

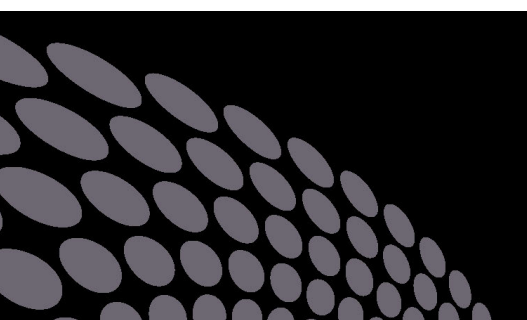
Australian Parliament

Joint Standing Committee on the National Disability Insurance Scheme

General issues around the implementation and performance of the NDIS

Occupational Therapy Australia submission

April 2022



Executive summary

Occupational Therapy Australia (OTA) welcomes the opportunity to make a submission to the Joint Standing Committee's *Inquiry into General issues around the implementation and performance of the NDIS*.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of December 2021, there were approximately 26,500 registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to participate in meaningful and productive activities.

Occupational therapists are dedicated to building a stronger NDIS that fulfills its promise and endures for the benefit of future generations. In order to achieve this, certain elements of the NDIS must be reviewed and developed. This submission outlines key areas in which OTA believes this change should occur. These areas include:

- Ensuring participants receive the highest possible care through appropriate funding of initial and ongoing assessments for assistive technologies;
- Ensuring occupational therapists are able to follow clinical best practice when prescribing assistive technology to participants; and
- Improving communication and consultation channels regarding changes to NDIS policies and processes.

Summary of Recommendations

Recommendation: The NDIA ensure that participants' plans retain sufficient funding to ensure assistive technology is being suitably assessed, trialled, prescribed, installed and modified when needed and participants are appropriately trained and instructed on proper usage.

Recommendation: The NDIA ensure participants are provided with safe and high-quality care through appropriately funded assessment and prescription by occupational therapists in keeping with clinical best practice guidelines.

Recommendation: The NDIS consult more proactively with appropriate stakeholders, including participants and peak bodies, at the beginning of the consultation process before changes to policies are made.

Recommendation: The NDIS develop a centralised communication hub where relevant provider information is published. This information may include upcoming changes to policies or consultation opportunities.

The role of occupational therapists in the NDIS

Occupational therapy is a person-centred health profession concerned with promoting health and wellbeing through participation in occupation. Occupational therapists achieve this by working with participants to enhance their ability to engage in the occupations they want, need, or are expected to do; or by modifying the occupation or the environment to better

support their occupational engagement. Occupational therapists provide services across the lifespan and have a valuable role in supporting participants affected by developmental disorders; physical, intellectual, chronic and/or progressive disability; and mental health issues.

Given their expertise and area of practice, many occupational therapists deliver services funded by the NDIS. Services focus on promoting independence in activities of daily living and enablement of social and economic participation. These services may include functional capacity assessment and intervention; disability-related chronic disease management; prescription and implementation of assistive technology and/or environmental modifications; mental health interventions; positive behaviour support; driving assessments (when specifically trained to do so); and targeted, goal-focussed rehabilitation.

Significantly, occupational therapists are highly skilled in assessing the degree to which a person's disability affects their level of function in daily tasks. Based on these assessments, occupational therapists make recommendations for, and then deliver, interventions that enhance and maintain an individual's functional capacity.

General issues around implementation

Mid-cost assistive technology process and ensuring best practice

Firstly, OTA acknowledges the recent simplification of the mid-cost assistive technology (AT) process and welcomes the intent of the National Disability Insurance Agency (NDIA) to ensure participants have greater, more efficient access to vital assistive technology. Participant control and choice is a central tenet of the scheme and something OTA strongly supports. However, while the NDIA intends this simplification to be beneficial for participants, it raises potential issues and challenges in how assistive technology is prescribed.

Occupational therapists are responsible for using their professional judgement to deliver the best possible outcome for their clients. This care involves completing adequate assessment of the client and both formulating and implementing a suitable intervention plan. Clinicians are required to use evidence-based care and their professional judgement to decide what level of assessment and intervention is required. Additionally, clinicians have a responsibility to ensure services provided are appropriate for the assessed needs of the client and are not "excessive, unnecessary or not reasonably required." (Occupational Therapy Board, 2014, 16).

Despite the increased speed with which participants are now able to access mid-cost assistive technology, this quicker process does not eliminate the need for funding to be included in a participant's plan for an occupational therapist to carry out a best practice assessment and intervention process in line with their code of conduct (Occupational Therapy Board, 2014).

The new mid-cost AT process must ensure that the vital clinical oversight provided by occupational therapists is appropriately funded in participant plans. A lack of professional assessment in assistive technology prescriptions is not in the best interests of the participants, as even though they may receive their assistive technology sooner, it might not

be the most appropriate technology for them. This would increase the risk to participants and potentially result in worse outcomes.

The needs of individual participants are different, and as such, occupational therapists must apply unique clinical reasoning to each participants' ability and situation. Ensuring that participant plans are appropriately funded to allow occupational therapists to provide this clinical reasoning at the point of initial assessment will enable a more accurate determination to be made on the appropriate level of assessments, trials and prescriptions required.

Similar to appropriate initial assessments of clients, the simplification of the mid-cost AT process must be accompanied by sufficient funding to support the installation, maintenance, and monitoring of said technology. Funding must be provided to allow participants to be educated in the proper use of their technology as the technology may do more harm than good if used incorrectly. Additionally, as participants' functional abilities change over time, without the continued clinical oversight of occupational therapists and without proper maintenance and adjustments, there is an increased risk to participants using assistive technologies that may no longer be appropriate.

Ultimately, OTA supports the NDIA in their endeavours to streamline the assistive technologies assessment process, however, it must not come at the cost of clinical best practice which exists to ensure occupational therapists provide clients with the highest level of care.

Recommendation: The NDIA ensure that participants' plans retain sufficient funding to ensure assistive technology is being suitably assessed, trialled, prescribed, installed and modified when needed and participants are appropriately trained and instructed on proper usage.

Allowing adherence to professional standards and code of conduct

The NDIA has previously noted that if consumer law is breached in relation to advice or the prescription of assistive technology, pursuit of replacement or refund of costs via the assistive technology advisor's professional indemnity insurance may be made.

We remind the committee and the NDIA that the needs of many participants change over time and that consequently prescribed technology may at some point become outdated and inadequate.

Appropriately funding occupational therapy assessments for those participants who require assistive technology will reduce the number of instances of inappropriate prescription. The new mid-cost AT process, by potentially avoiding the necessary initial and ongoing assessments by clinicians, may result in a higher number of participants using inappropriate technology.

Insufficient funding for clinical work would not only increase the risk to participants as explained above, but without appropriate funding to follow professional best practices, occupational therapists would be exposed to increased professional risk and, in some instances, this may leave them uninsured. This increased risk to prescribers may cause a reduction in the provider market for assistive technology, therefore resulting in less choice

and control for participants in accessing this technology. This would ultimately achieve the opposite of what the recent changes aimed to provide and contradict a central tenet of the scheme.

Ultimately, ensuring occupational therapists are able to operate within best practice standards will protect both participants and providers.

Recommendation: The NDIA ensure participants are provided with safe and high-quality care through appropriately funded assessment and prescription by occupational therapists in keeping with clinical best practice guidelines.

Lack of communication and consultation on changes

OTA, much like the NDIA, is driven by a desire to ensure Australians with disability are provided safe, effective and affordable support. OTA acknowledges that decisions made by the NDIA are made in support of this cause, however, often these changes can have unforeseen clinical consequences that ultimately act against the best interest of the scheme and its participants and care providers.

More proactive consultation before these changes to policies and procedures are made would allow these inefficiencies and issues to be resolved before they are implemented. By getting it correct the first time, it would not only save the NDIA significant resources in undoing these changes but would allow allied health professionals that operate within the scheme to provide care more effectively and efficiently.

OTA encourages the NDIA to proactively approach allied health professionals and their peak bodies to collaboratively develop these policies from the outset rather than implement changes and then seek feedback on the results. One potential solution might be the introduction of an allied health advisory board for the NDIS to collaborate with in order to identify issues and solution before changes are implemented.

Subsequently, when these changes are then implemented, communication is often lacking in how relevant care providers are informed. OTA members inform us that they receive information bit by bit from various places. These include from NDIS employees such as support coordinators or from public forums such as occupational therapy social media groups.

Occupational therapists and subsequently participants of the scheme would benefit immensely from a more centralised and consistent communication platform. This would allow occupational therapists to ensure they are following appropriate guidelines and processes. Furthermore, it would allow all allied health providers to be aware of all upcoming changes to processes and the potential opportunities to influence and contribute to their development.

Recommendation: The NDIS consult more proactively with appropriate stakeholders, including participants and peak bodies, at the beginning of the consultation process before changes to policies are made.

Recommendation: The NDIS develop a centralised communication hub where relevant provider information is published. This information may include upcoming changes to policies or consultation opportunities.

Conclusion

OTA thanks the Joint Standing Committee for the opportunity to make this submission and contribute to discussions on this important scheme.

Please note that representatives of OTA would gladly meet with committee to expand on any of the matters we have raised.

References

Occupational Therapy Board. (2014). *Code of Conduct*. Retrieved from
<https://www.occupationaltherapyboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx>