To:	**Productivity Commission**
Email:	**http://pc.gov.au/inquiries/current/ndis-costs**
From:	**Barnardos Australia**
Topic:	**NDIS Costs Productivity Issues Paper**
Date required:	**24 March, 2017**

Introduction

Barnardos Australia (Barnardos) is pleased to contribute to this inquiry. Barnardos is a non-government family support and out of home care service provider, we assist over 11,000 highly vulnerable children, young people and families in NSW and ACT each year. We have programs which have previously offered services for people with disabilities, and in addition, many of the people we work with require NDIS services.

We wish to respond to comment on:

- Scheme Boundaries
- Intersection with Mainstream Services
- Governance Funding and Administration

Scheme Boundaries

Barnardos believes that there are many children and young people who require NDIS services who need to be included in estimates of the costs of the scheme. Should prioritisation of NDIS services be required then these people should be included in the overall numbers requiring assistance. We strongly support the extension of the disability requirements criteria to include "substantially reduced functional capacity to undertake the activities of learning or social interaction, and also the inclusion of children with a developmental delay under the early intervention requirements. Our extensive experience over the past 30 years in delivering services to vulnerable children and families indicates that the inability to engage in everyday life as a result of functional impacts related to disability and related mental health requires ongoing support overtime. Unlike psychiatric conditions responsive to medications and other forms of management leading to full functionality, mental health concerns that are directly associated with ongoing disability require the longer term support of the NDIS.

Most children entering foster and kinship care placements have suffered physical and mental health conditions as a result of the significant abuse or neglect that they have experienced – there is no service system, other than NDIS, able to offer the depth and long-term support that they require. This is particularly the case with that group of our clients who suffer chronic mental health conditions. In a study conducted with 347 children in foster and kinship care in NSW, 53% of girls and 57% of boys had at least

one Child Behaviour Check List (CBCL) scale score in the clinical range (Tarren-Sweeney and Hazel 2005). An international systematic review of the literature on child welfare mental health has reported that:

> *50-80% of children in foster care meet criteria for mental health disorders (Farmer et al 2001, Leslie et al 2005); Twenty-three percent meet criteria for more than one mental health problem (Garland et al 2001); Common mental health problems in foster care include disruptive behaviour disorders (54% Garland et al 2001):, Post-traumatic stress disorder (10% in Garland et al, 2001) and mood disorders (7% Garland et al, 2001,Hambrick et al 2016)* (Hambrick, Oppenheim-Weller et al. 2016 p.65).

Currently children living with Barnardos have casework and other support funded by State and Territory government departments and Barnardos supplements government funds with public fundraising, however this is inadequate to provide required long-term support for children's disability at the level needed.

When these children, as young people leave care at age 18 or through adoption, they will also require ongoing support and NDIS is the only service with the potential to offer long-term support. Barnardos is not funded to provide post-care services and consequently individuals can be left with seriously diminished support. In Australia in 2015-16, 9,794 children and young people left care of whom 30% were between 15-18 years of age (Australian Institute of Health and Welfare 2017 Table 5.6 and 5.1). Based on the study quoted above, roughly half of these 9,794 young people will have mental health conditions. The support of young people leaving care is well-known to be inadequate after age 18 (21 in ACT) and problems have been recognised over the past 3-4 decades however, no service system meets their needs (Mendes and Moslehuddin 2004, Mendes and Moslehuddin 2006, McDowall 2011 also see www.thehomestretch. org.au).

In addition to young people leaving care, the majority of young people presenting at our youth homelessness programs also have an unmet need for NDIS support. For example, our programs report a high incidence of young people with mental health conditions caused by Post Traumatic Stress Disorder (PTSD) leading to suicide, self-harm ideation, and inability to self-regulate behaviour. Attachment disorders due to childhood abuse and neglect, and psychosis caused by drug taking is also common. Our programs find it is very hard to obtain support services other than NDIS as there are very few beds in psychiatric wards for adolescents. We would point out recent statistics on the numbers of young people with mental health conditions who present for assistance at specialist homelessness services, show that many young people with disabilities in the community require greater support than is available: 43,165 young people presented alone to specialist homelessness services in 2015/16 (a rate of 1.8 per thousand young people) and one in four of the people presenting to homelessness services was suffering a mental illness last year.

Parents' disability also needs to be considered in estimating the need for NDIS assistance. Between 10-30% of parents involved in child protection programs

(Darlington, Feeney et al. 2004) have a chronic mental illness and between 21-23% of families have at least one parent with a mental illness (Reupert, Foster et al. 2011). These people require long-term support but Barnardos is unable to provide this as we are primarily focused on the children's welfare, our caseworkers do not have specialist expertise to support parents with mental health conditions and there is a limited amount of time that we can spend with such parents under the terms of some State grants (for example, many family support programs dictate time limits for interventions). We would draw your attention to a recent report on the unmet support needs of parents with mental health conditions in the refugee community. (Research Report: Refugee Communities, Intercultural Dialogue – Building relationships, building communities. Available to download at: http://www.acu.edu.au/565916). Nearly a third of the families in this study showed multiple and complex issues including physical and mental health problems, intellectual disability and family violence.

Intersection with Mainstream Services

We currently find difficulties in the relationship between NDIS and mainstream services in ACT, where we have experienced full NDIS roll-out. The complexity of family problems can lead to a failure to identify the need for support and individuals' difficulty in accessing services.

The complexity of problems confronting families using Barnardos services, can lead to difficulties in negotiation about service access between NDIS and mainstream services. For example, a family that Barnardos works with may have parents with mental health conditions, children with cognitive impairment, statutory involvement due to child protection concerns, violence in the home, and the threat of homelessness. Such families are challenging for service systems and there can be difficulty in identifying, prioritising and then meeting, the need for support. Such families generally require medium or long-term assistance however, because of the immediate nature of the families' problems, they are sometimes referred to time-limited State services.

Below is a list of specific issues experienced in the ACT:

- the length of waiting lists for services and resulting difficulty in accessing support when families urgently need it.
- difficulties in accessing NDIS support as children and parents have been diverted from NDIS to Territory funded, short-term mental health services.
- barriers for families, who we believe require support, because their difficulties with social functioning means that they have problems even organising an assessment. Barnardos is regularly required to work with families on getting an assessment particularly where there is developmental delay affecting a parent.
- reluctance by NDIS to provide support services where there is only a mental health condition compared to access when there is a physical condition also involved (for example foetal alcohol syndrome).

- difficulties for financially disadvantaged people with getting assessments which allow them to make a case for access to NDIS services. Families often living in poverty and may not be able to access services because of the cost of diagnosis (such as Medicare gap fees where local GPs can charge $55 over the Medicare rebate for a consultation).

Governance Funding and Administration

Barnardos has undertaken an analysis of the costs of providing disability services under pre-NDIS funding arrangements (FY15), during the change-over to NDIS funding (FY16) and projected costs under NDIS for the current financial year (FY17). Specifically costs have been analysed in relation to the highly vulnerable children and families involved with the child protection system who are also affected by disability. This analysis shows that Barnardos has in the past and will need to continue to in the future substantially subsidise services to families under NDIS and this will place a restriction on how many families we can assist.

An analysis of our Penrith Centre, the biggest disability service within Barnardos, shows that we have always needed to significantly complement State and Federal disability grants with existing Barnardos reserves and public fundraising. This subsidy has increased from $128,571 in FY15, to $211,091 in FY16 and, in the current financial year's projections, with full NDIS 'roll-out', we expect Barnardos to have to fund from its own reserves or fundraising, the equivalent of 23% of the estimated expenses or $236,602. It is likely that this shortfall will become worse in the coming years as State and Federal grants stop altogether (currently accounting for 8% of the program's expenses), posing a further burden to Barnardos and potential service reduction (or even possible closure).

Given the growth of demand for the services and our limited ability to raise donations due to the introduction of the NDIS, it is highly likely that Barnardos will have to limit the level of services that we can offer to families. Note that our disability expenditure rose from $458,426 in FY15, to $609,457 in FY16, and it is likely to be $1,045,251 by the end of this financial year and this change will require a doubling of the funds that we need to raise from donations.

Barnardos is currently doing work in our disability programs where expenditure is not covered by NDIS funding for example administrative time to check payments, and, meetings with families to ensure that they understand the NDIS process before we commence providing services to them. All of our child and family services are also providing advocacy for children, young people and families to assist them in accessing appropriate assessments to the level of services needed and to support them to navigate the NDIS. This work is currently unfunded and by association connects to the need for the performance of NDIS planners to be ongoingly monitored and evaluated. Barnardos suggests that NDIS participants should be actively involved with the development of any proposed scheme for monitoring and evaluation planner performance.

Thank you for the opportunity to provide this submission, and we are available to provide direct information via verbal address to any of the matters contained therein should this be of additional assistance.

Barnardos Australia

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