

23 August 2024

Australian Government  
Department of Social Services

**Sent by email: [NDISConsultations@dss.gov.au](mailto:NDISConsultations@dss.gov.au)**

Dear Sir/Madam

**Response to consultation on the draft list of NDIS Supports (National Disability Insurance Scheme Amendment Bill 2024).**

We are one of the largest and most a longstanding Registered Providers of NDIS and Employment Services in NSW, operating as a for purpose organization since 1976. Our **Mission** is to **support people who need assistance to meet their goals and inclusion in their communities**. Our **Vision** to **inspire and lead communities, creating opportunity and services for people to participate fully in society**.

Both our Vision and Mission mean we play our part in developing an inclusive Australia. We submitted our ambitions in this respect to the Disability Royal Commission in a submission entitled "Visible, Valued and Included" and the purpose embodied in this title is reflected in our comments on this consultation. We have also routinely responded to other consultations and the NDIS Review. We want and intend to be part of the solution and reform process, staying true to our purpose as we do so.

We value the opportunity to engage with the consultation process on the draft list of NDIS supports and we have the following key comments.

**1. Meaningful consultation**

Regardless of the next steps in the reform process, Participants, families and those others, including Providers, with key stakes in the reform agenda should be afforded the opportunity for meaningful consultation. Two weeks, as originally provided and even the third week afforded as a result of concerns raised, are simply not enough for a discussion about what the NDIS will and will not pay for.

**2. Reform**

The draft list of what may and may not be covered by the NDIS is a critical part of the reform agenda. We understand the financial imperatives of the reform agenda but we must not lose sight of the purpose of the NDIS. People with a Disability (PWD) in our communities are still not Visible, Valued or Included in their communities either at all, or consistently.

The fiscal imperative needs to be set against our values as a democracy and against the multiplier effect benefits to the Australian Economy of the NDIS which was ably pointed out by NDS our peak body during the campaign to improve the NDIS in 2021 [New Modelling Shows \\$52 Billion Benefit of NDIS. Sector Launches Election Campaign to Warn of Impact of Scheme Cuts \(nds.org.au\)](https://nds.org.au).

With this in mind, a focus on very small items and individual circumstances, is both meaningless and harmful.

It is also important to note that many of the participants we serve, as a registered Provider, including those eligible for SIL and SDA support, are not living wealthy lives or even much above the poverty line with the sort of choices most members of our communities have. Their limited choices in how to live their lives relate directly to their disabilities and often their multiple complex diagnoses. As a consequence, they have less or no earning potential and rely on the DSP.

Access to a decent lifestyle included in their communities is limited or impossible for many, even with NDIS funding. Our participants are not going on even the most basic of holidays, they are not visiting nail salons or buying games consoles. Their income outside of the NDIS is barely enough to eat and stay warm. Their funding in accommodation services often means they can't easily choose activities and have to share support time with three or four others, taking turns. The impression that is being given to the Australian community is highly misleading and very harmful to the creation of an inclusive and welcoming society. The rhetoric needs to change.

### **3. Language and license**

The NDIS is one of the few significant public policy initiatives in a generation that was supported by all ends of our communities and political spectrum. Our social license and the NDIS itself, are envied by the rest of the world. The current ongoing and relentless rhetoric suggesting that PWD are living luxurious lives and that Registered Providers are relentlessly abusing, exploiting and roting both the NDIS and their Participants is undermining the social license of the NDIS, its reputation internationally and is incorrect.

It is becoming clearer that fraud and rorts may be more to do with the systems which enable it within the NDIS and to do with some parts of the unregistered sector and organized crime. We fully support the respective agencies to prosecute criminals and correct and clean up the systems and processes which allow them to be paid by the NDIA. As prosecutions come forward, as we know they will, we expect that the rhetoric will be walked back and the correct tone applied targeting crime and process and not the occasional mistake by Providers who do the right thing.

### **4. Diagnosis driven NDIS eligibility**

Whilst we understand the principles behind this list, it needs to be fully understood that people experiencing or vulnerable to poverty, abuse and exploitation also have complex needs and multiple diagnoses which significantly impact their everyday activities and opportunities to be included in their communities.

### **5. Supports we believe need more consideration for NDIS funding and clarification**

#### **a. Mental Health support**

The Disability Royal Commission highlighted the inadequate care provided or accessible in health services including for mental health support. If mainstream services are not to be provided by the NDIS there must be a strong Federal and State approach to ensuring there are enough, properly accessible, mainstream health and mental health services available in the public system for people with a disability (PWD).

Many PWD do not have the resources to buy private care and the public system is under resourced and prioritises other patients. These are life and death issues for PWD at times and access to services should be made clear and resourced, if not provided for under the NDIS. PWD who need mental health support can be denied it or find it impossible to access because of their Disability which can cause behaviours that require mental health support to ensure they are not harmed or worse. The list of Disability related health supports needs expanding to include mental health care.

#### **b. Justice and Tribunal support**

Some participants require Support Worker support in order to advocate for themselves. Preparing for Tribunals and court appearances mean that participants with complex needs are more likely to achieve outcomes which reduce their intense use of the justice system and can engage properly with decisions about their funding. Without that the costs to communities as well as the participant are much higher.

#### **c. Housing**

The increasing homelessness problem in Australia is particularly significant for vulnerable groups and PWD and complex needs are included in these groups. Poverty means that homes are out of reach for many PWD and without homes, support provision is either difficult, unsafe for staff or completely impossible. This may reduce spend on the NDIS but will exponentially increase costs to the broader community as well as the participants impacted. We understand that NDIS is not the

right budget for this but there are no alternatives which are sustainable and States have differential approaches. It is critical that housing for PWD is considered a priority in the discussions with States. This should be extended to rental support, rental bonds etc.

**d. Terminology and decisions regarding “lifestyle related costs”.**

There has been much said on this aspect of the list which uses inappropriate, ill informed, inhumane and divisive terminology. For example; there needs to be a review over the description of and funding for menstrual products. These are not a lifestyle choice. This aspect is also inconsistent with the United Nations view on period poverty. This aspect also impacts support workers who should be able to minimize risk in their already complex and risky workplaces.

**e. Innovative community participation**

Does the inclusion of ‘Mainstream Provider’ mean that Agency Managed participants can no longer utilise this funding?

**f. Vehicle modifications**

If a second-hand modified vehicle is a lower cost than the modifications, would this not be considered the most cost-effective option?

**g. Day to day living costs**

Building repairs – Damage is often a part of behaviours associated with disability. Psychosocial/Autism behavioural escalations can caused significant property damage. Does this mean that PWD once damage is done, must live with that, even if it dangerous, forever?

**h. General furniture removal**

A person with disability may not have the same functional capacity as their able-bodied counterparts. Does that mean they can’t move house? Even if their disability requires it?

**i. Spa baths**

Are therapeutic spa baths included in this? This is an evidence-based tool (hydrotherapy) that is shown to reduce pain and increase movement through muscle relaxation.

**j. Purifiers**

Previously provided as an example by NDIS and advised to use Low Cost AT to purchase: [Flexible low cost AT for support continuity \(ndis.gov.au\)](https://www.ndis.gov.au/program/assistive-technology/low-cost-at).

**k. Dishwashers**

Why would a dishwasher not be considered reasonable and necessary for a participant unable to wash dishes manually?

**l. Sex work, sex toys**

A person with disability may not have the same ability to access sexual encounters, nor an income that would allow access to sex work.

**m. Smart watches**

Smart watches are prescribed for people with a disability as an economical tracking, fall detection and monitoring device.

**n. Mainstream – school education and employment - aids for educational purposes**

This may restrict access to learning when the modified equipment is directly related to the disability and unable to be funded elsewhere. Same for employment aids and specific equipment.

**o. Mainstream – transport**

NDIS General Transport allowance replaced the Mobility Allowance to ensure community access was maintained.

We note that the commentary to date includes other aspects of the list and we concur with most of that comment so we have limited our comments to the key issues identified.

With regards.