equipment e.g. braille text books</td>
<td>• Specialist transport required because of the students disability (not substituting for parental responsibilities)</td>
</tr>
<tr>
<td>• Making reasonable adjustments to the school curriculum and buildings</td>
<td>• Transportable equipment e.g. wheelchair</td>
</tr>
<tr>
<td>• Transporting students for school activities (eg excursions)</td>
<td>• Specialised or intensive support to transition between schools or from school to post-school options</td>
</tr>
<tr>
<td>• Day-to-day supervision of students including addressing behavioural issues</td>
<td>• Allied health support for non-educational purposes (delivery at school MUST be negotiated with the school)</td>
</tr>
<tr>
<td>• Therapy delivered in school for educational purposes</td>
<td></td>
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</tbody>
</table>
# Higher education and vocational education and training interface

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<thead>
<tr>
<th>Mainstream responsibility</th>
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</thead>
<tbody>
<tr>
<td>• Learning assistance (<em>e.g.</em> Teacher’s Aid) and inclusion support (<em>e.g.</em> Auslan Interpreter)</td>
<td>• Personal care and support (<em>e.g.</em> feeding, mobility, managing airways)</td>
</tr>
<tr>
<td>• Learning specific aids</td>
<td>• Transport to and from the education or training facility</td>
</tr>
<tr>
<td>• Reasonable adjustments to educational facilities</td>
<td>• Specialist supports for transition from education or training to employment that are required because of the person's disability.</td>
</tr>
<tr>
<td>• Transport between education or training activities</td>
<td></td>
</tr>
<tr>
<td>• General support / training for education staff</td>
<td></td>
</tr>
</tbody>
</table>
# Employment interface

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<thead>
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<tbody>
<tr>
<td>• Work specific supports related to recruitment processes, work specific aids / adjustments</td>
<td>• Personal care in the workplace (e.g. feeding, mobility, managing airways)</td>
</tr>
<tr>
<td>• Reasonable adjustment to buildings</td>
<td>• Aids and equipment related to the functional need e.g. wheelchair</td>
</tr>
<tr>
<td>• Transport within work activities</td>
<td>• Specialised / targeted employment support i.e. preparing for, finding and maintaining employment</td>
</tr>
<tr>
<td>• The funding or provision of employment services and programs, including both disability-targeted and open employment services, to provide advice and support</td>
<td>• Supported employment</td>
</tr>
</tbody>
</table>
## Housing and community infrastructure interface

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<thead>
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<tbody>
<tr>
<td>• Provision of accessible and affordable housing options that meet the needs of people with a disability</td>
<td>• Support to build capacity to maintain tenancy by:</td>
</tr>
<tr>
<td>• Routine tenancy support by social housing authorities</td>
<td>- Behavioural management</td>
</tr>
<tr>
<td>• Homelessness-specific services – outreach and emergency accommodation</td>
<td>- Money and household management</td>
</tr>
<tr>
<td>• The improvement of accessibility in community infrastructure</td>
<td>- Social and communications skills</td>
</tr>
<tr>
<td></td>
<td>- Personal care support</td>
</tr>
<tr>
<td></td>
<td>- Living skills management</td>
</tr>
<tr>
<td></td>
<td>• Home modifications for accessibility for a person in private dwellings</td>
</tr>
<tr>
<td></td>
<td>• Home modifications for accessibility for a person in legacy public and community housing dwellings <em>(on a case-by-case basis)</em></td>
</tr>
<tr>
<td></td>
<td>• Domestic assistance required due to a persons disability</td>
</tr>
</tbody>
</table>
### Transport interface

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<tbody>
<tr>
<td>• Accessible public transport options</td>
<td>• Training and support to use public transport</td>
</tr>
<tr>
<td>• Concessions to facilitate use of public transport</td>
<td>• Modifications to a private vehicle</td>
</tr>
<tr>
<td>• Transport infrastructure (<em>e.g.</em> footpaths, disability parking)</td>
<td>• The reasonable and necessary costs of taxis or other private transport options for those not able to travel independently.</td>
</tr>
<tr>
<td>• Transport that is a substitute for parental responsibility</td>
<td></td>
</tr>
</tbody>
</table>
# Justice interface

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</table>
| • Ensuring the justice system, supports, communications and buildings are accessible  
• Pre-sentence Psychological / Psychiatric reports  
• Offence specific supports | **Non-custodial order**  
• Supports to address behaviours of concern due to the impact of the persons impairment  
• Coordination of supports in conjunction with the Justice system |
| **Non-custodial order**  
• Management of offender compliance | **Custodial Orders**  
• Aids and equipment  
• Allied health support directly related to the persons impairment  
• Disability specific capacity building  
• Supports to assist with successfully re-entering community |
| **Custodial Orders**  
• Day to day support in custodial setting  
• Support to access / navigate Justice system  
• Disability training for correctional staff  
• Secure accommodation facilities |
## Aged care interface

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<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>• Access to quality and affordable aged care and carer support services</td>
<td>• Over the age of 65 years and 50 years for Indigenous people: Provide funding for reasonable and necessary supports if participant chooses the NDIS rather than the Commonwealth Aged Care Packages</td>
</tr>
<tr>
<td>• Training and regulation of the aged care sector</td>
<td>• Under the age of 65 years age and 50 years for Indigenous people: NDIS participant can choose to purchase supports from an aged care provider and the NDIS will fully meet the reasonable and necessary’ support costs</td>
</tr>
<tr>
<td>• Information assessment and referral mechanisms</td>
<td></td>
</tr>
<tr>
<td>• Needs-based planning arrangements and support for specific needs groups and carers.</td>
<td></td>
</tr>
<tr>
<td>• A person ceases to be a participant in the NDIS when the person moves permanently to residential aged care</td>
<td></td>
</tr>
</tbody>
</table>
Questions?

Visit: www.ndis.gov.au

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