

Submission
No 208

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

Organisation: Name suppressed

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NSW Parliament – LEGISLATIVE COUNCIL NDIS INQUIRY

About

is a medium sized organisation in a small rural community. We have been operating in the Disability Sector for over 30 years. We provide services that include Early Childhood Intervention, Short Term Accommodation, Social and Community Access and Personal and Domestic Services to over 120 clients. We currently employ over 70 staff, which makes us a major employer in the rural community of Cowra.

Our Vision is to “enable people to achieve meaningful outcomes”, and we achieve this by providing person-centred services in an environment where everyone including the Manager, knows and interacts with clients and families.

Introduction

welcomes the opportunity to provide feedback to the NSW Parliament – Legislative Council on the implementation of the National Disability Insurance Scheme.

We would like to comment on the following terms of reference:

(a) the implementation of the National Disability Insurance Scheme and its success or otherwise in providing choice and control for people with disability,

- As a service we are seeing NDIS participants and their families/representatives struggling to understand their NDIS plans, NDIS processes, NDIS pricing and Implementation of their service provision. We are at the cold face and dealing with enquiries from people and trying to direct them to the NDIS 1800 number which has proven extremely frustrating for them. Providing this help to both NDIS and potential NDIS clients is time consuming and something we are not remunerated for.
- Choice and control is a great concept in theory, but unfortunately it is limited in rural and remote areas, as services are limited or non-existent.
- In a lot of instances choice and control has been taken away from participants and given to families or their representatives, who do not always act in their best interest.
- Issues with Transport in rural areas, has meant that some providers no longer choose to travel to outlying areas, so participants that were already isolated will become more so. This removes more choice and control for clients.
- Plan Management has been poor. In some circumstances this has resulted in delays for participants in getting their plans implemented and paperwork finalised so service provision can commence. A lot of plan management and support coordination is being done remotely via phone, so in a lot of cases participants are not even being met in person. Very difficult to

gauge their goals, outcomes and lives via a phone call. Transport costs seem to be the underlying reason.

(b) the experience of people with complex care and support needs in developing, enacting and reviewing NDIS plans,

- We can only comment on the services provided by the Local Area Coordinators, as we have had no access to NDIS and their enacting and implementation of plans. Whilst the Local Area Coordinators have been approachable and extremely helpful, it has been our work behind the scenes with participants and families in capturing as much information as we can to assist the process that has helped the LAC's in the planning process. Again this time is not claimable, and we can only hope that by providing this service to participants that they may choose us as their provider, but this is not always the case. I do not believe there was enough training provided to LAC's or the NDIA 1800 staff.
- Rural and remote areas did not have access to a LAC Office so we generally had to wait for their next visit to raise any issues. Trying to resolve some issues over the phone did not work with all participants depending upon their level of capacity. Because LAC's were not based here they did not always have an understanding of the community and what services were available to participants.

(c) the accessibility of early intervention supports for children,

- **This area is one of extreme concern for our services. Our EI service is currently on hold whilst we wait for Mission Australia (the new ECEI Provider) to get established in our community, so that children aged 0-6 can have their plans developed and implemented. We have reduced staff and hours whilst we await a process that was supposed to commence from 1st July, 2018, but so far we have no new plans for 0-6. We do not want to get to the stage where we close the only Early Childhood Intervention Service in our small town.**
- **We have just ceased offering a school transition program for children who will be going into main stream schools next year. This programs has been successfully running for over 8 years and has assisted many families in ensuring that the transition to school was a successful one. We no longer receive state funding for these types of services which were additional to the Early Childhood Education and Therapies we provide. Unless there is a specific line item in the child's NDIS plan that accommodates this need, we have no source of income to pay staff or cover the use of our facility. We believe this will cause extreme pressure on the school system, as we also visited schools when children first started school to assist.**

- We will not have any funding for children who do not meet access for an NDIS plan but still require some form of Early Intervention. This will mean we will have to refer them to health who currently have extensive wait periods for their therapists. Our fear for these children is that they will fall through the gaps and this will impact on the education system when they commence school.
- We will no longer have funding to visit pre-schools and schools to assist with children whose families need Early Intervention in these community settings, unless there is a specific support item included in their NDIS plan for this service. If they do not have an NDIS plan then we are unsure of who will provide Therapies and Educator Services in these community settings.
- NDIS has stated that these children will be picked up by Health Services or Local Neighbourhood Centre programs. We believe this will not happen and the most important part of this service, which is to see the child in their own environments will mean families simply do not seek assistance. This will impact on state services, but we also believe these children risk entering the NDIS at a later stage in their lives.
- Funding previously provided by the State, assisted us to facilitate a program which focused on indigenous children in the pre-school environment where we could provide therapists and educators. Again, unless these children have NDIS plans that include this item, this service will no longer exist.

(d) the effectiveness and impact of privatising government-run disability services,

- Whilst the funding mechanism was better under a state run disability sector, we found the cold face Case Managers in the state system that we had to deal were not assisting participants in building their capacity, but rather making them reliant on Case Management. We also found that certain Case Managers ensured extra funding for particular families and not others.
- We are concerned at the consistent practice of tenders being awarded to large multi-national organisations who, from what we see at the cold face, struggle to really deliver quality services, despite them stating that is what they do. How does limiting the number of service providers fit with what is supposed to be about choice and control. It simply means that a lot of participants, particularly in Group Homes have no choice.

(e) the provision of support services, including accommodation services, for people with disability regardless of whether they are eligible or ineligible to participate in the National Disability Insurance Scheme,

- Rural areas are struggling to provide some services to people with a disability who are on NDIS plans. We have no funding to provide any services to people without a plan. Majority of participants are on Disability Pension or are children from lower socio-economic families who cannot afford to pay full cost for services.

- A lot of mental health clients are not eligible for NDIS funding, but in rural areas services that assist these people with their community access and general life skills do not exist. This will have an impact on health and also criminal justice system.
- Accommodation in small country towns is extremely limited. At present the majority of our clients are in Public Housing as they cannot afford new fit-for-purpose housing. We have two group homes run by a large organisation where staff turnover is extremely high and impacts on the clients who live there, but they do not have a choice on how, where they want to live or who they want to live with. No choice and control.

(f) the adequacy of current regulations and oversight mechanisms in relation to disability service providers,

- Cannot really comment on new regulatory system as it was only implemented from July this year. Services are extremely worried about how they will afford certification under the new system, as we are all focused now on billable hours and keeping overheads at an absolute minimum.

(g) workforce issues impacting on the delivery of disability services,

- Service Providers in rural and remote areas are struggling to employ enough staff to adequately cover service provision under the NDIS.
- Whilst choice and control for clients is important, it has meant a huge change in the hours and days our staff work, which has been difficult for those staff who have family commitments.
- Rostering has become extremely time consuming as there are a lot more smaller shifts, whereas before we could employ staff for the day and work around those times. With choice and control for clients they now choose the times and days that suit them better.
- As our overheads are at capacity, finding time and money to train staff has become an issue for us. We are working with an online system for new staff, which is not ideal.
- We have to pay above the price which NDIS uses for its pricing methodology, as we have major competition in a small town to attract good people. We have highly qualified staff that we cannot always use on high needs clients, but need to give them regular work to retain them and their skills. We lose money on some of their service provision, as the prices are too low.

(h) challenges facing disability service providers and their sustainability,

- We will have to close down two centres that we previously rented and bring services together to minimise our overheads. One of these is our respite house. We are finding we do not have the numbers in our small town, like other major cities to ensure full utilisation of this centre to make it cost effective to retain. We will also close one of our Day Program Centres as we cannot afford the overhead and clients are not wanting centre based care as much, but rather community access on nights and weekends.

- We lose money on our transport fleet. We travel as far as 70kms to collect isolated clients on rural properties, but they cannot afford the full cost of the travel. Whilst clients receive a mobility allowance, in a lot of cases, it does not even cover what it costs them each week. There are no transport alternatives in some rural and remote areas, so if they want to access a service they need to be transported by service providers who have speciality vehicles.

(i) incidents where inadequate disability supports result in greater strain on other community services, such as justice and health services,

- Rural and remote areas of NSW are currently facing an extreme shortage of Therapists. Even health are struggling to fill some positions in these areas. The wait lists for services in health are lengthy, with most families giving up on service provision.
- Lack of services for mental health clients trying to transition from a health facility back into their community. They are at high risk of entering the criminal justice system without these supports.
- Lack of Early Intervention Childhood services will have an impact on children entering the school system.

(j) policies, regulation or oversight mechanisms that could improve the provision and accessibility of disability services across New South Wales, and

- We believe there has been a thorough lack of consultation with ALL providers, not just the large organisations on how the changes have impacted us.
- If smaller services close down, it will be impossible to regain what we have and any choice and control for clients will be extremely diminished.
- NDIS are continually telling us it is our business practices that need to change to ensure our longevity. We are no longer community minded organisations who can afford, as we did under state funding, to help all people with a disability but rather we have been turned into community businesses where if there is no funding attached to a client we have no way of assisting them.

Thank you

Manager

On behalf of