



23 August 2024

To the Department of Social Services,

The [Australian Society of Rehabilitation Counsellors \(ASORC\)](#) takes the opportunity to respond to the 2 questions outlined below.

**Who are we and who does ASORC represent?**

ASORC is the peak professional body representing Rehabilitation Counsellors throughout Australia and has been doing so since it was established in 1976. ASORC is a non-party political, non-sectarian and not for profit organisation. ASORC is a self-regulating professional body, with a Complaints Policy and Procedure for internal review and discipline of members for:

- protection of the reputation and integrity of ASORC and its members;
- the legitimate interests and safety of clients and the general public; and
- the maintenance of the professional conduct and standards required of ASORC members.

Rehabilitation Counselling is a profession that is grounded in human rights and uniquely focussed on supporting a person's right to participate in good work. We are tertiary qualified Allied Health professionals who combine the therapeutic approaches of counselling and use work as rehabilitation. As specialised counsellors who understand the impact of disability, health conditions and disadvantage on people's lives, help people achieve a sense of inclusion, optimism and self-esteem to attain their personal, educational and vocational goals.

Rehabilitation Counsellors help people with injury, illness, impairment or disability, find work with purpose.

**ASORC provides the following feedback on the draft support lists**

The purpose of the NDIS is to provide individualised supports to persons with disabilities and having a prescriptive list contradicts that. Being too prescriptive doesn't recognise the broader needs of the community representing people with disability. By taking into account the psychosocial considerations for each individual, it means that the individual needs are more likely to be met. No two support needs are going to be the same e.g. a person with a spinal cord injury may have completely different needs following a biopsychosocial assessment.

**Question 1: Do you think the draft list of NDIS Supports covers the kinds of disability supports you think should be included? No**

ASORC supports the need for clear information to NDIS participants and providers, to clarify what constitutes NDIS-funded supports. It is however, unclear from DSS if the draft list is an 'indication' of support types, or all inclusive. The draft list may create the potential for complaints and poor participant outcomes due to confusion and is not necessarily demonstrating cost-effectiveness as some of the inclusions/exclusions listed are inadequate, unclear, and exclusionary.

ASORC issues include:

- Inconsistent terminology used to describe services and supports that may create inconsistencies in what might be approved and could also lead to unfair decisions and complaints.
- Lack of recognition of disability-related support needs of people with cognitive disabilities that may be less visible, including NDIS participants with brain injury or psychosocial disability, for which assistive products & services may be needed
- Limited recognition of services, including therapy supports, often needed to achieve a good outcome.
- Lack of cultural safety & sensitivity regarding the most suitable disability-related support needs for Aboriginal & Torres Strait Islander people
- Ableist assumptions limiting access to assistive products and services needed due to disability e.g. support workers and transportation services.

**Question 2: Are there goods or services on the exclusion list that you think shouldn't be there? Yes**

Clarification is required as to whether the listed items are provided as examples or a proposed all-inclusive list. If this is an 'all-inclusive' list there is risk of 'examples' being applied as 'approved/declined' items which will impact choice and control, as well as impacting scheme outcomes and costs.

Issues include:

- 'Carve out' terminology is confusing
- Smart watches/phones may be the most cost-effective disability-related support e.g. a phone to enable a person with a visual impairment to magnify and help read the labels on jars in a supermarket, a person with low vision using the maps function on their phone to provide verbal directions, a deaf person who uses Auslan can use the phone on facetime with a friend or partner to translate.
- Wigs, sex aides and other excluded items may be required due to disability-related support needs. Silicon foot covers are paid for, so why not a wig for someone with significant burns?
- Assistive product maintenance is overlooked. Wheelchairs breakdown and cushions might only last 12 months before deteriorating. People who are not users of assistive technology often may not understand what is required. The tyres, the battery, back rests, and cushions (on a wheelchair) wear out and are expensive to replace. It is almost impossible to buy assistive technology without being on a funding scheme due to the expense involved. It is very difficult to buy a customised wheelchair without having funding through a support scheme as often providers won't talk to consumers they talk to the Occupational Therapist.
- Whilst medium term accommodation is listed as a carve out, short term accommodation is not'

- NDIS funding for a short-term accommodation supports families who require a break and is important to provide an opportunity for people with high support needs to go on a holiday and for families with children with high support needs to provide them with respite care and an opportunity to go on a (family) holiday together. Their needs will change as the child ages and this is where a Rehabilitation Counsellor can provide a wholistic support plan.

ASORC welcomes further discussions and the opportunity to contribute to drafting supports to ensure it is fit for purpose. We would appreciate further consultation and participation in workshops and roundtables to ensure that the decisions made do not have unintended consequences for the allied health workforce, including Rehabilitation Counsellors.

Yours sincerely,



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