

Vision Australia Submission: NDIS General Issues Inquiry

Submitted to: National Disability Insurance Scheme Joint Standing Committee

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## Introduction

Vision Australia is pleased to have the opportunity to provide this submission to the NDIS Joint Standing Committee, as part of its NDIS General Issues Inquiry. This brief paper will outline key inefficiencies in the NDIS planning and assessment process, related specifically to requests for supporting evidence. Current practices result in a significant cost burden to the NDIA, add no value for participants, and represent an ineffective use of the allied health workforce across the disability sector.

## Key Recommendation

The use of Functional capacity assessments as part of the NDIS planning process must be urgently reviewed. These assessments are severely over-utilised in the current model. They are costly, time consuming, and seldom result in improved outcomes for participants.

## Requests for Functional Capacity Assessments

Vision Australia has worked with many participants who express concern and frustration about the quantum of their NDIS funding that must be spent on report writing. There appears to be a particularly worrying trend for Local Area Coordinators and the NDIA to request participants to provide functional capacity assessments, regardless of whether these are required or relevant.

A functional capacity assessment (FCA) is generally carried out by an allied health professional (most commonly an occupational therapist) and is intended to analyse the participant’s functional performance in areas of self-care and day-to-day living activities within home and community settings. These assessments involve a comprehensive evaluation of all aspects of the participant’s daily life and are therefore time consuming to complete, often taking up to twelve hours. There is a justifiable need for these reports in some circumstances, particularly where the participant’s situation or level of functioning has changed significantly, where a need for supported living or accommodation has been identified, or where they are requesting substantial additional supports as part of their next plan. It is common, however, for the NDIA to request an FCA to support the purchase of equipment, home modifications or to maintain basic levels of therapy funding in a future plan. An FCA should not be required in these instances; the Agency has assessment processes for equipment and home modifications in place, and adequate evidence of future therapy needs can generally be provided as part of a standard plan progress report.

We have seen situations where the participant has already had a relatively recent FCA, yet the Agency will request another, before agreeing to review the participant’s support needs. This process is unnecessarily prohibitive for participants, who often don’t have sufficient therapy funding remaining in their plan to cover the FCA. Alternatively, they are directed to spend significant amounts of funding on evidence, which could have been used for therapy intervention and which, in many circumstances, does not add value to the decision-making process. There are also indications in some cases that the evidence provided is never read or considered by the NDIA at first instance. We have encountered several situations where participants have been asked to provide information at their review which has already been given as part of the initial planning decision.

The following is a largely typical case study that demonstrates both the cost implications of these assessments, and the practical impacts their over-use has on participants.

## Case Study

A participant recently applied for access to the NDIS and subsequently attended her first planning meeting. The participant is aged in her 40s and has been totally blind since birth. She therefore has a high level of knowledge concerning her disability and the types of services she is likely to need. During her planning meeting, the participant requested ten hours of therapy funding, to be spent on Orientation and Mobility training, to support her in accessing a local shopping centre independently. Orientation and Mobility is a specialised service, accessed by people who are blind or have low vision, to support with independent travel and navigation. Instructors are highly trained and can support participants with tasks such as use of mobility devices, independent navigation of public transport and learning of specific travel routes between one location and another.

In this case, the NDIA denied the requested ten hours of support, stating that the participant would require a FCA before this could be added to her plan. In essence, the NDIA insisted on expending 12 hours of therapy funding on an assessment, to justify the ten hours of equivalent therapy funding that the participant originally asked for. The participant has a specific goal to be able to travel to her local shopping complex independently. Achievement of this goal doesn’t necessitate a comprehensive assessment covering every aspect of her daily functioning. As a consequence of this decision, the participant will now have to wait some months for the assessment to be carried out by an allied health professional, then reviewed by the NDIA. Even then, there is no guarantee that the recommended supports will be included in her plan to enable her to begin working toward her goal.

## Recommendations

Clearer processes around the use of FCAs must be developed within the Agency, and consideration given to the funding impacts that these requests have on participants. At present, many participants are spending significant amounts of their plan funding on these assessments, which have no meaningful value and do not contribute to achievement of goals or outcomes. In many cases, the funding used to carry out an FCA could be better spent on allied health and therapy services that would directly benefit the participant. Moreover, in reflecting on the extensive number of FCA requests we receive, we rarely see that they lead to fairer or more consistent planning decisions for participants.

Over-reliance on FCAs also represents an inefficient use of the allied health workforce, which is already operating under difficult conditions. The time taken to complete these assessments is time that therapy providers cannot spend on tangible service delivery, supporting participants to build their capacity and work toward achievement of goals.

Finally, the current approach to the use of FCAs is a considerable cost burden for the NDIA, and a wasteful use of already limited funding. Given the current focus on reducing the annual growth target of the Scheme to 8%, it is suggested that a reduction in the use of FCAs could significantly improve scheme sustainability. These assessments are generally carried out at costs exceeding $2,000 per participant. In the context of the scheme overall, this is a significant investment that appears to result in little benefit for either the Agency or for participants. More efficient and cost-effective methods of assessing participant need should be explored as part of the NDIS planning process.

## Conclusion

Vision Australia thanks the Joint Standing Committee for its consideration of this paper. We wish you well in your deliberations and would be happy to provide more information about any of the matters discussed in this submission if required.

## About Vision Australia

Vision Australia is the largest national provider of services to people who are blind, deafblind, or have low vision. We are formed through the merger of several of Australia’s most respected and experienced blindness and low vision agencies, celebrating our 150th year of operation in 2017.

Our vision is that people who are blind, deafblind, or have low vision will increasingly be able to choose to participate fully in every facet of community life. To help realise this goal, we provide high-quality services to the community of people who are blind, have low vision, are deafblind or have a print disability, and their families.

Vision Australia service delivery areas include:

* Allied Health and Therapy services, and registered provider of specialist supports for the NDIS and My Aged Care
* Aids and Equipment, and Assistive/Adaptive Technology training and support
* Seeing Eye Dogs
* National Library Services
* Early childhood and education services, and Felix Library for 0-7 year olds
* Employment services, including National Disability Employment Services
* Accessible information, and Alternate Format Production
* Vision Australia Radio network, and national partnership with Radio for the Print Handicapped
* Spectacles Program for the NSW Government
* Advocacy and Engagement, working collaboratively with Government, business and the community to eliminate the barriers our clients face in making life choices and fully exercising rights as Australian citizens.

Vision Australia has gained unrivalled knowledge and experience through constant interaction with clients and their families. We provide services to more than 26,000 people each year, and also through the direct involvement of people who are blind or have low vision at all levels of the Organisation. Vision Australia is therefore well placed to provide advice to governments, business and the community on the challenges faced by people who are blind or have low vision fully participating in community life.

We have a vibrant Client Reference Group, with people who are blind or have low vision representing the voice and needs of clients of the Organisation to the Board and Management. Vision Australia is also a significant employer of people who are blind or have low vision, with 15% of total staff having vision impairment.

We also operate Memorandums of Understanding with Australian Hearing, and the Aboriginal & Torres Strait Islander Community Health Service.