



Physical Disability Council of NSW
Ordinary People Ordinary Lives

Submission for Joint Standing Committee on the National
Disability Insurance Scheme

Assistive Technology Strategy

28 September 2018

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Who is the Physical Disability Council of NSW?

The Physical Disability Council of NSW (PDCN) is the peak body representing people with physical disabilities across New South Wales. This includes people with a range of physical disability issues, from young children and their representatives to aged people, who are from a wide range of socio-economic circumstances and live in metropolitan, rural and regional areas of NSW.

Our core function is to influence and advocate for the achievement of systemic change to ensure the rights of all people with a physical disability are improved and upheld.

The objectives of PDCN are:

- To educate, inform and assist people with physical disabilities in NSW about the range of services, structure and programs available that enable their full participation, equality of opportunity and equality of citizenship.
- To develop the capacity of people with physical disability in NSW to identify their own goals, and the confidence to develop a pathway to achieving their goals (i.e: self-advocate).
- To educate and inform stakeholders (ie: about the needs of people with a physical disability) so they are able to achieve and maintain full participation, equality of opportunity and equality of citizenship.

Introduction:

The Physical Disability Council of NSW (PDCN) appreciates the opportunity to provide feedback to the Joint Standing Committee on the National Disability Insurance Scheme on the provision of Assistive Technology (AT). The following submission will be separated by the terms of reference.

a) the transition to the NDIS and how this has impacted on speed of equipment provision;

PDCN is largely supportive of the NDIA's Assistive Technology Strategy, with the NDIS providing participants a greater range and diversity of products than previous state government providers, such as Enable NSW. PDCN commends the NDIA's commitment to an open dialogue with NDIS participants, learning from their experiences and evolving NDIS processes to better suit participant needs. PDCN is also supportive of the NDIA's upcoming changes to the process of approving AT and home modifications. We believe these changes will benefit NDIS participants with a physical disability who have knowledge and experience in purchasing AT by providing greater choice and control, streamlining the process and reducing unnecessary red tape for low cost, low risk items.

However, given the scale of the transition to the NDIS the implementation of the scheme has not been without significant challenges. PDCN has observed extensive waiting times for AT being a consistent issue for participants, with people with disability facing standard waiting times of several months for essential AT. This occurs due to both difficulty organising an assessment from an occupational therapist (OT) or other allied health professional and in delays receiving a

decision on quotes or reports submitted to the NDIA. Delays in obtaining necessary AT, such as wheelchairs, hoists, car or home modifications have a detrimental impact on the ability of people with disability to live independently and access the community, and PDCN would wish to see these minimised wherever possible.

In addition, in many instances lengthy waiting times will result in the participant being required to submit new assessments or quotes to the NDIA, further adding to waiting times and making the process cumbersome. This process may in turn lead to further delays if the model of equipment initially requested has changed; is out of stock or the participant's functional needs have altered; making the product that was requested no longer suitable.

PDCN also has concerns that the delays in assessments and approval times for quotes impact negatively on businesses supplying AT products. Suppliers frequently find they are required to re-do consultations, for example in situations where the initial assessment and quote was provided up to 12 months prior. This impacts on the viability of businesses and may edge smaller suppliers out of the market, reducing the level of choice for consumers.

A smaller, less diverse market would disproportionately disadvantage people with disability in rural and regional areas. PDCN has reasonable concerns that NDIS participants would miss out on personalised advice and expertise if they have limited access to local providers of AT. In addition, purchasing AT from non-local suppliers may result in the provider being unable to deliver a product for the participant to trial and not willing to provide ongoing repairs and servicing.

PDCN recommends the NDIA work with participants to increase pre-emptive access to AT advice and solutions for individuals likely to experience a change in their needs - for example children or people with a degenerative condition, to avoid significant delays in participants receiving essential equipment when needed.

In addition, individuals with a newly acquired disability will require extensive support and training to find the AT options that are the most suitable to their situation and requirements. PDCN believes all participants would benefit from greater support to understand their AT options, maintenance and care of equipment and instructions for use in various environments and for personal safety.

NDIS participants have reported planners having insufficient disability knowledge and lacking the skills and experience needed to navigate planning conversations that cover all possible support needs under the NDIS. The experience and outcome of planning conversations has been less successful where participants have high support needs or require complex care, and subsequently may need numerous AT solutions. In many cases PDCN has found that planning conversations have not been arranged to allow equal access for individuals with specific communication needs. This, combined with the limited capacity of LACs or NDIA planners to spend in depth time with participants, impacts heavily on the outcomes of planning meetings, including adequate and appropriate funding for appropriate and necessary AT.

PDCN believes proper assessment of an individual's AT needs must be person-centred and consider the functional abilities of the participant, their needs and their environment. Technological innovation has the potential to provide people with disability greater independence and assist the scheme by reducing participants' other support costs. PDCN believes innovative AT solutions will not be possible unless planning conversations allow for support from AT specialists and adequate time to explore a range of AT options.

PDCN is supportive of the new approach touted to be implemented by the NDIS for AT and home modifications as we believe this will address many of the common issues experienced by NDIS participants. PDCN recommends skill development for NDIA staff in the supply of AT to ensure the process is efficient and AT is appropriately funded in NDIS plans, or the use of skilled AT mentors/providers to work out AT requirements.

c) whether market-based issues impact the accessibility, timeliness, diversity and availability of assistive technology;

PDCN is pleased the NDIA has elected to use open procurement processes, ensuring there is a vibrant AT market that allows for greater access to evolving technologies. PDCN has observed that the NDIS allows for a wide range of AT options for people with disabilities, aligning with the choice and control that is at the foundation of the scheme.

An issue experienced by participants when accessing AT is misconceptions around pricing of AT by NDIA planners and LACs, particularly for wheelchairs which can cost up to thirty thousand dollars. PDCN suggests the NDIA provide NDIA planners and LACs with accurate, current information about pricing and market activity to guarantee that participants have sufficient funding in their packages to fully cover necessary assistive technology.

Additionally, PDCN has concerns regarding the accessibility of AT due to a lack of knowledge and awareness among people with disability, with many NDIS participants unaware of the variety of AT options that could be funded to assist with daily living. PDCN has observed a significant shortage of skilled AT practitioners in rural and regional NSW, particularly a very limited number of OTs with the suitable training to prescribe AT to participants with complex needs.

d) the role of the NDIA in approving equipment requests;

PDCN understands that the NDIA must have a role in approving equipment requests (particularly with regard to costing/budget) but suggests they ensure the complete procurement process is as straightforward, streamlined and as timely as possible.

e) the role of current state and territory programs in the assistive technology process;

PDCN suggests the NDIA clarify for NDIS participants the role of state-based organisations such as Enable NSW, particularly who is responsible for the ongoing repairs and servicing of equipment provided by Enable NSW prior to the participant joining the NDIS but which is still in use. PDCN

would also like clarity regarding the ability for NDIS participants to purchase the AT funded in their plan through state based organisations such as Enable NSW should they wish to establish or maintain a relationship with this organisation.

f) any other related matters.

PDCN would also like to comment on the planning process itself and the impact the inadequate experience of LAC's and NDIA planners has on the provision of AT. PDCN has observed a lack of knowledge about the functional impact different disabilities have on an individual, leading to AT not being appropriately funded in individual plans.

Through the delivery of both individual support sessions and NDIS workshops that assist participants with plan implementation, PDCN has worked with many individuals who have had trouble implementing their NDIS plans. Additionally, the rapid roll out of the NDIS and limited support offered by LACs has resulted in NDIS participants frequently lacking an understanding of their plan and the relevant support categories. Combined with inconsistencies in the way AT is assigned to different support categories within an NDIS plan and variation in the advice and information provided by the NDIA, the process for NDIS participants to secure necessary AT can be perplexing and challenging.

Whilst the cohort that PDCN represent, those with physical disabilities, may well be seen as some of the most capable and likely to understand and manage their plans, conversations with our members highlights the fact that the NDIS is a new and unknown scheme for all participants, and even those whom are intelligent, highly functioning individuals are requiring support in order to understand and navigate this new regime, and would benefit from a small amount of time limited support coordination.

PDCN has also observed that there is a lack of skills and training within the Occupational therapy community regarding how to write reports for the NDIA that link reasonable and necessary AT to the participant's goals. This results in applications being rejected and reports having to be rewritten and lodged again, adding significant time and a financial burden for the participant.

Participants also report experiencing trouble securing an occupational therapist to complete an assessment and report. In addition, OT's are often slow in delivering a report to the client after a consultation and there is a shortage of OT's with the skills and training to access and prescribe complex AT. These issues can add weeks or several months to the process required by the NDIA for obtaining AT.

Furthermore, PDCN has concerns about transparency in the pricing of OT services and NDIS participants not having enough funding in their plans to cover assessments, training, maintenance and repairs for AT.

For example, a PDCN stakeholder with a newly acquired disability reported a problematic and confusing experience with an OT when they approached a service provider to purchase a

wheelchair. The service provider organised an OT to visit the client in their home and a service agreement was made for 10hrs.

The OT assessed the participant for a wheelchair and their need for other AT in their home. They also trialled a suitable power wheelchair and drafted a report for the NDIA. Following the two home visits the 10 hours had been exhausted, and the participant was required to pay for a further two hours for the delivery of the equipment. When asked for clarification regarding how the 10 hours was used he was informed that it included travel time for the OT who was delayed in Sydney traffic.

Despite several requests the OT did not provide the participant or his plan nominee an itemised breakdown of how the 10 hours were employed. Furthermore, the participant opted to not have any additional training provided on the new equipment due to insufficient funding remaining in their NDIS plan. PDCN recommends the NDIA implement processes that ensure participants have adequate funding in their plans for assessment, trials of equipment and importantly, training in use of their AT devices.

PDCN believes this situation is a common issue for NDIS participants, with travel and training time for service providers often insufficiently funded in NDIS plans. We suggest that OTs and allied health professionals be adequately compensated for the full amount of time required to guarantee that NDIS participants receive person centred support to attain the most suitable and necessary AT solutions, and full training in their use.

Recommendation 1: The NDIA provide PDCN greater support to all NDIS participants to ensure they understand their AT options, maintenance and care of equipment and instructions for use in various environments and safety.

Recommendation 2: The NDIA work with participants to increase pre-emptive access to AT advice and solutions for individuals likely to experience a change in their needs - for example children or people with a degenerative condition, to avoid significant delays in participants receiving essential equipment.

Recommendation 3: The NDIA provide NDIA planners and LACs with accurate, current information about pricing and market activity to guarantee that participants have sufficient funding in their packages to cover necessary assistive technology.

Recommendation 4: The NDIA clarify for NDIS participants the role of state-based organisations such as Enable NSW.

Recommendation 5: Increase funding to LACs to assist participants to implement plans following initial plan completion or allow for funding within plans for individuals to pay others to assist in plan implementation.

Recommendation 6: All NDIS participants receive time limited support coordination to ensure they understand their plan and can navigate the process of retaining services and exploring AT options.

Recommendation 7: The occupational therapy professional association invest in training of occupational therapists to better work within the individualised funding model used by the NDIS.