

Access to disability funding for Australian children depends on wealth

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Waiting times for children under the age of six to access disability support under the Australian government's National Disability Insurance Scheme (NDIS) depend on the wealth of the suburb in which the child lives.

An investigation carried out by the Australian Broadcasting Corporation (ABC) has revealed this latest example of how social inequality produces unequal access to health and related services, intensifying the gulf between rich and poor.

Children born with developmental delays, such as autism, require an assessment before receiving funding under the NDIS. These assessments, used to discover the underlying cause of the developmental delay, are typically completed by a multi-disciplinary team, including a physiotherapist, occupational therapist, psychologist and speech pathologist.

It is critical for these children to receive early intervention supports as rapidly as possible. Research demonstrates that early supports are crucial for development and can enable some people with a disability to live with little to no assistance.

In Sydney, Australia's largest city, children living just one hour away from each other face dramatically different times to receive an assessment. In the wealthy suburb of Randwick, at Sydney's Children's Hospital, children wait two to ten months for an assessment.

By contrast, in the poorer suburb of Campbelltown, hospital records demonstrate children are waiting at least a year for an assessment. One child waited 697 days and another 640 days.

Shanice Rees told the ABC that her son William waited 15 months to see the specialist team at Campbelltown hospital, where he was diagnosed with autism. While waiting she received no funding from the NDIS.

Speaking on ABC radio, Rees said: "They say, 'early intervention, you've got to catch it early.' I'd love to catch it early, but it's up to you to help me get it early, and not wait until we're 12 months out from school, and that's when we get the help—it's ridiculous."

The situation is similar in Melbourne, the country's second largest city. In the inner-city suburb of Parkville, wait times at The Royal Children's Hospital are, on average, six months. However, children in the southeastern suburb of Clayton wait, on average, 12 months for an assessment at Monash Children's Hospital.

The disparity may even be greater. The ABC revealed that Monash Children's Hospital rejected half of all referrals for developmental delays because it lacked service capacity. Freedom of Information (FOI) data revealed that if these referrals were accepted "wait times would be in excess of four years."

Moreover, the statistics fail to capture the number of children not seen in the public sector. Many families, who are desperate for support, are turning to the private health system to get assessments, which can cost thousands of dollars.

Federal Government Services and NDIS Minister Stuart Robert tried to dismiss the investigation, stating: "If you have a child under the age of 6 who you believe has a developmental delay, you can take them straight into an early childhood, early intervention partner." He claimed: "You do not need a diagnosis to seek access to the NDIS."

In practice, this is a lie. To access the Early Childhood Early Intervention (ECEI) program, a professional must identify a developmental delay. For any long-term early intervention supports, a diagnosis must be made.

"Without a diagnosis you're not helped" commented

April Whitley, who lives in Campbelltown with her two-year-old son Ayden, who is diagnosed with autism. “If you have a diagnosis you can get funding to help you whereas if you don’t have it, it’s like you’re not there.”

Robert, the minister, also told the ABC that the wait times for a diagnosis was strictly a state government issue, stating the federal government does “not have any plans to step in and solve the failings of state hospitals because that is their responsibility.”

While state and federal governments blame each other, all work together to transfer wealth from public services into big business. In New South Wales, Labor and Liberal-National Coalition governments alike have overseen the dismantling of the public health services, creating a social crisis in the state’s poorest suburbs.

In Victoria, a Liberal state government undertook a wrecking operation of the public healthcare system in the 1990s, closing 17 hospitals across the state. Subsequent state Labor governments continued this process, introducing public-private partnerships (PPPs), which saw the looting of public assets and became a national model for the demands of big business.

The NDIS is part of this process. First introduced by the Greens-backed federal Labor government in 2012, the scheme was supported by the Coalition and the trade unions. It was modelled on recommendations by the Productivity Commission, a pro-market body that specialises in the privatisation of public services.

Heralded as a progressive social reform, the reality was that the NDIS is designed to further privatise the provision of social services, leading inevitably to greater health and social inequality.

The author also recommends:

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