



Mudgeeraba State Special School

Submission to the NDIS Review from the P&C Association

Introduction

The Mudgeeraba State Special School provides a supportive individualised education program for 152 students from 5 to 18 years old as a Prep to Year 12 Campus. To be eligible for enrolment, the students all have to have a diagnosis of severe intellectual impairment as the primary, but most have a secondary impairment associated with their disability e.g. hearing, vision, Autistic Spectrum Disorders or physical impairments. 14 students within our school have a severe physical impairment that requires a wheelchair for mobility and 52 students requiring physical supports for transitions from seat to stand or personal hygiene.

The introduction of the NDIS to the Gold Coast Region in July 2018 has provided significant benefits to our school community as all our students qualify for support under the NDIS due to their disability(ies). Many families now have access to support services e.g. therapies which they could not previously afford and community access out of hours from school or overnight.

The NDIS is a wonderful concept for providing people with disabilities the funding and access to support services to enable them to better meet the challenges of their disabilities and lead fulfilling lives. We love the idea that NDIS encourages participants to grow and build on their skills base to lead them on a road to independence, improved social skills and getting out in the community.

However, with the NDIS now being in its second year in this area, many families have found that the new plan for their child has delivered reduced funding despite supporting documentation from professional service providers resulting in a diminution of the assistance our students and their families need.

This submission highlights some of these issues and seeks the support of the Review Team in recommending in their report to the Government changes to the NDIS Act and NDIA policies and procedures to address current issues and anomalies.

NDIS Issues

- Planning Meetings
 - Parents often don't understand how much they need to prepare for a planning meeting; there needs to be more guidance by NDIA on what documentation would help support their requests for their child e.g. therapist report and/or medical reports. Also depending on the age of the child they have different needs which should be taken into account as part of this education e.g. a 7 year old child would have different needs to those of a school leaver.
Recommendation: NDIA provide checklist templates; different checklists will be required according to the age group of the person e.g. 7 to 12 years, 13 to 17 years etc.

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- Many NDIA Planners lack empathy and an understanding of the challenges and day to day management of children with disabilities within the family structure. On occasions, Planners show little connect or regard for therapists, medical reports and other documentation supporting the need for funding. Little compassion is shown and families often feel frustrated and disillusioned that their child's needs are not taken seriously.
Recommendation: Planners should desirably have a background in the disability sector and/or be better trained in the needs of children with disabilities and the documentation from professionals and specialists in education, health or therapy sectors.

- There is a lack of continuity in the planning administration and decision making process; we have had many cases where the person interviewing the families is different to the person putting together the plan. We are concerned that the person making the decision on a plan has not had face to face contact with the family. We understand this is the interface with NDIA and highlight gaps of the deep understanding of family needs.
Recommendation: To ensure that the needs of the person with a disability translates from the planning meeting into the plan, at least one of the NDIA staff at the planning meeting should be the person who prepares and finalises the plan.

- There is a lack of recognition/understanding that two children with disabilities in the same family e.g. twins each have their own special needs. Consequently, this is often reflected in reduced funding for support services which places additional physical and financial demands on the family.
Recommendation: Plans need to be more individualised; each person with a disability has their own particular needs even if they have a similar disability e.g. autism, downs syndrome.

- Planning Outcomes
 - The current policy of not providing families with a copy of the draft NDIS Plan is causing preventable delays in the finalisation and implementation of the plan and generating unnecessary reviews. If families could view their draft plan any administration anomalies, errors could be rectified.
Recommendation: NDIS Plans should be provided to families to review before implementation to check for accuracy of content. This will expedite the administration process and reduce the number of reviews.

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- The inflexibility of the overall NDIS Plan budget makes it difficult for families to effectively cater for changes in the management of their child's disabilities needs during the term of their NDIS Plan. Currently, funds cannot be moved between Capacity Building and Core categories nor can they be moved between sub-categories in Capacity Building. One of the key principles of the NDIS was to give families more control over the management of the support services they require for their child.
Recommendation: Permit NDIS Plan participants the flexibility to move funds between and within categories of their budget to enable them to source the most appropriate support services for their child.

- There have been occasions where NDIA staff have not been consistent in their decisions to provide funding for various services e.g. swimming lessons, vacation care etc. We have seen cases within the school where one family will receive funding for a service and another family has not even though it was requested. On the face of it both situations are similar and the family who did not receive the funding did not get an appropriate response when they questioned this.
Recommendation: The NDIA is to ensure that decisions on funding for services are fair and equitable across the board. If there is a reason why funding for a service has been rejected, then the NDIA needs to be more transparent and provide a reasonable explanation to the families.

- Plan Review
 - There is often inadequate notice given for the date for review meetings. This can leave insufficient time for families to obtain the necessary documentation to support their funding requests. Also, review meetings should be scheduled as close as possible to the end of the current plan period to enable planners to see what funds were required and avoid the current practice of planners pro rating expenditure at the date of the meeting for the remainder of the current plan year; this presents a distorted view of funds required as expenditure is not always evenly spread throughout the year.
Recommendation: Schedule review meetings as close as practicable to the end of the current plan period and take account of the expenditure patterns provided by families when using the current plan funding as a guide for the next Plan's budget. Or NDIA can look into updating their system to allow the new plan to start when the old plan finishes.

 - NDIA staff at times are intimidating towards families requesting a review. They imply that they may potentially lose funding and as the whole plan will be reviewed not just the part that the family has requested. This is unprofessional.
Recommendation: NDIA are there to provide a public service to people with disabilities and should act accordingly by being helpful and not obstructive towards their clients. This should be included as part of the NDIA's code of conduct and ensure their staff are appropriately trained.

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- Reviews are taking too long to complete, typically two to three months. In the meantime, families have to proceed on the basis of the funding provided in their plan which usually means reduction of support services.
Recommendation: Provide more NDIA resources to reviewing plans to reduce the decision time and allow families to proceed with more certainty in the provision of support for their child. This time frame could be reduced by adopting the recommendation above to send draft plans to families thereby reducing the number of reviews.
- Provider Issues
 - The cost of Providers registering with the NDIA is increasing and is prohibitive. This is resulting in some Providers choosing not to register or renew their registration. This will reduce the number of NDIA registered Providers and adversely impact on those families who are NDIA managed. This is also resulting in people entering the Provider market who are not appropriately qualified and are not required to go through the same stringent requirements as a NDIA registered provider which will be to the detriment of children with disabilities.
Recommendation: NDIA should reduce the cost of registration by absorbing into their management budget the cost of services such as the auditing of Provider's books. Currently, this creates an anomaly whereby registered Provider's books can be audited whereas non registered Provider's books are not audited.
 - The fees for engaging Therapy Assistants increased on 1 July 2019 to include transport and insurance costs.
Recommendation: NDIA need to be more transparent when suggesting Therapy Assistants to families and advise the qualifications of these Assistants and their fees upfront at planning meeting.
 - Some Providers are slow in issuing their invoices and require consistent follow up. This is inefficient and makes budgeting difficult particularly when planning meetings are imminent and families wish to produce up to date information when negotiating their new plan.
Some Providers are not consulting families regarding the Temporary Transformation Payment even though this is an NDIA requirement.
Recommendation: NDIA needs to hold Providers to account and have them operate professionally under a code of conduct.

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- There is currently no system in place to monitor the delivery of services by non-registered Providers. For example, whether they have appropriate insurance coverage, qualifications, background checks etc.

Recommendation: NDIA require all non- registered Providers to attend annual training in the current NDIA policies and procedures applicable to their business.

The details of non-registered Providers could be sourced from invoices paid by NDIA. While this may not be exhaustive, it would provide information on many such Providers.

- Transport

- The policy on the transport of students to/from school is currently in status quo as a result of consultation with Department of Education and Qld Transport including Transport Providers, schools. Our state system and school has a long established, efficient bus transport operating which provides a safe and secure environment for our students.

An aim of the NDIA was for NDIS Plans to contain funds for all the services the participant required including transport costs. This would lead to families being required to arrange transport for their child(ren). This could be by private vehicle, taxi, uber, carer transport or bus.

This would be completely impractical for our school/s due to infrastructure in most sites including space limitations for pick up/set down of children, turn arounds. Taxis and Ubers are unsuitable due to the safety and security needs of our children.

Recommendation: NDIA recognise the impracticalities of a singular approach to including transport costs in NDIS Plans and develop a charging methodology which enables those transport arrangements which are operating satisfactorily to continue and be based on the needs and infrastructure limitations of each school.

- Therapeutic interface with schools

- The NDIS has provided the opportunity for many families to access therapeutic services for their child(ren). This has resulted in increasing requests for these services to be provided on school premises during school hours.

Our school/s does not have the space to accommodate these Therapists and also it is disruptive to normal classroom education and the role of core business of presenting educational demands e.g. Australian Curriculum delivery.

There is also a possibility that a Therapist providing their services on school property could be delayed in leaving the premises due to a code situation where the school may go into lockdown. The Therapist would expect to be paid for this extra time and these funds would come from the families NDIS budget.

Recommendation: The key for our school is an interface of consultation at stakeholder meetings. It is vital planners and LAC's refrain from recommending services onsite using our department's infrastructure, managing the administration of access and monitoring Blue Cards.

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- Submissions from families
 - We have encouraged families to provide submissions to the review outlining their NDIS experiences. Some will have done this directly through the methods shown on the website.
One family has recorded their interactions with NDIS and have sent their submission through the P&C and is shown below. This is representative of other experiences by families with the NDIA, their NDIS Plans and LAC's communicated to the P&C Association.

Submission by a Family to NDIS Review

I am the mother of a teenage boy who has been accessing the NDIS since July 2018.

I have a few points to make:

On the whole I am very happy with the NDIS. He has been able to access a lot of things he wasn't able to before e.g. OT and weekly Speech. Many therapists target the early years and believe early intervention is the key, which it might well be, but for some of us a diagnosis came late, well after the funding years stop.

Our best advice was from a Provider who suggested we apply for in-home support to build up his independent skills so we now have someone twice a week who has helped him and us enormously. He is on track to support my son for one day per week starting next year as he has been able to get work experience at the Brisbane Lions. I may have to apply for additional funding as that person will cost approx \$700 per day to support him for 6-7 hours.

His plan this year did increase to what sounds like a healthy \$38K and I am very sad when I hear of other equally challenged families who should be getting same/more amounts of money and are being given as little as \$10K. Our advice as from our Support Manager. We regularly meet to see how the budget was going and put lots of things in place to use up in the last 3 months so we spent 85% of the plan by the time we had our planning meeting.

The down side is that many of us are not given a support coordination budget in the plan this year so that helpful "signposting" and support set up has gone. I really feel it would have been beneficial to have it again this year. I actually don't have the time to check how the money spending is going so will try and access it all in the first 6 months and then again around 9 months so we can retain supports.

I think people are way overcharging for their services. My OT invoices were regularly coming in between \$250-\$400 for what felt like 10 minutes in home OT. I have now switched to using a Therapy Assistant through the same company but at a more moderate fee of \$50 per hour and the advantage is she is still at University so has access to lecturers which has been useful.

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On the subject of fees, I had a quote from the Provider for this year, to provide similar services to last year for my son. Their quote came in at \$31K which was \$15K more than I wanted because I have other providers to pay, not just them although he does do the majority of community access with them.

My concern, however, is that as the years pass, the registered providers are going to get greedier and greedier. I have been recently charged 90% cancellation for a vacation day which was originally \$200. My son had a seizure so could not go but I still got charged \$180 cancellation. When I queried it, as with everything, I am quoted this is the "NDIS cancellation guidelines". It must be unsustainable. What a shame carer payments are not part of the NDIS because we would all then be getting what we deserve.

I do advise anyone who is going into a planning meeting takes absolutely lots of evidence to prove what it working for their child and what they need. I had quotes, reports and photos written by every provider as well as medical proof from Paediatrician and Neurologist, Orthopaedic surgeon and educational evidence from MSSS. The Planner actually said "I wish everyone was as organised".

I do feel a bit overwhelmed sometimes and as I said miss my support coordinator who seems to have vanished into thin air. I am now using the LAC provided at the NDIS who is very nice and was our Planner at the meeting which is lucky.

I am currently chasing up the NDIA to accept and pay a quote for a specific towbar we need for my son's trike - it comes under community access as we would be able to transport it to a park or another person's house away from our own. I put the quote and OT report to help justify the need and more than a month later, nothing in response.

From what I can gather, the NDIS is very helpful, the NDIA not as much. The charges by providers are greedy and, in many cases, the main provider is 3 months behind in submitting their invoices; they are so concerned that I may spend the plan budget too early.

I request that the Review Team address the concerns I have expressed above in their report to the Federal Government.

October 2019



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Summary

The NDIS has enabled families to access services for their child which they previously couldn't afford.

However, as outlined above, there are several areas which requires attention to ensure that the NDIS is providing fair and equitable funding to meet the support services needs of the participant.

Our P&C Association requests that the recommendations above are carried through in your report to the Government for adoption.

Yours Faithfully

P&C Association

October 2019