PORTFOLIO COMMITTEE NO. 2 INQUIRY INTO THE IMPLEMENTATION OF THE NDIS AND THE PROVISION OF DISABILITY SERVICES IN NSW

Supplementary questions

Physical Disability Council of NSW

1.Are you aware of the contracting of the NDIA that commenced in early July that reportedly requires nine providers (Marymead, Northcote, the Australian Foundation for Disability, Life Without Barriers, Uniting and Live Better) to act as a provider of last resort?

Prior to it being raised at the inquiry hearing on Oct 2, PDCN was not aware that the NDIA had contracted nine providers to act as a provider of last resort. (Note: we assume Northcote is in fact Northcott?)

2. Are you aware of any specific groups of people with disability who are not being captured by the NDIS and thus not receiving NDIS funding? Please describe these groups by their disability/medical/health condition? a. How are these groups accessing the support and services they need, if not by the NDIS?

As discussed in both our written submission and the evidence provided at the public hearing PDCN is concerned about individuals who were formerly receiving CCSP (Community Care and Supports Programme) funding through the Department of Ageing, Disability and Home Care (ADHC) and may be ineligible for the NDIS.

This program previously provided low level community-based supports such as assistance with meal preparation, shopping, cleaning and transport for people with physical, intellectual or psychosocial disability (and in some cases a number of these) or chronic health conditions. In many cases this assistance ensured these individuals were able continue to live at home, remain in employment and access the community.

PDCN has observed that many former CCSP recipients are now no longer receiving services and subsequently are heavily reliant on informal supports from family and friends or are forgoing essential personal care and community access. In a number of cases this has led to an individual needing to be placed in care/hospitalised where the loss of these supports has led to poor health outcomes or the inability to remain in the home unassisted.

In addition, PDCN is regularly contacted by individuals who are ineligible for a funded NDIS package but have a disability or significant functional or mobility impairment caused by a chronic and episodic health condition. Examples include Chronic Fatigue Syndrome, Multiple Chemical Sensitivity and lymphoedema, which may be congenital, or lifestyle related.

One PDCN member has Klippel-Trenaunay syndrome, a congenital medical condition which amongst many other symptoms can cause lymphoedema which greatly restricts her mobility.

The periodic nature of many of these conditions makes it difficult to demonstrate a permanent disability and functional impairment required for access to the NDIS. At

present individuals with these conditions can access limited care from the health system but report access to specialists and gap payments being prohibitively expensive.