



Neurodevelopmental and Behavioural
Paediatric Society of Australasia

NBPSA Administration

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8 November 2021

Committee Secretary
Senate Standing Committees on Community Affairs
By email community.affairs.sen@aph.gov.au

Dear Committee Secretary

The NDIS Amendment (Participant Service Guarantee and Other Measures) Bill 2021

Thank you for the opportunity to comment on the above Bill. The Neurodevelopmental and Behavioural Paediatric Society of Australasia (NBPSA) is a membership organisation for over 700 doctors, most of whom are paediatricians whose practice incorporates developmental paediatrics. This includes providing ongoing care for many children currently supported by the National Disability Insurance Scheme.

We broadly support the amendments previously circulated by the Department of Social Services, as these began to address a number of issues critical to the care of children with developmental concerns. The [explanatory memorandum](#) to the Bill notes that amendments centre on recommendations from the 2019 Tune Review and allow for new NDIS Rules designed to provide greater flexibility. However, we consider that there are a number of important recommendations that have not been addressed in the Bill.

To reduce inequities of NDIS access for children with developmental disorders, it is our opinion that even greater clarity is needed regarding how criteria (e.g. age, diagnosis) are used to determine participation in the NDIS program, and how supports for participants are determined. We are also uncertain how the new psychosocial disability category will be applied in the context of child development, particularly as mental health disorders are currently considered an exclusion category by the legislation.

A major concern relates to coordination of supports. The proposed Early Childhood Approach is positive but, in our opinion, omits a critical consideration. We ask specifically for inclusion of funded case coordination between disability support planning and related health and education services for each child. In the clinical experience of our doctors, the current lack of coordination frequently results in service gaps, service overlaps and poorly integrated planning of supports. This lack of integration substantially reduces the efficacy and value for money from funded supports, particularly during the period of child development where opportunity for therapeutic benefits is arguably at its greatest.

The current NDIS Rules 2013, part 1.4 (g) state “people with disability should be supported to receive supports outside the NDIS, and be assisted to coordinate these supports with the supports provided under the NDIS”. To this end we respectfully recommend that both the NDIS Rules and Operational Guidelines (OG) be modified to:

- recognise that health, education and disability supports do not occur in isolation of each other. Instead, for children with disability, they are all simultaneously important, and integration is necessary to achieve the best outcomes for children
- recognise that such integration across departments is too difficult for many families to undertake
- articulate formal mechanisms in the Rules and OG that enable early intervention goals for NDIS participants to be considered and planned in an integrated manner, specifically:
 - to formally identify contributions from all involved and relevant disability-related providers for each child, noting that this includes medical and mental health providers

- to formally facilitate (including funding) case-coordination both across sectors (particularly health, education and disability) as well as within the disability sector (e.g. between therapists and other services involved)
- formally identify a child's paediatrician, GP or key health provider as having a key role in case coordination, particularly in planning and optimising support services. We consider our profession to be well placed for this role as paediatricians generally provide overview across all components, and care over time.

Thank you for your consideration of these recommendations. The NBPSA remains keen to work with all levels of government to improve the availability of important medical and educational information that can assist the NDIS in supporting the unique needs of developing children.

Should you wish to discuss these matters or have any other queries please do not hesitate to contact Greg Rochford, Chief Executive Officer, NBPSA at

Yours sincerely

Dr Jane Lesslie
President

Dr Samantha Kaiser
Chair, Advocacy Committee