



Osteopathy Australia wants to thank the Community Affairs Legislation Committee for the opportunity to provide feedback on the *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024 (The Bill)*.

This submission addresses critical concerns regarding the Bill, including assessment processes, foundational supports, insufficient time for meaningful consultation, the transition to a budget-based framework, and the need for transparency and inclusivity in the legislative process.

Osteopathy and Osteopathy Australia

Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession, and consumer's rights to access osteopathic services. Our core work is liaising with state and federal government and all other statutory agencies, professional bodies, and private industry regarding professional, educational, legislative, and regulatory issues. Osteopaths in Australia are university-qualified allied health practitioners registered with the Australian Health Practitioner Regulation Agency (Ahpra). Most registered osteopaths are members of Osteopathy Australia.

Osteopaths achieve their qualifications through a dual bachelor's or a combination of bachelor's and master's degrees. These courses encompass anatomy, biomechanics, human movement, and the musculoskeletal and neurological systems. They also cover clinical intervention techniques, all of which are grounded in a biopsychosocial approach to management.

Allied health professionals, especially those in healthcare and disability services, play a pivotal role in implementing the Disability Royal Commission into violence abuse, neglect, and exploitation of people with disability and the Independent Review of the National Disability Insurance Scheme (NDIS) recommendations. Allied health professionals (AHPs) play a significant role in preventative health by increasing an individual's functional capacity to avoid deconditioning and degradation.

Osteopaths play a crucial role in the healthcare system, offering a unique and valuable perspective on musculoskeletal health. Like physiotherapists, osteopaths address musculoskeletal issues, conditions, or injuries, emphasising a holistic approach to client care. They employ manual therapy techniques, exercise prescription, and client education to enhance overall well-being. Osteopaths bring distinct expertise in diagnosing and treating conditions through a lens that considers the interconnectedness of the body's structure and function. Recognising the importance of osteopathy and raising awareness of its capabilities is vital to expanding the available workforce in this field. By doing so, we can ensure a more comprehensive and diversified range of healthcare professionals are available to meet the growing needs of people with disability, thereby improving overall outcomes.

Our feedback on the National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024

While we acknowledge the Bill's intent to improve the NDIS framework and enhance participant outcomes, we have identified several areas of concern that warrant attention and consideration.



The first point on page one of the Explanatory memorandum of the Bill requires that the National Disability Insurance Agency (NDIA) give clear information to participants on the criteria for entering the scheme either via meeting the disability requirements and/or early interventions. Discrepancies between Minister Shorten's address, and the content of the Bill raises concerns about clarity and alignment between government messaging and legislative content.

However, the 'foundational supports' that Minister Shorten referred to when he addressed parliament on 27 March 2024 and are referred to throughout the final report of the Independent Review into the NDIS (NDIS Review) are not mentioned once in this Bill. While we recognise that foundational supports are not a part of the NDIS or the NDIS Act, it is crucial to establish them before making changes to the NDIS Act. Foundational supports must be co-designed in collaboration with the disability community, state and territory governments, representative organisations, and allied health professions, including osteopathy, to ensure participants' needs are addressed before this Bill becomes law. The Bill must be amended to contain core 'principles' such as inclusivity, accessibility, equity, collaboration, transparency, accountability, sustainability, empowerment, innovation, and respect and dignity should be added to the legislation to ensure that any future co-design addresses and meets these standards.

We understand that the consultation, co-design, and establishment of foundational supports will take time, and it should take time to be carefully and collaboratively designed and implemented. Establishing foundational supports after the Bill is signed into law by the governor-general could have significant consequences for participants who are removed from the NDIS scheme. This abrupt change could have severe consequences for those affected, destabilising their support system. Enacting the Bill without first implementing foundational supports puts the cart before the horse.

Our questions to government

Before we provide further feedback on the Bill, the following questions for government set the scene for our submission:

1. What steps is the government taking to establish foundational supports before the Governor-General enacts the Bill into law?
2. How will the absence of foundational supports before the Bill's implementation impact individuals who may be removed from the NDIS scheme under the new rules?
3. What provisions are being made regarding flexible funding and the removal of line items in the Bill, and how will these mechanisms operate to ensure the effective management and allocation of resources within the NDIS?
4. How will the co-design process for funding mechanisms be facilitated, particularly considering the removal of line items in the Bill?
5. Will associations representing stakeholders, including allied health professionals, such as osteopaths and the consumers they work with, be actively involved in this co-design process to ensure that the changes align with the diverse needs and perspectives of all involved parties?
6. Can the government reassure individuals that they will not experience disruptions to their support systems due to the timing discrepancy between establishing foundational support and enacting the Bill?



7. What contingency plans are in place to mitigate potential adverse effects on individuals relying on the NDIS for essential support services?
8. How does the government plan to address the concerns raised by stakeholders regarding the absence of foundational supports in the Bill and its potential implications for individuals with disabilities?
9. What will the co-design process for these changes entail, and how will this allow adequate time for thoughtful implementation?
10. Considering the current lack of process transparency, how will the government ensure transparency and accountability throughout the implementation process to address concerns raised by NDIS as a whole?
11. What happens to participants that are currently plan-managed? Are they forced to become agency-managed or learn to manage their own funds?
12. Are there provisions to ensure participants' preferences regarding plan management are respected during the transition period?
13. How will the government address concerns about potential disruptions to participants' support arrangements during the transition to the new framework?
14. Under the new budget framework, what support mechanisms will be available to participants who may require assistance in managing their own funds?
15. Has the government assessed the potential impact of the shift to a budget-based framework on the accessibility and quality of services for participants?
16. Will additional resources be allocated to support service providers in adapting to the new budget-based framework and ensuring continuity of care for participants?
17. How will the government ensure that allied health professionals, such as osteopaths, are included in the co-design process for assessment methods?
18. Can the government provide details on the mechanisms in place to facilitate the meaningful participation of allied health professionals, including osteopaths, in the development of assessment tools?
19. Will there be specific opportunities for allied health professionals, including osteopaths, to contribute their expertise, perspectives, and feedback they receive from consumers to the design of assessment methods?
20. What steps will be taken to address barriers preventing allied health professionals from participating effectively in the co-design process?
21. How will the government ensure that the co-design process for assessment methods reflects the diverse needs and experiences of participants, service providers, and allied health professionals?
22. Are there plans to provide training or resources to support allied health professionals in engaging effectively in the co-design process for assessment methods?
23. Can the government elaborate on the process for developing a more straightforward definition of NDIS supports, and how will it ensure the inclusion of all relevant allied health professions, such as osteopathy, in this definition?
24. What steps will be taken to prevent unintended exclusions or limitations in service provision for allied health professions while developing the definition of NDIS supports?



25. Will there be opportunities for consultation and collaboration with allied health professionals, disability advocacy groups, and other stakeholders to develop alternative transition measures that accurately reflect participants' diverse needs and preferences?
26. How does the government plan to ensure that granting the NDIA greater control over participants' plan management types does not compromise the principle of choice and control for participants?
27. Will there be mechanisms to seek participants' consent or input before changing their plan management types?
28. Can the government assure that any changes to participants' plan management types will be made in consultation with them and with consideration to their preferences and needs?
29. How will the government address concerns about potential implications for participant autonomy and decision-making if they must switch plan management types without their consent?
30. What measures will be implemented to safeguard participants' rights and ensure they retain choice and control over their NDIS plans and supports?
31. Are there plans to provide clear guidelines or protocols for changing participant plan management types, including provisions for seeking participant input and consent?
32. How will the government monitor and evaluate the impact of changes to participant plan management types on their overall well-being and satisfaction with the NDIS scheme?
33. Can the government explain why the development of the Bill lacked transparency and a co-design approach despite references to co-design within the legislation?
34. How does the government plan to ensure fairness, accountability, equity, and inclusivity in future legislative initiatives related to the NDIS?
35. Will the government commit to conducting meaningful consultation and co-design processes for future developments and amendments to the NDIS legislation with considerable and manageable timeframes?
36. Can the government outline its strategy for including allied health professionals, including osteopaths, in developing new NDIS rules to ensure that diverse needs are adequately addressed?
37. What specific measures will be implemented to ensure that the voices of allied health professionals, including osteopaths, are heard, and considered in the decision-making process for developing NDIS rules?
38. How does the government plan to foster collaboration and cooperation between stakeholders, including disability representative organisations and allied health professionals, including osteopaths, in future consultations and co-design processes related to the NDIS?

A lack of co-design process

The financial impact statement of the Bill states, 'The changes in the Bill are expected to contribute to decisions made by the National Cabinet to moderate cost growth of the NDIS in the medium to long-term and meet the 8 per cent sustainability target by 1 July 2026. The immediate changes arising from the Bill can be operationalised by the Agency from early 2024-25.' The changes raise concerns, particularly given that we are currently in July 2024, and many of the changes outlined in the Bill are intended to be co-designed. However, there appears to be insufficient time allocated for



genuine and substantive consultation, compounded by the imminent submission deadline and unestablished foundational supports.

While we support stakeholder involvement in co-designing assessment methods, it is essential to ensure that the voices consumers, plus allied health professionals, including osteopaths, are adequately represented in these discussions. Their expertise is invaluable in determining the appropriate assessment tools. Amendment 18 inserts section 211, involving co-design commits that 'Disability Representative Organisations will play a key role in consultation and co-design activities', which lists several activities, methods, and people to include in these consultations and co-design. However, this amendment does not specify the depth and extent of the consultation and co-design process, nor does it clearly outline who will be invited to participate in each step. This lack of detail leaves significant gaps in ensuring that the consultation and co-design activities are truly inclusive and representative of the diverse disability community. The disability community, workforce and those who serve them deserve more clarity, transparency and workable timeframes for true consultation and co-design. To date, timely, quality planning, review and implementation of outcomes has not been a hallmark of the Scheme.

The co-design process for funding mechanisms must be inclusive and transparent, especially in the context of removing line items. Engaging associations representing diverse stakeholders, including allied health professionals like osteopaths, ensures that the resulting framework effectively addresses the nuanced requirements of participants and service providers within the NDIS.

While protective measures are necessary to safeguard participants, we are concerned about the potential impact of granting the NDIA greater control over participants' plan management types. If changes are made without participant consent, this could undermine the principle of choice and control for participants.

Osteopathy Australia emphasises the importance of meaningful consultation and co-design processes in developing new NDIS rules. It is essential for allied health professions, including osteopathy, to have a seat at the table to ensure that the rules adequately address the diverse needs of participants and providers.

A call for clear and transparent information

We endorse the requirement that the NDIA offer precise information to participants about the criteria for entering the scheme. However, this information must be easily understandable, transparent, applied consistently, and accessible to individuals with diverse needs and backgrounds.

In Item 3, Section 8 (paragraph (c) of the paragraph beginning 'The National Disability Insurance Scheme comprises'), The new framework will change from 'reasonable and necessary supports' to a 'reasonable and necessary budget'. The Bill's shift from 'reasonable and necessary supports' to a 'reasonable and necessary budget' raises concerns about participant budgets and the transparency of funded services, particularly regarding the eligibility of services for funding through participant budgets. The change could have significant implications for participants and service providers alike. It



is crucial to consider how this change will affect funding allocation and service delivery, particularly in ensuring that participants continue receiving the necessary supports.

We welcome the proposal to provide a more explicit definition of NDIS supports. However, ensuring this definition is comprehensive and inclusive of all relevant allied health professions, including osteopathy, is essential to prevent unintended exclusions or limitations in service provision. We support the removal of the Applied Principles and Tables of Support (APTOS) 2015 as a transitional measure; it is crucial to develop alternative transition measures that accurately reflect participants' needs and preferences, including those related to osteopathy and other allied health professions.

The consideration of timelines and their impact

The condensed timeline for consultation risks limiting the depth of feedback, potentially diminishing comprehensive stakeholder engagement and input, and further exacerbating the issues arising from the lack of inclusion of allied health clinicians in current co-design activities. The introduction of the Bill without an official government response to critical inquiries prompts concerns regarding the balance between legislative priorities and comprehensive policy responses. We have previously expressed our concerns about the delays in releasing a government response to the Disability Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the NDIS Review and lack of transparency in how the government is making decisions about its response. This consultation has only further exacerbated such concerns.

In conclusion, Osteopathy Australia urges the Community Affairs Legislation Committee to carefully consider our concerns and recommendations in drafting and implementing this and future Bills. We remain committed to collaborating with relevant stakeholders to ensure the effective delivery of services and supports to NDIS participants.

Osteopathy Australia would again like to thank the Community Affairs Legislation Committee for the opportunity for consultation. For any additional information or comments, please contact us by phone at 02 9410 0099 or by email at clinicalpolicy@osteopathy.org.au.