

ENSURING STRONG AND EFFECTIVE EMERGENCY AND CRISIS RESPONSES

Crisis responses should reduce as the National Disability Insurance Scheme (NDIS) is fully rolled out across Australia and matures. However, the need for the right crisis responses for participants with disability will continue. Such crisis responses will continue to require close liaison with other agencies and services, including at federal and state government levels. These relationships were well established in state-managed systems but are at risk of fracturing under the NDIS.

Alliance20 is proposing an emergency response service available nationally to address this risk and which can utilise providers to enable emergency costs to be distributed across health and human service agencies rather than be restricted to the NDIS.

BACKGROUND

As the NDIS is rolled out and matures, a crisis response for participants with disability will continue to be required. Such responses often require close liaison with other Federal, State and Territory government agencies including health, child protection, education and justice.

Systems under the State and Territory governments historically worked together to respond to these crisis and provide a crisis response including, if needed, short term accommodation.

CURRENT ISSUES

- Under the NDIS there is no 24/7 response system, operating hours are closed between 11 p.m. and 8 a.m. Support coordination which can include a 24/7 response to a crisis is not always a funded support in a participant's plan.
- Emergencies are unpredictable and impact greatly on families and people with disability and cannot be anticipated, prevented or given a planned response. Crisis also happen when families relinquish responsibility for their child or adult or when an elderly parent caring for an adult family member with disability is hospitalised or is deceased. Calls out of hours generally involve police and/or emergency departments giving rise to hospital admissions.
- The key requirement is to meet clients' needs in crisis situations; to date, NDIS response systems are non-existent or very limited in their response.

IMPACT STATEMENT

IMPACT FOR PARTICIPANTS

- An adult family member supporting a person with disability can be hospitalised or become unable to continue providing support and the person with disability is not able to be left alone. Where NDIS approved plans are not in place health and, sometimes, justice systems will become the only options for the person with disability. Once people with disability are discharged from these systems or admission happens, problematic and inappropriate support models are often enacted.

IMPACT FOR PROVIDERS

- Providers cannot plan/invest to provide services to meet this need under the current arrangements.
- Providers find their viability threatened by their values-based commitments to meet services to people in these circumstances given that there is no funding for their undeniable service requirements.

IMPACT FOR THE MARKET

- The market does not develop structures that can efficiently and effectively support these potentially avoidable costs in ways that don't have adverse consequences for future decisions by people with disability.

PROPOSED SOLUTIONS

Consideration should be given to:

- Providing emergency support for people with or without an NDIS plan (during transition) as state based services have been discontinued.
- Providing an accessible 24/7 service via a 'Helpline'.
- Enabling an escalation via Level 1 responses to a Level 2 service provider on the preferred panel of providers.
- Making supports available immediately with plan reviews and prioritisation by the Agency at the first opportunity.
- Providing immediate support coordination funding (not after 30 days).
- Legislating to allow emergency response for a person prior to eligibility being determined in this transition period.
- Working with potential providers and other health and human services agencies to enable providers taking on emergency response cases to be reimbursed from multiple agencies rather than the NDIS alone.

REAL CASE STUDIES

CASE STUDY 1

A 13-year-old who required urgent short-term accommodation had a \$30,000 NDIS package that did not include respite (short term accommodation)

She had a brain haemorrhage as an infant and now has global developmental delay. There are significant behavioural problems at home and the family can no longer cope – she assaults her mother, grabs the steering wheel of the car when travelling and her school has had to call the police on several occasions.

There have been multiple hospital presentations.

Distraught family needed to go public on the radio, engage skilled clinicians and current State based agencies and the NDIA to try and facilitate a solution.

NDIA provided 3 weeks respite in response to multiple agency requests, and worked on a new plan with additional funding for several days but couldn't finalise or complete as no NDIA system was available over the weekend. Agreed to contact on the following Monday - no contact was made and the supports remain unresolved.

REAL CASE STUDY 2

A man in his 40s living with a parent who passed away during the night. He was found on the street the following morning and the police were called. Extended family members in address book were contacted (have not been involved with the man for last 20 years) who tried to contact State based disability service - no funding was the response with referral to NDIA or the nearest hospital.

Extended family managed to get a bed to take him in a room with 5 other people. However, he is extremely vulnerable, and has no real current supports.

Following a presentation in Parliament the NDIA granted Support Coordination. Advised he needed to say he didn't want to live there. Despite him stating to a service provider that this is "not my forever home" he remains there some six months later.

His estranged family took possession of the family home with no proceeds to the gentleman concerned

His limited Support Coordination funding has now been exhausted.