**Breaking the Barriers Seminar**  
  
Now, I’d like to welcome you all and also to acknowledge traditional owners of the land on which we meet today, the Wurundjeri people of the Kulin Nation and pay respects to elders past, present and emerging.

This seminar has been organised as I said with some great people on board to give a bit of a practical side to what we heard at the APF and I’d like to welcome particularly people who might be online through Facebook today who also can participate in today’s session through the question and answer session later.

We have a great team assembled today to help to work through those issues as I said in a practical way, so on stage, we’ve got Court Walters, Leanne Davis, Dr George Taleporos who will join us in a minute, Melody Carbarns and we’ve got two key people who will do some presentations for us to start with, Cathy Bucolo and Andrea Lockwood, so I’m welcoming you all and welcome them to the stage.

One of the things we’re doing today is we are going to have some presentation material, then we’re going to do a big, a fair bit of question and answer, and what we’ll be able to do that with is a thing called Slido, so some of you may have had this experience of using Slido.

It’s an online tool, but what I want you to be able to do now is get out your smart phone or your tablet and go to your browser, and then go to Slido which is www.slido, because what it allows us all to do is to participate in the questions and answers online throughout the whole of this seminar, so if you have any problems with getting on to Slido, then there are a couple of people in the audience who can help you, Michelle’s here, Zoe’s out the back and Kelly’s over this side, so some of you, it’s pretty straightforward, but if you go on that web browser, go to that location and then you’ll find the code that you need to enter is Seminar 31 and as soon as you’ve got all that in place, then what you can start to do straight away pretty much is to ask questions on that Slido app, and what we want to be able to do is allow everybody a lot of time to put their questions together and then the question and answer panel will be able to prioritise the key questions that are most common or the ones that we think are the most pertinent for today’s session.

Has anybody got any quick needs? Put your hand up if you do and as I said, people will come over and help you with getting that set up.

All right, well, with further ado, you don’t need to hear much more from me, what I’ll introduce you our two key presenters this morning, for this afternoon’s session and hope you have a really good time hearing what’s going on today, first of all Cath Bucolo.

**Cath Bucolo:** Okay, so while I was preparing for today, this person came in to my mind.They were in their early 20s and lived on the geriatric ward of the hospital for more than one year because no suitable housing and support options existed and two weeks before this person died, I attended their team meeting with a great group of dedicated, passionate, family, health, support coordinator, SDA provider and finally, they had found a housing and support solution for this person and one week before the person died, the NDIA quickly funded the funding that that person needed.

So, we start today, this seminar together as a group, wondering what can we do to honour this person for the next hour and all the people who were involved with this person.

Our seminar today was for people with lived experience, but we have so many amazing providers in the room and I can say on behalf of us all, we’re pretty rapt to the back teeth about that, so what do we all need to break through the barriers that are faced by everyone involved with the person who I spoke about?

I just need some PowerPoint if we can.

Thanks, and that you yourself may be facing right now, so we really believe this is possible to solve and we really believe the solutions will come together from all of us, but if people approach you with pity and feel sorry for you and maybe they use language like I feel so sorry for you, you poor thing, we could say that they are going to start approaching you from above you and this can quickly lead to actions being, well, I know personally if I slip in to this approach, I get a bit efficient Cath and I get a bit of a walk going as well and some of you may have seen this, so I’m highly efficient, but I’m making decisions for you and I know what’s best for you type walk, and this means I will tend to do things for you and often without asking what you actually want and if people approach you with a feeling that you are inspiring them and they may, everything that you’re going through is so hard and they may say things like, I could never do what you’re doing, you’re so brave, you’re such an inspiration, then we could say that they’re starting to approach you from below you and this can quickly lead to inaction or not knowing what to do to assist you and they actually feel overwhelmed by your situation and it will make it much harder for them to actually help you.

But if people approach you where you are right now, listening to you properly and thinking before they act, then we could say they’re going to approach you as an equal where you are right now and they will be able to work beside you and with you and take your lead.

Many years ago, I asked the parent of a child with ABI, what’s a good case manager to you, and she said, when I have the energy and I can and I know what to do, you step back and I’ll do it, and when I can’t and am wrecked and I don’t know what to do, you step in and you do it.

Maybe this really makes sense to you and that’s how you want your support coordinator for example to be, but maybe not, so this brings us to the next question which everyone around you should be asking you, what’s important to you?

So hopefully, you’ll notice that I didn’t ask you what are your goals?

If you ask me, what are your goals, I think, well, I don’t really know, and I’m lucky to get the right foot on the right shoe on the right foot to get out the door, but if you say, Cath, what’s important to you at the moment, tell me what are the three big things in your life at the moment, I can tell you that easily and in fact, one of our staff said to me in a phone call yesterday, you know, Cath, I reckon there are just two things for me, where I live and the job that I do, so what is it for you?

In my life, I’ve always tried to do this, ask good questions and make smart comments.

I can promise you, I haven’t always got it right.

Some useful examples though of good questions and smart comments that I’ve learnt would be:

I know you have MS, I know that’s something that you’d really like to change, but we know that that’s not going to happen, so if you could change anything else right now, what would that one top thing be?

If you’re an SDA provider in the room and you asked your prospective tenant that question, I wonder how that would impact the outcomes for that tenant.

Another example might be, I imagine you never, ever thought that morning when you left the house that you would end up here. What are you saying to yourself every day to get through at the moment?

If you’re an OT working in a hospital and you said that to one of your patients, I wonder how their engagement in rehab may change.

If someone asks you this question, what’s important to you, or they may try, what makes you, or if someone met you for the first time, what would you want them to know about you and then they really listen to what you say and then they make a plan with you all based around what’s important to you, I would say this isn’t just nice.

It’s not doing good practice and it’s not just being interested.

We think this will create the ground work to change everything.

NDIS supports should be funded on what’s important to you or they might say your goals and aspirations.

So SDA providers want to build housing or adapt their current housing based on what’s important to you.

Actually, they need to do that and support coordinators can only work with you beside you if they know what’s important to you.

You can only have the support model you need and want and you can only direct what happens to you and around you if you train your support workers to really know what’s important to you.

So to leave hospital or move out of aged care and live where you want and with who you want to live and wherever you would like to live, like everyone wants to, it’s not as simple or easy and that’s why we’re here today, but just for this hour, let’s simplify it to this so that we can keep talking about it together.

You or someone who knows you needs to describe exactly what’s happening for you now and you or someone who knows you needs to describe exactly where you want to be in the near future and what that looks like and then there are a whole bunch of steps in between to get from now to that near future and that’s what Andrea is going to talk to you about today.

**Andrea:** Thanks, Cath.So based on what’s important to you, how can the NDIS support you to do what’s important to you and leave hospital and move out of aged care?

So first let’s start with some of the basics about the scheme.

We know the NDIS funding is broken in to three categories of budgets:

Core, capacity building and capital.

Core funding covers things like daily support from another person or community access, so you can do more of what’s important to you.

It also means that any means tested aged care fees that you might be paying if you were living in aged care might be covered.

There’s a Summer Foundation resource listed on the slides here that talks a bit more about how you ensure that any means tested aged care fees are in your plan.

In terms of capacity building funding, that includes supports such a support coordinator and we’ll hear more from a support coordinator later on today and types of therapy like speech pathology, for example.

Capacity building supports assist a person to build your independence and skills so you can do more of what’s important to you, and finally, capital funding covers things like equipment, so for example, a wheelchair or a ramp, modification to your home and specialist housing which we’ll talk more about in a moment.

So there are particular NDIS supports that we think you basically have to have to make sure that you can leave hospital and move out of aged care.

In your core budget, there are a number of supports that we think you really need to have.

The first one is funding to train your support workers, your daily workers.

This training can happen in the hospital with your health team or in an aged care facility, so your support team is ready to support you when you leave.

Secondly, funding for support to leave hospital or an aged care facility during the day or overnight, so this might, this will mean that you can spend time in the place that you might move to and with the people who are important to you.

Thirdly, funding for short term accommodation assistance.

This is for a temporary housing option that you might move to from hospital or from aged care which we heard about from the APF this morning while you’re waiting for long term preferred option which is permanent to become available.

Fourthly, funding for consumables, so that’s things like incontinence supplies and low cost assistive technology and hire that will maintain your independence and support you to move back to the community and finally, funding for transport which means you can attend appointments or explore housing while you’re in hospital or living in aged care.

In terms of your capacity building budget, there are supports we again think are really important to leave hospital or move out of aged care.

Firstly, funding for a support coordinator.

They’ll work with you while you’re in hospital or in an aged care facility to help you to understand your plan, to find the providers who you’ve chosen and to work with you to explore housing options that are based on what you want and your preferences for where you want to live, with who you want to live and how you want to live.

Secondly, funding for specialist providers is a really key part of your capacity building budget.

They can do specialised assessment for things like complex equipment prescription or specialist disability accommodation, also called SDA.

It might also involve behaviour support plans that can help you and your support team.

In your capital budget, the key supports to leaving hospital and moving out of aged care include funding for home mods, again, we heard about that this morning in the APF, if your goal is to return home, so depending on what modifications you need, health staff in the hospital might ask for a specialist housing assessment that can be funded again in your plan.

Funding for specialist accommodation is really key, so this is highly accessible specialist disability housing to meet your particular needs and finally, funding for equipment is another key support in your capital budget, so that might include things like customised equipment like a customised wheelchair or an electric bed with a pressure mattress.

That means you can safely move about and do more of what’s important to you.

Since 1 October this year, NDIA have started funding disability related health supports which haven’t been funded before.

The disability related health supports include dysphasia supports related to difficulty swallowing, wound and pressure care supports, respiratory needs supports, nutrition supports, podiatry and foot supports and epilepsy supports.

The funding in this area can cover things like nursing or Allied Health assessment, training for your daily support team on how to assist you, consumables such as wound dressings or assistive technology such as tracheostomy equipment or a CPAP machine which is also called constant positive airway pressure machine.

These are just a few of the disability related health supports that are now funded by the NDIS that were funded in the past.

And important to note about these supports is that they’re not automatically included in an NDIS plan, NDIA still needs clear descriptions about why these things are really important and necessary for you.

The Summer Foundation has lots of great resources that are listed on the screen now and these provide more information about all these types of supports that I’ve mentioned.

The first one is sample interim plan.

This type is three to six months long and is for someone in hospital.

It tells you the supports we really think you need to get out of hospital for this short timeframe so everything can be prepared for you to leave.

This can also be used to prioritise supports for a person who’s living in the community.

The second one listed is sample NDIS plans and that’s another Summer Foundation resource which outlines supports we think that are important if you’re living in an aged care facility and want to move out.

The NDIA price guide and support catalogue is another key resource that’s important to get across and that includes all of the supports that are funded within the NDIS.

It’s helpful I think for people to keep a copy of this handy and refer to it if you’re getting ready for a plan, you can use the language from the price guide and reference that straight in to your pre-plan to make sure things are in the right budget.

Finally, the NDIA website also has a guide on the disability related health supports that I’ve mentioned and that tells you a lot more information about what can be funded.

Most people involved with the NDIS know or they’re learning that the scheme has its own unique language.

Through all of our work with people with disabilities and providers, we’ve learnt how important it is to understand this language, so we’ve got some tips and tricks to share with you and your team.

Firstly, it’s essential to understand the NDIS Act and its requirements, so this means that’s what’s described as your impairment needs to be permanent and that you’ll need some level of support over your lifetime.

Knowing all of the parts of the Act means that you can write a great application to the NDIS and avoid unnecessary delays which can result from applications that just don’t have quite enough information.

Secondly, another part of the disability or the NDIS Act are reasonable and necessary criteria.

As an example, one criteria says that anything you’re funded for needs to be related to your goals.

Another criteria says that support has to help you participate in social and economic activities.

Any supports that you ask for or that are recommended by your team need to meet all of the Reasonable and Necessary criteria, so it’s really important to understand these so you can put them in to your pre-plan.

Your team also needs to understand any NDIS rules and law, so for example, when they’re exploring support options with you and writing reports for you, they can write to that language and understand rules.

There are rules about the eligibility for SDA, for specialist disability accommodation.

Overall, these rules say a person has to have an extreme functional impairment or very high support needs to be eligible for the SDA funding.

There’s much more detail to understand regarding the SDA rules, but I want to highlight the importance of understanding the rules so you can be more aware of what’s available, your team can know how to write effective applications for you and that you and your team know when to seek some specialist input to get the application right.

Like the NDIA price guide, it’s really good to keep copies of the Act and the SDA rules handy so again, you can reference them when you’re writing your pre-plan.

There are templates on guiding you on recording what’s important to you and your goals and requesting supports so you don’t have need to spend time creating your own.

Examples that are listed on the slides today are Summer Foundation resources such as how to fill in an NDIS access request form and another one called getting the language right.

These resources give a more detailed understanding of the NDIS Act and using the right language to apply to the scheme.

Other resources such as My Housing Preferences, Allied Health assessments and the housing plan tool also guide you to describe your housing preferences and then to apply for the type of housing that’s right for you.

There are different templates like pre-plan tools or multidisciplinary reports that have been developed by most health services or that are developing them at the moment.

Health services will use these to describe your needs and request different supports that are related to your goals.

The next set of tips and tricks relate to the NDIS process working for you.

We know that it can take time to get what you need from the NDIS, so here are a few tips to minimise those timeframes and try and streamline the process.

Firstly, apply as early as you can, particularly if you’re in hospital, it’s important that your NDIS application goes in as soon as you or others around you know that you’re likely to need some type of support over your lifetime.

Secondly, ask for urgent access to the scheme.

You can highlight that you’re in hospital or you’re in aged care.

There’s a Summer Foundation resource again listed here on the slide that can guide you on how to do this.

If you’re already an NDIS participant and your needs have changed, you and your team can let the agency know this through a change of circumstances form and apply for extra funding you might need.

You could also be supported potentially by the NDIA’s complex support needs pathway that was mentioned again in the APF where a senior planner will guide you through the planning process.

NDIA are the ones to make the decisions about who fits this pathway, but it’s important that you know about it so then you can ask about it.

You could, also understanding and using NDIA timeframes is important, so for example, after, after requesting an access request form, you have twenty-eight days to submit your application. Once NDIA receives that, they’ve got twenty-one days to let you know if you’ve been accepted in to the scheme.

Knowing there are timeframes is important so then you can follow up with NDIA to progress your application and if you’re not happy with the decision, then you can appeal it.

Collaboration finally is really, really important and that’s between everyone who’s supporting you, health staff an your family and friends including your NDIA planner, so without collaboration, your application to NDIS or your pre-plan can’t provide a full picture of what’s important to you and that can lead to delays in the whole process and decisions coming back from NDIA.

So on to the people who are important to you who assist you with all these steps.

Firstly it’s the people who know you best or who you want to be with you through the whole process.

It might be family, your partner, friends, cousin, auntie, neighbour, anybody who’s really important to you, they’re essential to have by your side.

They can support you with making decisions or be your advocate at times when you might need them, they might go to meetings with you and take notes for you, talk through things before you decide about something, get a different perspective, be another set of eyes or ears or even be your memory.

Another important role that’s available for you is a support coordinator, so support coordination is an automatically included in NDIS plans.

We usually recommend if you have a complex disability support need that it’s really helpful to have support coordination funded, but we also know that some people are keen to manage on their own and are completely fine to do that.

If you have a support coordinator, they can work with you have a support coordinator, they can work with you wherever you are, so that’s in hospital, in aged care or the community, they can be the main contact between you and other people if that’s what you want, they can play a large role in exploring housing options for you and that might be NDIS funding, funded SDA housing or it might be mainstream housing, and as Cath said, they need to know what’s really important to you and to understand your preferences about what you want to live and who you want to live with.

They might also support you to visit different properties to see what suits you best.

Finally, they’ll coordinate communication between everyone in your support team and keep track of actions that are being taken.

Another group of providers that are really important is health staff.

This might include occupational therapists or OTs, social workers, psychologists and medical specialists who are all really important.

They can assist you to apply to the NDIS, work alongside your support coordinator including in the hospital or help you find a support coordinator or change your support coordinator if you want to, they’ll support you with preparing to get a plan using pre-plan tool, they’ll do assessments and reports about the supports you need from NDIS and why and they’ll work with NDIS providers for specialised assessments that might be related to equipment or housing.

If you’re living in aged care, aged care staff can also assist you to apply to the scheme and if you’re already a participant, they can work with your support coordinator to make sure your NDIS providers are supporting you with your daily routine.

Advocate organisations are also available to assist and they can support you with making decisions and communicating with the agency.

Another group is disability specific organisations, so that includes MND Victoria, Dementia Australia or MS and many others, so they’re also available to help you apply to the scheme to prepare to get a plan and they also offer support coordination.

Additional roles that can assist you are local area coordinators from the agency.

They can assist you with understanding the scheme and finally, Summer Foundation has a tenancy matching service which we’ll hear more about in a moment and the Housing Hub.

This team and the online website can let you know about new built SDA properties that are coming up, so that’s new specialist disability accommodation properties, SDA and mainstream vacancies that are ready at the moment and might suit your needs.

They can help you and your team also with applying for SDA funding and support you to find an SDA housing provider that suits your needs.

Summer Foundation recently made changes to our website and we’ve understood that people find it difficult to find the information that they need, so we’ve designed a new approach, particularly for people with a disability to find the information that they need about the NDIS.

Here’s a snapshot of what it looks like.

To start with, different people have different needs which can relate to where you’re living.

Not all of our resources are relevant to each person, so we’ve linked them to the situation that different people might be in.

You’ll find this page by clicking on get info and then for people with disability on our website.

If you’re living in aged care, you’ll click on the first option listed which takes you to two more options which relate to either I want to move out or I want my life in the nursing home to be better.

Each option contains a few steps with resources linked to them, so for example, if you click on the first option I want to move out, that takes you to three steps you can take with support from your team if you need it to move out of aged care.  
The first step you see here on the screen is get an NDIS plan or change your plan, so this step has a number of our resources listed below it.

These resources guide you on how to get or change your NDIS plan and when you’re live on our website, you’ll scroll down below this first step to find other steps with key resources listed to them as well.

Back to the landing page we started with, if you’re in hospital, the same applies, so clicking on I’m in hospital, the same approach applies, so clicking on I’m in hospital will take you to three more options that relate to your plan for leaving hospital, so that might be I can’t go back to my old home or my home needs to be changed before I can go back or I need my support so I can go back home.

Clicking on the top option, for example, I can’t go back to my old home takes you to three steps you can take with support from your team to leave hospital in to specialist housing that suits your needs.

As I said, again, when you’re live on our website, you’ll scroll down to find additional steps and resources.

We’re really keen to hear from people about this new approach and any further improvements you think we can make.

That’s enough from me, I think.

I’d now like to introduce you to our panel for today.

We know from last year’s seminar that people who came along were really keen to have the opportunity to ask more questions, so our panel today includes people with a variety of backgrounds who are here to share their expertise and answer your questions.

Cath and I have given the grounding and context and the panel’s job and your job in the audience is now to really bring the theory in to life and reality.

Let’s take it up a notch.

The panel members are Dr. George Taleporos who’s our policy manager at Summer Foundation, Court Walters from Milparinka, Diane Davis from Monash Health Service, Melody Carbarns from Summer Foundation and Cath who you now know from Summer Foundation.

Before we start with your question, who better than to take it up a notch than Dr George Taleporos who is going to share some of his insights about NDIS legislation.

Thank you, George.

**Dr George Taleporos:** Thank you, Andrea and I could literally listen to your voice all day, it’s so soothing.

**Andrea**: Thanks, George.

**Dr George Taleporos:** So I’m going to talk about policy.

Who in the room cares about policy?

Not many of you, so those of you who don’t care, you need to care because if it wasn’t for policy, there would be no NDIS and there would not be the entitlement for Reasonable and Necessary.

It’s the thing that we need to get us from where we are now to our destination, so it’s critical that you do have an interest and a passion for policy to get what you want from the NDIS.

Policy reminds us about our entitlements and is an important tool to use on your journey to achieve the things that you want.

There are lots of different aspects of policy but I’m going to focus on the NDIS Act because if you go in to your planning meeting, and your planner has no idea what to say, has no understanding of the NDIS Act, you are in major trouble.

You will need to go in there and refer to your entitlements as they are outlined in the Act.

Andrea, can I use your beautiful voice?

Can you read out the three points on the slide?

**Andrea:** Okay, so we go back to the slide.

So the NDIS Act 2013, Reasonable and Necessary supports for people with disability should:

1 - Support people with disability to pursue their goals and maximise their independence;

2 - Support people with a disability to live independently and to be included in the community as fully participating citizens;

3 - Develop and support the capacity of people with a disability, to undertake activities that enable them to participate in the mainstream community and in employment.

**Dr George Taleporos:** Thank you so much, so we have three key things there.

We have the right to pursue your goals and that’s really important because if your goal says that I want to live in that community and the NDIS gives me funding to live in aged care, then they are breaching the Act, they are not able to fund anything that is not in line with your goals and they are obligated to fund reasonable and necessary supports that are in line with your goals. Can we have the next slide?

The NDIS Act is very important in that it’s not only a relevant piece of policy and I just wanted to refer to the ones from the board.

Andrea, can you read those out?

**Andrea:** Sure, the first one is Article 19, the United Nations Convention on the Rights of Persons with Disabilities.

The second one is the NDIS code of conduct.

The third one, NDIS practice standards.

The fourth one, Disability Services Safeguard Act Victoria.

The fifth, Residential Tenancy Act Victoria.

And finally, the Victorian Charter of Human Rights.

**Dr George Taleporos:** Now you don’t have to go home and read all of them, but I do recommend that you at least familiarise yourself with the basics of these policies or you get an advocate or someone who is familiar because in the end, to get the plan that you want, you may need to think about why is policy important, what am I entitled to and how can I use policy to get what I need? Thank you.

**Andrea:** Thanks very much, George, a great way to start the panel discussion.

On to the other panel members, can you please spend two minutes telling us about your organisation, your role, your work, one barrier to a successful housing outcome that you’ve come across in your work, one barrier to a successful housing outcome that you’ve come across in your work with a person in hospital or aged care and then what were the ways that you, the person or others overcame these barriers.

We’ll start with Court.

**Court:** Sure.Yeah, thanks very much.Milparinka, the organisation I work for is a small service providing day supports and outreach and me doing housing work, so thanks for having me.

So obviously, as a support coordinator, can I just have a show of hands of support coordinators in the room today?

Right, so there are quite a few, so when I come to work with people in hospital, I’m coming as a support coordinator to someone who already has an NDIS plan, so what I’m doing is I’m starting the journey there towards moving out of home with the intention of working with them for that purpose and I find that when I talk about SDA, a lot of people will say, no, thanks, I don’t want to live in a group home, so starting there and having that conversation and actually getting SDA in to a person’s plan is the biggest barrier for me and I think for a lot of support coordinators, the complex world of SDA, especially if you haven’t done it before, and getting that in to a plan is one of the most complex barriers.

So when I say getting SDA in to a plan, I don’t just mean getting eligibility, I mean getting the right SDA in to a plan for a person, so one of the ways that I always implement is starting work on a transition plan very, very early on, a document that’s living and changes as a person becomes more informed about what kind of SDA is available in their community and what’s available to them, what kind of technology is available to them and what kind of modifications could be put to assist them, and as I said, George will watch people change their minds, it’s not just a group home, it’s actually going to be a life and have an independent living outcome.

As for the eligibility itself and maybe to help some of the support coordinators and people who you’re working with here, taking the planner who you’re working with along on your journey from the very start is very important and flagging with that SDA is an outcome that you are desiring is really important.

Your planner might not actually know too much about SDA, so letting them know that that’s what you’re going to be asking for and how they’re going to have to interact with you in looking at that is really important.

Planners now have to fill out a template at any level of planning that needs to handed on to the SDA, so being able to let the planner know that that’s something that they’re going to have to do is really important and also providing really, really good and thorough documentation which is the housing plan, the SDA rules that we talked about previously here and having really, really good and experienced Allied Health providers as I mentioned before who are supporting that evidence is really, really important and making sure the person has the best chance of not only getting eligibility in to the plan, but making sure it’s the right eligibility in line with their goals and aspirations. Thanks.

**Andrea:** Thanks very much, Court.

Next, Diane, can you tell us about the work and where you’re from?

**Diane:** Sure, I’m from, I’m a senior occupational therapist from Monash Health.

Monash Health has created a position that I’m in which is a three day a week position for two years as an NDIS and complex discharge lead.

The position was created by reallocating existing staffing resources with a really clear strategy around providing structure, leadership and support for the service in navigating NDIS complex discharge.

So one of the key barriers for health is around the disparity and timeframes between how long it takes for patients to achieve their inpatient goals and how long it takes to achieve an appropriate housing solution for people with specialist housing needs and also the support that they need to live in a specialised housing environment.

Health is a really time pressured environment and from our experience, generally, it takes a lot longer to achieve an appropriate housing solution and appropriate supports for people than it takes to achieve their health related goals.

In terms of what space is I guess firstly, around upskilling our workforce and really educating our workforce broadly about NDIS, but then really targeting specialised information teams, particular teams, particular professionals who need to navigate the housing space because it is a specialised area that key people need to have really thorough knowledge about to help them navigate with the people in our health service, the most appropriate housing solution for those people.

We’re working with specialists in the area like Summer Foundation to really help capacity build within our service and also drawing on specialist support coordinators and support coordinators who have experience in the housing market to assist us with that and really supporting our clinicians to be able to write reports that really target the evidence that the NDIS need to be able to make a decision about what’s reasonable and necessary in someone’s plan to achieve those appropriate housing solutions, so that’s a big focus at the moment.

We’re also utilising the complex support needs pathway where we can, but we’re also using the intensive support team through the Department of Health and Human Services to escalate any barriers that the hospital can’t resolve.

**Andrea:** Great, thanks, Diane for that summary.

Next, Mel, can you introduce yourself and the work you’ve been doing?

**Mel:** Yeah, so I work for Summer Foundation and our team works on behalf of SDA providers who contract us to find tenants for new build properties.

So our role is really to provide a lot of information to the SDA provider and also to the community about the likeliness of someone receiving SDA because as you can imagine, a lot of people don’t know that they might be entitled to SDA or what SDA is or what the new opportunity might present.

So I think for me, to be honest, it seems kind of simple, but actually, one of the barriers that I see happen all the time is that people particularly in aged care facilities don’t have anybody to start the conversation with them about actually moving out, so they might have an NDIS plan, they might have a planner, they might have people around them or they might not and nobody asks them about housing, so I think it’s really important to actually have the conversation with people and that they can have information provided to them, so George sort of said before that some people in aged care find it difficult to imagine themselves leaving RAC, so the housing conversation might actually take a really long time and over many visits to this person and if you think about some people living in aged care, they don’t have phones, they don’t have access to a computer, so the only source of information that they have might be their support coordinator or the facility manager, so just providing the information and starting the conversation is really important.

**Andrea:** Great, thank you very much, Mel, and finally, Cath, can you share a bit more about the work that you do?

**Cath:** Sure, so I’m the clinical practice lead at the Summer Foundation and that means I work in the practice team with Andrea, but also with Mel in the housing matching team and particularly the tenancy matching service, so I do a lot of work in the NDIS health interface and bringing SDA knowledge in to that and working on the ground in the TMS service will bring that in to the practice team and then vice versa and across the Summer Foundation, I work across a whole bunch of projects, bringing the knowledge that I’ve got as a speech pathologist working in ABI rehab.

So my barrier is a bit of a funny one, I thought.

It’s a strange barrier, but I’m going to say it’s the barrier during transition which means when you’re leaving hospital or you’re leaving aged care to go somewhere else is that transition is full of a whole lot of jobs and tasks and things that need to happen and there’s attention between that and that we are all, as some of us as professionals in our roles, are trained and think we need to do certain things that fit that role.

So if you think about transition almost as something, an entity that exists almost like a person, transition doesn’t care what course you did at uni or what your job title is or what your role is, so what can happen is support workers need to be found and interviewed and trained, transition doesn’t care if a social worker does it, an OT does it, a speechie does it, someone just needs to take the lead and do it and if a chemist needs to be found near the person’s new home, prescriptions, GP, supermarket, transition doesn’t care if the OT does it or the support coordinator does it, someone needs to take the lead and do that.

So I guess the solution is that I’ve seen when it was really great that somebody takes the lead and works really closely with the person, that might be the person themselves and if they’re not able to, then someone thinks about what needs to happen and makes sure that those things happen.

**Andrea:** Great, thanks, Cath, I think those introductions really showed the breadth of expertise and experience that our panel has and we’re now keen to open it up to questions from the audience, so we do have a couple of questions coming in via Slido.

Again, as Tom said earlier, if someone wants to ask their question in person, please let either Michelle over this side or Kelly over this side know, so the first question that’s coming in that I’d like to ask the panel, SDA providers want to support young people to move out of RAC, but many RACs aren’t supportive, beyond online platforms, how can SDA providers connect with the young person in RAC now?

Who would like to respond to that? Court?

**Court:** I think one way could be through support coordinators for those who have support coordination in their plans and that number I think in RAC are people with support coordinators is going up which is really good, so I guess providers could contact support coordination agencies and identify people who are working in RAC and just say, look, we are here to help and even just have a discussion, I guess there is the rest of it looks a bit spruiky, but as long as you’re honest in your intention, then I’m sure the support coordination would be pretty keen to take that on.

**Andrea:** Great, thanks, Court, Mel, was there anything you’d like to add?

**Mel:** Yeah, I just wanted to add that I think SDA providers can provide really good and robust information to facilities because facility managers aren’t withholding information on purpose, it’s about the person’s safety and if they feel that somebody’s not safe within the facility, and that this opportunity is a concern, then really good solid information from SDA providers can break down the barrier.

**Andrea:** Yep, fantastic, thank you, Mel.

There’s another question coming through, are there any organisations who match participants to other participants who could potentially pool their funding and live together? Is that possible at all? It’s a bit of a curly one? Would anyone like to respond to that question?

**Mel:** Okay, I shall respond, we, with the Housing Hub, so the housing matching team facilitate the Housing Hub which hopefully everybody’s had a look at and in one of the future versions, there will be a facility for people to potentially put up a little profile and would act as a flat mate finder.com, so it’s not a function that’s available yet, but that will be available in the future and I think probably support coordinators as well, so connecting different support coordinators and a lot of those support coordinators know each other, so that’s another avenue.

**Andrea:** Cath, would you like to add?

**Kath:** And you’ll clearly see my role at the Summer Foundation, so you can imagine this as a meeting and what I would say to everybody at this point is that we wouldn’t be matching people, would we?

We would be, people would be putting on their profile and saying their preferences and then somebody else would put on theirs and we’d be looking at a way for people to choose who they want to live with, not anybody doing it for them.

**Andrea:** Great, thank you, Cath.

**George:** Can I say something?

**Andrea:** You certainly can, George.

**George:** There’s also Tinder and the reason I say that is that we need to think about what ordinary people do and we don’t need to reinvent the wheel when it comes to how people decide to live together and look, if you’re that keen to pool your funding with other disabilities, there are a lot of group homes out there on the Housing Hub site as well.

**Andrea:** Great, absolutely, George.

**Michelle:** I’ve just got a question here, Andrea.

**Andrea:** Great, thanks, Michelle.

**Q:** My name’s Stan, I’ve got my son living with me at the moment, but I’m getting on in age and he will need care and I’m just wondering if it’s possible to build an SDA house for him that caters to him and maybe he can share with somebody else and that I could maybe build another one beside it that I could live in at the moment if that’s possible.

**Andrea:** Great, thanks for that question, is there anyone on the panel who would like, you would like to, George?

**George** Yeah, so there is an option at the moment in the SDA rules that if you do receive funding, SDA funding that you can provide it to yourself. Obviously, there are a range of things that you need to think about and one of those is that you need the money to buy the house in the first place because SDA won’t buy it, it will just tell you a subsidy or a monthly payment, but that payment is set up in a way so you could over time pay off that property.

**Andrea:** Great, thanks, George, it’s a good example of what we talked about earlier in terms of understanding the rules and knowing what is possible so you can make some choices, depending on your circumstances. Did you have a follow up question?

**Q:** If I did have the funding, how do I go about finding out where I can do it and is it possible?

**Court:** There’s actually a man sitting right in front of you.

**Andrea:** Michelle, do you mind stepping down, in front of you, there’s Owen who in the audience who’s happy to respond to that question, thanks, Michelle.

**Owen:** Thanks, Andrea, we’re a provider of a development management service, so we can certainly chat to you about how to do that.

**Andrea:** Thanks, Owen.

**George:** That would be like Tinder.

**Andrea:** Always keeping it real, George, another question?

**A:** Thank you, Andrea, my name is Jan and I live in regional New South Wales, what I’m wanting to know is what area the Hub actually covers, is it urban is does it go Australia wide?

**Andrea:** Great, Mel, would you like to respond?

**Mel:** It is national, actually, so there are still people learning about it and putting listings on, but it is national.

**Andrea:** Great, there’s another question coming through Slido asking about Diane’s role at the public hospital and whether these sorts of roles exist in other places, so where can those details be found, so Diane, do you want to talk a bit about that?

**Diana:** My understanding about how other health networks are responding to the need is that many health networks have tried to dedicate resources to a position like mine. In terms of accessing the details of those people, I suspect it would be best to go through an Allied Health reception type in those hospitals to check if they do have an NDIS lead in the health service, a lot of these positions have been temporary to start with, some of them are being extended and some of them are being made permanent, so that’s really encouraging to see that there’s a real recognition around the roles that are dedicated specialists can play in facilitating good outcomes and having great knowledge to get that process working as efficiently as possible, but in terms of contacting them, I would say through an Allied Health department at the hospital.

**Andrea:** Great, thanks, Diane, I have a follow up question which I might throw to you that’s come through Slido and this one is about whether there’s any more information about the hospital liaison officers, the HLO role that’s been mentioned and how accessible they’ll be to hospital staff, so do you have any more insights?

**Diane:** So my understanding is that there are five hospital liaison officers across the state, there’s currently recruitment occurring for those positions and I think there has been appointment to some of those positions, I understand that there’s some scoping work happening with some of those positions coming out to meet with key contacts within the hospital service at the moment to really establish where those roles will be located and which health services each role will cover in terms of trying to assist those services with their NDIS navigation.

**Andrea:** Great, thank you, another question that’s come through via Slido is about the allocation of neuropsychology in people’s NDIS plans and the current issue with that is that there’s inconsistency in the allocation of neuropsychology, so the question is should it be included in plans and because of the long wait for this particular service in the health system? Is there anyone on the panel, can you talk to your experience of people getting neuropsychology noted in their plans?

**Diane:** I would say that’s been a challenge for our health service, in terms of clinical psychology or neuropsychology, the instances that we’re seeing it put in to people’s plans is where behaviour support is needed, in terms of other areas in capacity building, we’re not seeing a lot of that resource being allocated and we’re just sort of seeking feedback plan by plan and with each result as to why that might be and why that be considered reasonable, to expect the health service to provide in terms of psychology input and what might be reasonable to expect the NDIA to fund from a psychology perspective.

**Andrea:** Thanks, Diane, George.

**George:** And I’d also say that even though it’s not being funded a great deal now, that doesn’t mean remember in the early phases of the scheme that should be continuing for at least a couple of years or at least as long as those in this room will be alive, so we need to look at the Act and say, is this about reasonable and necessary support and also, where’s the evidence that this works and this will benefit a person, the NDIS is compelled to fund something that will include that person’s quality of life. However, you need the evidence a bit more.

**Andrea:** Thanks, George, another good example of the value and importance of understanding the Act and its components so you can really talk your application, speak your application in terms of the Act. There was a question here whether there’s funding for people with temporary disability, not permanent disability, is there anyone on the panel who would like to talk to their experience of getting funding for someone who might not be or might not have an obvious permanent disability.

**George:** The Act says that their disability must be a permanent disability and it’s a requirement of the health system to meet the needs of people with temporary impairments or considering that the fact that some disabilities can feel that they might be temporary, but then they might go on for longer, it’s sometimes a grey area.

**Andrea:** It can be and we’ve certainly heard this in the work Summer Foundation’s done with health services around fluctuating disabilities where the impact of that disability might be higher at some times than others, it can be a challenge to get funding in plans like that, Court, do you have anything further to say in terms of a person with a fluctuating disability in the advocacy you’ve done?

**Court:** I actually haven’t had much experience with that, most people I’ve worked with have had permanent disabilities or complex needs.

**Andrea:** Okay, no problem, there’s a comment here about the limited housing review and why robust category payments are still below high physical support, are there any comments about that, Court?

**Court:** So on Monday, there was an update to pricing that we’re talking about and it was disappointing not to see more information about robust, there was an increase for some, for robust for some parts of the framework, but it’s my understanding that NDIA is aware that it’s difficult for providers and developers to construct robust properties, especially in metropolitan areas and especially in configurations where people would maybe have as a result of lower occupancy. The NDIA knows that it needs to change and I think that we can bag that in time, in a short time, we might see some changes, I think maybe.

**Andrea:** Thanks, Court.

**Diane:** Yep, I just wanted to say in terms of the price changes for robust and the design changes for robust, we understand that there were many who were hoping that the design standards when they came out, sorry, Melanie Southwell for those who don’t know me from the SDA Alliance, we understand that lots of people were really concerned about robust with really, really good reason, we, the SDA alliance sits on the SDA reference group, we were involved in the design standards and the SDA limited cost assumptions review work at multiple levels and we argued very strongly for increased pricing in robust and we’re really happy that we got some change to the price for robust, unfortunately, that was the ceiling of the NDIA’s interest at the time, but there was a real understanding that pricing alone wouldn’t solve issues with robust and some minor additional tweaks or best practice considerations at the end of the design standards also wouldn’t solve robust, so there is going to be and there was announced at the access 2019 conference for Tony McGuiness at the agency, there is going to be quite a broader project that the agency is going to embark on to really explore all of the issues with robust so that we can have fulsome response to that, so just a bit of a supplementary to Court’s.

**Andrea:** Great, thank you for your additional detail, it’s really appreciated. Any more from the audience, we’ve got a couple more from Slido, we might need to sprint up the back, Michelle, thank you.

**A:** So when it comes to statistics, approximately 6% of recipients are going to get allocated housing funding, do we know any statistics as to where we stand now so that is the number one question, and the other one is once we reach that 6%, do we have any other plan?

**Andrea:** Is there anybody who would like to respond, George?

**George:** I think the first question was how many is it now? Is that right?

**A:** Yeah.

**George:** Yes, so the latest that I have looked at said that while they are planning on funding up to 6%, A, that is just an estimate, it’s not a cap and that’s important to note, it’s not like you need to hurry up or you’ll miss out, although who knows? But the other question around the current stat is currently at 4%, so currently 4% of plans have SDA, but remember, a lot of those percent are actually people who are in group homes who are in them for years and years and they’re probably not suitable for SDA as it’s currently set up.

**Andrea:** Thanks, George, we’re almost running short of time, we’ve got one more question from the floor, thanks, Kelly.

**A:** Hey, guys, Gora here, we’ve got an interesting case and I’m wondering if there’s a way we can solve these communication issues that are happening, we’ve got a participant who’s identified the home and we’ve worked with her planner to get the SDA approval and get all the documents through, however, that particular document has been sitting on the planner’s desk for months, as a result, she’s moved in to a nursing home in her thirties while a house was available. How do we create better quality communication between the planner and the support coordinator and as an SDA provider, while we can facilitate that, whose responsibility is at the end of the day to help fix this long term?

**Andrea:** Thanks for your question, I’m sure there are a few on the panel who would like to respond.

**Court:** So the timing issue is still there when it comes to submitting for SDA and then getting eligibility back, that’s definitely something that is still happening, it’s gotten better, I had plans that I waited twelve months on previously, I had plans that I this year submitted in May and still haven’t heard about, so when it comes to a case like that and there’s that real urgency, I’ve actually had success by writing to a minister and talking about the urgency and that’s a real role of a support coordinator and it is to speak to ministers and to speak to people who can make those changes to shake the tree a little bit, so maybe that could help.

**Andrea:** Great, is there anything-?

**George:** I would say because I think all people with disabilities are at a point where they haven’t got what they need and it’s a need we were all talking about, I think the number one thing that I would do is to get the person an advocate and it’s that advocate’s job to know what it takes to get things moving, obviously, there’s a waiting list for advocacy and the other thing that works extremely well from my experience is to speak to your local member of Parliament, it is their job to be your advocate in Parliament and in the government, so if you do those things, and also lodge complaints on the NDIS website because they’re obligated to respond within three days and that will escalate the matter, a combination of all those things.

**Andrea:** Great ideas, thank you, George. I think we’ve actually come to the end of our time for questions, thank you very much for questions that have come in from the floor and via Slido, I’m sorry that we haven’t got to all of them, but what I’d like to do now is invite Tom Worsnop back to the stage to conclude this afternoon’s seminar. Thank you, Tom.

**Tom Worsnop:** Great, thanks, it was a really fantastic session and I hope everybody got a lot out of that, I certainly did myself and I think I find myself learning every time I have involvement in these discussions, even though I think I might have some information myself at times.

What I’d really like to do though before we conclude is one more thing which is on your Slido, we’ve got an evaluation process just for this session and there are only four questions, so if you wouldn’t mind just getting on to Slido one last time, is that operating now? Thanks, Zoe, so if you quickly do that, it only takes a few minutes and that’d really help us with evaluating how we could do this next time and improve it even.

So thank you to everybody who’s been here, thank you to an audience both present here and also the audience on Facebook, we hope you’ve had a decent chance to participate as well.

The conversation will continue, we at Summer Foundation continue to work in this space and continue to learn every day ourselves.

Thanks to the guest speakers who’ve come from other agencies, too, and we hope to continue working with you as well, it’s been a really great partnership we’ve had with many organisations in learning more and more about this topic.

Really just to conclude, we hope that you have got a lot out of this session today and we see you next year as well and in the meantime, we’ll keep the conversation going, keep an eye on our various social media outlets and on our Facebook and our website page, and we really look forward to having this conversation continuing and continuing to learn together.

So thanks to the panel, very much, thanks to Andrea and let’s conclude today’s proceedings, thank you.

**END OF TRANSCRIPT**