

Thursday, 25 May 2023

To Whom it May Concern,



**RE: VMIAC Submission to the NDIS Review**

Please see our submission in response to The Independent Review of the National Disability Insurance Scheme (NDIS). This response provides an overview of some critical issues with the current Scheme and some proposed recommendations.

The information and quotes enclosed in this document were collected in anonymous surveys and/or face-to-face consultation with VMIAC staff members.

Please contact me with any questions you may have related to the content of this document.

Kind regards,

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## About VMIAC

The Victorian Mental Illness Awareness Council (VMIAC) is the peak body run by and for Victorian mental health consumers. By 'mental health consumers' VMIAC mean people with lived experience of mental health challenges, trauma, or emotional distress, and/or who have accessed mental health or related services to support their wellbeing.

Our vision is a world where all consumers stand proud, live a life with their choices honoured and their rights upheld, and where these principles are embedded in all aspects of society.

VMIAC support extends across State-wide across metro, rural and regional communities. We provide individual and systemic advocacy to consumers with psychosocial disabilities, using a rights-based approach, to ensure their rights and freedoms are exercised.

VMIAC's program of work includes leading:

- systemic policy advocacy and campaigning
- consumer-led individual advocacy support
- consumer-led NDIS-related information and support
- training and consumer capacity development
- a Lived and Living Experience Workforce (LLEW) program
- operations of the Victoria-wide consumer register
- consumer community engagement events and opportunities
- consumer-led research and research project support
- consumer secondary consultations

We use the terms "people with psychosocial disability" and "consumers" interchangeably throughout this document.

## Introduction

This submission represents the views of VMIAC as the peak body for lived experience of mental health challenges and emotional distress in Victoria. VMIAC has been offering NDIS Advocacy and Support services (previously called Transitional Support Package) since 2017 for people with psychosocial disability. These services include but are not limited to:

- The provision of information about NDIS processes
- Advocacy and support for NDIS applications, internal planning and review
- Intensive support through NDIS external review and appeal processes

Our General Consumer Advocacy service also, occasionally works with people who are NDIS participants or attempting to access the NDIS.

The information and quotes enclosed in this document were collected in anonymous surveys and/or face-to-face consultation with VMIAC staff members who have one or more of the following attributes:

- have lived or living experience of the NDIS as a participant, or a carer of a participant
- provide supports and/or services to NDIS participants as part of their professional duties including advocacy
- have tried (unsuccessfully) to access the NDIS as a participant

- are interested in becoming a NDIS participant

VMIAC would like to acknowledge the positive impacts of the NDIS on the lives of people with disability since its implementation. However, we still observe existing inadequacies which can lead to poor outcomes for NDIS participants, those unable to access the scheme, or who receive inadequate funding for their support plans. Our points below focus specifically on issues experienced by people with psychosocial and periodic disabling episodes of mental ill health.

## VMIAC Concerns

### Inconsistent access for psychosocial disability.

VMIAC note current NDIS system processes remain inaccessible for some people with psychosocial disability, or periodic disability due to mental illness. Consultation participants told us:

- current NDIS systems and processes fail to recognise the fluctuating nature of psychosocial disability which results in insufficient access to supports and services; and,
- the NDIS lacks capacity to provide timely responses to people experiencing acute episodes of mental illness.

Due to many community services relying on NDIS funding, support can be delayed due to slow administrative processes. (More information can be found about this in the 'Administrative Burden' below). This increases reliance on the medical system to provide care in these instances and can lead to detrimental outcomes, or a need for more enduring supports than people otherwise would have required.

As one VMIAC staff member said:

*"The NDIS is inadvertently facilitating the development of further impairment and permanent payments for people with psychosocial disability in order to patch immediate costs, over costs that will inevitably balloon in the future."*

Where survey respondents had sought to access the NDIS, 50% stated it was exceedingly difficult for an accurate evaluation of mental ill health or another psychosocial disability to be completed at one point in time. Furthermore, respondents who had sought to become a NDIS participant themselves noted complexity of the paperwork; confusing NDIS plan funding arrangements (or proposed funding); and a general lack of support to understand the options available. They also said this was a significant difficulty for people without familial, social or advocacy assistance to navigate this process whom they had supported as advocates.

Below, we will address some specific current NDIS system elements we believe negatively impacts people's access and experience of the scheme.

### Administrative burden

The administrative burden NDIS participants or prospective participants experience was a recurrent theme during VMIAC consultations. This burden occurred primarily through:

- having to collect 'evidence' to prove the need and 'eligibility' for supports - particularly when undergoing NDIS review or appeal processes.

- the expectation that participants use their own resources and funds to undergo examination by professionals and obtain reports as 'evidence' of their disability.
- identification requirements of the NDIS – e.g. being a barrier to people without photo I.D.

VMIAC supports the need to avoid exploitation of the scheme. However, we believe the above obligations combined with a lack of appropriate resourcing and support for participants (or prospective participants) often leads to the exclusion of vulnerable groups, such as those experiencing poverty and/or homelessness. Similarly obtaining documents and 'evidence' has been hindered by excessive wait times to see health professionals, such as psychiatrists. One VMIAC staff member and prospective NDIS participant noted:

*“Obtaining appropriate evidence can be financially prohibitive and cause issues in relation to psychosocial disability where medical histories, evidence of treatment, etc. may be absent due to the nature of the disability and lack of capacity to access [support].”*

Furthermore, it can be challenging to contextualise therapeutic approaches in reports used as 'evidence'. The same staff member said:

*“It is difficult to create reports in a way that honours the therapist’s methodologies, particularly if they are strengths-based, or not numerically driven, without this negatively impacting a participants ability to access supports in the future.”*

The significant administrative burden faced by NDIS participants, also impacted health professionals and service providers writing the reports as noted by another respondent:

*“[The NDIS] is providing people with misleading information and sending them effectively on wild goose chases, which wastes significant time, money, and places a burden on the clients as well as medical professionals and [everyone else] engaged in the process, such that a lot of people are missing out or aren’t receiving the support that they desperately need.”*

Furthermore, VMIAC NDIS support staff have found consumers participating in appeals or internal review processes with the NDIA can face multiple NDIS lawyers with little-to-no capacity to afford appropriate representation for themselves. This has caused people to withdraw from the appeal process and lose funded supports because they do not have the capacity or resources to battle the system alone.

Accessing and organising a complete, coherent, or sequential history of treatment, services and support needs for NDIS access and planning purposes can also be onerous. VMIAC NDIS advocates have assisted consumers with poor documentation for several reasons, including:

- *Disengagement from services due to negative experience, distrust or harm caused by providers.*
- *Fluctuations in mental health leading to periods where minimal or no support was required.*
- *Difficulty retaining, organising or requesting documentation from past or present service providers.*
- *Financial constraints to paying for specialists, ongoing supports, and or copies of treatment history.*

## Communication, consistency, and transparency

Communication, transparency, and consistency within the NDIS and among scheme service providers requires improvement. VMIAC has received consumer feedback that there are inconsistencies between information provided by plan managers and other NDIA planners, as well as an overall lack of communication to participants or prospective participants.

Our survey respondents shared they often receive contradictory information about their plans or prospective plans, depending on who they speak with. This includes the experience of receiving differing information from NDIA phone representatives at the National Contact Centre (NCC). In some cases, people reported significant difficulty contacting NDIA representatives or someone who can support them or provide information about their plan or proposed plan. One NDIS participant reported:

*“My NDIS coordinator has not contacted me for about a year and a half, I don’t even know who they are anymore or how to get in contact with them”.*

Another said:

*“It is hard to understand how much funding you have for particular things. My plan manager lays this out differently to what is written in my plan.”*

One example provided to us by a NDIS participant illustrates poor consultation about important planning decisions regarding NDIS funding allocation.

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### VMIAC NDIS Case Study: Leah

*Leah made a request for an internal review after a planning decision was made about their NDIS plan that they did not agree with. They were told throughout the internal review process that they would be contacted to discuss the request and outcomes but were not contacted.*

*Leah later received a letter confirming a decision had been reached about the issue despite no consultation with Leah throughout the process. Leah was unhappy with the outcome of the internal review but did not have the energy to pursue it further.*

*When Leah decided to make a complaint about the lack of consultation during the internal review process, they received no follow up communication or response to the complaint.*

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Poor transparency and understanding about decision-making within the NDIA can make it challenging for NDIS service providers to know how to best support participants to spend funding without it impacting future amounts they are given.<sup>1</sup> One VMIAC advocate said:

*“Use of discounts can impact participants’ ability to use their funds in time, and then this impacts their future funding given, when a discount or price change may have occurred.”*

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<sup>1</sup> Public Interest Advocacy Centre, ‘Submission to the Joint Standing Committee on the NDIS’, Submission to the Joint Standing Committee on the NDIS Planning Inquiry (16 Sept. 2019), <https://piac.asn.au/wp-content/uploads/2019/10/19.09.06-PIAC-Submission-to-NDIS-Planning-inquiry.pdf> accessed 18 April 2023

NDIS participants feeling uninformed about their plans was also raised in the 2018 NDIA Pathway Review where participants called for ‘a more transparent planning process, and to be included in the decisions which impact them’<sup>2</sup>. Our survey responses imply these issues have not yet been fully resolved<sup>3</sup>.

Some confusion and misunderstanding about NDIA internal policy and procedures related to decision-making was also noted<sup>4</sup>. This was partly driven by but not limited to, failures of the NDIA to disseminate clear information about why a decision has been made (or not) to participants and/or clinicians who have provided evidence<sup>5</sup>. One VMIAC NDIS advocate said:

*“On some occasions, you get somebody who’s really good who will call up the advocate or the client to ask more questions, seek clarification, and really genuinely engage with the process. Other times, it’s a rush job where it’s extremely apparent the reviewer hasn’t looked at the evidence, or you’re going through the internal review process and it’s apparent the NDIS hasn’t done a thorough review of the evidence.”*

## Deterrence and gatekeeping

The experience of accessing the NDIS was described by one prospective NDIS participant in our survey as ‘confusing in application and delivery, both for consumers and providers’.

Another said:

*“As a person who sees NDIS participants in practice, it is exceptionally challenging to navigate [the NDIS]. It often feels like the process is structured with the framework of ‘who can we kick out’ versus ‘who can we support and how’”.*

The NDIS appeal processes, whether internally or with the Administrative Appeals Tribunal (AAT), can have the effect of gatekeeping. A VMIAC NDIS Advocate noted the use of litigation by the NDIS delays access for prospective participants during appeal processes. A possible explanation for this provided by the same advocate is that litigation may be more cost-effective than providing a prospective participant with funding they need.

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## VMIAC NDIS Program Case Study: Joe

*Joe lives with schizophrenia and diabetes. Joe’s experience of schizophrenia makes it difficult for him to manage his diabetes medication. The NDIA was provided with medical evidence that Joe was at risk of having his foot amputated if he was not supported with diabetes management. Despite this, the NDIA argued against this support on the basis it was a*

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<sup>2</sup> National Disability Insurance Agency, *Improving the NDIS Participant and Provider Experience* (National Disability Insurance Agency, 2018), 13.

<sup>3</sup> National Disability Insurance Agency, *Improving the NDIS Participant and Provider Experience* (National Disability Insurance Agency, 2018)

<sup>4</sup> David Tune AO PSM, *Review of the National Disability Insurance Scheme Act 2013: Removing Red Tape and Implementing the NDIS Service Guarantee* (Australian Government Department of Social Services, 2019, [https://www.dss.gov.au/sites/default/files/documents/01\\_2020/ndis-act-review-final-accessibility-and-prepared-publishing1.pdf](https://www.dss.gov.au/sites/default/files/documents/01_2020/ndis-act-review-final-accessibility-and-prepared-publishing1.pdf))

<sup>5</sup> David Tune AO PSM, *Review of the National Disability Insurance Scheme Act 2013: Removing Red Tape and Implementing the NDIS Service Guarantee* (Australian Government Department of Social Services, 2019, [https://www.dss.gov.au/sites/default/files/documents/01\\_2020/ndis-act-review-final-accessibility-and-prepared-publishing1.pdf](https://www.dss.gov.au/sites/default/files/documents/01_2020/ndis-act-review-final-accessibility-and-prepared-publishing1.pdf))

mainstream health issue. Subsequently, during the NDIS access process, while Joe had limited assistance, he had a foot amputated due to diabetes-related injury.

Joe then unsuccessfully sought a wheelchair with NDIS funding due to mobility difficulty following his foot amputation. At that time, Joe was experiencing incontinence and lived in supported accommodation. Without an appropriate wheelchair, he was unable to make it to the bathroom in time and would often experience incontinence during mealtime in communal areas. This resulted in Joe being at risk of homelessness because the SRS he was living in believed it was the responsibility of the NDIS to resolve these issues while the NDIA, said it was the responsibility of the housing provider.

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People report experiencing anxiety about the future of their funding and supports once they have NDIS access – deterring them from the process. One prospective NDIS participant said:

*“You never know when the NDIA is going to come up and say ‘oh, no, we’ve decided to deny all your supports, now you’re on your own’. It’s like thinking about the fundamental aspects of domestic violence – financial control, coercive control, gas-lighting, all those elements, seem to be built into the NDIS system [to deter people].”*

VMIAC also note findings of the Royal Commission into the Robo-debt Scheme, and the use of ‘behavioural insights’ to influence participants or prospective participants to NDIA compliance <sup>6</sup>. We believe these methods may harm people with a disability and exacerbate exclusion from the NDIS.

## **Stigma and discrimination**

Stigma and discrimination uniquely impact people experiencing psychosocial and periodic/episodic disability who are seeking NDIS support <sup>7</sup>. We believe the NDIA fundamentally discriminates against people with psychosocial disability <sup>8</sup>. One VMIAC NDIS advocate noted:

*“The law was written without fully taking into account the needs of people with psychosocial disability. As a consequence, it discriminates against them. I would argue there are a lot of unforeseen circumstances [for this cohort] that the law does not take into account...It is entirely discriminatory to expect people with serious mental illnesses to be able to navigate such an overly complex system.”*

Stigma and discrimination faced by psychosocial participants often drives a misunderstanding about what supports are available to meet their needs <sup>9</sup>. Stigma and discrimination which exists

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<sup>6</sup> Rick Morton, ‘Exclusive: Robo-debt ‘insights’ to shape NDIS compliance’, *The Saturday Paper*, 26 Nov 2022, <https://www.thesaturdaypaper.com.au/news/politics/2022/11/26/exclusive-robo-debt-insights-shape-ndis-compliance#hrd>, accessed 11 April 2023

<sup>7</sup> Ruth Langmead, ‘The National Disability Insurance Scheme (NDIS) and mental health: a policy analysis’, Murdoch University (2018)

<sup>8</sup> Nicola Hancock, et al., *Mind the Gap: the National Disability Insurance Scheme and psychosocial disability*, (Sydney: The University of Sydney, 2018), <https://apo.org.au/sites/default/files/resource-files/2018-01/apo-nid130666.pdf> accessed 11 April 2023

<sup>9</sup> Australian National University, ‘NDIS failing mental health patients and providers’, 17 Jan. 2019



broadly in Australian society can permeate the NDIA and providers. Therefore, appropriate training and education targeting them to challenge misconceptions would be beneficial <sup>10</sup>.

One VMIAC staff member noted:

*“Problematic assumptions about permanence, recovery, independence, ongoing nature of supports, etc. places responsibility inappropriately on the health system for supports by creating an arbitrary distinction between treatment and capacity building.”*

Furthermore, there is a significant reliance on clinical evidence from ‘experts’ who are not necessarily trained in assessing psychosocial impairment<sup>11</sup>. This means decisions about NDIS access are being made by NDIS representatives who are insufficiently equipped to respond to and interpret documentation about psychosocial disability or recognise and understand the impact of mental health experiences on support needs<sup>12</sup>.

An advocate in the consultation stated:

*“In [the mental health] system, we recognise if somebody has a diagnosis of schizophrenia, that person is going to have schizophrenia for the rest of their life. We also recognise the diagnosis of schizophrenia comes from recognised impairments, many of which are consistent over the lifespan of the person. So, for the NDIS to then ignore all that information and ask people to start a submission to prove they’re needing funding and that their diagnosis is permanent, seems like an absurd exercise.”*

*“...a person can provide documentation from their psychiatrist saying their impairment is permanent, [and] they can provide information from their clinical psychologist and GP repeating the same thing, and the NDIS can say ‘no, we just don’t accept that’. We’re talking about people with mental illness that may have gone back 10 or 20 years. They’ve gone through everything, they’ve tried everything, and they’re doing the best they can, and they’re being withheld the support they need on the basis of not being able to tick the right box.”*

This can have severe impacts on people with psychosocial disability, especially when considering that many community services rely on NDIS funding<sup>13</sup>.

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## Case Study: Albert

A VMIAC advocate (the Advocate) was supporting Albert with his NDIS planning meeting. The Advocate asked his NDIS case manager why some information had been requested and provided but not been used to inform planning decisions. The case manager told the Advocate that, in making NDIS decisions, documents provided as ‘evidence’ are only relevant if the participant explicitly summarises the documents and support they require.

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10 Nicola Hancock, et al., *Mind the Gap: the National Disability Insurance Scheme and psychosocial disability*, (Sydney: The University of Sydney, 2018), <https://apo.org.au/sites/default/files/resource-files/2018-01/apo-nid130666.pdf> accessed 11 April 2023

11 Australian National University, ‘NDIS failing mental health patients and providers’, 17 Jan. 2019

12 Nicola Hancock, et al., *Mind the Gap: the National Disability Insurance Scheme and psychosocial disability*, (Sydney: The University of Sydney, 2018), <https://apo.org.au/sites/default/files/resource-files/2018-01/apo-nid130666.pdf> accessed 11 April 2023

13 Jennifer Smith-Merry, John Gilroy, Annmaree Watharow, *The NDIS at ten years: designing an equitable scheme for the next decade* (Sydney: University of Sydney, 2023), [https://www.mja.com.au/system/files/issues/218\\_07/mja251899.pdf](https://www.mja.com.au/system/files/issues/218_07/mja251899.pdf) accessed 11 April 2023



*At this time, Albert had documentation of his risk of permanent disability or death without intervention. The NDIS case manager indicated it was irrelevant if Albert didn't explicitly ask for what was recommended in the medical reports. This raises significant concern around how the NDIS accommodates and responds to people with psychosocial disability.*

## **Lack of accountability mechanisms**

A lack of accountability mechanisms for NDIS decision making has been noted by VMIAC advocates:

*"There really is no accountability [for the NDIS]...If they dragged somebody through a year-long dispute, then it turns out [that person] should have been on the NDIS in the first place, why isn't there compensation for those people who are harmed by this? Why isn't there accountability?..."*

*There are many circumstances where participants on the NDIS and applicants to the NDIS should be eligible for compensation based on the appalling behaviour that they have experienced from the system. I can appreciate there are all sorts of circumstances why [the NDIS] does that, but where it can be shown the NDIS acted outside their remit or against the law, there should be serious consequences."*

VMIAC believe inbuilt accountability mechanisms would support participants' rights. People who are continually denied access to the NDIS or are required to continually argue and advocate against the NDIS to access supports they need are being mistreated by the system<sup>14</sup>.

## **Under-qualified NDIS staff and delegates and a lack of lived experience.**

Under-qualified staff and NDIS delegates contribute to decisions that can have lasting impacts on vulnerable people<sup>15</sup>. VMIAC has experienced NDIS representatives ignoring or deciding against clinical recommendations by qualified, accredited professionals.

Furthermore, VMIAC staff have found competencies of NDIA staff and delegates is, at times, lacking during review processes.

*"Sometimes the plan is reviewed by people with no understanding of the therapies or supports requested, and yet are denied. For instance, someone with no experience or knowledge of the value of art therapy may say that it's not relevant to the participant's needs, despite the trained therapist and participant stating how it has supported them with their goals..."*

Our consultation findings also identified people experienced paternalism in NDIS decision-making and review processes with one person noting the NDIA were "overly risk-adverse with limited regard for lived experience and the social model of disability which undermines choice and control."

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<sup>14</sup> Australian Federation of Disability Organisations, 'Disability sector calls for greater accountability re NDIA settlement outcomes', AFDO Media Releases [website], (20 July 2020), <https://www.afdo.org.au/disability-sector-calls-for-greater-accountability-re-ndia-settlement-outcomes/>, accessed 18 April 2023

<sup>15</sup> Australian National University, 'NDIS failing mental health patients and providers', 17 Jan. 2019

People with disability should be allowed the same dignity of risk and decision-making opportunities as other members of society. VMIAC believe cultural shifts could be better promoted using lived and living experience designated roles within NDIS management and staffing structures.

*“It seems to me a disability insurance scheme should be run and operated by people with disability primarily, because then it gives a whole group of people, an area where they can actually use their lived experience and apply it directly in a way that helps the lives of people who have similar impairments... instead of having some random person just make whatever decision [that affects their life]. It should be an exemplar organisation for supporting people with lived experience of disability.”*

## Funding limitations and restraints

VMIAC NDIS advocacy services currently struggle to meet demand and has implemented wait lists to deal with limited staffing and a decreased capacity to take on new consumers.

Funding for advocates needs to account not only for NDIS support program participant numbers, but also their complexity of need and the number of sessions they require. Particularly those consumers struggling with bureaucracy, who cannot understand or assert their rights, and who have no informal supports. One VMIAC advocate noted:

*“In the mental health system, we’re looking at making it mandatory, or just a part of the process, that every person who’s put on an assessment or treatment order [under the Mental Health Act 2014] is assigned an advocate to support them through that process. But when it comes to the NDIS, there are effectively three advocates in the state who are specialists in psychosocial disability... that we’re aware of.”*

The stakes can be high for people requiring advocacy as illustrated by the case study of Bella.

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## Case study: Bella

*NDIS participant, Bella, has been residing at a Melbourne Supported Residential Service (SRS), has a physical and psychosocial disability, and relies on formal supports for many of her needs. Her room at the SRS is too small for her to use her wheelchair, there is also no hoist so Bella cannot always leave her bed or access the bathroom. The doorway to her room is also too narrow for her to independently leave using her wheelchair. As a result, Bella has been confined to her room for eight months and unable to shower for five. Bella completely relies on SRS staff to bathe her in bed.*

*SRS staff told Bella she cannot have NDIS support workers onsite. Supports like capacity building are unattainable because Bella cannot access the community and SRS staff restrict access to the premises. Bella has engaged the NDIS Quality and Safeguarding Commission, the Victorian Department of Families, Fairness and Housing, and NDIS supports to try and have these issues resolved to no avail.*

*Bella fears she will remain trapped in her room for extended periods and be unable to use the shower or the toilet. As a result, Bella experiences suicidality and engages in self-harm to cope.*

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Participants who had positive experiences with the NDIS said they didn't know what they would do without it but need more support to be a participant. One person said,

*"I'm very glad that I have a NDIS plan, I fully support NDIS but would like more information and help."*

*"I am really happy I am getting an exercise trainer, a dietician, therapy/counselling sessions, cleaners and gardeners paid for..."*

Another VMIAC advocate and prospective NDIS participant said:

*"I have had several participants comment on the life-changing positive impact of the NDIS either at a time before their support was cut, or because even inadequate support is better than their previous circumstances. They are generally so grateful for the support they do have. When it works, it can enable them to do things like get out of bed, personal care, live in a clean and tidy home, communicate, establish, or maintain relationships, leave the house to go grocery shopping, work or study.*

*This is caveated, however, by the stress of establishing and maintaining suitable supports; the insecurity of support which could disappear in a year's time (or sooner); the ongoing administrative burden; the trauma of the processes; and the re-traumatisation of constantly having to relive, re-disclose and focus on your struggles and limitations for the purpose of maintaining necessary support.*

*Especially in relation to psychosocial disability, with supports often provided on the false notion that 'capacity building' means they are not needed long-term. The positives do not outweigh the negatives for some. Multiple participants have raised with me whether NDIS support is worth the ongoing stress. And despite desperately needing support myself, and having a 'guaranteed access' diagnosis, it is these concerns that have me questioning whether I should even bother."*

## Recommendations

VMIAC make the following recommendations to **improve the overall quality and accessibility** of the NDIS:

1. Reduce the administrative burden for participants or prospective participants by:
  - Providing NDIS funding and resources to disadvantaged participants to help them gather medical evidence/specialist reports to support their NDIS claims.
  - Requiring NDIA delegates and/or service providers to provide more support to participants to collect medical evidence where it is requested.
  - Ensuring evaluations of people with psychosocial disability include consideration of the person's historical support needs - not just their current needs at the time of their assessment. It is important to note this recommendation will not be

suitable for all people with psychosocial disabilities, particularly where they have incomplete documentation of their support history, or where documents are not written by medical professionals.

- Ensuring all case notes, records and reports kept on file by the NDIA are readily available and accessible for participants to view and download.
- Ensuring the NDIA puts requests for information in writing, via letter and/or email, with an explanation as to why it is being requested. Currently, this is done over the phone or with a letter with minimal details.
- Ensuring the NDIA provide written documentation of phone conversations with participants to support those who have difficulty retaining verbal information.
- That personal statements by people with a lived experience of disability be treated with significant value alongside clinical evidence.

2. VMIAC recommendations to improve **communication, consistency, and transparency** in the NDIS:

- a) NDIA delegates and representatives be properly trained, qualified, and resourced to ensure a reliable and transparent decision-making protocol is applied consistently.
- b) That NDIS decision-making protocols are shared with participants and prospective participants, so people are aware of the criteria they are being assessed against.
- c) NDIA representatives and plan coordinators be required to provide a mandatory set minimum schedule of regular, accessible contact hours to participants depending on their consent, needs and preferences.
- d) There be a clear pathway for participants to speak to someone within the NDIS, particularly within the first few months of their plan so they can access information directly rather than via third parties, such as the National Contact Centre.
- e) Any plan changes or renewals be communicated directly to participants in writing, and via their preferred methods.
- f) That support to understand plans, prospective plans, and funding, be provided to participants or prospective participants in an accessible manner.

3. VMIAC recommendations to lessen **deterrence and gatekeeping, and improve accountability, and staff capability**:

- a) Alter systems and processes so people with ongoing well documented support needs that endorse the provision of NDIS services over their lifespan no longer require plan reviews or appeals.
- b) The NDIA minimise the use of litigation so people are not delayed access to vital supports in instances where they are required to undertake appeal processes.
- c) All NDIA staff and delegates be required to meet standards of practice, including mandatory training on responding effectively to and making decisions about participants or prospective participants with psychosocial disability.
- d) Conduct an inquiry into the current NDIS system to investigate drivers of harms, with tangible consequences where the NDIA has acted wrongfully or unlawfully.

- e) Create targeted activities to combat misinformation, stigma and ableism around psychosocial disability, neurodiversity, and other forms of invisible disability. The NDIA should have a clear agenda for proactively challenging stigma and set targets and milestones to achieve this in consultation with participants.
  - f) The NDIA allow for dignity of risk in decisions around plans and prospective plans.
4. VMIAC recommendations related to **funding** include:
- a) Increase ongoing funding to boost existing advocacy supports and new advocacy positions external to the NDIS including NDIS advocacy services for all participants going through review and/or appeal processes.
  - b) Embed lived and living experience in the NDIA at every level of staffing and design.
  - c) Broaden NDIS services available to people with psychosocial disability beyond the clinical context.