

Submission
No 95

**INQUIRY INTO IMPLEMENTATION OF THE NATIONAL
DISABILITY INSURANCE SCHEME AND THE PROVISION
OF DISABILITY SERVICES IN NEW SOUTH WALES**

Name: Name suppressed

Date Received: 24 July 2018

Partially
Confidential

NDIS Submission

What's working for us

- Getting financial support so we can access some services in which case we may not have been able to afford
- LAC's are compassionate and hear client concerns at the most fundamental level.

What can change

- The LAC's can be restricted in decision-making due to the limitations/boundaries they have in completing NDIA paperwork. Some of the questions aren't specific enough to derive a fair answer and we are left choosing the "most preferred" option which may not paint a correct picture of our situation.
- Clients should be assessed as individuals and not compared to other families e.g. we almost didn't get funding as there were comparison's made at management level in saying that our boys were not as "delayed" or "severe" as other clients and developmental delay, dyspraxia and speech delays is not a proper diagnosis even when these impairments affect their everyday functioning and learning and puts a tremendous amount of stress on the carers/family members and society!
- We went to 2 paediatricians who "assessed" and 1 agreed (a few years later) that they were delayed (speech & gross/fine motor skills) yet didn't commit to documenting a clear "formal diagnosis", so now we have to spend more time, money and be under stress to go through the whole process again...very disruptive and disturbing ☹
- There is NOT enough freedom and choice in choosing therapies that work for our children. Other modalities such as chiropractic, podiatry and alternative health treatments have assisted and supported our boys immensely and helped to move forward but are not recognised nor financially supported under the NDIA as areas of support!
- Not happy that providers charge a lot more per session of therapy per hour (for NDIS) than a private rate! Limits our frequency and intensity of treatment which is vital to positive outcomes especially for the 0-7 age bracket (early intervention). We have been going to speech for the last 4 years and to have funds denied or run out prematurely (which may ultimately mean their treatment stops) seems pointless to have come all this way and not be able to achieve the results we were after.
- Changing how we choose to manage our plan (self-manage or fund managed) is over-complicated for such a simple, honest request! Not efficient if we are changing providers and need to convert within weeks...too much paperwork. We have enough stress in dealing with our disabled ones!