

24th August 2018

The following is submitted in response to the Productivity Commission Issues Paper *National Disability Agreement Review* of July 2018. By way of background, Therapy 4 Kids is a multidisciplinary private practice providing physiotherapy, occupational therapy and speech pathology services to children. Therapy 4 Kids has been a NDIS registered provider in the ACT for over 4 years and during this period, we have provided therapy services to both NDIS and private clients.

The National Disability Agreement (NDA) is more relevant than ever. For community members not eligible for the National Disability Insurance Scheme (NDIS), the NDA is essential to ensure a cohesive and structured approach enables support across Federal/State responsibilities. For community members eligible for NDIS support, the NDA provides a basis through which the Scheme can be refined and modified to meet participants needs. In addition, NDIS participants may frequently need to access supports and services outside of the scope of the NDIS. This can involve hospital care, post-surgery rehabilitation and other health care requirements not assessed as a component of the recognised disability. Currently, there is little ability to access those services outside of the private market in the ACT. An NDA that recognises NDIS eligibility limitations and outlines responsibilities between levels of government for non-NDIS services is essential to continuous care. (See Appendix 1 for examples of the limitations.)

A shortfall in the current NDA is insufficient appreciation of the role of an adequately trained workforce, with appropriate capacity, to meet the needs of the sector. The government sector has traditionally been the key provider of workplace training and skills development for junior therapists in the specialty of disability service provision. With the dissolution of government disability service provision and the reduced ability for private practices to offer new graduate positions under a fee for service model, there is no clear mechanism for developing sufficient numbers of junior therapists. To a degree, any shortfalls will be identified in the performance indicators relating to satisfaction with the range, adequacy and quality of services by people with a disability and their carers. However, the time period to recognise and remedy this impending problem exposes the sector (and responsible governments at multiple levels) to failing its obligation to people with a disability. Consequently, it is recommended that the NDA performance indicators include disability workforce requirements.

I welcome the opportunity to discuss these points in more detail should that be helpful.

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Appendix 1

- people with a disability from trauma or disease, upon discharge from acute care services, have very limited access to community rehabilitation. Some are considered to have a health issue rather than a disability and do not receive NDIS funding. They do however require rehabilitation, which is no longer available in a government facility.
- People currently receiving NDIS funding who undergo surgery are excluded from accessing their NDIS package for 3 months after surgery. People with complex disability are often left without their regular service providers at a critical time. This impacts on the effectiveness of surgery as well as the health and well-being of the person, their carers and family.
- People deemed eligible for the NDIS have no access to disability services until they receive an initial plan. This results in no access to services for what can be extended periods of time.