

ACTA Submission to the Consultation on draft lists of NDIS supports

Introduction to ACTA

The Australian Community Transport Association (ACTA) is the national peak body for the Community Transport (CT) sector. We work with providers and consumers for the greater good of CT users and providers. We have a unique community foundation with 92 ACTA members being Australian charities and not-for-profits and mission-based organisations that are champions for social impact outcomes.

CT is a specialist service that is informed by a human-rights understanding that all people are entitled to appropriate and accessible transport. It is an alternative to, and distinct from, other forms of public, mass and private transport options. CT provides specialised transport services to those people for whom mainstream options are either inappropriate, unattainable, or otherwise inaccessible. Provider capability is in building and maintaining ongoing relationships with service users that promote insights and backup support to customers' individual health, daily living and social needs, to facilitate a personalised and effective service in support of that person's goals.

Local communities around the country have developed trusted relationships with CT services for over 30 years given our unique offerings as a 'key enabler' for access to community services, maintain health, reducing isolation and increasing mental health.

ACTA Response

ACTA welcomes the opportunity to provide feedback on the draft lists of NDIS supports published on 4 August 2024.

ACTA acknowledges the department's aim to provide more clarity to participants about what is and is not funded under the NDIS. However, we are deeply concerned about the proposed changes to the NDIS support guidelines. The current framework empowers NDIS participants to tailor their supports, accounting for individual needs. The proposed framework risks limiting this flexibility and excluding essential services that are critical for many participants' wellbeing. It takes away the participant's ability to use their NDIS funds to meet their needs in a cost-effectively way.

The NDIS Review highlighted the importance of providing participants with clear guidance on how their funding can be used. It suggested that operational procedures should be publicly available, and the National Disability Insurance Agency (NDIA) should be subject to legislative oversight. Instead of such a list of funded and non-funded supports, the Review recommended a more flexible approach that allows participants to spend their funds based on their individual needs, with minimal restrictions.

Many of the categories in the draft lists seem to overlap or have ambiguous boundaries, making it difficult to determine the exact scope of NDIS supports. This ambiguity can lead to inconsistent funding decisions and confusion for both NDIS providers and participants.

For example, we understand the rationale behind not funding emergency or medical transport services typically provided by ambulances. However, the term 'health transport services' could be interpreted more broadly to include CT services. CT services play a crucial role in supporting people with disabilities to access essential healthcare appointments, including doctor's visits, specialist consultations, rehabilitation services, mental health services and therapy appointments, preventing downstream costs associated with missed appointments. Additionally, requiring participants to seek exemptions for CT under the 'Assistance With Travel/Transport Arrangements' category can be unnecessarily complex. CT services are essential for accessing healthcare, especially in remote areas. Moreover, CT services can be considered a critical 'Disability-Related Health Support', providing a unique and valuable service that addresses the gaps in public transport.

Thus, a more effective approach would be to consult and identify disability-related supports such as CT alongside potential recommendations of how participants can use their funds, allowing enough room for flexibility.

ACTA would also like to note that the process of obtaining an exemption for supports that are on the 'out list' can be burdensome for NDIS participants, especially when those supports are equally or less expensive and offer better outcomes. The additional cost, time and hassle of requiring approval for every purchase is likely to be significant for both participants and the NDIA.

As mentioned above, instead of relying on the subjective 'acceptability' test, the government should focus on defining clear criteria for 'reasonable and necessary' supports. This approach will ensure that the guidelines are flexible enough to accommodate the diverse and complex needs of NDIS participants.

Community Transport: A Critical Omission

ACTA strongly encourages that 'community transport services' under 'Mainstream – transport' is included as an NDIS funded support. These services are essential for accessibility, are cost-effective, flexible, promote social inclusion and independence, and align with the NDIS vision.

Accessible and affordable transport is crucial for achieving this independence, and for people with disabilities, accessible transportation is the cornerstone of social and economic inclusion. It unlocks better health, community engagement, employment, education, and reduces isolation that leads to better mental health. While the NDIS aims to empower independent travel, relying solely on informal support or public transit with limited accessibility can be restrictive. A truly flexible and sustainable approach requires a wider range of accessible transportation options that needs to be recognised and funded. For instance, the distinct role that CT plays in the lives of people with disabilities.

A clear example of the importance of CT can be pulled from the draft exclusion list itself. Under the proposed changes, participants with severe Parkinson's disease might no longer be able to receive funding for trips to the hairdresser or nail salon, which are essential for maintaining personal hygiene, dignity and community wellbeing. These seemingly minor services can have a significant impact on individuals' mental health and quality of life.

Value/benefits of CT for NDIS

CT offers a unique set of advantages for NDIS participants, going beyond simply providing vehicles trips.

- **Door-to-door service:** CT providers pick up and drop off passengers directly at their homes or other specified locations. This is in contrast to public transport options, which typically requires passengers to walk to and from stops or stations. This level of care, assistance and tailored support promotes social connection and empowers NDIS participants to take control of their lives.
- **Access to public transport services:** CT eliminates this ‘first and last mile’ challenge faced by many NDIS participants who struggle with using public transport due to distance or limitations in mobility. Door-to-door pick-up and drop-off ensure participants can access essential services and activities regardless of location.
- **Regulated and affordable:** Poorly managed NDIS providers potentially put consumers at risk. The influx of large unregulated NDIS providers motivated by profit has raised concerns about potential exploitation of vulnerable clients, with many of them charging exorbitant fees (price gouging). Some are also charging administration fees without delivering adequate quality services, similar to some issues raised in the aged care space. CT services are designed to be affordable and accessible, with trained drivers and organisational systems that protect people with disabilities.
- **Tailored support:** CT services are designed with individual needs in mind. Trained staff assist with boarding, disembarking, and navigating unfamiliar environments, promoting greater independence and confidence.
- **Improved health outcomes:** Accessing healthcare appointments and social activities contributes to overall well-being. CT removes transportation barriers that can hinder participants from managing their health effectively.
- **Reduced isolation:** The NDIS currently focuses primarily on the functional aspects of transport (for example, getting participants to appointments). The broader social benefits, like reduced social isolation, improved mental well-being, and increased community participation, are not adequately considered. CT provides opportunities for social interaction and community engagement. Sharing rides with others and having familiar drivers reduces feelings of loneliness and isolation, often experienced by people with disabilities.
- **Safety:** Transport options like Uber often lack the comprehensive safety protocols, culture and driver screening processes of registered CT providers. This can leave participants vulnerable. CT prioritises safety standards with rigorous checks, trained staff, and well-maintained vehicles, offering peace of mind for vulnerable participants and their families. This aligns with the recommendations of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.
- **Cost-effectiveness:** CT can be a cost-effective alternative to individual funded transport options, particularly for short trips or group outings. Having multiple people in the same vehicle increases efficiency and saves costs for everyone. It also reduces reliance on informal support networks, freeing up carers' time and resources.

Integrating CT as a fully funded core service within the NDIS framework can unlock the full potential of the scheme, fostering independence, inclusion, and a better quality of life for all participants, and ACTA stands ready to collaborate, ensuring CT empowers all participants.

Community Transport Pricing Pilot (CTPP)

The CTPP is a project that aims to develop a more accurate way of calculating transport costs for the Commonwealth Home Support Programme (CHSP) CT services.

We believe that the CTPP has the potential to set benchmarks for trip pricing that could be used to inform NDIS policy and price setting. The CTPP is developing a national pricing model/matrix that takes into account the variety of factors that influence the cost of CT services, such as distance, time of day, and the type of service required.

By adopting a national pricing model/matrix based on the CTPP, the NDIS would be able to ensure that funding for CT services is fair and equitable for all participants. This would help to ensure that people with disability have access to the essential transport services they need to participate in their communities.

Conclusion

CT services are integral to the NDIS due to their community-based, person-centred approach. Excluding CT from the draft list of funded supports would have serious negative impacts on people with disabilities.

The NDIS Review highlighted the need for flexibility and participant choice. A rigid list of supported services limits options and increases administrative burden. Rather than defining exhaustive lists of funded and non-funded supports, ACTA encourages the government to identify a range of disability-related supports, which should include CT. This would enhance flexibility and reduce the need for cumbersome exemption processes.

ACTA notes that CT services should be explicitly included in the NDIS funding framework. Excluding them would be particularly detrimental in rural and regional areas, where door-to-door services are vital. The withdrawal of CT providers due to inadequate funding would leave participants with a likely situation that they would be 'stuck at home' and have reduced access to medical appointments due to the cost of specialist transport costing far more than public transport. Market failures and funding inadequacies observed by ACTA members across Australia also highlight the ongoing issues with NDIS support. Under-resourced CT services provide a cost-effective and flexible solution for many participants and the NDIS overall, and their inclusion will benefit all stakeholders.

Thus, ACTA urges the government to include CT services as part of NDIS funding and potentially even reconsider the very *need* of an 'out' list.