Mind Australia Limited

Housing with Support
Submission to the NDIS Review

July 2023

Contents

Executive Summary

Housing and suitable accommodation play a vital role in achieving psychosocial recovery goals (Brackertz et al., 2020), such as rebuilding the capacity to live independently and recovering relationships in the community.

People with psychosocial disability represent a significant proportion of NDIS participants at around 18% - almost 1 in 5 (NDIS Review, 2023a). Some will require long-term housing with support to build their capacity and maintain a level of wellness whilst living with their disability. Others may require more intensive interventions over the short-to-medium term to initially build their capacity to live independently, then require less intensive ongoing support.

18%

NDIS participants with psychosocial disability (primary and secondary)
(NDIS Review, 2023a)

36%

Of participants with psychosocial disability have **"Where I live"** as a goal, compared to 18% of all NDIS participants (NDIA, *Quarterly Report Q1 2022-23*)

5%

Of NDIS participants have SIL funding, of which 11% are participants with psychosocial disability
(NDIA, *Quarterly Report Q1 2022-23*)

Over a third of participants with psychosocial disability have 'Where I live as a goal', compared to around a fifth of all other NDIS participants. The right to housing, and continuous improvement of living conditions, is recognised in the United Nations Convention on the Rights of Persons with Disability (United Nations, 2008). Participants' choice and control – key principles of the scheme – are limited by the availability of services, and poor integration of housing and support (Brackertz et al., 2020), resulting from policy and pricing settings that do not recognise the unique needs of people with psychosocial disability. For people with a psychosocial disability, recovery – living a meaningful life, alongside disability – is inextricably linked with the access to housing with support.

Mind's mission is to support people to find help, hope and purpose in their lives. Our submission outlines:

- The indivisibility of safe and secure housing for people with psychosocial disability;
- The value of recovery-focussed, and nuanced models of support, and opportunities for the NDIS to build on early successes and policy frameworks;
- The structural pressures placed on innovative providers such as Mind through the application of fluctuating and opaque NDIS funding, eligibility, and pricing polices since 2021;
- At a systems level, threats to existing services caused by the NDIS in its current form.

This submission to the NDIS Review recommends 10 evidence-based, scalable, and economically efficient solutions to address the needs of NDIS participants with psychosocial disability who have inseparable and adjacent needs for specialist housing with support.

These recommendations are:

1. Review Supported Independent Living eligibility criteria and operational guidelines to appropriately support people in their recovery, and integrate housing supports with evidence-based psychosocial supports.
2. Block-fund a psychosocial residential rehabilitation program for NDIS and non-NDIS participants.
3. Fund the fixed costs of shared supports in specific community housing environments as part of an integrated package for some participants with psychosocial disability, such as through blended (block and fee-for-service) or enrolment payments.

4. Improve integration of psychosocial and housing support through an appropriate funding model, including more Capacity Building funding to promote recovery.
5. Enhance workforce capacity and capability through alternative funding models and pricing which support recovery-oriented outcomes and enhance workforce sustainability.
6. Embed community and peer support services in housing support.
7. Facilitate a collaborative process for participants to engage with psychosocial experts in developing a Recovery Plan which is personalised, evidence-based and outcomes-driven. Ensure plan reviews are outcomes focused and providers are accountable to evidencing how they have supported participants to achieve their Home and Living goals.
8. Incorporate flexibility in intensity level of housing supports and enable improved transitions as support needs change.
9. Implement a preferred provider model for delivery of housing with support to participants with psychosocial disability.
10. Establish a dedicated psychosocial disability expert advisory panel, led by scheme participants (and supported by highly specialised and trusted preferred providers, academics and policymakers) to make it easier for participants with psychosocial disability to access evidence-based supports.

If adopted in full, these recommendations will improve outcomes for participants, and support expert service providers to continue to innovate and deliver complex psychosocial disability services at scale.

This submission serves as a succinct summary of a far larger body of proprietary data that Mind is happy to discuss sharing with the NDIS Review team. We provide this submission to the NDIS Independent Review, in addition to the presentation provided when Review panel members and secretariat – Bruce Bonyhady, Mark Farthing, James MacIsaac, and Catherine Bain – visited one of our Haven Foundation residences in Laverton, Victoria in May 2023.

We strongly emphasise the need for any reform to be co-designed with people who have lived and living experience of mental health and wellbeing challenges and psychosocial disability. It should be read in parallel with the submission made by the Australian Psychosocial Alliance, referenced in further detail below.

We welcome an ongoing conversation with the Review Panel, the NDIA, the broader Federal and State Governments, other policymakers and sector stakeholders, and people with lived and living experience to determine how the NDIS can be improved for people with psychosocial disability.

The policy advice contained in this submission is grounded in data and policy insights collected during the first seven years of Mind's operations within the NDIS, and during collaborations with the NDIA. This includes:

- service data, quantitative and qualitative evidence from existing models (such as our rapidly expanding model with The Haven Foundation)
- extensive and consistent collaboration with the NDIA to inform and improve policy and product design. This includes proposals to operationalise and refine a recovery focus within Home and Living, submissions to multiple Home and Living reviews and active participation on multiple NDIA working groups/projects, i.e., participants of the current Home and Living Demonstration Project (2021 – present), Optimising Psychosocial Supports in the NDIS Reference and Working Group, (2019).
- proposals for the NDIS to foster and lead greater coordination with States and Territories to develop a nationally consistent recovery-oriented transitional residential rehabilitation model.

In its totality, the proposals and evidence advanced in this submission correspond with *all* – and reinforce directly, *several* – of the ten key initiatives announced by the Government on 28 April 2023 (Shorten, 2023). Of particular significance, this submission strengthens the case for:

- working with participants and providers to trial blended payments to increase incentives for providers to innovate service delivery and achieve outcomes for participants and governments;
- implementing preferred provider arrangements to leverage the buying power of the NDIS.

Mind further supports the Review Panel's initiative to establish an expert advisory panel. We believe, however, that the inherent complexity around psychosocial disability merits a separate, highly specialised advisory body. As such, we recommend the **establishment of a dedicated psychosocial disability expert advisory panel**, led by scheme participants (and supported by highly specialised and trusted preferred providers, academics and policy makers) to make it easier for participants with psychosocial disability to access evidence-based supports.

As reflected in our 10 recommendations, we believe the future of NDIS Home and Living supports for people with psychosocial disability involves:

- An enhanced focus on participant outcomes, and policy settings that explicitly reward service innovation, participant outcomes and lived experience leadership;
- A policy framework tailored to psychosocial disability which will support service innovation, funding flexibility, and pricing and market certainty for service providers of psychosocial disability services;
- Implementing preferred provider arrangements, to promote best practice, foster market stability and maturity, and to mitigate against the exploitation of vulnerable participants;
- Greater co-ordination with State and Territory governments, to ensure a nationally consistent model for short-to-medium term, intense, psychosocial rehabilitation and transitional recovery support;
- Implementation of the Agency's Psychosocial Recovery-Oriented Framework;
- Greater recognition of the value of 24/7 shared supports in the context of individual self-contained homes with adjoining shared community living spaces, and more formalised arrangements to preserve and enhance such models.

About Mind Australia

Mind Australia has supported people experiencing mental health and wellbeing challenges to find help, hope and purpose in their lives for more than 45 years. We provide individualised, evidence-based and recovery focussed support to more than 11,000 people experiencing mental health and wellbeing concerns in Australia every year, including many with dual-disabilities. Mind is a registered NDIS provider, entrusted to deliver federal and state government funded services across Australia at scale.

Since 2017, we have invested significant organisational resources into an integrated research, data analysis, and applied public policy function. Throughout the lifetime of the NDIS to date, we have worked extensively on policy development and service innovation directly with the NDIA, and led national policy conversations to ensure the best outcomes and policy settings for the vast community that we serve.

Our research since 2017 has focused on the NDIS and its indivisible intersection with housing policy for NDIS participants with psychosocial disability. Our recent research expertise has included:

- Contributing to the development of the Psychosocial Disability Recovery-Oriented Framework (Recovery Framework) and collaboration with the NDIA on adjacent pilot projects;
- Partnering with (and funding) the Australian Housing and Urban Research Institute to undertake research and policy development into the interplay between mental health and housing pathways;
- Independent academic evaluations of our NDIS service offerings, including residential services.

We routinely partner with health, community, and government organisations across Australia to provide holistic support and a safe environment for people experiencing mental health and wellbeing challenges to live in the community.

We are:

- One of the largest providers of community-managed psychosocial services in Australia with a range of residential, mobile outreach, centre-based and online services;
- A leading employer of people with lived experience of mental ill-health, recognising their unique ability to connect with and motivate clients and guide recovery;
- One of the leading specialist community housing providers in Australia for people experiencing a psychosocial disability.

We are a recognised leader in the delivery and innovation of lived experience approaches in mental ill-health. We strive for meaningful participation with clients, carers and families, to co-design processes and challenge biases. We value the diverse perspectives of people with lived experience of mental ill-health across service design, governance, business development and senior leadership. We have a strong commitment to employing peer practitioners across all service models, as well as employing staff in designated lived experience roles in other key departments (10% of our workforce in 2021). We also ensure our Board and senior leadership includes people with lived experience.

We are also an industry-leader in utilising real-time data to measure psychosocial mental health outcomes and incorporate that knowledge into improved service design and delivery. Our outcome measures enhance Mind's accountability by enabling us and our clients to assess the effectiveness of our services, keep track of clients' progress against their recovery plans and provide evidence of success to our funders and partners.

We provide specialised and individualised Home and Living supports where people with significant mental health and wellbeing challenges can live independently while receiving support from qualified mental health workers – typically funded by the NDIS. Residents learn life skills, like confidence and connection with others, to help build a healthy lifestyle.

Our Housing with support offerings include:

- The Haven Foundation – integrated social housing and support – 24/7 support for people with psychosocial disability, with a strong focus on family and carer engagement and community connection.
- Housing with complex care in Specialist Disability Accommodation – 24/7 support for clients with high and complex support needs, often with a dual disability.
- Psychosocial residential rehabilitation – 24/7 support for people with psychosocial disability in a community environment.

Find out more about Mind's Housing with support here.

Mind is also a founding member of the Australian Psychosocial Alliance (APA). The APA includes Flourish Australia, Mind Australia, Neami National, One Door Mental Health, Stride Mental Health, Open Minds and Wellways Australia. APA members are specialist providers of community-managed mental health and wellbeing services in Australia, with the majority being registered NDIS providers with a specialist focus on psychosocial disability. As an Alliance, the APA has, separately, made a significant submission to the NDIS Review. Mind's submission below aligns fully with the overall vision of the Alliance for a recovery-focused NDIS. This submission provides detailed evidence and policy advice with a specific focus on housing, and its indivisible relationship with NDIS support services for the community that we serve.

1. Mental health and the NDIS: Setting the scene

1.1. What is Psychosocial Disability and why does it matter?

Globally, mental illness is the largest single cause of disability, accounting for 14.6% of years lived with disability (GBD 2019 Diseases and Injuries Collaborators, 2020). Psychosocial disability has been defined as disability arising from mental health challenges which can "limit an individual's ability to function, think clearly, enjoy full physical health or manage their social and emotional welfare" (Productivity Commission, 2020). Around 18% of Scheme participants are recorded as having a psychosocial disability – primary and secondary (NDIS Review, 2023a). As a matter of law, Psychosocial Disability's inclusion within the NDIS is codified in the NDIS Act 2013, and reflected in over a decade of adjacent Commonwealth public policy. The inclusion of people with psychosocial disability in the NDIS has generated transformative outcomes for many Scheme participants.

Psychosocial disability may include fluctuating and sudden episodes of being unwell and make everyday tasks difficult to complete and overcome. People with psychosocial disability may face stigma and discrimination, as well as societal barriers which can increase their vulnerability to hardship, including poverty, violence and homelessness. Without effective support, people with psychosocial disability may experience significant social and emotional repercussions, including becoming isolated from their families and community, struggling to engage in recreational activities or experiencing difficulties undertaking day-to-day tasks (APA, 2023).

Psychosocial disability support is a vital component of the NDIS; yet it is complex, with a range of unique features. Many people with psychosocial disability require a complex and nuanced balance of short-to-medium term, occasionally episodic, and often long-term support to live a full and meaningful life in the community. However, steps to recovery are possible with the right support. Psychosocial support, including rehabilitative support, refers to processes, interventions and services which support an individual to maintain or build their level of independence, and may include:

- managing daily living needs;
- establishing or maintaining a tenancy;
- rebuilding and maintaining connections;
- developing social skills to build friendships and relationships (Productivity Commission, 2020).

Many people experiencing psychosocial disability have the capacity to improve their functionality and progress their recovery over time, living a life which is meaningful to them alongside their disability. We are encouraged that the concept of recovery is gaining appreciation within the NDIA.

> *Recovery is a unique and personal experience in which an individual gains control of their identity and life, has hope for their life, and is living a life which is meaningful to them This pathway may look different for each person.*
> *- NDIA Psychosocial Recovery Framework, 2021 & World Health Organisation, 2021.*

The NDIA's Psychosocial Disability Recovery-Oriented Framework (NDIA, 2021) and commitment to improving the lives of people with a psychosocial disability were two important early steps towards highlighting the importance – and unique features – of psychosocial support in the NDIS.

This Review process marks a natural and critical juncture to strengthen and embed specific policy changes that will increase the impact of this early work. This should include:

- operationalising the Framework's six principles;
- implementing recovery-oriented practice across the Scheme;
- aligning funding streams to recovery principles; and

- fostering a service environment where recovery is possible.

Although self-evident to Mind and those we support, it deserves emphasis: Recovery processes for NDIS participants with psychosocial disability occur in the context of an individual's environment and are influenced (to a uniquely significant and material degree) by social determinants of health, including specialist housing.

In this context, three observations can be made from the first years of the NDIS:

- Specialist housing and psychosocial disability supports are co-dependent principles that cannot be addressed in discrete policy or funding settings. The first years of the NDIS provide an emerging and compelling body of evidence to support this;
- The NDIS is the appropriate funding and policy setting for these supports;
- As the NDIS matures, a more sophisticated and nuanced policy and funding framework recognising the unique housing needs of participants with psychosocial disability will deliver improved outcomes for Scheme participants.

Access to appropriate, safe, and secure specialist housing with NDIS support, has been, and should continue to be available via the NDIS. However, there need to be further steps to operationalise and implement approaches which respond to the unique needs of people with psychosocial disability. This can be done by providing people living with psychosocial disabilities the choice and control to take steps towards their unique recovery goals. Investment in these kinds of recovery-focussed actions leads to less reliance on long term high-intensity support services, and has the potential to enhance sustainability of the NDIS (more on how this can be achieved in section 3).

1.2. What role does secure housing play in mental health recovery?

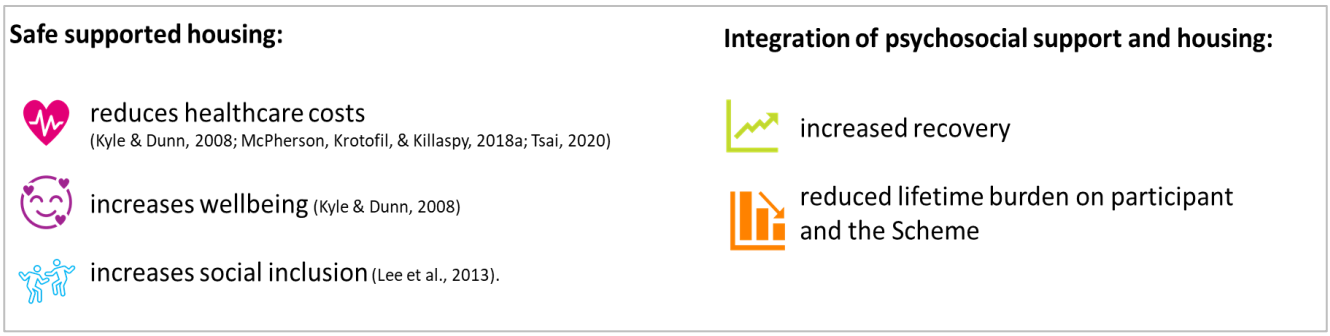
Experience from the early years of the NDIS reveals that participants with psychosocial disability are at risk of experiencing unstable housing, financial exploitation, and homelessness. Stable, secure, and supported accommodation is an essential and indivisible component of a person's recovery journey. An absence of appropriate housing undermines recovery, dignity, and wellbeing.

Mind's research with the Australian Housing and Urban Research Institute confirmed a direct relationship between housing and mental health. People with poor mental health – including those who have a disability resulting from mental health challenges – are more likely to experience homelessness or substandard housing, and poor housing exacerbates mental health problems (Brackertz et al., 2020). The research showed a diagnosed mental health condition increases the likelihood that people will be forced to move from their home within one year by 39%, with the likelihood of financial hardship for people experiencing psychological distress increasing by 89% in the following year.

Our research indicates that holistic approaches which integrate housing and mental health support with other support (such as healthcare, financial support and early intervention) are most likely to assist in recovery (Brackertz et al., 2020). For example, receiving a SIL package acted as a 'circuit breaker' as it enabled people to overcome the barriers they face to access the supports and housing they need, providing people with the choice and financial resources to access services (Brackertz et al., 2020, p. 76). Gaining access to specialist programs which deliver integrated supported housing also allowed people to stabilise. Further, a review commissioned by Mind in 2016 confirmed there is significant evidence that "people with psychosocial disability can make significant gains in their capacity to engage in social and economic participation if they are offered early intervention" (Hayes et al., 2016, p. 19) highlighting the potential benefits of integrating housing with supports.

Figure 1 (below) shows the benefits of supported housing and potential outcomes of integration with psychosocial support

Figure 1: Benefits of integration of psychosocial support and housing



Every person's journey to a life of meaning and purpose is unique – there is no one-size fits all approach. The principles of choice and control are vital in policy and practice. The spectrum of support needs highlights the necessity of timely and flexible support, not just 'crisis' responses. For example, some people with psychosocial disability may require:

- a home for life due to the nature of their disability
- short-to-medium term intensive support to re-build their capacity to live independently (for example, a rehabilitation program)
- independent housing with support (Richter & Hoffman, 2017)
- supported and shared housing (Hanrahan et al., 2001; Lee et al., 2013).

1.3. The Haven Foundation – a sustainable mental health housing model

The Haven Foundation (THF) provides a safe and secure home for NDIS participants who have psychosocial disability. Haven residences are an integrated social housing and support service that provides long-term, individualised and social housing with 24/7 on-site support from Mind Australia staff.

> *"I don't think you could get a better place to facilitate positive change in your life."*
> -Resident

Conceptually and practically, THF is a significant departure from 'group home' models that exist in different settings. Residences feature up to 16 private apartments, each with its own bedroom, kitchen, living room, bathroom, laundry facilities and private outdoor area. By design, there is also significant indoor and outdoor shared living space for social interaction, skill building and space for onsite staff.

Residents live in their own apartment, which encourages independence, choice and control, and provides comfort and security while also living as part of a community which encourages connection with others. Residents' rights are protected by a Residential Tenancy Agreement and they receive high quality home and living support tailored to help them build hope and purpose in their lives.

Residents are typically people with psychosocial disability and/or a dual disability who require 24/7 support and are seeking a residence with a strong focus on family and carer engagement and community connection.

Mind provides shared and 1:1 support across a 24/7 period. This occurs through residents using their NDIS funding (SIL/Flexible Core/Capacity Building) to fund Mind to provide this continuum of support. We also support residents and their family, friends and carers to play an active role in day-to-day operations because relationships are at the heart of a person's recovery journey.

> "Living at Haven keeps me busy and it's better than being by myself. There's always something happening here and it's good for me, socially, to meet some new people. I can have a cup of tea, talk with others and make new friends."

The Haven Foundation model aims to:

- Provide stable and affordable high-quality residences for people with psychosocial disability
- Encourage independence to manage the daily activities to improve quality of life
- Increase recovery from mental ill-health
- Increase social inclusion and reconnection with family
- Reduce hospitalisations and reliance on area mental health services.

The Haven Foundation provides 96 homes across six locations across Victoria with a further 124 being currently built across eight locations and many more soon to be under construction as part of the Victorian Government's Big Housing Build. Plus, funding has been secured to expand into South Australia and NSW.

What makes The Haven Foundation model unique?

Private residences and shared living: Our residences are designed to meet the individual needs of people with a psychosocial disability, and promote an inclusive community environment.

Purpose built: Design and construction is guided by collaboration with residents, families, carers and staff, and is backed by academic research and housing program insights.

The Mind effect: Mind is one of the few specialist community mental health service providers in Australia that provide 24/7 support for this housing and support model.

Cost of clinical care: Residents typically need less clinical mental health support from Area Mental Health Services after a 12-month period – care is instead provided in the community by a local G.P. This reduces the costs of clinical care for the resident.

Outcomes and evaluation: Two evaluations from Monash University and La Trobe University show our residences keep people out of hospital, homelessness, rooming houses, or substandard accommodation and take a huge burden off families and carers.

The La Trobe University report (Ratnaike et al., 2022) shows Haven residents gain independence, learn new skills, and better manage tasks of daily living. They also experience reduction in symptoms of mental distress, improving their self-confidence and strengthening their skills for independent living. The Haven model was found to enhance residents' sense of connectedness, empowerment, hope, and

meaning. These domains have been identified in the literature as areas which meaningfully facilitate recovery (Leamy et al., 2011).

Case Study: Shaun – a proud Wathaurong man

Shaun has diagnoses of Bipolar Disorder and Schizophrenia, and has a history of homelessness and alcohol abuse which has resulted in an acquired brain injury. He has difficulty regulating his emotions, often resulting in suicidal ideations and attempts.

In the 12 months prior to taking up residence at Haven, he had 118 presentations to the Emergency Department and multiple hospital admissions.

After moving to Haven, Shaun has had only one hospital admission in the past 12 months.

At the Haven, staff work closely with Shaun's clinical care team, NDIS support coordinator, Behaviour Support Practitioner and his family. Shaun reports he feels at home, connected to country and, with ongoing support from Mind, is living a very fulfilling life.

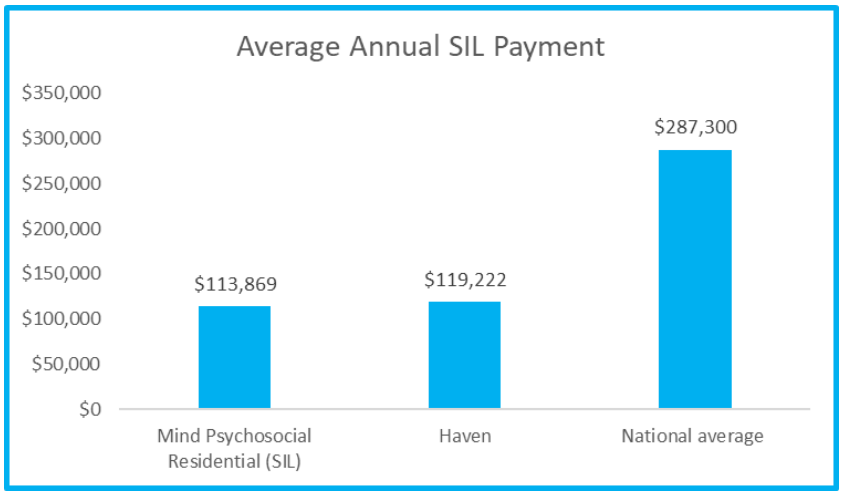
Shaun has recently started volunteering at the local men's shed, and has achieved his dream of taking a helicopter trip over the Great Ocean Road. Shaun is currently planning his next adventure – a hot air balloon ride over the Yarra Valley.

How is The Haven Foundation model sustainable?

The Haven Foundation model is cost effective due to the scale of shared supports. Average annual committed dollars for residents with NDIS standard intensity (SIL and Core) funding in Haven is around $109,800 per annum, with SIL-funding alone being around $119,000 (see Figure 2 below). This is significantly lower than the national average NDIS package size for all participants (not just people with a psychosocial disability) who have SIL funding which is around $287,300 per annum (NDIA, 2023).

Cost efficiencies are largely found by providing shared support for all Haven residents. Combining housing with support also acts as a mechanism to increase affordability for participants, increasing the accessibility of supported housing for this cohort. Funding from the State Government provides capital to develop purpose-built residences which are managed by The Haven Foundation, with psychosocial support provided on-site by Mind. We acknowledge concerns around housing and support being provided by the same organisation, however, we believe that enhanced regulation and outcome measurement would relieve some of these risks and allow models such as Haven to be delivered at-scale – making it affordable for participants to have a place to live with recovery-oriented supports. The capacity to combine housing and support also creates a financial environment where innovations such as Haven can exist. An inflexible separation between housing and support would undermine the ability of Havens to remain financially viable.

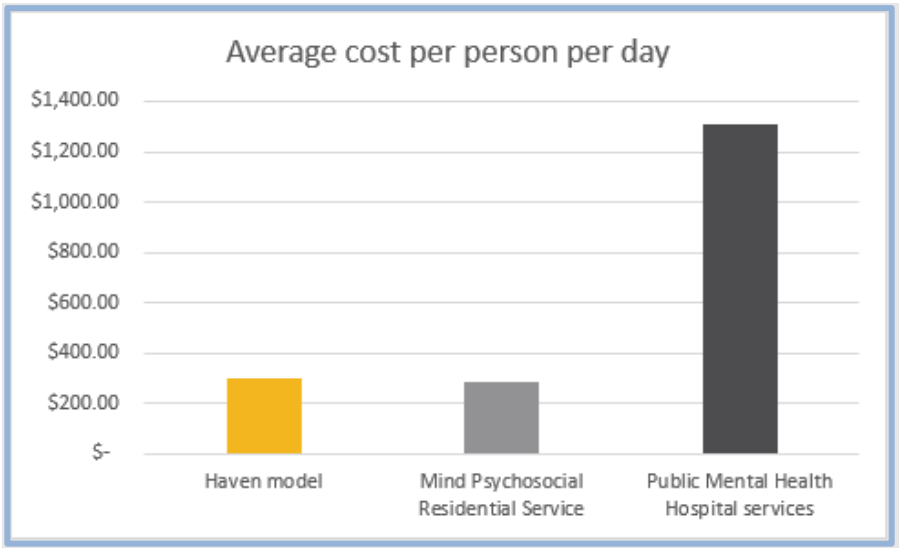
Figure 2: Average annual SIL payments in Mind supported housing services versus national average



The average cost per night of The Haven Foundation model is also less than the cost of hospital-based mental health services (AIHW, 2023; see Figure 3 below). Sometimes people with psychosocial disability present to the Emergency Department when existing supports cannot meet their needs, however, the experience in the ED can ultimately end up being the most distressing event in that scenario (McIntyre et al., 2023). It is likely that, over a lifetime, higher NDIS packages will be required for participants who frequently present to hospital, given hospitalisations can have a significant impact on psychosocial wellbeing (Chang, 2019). This is an area for detailed policy inquiry by the NDIA, which will require measuring individual and NDIS-level outcomes (NDIS Review 2023c, p.16).

The Royal Commission into Victoria's Mental Health System noted, in its final report, the devastating individual and systems level impact of 'hospital based blockages' where NDIS services are unavailable, and/or where deficiencies in continuity of care approaches result in consumers languishing in acute hospital settings (State of Victoria, 2021).

Figure 3: Cost per person, per day of Haven versus hospital-based mental health services



Mind research indicates Haven residents experience a reduction in hospital days, suggesting the model is providing effective support. For example, data for two of our residences shows a marked reduction in hospitalisations for residents. A matched analysis shows hospitalisations reduced from 321 to 179,

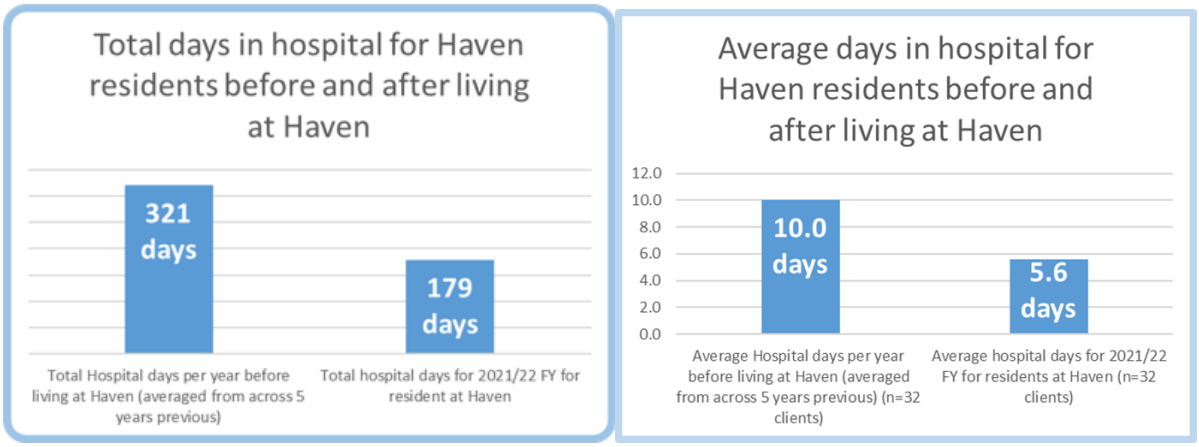
and the average length of stay across the cohort of residents reduced from 10 days per year to 5.6 days per year in 2021-2022 (See Figure 4 below).

Haven residents receive immediate support and reassurance when their mental health is deteriorating reducing the need for hospital visits. Other supports which help prevent mental health deterioration and presentation at hospitals for Haven residents include:

- support to establish support plans
- routine establishment
- regular check-ins and interactions with staff
- support managing medication.

The significance of reduced hospitalisation is profound as frequent hospitalisation is associated with increases in isolation from the community and lost chance for recovery and building daily living skills (Sakiyama et al., 2002). The positive impact on residents' wellbeing achieved partially through reduced hospitalisations suggests a decreased burden on the hospital system (and state and territory health services), and increased likelihood of reducing intensity of NDIS supports over the longer term.

Figure 4: Matched-sample hospitalisation data from Haven



Haven residents also experience a decrease in the use of clinical mental health support. Independent evaluation results indicate a trend towards reduction in psychiatry-led care to primary care management, with an increase in GP-led care (Ratnaike et al., 2022).

> *"I have been living with Schizophrenia for over 20 years. Before I was living at a Haven I was living at Frankston CCU [community care unit – a clinical residential program] for 2 years I rarely left my room, and participated in other recovery programs throughout the years to help me manage living with my illness."* - Resident

2. Mind the gaps: How the NDIS creates barriers for people with Psychosocial Disability

The early years of the NDIS has revealed both the significant individual and social impact of innovative models such as The Haven Foundation, whilst often embedding policies and practices that limit scalability and wider adoption of successful models.

Since 2021, NDIA policy and NDIS funding and pricing settings have created and entrenched gaps and barriers for people with psychosocial disability who need, and are entitled to, recovery-oriented housing with support. As the Review Panel have already pointed out, providers find it hard to respond to what participants need due to the support and service marketplace not working for all participants (NDIS Review, 2023c, p. 14)

The impact of this is multifaceted, at both an individual and systems level:

- Scheme participants with psychosocial disability are marginalised, both individually at service access points as well as collectively in shaping and driving policy debates around reform and scheme improvements that directly impact them;
- Economically sound and sustainable, effective, and recovery-focused models like those used by Mind and The Haven Foundation are limited in their scaling potential, undermining the socially transformative potential of the NDIS for participants with psychosocial disability;
- Absent models such as The Haven Foundation, NDIS participants can be – and are – effectively forced into exploitative and highly dangerous accommodation arrangements, as has been documented with alarm by both Mind and the Minister for the NDIS and Government Services (Campanella & Young, 2023);
- Service providers, including those operating at significant scale, are forced to consider business continuity and viability in a marketplace with unclear, fluctuating, and opaque operating conditions.

2.1. Limited psychosocial rehabilitation

Many people require *time-limited* NDIS funded services so as to recover and transition to more independent living; for example, after a crisis or long period of hospitalisation or as an early intervention before functionality is severely impacted by illness. As detailed above, this need is a unique feature of the often cyclical or episodic nature of psychosocial disability.

Before the NDIS, block-funding was available to support time-limited psychosocial residential rehabilitation programs. These programs built capacity for people to move to more mainstream housing which required less funding support. For example, in Victoria there was a model of adult residential rehabilitation which provided time-limited support with the aim of transitioning people into more independent living. In the early years of the NDIS, rehabilitation has been a complex and contentious area of the NDIS and wider social policy because it intersects with legitimate State and Territory based responsibilities (see the Applied Principles and Tables of Support).

> *Psychosocial rehabilitation aims to enhance and increase skill development, maximising the potential to manage everyday life, participate in the community and increase independence*
>
> Mind Australia, Neami National, Wellways and SANE Australia, sub. 1212, p. 8

The availability of funding for rehabilitation has significantly reduced since the NDIS was introduced, limiting the availability of essential support provided by these programs. In most states and territories, funds previously allocated to community-based health services are now being funnelled into the NDIS (Brackertz et al., 2020). This has left few programs in the community which can provide intense

support for a defined period for people to recover and build the skills to live more independently. NDIS support for current participants fails to meet what's needed for people to manage their mental health *and* build their capacity to stay well in the community.

The combination of limited service availability and affordable housing is a contributing factor to people staying in hospital for long periods, or frequently attending acute or crisis services due to a lack of alternative options to support their recovery (State of Victoria, 2021). This opens people up to exploitation by privately run operations such as Supported Residential Services (SRS). A significant proportion of people living in SRSs in Victoria are NDIS participants living with psychosocial and intellectual disabilities. A recent report from the Mental Health Legal Centre indicates a growing trend of "predatory companies" utilising SIL funding to increase their revenue, with accounts of inappropriate and unsafe accommodation being provided at some SRSs (Young & Campanella, 2023). This includes evidence of people being bribed with fast food and cigarettes to change providers, as well as financial abuse.

Historically, some residents at Mind services have associated achieving goals with reduced funding, or being moved on from housing settings which prevents aspirational goal setting. Mind works with residents to help them stay well and encourage long-term capacity building but current NDIS settings constrain support. We believe a model which intentionally works alongside participants to build a more independent future and provides supported steps for them to get there, will simultaneously lead to better participant outcomes, decrease reliance on costly acute services and increase NDIS sustainability by reducing package sizes in the long term. This kind of support can be viewed as an early intervention of sorts, which can reduce the progression of an illness, and potentially reduce the intensity of required NDIS support in the long term. More on this below.

2.2. Moving from SIL to Flexible core

Changes to SIL eligibility criteria in 2021, effectively excluded participants with psychosocial disability from receiving SIL funding due to criteria which did not reflect the unique nature and needs of this cohort. For example, an eligibility requirement under the current guidelines for SIL is "active disability support for more than 8 hours per day to complete daily activities" (NDIA, 2022c) which does not recognise the episodic nature of psychosocial disability.

The subsequent transition from SIL to Flexible Core to fund home and living supports has created challenges for people who rely on support to build recovery-focussed skills. Services which provide psychosocial recovery support, such as de-escalation intervention, peer learning activities and support, and community-building or group support within a residence are not explicitly funded under the new arrangement. As the NDIS Review points out, for many people connections to family, friends, and community have not been nurtured by the NDIS, resulting in increased segregation and vulnerability (NDIS Review, 2023c, p. 18)

Flexible Core creates several challenges to delivery of a recovery-oriented model of psychosocial support, including:

- Uncertain availability of shared supports in a shared living environment (such as 24/7 support into individual residences) if provider is not a stated support.
    - If a shared support provider is not listed as a stated support in the plan, then the participant may not set aside sufficient funds for shared support.
    - If the provider does not have funding certainty, it is difficult to roster consistent shared supports.
- No support loading to respond to episodes of increased psychosocial support requirements.

- Flexible Core does not consider nor fund *irregular supports*, whereas Supported Independent Living does.
- Impacting a person's level of support with staff, particularly shared supports, due to the fact that Flexible Core makes it challenging to undertake long-term support planning and rostering of staff, otherwise known as 'Programs of Support'.
    - SIL does allow Programs of Support permitting providers to plan support in blocks (such as 12 weeks or six months) creating continuity and improving the level of support for people, as well as providing stability for the mental health workforce (more on this below).
    - A repeated theme throughout the evaluation of Haven residences has been concern around the high staff turnover meaning less continuity in support and extra effort by residents to establish connections with new staff (Ratnaike et al., 2022).

2.3. Impact of pricing on workforce sustainability

NDIA previously funded some psychosocial support providers, including Mind, at a unit of measurement which recognised the need for a higher-skilled workforce to support people with complex psychosocial support needs. This pricing was agreed between Mind and the NDIA at the inception of the scheme in order to support a specialist community mental health and peer practitioner workforce.

In 2020, prices were then flattened to "standard" (as opposed to "high intensity") and package sizes were reduced as a result. This had a flow on effect on providers and the broader workforce as the ability to recruit and retain a skilled workforce which can provide recovery-oriented support to participants became increasingly difficult. These blunt price caps are preventing providers from responding to the needs of participants (NDIS Review, 2023c).

The Disability Support Worker cost model does not reflect the specialist skills and requirements of a worker to provide high quality support for a person with psychosocial disability. For example, supervision which promotes a recovery orientation and is appropriate to the NDIS workforce and context is necessary to maintain the skill of the workforce (Brophy et al., 2022). Current unit pricing does not adequately account for the costs associated with the delivering the required level of care.

Existing funding mechanisms mean that experienced specialist providers are required to reduce the quantum and skill of the workforce to maintain financial viability. This has resulted in an increasingly casualised workforce. This has had a detrimental impact on the quality of recovery-oriented support. Consumers who participated in our Trajectories research reported this 'churn and burn' of support staff meant a lack of continuity of care, with the need to spend time establishing rapport and retelling their story having an emotional impact (Brackertz et al., 2020).

Mind recognises the complex interplay between NDIS pricing, industrial relations, and participant outcomes. We are concerned by the structural stability of the wider NDIS workforce, including recent data modelling that suggests one quarter of all NDIS workers are leaving the sector, and over half hope to within five years. A range of policy solutions to this challenge have been proposed in a report prepared by the The Mckell Institute for the Australian Services Union (Cavanough, 2023).

Mind has adapted to the challenges outlined above to ensure a high-quality of services are still delivered, however, we believe there are opportunities to improve service delivery by decreasing the reliance on a casual workforce and adequately accounting for a specialised workforce. More on this in section 3.

2.4. Inequitable access to Specialist Disability Accommodation (SDA)

People with psychosocial disability are also under-represented in SDA funding within the NDIS, likely due to access and eligibility requirements not reflecting their unique needs. The application process for SDA is convoluted, with many points for error – especially as SDA and SIL have historically been assessed separately. Under the current model, SDA properties are often bundled together in a shared environment. A proportion of properties are built to accommodate people with physical disability, but there is not the same recognition and allocation for people with a psychosocial disability. Further, finding allied health professionals with expertise in psychosocial disability, SDA legislation and housing to provide assessment evidence is time-consuming and difficult, creating another barrier to application.

In addition, none of the current SDA categories are reflective of the unique needs of people with psychosocial disability, including trauma-informed design principles such as sound insulation. Australia's Disability Strategy seeks the outcome that "people with disability live in inclusive, accessible and well-designed housing and communities" (Commonwealth of Australia, 2021). Mind have created design principles for The Haven Foundation residences which cover environmental, building and furnishing features which facilitate recovery and promote a true sense of home. These design principles draw on a wide range of sources and expertise, including consumers, families, carers, staff and research evidence.

Reforming SDA settings provides an avenue to increase access to specialised housing for people with disability, therefore enhancing opportunities for recovery. Reform to SDA could include revising eligibility criteria, enhancing the consistency of access decisions, and development of building design guidelines which are reflective of the needs of people with psychosocial disability. A simple solution may be to have a specific SDA category for participants with a psychosocial disability.

3. The way forward: Proposing practical solutions for NDIS reform

Mind's mission is to support people to find help, hope and purpose in their lives. We have described above:

- The indivisibility of safe and secure housing for people with psychosocial disability;
- The value of recovery-focussed, and nuanced models of support, and opportunities for the NDIS to build on early successes and policy frameworks;
- The structural pressures placed on innovative providers such as Mind through the application of fluctuating and opaque NDIS funding, eligibility, and pricing polices since 2021;
- At a systems level, threats to existing services caused by the NDIS in its current form.

Below we provide evidence based, scalable, outcomes-focussed actions to address the barriers people face when accessing the NDIS, the challenges faced by those that currently access the NDIS and the issues facing service providers and the mental health workforce. As requested by the Review panel in their 'What we have heard' report (NDIS Review, 2023c), we have indicated where pricing structures could be redesigned to reward outcomes rather than volumes of transactions. We have also reviewed the proposals in the Pricing and Payments Approaches paper (NDIS Review, 2023b), and noted the potential use of alternative payment models to improve the experience of NDIS participants with psychosocial disability, and ensure they can access the support they need to recover a meaningful life.

Figure 7 below shows what a reimagined psychosocial residential recovery service would look like should these actions be adopted.

The development and implementation of these recommended actions should be co-designed with people with lived and living experience of mental health and wellbeing challenges, including NDIS participants with experience of psychosocial and housing support.

Recommendation 1:

Review Supported Independent Living eligibility criteria and operational guidelines to appropriately support people in their recovery, and integrate housing supports with evidence-based psychosocial supports.

This could also include access to irregular support funding (where flexibility and increased support may be required as psychosocial state fluctuates or when episodes arise) and amending eligibility requirements to better acknowledge characteristics of psychosocial disability. For example, an eligibility requirement under the current guideline for SIL is "active disability support for more than 8 hours per day to complete daily activities" (NDIA, 2022c), which does not recognise the episodic nature of psychosocial disability.

Recommendation 2:

Block-fund a psychosocial residential rehabilitation program for NDIS and non-NDIS participants. (see Figure 5 and 6 below). This model should be time-limited with an emphasis on Capacity Building in addition to Activities of Daily Living, and could be funded as an early intervention stream.

Block-funding a time-limited (12-24 month) psychosocial residential rehabilitation program would enable a roster of specialist staff to provide recovery-oriented care to participants, including capacity building supports to improve social and economic outcomes, such as employment readiness, skills to sustain a tenancy, and improvements in functionality, with the ultimate aim to transition to more mainstream housing. Being available to NDIS and non-NDIS participants addresses concerns about the paucity of supports outside the NDIS and potentially prevent some people from needing the Scheme and others from requiring high intensity supports in the longer term. This rehabilitation model would utilise evidence-based intervention and the expertise of peer workers to achieve recovery goals.

Short-to-medium term intense rehabilitation support: The unique role of the NDIS in coordinating State and Territory Policy

The NDIS should adopt a distinct, flexible, lived-experience-led and nationally consistent model for people with psychosocial disability who need intense rehabilitation support in the short-to-medium term. This must involve detailed and highly proactive co-ordination with State and Territory governments, with model consistency and fidelity as an overarching policy objective. To achieve this, the NDIS should block-fund a time-limited psychosocial residential rehabilitation program for NDIS and non-NDIS participants through an early intervention stream.

Conceptually as well as practically, this intensive and time-bound service need is a unique and distinct feature of the cyclical, dynamic, and often unpredictable nature of complex psychosocial disability. It is essential that these types of services are funded by the NDIS, and integrated holistically with state and territory services and supports.

Across the Australian jurisdictions where Mind operates, we have observed that state and territory policies and services are often incapable – fiscally, as well as in policy and practice – from integrating short term housing and rehabilitation supports to the high standard that longer term service models such as The Haven Foundation can. The impact and opportunity cost of this deficiency is stark:

- Lifetime costs to the scheme are enhanced;

- Inconsistent models of short-to-medium term intense rehabilitation are applied across States and Territories (due in large part, to the differing bilateral agreements, and varying pace and funding of mental health and housing reforms and investments across Australian jurisdictions).

A time-limited psychosocial residential rehabilitation model

Properly addressing short-to-medium term rehabilitation needs, to a consistent national standard, would ultimately enhance scheme sustainability through ameliorating demand on long-term residential supports within the scheme (see Figure 5 and 6 below). A time-limited residential rehabilitation model would include:

- similar features to Peer Recovery (prior to NDIS)
- identification of individual recovery goals
- emphasis on Capacity Building in addition to Activities of Daily Living, such as education and employment readiness
- evidence-based intervention to achieve recovery goals
- up to 24 months (time limited)
- outcomes evaluated at regular intervals
- recruitment of Peer Worker, with support structures to improve retention
- utilisation of resident peer learning workshops.

Figure 5: Funding model for a time-limited psychosocial Rehabilitation Program

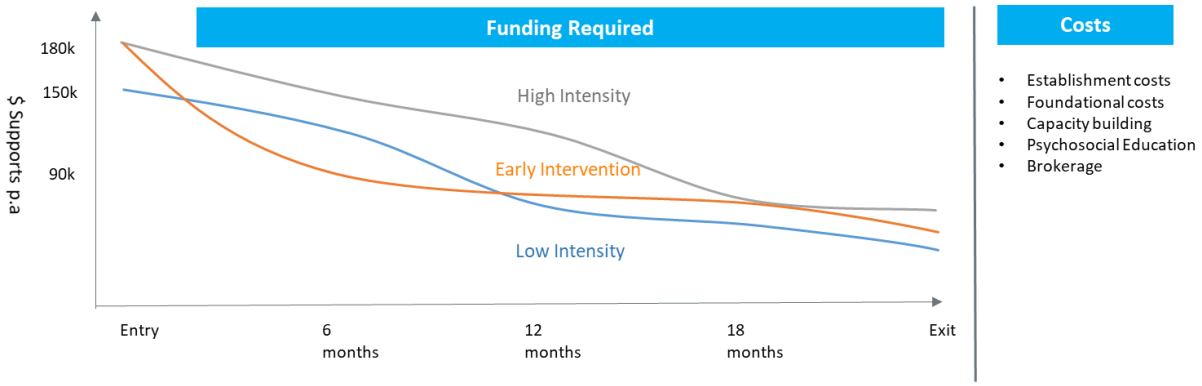
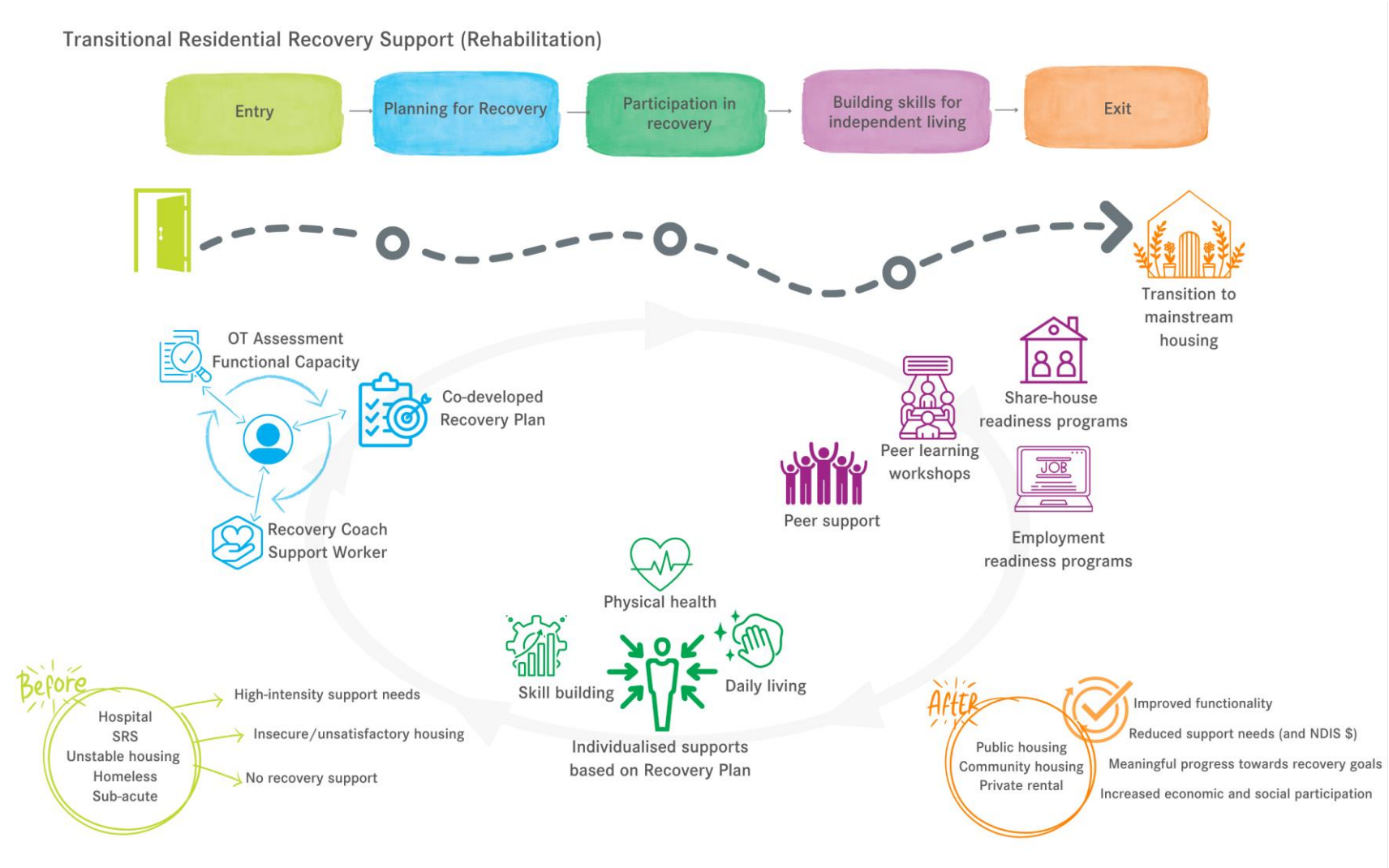


Figure 6: A time-limited recovery-oriented psychosocial residential rehabilitation program



Recommendation 3:

Fund shared supports as a fixed cost in a specific Community Housing environments as part of an integrated package for some participants with psychosocial disability, such as through blended (block and fee-for-service) or enrolment payments.

Funding the fixed costs of shared supports in a 24/7 roster would enable them to be consistently available to participants in a shared living environment and assist in building and maintaining a sense of community in the residence (see Figure 7 below). For example, through enrolment payments resident could agree to make ongoing contributions to the fixed cost of living in a Haven residence (e.g., 24-hour shared supports) at an agreed price, for an agreed period. Alternatively, a blended payment model with a mix of block and fee-for-service could also enhance sustainability of shared supports, with improved funding certainty helping providers to retain a permanent workforce. Reformed payments would enable providers to roster in a way which facilitates relationships between staff and participants to be built and have the right mix and quantum of staff available to participants. Shared supports could form part of a more 'fixed' housing with support offering as part of a participant's funding package, with other supports also being tailored to individual need through a personalised Recovery Plan.

Case Study: The benefit of shared recovery-oriented supports in a shared living environment*

A resident expressed frustrations to staff that her housemate was spending her money, smoking her cigarettes and eating her food.

Through reflection and coaching with the site staff, the resident identified two goals:

- Resident wants to set and maintain firm boundaries with her money and items she purchased.
- Resident has a broader goal of building new friendships that better align with her valued qualities.

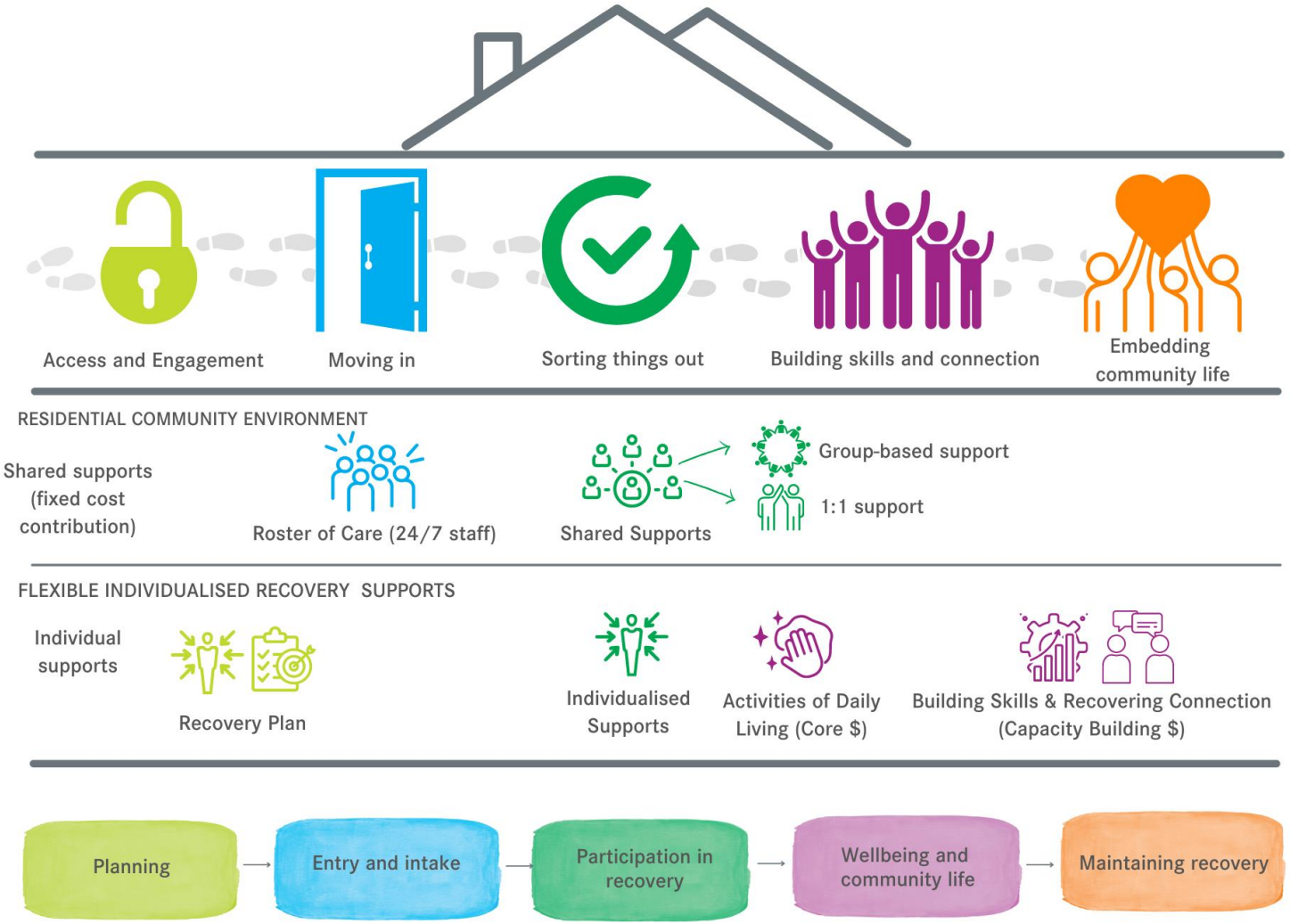
To support this resident to achieve the identified goal, staff provided the following supports:

- psychoeducation around attachment styles, boundaries and consent during 1:1 sessions
- role-play scenarios relating to boundaries to build skill and confidence
- liaised with the care team to ensure consistent positive messaging around setting and maintaining boundaries
- assistance to write a letter to housemates outlining boundaries
- regular mediated conversations with the resident and housemate
- debriefing support for difficult moments after setting boundaries
- regular check ins and strengths-based feedback for maintaining boundaries.

After the success of achieving and maintaining these goals, the resident has identified new goals to budget and save money, to meet new people and build new friendships, and to transition out of the residence and into a single bedroom accommodation.

*Names and details changed

Figure 7: A reimagined psychosocial residential recovery service



Recommendation 4:

Improve integration through an appropriate funding model – more Capacity Building to promote recovery.

A recovery-oriented approach to housing for people with psychosocial disability involves placing more emphasis on capacity building in addition to activities of daily living. While funding through Flexible Core can provide long term housing support for daily living, it needs to be coupled with capacity building supports and evidence-based psychosocial interventions to promote recovery.

Case Study: The benefit of recovery-focused supports*

Paul is a resident living in one of Mind's services. Paul identified a goal of being responsible for a pet. Staff at the Mind service supported Paul to explore smaller goals that he needed to achieve before purchasing and being responsible for an animal. Paul identified three short-to-medium term goals that he wanted to achieve: (1) getting photo ID, (2) handling outstanding legal issues, and (3) being independent with travel.

Paul and the service staff experienced multiple barriers to gaining photo ID such as Paul having no Medicare card and no Birth Certificate. It was then identified that gaining a Learner's permit would suffice the need for a photo ID whilst supporting Paul along the journey of achieving his goal of independence with travel. The service staff sat with Paul every week for a month to do practice learner tests together. Paul was supported to book the test, and engaged in numerous supportive discussions before the day of the test to ensure he was comfortable in independently completing.

In April, Paul successfully completed the test and achieved his own Learner's Permit.

Paul has now identified further goals from this experience, including buying a car, which he is actively working towards with the assistance of Mind staff and other support workers.

*Names and details changed

Recommendation 5:

Address workforce capacity and capability by exploring alternative funding models and pricing to better support recovery-oriented outcomes and enhance workforce sustainability.

This includes acknowledging the specialist skills required to support people with psychosocial disability in their recovery, supporting ongoing professional development, developing credentials and training opportunities, engaging peers and people with lived experience into the workforce, and ensuring providers deliver evidence-based supports.

Recommendation 6:

Embed community and peer support services in housing support as part of an evidence-based recovery approach (APA, 2023; Hayes et al., 2016). Provide funding to build and support a larger peer workforce – valuing the lived and living experience of people with mental health and wellbeing challenges.

As evidenced in the Haven case study outlined earlier, increased opportunities for social inclusion alongside psychosocial supports are associated with improved outcomes for participants with psychosocial disability (Ratnaike et al., 2022). Appropriately funding the peer workforce would allow

for a higher-skilled peer workforce and community mental health practitioners to deliver 1:1 personal recovery support and peer learning workshops which have a strong emphasis on peer-led recovery and capacity building. Creating greater access to peer learning workshops enables skill building which can increase economic and social participation. For example, Mind has a suite of peer learning workshops which are part of the Mind Recovery College™ and delivered by facilitators who use their own lived and living experience of mental health, wellbeing, and personal recovery to inform their teaching. Residents can select courses based on their own interests, with modules on rent readiness, connecting with community and neighbourhood, and steps to employment available to equip individuals to transition to mainstream housing with less formal support.

Recommendation 7:

Facilitate a collaborative process for participants to engage with psychosocial experts in developing a Recovery Plan, which is personalised, evidence-based and outcomes-driven. Ensure plan reviews are outcomes focused, and providers are accountable to evidencing how they have supported participants to achieve their Home and Living goals.

Recovery Plans should be co-designed and developed in collaboration between the participant and their chosen supports, a Psychosocial Support Coordinator, and the NDIA (APA, 2023). These fit-for-purpose plans reimagine the current planning process to account for participants' unique circumstances, and ensure appropriate arrangements are made to enable them to work towards their recovery goals. These plans will be driven by the participant's personal recovery goals, which may relate to housing, and enable connection of goals to evidence-based supports. This could also enable more effective assessment, planning and response to risk, and provide structure for an outcome-based system.

Recommendation 8:

Incorporate flexibility in intensity level of housing supports and enable improved transitions as support needs change.

Providing a sustained baseline level of psychosocial supports in conjunction with housing, with flexibility to ramp up, would enable participants to access timely support as episodic incidents arise which may require more intensive and multidisciplinary support (APA, 2023). The consistency of baseline supports is also an early intervention approach that could prevent participants from declines in wellbeing and increased psychological stress (Chang, 2019) associated with hospitalisation, thereby enabling participants to reduce their reliance on the Scheme in the longer term.

Recommendation 9:

Implement a preferred provider model for delivery of housing with support to participants with psychosocial disability.

Having preferred providers with specialist skills in the delivery of recovery-oriented psychosocial supports and housing supports would enhance the quality and safety of supports, and provide greater surety of their recovery focus. For example, a 'preferred provider' could deliver integrated housing and supports for people with complex mental health challenges at a price agreed with the NDIA. Preferred providers could be registered and accredited organisations with evidenced history of delivering recovery-oriented psychosocial housing with support, and be measured against a set of agreed outcomes. A preferred provider model should be co-designed with people with lived experience, and the sector.

Recommendation 10:

Establish a dedicated psychosocial disability expert advisory panel led by Scheme participants (and supported by highly specialised and trusted preferred providers, academics and policymakers) to make it easier for participants with psychosocial disability to access evidence based supports.

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