

# Submission to the Joint Standing Committee on Transitional Arrangements for the NDIS

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8<sup>th</sup> August 2017



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## *Background*

Scope Australia was established as the Spastic Children's Society of Victoria in 1948, and we have been delivering services and supports to individuals and their families for well over 60 years. As a not-for-profit organisation, we support children and adults with developmental delays and disabilities to achieve their goals in life. We aim to provide support when and where needed, whether in the family home, at child care, kindergarten or school, in the community or at one of our service locations. Our mission is to enable each person we support to live as an empowered and equal citizen.

With almost 100 service locations around Victoria, Scope supports over 6000 clients through the delivery of the highest quality, sustainable services. We aim for our support options to provide maximum choice to clients to enable people to achieve their goals, and our services include core supports such as Supported Independent Living and Community Access programs, as well as capacity building supports such as therapy and positive behaviour support.

We employ more than 1500 staff, and invest in our people to deliver on our values commitment to the clients we support. Scope employs people with disability at open employment commercial rates through the Young Ambassadors and See the Person educational programs, as Assessors for organisational accreditation to the Communication Access Symbol, and within the Occupational Health and Safety (OH&S) and Product, Brand and Marketing (PBM) teams.

Our Human Rights Framework draws on the Convention on the Rights of Persons with Disabilities and the Universal Declaration of Human Rights, and is consistent with the Victorian Charter of Human Rights, and various state and federal legislation including the Disability Services Act 2006, Child Safe Standards, National Disability Insurance Scheme Act 2013 and the Information Privacy Act 2000. The Framework is constructed around the following four pillars:

- I live the life I choose
- I can trust my staff to support me to live my life
- I feel safe and respected
- I am part of my community

Scope has maintained a sound trading position while growing substantially over several years, and we have reported an operating surplus from continuing operations for the last three financial years and forecast an operating surplus for FY17.

## *A) Boundaries and Interface*

The boundaries and interface of NDIS and non-NDIS service provision remain unclear and confusing, particularly in reference to health, education and transport services.

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A major area of concern is in relation to health issues that are a result of disability, however are excluded from NDIS funding. This is problematic, as it does not recognise the foundational basis of the health issue, and treats the person with disability in a split fashion instead of as a whole person. Additionally, it places the responsibility for treatment with a health system lacking specialised disability skill, having had its disability funding removed in order to fund the NDIS.

We are aware of several instances where people with severe and multiple disabilities with dysphagia (swallowing difficulties), have had their request for funding to develop safe meal time profiles rejected by the NDIS as this is considered a health department responsibility. The health department in return, does not have the resources, capacity or expertise to provide this service and is not able to include it within their service provision.

Similarly concerning, we are aware of people who have severe swallowing and communication disability who have been treated for aspiration pneumonia within the health system, then sent home without adequate liaison or interface with other service providers for ongoing treatment or preventative strategies to be implemented.

A specific issue exists with regards to the State-wide Equipment Program (SWEP), which provides subsidised aids, equipment and home and vehicle modifications. In meeting the approved equipment needs of participants, delays are extremely long with individuals waiting more than 18 months for mobility aids. Whilst this wait continues, minimal progress can be made by participants to achieve their individual goals.

The NDIS funding model supports families to seek and fund individual therapists, and this has resulted in a plethora of therapists seeking to access children with disability in the school setting. In turn, the education department has responded to reduce visiting traffic into schools by advising schools against having private therapists on site. This has an outcome of limiting the support and choice available for families who would like their child to be seen in school hours, not for educational therapy support, but to be supported in achieving life goals. Additionally, parents who work full time or undertake shift work are being disadvantaged by this policy. Over time, more therapists will be required to meet demand by working between the hours of 4pm - 7pm, but overall there will be reduced access to services.

Limits to funding for transport associated with therapy mean restricted capacity for therapists to work across a range of environments, for example school, at home or afterschool care, resulting in a reduced opportunity to build the skills and knowledge of key people in the child's environment and therefore reducing outcomes. A child who uses augmentative and alternative communication for example, requires and benefits from all key communication partners being trained in how to effectively support alternative and augmentative communication strategies.

Families within rural and regional areas are experiencing significant issues in relation to transport, with funding entitlements that fall short of expectations. Recipients are running out of money in their plan and this is significantly impacting on their ability to access disability services.

## *B) Consistency of Plans and Delivery of Services*

There is currently no consistency in planning meetings and how they happen. They are extremely variable across rollout regions in how they are conducted, whether they be via telephone, face to face, and with or without participants present. Additionally, the actual funded supports and level of resourcing that is allocated to achieve individual goals is variable. It is our recommendation that the NDIS provide opportunities for reasonable and necessary adjustments to be made to the planning process, and ensure that the final plan is documented in a format that is meaningful for the participant. For individuals who have literacy difficulties, plans should be available in Easy English, utilising text as well as images to convey information simply and directly. This would enable participants to have a greater understanding of their goals and the available funded supports to assist in achieving these goals under the NDIS.

A few simple adjustments to the planning process for people with complex communication needs could result in greater levels of engagement, and strengthen the quality of the plans to more accurately reflect individual goals and aspirations, while in turn reducing the need for plan reviews.

Many participants have received a significant reduction in the funding of their plans, resulting in individuals being unable to access their current services. Many important supports such as Short Term Accommodation have been significantly reduced, and we envisage that this will result in an increase in the number of families unable to cope with caring for the person with disability resulting in an increased level of relinquishment. This in turn will significantly increase the cost of the NDIS scheme, as more participants require Supported Independent Living.

Individuals who have behaviours of concern are generally not receiving adequately funded supports to limit the need for restrictive interventions.

A major barrier for some participants is the lack of choice of providers in regional towns, for example in Horsham. This is due to a relatively thin workforce, and consequently, providers are often requested to provide support from surrounding areas. This results in significant costs in terms of staff travel time and mileage, particularly for specialised staff. There have been several instances where our organisation and other providers have been unable to provide services in regional Victoria due to the cost of travel, including time and mileage not fully funded by the NDIS. As a result, there are some participants in regional Victoria who have been unable to source providers.

The new price guide is further disadvantaging providers in recovering the cost of travel, as claims are now measured from visit to visit, not from the service provider base.

The unit costs for 1:1 support is not viable for large organisations to deliver required services, and additionally staff are generally working within the parameters of short shifts.

Overall, there is a lack of governance or monitoring of systems and processes in general.

## *C) Rollout of the ILC Program*

There exists confusion in the sector regarding national readiness for the ILC Grants, including a lack of understanding of the terminology.

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Communication regarding the timing of the ILC National Grants is unclear, as is the distinction between National ILC Readiness Grants and National ILC Grants, and to date there has been no clarity regarding the timing of applications for the rollout of future ILC National Grants.

The roll out schedule of the jurisdictional grants disadvantages states that are rolling out later over the 3-year period. In Victoria, organisations that currently deliver ILC outcomes are unable to apply for jurisdictional funds until 2019. In some states, funding provided by the state government to deliver ILC type services is being withdrawn before either transitional funds or ILC jurisdictional grants are available. This is threatening the continuity of existing ILC services and outcomes, particularly in relation to building the capacity of community and mainstream services to be inclusive of people with disability.

Organisations face the risk of losing workforce expertise and knowledge due to the uncertainty of the continuity of funding ILC type services.

Our belief is that the ILC National Grants application process was confusing and complex, requiring a high level of literacy and IT skills and proving a barrier for many people with disability. This would have prevented many from submitting an application, and impacted on the level of engagement of participants with the funding stream.

Overall, the transition from block funding to NDIS funding for services delivering ILC activities has been unclear, with a lack of information and clear direction regarding the transition.

We appreciate the opportunity to make a submission to the committee's inquiry into the implementation, performance and governance of the NDIS, and will continue to work in partnership with all stakeholders to provide the best possible support for people with disability, their families and carers.

