

The Human Cost of Insufficient NDIS Funding - A Bendigo Woman's Story

In Bendigo, Victoria, a resilient 40-year-old woman faces daily challenges navigating Cerebral Palsy, Borderline Personality Disorder (BPD), and Bipolar Disorder. Her journey demands unwavering support from her care team.

For nearly two decades, Golden City Support Services (GCSS) has provided her with Supported Independent Living (SIL) services. However, her journey towards living independently has been fraught with obstacles, particularly due to the unpredictable nature of BPD.

In early 2023, following severe flare-ups of her BPD, she moved to a home without other tenants. GCSS advocated for an increase in funding to implement a 1:1 support plan with active night support, dramatically reducing incidents and improving safety and wellbeing for all involved.

However, her most recent NDIS plan drastically reduced her SIL funding. Now, her plan can only accommodate shared living arrangements at a 1:2 ratio. She requires 1:1 support, including three daily instances of 2:1 support for personal care.

The NDIA justified reduced funding by citing fewer incidents since her move to solo living but overlooked that incidents will most likely increase if she returns to shared accommodation too soon.

Finding a co-tenant has been challenging due to safety concerns. Her Behavioural Support Plan also advises that other residents may be at risk if sharing accommodation. As a result, she exhausted her SIL funding and Support Coordination hours within six months.

Her support coordinator is provided by an organisation based in metropolitan Melbourne, stopped servicing her when the plan expired.

Her support coordinator was initially working towards an early NDIS review but quickly exhausted her coordination hours due to long delays from the NDIA, including lost paperwork. When her funding support coordination funding ran out, her case was not escalated, leaving her stranded. A complaint led to the Rights Information and Advocacy Centre (RIAC) becoming involved.



GCSS continues to support her despite significant emotional distress and negative impacts on her mental health. GCSS is maintaining her 1:1 support as part of their duty of care, as reducing services would leave her without essential support, posing risks to her and others' safety.

GCSS shoulders a deficit of \$119,566.08 due to inadequate NDIS funding, highlighting the mismatch between support needs and funding realities.

Recently, the participant was contacted by the NDIA. The NDIA planner offered her information about local homeless shelters but mentioned it was unlikely she would receive support unless GCSS ceased her services and evicted her from her home.

The NDIA's actions disregard her ongoing challenges and impede her progress towards independent living. Her story underscores the need for a reassessment of her NDIS plan. Adequate funding aligned with her intensive support requirements is crucial for ensuring her safety, wellbeing, and continued strides towards independence.

As this case study illustrates, cost reductions in the NDIS are impacting the region, leaving some NDIS participants with insufficient funding and forcing service regional and rural providers to offer unfunded services to prevent crises among vulnerable people.



