

## Submission of Family Planning NSW

### General issues around the implementation and performance of the NDIS

April 2019

Submitted via MyParliament.



Family Planning NSW welcomes this opportunity to make a submission to the Joint Standing Committee on the National Disability Insurance Scheme regarding 'General issues around the implementation and performance of the NDIS'.

This submission reiterates issues raised in our August 2017 submission to the Joint Standing Committee regarding 'Transitional arrangements for the NDIS', as many of the issues we raised in that submission have not been resolved.

### About us

Family Planning NSW is the state's leading provider of reproductive and sexual health services.

We have been delivering targeted services to people with disability and those who support them for over 35 years, including health promotion, education and training. Family Planning NSW is also a registered provider under the National Disability Insurance Scheme (NDIS).

We provide services under the following NDIS support areas:

- Specialised assessment of skills, abilities and needs;
- Therapeutic supports.

### Recommendations

Family Planning NSW recommends that:

1. Mechanisms be introduced to allow more responsive changes to plans so that participants' sexuality support needs can be met in a timely fashion.
2. Sexuality support requirements be considered as a standard inclusion for all participant plans, including puberty support for children and adolescents.
3. The NDIS website and associated materials provide clearer guidance about the kinds of services that can be obtained as part of sexuality support, in the form of an NDIA policy or procedure document.
4. Adequate funding be provided for professional learning of NDIA representatives, including in the areas of sexuality and relationships.

## Issues

### **Plans are not responsive to participants' changing needs**

Family Planning NSW is still concerned about the lack of flexibility built into people's plans to accommodate for developmental changes and other changes in needs, particularly where the need requires a more timely response than is possible with process required to arrange a plan review.

As a provider under the NDIS, we have experienced situations where participants wishing to amend their plans (for instance, to include addressing sexualised behaviour or inappropriate touching) must wait up to three months for a plan review. As well as being detrimental to the participant's wellbeing, it is concerning for the ongoing safety of that person and those around them. Participants and their carers who wish to respond to the issue in a timely manner must at times engage their GP and develop a Mental Health Plan as a stop gap measure during this time frame.

**Recommendation 1:** That mechanisms be introduced to allow more responsive changes to plans so that participants' sexuality support needs can be met in a timely fashion.

### **Sexuality and relationships are often dealt with reactively, once behaviours have become more concerning**

Parents of children with disability often struggle to support their child with the physical, emotional and social changes that happen during puberty (Brown & Pirtle, 2008). Sexuality support, when given proactively, can support a person with disability to improve their decision-making and self-protection skills and their level of community participation (Hayashi et al, 2011; Khemka et al, 2005). Family Planning NSW remains concerned about the lack of consideration of sexuality, relationships and sexual health goals in participant plans and that where these goals are considered, it is often reactively, once health issues or behaviours have become more severe.

**Recommendation 2:** That sexuality support requirements be considered as a standard inclusion for all participant plans, including puberty support for children and adolescents.

### **Participants, carers and providers are not clear about what sexuality supports can be funded, and which support codes those supports fall under**

As a provider under the NDIS, we continue to hear of confusion around what sexuality supports can be funded and the correct codes to use for those supports. We know of multiple instances in which participants have attempted to use funding in their plans under the support code 'Capacity Building Relationships Improved Relationships' to access our therapeutic services for support on healthy relationships, only to find that the code required to access our services is different (Capacity Building Daily Living Improved Daily Living).

In these instances the name of the support code 'Capacity Building Relationships Improved Relationships' is a misnomer, confusing people into thinking they can access any type of relationships support using this code because it contains the word 'relationships'. Where the participant does not also have funding under the 'Capacity Building Daily Living Improved Daily Living' support code, and we are unable to support them to other utilise other access paths (e.g., mental health care plan), this leads to lengthy delays while the participant waits for a plan review.

Clear guidance materials would assist plan participants, carers and providers in navigating the complex NDIS system. The NSW Ageing, Disability and Home Care's 'Sexuality and Relationships Guidelines' and the Victorian Department of Human Services' 'Personal relationships, sexuality and sexual health' policy could usefully inform these documents.

**Recommendation 3:** That the NDIS website and associated materials provide clearer guidance about the kinds of services that can be obtained as part of sexuality support, in the form of an NDIA policy or procedure document.

### **The NDIS funding model has had a significant and negative impact on professional learning in the disability sector**

Family Planning NSW has been a Registered Training Organisation (RTO) since 2000. Since 2008, we have provided training to over 12,000 doctors, nurses, teachers, disability workers and community workers.

Since the roll out of the NDIS, we have noticed a marked drop in enrolments by disability support workers, anecdotally due to decreased availability of funding for professional learning. A less-skilled workforce is of concern for participants and it is imperative that NDIA staff is sufficiently trained to understand the holistic nature of sexuality, the importance of sexuality support and education to a person's health, wellbeing and participation, and the rights of people with disability to access such support.

**Recommendation 4:** That adequate funding be provided for professional learning of NDIA representatives, including in the areas of sexuality and relationships.

### **References**

Hayashi M, Arakida, M & Ohashi, K 2011 'The effectiveness of a sex education program facilitating social skills for people with intellectual disability in Japan'. *Journal of Intellectual and Developmental Disability*, vol. 36, pp. 11–19.

Khemka I, Hickson, L & Reynolds G 2005 'Evaluation of a decision-Making curriculum designed to empower women with mental retardation to resist abuse'. *American Journal on Mental Retardation* vol. 110, pp. 193–204.

Pirtle, RD & Brown, T 2008, 'Beliefs of professional and family caregivers about the sexuality of individuals with intellectual disabilities: examining beliefs using a Q-methodology approach', *Sex Education*, vol 8, no. 1, pp. 59-75, DOI: 10.1080/14681810701811829