

Getting NDIS Ready: Literature Review

O'Brien, P., Campbell, L. & Riches, T. (2018).

The disability sector in Australia is undergoing a major reform, with the NDIS gradually rolling out across the country. The NDIS will start in the CESP HN region in July 2017. This reflects a wider international paradigm shift regarding attitudes towards persons with disabilities that is now becoming entrenched in international health. In 2006 the UN adopted the 'Convention on the rights of Persons with Disabilities.' A person centred approach stresses that persons with disabilities are not only the objects of medical treatment, but subjects capable of claiming their rights and making decisions for their lives based on their free and informed consent. The Australian government ratified the UNCPD, and the National Disability Insurance Scheme legislation was drawn in 2013 and passed Treasury in 2016. However, the relationship between the NDIS and health services is still as yet undetermined.

The aim of this project was to explore the interface between the NDIS and health, as it relates to the Central and Eastern Sydney primary health network (CESPHN). In Chapter 3, the report outlines key definitions that arise from the various legislative acts and their implementations. In particular it identifies restrictions upon the NDIS in the form of the eligibility criteria and the funding related to disability supports. Chapter 4 reports the changes to funding structures through individualised packages that are attached to the person. This climate results in a somewhat complex interaction of funding and responsibilities for primary health care.

Chapter 5 and 6 discuss the delimiters of this "desktop research", required in order to meet a relatively short time frame. It provides discussion on the "grey areas," and why rural CESP HN areas and aging population were deemed to be outside the scope of this research project. It discusses a lack of clarity between primary health versus primary health networks, and areas in which CESP HN can anticipate some ongoing lack of clarity. It advises on existing resources related to disability and mental health. It notes the importance of caregivers and family, as well as recognizing that there are specific and as yet unforeseen needs of CaLD (culturally and linguistically diverse) peoples moving to the NDIS.

The demographic information in Chapter 7 outlines the people in the CESP HN area expected to move over to the NDIS in 2017. Estimates indicate that 14,700 participants in the CESP HN region will enter the NDIS by June 2018, with this number anticipated to increase to 18,100 by June 2019 (NDIA 2016). This section outlines their key demographics. Chapter 8 outlines a list of important services that could be constructed within the later phases of this research.

Chapter 9 outlines peer-reviewed literature related to the NDIS and primary health, drawing upon international and Australian journals. Chapter 10 announces its findings around the health and disability interface. Although not all systems and procedures will change, it acknowledges that the person-centered philosophy upon which the legislation is built is changing the way that health is provided. This has broader implications than individualised packages alone. Importantly, in regard to the NDIS, the report identifies that the central lynchpin around which the entire climate will now move is advocacy. This makes the distribution of information and resources invaluable, and also means that professional development will be very helpful in assisting people with disabilities (particularly intellectual disabilities) in a successful transition.

The first recommendation of this report is that CESP HN develop resources for people with disabilities customised for the area, in culturally appropriate versions for various ages. It encloses a framework recommended as a checklist for these resources. The second recommendation is that CESP HN promote education and advocacy in its region. The third is that CESP HN promote professional development to assist people with disability in relevant skills in the NDIS climate - goal setting, problem solving etc. The fourth is that the lived experience of the people with disability (such as gathered in the workshops) guide CESP HN's approach to disability. Of particular importance is hearing from those on individualized packages. The fifth is identifying risks and setting protocols in place to prevent hospitalisation, with some suggestions given related to aspiration, poly-pharmacy, seizures, and behaviours of concern.