Royal Institute for Deaf and Blind Children

Submission to the
Productivity Commission

National Disability Insurance Scheme (NDIS) Costs Issues Paper

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Content

Submission summary

Royal Institute for Deaf and Blind Children (RIDBC) is pleased to make this submission to the Productivity Commission, National Disability Insurance Scheme (NDIS) Costs – Issues Paper 2017.

In this submission, RIDBC responds to a number of items raised throughout the Issues Paper with particular emphasis on Access, Quality, Scope, Volume, and Price. The response is based on the needs of people with sensory disability, specifically hearing and vision.

RIDBC has the capacity to provide further information on a wider range of issues and would welcome the opportunity to provide any further information that may assist the Commission in regard to matters concerning the Costs of the NDIS.

In summary, RIDBC submits that the Commission should consider and/or make the following recommendations concerning:

Issue 1: Access

- Current NDIA processes are having a significantly negative impact on participants receiving timely access to plans and subsequent access essential services, despite evidence that correlates early access to specialist services and longer term outcomes.
- Models such as the ECEI have resulted in a cost shift from the Agency to providers, with little specificity around specific abilities.

Issue 2: Quality and Outcomes

- In order to ensure that outcomes can be achieved, planning and associated packages for NDIS participants should be reflective of evidence based practice where it exists.
- While recognising the importance of choice, service models that are supported by evidence to achieve outcomes and goals should be supported.
- Where clearly articulated, validated assessment tools should be recommended and included in plans and funding packages where they exist.

Issue 3: Scope

- The scope of supports provided to participants in their plans/packages, is highly variable despite similarities in needs and the substantial evidence available regarding the inputs required to achieve speech and language goals.

Issue 4: Volume

- As in the area of scope, the volume of supports provided to participants, is highly variable and not in keeping with the evidence available.

Issue 5: Price

- Sessional fees do not appear to capture the transdisciplinary model of early intervention that is supported by evidence.

Agreed evidence based Reference Packages in the area of hearing impairment would resolve most of the issues highlighted.

The role and worth of service providers as crucial partners in the NDIS endeavour needs to be acknowledged and valued. The NDIS/NDIA needs to have the resources to nurture and maintain relationships with Service Providers, and utilise the significant expertise built up over decades, or in some cases centuries to optimise the NDIS, and more importantly, outcomes for participants.

About Royal Institute for Deaf and Blind Children

Royal Institute for Deaf and Blind Children (RIDBC) is Australia's largest non-government provider of therapy, education and cochlear implant services for children and adults with vision or hearing loss, their families, and the professionals that support them.

Our Mission is to provide quality and innovative services to achieve the best outcomes for current and future generations of Australians with vision and/or hearing loss.

We pride ourselves on working in collaboration with families, children and adults to tailor services that support and fit individual needs and life goals.

Services for children, adults, families and professionals:

- Assessment and diagnostics
- Early intervention and early learning programs
- Specialist preschools, schools and school support
- Teleschool and telepractice programs
- Therapy and re/habilitation services
- Audiology and cochlear implant services
- Research, postgraduate and professional education.

SCIC Cochlear Implant Program, an RIDBC service, is Australia's largest and most comprehensive cochlear implant program, setting new benchmarks and delivering the highest level of care and support at every stage of the cochlear implant journey.

RIDBC Renwick Centre conducts world-leading research and provides continuing professional education and postgraduate courses in a range of fields relating to the development and education of children with hearing or vision loss.

RIDBC services are provided to over 6,500 people from eighteen permanent sites across Australia, and in rural and regional areas through RIDBC Teleschool and telepractice.

As a charity, RIDBC relies heavily on fundraising and community support to continue to make a difference in the lives of people with vision or hearing loss.

For more information about RIDBC, visit www.ridbc.org.au.

Response to the Issues Paper Questions

1. Scheme Costs

- In many cases of NDIS participants, ensuring correct identification of the range of supports required by participants requires significant assessment which may be outside the health, education or other government sectors/services. To date, much of this has been either provided or accessed through state government funding of NGOs or similar agencies. As a result of state government moving away from the assessment elements of the disability sector as a direct move to the NDIS, there appears to be a void in access to and funding for this crucial element of the journey for participants. This burden has fallen to service providers who either bear this burden in order to ensure access to early intervention programs which evidence indicates maximises outcomes.

- It is likely that low utilisation rates are tied to a number of factors. To date there is variable communication between NDIA and participants, which have manifested in a multitude of ways.
    - Participants and families have been contacted for planning sessions by phone, and families have not been aware that these were in fact planning sessions.
    - Planners have not communicated to participants and families that they have plans.
    - Furthermore, once Plans are finalised participants have not necessarily been able to access Plans (cannot use Portal) and are not aware how to implement Plans so have minimal understanding of what the supports provided relate to.
    - Participants and families have not disclosed to service providers that they have plans and have no impetus to sign service agreements. Services that have been charitable organisations to date and are working towards optimising outcomes have continued to provide services at no cost to either participants or the NDIS.
    - Planners appear to have only a rudimentary understanding of the impact of disability on a person's functional capacity.
    - If plan budgets are incorrect, or if service elements do not align precisely, the pathway to have this reviewed, results in further delay to accessing services. During this period of time no funds are accessed.

- NDIS benchmarked costs, are unlikely to reflect the costs associated with evidence based service provision such as transdisciplinary models.

- Models such as the ECEI have resulted in a cost shift from the Agency to providers, with little specificity around specific abilities. The ECEI process has imposed significant and redundant elements for children with hearing impairment, and if strictly implemented would actually delay access to services. Providers are providing significant early intervention services to families prior to any contact with NDIA, to ensure evidence based service models are implemented as soon as possible.

- ECEI approach has increased the number of children entering the scheme, as all are being directed to an early intervention provider initially, regardless of whether or not they meet the criteria. This has increased financial impact on specialist providers who are now expected to assess and see children who would not normally access services. There is minimal capacity for service providers to refer to mainstream services where children have lesser needs.

2. Scheme Boundaries

- The reason for lower than expected numbers exiting maybe due to the lack of clear exit points and parameters, as well as the difficulty to clearly delineate and articulate boundaries with other services. In addition, there would appear to have been a lack of appreciation of the disability support service being provided through disability providers in other sectors such as health and education. Conversely, it may be that there have been inadequate access to services through other sectors that are being identified through the planning process.
- Access to therapy services for children with disabilities have traditionally been accessed across many government agencies, where speed of access has been the key for families and participants. Long waiting lists across all agencies has seen families attempt to seek services with many agencies. Families and participants do not see the delineation between programs, only the importance of accessing those services, and if they see the NDIS as a faster route, will argue strongly and rightfully for better access for their children.
- In order to ensure that outcomes can be achieved, planning and associated packages for NDIS participants should be reflective of evidence based practice where it exists.
- While recognising the importance of choice, service models that are supported by evidence to achieve outcomes and goals should be supported.
- Where clearly articulated, validated assessment tools should be recommended and included in plans and funding packages where they exist.

3. Planning Processes

- The Planning process is inconsistent due to variation amongst Planners, LACs and NDIA regional offices. There is a requirement for an easier pathway for participants to seek review of decisions to ensure that Plans accurately reflect support needs. Lack of eligibility criteria and the application of eligibility also results in significant variation.
- The ability of participants and families to advocate for supports appears to have a significant impact on discrepancies between plan/packages. This has a significant impact on equity, and undermines the evidence for a range of interventions.
- Families of newly diagnosed children are generally overwhelmed, vulnerable, and unaware of their children's needs. Combined with the broad and nonspecific knowledge base of planners (the need to know a little about many things as opposed to a lot about a few things). The result of this means that planners and parents are not aware of a newly diagnosed child's needs and urgency for service provision. Ultimately compromising access to services and potentially longer term outcomes.

4. Market Readiness

- There is variability in the area of market readiness, and it is likely that some sectors of the market will respond well. In regards to hearing services, there is a very mature network of evidence based transdisciplinary early intervention providers, and it is likely that should the hearing devices sector become fully competitive (transitioning from Australian Hearing), that the market will in the whole respond well. However, should there be no link with quality outcomes, this is likely to have highly variable outcomes for individuals.
- In order to ensure that outcomes can be achieved, planning and associated packages for NDIS participants should be reflective of evidence based practice where it exists.
- While recognising the importance of choice, service models that are supported by evidence to achieve outcomes and goals should be supported.
- Where clearly articulated, validated assessment tools should be recommended and included in plans and funding packages where they exist.
- Quality and safeguards need to be directly linked to the available evidence based assessment tools to confirm outcomes.

5. Governance and Administration

- As previously mentioned, there is a significant inconsistency in the application of criteria for eligibility and supports, and limited feedback pathways for review of these decisions.
- Avenues for resolving disputes are not clear, adequate or readily accessible.
    - Specifically, it is difficult to contact NDIA as besides the 1800 number, there is no direct link for participants to speak to their Planner, and calls to the 1800 number are generally not returned.
    - Minimal feedback is provided to explain decisions, and if someone is not eligible or does not have something funded there are no alternatives provided. This is disadvantageous to those who may have had this support previously funded under state block funding. The cost impact of this has the potential to impact on service providers or the participant.

- Shift from block funding to NDIA has impacted on Provider cash flow. Provider registration issues are a barrier for not only new entrants but also for existing Providers unable to continue to provide existing supports.

- With respect to mechanisms to deal with NDIA, there is an overall lack of accountability, responsiveness and transparency. The NDIA continue to acknowledge that they receive a high volume of calls/emails but nothing seems to improve. It takes multiple emails, calls, face to face visits at regional offices to solve issues, all of which come at a significant cost to providers.

- NDIA Target for operating costs may not be practical as their current resources are not able to effectively manage the scheme and respond to participants and providers - for example; planning, reviews, problem solving and disputes etc.

The role and worth of service providers as a crucial partner in the NDIS endeavour needs to be acknowledged and valued. The NDIS/NDIA needs to have the resources to nurture and maintain relationships with Service Providers, and utilise the significant expertise built up over decades, or in some cases centuries to optimise the NDIS, and more importantly, outcomes for participants.