NDIS Health Interface

CICD Project

PROJECT REPORT

Lynne Adamson
Associate Professor, School of Health and Social Development, Deakin University
Kathy Day
Project Officer, School of Health and Social Development, Deakin University
Lani Campbell
Consultant to project

12 May 2017

Contents

EXECUTIVE SUMMARY

BACKGROUND

This report describes the joint project between Deakin University, G21 and Barwon Health, funded by the National Disability Insurance Agency (NDIA) to investigate the National Disability Insurance Scheme (NDIS) Health Interface within the Barwon region. The project examined and documented experiences of people working in the Barwon region health sector and their experience of the NDIS. The NDIS Health Toolkit website was developed with the aim of addressing documented challenges. The use and acceptability of the toolkit was evaluated and further recommendations to facilitate interactions within the interface between NDIS and the health sector were developed.

METHODS

The 'Knowledge to Action' framework was used to define and guide the four project phases. Phase 1 involved focus groups, email and individual discussions aimed to understand and document the experiences of people working in the Barwon region health sector. Phase 2 involved documenting challenges and potential solutions to the NDIS/health interface, and analysing these using thematic analysis. A website was created using the Weebly platform in Phase 3. Phase 4 revolved around evaluating acceptability and usefulness of the website using online surveys, a second focus group, email and individual discussions.

RESULTS

Phase 1 – Challenges reported

There was strong 'buy in' from people in the Barwon health sector. Experiences of the NDIS since commencement resulted in a wealth of information about 'what worked' and what challenges had been identified. Phase 1 focus groups reported challenges that were grouped into four themes (see Figures 3- 6, pp 18-19):

1. Communication with the NDIS
2. Delays
3. Fast track/emergency system needed
4. Models of working

Phase 2 - Potential solutions

Solutions were detailed (see Figures 7-10, pp 20-21) in response to the themes and then solutions regarded as 'in-scope' for this project were determined. These included:

1. Glossary - Common terms used in health practice and NDIS terms
2. Links to guides
3. Examples of assessment reports
4. Templates for report writing
5. Flow charts explaining client pathway through NDIS – specific to health area i.e. EMD, Community, GP's
6. Tip sheets on how to write reports
7. Factsheets relating to NDIS
8. Training – the national NDIS model
9. Frequently asked questions and links to provider information

Phase 3 – Development of the NDIS health Toolkit

The website, **http://ndishealthtoolkit.weebly.com/** was set up with the following key headings:

- Training ideas
- Glossary – different formats
- Links – NDIS fact sheets, advocacy links, pre planning meeting preparation, NDIS Reviews
- Tip Sheets – writing reports; navigating NDIS, Alternative interim supports
- Process Tools – flow charts
- Other resources

Phase 4 – Evaluation of the NDIS Health Toolkit

Focus group 2 gathered information regarding the usefulness and acceptability of the toolkit. The glossary was the most commonly identified useful tool, with other useful tools identified being:

- Flow charts
- Tip sheets

- Links: to other resources
- Client/participant pathway tools

Suggestions for changes (all minor) were acted on and new resources were developed and others changed accordingly.

KEY FINDINGS

FINDING 1 NDIS INFORMATION TARGETTED TO THE HEALTH SECTOR

A clear finding from the project is that specific information targetted to the health sector will improve the experience of people applying for NDIS and for participants who are also engaged with health services.

FINDING 2 LINKING NDIS PARTICIPANTS, NDIA AND THE HEALTH SECTOR

Feedback from the NDIS Health Interface Project Advisory Group highlighted the need for clear communication process and timeframes to ensure the quality of the applicant/participant experience with NDIS. While a framework may have national commonality, it is likely that local/regional perspectives will be necessary. Direct links between local NDIS teams and the health sector will benefit applicants and participants, especially those in inpatient facilities relying on NDIS supports for discharge planning.

FINDING 3 TRAINING FOR THE HEALTH SECTOR AND FOR NDIS

The project identified gaps in understanding of the NDIS within the health sector, and in particular a lack of information about changes being introduced through full Scheme rollout.

While extensive information and training occurred in the Barwon Region when the NDIS was introduced in 2013, there have been many changes. There is also a perceived reluctance for NDIA staff to gain knowledge about the health sector. While specific knowledge about each health profession and/or condition may not be required, general information about health organsiations' processes would enhance participant experience and lead to effective use of resources for the respective organisations.

FINDING 4 KEEPING INFORMATION UPDATED

An issue identified by many within the Project Advisory Group was the currency of information. While information on the NDIS website was taken as accurate, many other

sources of information were available, without necessarily being updated with new information, for example Scheme rollout information.

FINDING 5 MAINSTREAM INTERFACES

During consultations and the two Project Advisory Group forums, many stakeholders identified overlap between services they provided to various sectors interacting with the NDIS. Similarly, many reported that participants might be relating to several services within a region, in which case coordination and communication become essential in keeping the person at the centre of decision making and service delivery. This is particularly the case when support was required to manage the services being received.

RECOMMENDATIONS

RECOMMENDATION 1

It is recommended that information relating to the NDIS Health Interface continue to be developed and be readily accessible for health practitioners and participants.

RECOMMENDATION 2

The NDIS Health Interface Project Website will continue for a transition period, allowing for continued use of resources.

RECOMMENDATION 3

It is recommended that communication and decision frameworks for NDIS and health services be developed in conjunction with the health sector, and be linked to LAC processes of the national rollout. For example, one communication and decision process recommended for development is that of a complaints process information sheet, developed with the health sector in mind. This is one example of information sheets that were reported as being of benefit to participants and health professionals who may be providing the support to a participant.

RECOMMENDATION 4

It is recommended that the NDIA Access form sent directly to the health sector/location for eligible patients with specific health conditions; i.e. stroke; spinal injury.

RECOMMENDATION 5

It is recommended that Local Area Coordinators or NDIA Planners (until full rollout) are enabled to attend the health setting for a planning meeting with the NDIS eligible client or participant where direct contact will enhance planning.

RECOMMENDATION 6

It is recommended that NDIS training for the health sector continue to be developed by the NDIA or other groups and delivered within the Vic West region, in particular for the Barwon region. This training would incorporate information on the National NDIS Model, including a refresher on the COAG principles, NDIS language and roles within the NDIS as rollout continues. This training would include information or factsheets on how roles within services may change when working with NDIS funding to ensure accurate claiming for hours of service provided.

RECOMMENDATION 7

It is recommended that the NDIA call on the health sector to provide education sessions/information to NDIA staff regarding particular diagnoses or health sector issues, as part of ongoing communication and implementation of the Scheme.

RECOMMENDATION 8

It is recommended that a regular information review/update process be established between NDIA and the health sector. Regional NDIA offices could determine the most appropriate timing and methods within their regions, as part of ongoing liaison with the health sector.

RECOMMENDATION 9

It is recommended that NDIS and Western Victorian Primary Health Network (WPHN) meet regularly (twice a year) to ensure Health Pathways links relating to NDIS are current.

RECOMMENDATION 10

It is recommended that health interface issues not be considered in isolation, but rather as part of broader mainstream interface issues. A section of the NDIS website titled Interface Resources would enable information to be readily identified and accessible.

ABOUT THIS PROJECT

Deakin University in partnership with G21 and Barwon Health obtained an NDIA Community Inclusion and Capacity Development Grant in June 2016 to gather information about the experiences of the NDIS and health services in the Barwon Region, and develop information resources that could assist in improving the links between the two sectors.

The primary aim of the project was to improve the NDIS/Health sector interface. More specifically for:

- Greater understanding of the NDIS at all levels within the health sector including acute, rehabilitation and primary care
- Greater cooperation between the NDIS and the health sector
- Reduction in inappropriate referrals to the NDIS
- More effective use of the NDIS by the health sector
- More effective processes that will benefit health care consumers and NDIS participants

AUTHORS AND CONTRIBUTORS OF THIS REPORT

REPORT AUTHORS

Lynne Adamson – Associate Professor, School of Health and Social Development, Deakin University

Kathy Day – Project Officer, School of Health and Social Development, Deakin University

Lani Campbell – Consultant to project

STEERING COMMITTEE

A steering committee was formed, comprising representatives of the three hosting organisations:

Deakin University: Susan Balandin, Lynne Adamson, Kathy Day

G21: Janice Lane

Barwon Health: Jodie Cranham (Until December 2016), David Meade (from December, 2016)

Eight steering committee meetings were held regularly over the course of the project to oversee activity and map progress against the project plan. Regular contact with NDIA was maintained and meetings with stakeholder organisations, including DHHS, Barwon Health, Summer Foundation, and the WVPHN. Presentations were made in response to requests, including the Barwon Southwest Allied Health Network and a regional palliative care seminar.

Dr Lani Campbell was appointed as a consultant to the project, for development of theoretical perspectives, website management and tool development.

ADVISORY GROUP

Regional health and community services were invited to participate in the stakeholder engagement process. Some stakeholders were invited to present at the NDIS Health Interface Project Forum 1 in September 2016 at Deakin University Waterfront Campus. All stakeholder organisations voted to remain as advisory group members and remained actively engaged in the project.

A list of stakeholders forming the advisory group is at Appendix 1.

OVERVIEW OF PREVIOUS PUBLICATIONS

There are a number of literature reviews and good practice guidelines written on this topic, however 3 recent reports were particularly relevant. Rather than duplicate the literature searches and conclusions, we have summarised the information in this section drawing heavily on these three reports, most notably Smith-Merry (2016).

1. Smith-Merry, J. (2016). Working collaboratively at the interface and health and disability services. Research to Action Guide, Good Practice Summary. Centre for Applied Disability Research. Available at www.cadr.org.au
2. O'Brien, Campbell & Riches (2016). Getting NDIS Ready: A Literature Review. Available at https://www.cesphn.org.au/programs/ndis-readiness
3. Bagshaw, M. (2016). Stakeholder Consultations Report. NDIS Impact, Needs and Planning Project. Available at https://www.cesphn.org.au/programs/ndis-readiness

These reports will be referred to by the first author throughout the report.

IMPORTANCE OF THE HEALTH/DISABILITY SECTOR INTERFACE

The rollout of the NDIS across Australia is a major reform in the disability sector. The National Disability Strategy prioritises the health of people with disability (National Disability Strategy, 2010). The interface between health and disability is of particular importance because people with disability report that they have worse health than those who do not have a disability (AIHW, 2010). People with disability will often have needs that span across health and disability sectors (Smith-Merry, 2016), and the relationships between a person's health and their disability are often impossible to separate. Health problems may result in a reduction of independence, and therefore influence a person's ability to participate fully in society. This has the potential to undermine the overall aims of the NDIS, namely to increase economic and social participation.

In the development of the NDIS, recognition was given to the interfaces between systems. COAG recognised the complexity of interface issues through the development of a set of principles to outline the potential management of interface issues (COAG 2015).

> *Coordinated services between the health and disability sectors are vital for people with a disability to live a good life.*
>
> *O'Brien et al. (2016)*

PROBLEMS AND BARRIERS

The fragmentation of the health and disability sectors is consistently noted as a major problem for people with disability (Smith-Merry, O'Brien, Bagshaw). Historically, the health and disability sectors in Australia have not been good at communicating and cooperating (Merry-Smith). Focus groups involving people with disability also highlighted poor service coordination and communication between the sectors (Bagshaw), leading to sub-optimal service provision.

The barriers to successful and smooth cooperation between sectors can be grouped in three areas – system, professional and organisational (Smith-Merry).

1. System barriers – including separate funding streams at a federal and state government level. This was cited as one of the major challenges in Bagshaw's focus groups by both allied health professionals and people with disability.
2. Professional barriers – these include differences in philosophies of professionals and service providers, which can hinder treating a person with disability as 'a whole'. The increasing specialisation in the health and disability sector can also mean that service providers may not feel confident to work with people with certain disabilities.
3. Organisational barriers – some services restrict who they see based on disability type, quality service providers may be in short supply and the way that professionals are funded can mean that they are not paid for non face-to-face time and therefore do not prioritise networking and communicating with professionals and organisations in other sectors.

Problems are to be expected when introducing such a major scheme, and this project was commissioned by the NDIA to help solve one part of this problem.

POTENTIAL SOLUTIONS

It is acknowledged that the problems regarding the interface between health and disability are complex and cannot be solved by one strategy or in a short timeframe. Due to the complexity in considering solutions it is important to keep in mind that "health and disability systems are at their heart systems of people" (Smith-Merry, 2016, p.5). This means that it is vital to recognise the importance of human connections. Smith-Merry suggest that "solutions must (therefore) focus primarily on the people involved in health and disability as practitioners, planners, connectors, administrators, carers and consumers" (p.5). Our hope would be that the end product of the current project is one part of this solution.

Smith-Merry created an infogram (Figure 1, p 10) to show the areas in which to identify potential solutions to the problems that face the intersection between health and disability. The nature of individualised funding in the NDIS, is in itself, a step forward, as it puts the

person with a disability at the centre. The NDIS does however represent a major cultural shift, and education for all stakeholders at all levels is needed to ensure that the basis of inter-sector connections are built on common understanding. Literature evidence and focus group evidence to date also emphasise the need for more in-depth education for all stakeholders and better communication between service providers (Bagshaw, O'Brien, Smith-Merry). Smith-Merry published an evidence-based resource that lists 12 ways that can make a difference (Appendix 3). The current project touched on a number of the areas displayed in Figure 1 – in particular education and connections at a local level.

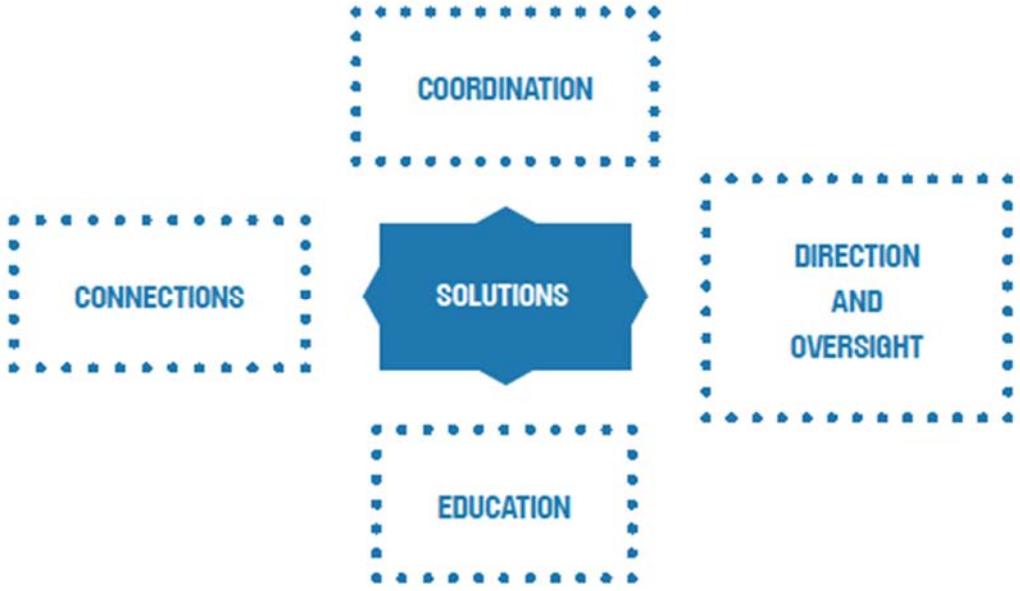


Figure 1 – Areas to consider potential solutions

THE PROJECT

FRAMEWORK AND GUIDING PRINCIPLES

KNOWLEDGE TRANSLATION

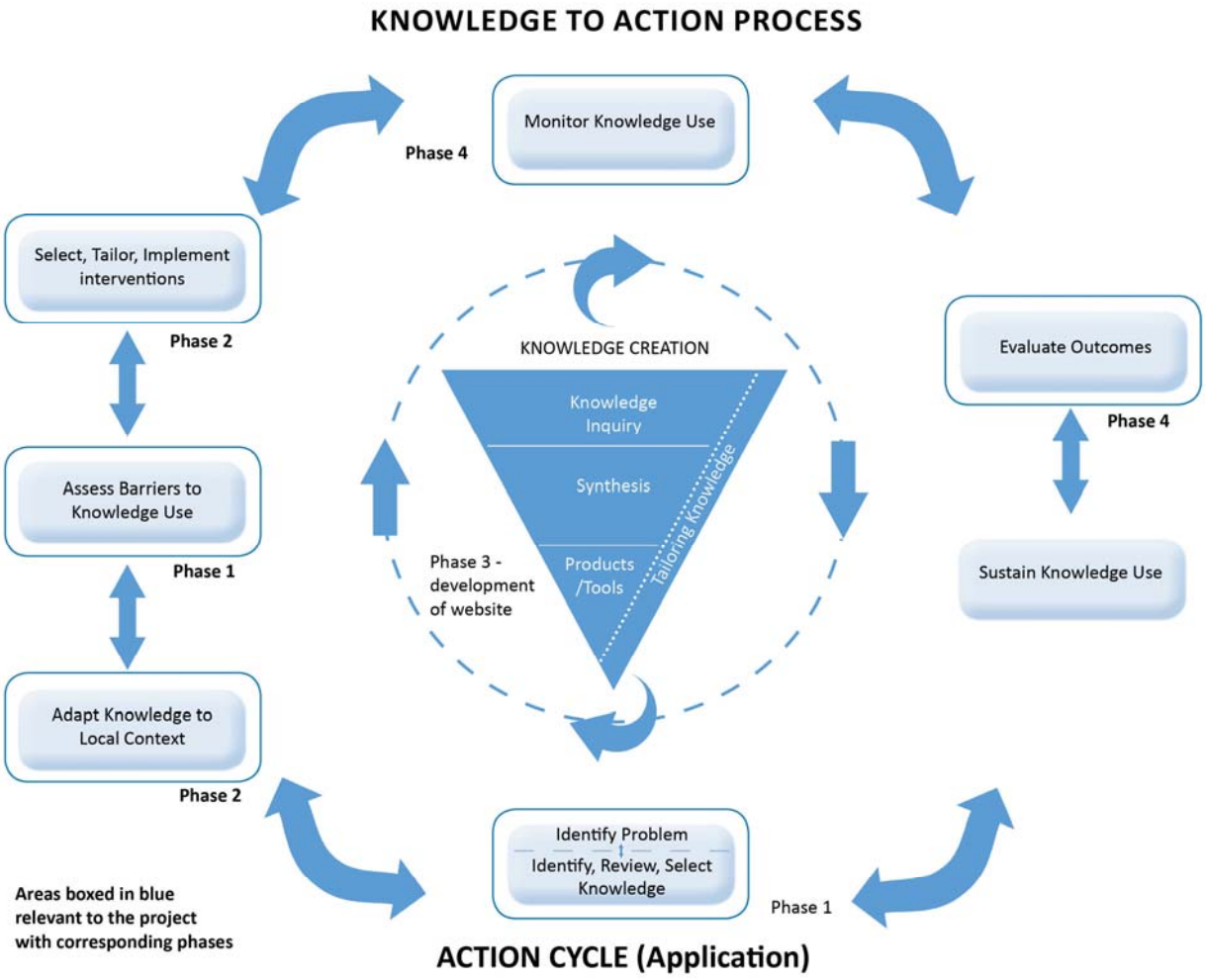
In selecting a model for this project, the project team sought an approach that would highlight the interaction between systems and inform what was aimed at being a continuous process. The framework of knowledge translation was used to guide the approach and processes of this project. Knowledge translation models were originally

designed to aid the application of research findings into practice (Graham et al., 2006), however the approach is more widely used now.

> *"Knowledge Translation is defined as a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system." (Graham, 2010).*

The Knowledge to Action Process (Figure 2) is a model developed by Canadian knowledge translation researchers. It proposes a multifaceted and ongoing approach to help knowledge and information become embedded into normal practice. This leads to the idea of 'knowledge' or information only forming one part of the solution. The model suggests starting with the identification of a problem.

Figure 2 – Knowledge to Action Process (Graham et al. 2006)



The model proposes that 'knowledge' or information is only a part of the solution. Knowledge is displayed in Figure 2 at the centre of the KTA model, and is broken down into knowledge inquiry, synthesis, developing products and tools. There is no designated starting point, however quite often the starting point will be the identification of the problem. The parts of the KTA cycle that are addressed in this project are circled in Figure 2 along with the corresponding phase of the project. The phases of this project were guided by the KTA model and are displayed in Figure 2.

PROJECT OUTLINE

The project phases included identification of needs, synthesis and plan for tool development, tool development and feedback regarding the tool. These phases reflect the components and iterative nature of the Knowledge to Action Process. At each point in the project, the knowledge tools were customised according to participant feedback, local situation and identified implementation barriers.

PHASE 1 – IDENTIFICATION OF PROBLEM & NEEDS

CORRESPONDING KTA CYCLE: IDENTIFY PROBLEM & ASSESS BARRIERS TO KNOWLEDGE USE

INITIAL PHASE

The initial phase of the project occurred after the call for expressions of interest and discussion with NDIA about the interface issues identified during the Barwon trial of the NDIS. Activities included:

- Funding application
- Grant awarded and project team selected
- Steering committee meeting
- Identification of key regional organisations, groups and individuals to inform the project
- Literature review and identification of project organizing framework

INFORMATION GATHERING

The first phase of the project involved a range of activities aimed at gathering details about the issues being experienced at the interface of NDIS and health services, with a focus on information needs.

HEALTH SERVICES CONSULTATION

Individual meetings were held with the majority of stakeholders identified in the initial phase of the project. Where multiple stakeholders existed within the one organisation, a meeting was held with the key representative from each division, for example at Barwon Health, with representatives from acute inpatient and Emergency Medicine Department (EMD) settings, rehabilitation, both inpatient and outpatients and community services. Common themes were identified across settings with consistent requests for information, education and tool to be developed by the project.

FOCUS GROUP 1

Forum 1, held in September 2016, was designed to obtain stakeholder feedback as a group, aiming to find a level of agreement on the types of tools that would be of most benefit to them resulting from the NDIS and Health Interface Project.

The forum examined and discussed a range of topics, including the:

- interface activities between the health sector and the NDIS with examples provided of successful outcomes and less successful situations,
- relevance of the legislative framework of the NDIS - why and how some decisions are made,
- NDIS concept of reasonable and necessary supports,
- eligibility for the NDIS,
- factsheets currently available relating to NDIS,
- evidence required to support NDIS eligibility and the key information required from health professionals in their participant reports to NDIA,
- identification of relevant tools for inclusion in a “Health Toolkit” to be developed by the NDIS and Health Interface Project team.

PHASE 2 – SYNTHESIS & PLAN FOR TOOL DEVELOPMENT

KTA CYCLE: ADAPTING THE KNOWLEDGE TO LOCAL CONTEXTS & SELECTING & TAILORING TOOLS

Information from Forum 1 was systematically synthesised (see methods section), with the aim to inform development of information resources.

- Steering committee meetings were held to review progress, and confirm planning of Phase 3.
- The plan for development of tools was formulated based on synthesised information
- Feedback was sought from focus group participants

PHASE 3 – DEVELOPMENT OF TOOL (WEBSITE)

KTA CYCLE: KNOWLEDGE CREATION (TOOLS, INCLUDING WEBSITE)

During the synthesis phase, information resources identified were drafted and prepared for circulation to advisory group members. As the amount of material grew, it was proposed that circulation and feedback would be streamlined through the use of a website. This website became the tool for distribution of materials and to establish a potential model for future implementation.

FOCUS GROUP 2

A second forum was held in December 2016 to present the *NDIS Health Interface Project Information trial website* to the advisory group.

PHASE 4 – FEEDBACK REGARDING TOOL & AMMENDMENTS

KTA CYCLE: MONITOR KNOWLEDGE USE & EVALUATE OUTCOMES

The final phase of the project aimed to circulate information materials, seek feedback and revise the products, ready for use by health services and the NDIA. The temporary website was constructed and monitored for feedback.

METHODOLOGY

The project adopted an approach to incorporate multiple methods to deliver information and education on:

- The interface between the health sector and the NDIS including COAG principles
- The legislative framework of the NDIS
- The NDIS concept of 'reasonable and necessary supports'
- NDIS eligibility criteria and supporting evidence required

While not a core focus of the work, the project also gathered feedback for the NDIA regarding issues arising at the interface between the sectors, and in particular related to information and resource needs.

METHODS – INFORMATION GATHERING

As outlined above, the primary methods of information gathering included individual meetings pre and post each forum with representatives of all health services in the region including acute, rehabilitation, community, and NDIA participant representatives. More than thirty meetings were held with representatives from organisations making up the stakeholder group.

Forum 1 was attended by 40 representatives from the health and community services sector, including community health organsiations, government departments, advocacy groups and private service providers. Forum 2 was attended by 25 representatives, many of whom had attended the first forum.

Other information gathering occurred through:

- Meetings held with NDIA, DHHS, and Western Victoria Primary Health Network.
- The NDIS Health Interface Website dissemination of information and draft tools to the health services
- Comparative discussions held with health organisations from the North Eastern Metro Area (NEMA) who were in a preparation phase for the rollout of the NDIS in that region.
- Email feedback received from many representatives, as well as feedback through the contact forms on the NDIS Health Interface Project Information trial website.

METHODS – FOCUS GROUP 1 SYNTHESIS

1. Focus group participants from each location were invited to attend via email and asked to pre-prepare a PowerPoint slide show answering/addressing the following points:

- Organisation introduction and brief overview of services plus key areas of interface with NDIS
- Success with NDIS and tips of 'what worked'
- Common and frequent challenges and the impact of these on patients and suggested resources that would assist better understanding of NDIS.

2. Participants had 5 minutes to present their prepared presentation. The session was recorded, minutes were taken by a designated person.

3. Participants then spent time in smaller groups discussing the following topics:

Question 1 What have you found has worked and why do you think it has worked?

Question 2 When you encounter a barrier or hindrance what do you do?

Question 3 What other action could be taken or would you like to see taken at this point, and by whom? Why/how would this to help resolve the concern?

Question 4 What tools might help guide you through this? Please list your ideas in order of priority.

4. Synthesis – Thematic analysis – the information obtained from steps 1-3 was transcribed. Each issue that was mentioned was entered into a separate cell in Microsoft Excel to aid analysis. Broad themes were then identified, and each issue was assigned a theme. Hierarchy charts were developed, firstly for challenges, and secondly for potential solutions (see Results). Identified themes and hierarchy charts were cross-checked with the other project team members as well as the participants via email.

RESULTS

CHALLENGES IDENTIFIED IN PRE-FORUM DISCUSSIONS

Considerable frustration and confusion were identified and expressed by several organisations during pre forum meetings held with the project officer. Organisations able to maintain strong relationships with NDIS through regular meetings appeared more informed,

with less frustration experienced during their transition to NDIS. The main concern expressed was that situations were arising where there was confusion and/or lack of clarity over which sector should fund certain services and items. Examples were given of people remaining unfunded and unable to access services, or experiencing delays in accessing, needed services or equipment. This was evident when a person was still in an inpatient service, for example rehabilitation, while waiting to have eligibility for NDIS determined. Consistent recommendations from each stakeholder/division were presented. Examples included, but were not limited to, the development of tools to assist professionals identify potential participants, the NDIS referral process, and report writing. The need for staff education from NDIS was commonly raised. Suggestions included templates and flow charts, specific to areas i.e. Emergency Department or GP's as well as generic tools adaptable to circumstances. Difficulty understanding the 'new' NDIS language and/or terminology was also raised.

CHALLENGES IDENTIFIED AT FORUM ONE

Four major themes were identified through the three-step thematic analysis described above. These themes, from the perspective of information needs, were around communication, timing (delays), dealing with emergency needs, and models of working and are described in figures 3 – 6 (pp 18-19). The numbers in brackets in this section indicate the number of times the topic was mentioned (presentation/slides + feedback forms). While the focus of the project was the development of resources and not specifically identification of difficulties arising within the implementation of the NDIS, identifying challenges was seen as important in the context of information requirements.

Figure 3: Challenges theme 1 – Communication with NDIS

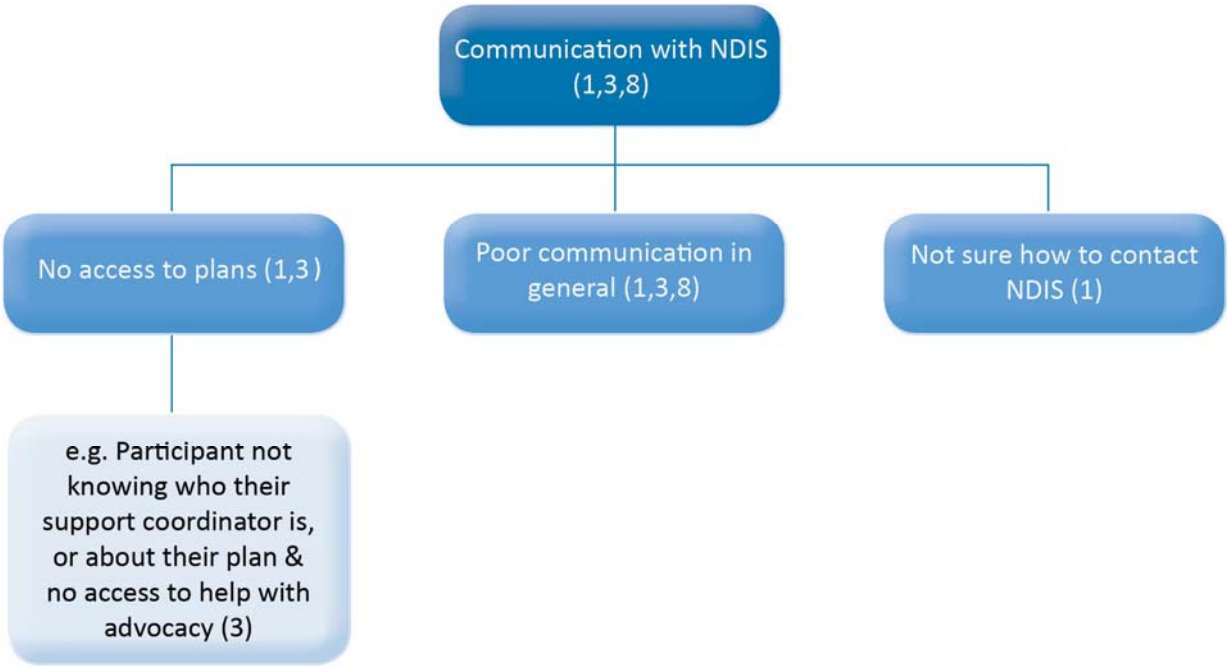


Figure 4: Challenges theme 2 – Delays

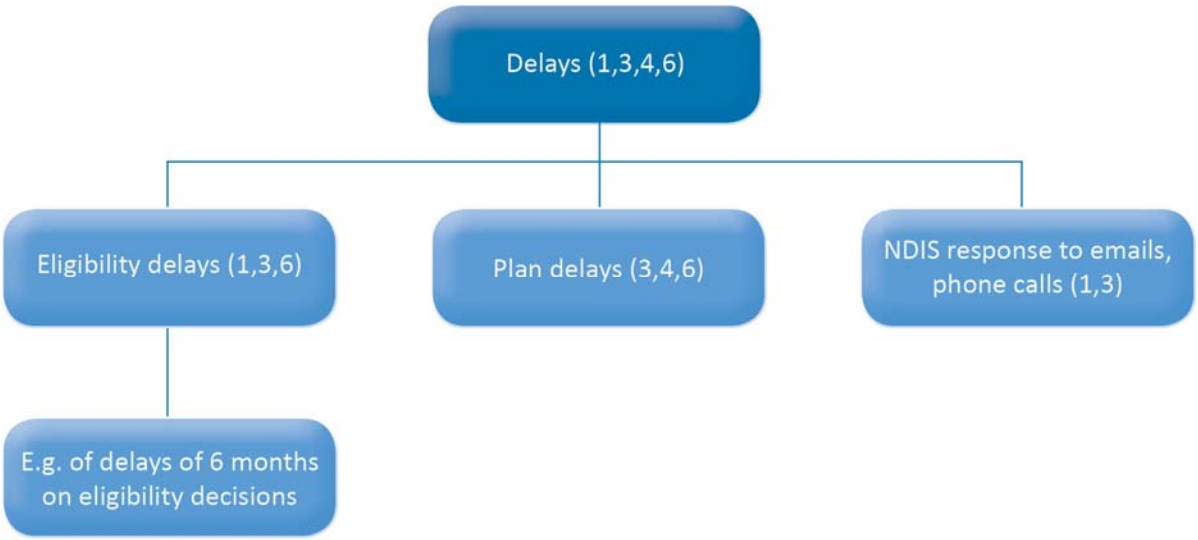


Figure 5: Challenges theme 3 – Emergency/fast track system needed

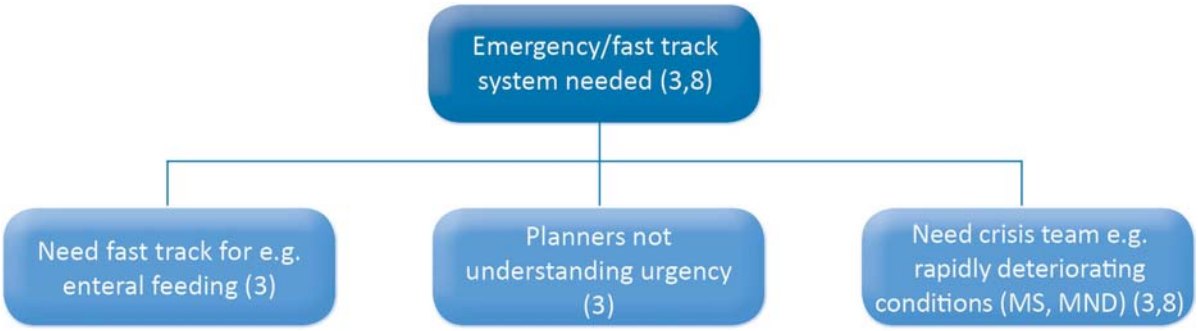
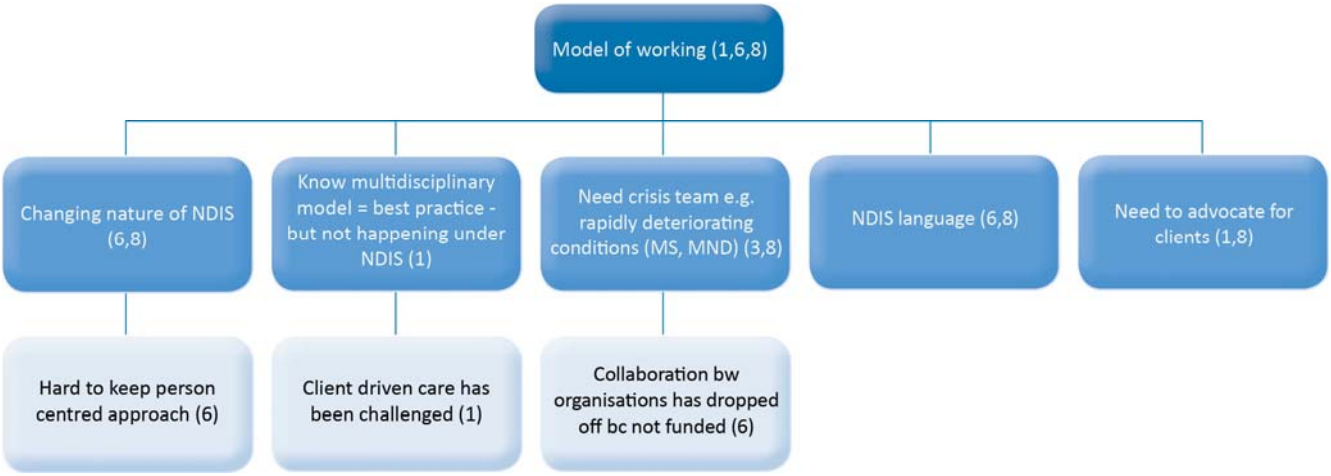


Figure 6: Challenges theme 4 – Models of working



SUGGESTED RESOURCES – SUMMARY OF THEMES

Four major themes were identified through the thematic analysis of suggested information resources and tools. These are presented in Figures 7 – 10 (pp 20-21).

Tools and education suggested for inclusion in a "Health Toolkit" included but were not limited to:

- Glossary - Common terms used in health practice and NDIS terms
- Links to guides
- Examples of assessment reports
- Templates for report writing
- Flow charts explaining client pathway through NDIS – specific to health area i.e. EMD, Community, GP's.
- Tip sheets on how to write reports. Questions to ask yourself as a professional
- Factsheets relating to NDIS
- Training – the national NDIS model
- Frequently asked questions and links to provider information.

Figure 7: Suggested resources theme 1 - NDIS Website

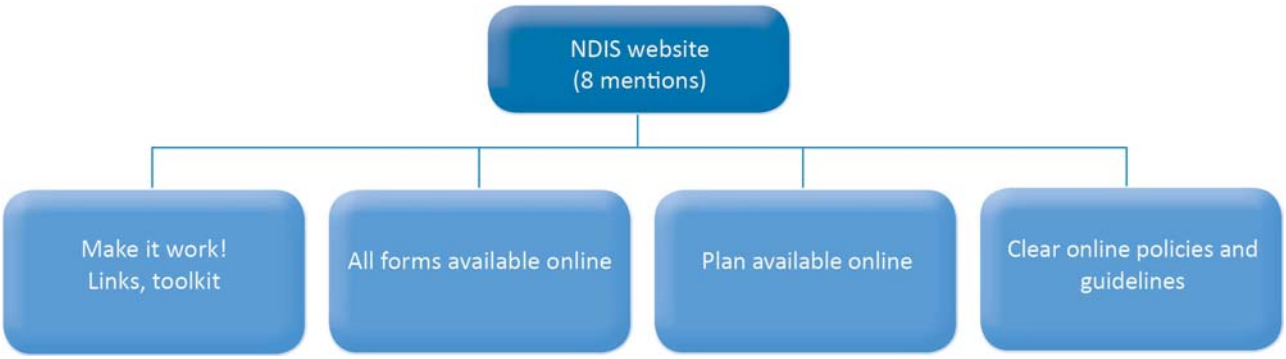


Figure 8: Suggested resources theme 2 – Organisation - NDIA

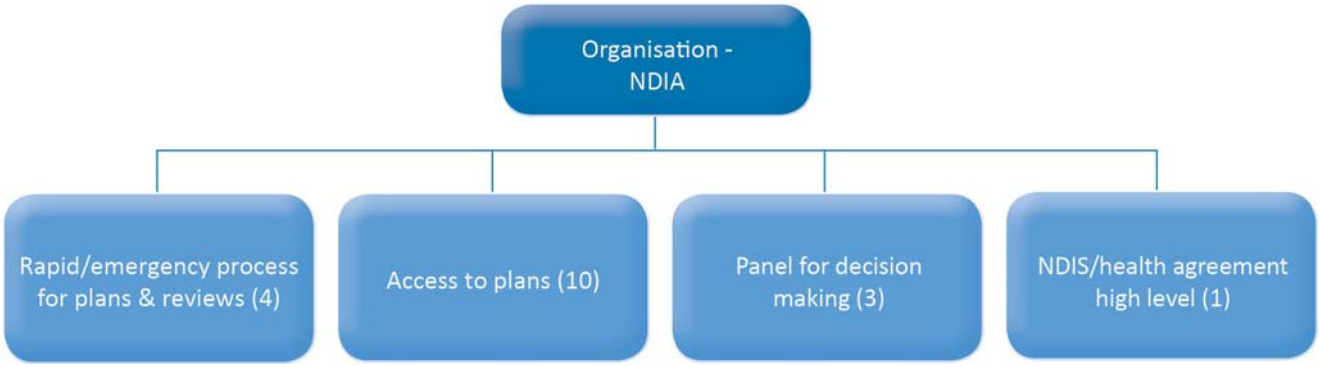


Figure 9: Suggested resources theme 3 – Staffing - NDIA

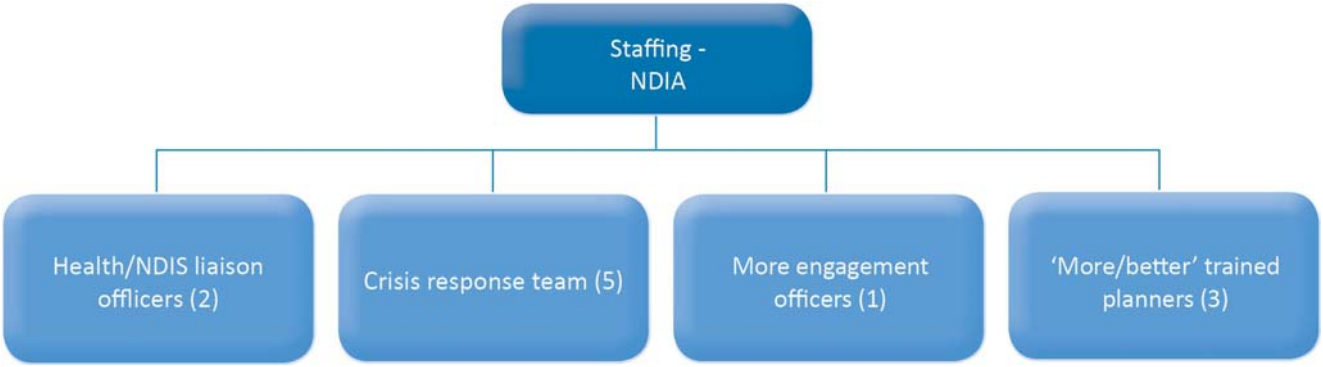
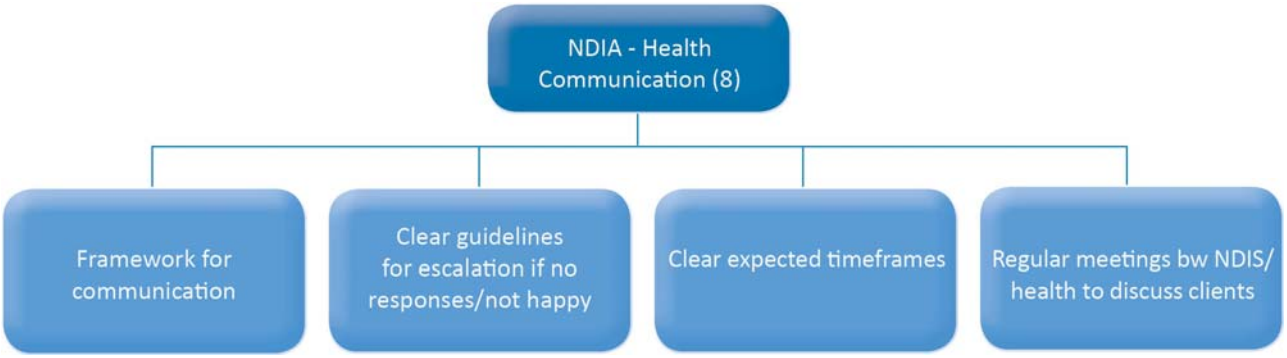


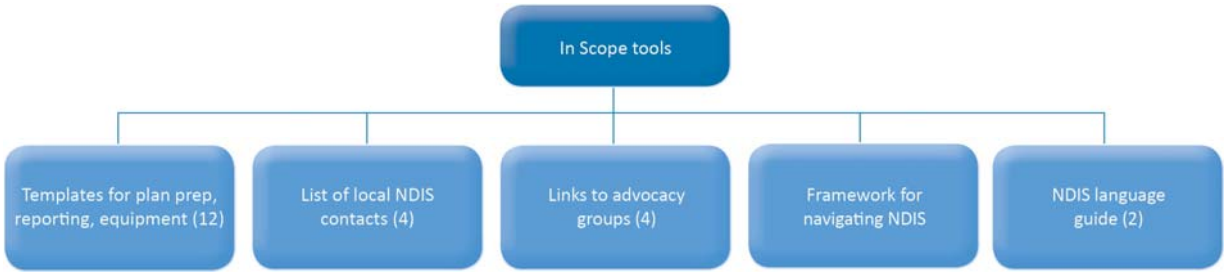
Figure 10: Suggested resources theme 4 – NDIA/Health communication



SUMMARY OF RESOURCES CONSIDERED TO BE IN-SCOPE FOR THE PROJECT

Figure 11 presents the tools identified as being in scope for this project, and adopted for development on the Health Interface Website.

Figure 11: Project In-scope suggested tools



IMPLEMENTATION PLAN: ACTIONS BASED ON THE FINDINGS

DEVELOPMENT OF THE HEALTH INTERFACE TOOLKIT AND WEBSITE

A 'Health Toolkit' outline was developed, based on the consultation and forum feedback. A trial website was then established to disseminate the tools and information. The link to the website was made available to all stakeholders for their consideration and feedback. The key items requested are glossary and language resources, links to existing information, training materials, 'tip sheets', and frequently asked questions.

The website, **http://ndishealthtoolkit.weebly.com/** was set up with the following key headings:

- Training ideas
- Glossary – different formats.
- Links – NDIS fact sheets, advocacy links, pre planning meeting preparation, NDIS Reviews.
- Tip Sheets – writing reports; navigating NDIS, Alternative interim supports
- Process Tools – flow charts
- Other resources

FEEDBACK FROM IMPLEMENTATION PLAN

FORUM 2

The goal of Forum 2, held in December 2016, was to obtain health sector feedback on the NDIS Health Interface Project draft tools to confirm their relevance, any changes needed and to identify further tools and education.

Feedback about the use of a website to display and share tools was positive. The website was confirmed as an appropriate and useful tool for dissemination of information to the advisory group and feedback to the project steering committee.

In relation to the specific tools, the glossary was the most commonly identified key tool that would assist the health sector. Different formats were presented, with the preferred format being one that commenced with commonly used terminology, accompanied by the NDIS terms.

Other useful tools identified through feedback were:

- Flow charts
- Tip sheets
- Links: to other resources
- Client/participant pathway tools

ADDITIONAL REQUESTS AND COMMENTS

The advisory committee firmly identified their desire for templates for report writing. This mechanism was seen as providing structure for busy health professionals, while considered as being unlikely to reduce flexibility and the individual nature of report writing. The project team agreed to consider development of a template for report writing.

A further request was for example assessment reports, written in an 'acceptable' format and in NDIS language

The advisory group identified development of example case scenarios as being a useful information and education tool.

The national applicability of the "Health Toolkit" was noted as an excellent outcome by the advisory group.

POST FORUM ACTIVITIES: WESTERN VICTORIA PRIMARY HEALTH NETWORK (WVPHN)

A specific aim of the project was to develop a link between the WVPHN and the NDIS Health Interface project team. Three meetings held with WVPHN, with the aim to explore options for easy access tools for GP's (glossary, flow charts), with potential links to the WVPHN Health Pathways project.

Sharing of information has been mutually beneficial:

- Key information for GP's sourced from NDIA by the project team was forwarded to the WVPHN
- A collaborative approach enhanced the development of tools for GP's i.e. flow chart and glossary
- Access to the Health Pathways provided by WVPHN to the project team.
- Improved understanding and relevance of the "Health Toolkit" to specific needs of the members of the WVPHN
- Positive feedback re usefulness of draft tools and "Health Toolkit" from WVPHN

The project team was also invited, along with NDIA to the GP Refresher weekend, February 2017. This presented a further opportunity to disseminate information about the project and to gather feedback from general practitioners.

KEY FINDINGS AND RECOMMENDATIONS

FINDING 1 NDIS INFORMATION TARGETTED TO THE HEALTH SECTOR

A clear finding from the project is that specific information targetted to the health sector will improve the experience of people applying for NDIS and for participants who are also engaged with health services.

RECOMMENDATION 1

It is recommended that information relating to the NDIS Health Interface continue to be developed and be readily accessible for health practitioners and participants.

RECOMMENDATION 2

The NDIS Health Interface Project Website will continue for a transition period, allowing for continued use of resources.

RATIONALE

While information about the NDIS is generally available, it is reported as often being difficult to find. The health sector has requested that information be easily found, concise but comprehensive enough to provide the 'must know' information. Health practitioners are aware that information is available via the internet, however note it is not easily found, and when found is often in too much detail for their immediate purpose when working with a client or participant.

The advisory group believe the tools are relevant nationally, and the website can be made easily accessible to other regions and states.

The advisory group strongly valued the content developed for the project website and supported the website remaining available while the health sector continues to become more familiar with national model of NDIS and tailors relevant tools for their organisations.

The advisory group expressed concerned that the work developed by the project, and their input will be lost and stored away, after the project completion, defeating the goals of the project.

The website links were reported as being highly useful, and will need to be checked for currency and relevancy. Project funding will permit the transfer of the free website to a funded platform, and some monitoring of the site until the end of 2017. This will allow time for transfer of any relevant documentation to the health services, and for NDIA to determine what resources might be relevant for development to a national resource.

Although the tools have been developed as a Barwon Region Project, they are broad enough to be applicable nationwide, particularly during the roll out of NDIS across Australia.

The tools are designed to make it easy for people to learn and navigate the system, relevant to their roles in the health sector. They can also be tailored according to unique situations i.e. rural and remote, Indigenous health and other settings as needed.

FINDING 2 LINKING NDIS PARTICIPANTS, NDIA AND THE HEALTH SECTOR

Feedback from the NDIS Health Interface project advisory group highlighted the need for clear communication process and timeframes to ensure the quality of the applicant/participant experience with NDIS. While a framework may have national commonality, it is likely that local/regional perspectives will be necessary. Direct links between local NDIS teams and the health sector will benefit applicants and participants, especially those in inpatient facilities relying on NDIS supports for discharge planning.

RECOMMENDATION 3

It is recommended that communication and decision frameworks for NDIS and health services be developed in conjunction with the health sector, and be linked to Local Area Coordination (LAC) processes of the national rollout. For example, one communication and decision process recommended for development is that of a complaints process information sheet, developed with the health sector in mind. This is one example of information sheets that were reported as being of benefit to participants and health professionals who may be providing the support to a participant.

RECOMMENDATION 4

It is recommended that the NDIA Access form be sent directly to the health sector/location for eligible patients with specific health conditions; i.e. stroke; spinal injury.

RECOMMENDATION 5

It is recommended that Local Area Coordinators or NDIA Planners (until full rollout) are enabled to attend the health setting for a planning meeting with the NDIS eligible client or participant where direct contact will enhance planning.

RATIONALE

Feedback from project participants included:

- Slow response to emails or call centre calls result in frustration and delays.
- Regular meetings between NDIA and health sector representatives would assist in problem solving and development and maintenance of strong relationships in regions during continued Scheme rollout.

- A clearly defined decision and escalation process for participant concerns would assist the health sector in supporting clients.
- Identification of a key contact person within NDIA for particular health services would assist services in making links for people applying to NDIS, or existing participants, and especially in supporting participants with deteriorating conditions, for example MND or MS.
- Consideration be given to a fast track system being implemented similar to that in TAC, where low cost / low risk items are automatically provided on assessed evidence of their need i.e. enteral feeding, shower chairs, walking frames.
- While many resources are online, some difficulties still exist in finding these, and other resources are not yet available online.
- While a framework may have national commonality, it is likely that local/regional perspectives will be necessary.
- Information could be presented in point form in a fact sheet, a flow chart or abbreviated policy and procedure made available to the sector and participants. Current information is reported to be less helpful as it is perceived as being in 'internal NDIA language and terms' rather than plain language.
- Some prospective participants, for example those experiencing a significant CVA or spinal injury, will be hospitalised for a considerable amount of time, having a newly acquired lifelong disability. Access to NDIS will enable additional life style community access and experiences as they prepare for discharge and commence living in their community with NDIS supports.
- Stakeholders in the project reported instances when this process of early contact worked well, and others where significant delays in decision making and support to the participant meant prolonged hospitalisation.

FINDING 3 TRAINING FOR THE HEALTH SECTOR AND FOR NDIS

The project identified gaps in understanding of the NDIS within the health sector, and in particular a lack of information about changes being introduced through full Scheme rollout.

While extensive information and training occurred in the Barwon Region when the NDIS was introduced in 2013, there have been many changes since that time. There is also a perceived reluctance for NDIA staff to gain knowledge about the health sector. While specific knowledge about each health profession and/or condition may not be required, general information about health organsiations' processes would enhance participant experience and lead to effective use of resources for the respective organisations.

RECOMMENDATION 6

It is recommended that NDIS training for the health sector continue to be developed by the NDIA or other groups and delivered within the Vic West region, in particular for the Barwon area. This training would incorporate information on the national NDIS Model, including a refresher on the COAG principles, NDIS language and roles within the NDIS as rollout continues. This training would include information or factsheets on how roles within services may change when working with NDIS funding to ensure accurate claiming for hours of service provided.

RECOMMENDATION 7

It is recommended that the NDIA call on the health sector to provide education sessions/information to NDIA staff regarding particular diagnoses or health sector issues, as part of ongoing communication and implementation of the Scheme.

RATIONALE

A refresher for the region explaining the COAG principles and associated legislation is needed. Staffing mix has changed during the trial period, as well as new staff commencing post-trial or during the trial who have not received training from NDIS. Delivery of current training being rolled out across regions will ensure the Barwon area knowledge remains contemporary with expectations aligned with current knowledge.

Outcomes for participants will be enhanced as NDIS information is updated. Suggested training topics and resources are described in the Toolkit, and include:

- Introduction to NDIS for health services
- Explaining COAG interface principles
- Advocacy
- Changes to the NDIS introduced with the national Model introduction
- Education on the role of the LAC before it is introduced to the Barwon area

- Education on ILC for the Barwon area (at a later relevant date)
- NDIA forum presentation (NSW as example) for the Barwon area

In support of training to NDIS personnel, stakeholders reported frustration when they perceived inconsistency in decision making, and questioning of advice provided by health professionals due to lack of knowledge by decision makers. Lack of understanding of reports and recommendations were considered to impact on participant experience with NDIS.

Training planners and/or LACs will reduce unnecessary questioning, they will be more effective in their roles and it will streamline participants' access to funding through the planners' insight into the impact of the disability on a person's life.

FINDING 4 KEEPING INFORMATION UPDATED

An issue identified by many within the Project Advisory Group was the currency of information. While information on the NDIS website was taken as accurate, many other sources of information were available, without necessarily being updated with new information, for example Scheme rollout information.

RECOMMENDATION 8

It is recommended that a regular information review/update process be established between NDIA and the health sector. Regional NDIA offices could determine the most appropriate timing and methods within their regions, as part of ongoing liaison with the health sector.

RECOMMENDATION 9

It is recommended that NDIS and Western Victorian Primary Health Network (WVPHN) meet twice a year to ensure Health Pathways links relating to NDIS are current.

RATIONALE

Feedback from stakeholders supported this recommendation that periodic contact between NDIA and mainstream sectors will enhance online communication of changes to processes, the website, and identification of new areas of training and information sharing.

Regular meetings, without being over burdensome, are required for the nurturing and development of relationships and to provide a person to person conduit for feedback to and

from NDIA. Organisations that hold similar such meetings with NDIA report strong relationships, better understanding of systems and processes than they would otherwise have, and an avenue to discuss items and clarify situations and to provide feedback to NDIA directly and professionally.

PHNs were identified as an important link for the project, so are addressed specifically. The WVPHN Health Pathways are designed to assist GP's, guiding them through best practice and to links that provide streamlined access to relevant information pertaining to the particular health issue. Patients with disability experience the same health issues as people without a disability, however a disability may affect a person's experience in health services. It is expected that within existing Health Pathways, a link to NDIS related information and tools developed by the NDIS Health Interface project will be included in the Health Pathway, as a key strategy of communication and information for GPs.

During data collection for this project, it was identified that some links on the Health Pathways project are no longer active or are accessible but contain outdated information and links to forms that are no longer in use. Six monthly meetings can reduce the margin for error, and related potential delays and frustration caused by use of inaccurate information and out of date forms.

Many organisations, both Government and Non-Government have developed extensive information about the NDIS. Much of this information is available on websites, although not always easily accessible. The Victorian Department of Health and Human Services developed guidelines for the health and aged sectors, *Interim practice advice for health and aged care services* (2016). In a more recent publication, the Royal Australasian College of Physicians (RACP) has released a guide for physicians, paediatricians and other health professionals. This website resource is designed to provide background information about the scheme as well as 'practical information' to assist practitioners supporting participants (https://www.racp.edu.au/ndis-guide-for-physicians).

FINDING 5 MAINTSTREAM INTERFACES

During consultations and the two project advisory group forums, many stakeholders identified overlap between services they provided to various sectors interacting with the NDIS. Similarly, many reported that participants might be relating to several services within a region, in which case coordination and communication become essential in keeping the person at the centre of decision making and service delivery. This is particularly the case when support was required to manage the services being received.

RECOMMENDATION 10

It is recommended that health interface issues not be considered in isolation, but rather as part of broader mainstream interface issues. A section of the NDIS website titled Interface Resources would enable information to be readily identified and accessible.

RATIONALE

Stakeholders consulted as part of this project confirmed the complexity of mainstream interfaces. Stories of success were reported when all relevant parties worked together with a participant and their social network. In particular, instances where one agency undertook a coordinating role led to more effective outcomes. While this seems an obvious conclusion, many reported the risk to participants where the need for coordination was not identified, or not funded.

CONCLUSION

The NDIS Health Interface Project was implemented over an eight month period within the WestVic NDIS region, and in particular involving health services within the Barwon area. More than 50 people representing 30 organisations participated at various times of the project, and in a range of ways, including individual meetings, attending a focus group, sending email information and using the feedback form on the project website. The stakeholder group was strong in its view that there were many opportunities for development of resources that would enhance participant Scheme experience through better information and development of knowledge about the Scheme by health services. Similarly, the health services considered information about the health sector flowing to

NDIS personnel would assist to streamline processes, and in turn lead to more effective decision making for the benefit of participants.

During the project, more than 20 resources were developed in response to issues identified by the Project Advisory Group. These resources were stored on a temporary website for ease of access and to enable feedback on the usefulness of documents. Changes made in response to feedback were then incorporated into new versions of documents loaded on to the site.

As a result of the stakeholder recommendations, the website will now be available until the end of 2017, by which time it is hoped that health services can adapt documents and tools to fit within their own web platforms or information resources, and that the NDIA will produce any resources considered useful for access on a national basis.

This project contributed towards the NDIA achieving aims under the Community Inclusion and Capacity Development (CICD) program. Information and tools developed during the project have been made available for continued use by any organisations and practitioners working with NDIS applicants and participants. Achievement of specific project goals are outlined at Appendix 4 as a requirement of reporting for the funding.

In concluding this project, acknowledgement is given to the many individuals who participated in the project and the health organisations who were willing to share information and enable staff to attend the forums and other discussions with the project team. The overwhelming support for contributing to the ongoing development of the NDIS was a key factor in creating information tools for the health sector.

Appendix 1

List of organisations and their divisions involved in the NDIS Health Interface project

HEALTH SERVICES	
1. Barwon Health	a) inpatient rehabilitation b) outpatient rehabilitation c) acute inpatient d) mental health inpatient and outpatient e) emergency department f) community health
2. Bellarine Community Health Ltd	All community services
3. Colac Area Health	Inpatient and community services
4. Hesse Rural Health Service	Inpatient and community services
5. Karingal	Mental Health Services (Community similar to Barwon health community mental health services)
6. Lorne Community Hospital	Community services
7. St John of God	Inpatient
8. Otway Health (Apollo Bay)	Inpatient and community services
COMMUNITY SERVICES SUPPORTING CLIENTS EXPERIENCING CONSEQUENCES OF CONFUSION BETWEEN THE NDIS & HEALTH INTERFACE	
9. Access your Supports	Community Support and case management
10. Anam Cara Palliative Care	Palliative Care and NDIS respite
11. Barwon Disability Resource Council	Advocacy
12. City of Greater Geelong – Community Services	Community support
13. Diversitat	Community support
14. Jacqueline Pierce and Associates	Case Management
15. Karingal	Community support Case Management and advocacy All NDIS funded services including community and accommodation A) Case management programs B) Intake Service C) Mental Health (Transcend)
16 Prestige in Home Care	Community Support of clients
17 St Laurence Community Services	All NDIS funded services
18 Simply Helping	Community Support of clients
19 Summer Foundation	Community Support of clients including accommodation
20 TAC	Disability Independence Unit
21 Valid	Advocacy group
22 Wathaurong	
23 Woman with Disabilities	
GOVERNMENT SERVICES	
24 DHS 25 DHHS 26 NDIS 27 Office of Public Advocate 28 Western Victoria Primary Health Network 29 TAC	
UNIVERSITIES	
30 Monash University	

Appendix 2: NDIS Health Interface Toolkit

ITEM	INCLUSIONS
Glossary	Terms used within NDIS Common terms used in health practice and NDIS terms
Links to guides	VALID
	Summer Foundation Practice Guide
	Example Assessment Report
NDIS Resources	Completing the access process for the NDIS: Tips for communication about psychosocial disability
	Factsheets
Provider information	Provider Toolkit and provider information
Templates and flow charts	Inpatient setting – existing NDIS patient - New disability – new referral to NDIS
	Flow charts client journeys – various scenarios
Tip sheets	Communication and action pathways: 'How to set up your NDIS Interface process' (Templates from McKellar pathways)
	Report writing: using NDIS terminology and aligning to NDIS plan goals
	Questions to ask yourself as a health professional?
	Factsheets
Training options	NDIS website
	Attend NDIS information session
Training modules	Introduction to NDIS for health services
	Explaining COAG interface principles
	Advocacy
	National NDIS Model July 2016 (Barwon Region)
FAQs	Where to go for information
	Links to provider information
Additional optional inclusions	Alternative supports link DHS health and aged care doc Escalation of Queries Frequently asked questions sheet Report writing tip sheet Evidence of disability A Guide for the health sector PRE PLANNING TABLE Link to DHHS NDIS webpage
Not yet included	OPA website re advocacy
	http://www.g21hwbpillar.com.au/events/to-stand-beside-advocacy-for-inclusion-training-program
	Assert4all
Advocacy link (Australia Wide) and diverse	http://www.pwd.org.au/library/australian-advocacy-directory.html

Appendix 3 Good Practice Guidelines (Smith-Merry, 2016)

GOOD PRACTICE GUIDELINES (SMITH-MERRY, 2016)

THE EXISTING RESEARCH SHOWS TWELVE POINTS OF ACTION THAT YOU CAN INFLUENCE TO MAKE A DIFFERENCE

1. Get educated about the principles of the NDIS and its expectations for working together with health services.
2. Grow connections with key people in the health system, and learn about the context of their work. Develop inter-agency forums on health or disability-focused issues and working groups which undertake shared action projects11,12.
3. Appoint people who have knowledge about the health sector to key roles within disability service organisations. This makes connections and access easier through providing a starting point for communication.
4. NDIS Planners and Local Area Coordinators or Community Connectors must dedicate significant time to 'build bridges' included in their roles rather than as an incidental part of their work
5. Use flexible funding pools to promote shared projects across health and disability.
6. Get educated about the NDIS and disability more generally to feel both comfortable and knowledgeable in working with people with disability and in disability-oriented practice (working in an individualised, person-centred way, drawing on an individual's capacities). Health services should develop and implement of a set of competencies in NDIS and disability-oriented practice for workers which can be offered through existing professional development programs.
7. Respect disability worker and carer competency and the importance of non-clinical knowledge. Create of community alliances through worker and administrator involvement in cross-sector working through key roles, forums and working groups.
8. Appoint NDIS 'Champions' within health services_
9. Become a carer and consumer representative through involvement in consumer, carer and practitioner forums. Sharing stories about disability to spread understanding of the experience of disability and how services can be better designed will have an impact.
10. Disability and health services should engage with or employ consumer 'peer workers' (people with a lived experience of disability) and carer advocates
11. Disability and health practitioners must involve self-managers in decision making, working groups, forums and organisational development and planning. Inclusion of carer and consumer self-managers in both the health and disability systems will make the system more responsible to their needs.
12. All workers need to 'enable' consumers and carers through placing a value on their experiences and meaningfully explaining how they can contribute. When individuals are used to having their needs and experiences ignored it is difficult for them to speak up.

Appendix 4: Project activity requirements (reported as per project agreement)

a. **Form a Steering Committee to provide high level project governance.**

   A steering committee was formed by the three organisations hosting the project: Deakin University, G21 and Barwon Health.

b. **Form a Project Advisory Committee to include a broad stakeholder representation in the project.**

   The broader advisory committee was made up of representatives of more than twenty seven services across the region.

c. **Liaise with Jacinta Lucas of the Victorian Department of Health and Human Services**

   Jacinta Lucas provided alternative contacts. Meetings were held with Naomi Roberts and Rachel Barton from The DHHS NDIS Readiness Project. Sharing of information occurred throughout the project to avoid duplication of resources.

d. **Attend monthly meetings with the NDIA (if required by the NDIA)**

   Three meetings were held between September 2016 and March 2017 with NDIA Barwon representatives of the engagement team. Examples of the project draft tools were provided for feedback and sector queries were clarified where possible. Email communication between the NDIA and the Project Team was constant throughout the project to date.

e. **Develop a project management plan that is endorsed by the NDIA that includes:**

   - Project evaluation methodology;
   - Issues to be addressed
   - Methodology for addressing issues
   - Stakeholder consultation issues
   - Communication activities

   The project management plan was submitted to NDIA, and revised following feedback and resubmitted on the 22/9/16.

f. As guided by research, develop tools and training modules as appropriate to improve the health/NDIS interface

Tools were developed and included on trial website, as a way of sharing information and receiving feedback. They were also later presented at Forum 2 for further discussion, feedback and recommendations from the advisory group. Not all tools or suggestions requested fell within the project scope.

g. In particular, vigorously pursue a relationship with the Western Victoria Primary Health Network with a view to updating their Health Pathways resource

Several meetings were held between the NDIS HEALTH INTERFACE Project Team and the Western Victoria Primary Health Network.

1. **Introductory meeting - September 2016 focus:** Ways in which the NDIS Health Interface project could contribute to the WVPHN Health Pathways.
    - Develop tools that provide information in an easy, quick format for GP's.
    - Link the tools developed by the project to existing health pathways eliminating the need for WVPHN to develop specific disability pathways for health conditions i.e. chronic diseases (a proposed project outcome noted in the September 2017 amended report).

    Underpinning this approach is
    - Recognition that people with a disability experience chronic diseases as do the rest of the population.
    - At times, specific needs related to their disability arise.
    - A resource will better highlight stages where disability specific services can be accessed and will streamline access to information that will assist patient referrals to NDIS.
    - Both parties shared information as it became available.
2. **Post Forum Meeting - held in early October**. WVPHN agreed the forum was a success and were keen to access tools developed, and share with their GP membership.
3. **Meeting between senior staff at WVPHN and NDIS Health Interface Project Team mid-October that provided access to WVPHN Health Pathways**

- Access to WVPHN Health Pathways was provided to the NDIS Health Interface Project team providing insight into the types of tools that could best contribute to the Health Pathways.
- A GP discussion confirmed GP's remain largely unfamiliar with the NDIS terminology and a glossary commencing with commonly used terminology, translated to NDIS terminology would be highly useful.
- An invitation was extended by the WVPHN to attend the GP Refresher weekend in February 2017 to promote awareness of the NDIS Health Interface Project and any tools developed (particularly those relevant to GPs). More than 170 GP's from across the BSWR will attend.

4. **Second Stakeholder Forum December 2016. WVPHN attended the second stakeholder forum held in December and confirmed the tools developed to date would be useful to GP's. The format and amount of detail was easily followed by the GPs.**

The partnership approach between the NDIS Health Interface project team and WVPHN has been mutually beneficial. A strong collaborative approach advanced understanding of the Health Pathways, tools that will contribute to the pathways success, and current NDIS GP information provision.

h. Prior to development of tools and training modules, discuss with the NDIA appropriate formats of materials that will enable the NDIA to distribute the tools and modules as the NDIA deems appropriate;

NDIA have been provided access to the temporary project website and copies of the draft sector tools that have been developed.

i. Develop draft final project report and provide to NDIA for comment;

Draft final report submitted by April 2017.

j. Deliver final project report

Report submitted by 12 May 2017

REFERENCES

Australian Government. *National Disability Strategy, 2010*. (n.d.). Retrieved from https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/nationaldisability-strategy-2010-2020

Australian Institute of Health and Welfare. (2010). *Health of Australians with disability: health status and risk factors.* (Bulletin no. 83. Cat. no. AUS 132.). Canberra: AIHW.

Australian Institute of Health and Welfare. (2012). *Access to health services by Australians with disability* (Bulletin no. 129. Cat. no. AUS 191.). Canberra: AIHW.

Bagshaw, M. (2016). *Stakeholder Consultations Report. NDIS Impact, Needs and Planning Project*. https://www.cesphn.org.au/programs/ndis-readiness

Council of Australian Governments (COAG). (2015). *Principles to determine responsibilities of the NDIS and other service systems.* https://www.coag.gov.au/sites/default/files/communique/NDIS-Principles-to-Determine-Responsibilities-NDIS-and-Other-Service.pdf

Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: Time for a map? *Journal of Continuing Education in the Health Professions*, 26(1), 13–24. https://doi.org/10.1002/chp.47

Graham, I.D. (2010). Knowledge translation, from Canadian Institutes of Health Research, *Knowledge translation & commercialization*, downloaded from http://www.cihr-irsc.gc.ca/e/29529.html

Smith-Merry, J. (2016) *Working collaboratively at the interface and health and disability services. Research to Action Guide, Good Practice Summary.* Centre for Applied Disability Research. Available at www.cadr.org.au

Wiesel, I., Whitzman, C., Bigby, C. & Gleeson, B. (2017). *How will the NDIS change Australian cities?* MSSI Issues Paper No. 9, Melbourne Sustainable Society Institute, The University of Melbourne.