



Association for
Children with a
Disability

Federal Election Platform | 2019

ACD is the leading advocacy service for children with a disability and their families in Victoria. We are a **not-for-profit organisation led by and for families** of children with a disability.

For more than 35 years we have been supporting families across Victoria and **advocating for children with all types of disabilities**. Our vision is that children with a disability and their families enjoy the same rights and opportunities as all children and families.

Over the last financial year, **we have empowered more than 4,000 families** with the knowledge, skills and confidence to advocate for their child.

This election platform is inspired and informed by the families we support every day. We have assisted thousands of families as their children have entered the NDIS, and **the changes we are calling for come directly from their lived experience**.

Families have told us there are three main areas where change is needed:

- **A better NDIS for children and families**
- **Employment for young people with a disability**
- **Safety for our children**

We welcome opportunities to meet with government and decision-makers to discuss these issues in more detail, and to work together towards positive outcomes for children with a disability and their families.

A better NDIS for children and families

1. Set maximum wait times for each step of the NDIS process

For a child to access the NDIS or Early Childhood Early Intervention (ECEI) there are four major steps: gaining access, a planning meeting, plan approval and plan implementation. There are no maximum wait times for each step, except for access which has increased from three to six weeks.

The NDIS Act simply refers to 'reasonable' wait times. We believe 'reasonable' needs to be defined; and that six weeks for each step of the process is a reasonable wait time. For a child, this could still mean a wait of up to six months to receive necessary supports. A triage process should be implemented for families with urgent support needs.

"My son was referred to Early Childhood Early Intervention by the Royal Children's Hospital when he was 18 months old. We got access in about six weeks but then we were told it was a 95 week wait to meet with an ECEI Planner." - PARENT

2. Set maximum wait times for approval of Assistive Technology

Assistive Technology can change children's and families' lives. Approval times through the NDIS need to be much quicker, and the advice of credentialed allied health and medical professionals needs to be accepted by NDIA planners. Six weeks should be the maximum wait time for approval of Assistive Technology.

Urgent repairs or replacements need to be approved within 48 hours. If a child cannot eat, sleep, toilet, communicate or leave the house without their Assistive Technology, this would qualify as an urgent repair or replacement.

"I waited so long for approval for my daughter's wheelchair that the quotes were no longer current and we had to start the whole process again." - PARENT

3. Let families preview their child's plan before it is approved

Planning meetings generally run for between two and four hours and it is common for mistakes to be made and issues which have been discussed to be left out of plans. By giving families an opportunity to preview their child's plan before it is approved, errors and omissions can be quickly addressed. This would save families and the NDIA time and reduce the need for reviews and appeals.

4. Support sustained capacity for families to care and work

The language around respite has a checkered history with the NDIA. While there are now questions asked at planning meetings about the capacity of families to care and work, if they discuss the need for regular 'respite', this does not fit within the plan structure or the NDIS Price Guide. Respite and care which enables parents to work needs to be an upfront part of the planning conversation.

5. Recognise the higher level of support provided by parents

NDIA planners and LACs regularly challenge parents around what is 'parental responsibility'. There is no understanding of the higher level of support provided by parents to meet their child's everyday needs. This can include providing direct assistance, prompting or keeping a child focused on a task at a level that is much higher than what parents of a child without a disability would be expected to provide. This is especially true for children under the age of seven.

"I was told in my planning meetings it was my parental responsibility to get my child ready for school. But my child requires adult assistance to be fed, dressed and toileted. This is a much greater level of support than what parents provide for a similar aged child." - PARENT

6. Support families to implement and manage their plans

The task of implementing a plan is often overwhelming for families, particularly if it is their child's first NDIS or ECEI plan. All first-time plans should include Support Coordination as a standard item. This needs to continue into subsequent plans at the family's request.

Plan management is currently a fixed line item. We have heard from families who can't get plan management because of the size of their plan and it being cost prohibitive to the provider. Plan management should be tiered based on the dollar value of the plan.

7. Reduce the burden of plan administration

If a child's plan needs to be changed because there is an error, it triggers a new plan and start date in the NDIS participant portal. Once this happens, all service agreements have to be redone. There should be capacity to correct errors without triggering a new plan.

Families also report that it can take many phone calls to follow up issues with the administration of their child's plan. Every time you call the NDIS you should receive a call receipt, as you do when you call Centrelink.

8. Adopt the prescriber and registration and credentialing framework

Families report that NDIA planners and LACs often question the recommendations made by allied health and medical professionals for Assistive Technology for their child. The NDIA should adopt the prescriber registration and credentialing framework. This would give families clear guidance on who to get recommendations from and confidence that this advice will be accepted.

9. Ensure that bulk purchasing and loan and recycle programs continue

Loan and recycle options can be particularly beneficial for children who need regular changes to their Assistive Technology as they grow. The NDIA should partner with state and territory schemes to gain the benefit of lower prices. This would enable families to hire their Assistive Technology rather than purchase it out of their child's plan.

10. Require qualifications in childhood development and family-centred practice

All NDIA planners, LACs and ECEI staff who work with children and families should have qualifications in childhood development and training in family centred practice. While this is a requirement of ECEI staff, it is not always occurring due to staff shortages and it should be required of the NDIA and NDIS partners, not just ECEI.

11. Establish a clear complaints process in relation to NDIS Partners

While the complaints and appeals process is clear in relation to the NDIA and NDIS service providers, the process for making complaints about NDIS Partners is very unclear. These are large organisations delivering a major Australian Government initiative and they should be held accountable for their service provision.

12. Expand School Leaver Employment Supports to all school leavers

Only NDIS participants who complete Year 12 are eligible for School Leaver Employment Supports (SLES). While not wanting to discourage school completion, this support should be available to all school leavers whether they leave at Year 10, 11 or 12.

Employment for young people with a disability

1. Include families in transition to work support programs

Families can be a considerable source of networks and support which assists young people to undertake post-school training, education and make the transition to work. Families are often left out of transition to work programs, which fail to value the contribution they can make.

2. Provide quality career planning and work experience for students with a disability

Many students with disability do not undertake work experience, or they complete work experience within the school instead of in open employment. Career planning and work experience are key components of the transition to work.

3. Expand the Ticket to Work program

Ticket to Work provides work experience and capacity building for students with disability while they are still in school. This evidence-based program achieves strong employment outcomes for young people with disability and should be expanded across Australia.

Safety for our children

1. Ensure the safety of children with a disability now and into the future

We support the establishment of a Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and welcome the inclusion of education and other child focused settings. We want to see a royal commission that ensures the voices and experiences of children with disability, and their families, can be heard.

For more information contact Karen Dimmock, CEO at karend@acd.org.au or phone **03 9880 7000**.