



Joint Standing Committee on the National Disability Insurance Scheme
Committee Office | Department of the Senate

Email: NDIS.Sen@aph.gov.au

6 December 2018

Questions on notice for Early Childhood Intervention Australia pursuant to the Assistive Technology Inquiry

Following our appearance at the Assistive Technology Inquiry public hearing on 22 November 2018 ECIA have circulated a template to our Advisory Committee seeking input with regards to three following questions which are addressed in addressed in the body of this letter.

- I. On average, how long does it take to complete a Level 3 or 4 Assistive Technology application compared with the previous state/territory based system? Please provide a time estimate for each step in the process.
- II. Given the long, complex process, what is the impact on families? What is the impact on you as a service provider?
- III. Can you please provide us with a short case study highlighting complex, time consuming activities? And the impact on families and your capacity as organisation to provide ECI services.

In answering these questions we have uncovered common threads which may best be summarised as follows.

1. The timeliness of AT application approval as the greatest obstacle in the current Assistive Technology system under the NDIS. *See Case Study 1 in the Appendix.*
2. The lack of communication from the NDIA about progress once an application has been lodged and the need for a contact point to answer technical questions regarding the application.
3. The need for responsiveness to the rapid growth of very young children.
4. Need to clarify roles and responsibilities of ECI service provider as prescriber of AT, the planner and the family.
 - Planner knowledge of Assistive Technology - During the planning meeting, Planners make recommendations about equipment and set family expectations about equipment which may not be clinically appropriate.
 - A Victorian service tell us that a planner has recommended a car seat which was is not safe for the child given their functioning and physical capacity.
5. Clinical reasoning exercised by ECI service provider as Assistive Technology prescriber
 - It was noted that the NDIS AT Application asks for detailed evidence

and reasoning in the AT Application form for every piece of equipment which was trialed but not selected when in some cases, based on sound clinical reasoning that particular piece of equipment is not appropriate for the child and family.

- Similarly a South Australian service has raised the issue of appropriateness of equipment for a child with visual impairment. *See Case Studies 2 and 3 in the Appendix.* Often the AT application process of up to 10 hours is more costly than the piece of equipment for a vision impaired child.

1. On average, how long does it take to complete a Level 3 or 4 Assistive Technology application compared with the previous state/territory based system? Please provide a time estimate for each step in the process.

Feedback from South Australian, Western Australian and Northern Territory service provider has highlighted that the initial part of the AT application process consisting of research into equipment options, trialing and selecting AT is approximately 10 hours work over a period of approximately 4-8 weeks. A Northern Territory service provider notes that in addition to the initial 10 hours, one needs to add a further 2-4 hours for travel and another 2.5 hours to train the family on how to use the equipment. In the case of Northern Territory the time spent on the AT application is broadly comparable to the previous territory based system, the Disability Equipment Program.

Our members also noted that the timing of the lodgment of the AT application in the life of the NDIS plan impacts on the speediness of the decision making such that the turnaround time for applications lodged at the end of the lifecycle of the plan (prior to plan review) is quicker, approximately 4-8 weeks, than the decision making for an application lodged after the planning meeting or mid plan which can take up to 3-2 months for a decision.

We do not have in-depth information about the application approval turn around period for the state and territory based systems.

Please below discussion from a South Australian and Northern Territory service providers about the activities necessary to lodge an effective AT application. We note that not every AT application follows the linear path outlined below. *See Case Study 1 in the Appendix* which demonstrates significant wait times at different stages of the process.

South Australia

- Referral received, client placed on waiting list (time is dependent on capacity of AT staff)
- Delegated to appropriate Assistive Technology Specialist (approx. 2-4weeks)
- Phone call with family
- Initial assistive tech assessment (discussion with family, showcasing of available technologies) – approx. 2-3 hours
- Secondary assessment if required (many families like to go away, digest information, and come back to re-visit the technologies) – approx. 1-2 hours
- Report writing and obtaining quotes– approx. 4 hours (at times more)

- Email report to family and NDIA (15 minutes)
- Often after planning meeting NDIS will come back asking for more information and another quote, adding another 1 hour to process. This last point was mentioned by another service provider as an area of concern as follow-up questions commonly asked by planners are part of the AT form.

Northern Territory

- Initial assessment (background information, functional assessment, MAT evaluation, measurements, environmental assessment, discuss goals, discuss AT need etc.): 2 hours OT + travel + 2 hour reports (schedule of supports, progress notes, treatment plan).
- Trial: Investigation and set up of trial equipment with technical support (if complex) and time to trial with OT to ensure suits all needs: 2 hours OT for trial (may need to be across different locations e.g. home and school) + travel. If equipment is required to come from interstate freight may need to be funded.
- Prescription of AT that reflects trial and needs, liaising with equipment supplier as required: 1 hour OT
- AT Assessment report to clinically justify need for AT: 2.5 hours OT (including progress notes)
- Following funding approval and delivery: Deliver, set up and adjustment of AT, including user and positioning guidelines: 2.5 hours OT
- Quarterly review of seating for growth and postural adjustments as required: 1 hour OT each review
- Note that more than 1 trial may need to be completed.

2. Given the long, complex process, what is the impact on families? What is the impact on you as a service provider?

From the perspective of ECI service providers, families are anxious about the indeterminate wait and concerned about not having the equipment now as the equipment is likely change the way in which the family supports the child's development. As a result, some families have opted to pay for equipment or trials themselves (even when it is beyond their budget) because of the urgency of their child's needs.

Delays in processing AT applications are impacting ECI service providers in two ways. Firstly, providers are supporting anxious families as well as following up progress with the Agency and providing additional reports and quotes beyond the established 10 hour period discussed in part one. Providers are also fielding questions from schools, advocates and other service providers who are very upset about the state of families who are in without their equipment.

APPENDIX

Case Study 1 from the ACT

2 year old child with cerebral palsy. Requires AFOs to walk. Scripting process took 4 weeks from assessment to report with visit and quote from orthotist. Assessment started 1 week after new plan which stated 'AFOs-quote required'. Report submitted to NDIA. First follow-up with NDIA 4 weeks later. Second follow up, 6 weeks later, escalated another 6 weeks later. Orthotics approved after escalation and made. Delivered 8 months after initial request.

As physiotherapy intervention required AFOs to progress to walk, the child's therapy was extremely impacted by not providing the AFOs. Child also then required botox and casting due to impact of increase tone and poor foot position.

Case Studies 2 and 3 from South Australia

Client 1: has visual acuity 6/90 (worse than legally blind). The family applied for a Video Magnifier in July 2017. NDIS declined the request and sent reviewable decision form. Re-forwarded reviewable decision form in January 2018 with more information provided; still no response. Re-submitted request with even more information as a part of their new plan in April 2018. Still no response. The plan has been extended and family is still waiting for response from NDIS regarding assistive technologies.

Client 2: has visual acuity of 6/130 (worse than legally blind). Application for a Video Magnifier was declined. Reviewable decision sent in. In this case the family ended up being successful after 7 months of back and forth with NDIS. The family required a therapist to advocate for them as they felt unable to communicate their needs clearly.

We look forward to the full report and make ourselves available to provide additional evidence, should it be needed.

Sincerely yours

Enis Jusufspahic

National Manager of Sector Development
BA (USYD), MLLP (UTS)
Early Childhood Intervention Australia