



Building better futures
for children with disabilities

**Submission to the Joint Standing
Committee on the National Disability
Insurance Scheme (NDIS)
Inquiry into the provision of
Assistive Technology**



Noah's Ark welcomes the opportunity to provide comment to the Joint Standing Committee on the provision of Assistive Technology.

Noah's Ark has been involved in the NDIS from its commencement through our services for children with disabilities and their families in the Barwon and ACT trials. We are involved in the roll out throughout Victoria.

Noah's Ark is a non-government organisation providing early intervention to young children (0 – 12 years) with disabilities and other additional needs. Our focus is on a developmental approach that fully involves families and carers. Noah's Ark operates from 20 centres across metropolitan and regional Victoria and one centre in the ACT and another in Albury, NSW. We currently reach over 2,000 families. Noah's Ark currently receives funding from the Victorian Government (Department of Education and Training) for the delivery of ECI services, and has regional involvements in the Kindergarten Inclusion Support, Pre-School Field Officer and Strengthening Parent Support Programs. Noah's Ark also provides training and resources and has strong linkages to the international early childhood intervention profession.

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The two jurisdictions of ACT and Victoria are managing the provision of AT quite differently. In ACT, AT is managed solely by the NDIA. In Victoria, the State-wide Equipment Program (SWEP) is a service provider to the NDIA and is responsible for meeting most participant approved AT needs. The NDIA provides approval for the AT and then SWEP arranges supply of the AT by either supplying a reissue item or purchasing a new item¹.

1. The transition to the NDIS and how this has impacted on speed of equipment provision

Our experience in the trial phase in the ACT was positive with timeframes of between two-three weeks for Assistive Technology (AT) provision. However, timeframes now vary enormously, from one week to nine months for current clients where the AT item is identified in a plan. If an item has not been allocated in a child's plan (and therefore a plan review is necessary) the speed of equipment provision often has a very significant impact.

Numerous AT reports have been reported "lost" by the NDIA in the ACT and required extensive follow-up from the family and Noah's Ark as the service provider. Unclear timeframes and processes for AT approval have impacted significantly on participants.

In Victoria, the picture is somewhat different. The transition in Victoria has caused a significant backlog for AT provision for both NDIS and Department of Education and Training (DET) funded clients. DET clients are now going on a SWEP waitlist, with the majority being told they will not receive equipment until they receive their NDIS plan (currently occurring in Bayside and Southern regions as they roll into the NDIS).

There are three pathways for Victorian NDIS participants to access AT through SWEP.

- a.** Prior to NDIA planning and using funding from either the DET or their NDIS plan, the participant completes an assessment, trials equipment, and receives a quote. The AT prescriber then completes the online SWEP application. When the participant finalises their planning with the LAC/ECEI Partner the AT is then recorded on their NDIS plan, including the price, and can be ordered once the plan is approved. This requires AT to be identified well in advance in order that the assessment, trial and application can be completed prior to planning.
- b.** During NDIA planning, a type of AT is identified by the participant as required, but as yet there has been no assessment or trial. The NDIA planner identifies the type of AT (e.g. Wheelchair) and records this on the plan with no monetary value attached. Using their current NDIS plan, the participant completes all requirements and are then required to submit for a partial plan review - to review only the AT component of the plan.
- c.** During an active plan, a type of AT is identified by the participant. Using their current NDIS plan, the participant completes all requirements and are then required to submit for a full NDIS plan review, as the AT had not been previously identified during the planning process.

¹ <https://swep.bhs.org.au/national-disability-insurance-scheme.php>

Wait times for AT provision we are currently experiencing in Victoria are:

Pathway a: One-two months dependant on AT availability.

Pathway b: Two-four months for assessment and application process. Three-six months for partial plan review or funding approval.

Pathway c: Two-four months for assessment and application process. Three-six months for full plan review.

Considerable time is spent completing the required AT documentation which is often not budgeted for in the development of plans. For a client with complex AT needs this could be 20–30 hours for liaison, trial, reporting and delivery/set up if multiple pieces of equipment are required. The application phase is taking at least twice as long as previously in order to provide sufficient documentary evidence for the need for AT. Previously this evidence was only required once in the SWEPP documentation.

Families have reported they do not believe these wait times meet the guidelines set out by the NDIA and what they had been promised in the lead up to receiving a plan.

A request for alternative seating for a child with Cerebral Palsy was miscategorised by the NDIA and therefore denied. This required a review of the participants plan and a subsequent nine-month delay in receiving the required AT.

2. Whether estimated demand for equipment to be sourced through the assistive technology process in each roll out area was accurate.

The introduction of the NDIS has seen an increase in requests for AT from our ACT and VIC service for three reasons:

1. equipment is no longer available through previous loan systems (e.g. schools)
2. funding is no longer available through previously accessed schemes such as Flexible Support Package or registered charities
3. new items are being approved that were not previously covered.

We understand that suppliers are experiencing high levels of demand and are consequently unable to keep up with requests, especially to order-in equipment.

A family travelled from ACT to Wagga (320 km return) to view a walker for their young child because the local supplier did not have the capacity to arrange demonstration.

3. Whether market-based issues impact the accessibility, timeliness, diversity and availability of assistive technology.

In the ACT we have experienced difficulty finding suppliers that can order in AT in the appropriate size for young children and in reasonable timeframes. This is particularly difficult for participants who are trialling AT. Contractual agreements between distributors and suppliers often means that only one supplier stocks a particular piece of AT which reduces competition. Noah's Ark has not been able to source from other locations in most cases due to geographically based contracts. A significant amount of provider's time is spent chasing suppliers. This time is billed to a participant's NDIS plan, often reducing the amount of time available for other supports. Whilst supply is problematic, once sourced the timeliness of delivery are usually quite efficient.

In Victoria, there has been a history of AT companies being slower than desired in providing service. Typical wait times are currently three-four weeks for an appointment, three-four weeks to receive the quote, and a further four-six weeks to receive the AT once the invoice has been paid. There have been some occasions when AT has taken longer to be delivered.

A young child's specialised car seat took eight weeks for delivery, instead of the two weeks indicated on the quote.

4. The role of the NDIA in approving equipment requests.

In the ACT, approval of AT requests varies significantly depending on the staff member at the NDIA. In particular, we have experienced limited understanding from NDIS staff about how AT might be used for young children to improve functioning and participation, and how the purchase of such equipment differs from reasonable and necessary requirements. For example, a parent was told that they do not need AT because it would be an expectation of any family to provide a stroller for their child, despite the specialised stroller requested being required as direct result of the child's disability. Individual staff skills and knowledge in this specialised area impact on the approval of funding and outcomes for the child and family.

There is limited communication about status and progress of requests. There are no options to "troubleshoot", ask questions or clarify information before submitting a request which can lead to requests being denied. The NDIA do not contact providers to clarify or seek further information before denying the application. Generally, families are notified when an application has been rejected and the family is then required to follow-up and obtain feedback from the planner in order to submit a new application. This is a significant drain on budgets for participant's therapy. Limited communication and difficulties gaining information that is specific to families or individual cases when seeking feedback has been a significant issue. There is no "contact person" for AT or Home Modifications that could be used for troubleshooting or clarifying questions. There doesn't appear to be a system to look at the urgent nature of applications and respond in a timely manner. At times requests are approved without the family being made aware.

In Victoria, it appears the role of the NDIA in approving requests is where the delays are occurring. The process through to SWEP now takes longer in terms of the length of time to complete the application, but SWEP appears to be approving applications and sending them to NDIA in two-four weeks. The application then remains at NDIS for many months (up to six months even with the parent calling frequently) while the participants waits for the AT.

Families have reported finding the current process very frustrating. In particular they feel the need to plan several years in advance rather than have a full plan review for unanticipated AT needs. As a consequence, requests for AT are sometimes items the participant 'may' need rather than what they 'actually' need. There are also times where AT that has been quoted for is no longer appropriate due to the child's physical growth or changes in function between the time the request was submitted, and quote approved. A system that is responsive to participant's changing AT needs is required.

A mother phoned the NDIA to find out the status of their SWEP approved claim for an urgent piece of equipment (car seat). There was no one at NDIA that they or their ECEI Planner could speak to about progress of the application. The mother felt it would be useful to have a designated person who they can speak to about the progress of approval for AT.

5. The role of current state and territory programs in the assistive technology process.

Our experience in Victoria working with the SWEP NDIS team has been extremely positive. Recent changes to the SWEP website have been welcomed; with regular updates and improved functionality. The SWEP frameworks are still in place, with some improvements such as how equipment is identified on an application.

In Victoria it appears that the NDIS has recently started allowing a review of the AT component of the NDIS plan. This has saved some time as the entire plan does not need to be reviewed. However, if there are multiple pieces of AT in the one plan the applications must be made together to avoid multiple plan reviews.

6. Whether the regulatory frameworks governing assistive technology are fit-for-purpose.

The NDIS policy on restrictive practices is not clear for service providers or families. Although AT reports have a paragraph about considering restrictive practice there are no easily accessible or supporting documents to inform practice.

We understand that the NDIA have policies to support AT approval (e.g. to which require additional evidence required for a AT above a certain cost), but this information is not publicly available and therefore slows down the application process as applications are rejected.

In summary, the NDIA could significantly improve the provision of AT if:

- AT related policies and procedures were publicly available
- Processes for the provision of AT in participant plans were clear and consistent
- Decisions were made in a timely manner
- LAC and ECEI staff had knowledge of the particular needs of children in relation to AT with recognition that they are rapidly growing and changing and so are their needs
- Communication from the NDIA was improved for participants and service providers to discuss issues and provide information and support.