

Submission in Response to Draft NDIS Supports List

I am writing to express my concerns regarding the draft list of NDIS supports, both as a neurodivergent, disabled person, who uses a wheelchair, and as a highly qualified professional who has been working in the disability space for over 20 years.

Lists deeming which supports will and which will not be funded, is in itself problematic. The concept of a list inherently disenfranchises people who are not operating within the presumed norms, which places disabled people at the mercy of decisions made by politicians and bureaucrats who do not and can not understand their needs. Such a list can not adequately cater for the level of diversity of needs of disabled people, who live in highly varied contexts and whose disabilities are often complex and poorly understood by politicians and the bureaucrats who generate such documents. However, I recognise that the decision to have such a list, is not likely to now be rescinded – “the horse has bolted” in that regard. Thus, reluctantly, my comments below are focused on mitigating the damaging impact that such a list poses for my clients and also for myself as a disabled person.

With this focus, I have identified three areas of particular concern, which will have critical negative impacts for my clients’ and/or my safety and quality of life, and which may not have been flagged or explained in other submissions, in the hope to educate the key decision-makers and modify the list to limit the personal and economic harm that will be caused.

Mainstream Vehicles as Mobility Equipment

In the draft list, all mainstream vehicles including quad-bikes have been excluded, ostensibly due to the incorrect assumption that they do not serve any disability related need. The flaw in this assumption is most obviously highlighted when considering rural contexts. Neither manual nor motorised wheelchairs/disability scooters are designed to traverse the steep slopes, uneven ground and unsealed road surfaces that exist at my family’s farm and at farms across rural Australia.

A young person in our local area with paraplegia helps to run the family farm because he can use a quad-bike. An older person with a neurological degenerative mobility condition in our area currently uses an old ride on lawn mower in lieu of a quad-bike to be able to get around his property and to visit neighbours. Since the disability specific mobility equipment is unsuitable in these settings, without access to a quad-bike or other similar mainstream vehicle, neither of these disabled people would be able to be independent or participate fully in their community. Their ability to live “an ordinary life” both in terms of community and economic involvement involves having access to mainstream equipment. It is also worth noting that re-purposing everyday items to specific disability use is often much more cost effective than providing a disability specific item to do the job. Custom modification of a disability specific mobility device to attempt to meet the needs of the people mentioned above would be not only risky but incredibly expensive, whereas funding a mainstream off-road vehicle which already meets their needs “off the shelf” is far more financially responsible.

Assistance Animals

While I am pleased to see that Assistance Animals remain on the deemed list of supports, I have concerns regarding how these animals are defined. The draft list describes as Assistance Animal as, "An animal specially trained by an accredited assistance animal provider to help a participant with tasks." This narrow definition is in conflict with the definition given in the Commonwealth Disability Discrimination Act (1992, section 9(2)) which states:

"For the purposes of this Act, an assistance animal is a dog or other animal:

- (a) accredited under a law of a State or Territory that provides for the accreditation of animals trained to assist a person with a disability to alleviate the effect of the disability; *or*
- (b) accredited by an animal training organisation prescribed by the regulations for the purposes of this paragraph; *or*
- (c) trained:
 - (i) to assist a person with a disability to alleviate the effect of the disability; and
 - (ii) to meet standards of hygiene and behaviour that are appropriate for an animal in a public place."

The DDA (1992) clearly states provision for Assistance Animals to be trained in ways other than only by an accredited provider, and recognises that no matter the manner of training that these animals have equal status under the law.

Many disabled people self-train their animals or hire private trainers to do so. One of the key reasons for this is that there is very limited access to animals trained by accredited providers and the cost for these animals even if the disabled person is eligible for the particular program are not something that most disabled people can self fund. Simultaneously, access to Assistance Animals via NDIS has proven to date to be an arduous complicated process which places unnecessary barriers to accessing this support. Another reason people self-train is due to having specific needs that are not catered to by the large accredited organisations, such as needing an Assistance Animal who is non-canine (cats and birds are used as Assistance Animals as well as dogs) either due to dog allergy or due to the specific special aptitudes of these species. Non-canine Assistance Animals are often required to be placed with their disabled handler during their training in order to develop the bond that allows them to perform their disability assistance tasks.

It is critical that the wording regarding Assistance Animals be changed to reflect the DDA (1992) definition, for example: "An Assistance Animal is an animal specially trained to assist a disabled person or alleviate disability effects as per the Commonwealth Disability Discrimination Act (1992)." This is required to ensure all disabled people who need this particular support are recognised and funded appropriately. The decision-makers should also seriously consider explicitly including funding for Assistance Animal training, thus facilitating access to this support instead of placing unnecessary and in the long term expensive barriers in place. In my professional role, I am aware of several cases where the addition of an Assistance Animal to the support mix for a disabled person has lead to

significantly improved outcomes both in terms of disability management and participant quality of life, but also in terms of decreased NDIS funding requirements. In one case, the addition of a non-canine assistance animal, privately trained alongside placement with the disabled person to meet the DDA (1992) standards, has completely removed the need for a Positive Behaviour Specialist for that individual. Having the NDIS fund the maintenance needs including ongoing upskilling/training for this privately trained Assistance Animal team, is a fraction of the cost that was being spent to ineffectively professionally “manage” this person’s behaviour and as such illustrates potential cost savings for the scheme while improving outcomes.

Animal Assisted Therapy/Learning (AAT/L)

Animal Assisted Therapy is a therapeutic modality that has regularly been refused by NDIA planners to date, despite a rapidly growing evidence base regarding its efficacy across a wide range of populations. While I do not support the concept of having a list of supports for the reasons noted at the beginning of this submission, I have concerns that given this modality is not explicitly included in the List of NDIS Supports, that it will continue to be refused, due to misunderstanding by planners, for example, incorrectly deeming such costs recreational or arguing incorrectly that it is “not evidence-based”, leaving participants unable to reliably access a beneficial therapeutic support. I recognise that there have been cases of “dodgy operators” within the AAT/L industry and that there is a need for ensuring supports are legitimate, however that issue is a problem that is not unique to Animal Assisted Therapy and as such, should not be used as an argument to limit access to this support. As a Speech Pathologist who also has AAT/L training, I use Animal Assisted Therapy alongside more traditional speech therapy modalities with many of my clients, as it allows greater progress towards these clients’ goals than traditional approaches alone. Allied Health Professionals (AHP), who do not usually have training in AAT/L, so are not qualified to provide it themselves, should be able to refer participants to access AAT/L supports, whether these are provided by another AHP, or by other AAT/L trained professionals, thus ensuring equitable access.

Summary

In summary, I am deeply concerned regarding the generalised direction of this restructure of the NDIS scheme, including the creation of a list of NDIS supports, as such a list is inherently disenfranchising and therefore harmful to disabled people. If such a list must be used, it needs to be advisory and inclusive rather than exclusionary, with clear focus remaining centred on each disabled person being a unique individual, in a unique situation, who has an inherent right to choice and control over their own life. Failure to ensure participants can continue to find creative ways to best meet their disability needs, such as using mainstream equipment for a disability purpose or choosing to self-train an Assistance Animal, threatens the very core value of the NDIS, that of self-determination for disabled people.

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