Identifying optimal support profiles for individuals with psychosocial disabilities participating in the National Disability Insurance Scheme (NDIS)

Purpose of Project

The purpose of this project is to prepare an alternative set of policy and procedural reference points for the NDIS which better reflect the needs of those with a psychosocial disability. Specifically, the project intends to determine an optimal list of psychosocial support services for people with a psychosocial disability, and identify the most appropriate aggregations of these services into 'packages'. These packages are intended to replace the existing 'reference packages' used by the NDIS staff to determine individual plans for NDIS participants. These reference packages also provide the framework for decisions on the amount of financial support given to an individual participant in the scheme. The hypothesis to be tested is that an alternative investment driven model for each participant can be determined that will improve outcomes for participants compared to those currently being achieved. The rationale for this is that with psychosocial disability significant psychosocial gains can be made early on that improve clinical outcomes and social functioning and this can reduce the need for investment at a later point.

The identified reference packages will inform advocacy to improve pricing arrangements for services and potential development of a macro level economic rationale for government.

Project Methodology

There are two definitive phases to this project. The first phase is to establish a list of service elements that can be accessed by NDIS participants with psychosocial disabilities that differs from the existing set of options. The objective is to both establish optimal labels for services and to revise and improve the service descriptions that are associated with them.

The second phase is to aggregate the service elements identified in phase 1 into packages of services for participants based on the individual's presentation profile. These presentation profiles must align with categorisations interpretable by the NDIS legislation

and will not necessarily be diagnosis based. Some overlap with diagnosis however is anticipated. The project proposes a modified Delphi method to achieve expert consensus supported by the available academic literature and service data provided by the project partners. The proposed process is outlined below.

The project intends to use a modified Delphi methodology through the seeking of expert opinion, refinement of feedback, redistribution and re-assessment of expert opinion. The intent is to drive toward expert consensus through the identification of difference of opinion, establishment of frameworks for decision making, assessment of available data and then resolution of dissent to the extent that is possible.

Project Expert Group

For the purposes of establishing expert consensus a Project Expert Group has been convened, comprising both relevant service delivery expertise and those with governance oversight for the project. The Project Expert Group members have the necessary skills to assess available data and the necessary experience to apply that assessment to the NDIS service delivery environment.

The role of the Project Expert Group is to:
- Consider and agree on the parameters for the questions to be resolved.
- Think creatively about NDIS service delivery in the future
- Establish consensus through debate and deliberation on those questions, and/or identify the decision-making parameters for resolving lack of consensus
- Provide supporting data or grey literature for their positions where available
- Assess supporting data and academic literature provided by the project team
- Consider papers between meetings and engage with the project team on an ad-hoc basis to clarify or resolve questions or issues.

The group membership comprises:
- A member of the project governance structure (Chair)
- Five representatives with specific expertise in psychosocial support service delivery
- At least one consumer representative with suitable experience and knowledge of the NDIS
- At least one carer representative with suitable experience and knowledge of the NDIS.
- At least two representatives with operational management and data management experience from an NDIS service provider if that skill set is not covered by the second dot point above.
- One expert in the provision of services in the disability sector who is not from the mental health field.
- One senior clinical expert in mental health treatment and care who is not from the psychosocial support sector.
- Representatives from the project team who will provide secretariat support.

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- The project governance structure may also determine that involvement from the NDIA is desirable.

Lived Experience Group

A Lived Experience Group has been convened to review and provide opinion to the Project Expert group on the list of service elements, and to the Project Management Group on the final advice of the Project Expert Group.

The membership of the Lived Experience Group are people who have:

- a strong understanding of and ability to articulate lived experience of psychosocial disability, including family lived experience
- are able to apply lived experience to the development of a list of optimal psychosocial supports and typical support packages
- experience in participating in the operational and managerial aspects of an organisation that is involved in mental health service delivery
- experience in analysing, synthesising and drawing conclusions from quantitative information.

The Lived Experience Group will meet twice over the life of the project.
The Project Expert Group will meet four times over the life of the project.

Service Provider Data

The project partners comprise a group of NDIS psychosocial service providers who also provide services through a range of other psychosocial support programs. Each provider has a large data base of relevant service delivery information, which is available to provide supporting data for the project. The project team has worked with data experts from project partners to homogenise the data for aggregation and analysis.

Where possible, outcome data will be aggregated, noting that the construction of these outcome related data sets is driven by program funding parameters so it is likely that there is substantial overlap between providers when funded by the same program stream.

The data held by these providers is available to support or challenge positions taken by the Project Expert Group. The project team will aggregate the data and analyse it to both present propositions to the Project Expert Group and resolve dissent in the group where the data assists in doing so. No member of the Project Expert Group or Project Management Group will be given non-aggregated data from another provider to access without the permission of the original data provider.

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Academic and Grey Literature

The project team will utilise a range of other information sources to establish propositions and drive to consensus on those propositions. This will include literature sources that will be accorded weight based on the robustness of the evidence provided. These sources will include in descending order of weight:

- Peer reviewed academic publications and texts with greatest weight accorded to those with the most rigorous methodology such as a meta-analysis.
- Published guidelines and position statements from relevant professional organisations, government departments or peak bodies based in Australia
- Published guidelines and position statements from relevant professional organisations, government departments or peak bodies based outside Australia
- Non-peer reviewed papers
- Unpublished data
- Documentation of consensus amongst a sub-group of experts on an issue (for example a letter to a Government Minister).
- Individual opinion based on case studies and professional experience

Greatest weight will be accorded to evidence at the top of the above hierarchy and least to that at the bottom. It is expected that all evidence levels will be necessary to achieve expert consensus throughout the life of the project.

Phase 1 – Identifying service elements

This section outlines the process for identifying the optimal list of service elements.

Step 1 – Revision of NDIS documentation
Source documents and evidence for establishing the existing list of service elements in the NDIS will be accessed and the available evidence extracted for revision by the expert group. The process used by the NDIS for determining service types will be documented.

Step 2 – Corroborating Evidence
A literature review will be undertaken identifying potential service labels and descriptors and their appropriate aggregation based on the academic and grey literature available.

Step 3 – Corroborating Evidence
Data will be sought from participating service providers that allows assessment of the types of services currently accessed within the NDIS and in non-NDIS programs. Utilisation rates will be determined. Aggregations of service patterns will be noted.

Step 4 – Development of Propositions
The outcomes of the first three steps will be translated into a set of propositions for an alternative list of service elements. These propositions will be accompanied by a set of key questions for achieving expert group consensus. Noted evidence gaps will be identified.

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Step 5 – Project Expert Group Meeting One
The Project Expert Group will consider the set of propositions and accompanying evidence. The group will be provided with a set of questions to identify dissent and resolve the decision-making parameters for achieving consensus. Consensus achieved will be noted. Follow up actions for extracting additional evidence to resolve dissent will be recorded for project team action.

Step 6 – Follow up action
The project team will pursue literature or access to identified data sources that will assist to resolve dissent. Data experts within project partner agencies will be consulted and data extracted where available. Mini-conferences between dissenting voices will be arranged to progress resolution of points of opinion. Propositions discussed at meeting one will be revised and prepared for resubmission to meeting two with accompanying evidence.

Step 7 – Project Expert Group Meeting Two
The Project Expert Group will consider the set of propositions and accompanying evidence. The same process used for meeting one will be utilised to move toward consensus. At the end of this meeting a draft list of service elements will be completed and forwarded to the Project Management Group for consideration and feedback. The outputs of this process will be used to progress phase 2.

Step 8 – Lived Experience Group Meeting One
The Lived Experience Group will consider the results of the Project Expert Group deliberations and formulate advice to the Project Expert Group.

Step 9 – Follow up action
Outstanding issues and feedback from the Project Management Group will be incorporated into a final document that identifies the list of service elements and supporting evidence for its genesis. If necessary further consideration of outstanding issues can occur at Project Expert Group meetings 3 and 4.

Step 10 - Endorsement
The Project Expert Group will endorse the list at its fourth meeting, for forwarding to the Project Management Group.

Phase 2 – Identifying typical support packages

This section outlines the process for identifying typical support packages.

Step 1 – Revision of NDIS documentation
Source documents and evidence for establishing the existing 'reference packages' in the NDIS will be accessed and the available evidence extracted for revision by the Project Expert Group. The process used by the NDIS for determining service types will be

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documented. It is expected that there will be limited available source data for these as the NDIS has not made these readily available previously.

Step 2 – Corroborating Evidence
A literature review will be undertaken identifying potential categorisations of presenting profiles that could form the basis of aggregation based n the academic and grey literature available. Aggregations of service types that could be matched to those presenting profiles will be assessed.

Step 3 – Corroborating Evidence
Data will be sought from project partners that allows assessment of the types of services currently accessed within the NDIS and in non-NDIS programs. Utilisation rates will be determined. Aggregations of service patterns will be noted.

Step 4 – Development of Propositions
The outcomes of the first three steps will be translated into a set of propositions for a set of presenting client profiles and accompanying aggregation of service packages. These propositions will be accompanied by a set of key questions for achieving Project Expert Group consensus. Noted evidence gaps will be identified.

Example of Typical Support Packages[1]

Service Elements	Client Profile 1	Client Profile 2	Client Profile 3	Client Profile 4
Service element 1 (eg day to day living support)	8 hours/day	No	4 hours per day	8 hours per day
Service element 2 (eg Group program)	1/wk	3/wk	1/wk	No
Service element 3 (accommodation support)	Yes	No	No	Yes

Step 5 – Project Expert Group Meeting Two
The Project Expert Group will consider the set of propositions and accompanying evidence. The group will be provided with a set of questions to identify dissent and resolve the decision-making parameters for achieving consensus. Consensus achieved will be noted. Follow up actions for extracting additional evidence to resolve dissent will be recorded for project team action.

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[1] Please note the units of measurement in the table below are indicative only. The final units of measurement will be determined by data analysis and expert group consideration.

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Step 6 – Follow up action
The project team will pursue literature or access to identified data sources that will assist to resolve dissent. Data experts within project partners will be consulted and data extracted where available. Mini-conferences between dissenting voices will be arranged to progress resolution of points of opinion. Propositions discussed at meeting two will be revised and prepared for resubmission to meeting three with accompanying evidence.

Step 7 – Project Expert Group Meeting Three
The Project Expert Group will consider the set of propositions and accompanying evidence. The same process used for meeting two will be utilised to move toward consensus. At the end of this meeting a draft list of typical support packages will be completed and forwarded to the Project Management Group for consideration and feedback.

Step 8 – Follow up action
Resolution of outstanding issues from meeting 3 and feedback from the Project Management Group will be incorporated into a final document that identifies the typical support packages and supporting evidence for their genesis, and provides a brief comparative analysis with the existing package structures[2].

Step 9 – Endorsement
The Project Expert Group will endorse the packages at its fourth meeting, for forwarding to the Project Management Group. The Lived Experience Group will consider the complete advice of the Project Expert Group and formulate its advice to the Project Management Group.

Step 10
The Project Management Group will consider the advice of the Project Expert Group and the Lived Experience Group and finalise the outputs of the project.

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[2] Dependent upon access to these from the National Disability Insurance Agency.

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