

**Occupational Therapy Australia's responses to Questions on Notice arising from its testimony to the Joint Standing Committee on the National Disability Insurance Scheme inquiry into:**

**Provision of services under the National Disability Insurance Scheme Early Childhood Early Intervention approach**

**TUESDAY, 19 SEPTEMBER 2017  
MELBOURNE**

**Ms MACKLIN:** I want to go to some of these issues that Lisa and Anne raised in relation to the training of planners and the points that you make about the poor committee, which I think are very well made. We hear that all the time, and it's impossible for people to get answers to their phone calls or emails. If you actually had any data on that those issues, that might be helpful. (Page 16)

**OTA Response**

Occupational Therapy Australia does not gather data around the number of phone calls and emails to the NDIA that are made by our members, or their clients, and which go unanswered by the agency. Nor does OTA gather data around the length of time our members, or their clients, have to wait for responses to those telephone calls or emails which are eventually answered.

The observation made to the Committee by OTA was based on overwhelming and ongoing anecdotal evidence.

Similarly, OTA's observations about the inadequate training of NDIA Planners is based on the overwhelming anecdotal evidence of our members and their clients.

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**CHAIR:** In OTA's submission, there is a recommendation that:

- Appropriate safeguards should be implemented to prevent Early Childhood Partners from having excessive influence over what supports are included in a child's plan ...

Could you elaborate on that a little bit, please.

**Ms Vale:** I think that might have come from New South Wales, but we will take it on notice to provide you some information. I suppose it might be the case where the early childhood partner might then be a provider. What we're finding is, if families have already been with an early childhood organisation, they are probably not going to refer out to a private practice or encourage the family to seek services elsewhere. That's how I'd interpret that, but we will follow that up.

**Ms MACKLIN:** I think what Kevin is asking is: what would you suggest for safeguards? What should the safeguards be?

**CHAIR:** As I recall—but correct me if my memory does not serve me that well—somewhere in the comments you were making this morning there was a reference to providers that did not have experience in an early childhood area. I think you mentioned aged-care services or something like that. I was just curious about that and the incidence of that occurring and what you suggest might be done to prevent—

**Ms Sunners:** That might be another area we can take on notice to provide additional information on.

(Pages 19-20)

### **OTA Response**

OTA draws the Committee's attention to Ms Sunners' opening statement, in which she said:

"The situation in New South Wales whereby organisations that were previously block funded by Ageing, Disability and Home Care have been selected as EC partners should be closely monitored to assess the impact of this arrangement on private practices. NDIS participants should be made aware of all appropriately qualified service providers within a designated distance of their residence. Any list of local providers that is given to families should include providers that are non-NDIS registered but can provide services if the family chooses to self-manage their funding." (Page 12)

OTA believes that while EC Partners and NDIA Planners should help develop the best possible plan for a participating child, they should have strictly limited say in who should provide services as part of that plan. This is particularly important in the case of those EC Partners who are also service providers and have, therefore, a conflict of interest.

On reflection, OTA acknowledges that the development of a list of local providers would impose an additional strain upon an already hard-pressed agency.

Accordingly, OTA suggests that the NDIA improve upon the list of registered service providers found on the NDIS website. Specifically, it should include a search tool whereby participants can quickly identify service providers by profession and suburb. Those registered service providers prepared to travel to clients should make this known at time of registration, and should be able to be identified by the same search tool. This would enable families to find the most suitable provider.

Additionally, EC Partners have an obligation to inform families of the full range of options available to them in order to uphold the principles of choice and control that underpin the scheme. As noted in OTA's submission to the Committee, some families seemed unaware of their right to request a plan manager, financial intermediary or to self-manage their funding. We also noted that families should be encouraged to request quotes from a number of service providers in order to prevent EC Partners from having excessive influence over which providers are chosen to deliver services.

With regard to the Committee Chair's reference to providers with experience in aged-care services, OTA is unable to find such a reference in either the testimony of Ms Vale or Ms Sunners on 19 September, or in OTA's written submission to the Committee.