

Submission
No 271

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

Organisation: Central and Eastern Sydney Primary Health Network

Date Received: 9 August 2018



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The Hon Greg Donnelly MLC
Chair
Portfolio Committee No. 2 – Health and Community Services
NSW Parliament
PortfolioCommittee2@parliament.nsw.gov.au

Dear Mr Donnelly

CESPHN response to inquiry into the implementation of the National Disability Insurance Scheme and the provision of disability services in New South Wales

Central and Eastern Sydney Primary Health Network has been supporting primary health care providers involved in the implementation of the NDIS. Over the past year we have held more than thirty education sessions aimed at increasing the knowledge of primary health providers of the NDIS.

We have established a regional Disability Network with a membership of more than seventy stakeholders including people with lived experience of disability, GPs and allied health professionals, community organisations, Local Health Districts and Networks and the NDIA. The Network meets bi-monthly and provides a forum to discuss issues regarding the implementation of the NDIS and for sharing information and knowledge.

This submission summarises some of the major issues regarding the implementation of the NDIS raised by our Disability Network, Clinical and Community Councils. These relate to:

- Delays with the Early Childhood Early Intervention (ECEI) approach
- Difficulties with engagement of skilled NDIS planners
- Communication by the NDIA to applicants who are declined access to the NDIS
- Clients in defined programs being denied access to the National Disability Insurance Scheme

Delays with the Early Childhood Early Intervention (ECEI) approach

The confirmation of ECEI partners in July 2018, although long overdue, is a significant step forward for children at a critical stage of their development. We remain acutely aware of the ongoing delays to young children being assessed and accessing much needed supports, which threatens a key tenet of the NDIS to help participants achieve the best possible outcomes and highest level of function in their lives.

We would support the implementation of urgent measures in the interim, to prioritise newborn to six-year-old child assessments and full involvement of trained providers. This would help to ensure that children's needs are properly considered and provide targeted interventions that aim to yield the greatest outcomes.

Engagement with NDIS planners

There continues to be much ongoing concern expressed by community members regarding the process by which people apply to and are assessed for the NDIS. People are missing opportunities to meet in-person with NDIA planners or dealing with planners lacking expertise and understanding of disability. This unfortunately leads to lost opportunities to convey individual, carer and family circumstances or difficulties, that may impact on the services and supports a participant receives.

The complex nature of disability requires careful evaluation to formulate an effective plan and individualised interventions, hence we would recommend that all assessments and planning meetings be conducted in-person.

Communication by the NDIA to applicants who are declined access to the NDIS

We are aware that many NDIS applications for people with significant disability have been rejected owing to likely suboptimal communication and expression of participants' functional impairments. Not all health professionals are aware of the stringent documentation standards and the specific language and terminology of disability. We have sighted examples of rather difficult language employed by the NDIA in correspondence letters written to people deemed ineligible for the NDIS.

We firmly endorse the requirement for communication by the NDIA to be in simple, clear and accessible language. This would also help to avoid confusion and potential antagonism towards the NDIS, whilst further education across the health sector and nationwide would facilitate a greater understanding and acceptance of disability.

Effective communication and further education for individuals, families, community groups and the health sector will strengthen the NDIS and ultimately achieve the best outcomes for all individuals with and affected by disability.

Clients in defined programs being denied access to the National Disability Insurance Scheme

We are aware that some clients of defined programs (as per *NDIS Operational Guidelines Section 16. List C- Defined Programs*) have been contacted by their service providers and informed about cessation of their funded supports. We understand that they have been directed to complete access requests for the NDIS and subsequently are being denied access, deemed as not meeting disability eligibility criteria.

It has also come to our attention that some clients of programs covered by the *NDIS (Prescribed Programs – New South Wales) Rules 2016*, such as the Community Care Support Program (CCSP), are not being contacted by the National Access Team for possible entry into the NDIS. Clients may not be aware of their rights or NDIS rules, especially pertaining to the *NDIS Act (Section 21)* and the above mentioned *NDIS Rules 2016*, which clearly show that those receiving state funded disability services will be supported as participants of the NDIS.

We have written to the NDIA seeking clarification of their obligations in contacting all clients of defined programs, and whether this has been completed. We have also asked whether information held by Family and Community Services (FACS) is being made available to the NDIA when assessing applications, to help ensure that all such people in defined programs are supported and transition to the NDIS.

We will shortly be surveying health providers in our region about their experience of the NDIS implementation. We would be happy to provide you with feedback from the survey once we have analysed the results.

Yours sincerely

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Central and Eastern Sydney PHN