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## **Joint Standing Committee on the National Disability Insurance Scheme – Darwin hearing**

OT for Kids NT provides Occupational Therapy service to children and families across the Northern Territory, from our base in Darwin.

Two visits to the Barkley region have been conducted in the past year, one funded by NDIS, the other occurring prior to participant's plans being activated. 4 clients were serviced on the most recent visit. Additionally, one participant has accessed services in Darwin using their funding.

Most services have been delivered across home and school environments, with the focus on training parents and educators to support children through daily learning opportunities.

### **LOCAL CHALLENGES**

#### **EDUCATION**

We have encountered a number of challenges with locally based services lacking the infrastructure to support the participants. For example, there are some staff employed at the school who do not even have basic training in supporting children with additional needs. Without this basic training, we are unable to provide more advanced training in the use and application of therapeutic activities and tools within the school environment.

Some participants have very high needs and as such, educators are actually in the role of a personal care assistant. There is a significant lack of training provided and it can be unclear who's responsibility it is to provide this training. For example, a child with a swallowing difficulty was supervised from across the room, or left to eat independently. The staff reported they had not received any training about how to appropriately support the child and manage this choking and aspiration risk.

While school training would be beneficial for all children and staff as a number of children have funding, however if it is not specifically for an individual child this is not covered by the NDIS.

Recently, a Physiotherapist visited the school from the Office of Disability, and provided manual handling training for staff in relation to 2 children, however because a third child had not been referred, no support was given to staff for the same manual handling of this child.

Well qualified and experienced support staff being underutilized, not supported or recognised for their skills and expertise.

Knowledge is held by individuals rather than community or school – when people leave, the knowledge is lost. Training of people based in the area can be provided, however again, once these people move on, the training must be delivered again. Additionally it can be challenging to access these people locally.

There is a significant issue with Toilet accessibility at the school and this has been passed between people and departments, with no short term solutions being implemented. As a result, much of the service we are providing has been case management and advocacy, rather than Occupational Therapy

### **CASE MANAGEMENT**

Long term staffing locally with the NDIA. We have had reports from parents that they are not clear on the planning process, nor while might be able to assist with coordination of services, and this person within the NDIA has changed many times, and different staff may follow up with clients.

Last minute services are often provided opportunistically. For example, a trip to Tennant creek was planned, and due to this, families were then contacted. We had to book the trip before the visits were booked. This poses a risk to the sustainability of visits to the area, if they are unable to be funded appropriately.

During the visit, a child had been hospitalized all week, and this was only found out the day of the scheduled visit. In this instance, we were unable to provide a service, and unable to recoup the allocated time, or travel portion for this participant.

There appears to be a lack of coordinated follow-up or lack of case management, meaning services are haphazard and not connected. Much of this falls on the family, or the individual service providers to ensure coordinated services. Due to these changes of services, families do not know who to go to for more information.

This case management service is vital, and under the NDIS, it can be provide as a support item, however due to the population of the region, there is insufficient demand to warrant employment of a specific case manager within my organization. With the roll out of the scheme into Darwin, a case management position will be funded in my organisation, however we are not able to this until we have the demand. This represents the challenges inherit to the trial in such a small and remote area.

### **TRAVEL**

Travel costs involved with servicing the area have been difficult to recoup due to challenges in having additional support items added from the claiming portal, and delays in having these items approved.

Resulting in increased amounts of funding being used on the costs of travel, when this could be used on therapy services

### **GOVERNMENT SERVICES**

There is an inherit mistrust of fly in fly out services, due to the high turnover of staff and therefore, the lack of continuing of services. In a community where the relationship with a provider is incredibly important, this previously used model of service delivery has made it challenging for new services to establish strong networks with community.

Additionally, it is unclear which government based services are continuing to provide services into the Barkley region. Many participants are still receiving government services,

meaning they may not need to access private services. This decreases the uptake and viability of service provision.

### **ACCESS TO LOCAL SERVICES**

There are Indigenous services based in Tennant Creek which are limited to indigenous people (Aniningi). For example, there is a Physiotherapist from Aniningi visiting from Alice Springs, however for our clients requiring physio, they need to wait until the Alice Springs team visits, which may or may not occur, as it is unclear if the government is still funding services into the area. This compounds the lack of clarity around the provision of government funded services, such as those visiting from Alice Springs. This also makes it difficult for service providers to form a market demand and participants will use the free services if they are available.

Parent information is sparse – which local services are educating parents or carers on the child’s needs?

Linking of services locally – we recognise the need to work together, however it can be difficult to find out who is in the areas and connect with them.

### **FINAL POINTS**

My key points regarding the trial site are:

- Due to the size of the community, local services are unable to support the needs of participants, and fly in fly out models are costly and difficult to manage
- Comprehensive services including case management are essential, however due to the low numbers in this site, the infrastructure cannot yet be put in place. With the rollout in Darwin or Alice springs, providers will be able to increase services and therefore, have the infrastructure to service smaller communities, particularly in the area of case management.
- Provision for training of parents and support staff such as educational assistants is required within the funding allocation
- It has been unclear which providers have been serving the region, and confusion regarding the role of government services in the region.
- A trial is required in a larger rural area, or the roll-out to be commenced in Darwin, in order to more accurately assess the level of supports that local services are able to provide. This is in recognition of the fact that most providers are based in Alice Springs or Darwin and require these larger populations in order to ensure services are viable, and to support the provision of services to remote areas.
- The role of case management has been undervalued and underestimated, and there is significant potential expansion in this area. This will be especially important in remote areas due to the number of services with a fly in fly out model, and in order

to ensure that the participant needs are met.

- I believe in the idea and purpose of the NDIS and believe this will create amazing opportunities for participants, along with raising the bar for the provision of services. There are inherent risks involved in a number of populations, and it is important we consider the risks associated with these vulnerable communities. I believe the role of case managers within these populations is incredibly important in ensuring these outcomes for participants.

For further information, please feel free to contact me on \_\_\_\_\_ or \_\_\_\_\_

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