

## Submission

### Terms of Reference for NDIS in ECEI

I am an occupational therapist in sole private practice (15 years) in South Australia. I have been providing early intervention through occupational therapy services for children aged age 0-7 years. I registered with NDIS as a provider in 2013, and was a HCWA provider prior to this. Additionally I lecture in Play and Early Intervention for Children at Flinders University (since 2010).

I am appreciate the efforts of the NDIS to fund services for children with disabilities, but currently have some concerns in relation to timeliness of participant registration, and urgent reviews of plans. My concerns are around the delay for children to access early intervention, and insufficient supports in plans, given that the evidence supports interventions to be very timely and focused for this group. Additionally where children are not able to attend therapy, impacts occur for the provider in terms of viability or decisions about loyalty towards keeping places for the children whose plans are interrupted.

Turnaround timeframes for children registering with NDIS and receiving their plan and package prior to this year (2017) has been fairly swift (4-8 weeks). This has meant for families that their anxiety has been reduced and they are able to begin therapies that their children require, hence supporting their children receive the inputs they need. Currently however in SA registration and receipt of plan can have up to a 12 month wait. This is completely unacceptable. 12 months in the life of a child is enormous in terms of their development (or lack of stimulation of their development). Additionally there is stress placed upon families that they are not able to do enough for their child.

I have several examples from my case-load to illustrate either delay for registration, or delay for review of a current plan (due to insufficient funds to support the child's intervention).

1. In June I received a call from the family of a 5 year old boy with speech delays and delays in attention and self-regulation (behaviour). The family was accessing a specialized kindergarten for speech delays, who recommended the family access occupational therapy for their child prior to school start. The boy is due to start school in term 1 2018. The family had heard at the beginning of the year (from other parents) that there was an 8 month wait between registration with NDIS and receiving a plan. They felt that registration was futile due to this length of time (as he would be almost at school then), and did not act. At referral I suggested that the family urgently register for NDIS and at the same time visit a GP to access some Medicare funding under a Chronic Disease management plan (which they did do). The family could only afford fortnightly OT (5 sessions) and these will cease in the next few weeks. Meanwhile the family have not been given an appointment with a planner and it is likely the boy will start school next year without the early intervention he requires (both speech and OT in 2018). The family is highly concerned about this and worry his school start will be difficult for him.

2. I have been providing occupational therapy to a little girl now aged 20 months, since aged 9 months. She has vision impairment, low muscle tone, gross motor delays (not yet walking), communication delays (no speech and low receptive understanding), and apparent cognitive delays. Her mother has suffered from post-natal depression since this

child was born, and despite this has sought registration with NDIS and arranged therapy (physiotherapy, speech and OT) for her daughter. The (small amount of) funds that was allocated to this child have largely been used up, however the plan is not due for renewal until end of November 2017. Letters from the all the supporting therapists and her parents 2 or more months ago, advocating for an urgent review of her plan, have been met with stony silence from NDIS. Follow up phone calls from parents and therapists have not resulted in any changes to this state of play. The family has had to severely reduce all therapies and cease physiotherapy, in order to make the funds last. This reduction in therapies risks further impacts of developmental delay on this child, add increasing stress to already stressed parents (from PND, from concerns about their child, and from illness in the fathers family).

3. In addition to these two illustrations, I have two other families who have also been unable to resume weekly therapy due to their funds having run out prior to their plan. For both these families I have been able to reduce my therapy for their child to fortnightly, however this will cease at the end of this term, leaving both children without OT until the new year. One of these children starts school in term 1 2018.

The impact on my practice in terms of reduction in income due to children moving from weekly to fortnightly has been marked. Whilst this does not relate to any of the terms of reference here, without providers who can manage these swings and roundabouts there would be a limited pool of therapists. All parties in the relationship of therapy need to be considered when considering services for children and families.