

## IMPROVING NDIS PLANNING AND LOCAL AREA COORDINATION

Planning and Local Area Coordination are central to the success of the scheme.

The skills, consistency and ability of planners to support participants and families remains limited. Participants are not being adequately supported and empowered. Additionally, people with disability who are not eligible for the scheme are not being sufficiently supported to find alternative services.

Alliance20 members could provide significant assistance and have identified and can assist with solutions ranging from revised training and recruitment practices through greater engagement with service providers to expanded planning and funding arrangements that better integrate the elements of the health and human services sector that impact on the lives of people with disability.

### BACKGROUND

Effective planning is essential as the gateway to the NDIS. It is important that participants are directed to supports that focus on their best life outcomes. It is also important to ensure that those who do not need NDIS supports are directed to arrangements (informal and/or other government funding arrangements) that enable them to achieve their best life outcomes without NDIS supports.

Local Area Coordinators (LAC) are fundamental to assisting people with disability and families as they engage with and access the NDIS. LACs aim to empower people with disability and their families and carers by providing information, planning services, support with pathways and promoting choice and control over key life decisions. Key LAC responsibilities include:

- meeting with participants and assisting them with their 'First Plan' which guides transition into the scheme
- assisting participants to implement their plans, including community inclusion and building capacity
- completing plan reviews for participants.

Additionally, LACs also provide a range of other functions around community development and engagement, supports for people ineligible for the NDIS and referrals to other services and pathways.

### CURRENT ISSUES

- Strong sector feedback indicates that LACs currently spend most of their time with individuals and families on planning and services for people eligible for NDIS and time allocated to people not eligible for NDIS is greatly reduced and puts pressure on these people to find and/or fund their alternative supports.
- Concerns also exist over the different skill sets required for planning and for community development and whether individual LACs can possess both skills or can effectively undertake both roles.

- While Alliance20 strongly supports sector and community organisations providing these functions, concerns exist over the skills of LACs who have been employed to fill urgent recruitment needs.
- The inconsistency of approaches used by LACs is also an issue with families reporting different processes, outputs and outcomes from different LAC services which highlights issues with the training, support and experience of LACs.
- Service providers are largely excluded from LAC functions, despite many having long term and close associations with participants and significant input that may assist. Families are often told that service providers are not able to assist even if they request this input.
- The need to transition many people into the scheme has stretched the resources of LACs and meant that many families do not see a LAC prior to the NDIS assessment.
- High 'throughput' targets for LACs compromise services and limit the time spent with people with high needs and/or with families from vulnerable and marginalised groups.
- The substantially different needs of mental health participants again stretch the resources of LACs and greatly increases the knowledge required.
- These issues are exacerbated in rural and remote communities and Aboriginal and Torres Strait Islander communities.

## **IMPACT STATEMENT**

### **IMPACT FOR PARTICIPANTS**

- For at least a small number of people with disability considerations about life outcomes extend well beyond an annualised planning cycle. Planning will be ineffective without that capability.
- The lack of LAC resources for community development under ILC reduces opportunity for people with disability who are ineligible for the NDIS to receive information on supports available placing greater pressure on families.
- The lack of existing service provider input to planning and service allocation, is disadvantaging consumers who have no other representation and do not receive family support.
- For people with severe disability, this issue often limits the information provided to the NDIS for assessment. As a result, some people with high needs are being both grossly over-funded and others are grossly under-funded.
- The ability of LACs to understand mental health needs as well as people from Aboriginal and Torres Strait Islanders or CALD backgrounds may compromise assessments and result in poor allocation of services as individuals and families have difficulty in conveying need and in detailing the help that they believe will be useful.

## IMPACT FOR PROVIDERS

- Annualised planning makes it difficult for providers to commit to the service offerings that people with disability are seeking.

## IMPACT FOR THE MARKET

- Annualised planning removes certainty and risk mitigation from the market which needs to make multi-year investments/commitments to supply the services that people with disability would choose.
- Planning that is restricted to the scope of NDIS can be counterproductive. The history of disability funding shows that other health and human services withdraw where disability funding is a possibility, even if that has long term adverse consequences for them.
- The allocation of some LAC contracts resulted in large numbers of new staff being employed in a short space of time and limited experience, resulting in:
  - Worsening skills shortages for disability services
  - Limited overall disability knowledge by LACs
  - An increased reliance on training and supervision of LACs to ensure consistency and appropriateness of approach
  - Short-term contracts for LACs contribute to the lack of skill and disability knowledge as well as to high turnover.
- The training and supervision of LACs is a concern as families and service providers report different approaches to planning and markedly different levels of understanding about disability, particularly where the disability has co-morbidities or is relatively rare. This includes:
  - Inconsistency as to communication issues, whether face to face or phone
  - The level of support from pre-planning to service allocation
  - The level of knowledge that LACs have about different types of disability
  - Families have also reported a lack of understanding about the nature of disability when determine if it is lifelong or episodic.

## PROPOSED SOLUTIONS

Consideration should be given to:

- LAC contracts should be competitive and open to a wide market, with a commissioning approach used.
- Training is paramount to solving many of the issues, including but not limited to:
  - knowledge of disability including relatively rare conditions and mental health
  - knowledge of cultural factors in disability and the need to assist people from Aboriginal and Torres Strait Islander and CALD backgrounds.
  - administration of consistent process and planning tools to ensure that the experience of one family is similar to another

- knowledge and skills in community development to fulfil this part of the role or split the role
- knowledge of local service providers and programs
- Align those most knowledgeable and experienced with the most difficult or complex cases.
- Employ LACs with specific community and/or cultural knowledge and provide an ongoing reference point for that community
- Consider splitting the LAC role into planning and community development functions and employ people with these skills in the distinct roles. This will also better serve those ineligible for NDIS.
- Include service providers in planning, particularly in high needs cases and/or where family support is absent or when requested by families. This inclusion could extend to funding needs across the whole of the health and human services sector and to better integrating funding arrangements for providers across this sector.