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The Hon Kevin Andrews MP

Chair

Joint Standing Committee on the National Disability Insurance Scheme

PO Box 6100

Parliament House

CANBERRA ACT 2600

Dear Mr Andrews,

On 12 May 2017, I attended the public hearing held by the Joint Standing Committee on the National Disability Insurance Scheme (the 'Committee') at Parliament House. Due to the number of interested parties that wished to contribute on the day, I was unable to 'add my voice' at the hearing, however, I ask that the Committee consider the following observations in its reports/feedback to the Government and responsible Minister.

By way of quick background, Therapy 4 Kids is a private provider of pediatric allied health services in the ACT region. We commenced operation in 2010 and have been an NDIS provider since the Scheme began in the ACT. We focus on disability and developmental delay in children aged under 15. Since inception, we have provided services to over 300 NDIS clients in this age group.

I share the observations expressed on the day by those who commented positively on the goals and ambitions of the Scheme. My staff and I observe, on a very regular basis, the improvements in the physical functioning of our young clients and the happiness and hope this brings to their families and carers.

I would also like to commend the National Disability Insurance Agency staff working in the provider support area. In my view, an already complex implementation of 'full roll out' was further complicated in mid-late 2016 with the move to the 'PRODA' on-line booking and payment system. However, in this period, the professionalism of the NDIA staff I dealt with was evident and warmly welcomed. It was clear through delayed response times that staffing levels were not sufficient, however, when we did receive responses to our inquiries it was often after 9.00pm from staff with a genuine desire to support our efforts to deliver services through the NDIS.

NDIA provider-support staff conduct a range of meetings and presentations, again, often out of standard business hours to best support the availability of providers, maximising our ability to support our clients. A recent service provided by the NDIA has been individual meetings with finance staff where we had the opportunity to discuss complex claims, some unresolved for over three months. I recommend these opportunities be afforded to NDIS providers across all sites.

As most of my professional career has been in the not-for-profit and government sectors, and with limited managerial experience, I also benefited from a grant from the Sector Development Fund implemented in the ACT. To my knowledge this wasn't funded through the Federal Government, but if an assumption for national rollout is the movement of a significant number of staff way from the current government service-providers, I recommend this mechanism be implemented in other jurisdictions.

A key issue I would like to discuss in detail, raised by Mr Richard Goward from Momentum Sport and Rehabilitation Services, is the complexity and significant time delays in the approval and sourcing of unique equipment needs, often for our most disabled clients. I offer the following cases for your consideration:

- a. An application to procure a standing frame was lodged with the NDIA on 24th of August 2016. The matter remains unresolved. We were advised in February that it would be approved but as the quote was out of date, a new quote was required. A new quote was provided but we were then advised the decision had been referred to the 'equipment team' as the quote exceed \$10,000. Lack of standing and weight bearing is having a very real impact on the stability of the child's hip. Despite subsequent efforts to procure the frame, the child now requires hip surgery. This will be the second surgery to her hip and has a significant impact on her quality of life. The need for a frame increases as weight bearing is an important stage of post operation rehabilitation. Based on the planned surgery and expected procurement timelines, to ensure availability when weight bearing is required post-op, I expect it would need to be on order in the very near future.
- b. An urgent request was placed on 14 February 2017 for a power chair seating replacement for a teenage child severely affected with muscular dystrophy. His current seating is not supporting him and this is having significant impacts on his respiratory capacity and his ability to swallow. The poor seating arrangement is also causing him pain and fatigue. We have not had an answer on this despite numerous phone calls.

On a related matter, I am aware of staff reductions amongst non-ACT-based equipment providers who are a large source of equipment in the Territory. Anecdotally this has been attributed to the financial risk and complexity equipment providers are experiencing whilst operating under the NDIS framework. I am reluctant to comment in detail in an area that isn't part of my core business but timelines and capacity constraints permitting, I recommend the Committee liaise with equipment providers servicing the ACT (many of whom operate from Sydney and regional NSW).

Thank you for holding the public hearing and the opportunity to provide a submission on the ongoing implementation of the NDIS. As alluded to earlier in my submission, the NDIS has the potential to be transformative to the lives of those with a disability and efforts to improve the management of the Scheme are welcomed.

I remain available to assist the Committee should you have any further questions or require clarification on this submission.

Carolyn O'Mahoney APAM

Director and Pediatric Physiotherapist
Therapy 4 Kids