Mind Australia Limited

Response to Improving outcomes for participants who require Supported Independent Living (SIL): Provider and Sector consultation paper

October 2020

About Mind

Mind is one of Australia's leading national community-managed specialist mental health providers. Our approach is characterised by recovery oriented, relational and strengths-based practices. Our service is skilled in adapting supports whilst maintaining the integrity of evidence-based models. Mind employ over 900 staff and are on track to deliver 19,000 service engagements to 9,000 participants and their families/carers.

Mind provide a wide range of fee for service, NDIS and state funded services. Minds NDIS service offerings include; support coordination, clinical allied health, group recreation, and housing and support solutions inclusive of supported independent living (SIL) and short term accommodation (STA)

Mind support over 180 SIL residents, with a further 91 beds within properties being built over the next year, where Mind will be the service provider. Thirteen percent of residents live in a specialist disability accommodation (SDA). Our NDIS customers live with a psychosocial or dual disability (comorbidity with intellectual disability, autism spectrum disorder or acquired brain injury). A large cohort of our NDIS customers have housing goals within their plans.

Mind is a registered NDIS provider have a committed and workforce specialism in the provision of psychosocial support. Mind are registered to provide:

- Supported Independent Living (SIL) to 180 NDIS participants across Victoria, Queensland and South Australia. SIL is delivered in to Specialist Disability Accommodation, community housing, private rental and some state-government owned properties.
- Supports to approximately 2,008 NDIS participants including support coordination, Allied Health specialised assessment and behaviour support, and community engagement and capacity building support with a workforce of over 100 FTE community mental health practitioners and mobile allied health.

Introduction

Mind appreciates the opportunity to respond to the *Improving outcomes for participants who require Supported Independent Living (SIL): Provider and Sector consultation paper*. Mind is a strong supporter of the NDIS and the inclusion of people with psychosocial disability in the Scheme

Mind strongly believes that 'choice and control' which is a guiding principle of NDIS delivery must also be kept at the forefront when undertaking this review. Participants are the experts in their own recovery and best placed to determine what their participant goals and support needs are. Maintaining the highest level of choice and control across all elements of the NDIS, including support coordination, is crucial.

This submission has been produced drawing on consultations with NDIS participants and Mind staff who have detailed experience with supported independent living. It focusses on the specific needs of people with a psychosocial disability and offers suggestions and a response to the issues raised in the discussion paper to meet the requirements of this cohort. People with psychosocial disability often have unique support needs and it is essential that this continues to be central to any reviews and decisions made to improve the NDIS.

Initial steps taken to address these issues

The Joint Standing Committee on the NDIS[1] and the NDIS Independent Advisory Council [2] have identified many of the issues outlined in this paper. Throughout 2020, the NDIA has started to implement improvements to address these issues.

Improved fairness and equity

- *Published a clear and easy to understand SIL Operational Guideline.*
- *Defined and published price limits in the NDIS Price Guide 2020-21.*

Strengthened participant choice and control

- *Published a SIL Participant Information Pack that helps participants understand what SIL is, how they can use it, and how to work with providers.*
- *Launched an easier-to-use roster of care tool that simplifies how providers can share the participant's proposed roster of care with them.*

Simplified processes

- *Fixed ICT systems to support the auto-extension of plans if rosters of care are not finalised, and extension to bill for supports provided in previous plans.*
- *Published a revised Provider SIL Pack that corrects tool errors.*
- *Continued ongoing provider training and feedback sessions to improve submission accuracy.*

[1] Joint Standing Committee on Supported Independent Living, 13 May 2020, https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/Independentliving/Report

[2] https://www.ndis-iac.com.au/advice

- *Established claim and payment Application Programming Interfaces and a Digital Partnership Office as foundations for providers to transact with the NDIA in real-time.*

Managed cost escalation

- *Ended the quote and negotiate approach by utilising transparent price limits.*
- *Commenced a review of the disability worker cost model and price limits for disability care workers who support participants in shared living arrangements.*

Submission questions

1. ***From a provider and sector perspective, what drives the 1.3% month-on-month cost increases to SIL participant plan budgets, with particular note to FY2019/20?***

There are several factors that contribute to this increase including:

- A reflection of the development of the full transition of the scheme; specifically, the initial transition saw people with established services and lower needs transition at much higher rates.
- Errors in the NDIA template that duplicated support rates for Public Holidays.
- The identification of supports needs has increased and people have for the first time had the opportunity to access their participant reasonable and necessary supports;
- People with high and complex support needs continue to enter the scheme; the staffing required to deliver specialised care is much greater.
- NDIS price changes do not align to CPI increases and SCHADS/Employment Award increases.

2. **What could the NDIA do to help providers and the sector address plan budget inflation?**

The NDIA needs to fully consider what drives the change; this may include the need to look more granularly rather than as an average. The average does not reflect the uniqueness of individualized services or identify where the changes are.

The NDIA could provide an administration line item to support the large costs involved in adhering to the SIL toolkit and operational guidelines.

The NDIA should consider the findings in the pricing reviews which demonstrate inadequate funding for organizations to meet cost; the expectations of the NDIA do not align to operational cost which can be demonstrated clearly by the sector pre and post NDIA.

The suitability of co-tenancies for supported independent is a longstanding issue that has not had solutions through government departments. Consideration is required as to how this can be better managed without the responsibility being solely on the provider alone. Participant funding does not provide the solution as such there remains a gap between supports and housing.

The NDIA requires staff with the understanding of the functional impacts of psychosocial disability and the link to needs in supported independent living.

The NDIA should consider the broader impacts when making changes; for example, changes to portal claims, and line items as each change generates systems changes that are costly and impact the whole sector. Consultation should occur so that the NDIA is aware of the impacts on participants, providers and other government departments.

The NDIA's recent changes of aligning the price guide to SIL quoting and removing individualized quoting and negotiation is one step to address budget inflation. This step has been indiscriminate and disruptive in its attempt to reduce costs at the expense of providers being funded less dollars to provide the same type of support. For these organizations the impact has placed them at financial disadvantage and placed the viability of SIL services at risk.

3. **What are the most significant challenges that participants face when receiving person-to-person support in shared living arrangements?**

A shared support model in shared living arrangements means that access to person to person support will be influenced by all participant needs in the house at that time.

- Participants needs change frequently and the ability to ensure person to person support at specific times is reliant on adequate numbers of staff and all things going to plan;
- The ability to roster needs to consider the requirements of the SCHADS award or other EBA of minimum shifts.

Quality of access is also essential to consider and includes:

- Adequately trained staff which are essential to be able to manage shared supports in a house;
- Staff fatigue must be considered when working with people with complex support needs
- Some participants may worry about asking for support particularly if they have been impacted by abuse, neglect or exploitation.

Although shared supports within in a home environment have economic benefits for the NDIA, there is less choice and control for the participant to be able to choose who their provider and worker is. The number of people in the shared living arrangement will also impact on the availability of the worker to support participant needs.

Another significant challenge is participants being able to have access to staff who are qualified and highly skilled to meet their needs. The recent changes that were introduced this financial year to remove the complex price rate and remove negotiated financial modelling between NDIA and Mind is having a significant impact. Mind are no longer able to afford to employ staff at a level that recognize the complex support requirements of participants with a psychosocial disability, who live in a shared environment and receive SIL.

SIL dwellings rely on a functioning routine to ensure the participants have equal access to supports. For example, in a shared living arrangement, some person-to-person supports are organised when other participants are outside of the house.

4. **What has been the impact of recent SIL changes to provider operations and participant experience?**

- The removal of the complex rate will impact the ability for providers to have the income to support the training required for the best quality service possible.

- Without appropriately qualified staff with access to supervision and support it is unlikely that capacity building of participants will occur; a more likely scenario will be service saturation and reduction of the opportunity for independence.
- Providers are placed in a situation that is heavy in administration with no participant outcome that is linked to this. This does not align to Minds organisational values.

Provider experience:

As mentioned earlier in our response, the removal of the complex pricing line and individual pricing models will have a detrimental impact due to Providers not being able to financially sustain a higher qualified workforce.

Reinforcing the need for all SIL providers to be collaborative in the design of the Roster of Care is a positive change. Since Mind have commenced delivering SIL, co-designing RoC with the participants and family and carer have always been a guiding principle in how Mind support a participant to access SIL.

NDIA has also separated out the *Irregular Supports* from the weekly billing. This now requires manually going into PRODA, moving what needs to be billed over to the regular booking from the irregular booking and then updating the available booking to use a non-face to face line item. Mind's suggested solution is if the irregular supports booking is made available with a line item "irregular supports" ready for claiming, this would in turn save Providers administrative time.

Participant, families and carers experience

The new SIL process may be too new to fully understand the impact on participants and families. The following feedback has been identified:

- Confusion about NDIS, shared care and the SIL process
- The person has no choice other than to live with others with a specified ratio of care if they want access to care in their home at all times
- A roster of care is a complex process for skilled service providers in this area; the RoC completed in weekly form does not demonstrate a full year of support.
- Most participants, families and carers do not have the intricate understanding of the link to a roster of care with the requirements under fair work awards. This forces a participant, their family and carer to hold responsibilities for matters they may not understand.
- Some participants have no family or friends, and have others who make decisions and may not include them in this process.
- A 12-week program of support may leave a participant worried about their support every 12 weeks, participant already feel worry each year with plan reviews.
- There is a thin market in particular for psychosocial disability which leaves participants accessing services that do not meet their needs; choice requires options.
- Further evidence needs to be collated from SIL participants on how they have been impacted by the changes as participants may not be impacted until after their next plan review meeting.

Proposed short-term changes

Recent improvements address many SIL operational issues. The next set of improvements continue to focus on strengthening participant control, ensuring fairness and equity, helping reduce administrative complexity, and managing cost escalation. Importantly, the NDIA believes that long-term Scheme sustainability and participant choice, control and outcomes can co-exist.

Progressing both aspects will require significant reform to existing operating models, starting with the focus of this paper on short-term operational considerations. While not all implications are yet fully defined; this paper is shared to seek feedback on the proposals' suitability, operational considerations, and intended outcomes.

Focus on participant control through stronger Agency interactions with SIL participant

Connecting with participants through check-ins

In August, the NDIA launched participant check-ins as a way to connect with participants ahead of their plan review. All SIL participants should receive a check-in call (based on their preferred format for contact with the NDIA) before their plan review meeting. In this conversation the NDIA will not only discuss the overall plan, but also enquire regarding the participant's experience in working with their provider, and supports received.

Increasing participant awareness at plan review

Many participants are not aware of their options regarding their home and living situation. Some may believe their current situation is an improvement on their previous one (i.e., an institution) and so may be hesitant to change. Shifts in participant home and living arrangements will take time; the next discussion at plan review will include more awareness of home and living options, recognizing that these options may require more provider capacity and awareness to be able to serve.

Connecting participants with tools and reference materials

The NDIA will ensure participants and their nominees and families are aware of the SIL Participant Information Pack which provides advice and recommendations for participants to get the most out of their SIL supports, will encourage participants and their families to have a service agreement (that they understand) in place, and to confirm that they have seen, and had input to their roster of care. Given feedback from participants that they often are not aware of the supports their plan funds, the NDIA will send the approved roster of care directly to the participant and their provider.

5. **What advice do you have for the NDIA working more closely with participants regarding their SIL supports?**

Mind's advice is for plan reviews for one dwelling to be undertaken collaboratively by the same planner and same SIL assessor. This will ensure consistency and transparency for all participants, the provider and only one Roster of Care will be submitted as all the community participation hours and informal supports are discussed at the plan review meeting.

Consideration should be given to plan reviews at a participants' home where possible, families and other significant others in the participants' life could attend with greater ease.

- A whole of home approach with the addition of a participant approach would be beneficial.

- Where a participants' needs are well established a longer plan should be provided; the resources saved from planning could be used for plan reviews as required. An annual support coordination and SIL report remains recommended.
- Participants should have the opportunity to use their established organisation goal plans for example the Mind My Better Life plan is a plan developed with the participant and aligned to their goals. It is acknowledged that identifying goals can take time and a person needs to feel comfortable with the person whom they are sharing their stories, hopes and dreams.
- Additional consideration for people with more complex needs is required for planning; and planners must be aware of any legal conditions that the person may have that may impact the attainment of their identified goals
- Planners should be trained in person centred strengths based planning and should be aware of the person's disability and their likes before interacting with the participant. This would assist with the development of rapport.
- Timely decisions should be, including for people with more complex needs.

6. What are some effective ways for providers and participants to jointly work through and agree on an appropriate roster of care?

Balancing transparency and privacy of what all participants receive in a shared-living arrangement is key to ensuring effective and harmonious supports can be delivered. The participant's experience being at the centre of the designing of the support model results in the most accurate RoC.

Shared goal planning and planning of the roster of care with all the participants sharing the house enables a consensus and understanding of each participant's needs and preferences. This is effective as participants are aware and understand when staff have agreed to support each participant. This results in less conflict and competing demands from participants for support when staff are already meeting another participants needs.

A participant roster of care, planning tool could be provided by the NDIA. These tools should be designed for people with specific needs such as psychosocial and cognitive disability. This tool will need to culturally appropriate and explain/display how shared and participant support works. It will also need to link to the difference when accessing other supports such community access or informal supports. This tool will need to be fun, interactive and not overwhelming.

Participants with high and complex needs are generally the participants with changing needs (generally increased) and high plans. The needs may change due to mental illness decline or ill health which changes the model of care required. The model of care should consider staffing skills, rostered hours, supervision and how support is delivered; for example, through a behaviour support plan.

Participants who are funded above benchmarks should have appropriate multidisciplinary reports with an environmental assessment which addresses the functional impacts of their disability and behaviour. Stakeholder feedback is required to ensure supports and risk are considered.

The impact of trauma and support required to support individuals with a trauma history needs to be better understood by the NDIA.

Greater fairness and equity by focusing on participant roster of care details and changes

Seeking more information to understand rationale of year-on-year changes

As part of the plan review, changes in a participant's roster of care (i.e., higher rate per hour, increase in support intensity, more hours of support) will require additional rationale to describe why this is reasonable and necessary. In particular, the NDIA will pay close attention to situations where a participant's support intensity is increasing, (particularly if it is moving to a dedicated 1:1 or 2:1 ratio of support), if supports on public holidays or weekends are significantly different from other rostered days, and the use of active versus passive overnight supports.

Reviewing high-value plans

High-value plans (> $400,000, or ~20% above the current average plan budget value) will have a dedicated full review to ensure all supports work together to focus on capacity building where possible, and the opportunity for participants to experience the dignity of risk. The NDIA recognizes that some situations require supports in this nature, but also wants to encourage providers to ensure a participant and their nominee are choosing this support.

Confirming that supports are provided with participants

As mentioned above, the NDIA meets with providers and participants to ensure that provider claims for funded supports are in fact being provided. The NDIA will continue this activity to ensure Scheme integrity. In addition, the NDIA will track whether participants are aware of the supports that they should be receiving.

7 What could the NDIA do to help assist providers in communicating the rationale behind a change in a participant's circumstance?

The NDIA should have a central role in communicating the rationale behind the change. This includes being clear as to why the change has been endorsed and the implications on the funding and supports. The best way this can be articulated is through the participant's NDIA planner, support coordinators and provider to offer support in understanding if needed.

The NDIA could set a clear guide as to what information is deemed suitable as evidence of a change in circumstance without placing additional stress on the participant or administrative burden on the provider. If information is required, the NDIA should fund the resources required for this.

8 How are providers currently informing participants and their families about the supports that they should be receiving? What has been more effective in your experience?

Staffing rosters are made available to all residents and families, this mirrors what is in the funded Roster of Care.

Families, informal carers, friends and participants are fundamental to the designing of the Roster of care to ensure formal funded supports and informal supports can be clearly identified. In Mind's experience, support coordinators are key to ensuring this occurs effectively.

Minds My Better Life plan supports the identification of goals and the supports required to achieve these. Supporting this, the participants Safety and Wellbeing plan identifies how support is delivered when the participant is unwell or presenting as a risk to themselves of others. Sharing these tools has

been effective in supporting participants/families and carers to understand how funding is being used to deliver the participants care and support.

Each participant or their decision maker is provided with a service agreement which contains the agreed supports and how payments for support will be made. For SIL participants the Roster of Care approved by the NDIA is also provided.

9. What might explain variability in support levels across providers for participants with similar circumstances?

In Mind's experience, there has been extensive inconsistency of how support needs are assessed and funded based on reasonable and necessary legislation. The Planners' knowledge and expertise in psychosocial disability will influence the end result of what may be deemed to be reasonable and necessary.

For variability between provider's consideration needs to be given to the following:

- The size of the organisation delivering care
- The resources that the organisation holds to ensure safe quality services
- The organisational accreditation
- The staffing qualifications expected
- The internal and external training provided to staff
- Support provided to staff i.e. supervision
- Quality practice activities such as learning circles and communities of practice
- The SCHADS award and any EBA (are staff casual or permanent)

It is noted that the same diagnosed disability and circumstance does not equate to same support needs. Each individual is unique.

Reducing administrative complexity through a continued commitment to engage fairly and quickly with providers.

The NDIA will continue engaging with providers to help clarify requirements, and provide rapid feedback to provider questions. The NDIA endeavours to be transparent with decision-making rationale (the published Operating Guideline is identical to internal guidance regarding how the NDIA makes decisions on SIL). The NDIA has an internal service standard to complete 90% of SIL support assessments within 10 days of being provided with a new or amended roster of care.

10. What support from the NDIA would be most helpful to providers to reduce administrative challenges

When the NDIA are considering systemic changes to SIL pricing and processes, giving provider ample time to introduce these changes will result in minimising administrative errors.

Building on existing systems rather than replacing - the recent changes to claiming have negatively impacted providers with centralised systems of claiming. A weekly claim which is done via a roster is now a daily claim with different line items relating to the price.

Recent changes on claiming have increased the administrative burden to SIL providers. NDIA should first check the ability of SIL providers to change their systems to manage the proposed changes. Mind's suggested solution is this check should be done by a weighted allocation system representative of the market. A SIL provider's feedback with 80 houses should be weighted to represent the market share over feedback from a SIL provider with one house.

Cost analysis for administration as a provider- the disability worker cost model has a 12% consideration for Corporate charges and a margin of 2%. These are not representative of the corporate overheads for SIL providers. A margin of 2% would easily be depleted by unforeseen circumstances which means sustainability of SIL will not be guaranteed. This has been further addressed in the SIL Pricing consultation paper.

NDIA should inform a provider once they create a SIL booking that is externally funded. This will reduce time spent contacting the support coordinator to check if a booking is available to claim against.

11. What are a provider's pain points in working with NDIA on SIL rosters of care, and what else could the NDIA do to simplify processes?

A single planner across a SIL will support an understanding of the intricacies of the SIL and the shared support within it.

Rosters of care (RoC) need to consider other supports both formal and informal that impact when a participant is home; the RoC should be developed once this has been negotiated/agreed.

Irregular support should be allocated to all SIL participants, with a minimum of 10 days which is the same as standard sick leave. Where a person has a history of more frequent change, the irregular support provided should reflect this.

Rosters of care need to consider flow on effects to other participants when there are changes; these changes impact greatly on viability where there are many people living together.

Prior to the new changes introduced this financial year, Mind had formed close relationships with key NDIA SIL personnel to problem solve. This assisted greatly in the NDIA understanding the complexities associated with the types of support Mind were delivering.

Since the new changes, all these relationships have been eroded due to the NDIA requesting all correspondence to go through the support coordinator for follow up. This measure, has even further impacted Mind's ability to problem solve issues in a timely manner, particularly when the support coordinator does not fully understand SIL policy and/or provision.

Mind submit a RoC with the hours according to what the participant has asked for and been assessed as requiring. This is frequently changed at a plan review meeting by the planner. A re-submission of the RoC incorporating the amended hours are not being acted on as there is not allied health report to warrant the change.

NDIA should remove the cap on 'irregular support' to ensure support can be delivered based on the individual's needs and circumstances when required.

6 Developing a long-term roadmap

6.1 Guiding Principles for future work on SIL

Developing a long-term roadmap

Guiding Principles for future work on SIL

Six guiding principles inform the proposed short-term and long-term approaches:

1. *Provide participants with real support for decision making: participants should be able to choose how they use their reasonable and necessary funded supports. Participants should be able to utilise multiple tools, frameworks and increased guidance and support to help them build their capacity to make decisions. The NDIA aspires to help participants become more aware about the home and living options available to them.*
2. *Reiterate support for participants to build their capacity: an unwavering focus and commitment to help participants reach their goals, experience the dignity of risk, and see more participant participation in social and economic activities, where possible.*
3. *Build a transparent, simpler, and structured process that creates an equitable support model: independent assessments will remove subjectivity in determining what is reasonable and necessary, and will see funding consistently distributed based on participant need whilst ensuring equity and NDIS sustainability.*
4. *Encourage market innovation: flexibility in support arrangements should encourage participants to explore and consider new support arrangements rather than remain in legacy models of support.*
5. *Ensure continuity of support: transition to any new model must ensure participants maintain access to reasonable and necessary supports of their choice.*
6. *Improve participant safety and oversight: the new model should strengthen the assurance and integrity of the NDIS within the jurisdiction of the NDIA and the NDIS Quality and Safeguards Commission*

12. Do these guiding principles appropriately shape SIL reform?

Mind supports the intention of these guiding principles to shape SIL reform and suggest the following for consideration:

All people with disability should have access to participate in decision making about their life and citizenship. Better awareness of the scheme and how the NDIS can support this is required.

All people with disability have the right to have goals and support to achieve these; a strengths based approach is essential to this. Consideration must be given to people who have specific legal orders that may prevent their identified goals. The NDIA and service providers must be aware of this and how to support the person to choose alternate options while upholding their hope for the future.

Independent assessments do not guarantee transparency or consistency. Decisions as to assessments required should factor the participant's needs and the assessments that will best assess these. Assessments need to be completed by people with the appropriate skills, for example an OT completing a functional assessment for a person living with psychosocial disability holds different skills to an OT providing assessments for house modifications.

It is agreed that legacy models should be open to alternate models; this change should occur with consideration to ensure:

- Support needs can be met,
- Service delivery requirements can be met without causing sector breakdown
- Innovation does not cause a traumatic experience to people living with disability who have been supported through legacy models for a long time;
- People are not forced into alternate options
- That any model of care and support upholds human rights and does not expose people with disability or other community members to harm.
- Lessons learned from other countries are explored
- Resources are available for innovative models, Market innovation is supported however does not place shared SIL environments and/or providers at risk

6.2 Addressing Conflict of Interest

In August 2020, the NDIA released a consultation paper regarding the future service model of Support Coordination. As highlighted in the discussion paper, the NDIA recognises the potential for conflict of interests (real or perceived) between a Support Coordinator (as a role with significant influence of the way a participant implements their plan) and the provision of NDIS funded supports including SIL, SDA and therapies. In 2019, the IAC gave formal advice to the NDIA that these conflicts should be avoided by requiring clear independence between the roles.

6.3 Home and Living policy

The NDIA is developing an overarching framework for a participant's home and living solution. The scope of this policy incorporates much more than where a participant lives and the reasonable & necessary supports they require to live a more independent life. It also incorporates:

Changes to planning processes to be more participant-centric (i.e. focusing on more than just the next plan, but the pathway to achieve more independence in daily living), by shifting the focus from the available support options to discussions based on participant need of where, how and with whom they live)

Increasing support for decision-making and the role of the NDIA in helping participants understand their options, and make choices, noting that changes to living situations take time.

Improving access to Participant Individualised Living Options (ILOs) by more clearly developing how participants can design their future home and living supports, providing tools to providers and participants in how to establish this living model, and providing price guide funding exploration and design for a participant's ILO.

Giving participants choice of multiple living options, not defaulting to one model being better than the other, but representing shared and participant living arrangements fairly, and supporting participants to make informed decisions regarding the full complement of options they have.

Describing a focus on the potential of what could be, not just the historical context of how a participant's home and living solution has been included in their previous plan/s, but how different support options can assist them now, and also in the future this policy operates in the future context of the Scheme,

where independent assessments inform fair and equitable access decisions and plan values, and participant access funded supports through flexible budgets.

The NDIA seeks to consult with participants and the sector on this proposed policy later in 2021, recognising that the policy builds on the existing feedback from the sector and Independent Advisory Council. It will require earnest input to help shape the future of the Scheme for a participant's home and living supports

Submission questions

What items should a Home and Living Policy address?

The ILO model is supported by Mind as a model that presents an opportunity for innovation and participant design. The policy should consider:

- Human rights and the protection of vulnerable adults
- Responsibility of participants and providers
- Responsibility of informal carers
- Workplace health and safety requirements
- SCHADS award
- Staff skills and training
- Flexibility of support to meet needs
- The role of students in an ILO model
- Opportunity for carers to be paid for their contribution to care
- The role of housing providers

Are there any other comments or suggestions? What have we missed?

Under the NDIS the intersection of housing and support is inescapable when 24/7 support is required. Mind were surprised this paper did not explore how SIL and stable housing is so intertwined. For people with a psychosocial disability this is even more complex as it is extremely rare for SDA to be seen as a reasonable and necessary housing solution. Mind would like to draw the NDIA's attention to published research; Trajectories: the interplay between mental health and housing pathways which evidences the importance of stable housing and support.

Mind suggest there needs to be a flexible solution for people with complex support needs that ensures medical and treatment needs can be met by clinical partners but not at the expense of the participant losing their SIL package, provider and familiar skilled staff team.

New SIL changes recommends 'two week notice of change' does not align with contracted staff and requirements under Fair Work. The sector is strengthened by skilled staff; who also need certainty in

knowing they have employment beyond a two week period. The most agile workforce model would still struggle to meet this two week requirement.

A trusted provider of community mental health support services to people and their families, friends and carers for over 40 years.

mind
Help, hope and purpose

Mind Connect
1300 286 463

Carer Helpline
1300 554 660

mindaustralia.org.au
mindconnect@mindaustralia.org.au

Mind Central Office | 86-92 Mount Street
PO Box 592 | Heidelberg VIC 3084

Mind Australia Limited ABN 22 005 063 589