

What we have heard – NDIS Review interim report

NDIS REVIEW

Submission by

Australian Physiotherapy Association (APA)

August 2023

Authorised by:

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Submission questions

Insert details about who made this submission, or any further information

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Authorised by Anja Nikolic, Chief Executive Officer

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This submission is based on APA's policy and advocacy work on NDIS matters. Further consultation with APA members was conducted to specifically address the questions raised in the interim report.

1. Applying and getting a plan

You have told us that getting access to the NDIS is not simple or straightforward. Once in, planning processes are complex, confusing and stressful, and that there is little trust or confidence in the way decisions are made.

What we want to know now

How can we empower you through the planning process?

Prompts to help you answer this question:

- What does the NDIA need to know about you to make better decisions on whether you are eligible for the scheme?
- What would make access and planning simpler and less stressful?
- How can the NDIA engage better with First Nations Australians, people from culturally or linguistically diverse backgrounds, people who identify as LGBTIQ+, gender diverse people, people with complex needs and people from disadvantaged backgrounds in the planning process?

Insert your response to this question

Please refer to the work of the Information Gathering for Access and Planning (IGAP) project, particularly the work undertaken with Allied Health Professions Australia (AHPA) and Appendix 1 - Specific issues with assessments and reports for eligibility and planning.

The APA also commends the work of the Joint Standing Committee on the NDIS and their work on Independent Assessments and on Planning.

1. What does the NDIA need to know about you to make better decisions on whether you are eligible for the scheme?

2. What would make access and planning simpler and less stressful?

- Ensure the eligibility and planning workforce is skilled, qualified in disability, function, and when possible has lived experience.
- Automatic eligibility for people with permanent and progressive conditions.
- Take into consideration diagnosis and prognosis, but also function.

- Accept allied health professionals' recommendations; understand assistive technology (for example, the same person can need a walker AND a wheelchair).
- Provide a clear flow chart of the application process and what participants need to do.
- Each participant has a dedicated case manager at the agency they can contact for help, questions, and updates.
- Don't organise unplanned plan review over the phone. Support participants and aspiring participants through the eligibility and planning process.

3. How can the NDIA engage better with First Nations Australians, people from culturally or linguistically diverse backgrounds, people who identify as LGBTIQ+, gender diverse people, people with complex needs and people from disadvantaged backgrounds in the planning process?

- Same as above.
- All interactions with the NDIA should be safe for people of all backgrounds. The eligibility and planning workforce needs to be culturally competent, LGBTIQ+ safe, trauma-informed, aware of how financial hardship impacts people.
- If necessary, co-design specifically designed eligibility and planning pathways for priority populations.

2. A complete and joined up ecosystem of support

We have observed that support for Australians with disability is not planned, funded or governed as a whole ecosystem. There is not enough support for people with disability outside the NDIS. This is unfair and is undermining the sustainability of the NDIS. Which results in people falling through the cracks and missing out on much needed support.

What we want to know now

What is the best way to provide supports for those not in the NDIS?

Prompts to help you answer this question:

- What services and supports should be available to people with disability outside the NDIS and who should provide them?
- How can governments work better to deliver a joined up system of inclusion and support for all Australians with disabilities (within and outside the NDIS)?
- Should some supports be available to all people with disability and so both in and out of the NDIS?

Insert your response to this question

1. How can governments work better to deliver a joined up system of inclusion and support for all Australians with disabilities (within and outside the NDIS)?

Main solutions mentioned by members include, in general:

- Ensure national coordination across all sectors to ensure accessibility and inclusion: housing (and building standards), education, health, social services, care, transport, etc., at all levels of government.
- Ensure consistency of accessibility (to the highest standard) and availability of supports across states and within states – one's postcode shouldn't determine the supports that are available to them.
- Removing age limits to access the NDIS for fairness of access.
- Provide and fund social support coordination (including welfare and financial supports) for people with disability.
- Re-establish community services and community-based programs for mental health, paediatrics, and medical rehabilitation.

- Ensure coordination between hospitals and NDIS and Aged Care – with NDIA staff in hospitals.
- Ensure accessibility for all children to leisure and sport activities in the community (gym, dance, soccer, swimming, etc.) This can be done by embedding physiotherapists or with physiotherapists working with therapy assistants.

As it relates to physiotherapy specifically:

- Embed physiotherapists in schools to provide therapy supports based on physical goals to improve inclusion, participation, and interaction with peers.
- Fund access to physiotherapy (including group sessions) in primary care beyond the very limited MBS items that exist for chronic conditions.

2. Should some supports be available to all people with disability and so both in and out of the NDIS? Yes.

And what services and supports should be available to people with disability outside the NDIS and who should provide them?

Physiotherapy supports, mental health services, social work and allied health supports in general. MBS funded allied health sessions and / or in community health centres.

Members increasingly report that the NDIA refuses to fund supports that are deemed to be the responsibility of the health system. It is understandable that the NDIA only accepts to fund supports within their scope, however, in the absence of those supports being available or funded in the health system, what solution is left to people with disability? Not rhetorical, this is a genuine question addressed to the Review.

3. Defining reasonable and necessary

Lack of a clear, shared understanding of what is considered 'reasonable and necessary' leads to complexity, confusion, conflict and inconsistency.

What we want to know now

How would you define reasonable and necessary, and put it into practice?

Prompts to help you answer this question:

- How can reasonable and necessary be more clearly defined so that there is a shared understanding between participants and the Agency and participants have certainty about future funding?
- What would help you understand how reasonable and necessary applies to you?
- What steps could the NDIA take to make decisions about reasonable and necessary which are more consistent and fair?

Insert your response to this question

1. How can reasonable and necessary be more clearly defined so that there is a shared understanding between participants and the Agency and participants have certainty about future funding?

The APA stands by our support given in 2012 to the definition of Reasonable and Necessary being as followed:

"Reasonable and necessary supports:

a. are designed to support the individual to achieve their goals and maximise their independence;

b. support the individual's capacity to undertake activities of daily living to enable them to participate in the community and/or employment;

c. are effective, and evidence informed;

d. are value for money;

e. reflect community expectations, including what is realistic to expect from the individual, families and carers; and

f. are best provided through an NDIS and are not more appropriately provided through other systems of service delivery and support, including services that are offered by mainstream agencies as a part of its universal service obligation to all citizens. "

We would complement point c. by adding 'within best clinical practice guidelines.'

Regarding point f., it is important to ensure that if the supports are best delivered outside the NDIS, they are delivered and accessible to participants, not just theoretically.

The APA agrees with Dougie Herd that 'reasonable and necessary' depends on who you are, where you are, your conditions, and your personal circumstances (as expressed at the NDIS Review webinar to introduce the interim report).

We also welcome Ms Dane's comments regarding the fact that capacity building can be ongoing, not a one-off support. Maintenance therapy is a critical component of the supports a person with disability can receive. Capacity building is of particular importance during stages of rapid change, i.e., growth in paediatrics, to prevent complications that impact function and participation.

The Review panel wants to know how to 'un-complicate reasonable and necessary and ensure consistency'. As it has been said many times before across the sector, consistency, fairness, and certainty, will come from a fair eligibility and planning process, with a skilled planning workforce that trusts the expertise and reports of physiotherapists and allied health professionals.

The Joint Standing Committee on the NDIS provided many insightful recommendations regarding increasing the fairness and consistency of the eligibility and planning processes in their reports related to planning and to independent assessments.

The Information Gathering for Access and Planning (IGAP) project has also undertaken extensive work, including in cooperation with Allied Health Professions Australia (AHPA) that would be valuable for the NDIS Review to review.

Maybe once all these recommendations are implemented, it will become apparent that formalising and locking in a definition of reasonable and necessary is not by essence the issue.

APA members are generally comfortable with the criteria and their view is that the issue is often that the reasonable and necessary criteria is not well understood by the employees of the NDIA itself (or support coordinators). Many think that the definition itself is not the issue, rather the issue is that planners and delegates don't trust the evidence and recommendations made by allied health professionals.

Another issue is the lens applied to the criteria. Physiotherapy applies a long-term and preventative lens when looking at supports. One member said:

"What we see as reasonable and necessary will serve the participant into the future and reduce burden of care in the long term. Planners see reasonable and necessary as "not needing now, so won't worry about it". Our goals are always to increase independence for the sake of the participants' function and mental health. Often planners would rather fund option that create a reliance on others. E.g., exercise bike at home for stroke client has been declined many times with the option offered of attending a gym with an Allied Health Assistant (AHA) instead. Using a bike independently at home increases compliance, allows for use independently and client can use when suits versus NDIS suggestion of AHA at gym, now has to be a structured time, with funding for AHA and transport, client not able to complete independently and more costly to the NDIS. This example happens all too often across many contexts. Where clients have capacity to do something independently, but they are held back due to the NDIS terminology and ignorance of planners."

Members feel the criteria has acquired a negative connotation because it has been overused by planners to justify rejecting funding for supports.

There is consensus that, as Mr Herd said, what is reasonable and necessary is subjective and varies depending on a person's conditions, personal circumstances and goals.

It should start and be related to the diagnosis of a person, and then look at their personal functional ability, not an average across the people having the same condition(s).

Because the reasonable and necessary criteria is highly individualised, it is critical that a clear and transparent feedback loop is in place and that planners explain clearly on which basis they reject a support they deemed non reasonable and necessary. A repository of decisions could help.

An APA member has provided their own definitions of Reasonable and Necessary with an example:

Member B:

“Reasonable - is it something a non-disabled person would commonly do in everyday life. e.g., Necessary - will it allow the participant to the reasonable thing above.

Example: A participant with a stroke has one leg that is very weak. They used to ride a bike but can no longer do this. It is reasonable that a person can ride a bike, and it was something they used to be able to do. Is this reasonable? According to above definition I would say yes - it is something a non-disabled person commonly does, and this person used to do it.

Is it necessary? If purchase of an appropriate AT (e.g., eTrike or eBike) allows the participant to bike ride, then that is as necessary piece of equipment.”

2. What steps could the NDIA take to make decisions about reasonable and necessary which are more consistent and fair?

- Fix planning.
- Have minimum requirements for the skills and capability of the planning workforce on disability, lived experience, allied health supports, functional ability, inclusion, etc. A qualified workforce is paramount for consistent and fair decisions.
- Have a big enough workforce that planners actually have time to work on plans. Look at the opportunity of having multidisciplinary teams for planning.
- Limit the use of automated tools and work with allied health professionals to improve the tools that are used such as the Typical Support Package.
- Please refer to the work done by the Information Gathering for Accessibility and Planning (IGAP) project with Allied Health Professions Australia (AHPA), especially around the policy principles for IGAP.
- The APA has provided the IGAP project with tangible recommendations to improve the eligibility and planning process. Please refer to Appendix 1.
- In the past, Minister Shorten has expressed is interest in exploring the idea of an MBS or PBS like kind of list for NDIS supports.

The APA preference would be to have a clear list of which supports and therapies are not funded by the NDIS – with the list being the result of co-design with participants with clinical input from physiotherapists and allied health professionals. For the APA, it is really important that any kind of list, if it was adopted, would allow for transdisciplinary supports, and would be reviewed at least annually to accommodate for the integration of emerging (yet effective) practices and new technologies.

4. Early childhood supports

Early intervention for children is frequently not based on best practice. Not enough support is built around families and helping children to be included in their local community.

What we want to know now

What is the best way to support children with disability and those with emerging developmental concerns?

Prompts to help you answer this question:

- How can supports for children with disability be delivered in ways that lead to better outcomes for children?
- What does good support look like for children living with disability?
- In what settings should that support be provided, and by who?
- What supports or services do families need to help their children with disability thrive?
- How should families with children with disability be assisted and supported to navigate early childhood services?
- What supports for children with disability should be available outside the scheme?

Insert your response to this question

1. How can supports for children with disability be delivered in ways that lead to better outcomes for children?

2. What does good support look like for children living with disability?

3. In what settings should that support be provided, and by who?

- Good supports are best-practice evidence-based, take into consideration children and family goals, and are based on thorough clinical reasoning.

- Allow for the provision of supports by physiotherapists in natural environments in a variety of settings – childcare, school, home, community, etc. Everywhere it is relevant to the child to improve access and participation.

- Adopt a multidisciplinary, coordinated, and goal focussed approach that includes the children (appropriate to age), allied health professionals, their families and support

networks. Where relevant include educators, teachers, sport coaches, etc. Focus on involving children and their families in the therapy process.

- Ensuring the child can participate in activities in the community including by providing the equipment that is needed for them to participate.
- Time is of the essence for children, make sure children have access to the therapy supports they need as soon as possible and take a long-term view.

There is inherent value as well as economic value of maximising future function of children with disability by managing body structures and functions early, especially where the risk of complications is high through growth periods.

For example:

A child with hemiplegic cerebral palsy has high function. However if there is no monitoring and managing of body structures, significant leg length discrepancy is likely to occur, resulting in costly surgery and dysfunction later in life.

A child with osteogenesis imperfecta has significant opportunity for maximising bone density, quality of movement and gait efficacy, etc., however if these are not managed early there is a high later risk of falls and fractures resulting in an increased needs for supports and high economic costs.

- Ensure children have access to mainstream supports while a determination around their eligibility is made.
- Ensure fairness and consistency of eligibility and planning – see above.
- Regulate the delegation and supervision of therapy assistants and allied health assistants (AHA). Make sure that therapy supports are only delivered by allied health professionals or under their delegation and supervision – not by educators. Make sure parents understand the difference between an AHP and an AHA – not just the difference in cost.

4. What supports or services do families need to help their children with disability thrive?

5. How should families with children with disability be assisted and supported to navigate early childhood services?

- Provide supports to parents to navigate the Scheme – including with individualised case management style approach by qualified people (some LACs provide that level of support).

- Build parents' capacity, explain clearly what is expected of them in the NDIS and the supports available to them in the Scheme.
- Provide capacity building supports for all formal and informal supports of the child in the natural environments to pursue and consolidate the work undertaken with their therapist. At the same time, make sure the child has access to enough hours of therapy and therapy supports at home so parents can be parents, not be a substitute to a therapist.
- Support the emotional and mental health wellbeing of parents; provide more respite – to be extended to siblings and other family members involved.
- Communicate to parents in a way they can understand and in a format that suits them. Organise introductory / induction workshops – NDIS website has a wealth of information but is tricky to navigate and often not specific enough.

6. What supports for children with disability should be available outside the scheme?

To be embedded in mainstream settings and in the community:

- Supports to be at school, childcare.
- Supports to participate in sports and recreational activities.
- Financial literacy and transition into independent living programs.
- Access to MBS funded health and mental health supports.

5. The support and service marketplace

NDIS 'markets' are not yet working for all participants. The current approach to the market relies too much on competition. Not all participants have access to the supports they need.

What we want to know now

How can the markets be better designed, structured and supported?

Prompts to help you answer this question:

- What needs to be done to ensure the markets serve the interests of people with disability, rather than the other way round?
- What options would help when supports and services are not available in your region?
- What information do you need to understand what good service looks like?
- How could the pricing structure be redesigned to reward outcomes rather than the volume of transactions?
- What would attract and keep workers who have the right skills, value and attitudes?

Insert your response to this question

Please refer to APA's submission to the NDIS Review's issues paper on pricing and payment approaches.

1. What needs to be done to ensure the markets serve the interests of people with disability, rather than the other way round?

- This question assumes that 'markets' can be designed in a way that can best serve the interests of people with disability. Suggested read for the Review panel: The Careless State by Professor Mark Considine.
- Does the Review have examples (from overseas maybe) of market mechanisms that serve the interest of people with disability?
- Assuming that markets are best placed to serve people with disability:

- o Recognise the value of best-practice therapy, and the value and leadership of highly skilled therapy providers like physiotherapists;
- o Build participants' capacity to exercise choice and control; educate participants on evidence-based best practice;

- Accelerate the exclusion of fraudulent providers; identify and exclude low value supports;
- Ensure funding is appropriate so therapy providers can work collaboratively in a multidisciplinary and coordinated manner instead of creating artificial competition between allied health disciplines;
- Stop looking at providers in the NDIS as a homogenous cohort, physiotherapists are highly-skilled Ahpra-regulated health professionals;
- Remove unnecessary red tape that doesn't improve quality or safety for participants;
- Ensure that sole traders that enter the Scheme have enough experience to provide supports to people with disability.

2. **What options would help when supports and services are not available in your region?**

- Greater and better designed funding for travel.
- Fund telehealth.
- Flexibility in plans to fund alternative supports available in the area – if supports included in the plan are not available.
- Support outreach clinics.

3. **How could the pricing structure be redesigned to reward outcomes rather than the volume of transactions?**

Please refer to APA's submission to the NDIS Review's issues paper on pricing and payment approaches.

- In our submission mentioned above we have explained the risks linked to outcome-based funding and the perverse effects (such as nudging providers into choosing participants based on their likelihood to have the best, fastest, easiest outcomes and leaving out the most complex cases).
- Moving towards outcome-based funding at this stage of maturity of the Scheme would be unfair to many participants, especially children whose disabilities are not stable as growth and development occur, and participants with progressive

neurological conditions and rare diseases who require ongoing supports. Focusing on outcomes or improvements won't always be possible for people with progressive conditions or as they age.

- Focussing on evidence-based best practice supports is the best way to ensure good outcomes for participants. The agency can help by producing best-practice guidelines co-designed with the APA for physiotherapy supports, and educate participants so they are well-informed when exercising choice and control.
- Sometimes there will be a link between volume of transactions and participants' outcomes (see maintenance therapy), volume of transactions is not necessarily the problem. Low-value supports are the problem.
- It is important to start with solid outcome measurement monitoring. Physiotherapists are ideally placed to undertake outcome measurements.
- If supports were priced at the appropriate level, there wouldn't be an incentive to seek to increase the volume of transactions, providers could hire the best skilled professionals and deliver high-value supports always.

4. What would attract and keep workers who have the right skills, value and attitudes?

- Appropriate level of pricing for supports.
- Appropriate payment approaches and pricing arrangements.
- Pricing indexed with CPI and WPI.
- Stop the narrative around price-gouging and over-servicing that disproportionately targets allied health professionals.
- Fund supervision and student placements.
- Access to more training.

In the end, it is all about valuing the workforce, nothing specific to the NDIS here. Everyone wants to be respected for their skills, be paid accordingly, supported in their career development and progression, maintaining work-life balance, and not spend the valuable hours they could so doing their job in useless administrative tasks or fighting against the agency to justify that the recommendation they make are based on their expertise and in the best interest of participants.

6. Measuring outcomes and performance

Better measurement of outcomes and performance would help participants make informed choices, keep providers and government accountable, and make sure the scheme is sustainable. It would also help the NDIS improve over time.

What we want to know now

How should outcomes and performance be measured and shared?

Prompts to help you answer this question:

- How should you, your providers and the NDIA keep track of how your supports help you achieve goals or outcomes?
- How should governments and agencies be monitored to make sure they do what they say they will to support you? Who should perform this monitoring role?
- How should we measure the impact and benefits of the NDIS for the broader Australian community and the economy? How should this information be shared?
- How can we build a system where the NDIS keeps improving based on evidence?

Insert your response to this question

Physiotherapy is an evidence-based, outcome-focussed discipline. Working towards outcomes and measuring impact of treatment and supports is baked into the DNA of the discipline.

Please note that for physiotherapy supports for people with disability, goals around maintenance should be considered worthy.

1. How should participants, providers and the NDIA keep track of how supports help them achieve goals or outcomes?

- Use the participants (adults and children) goals and measure outcomes accordingly – this means that goals need to be defined in a way that makes it clear what therapy success looks like (including clearly defined milestones).
- The agency makes room for and doesn't punish participants and providers for reporting on what doesn't work and treat this as a learning opportunity. As part of the therapy process, some interventions might not be successful, it doesn't mean that the supports altogether should be scrapped. Linking rewards or sanctions to outcomes could have a very perverse effect on outcome reporting.

- Via a mix of outcome measurements including quality of life surveys, participation questionnaires, functional assessments, goal attainment scales, standardised outcome measures, customer satisfaction, etc. to be included in therapy reports with an accessible version for participants ('How far have I come' – 'How am I tracking against my goals')
- Recruit and train the NDIA workforce so they actually understand therapy reports and outcome measurements.

2. How should governments and agencies be monitored to make sure they do what they say they will to support participants? Who should perform this monitoring role?

- Ensure full transparency of the eligibility and planning tools used by government and agencies; make it mandatory for agencies to substantiate the funding decisions they make for participants.
- Transparency of complaint processes.
- An independent body should perform this role – the Australia National Audit Office?

3. How should we measure the impact and benefits of the NDIS for the broader Australian community and the economy? How should this information be shared?

- Reports against Australia's Disability Strategy Outcomes Framework provide a good insight: employment of people with disability, avoided hospitalisations, participation in mainstream activities, etc.
- Participants surveys, testimonials, etc.
- See the work done by Per Capita on the topic of the economic benefits of the NDIS to the broader economy.
- This information should be shared as widely as possible.
- The narrative should shift from *cost* to *investment*. Positive media campaigns / engagement should be run on the benefits of the NDIS for the broader community and the economy. The NDIS is an investment. Governments are very good at promoting their investments in infrastructure and big road and rail projects, similar

campaigns should be run for the NDIS – and more broadly when governments invest in people via support and capacity building programs.

4. How can we build a system where the NDIS keeps improving based on evidence?

- Focussing on evidence-based disciplines like physiotherapy is the first step.
- Ensuring that the NDIA workforce knows and understands the evidence is an absolute requirement.
- To keep improving, the NDIA can accelerate the production and distribution on best-practice guidelines by working with relevant peak bodies; educate participants on what best practice looks like; monitor adherence to best practice – and understand that sometimes best practice is actually second best depending on the personal circumstances of a participant (due to psychosocial or environmental factors for example); the Government to fund and disseminate research; Universities to include latest evidence in their curriculum.

7. Achieving long term outcomes

We have observed that there is a lack of focus on achieving long term outcomes relating to participation, inclusion in communities and employment. A good life is one enriched by connections to family, friends and community. These need to be nurtured by the scheme.

What we want to know now

How would you like to build better outcomes into your plans?

Prompts to help you answer this question:

- How can the scheme build goals that nurture connections to local community?
- How can you use your funding to help you connect with friends and family, learn new skills or try new things? What is keeping you from doing that now?
- How can you use your funding to help you prepare for, join, or stay in employment? What needs to changes to make this work better?

Insert your response to this question

- Ensure community participation goals (and supports to achieve them) are included in plans, prioritised, and met.
- Work at community level to take into consideration local specificities; invest in making local communities inclusive and accessible (whole of government approach and all levels of governments' responsibility and private sector).
- Make sure planners see supports for connection with friends and family as reasonable and necessary supports.

8. Help accessing supports

The roles of 'intermediaries' such as local area coordinators, early childhood partners, remote community connectors, support coordinators and plan managers overlap, leave gaps and are confusing.

What we want to know now

What does good service from someone helping you navigate the NDIS look like?

Prompts to help you answer this question:

- What skills and knowledge do you need from someone who helps you navigate the system?
- What (people, systems or processes) would make it easier for you to make informed choices, manage your funding and pay your providers?
- What would make it easier to understand how your funding should or should not be used?
- How should service navigation be structured for those who need to access multiple service systems so that they work together?

Insert your response to this question

NA

9. Supported living and housing

Many participants with housing and living supports in their plans still have limited choice in where, how or with whom they live. There has been little innovation in housing and living supports. The supply of specialist disability accommodation is not always meeting the needs of participants.

What we want to know now

How should housing and living options be improved to build a good life?

Prompts to help you answer this question:

- What would help you to make decisions about where, how and with whom you live?
- What are the features of living with people or living on your own that are important to you?
- What information, services or support do you need to feel safe and well supported in your home?
- How should the NDIA make decisions about reasonable and necessary housing and living supports, so that decisions are fair and much less stressful?
- How can housing and living supply responses be encouraged to be more innovative and aligned with participant needs?

Insert your response to this question

NA

10. Participant safeguards

We are concerned to learn that the NDIS may not have worked well enough to safeguard all participants, while making sure they can still have choice and control. More can be done to empower participants to keep themselves safe, and ensure systems are working together to improve safety and outcomes.

What we want to know now

How should the safeguarding system be improved for a better NDIS?

Prompts to help you answer this question:

- How can the regulation of providers and workers be used to improve the quality of services and supports?
- How can the NDIS build your capacity and natural safeguards to support you to be safe and get good outcomes?
- What should the NDIS do to get the right balance between your choice and control, the dignity of risk, and supporting you to be safe?
- How can all levels of government work together to prevent harm and promote quality in the supports you receive?
- What can be done to make progress in reducing and eliminating practices that restrict your rights or freedom of movement?

Insert your response to this question

1. **How can the regulation of providers and workers be used to improve the quality of services and supports?**

- Take into consideration the level of regulation of each profession – physiotherapists are Ahpra-regulated.
- Make the regulation processes accessible, affordable, and geared towards improving quality and safety – not increasing red tape and be a whitewashing exercise for some providers.
- Put extra scrutiny on unregulated professions.

2. **How can the NDIS build participants capacity and natural safeguards to support them to be safe and get good outcomes?**

3. What should the NDIS do to get the right balance between participants' choice and control, the dignity of risk, and supporting them to be safe?

- Listen to participants, the specialist in their disability; listen to experienced providers; don't put a wedge between participants and their therapy provider.
- Build capacity and educate participants on their rights and on the therapy supports available that can help them achieve their goals.
- Have effective complaint mechanisms in place.
- Fund participants' advocacy.
- Resource the Commission at a level commensurate with its mission and responsibilities.
- Ensure eligibility, planning and support coordination workforce is skilled, respectful, and has great emotional intelligence.

4. How can all levels of government work together to prevent harm and promote quality in the supports you receive?

- Greater communication across all services and all levels of governments to avoid dodgy providers banned in one scheme or State to resurface in other sector or State – national repository.
- Regulate unregulated professions that present a risk of harm to participants.

5. What can be done to make progress in reducing and eliminating practices that restrict participants' rights or freedom of movement?

- Only use evidence-based practices.

11. Any other information you would like to tell us?

Insert your response to this question

The APA welcomes the recent recommendations of the Australian National Audit Office (ANAO) Performance Audit Report on the Effectiveness of the NDIA's Management of Assistance with Daily Life Supports.

The APA recommends that the NDIA and the Department of Social Services to fund National guidelines for best practice physiotherapy supports for people living with Disability, inside and outside the NDIS. See for example the 2015 Best Practice Guidelines for Early Childhood Intervention

<https://www.flipsnack.com/earlychildhoodintervention/ecia-national-guidelines-best-practice-in-eci/full-view.html>

Early intervention shouldn't just be accessible for children but also for adults.

Ultimately, we need greater and more constructive collaboration between providers / participants / families / planners/ plan coordinators / agency. A true partnership towards one goal: the participants achieving their goals of participation and inclusion.

Last minute:

As we are finishing this submission, Professor Bonyhady has just made a series of speeches in Newcastle.

Firstly, we are left wondering how much consideration will be given to the present submission while it seems that some major decisions have already been made.

Secondly, we are concerned by the absence of reference to therapy supports and would welcome clarification from the Review on where they see therapy supports sit in the future of the Scheme.

Finally, we echo People with Disability Australia's concerns regarding some fundamental aspects of the Scheme such as choice and control.

Appendix 1 - Specific issues with assessments and reports for eligibility and planning

Please note the table below was included in previous APA submissions therefore the Review might already be familiar with it.

In the process of the Information Gathering for Access and Planning (IGAP) project, the APA has identified a number of practical and tangible issues related to how our members can support participants to access the Scheme and get the plans they need. This list has been communicated to the IGAP project team and suggests practical solutions to processes issues. Extracts are copied below:

Topic	Issue	Potential solutions
Fillable PDF forms provided by the NDIA (e.g. Early childhood – Provider report form) – interoperability with clinics' systems.	Forms are not compatible with clinic management software (CMS). All the data needs to be entered manually even when it's readily available in the clinic's systems.	PREFERRED: NDIA to work with major CMS providers to embed the forms they need into their systems. And / or NDIA to work to offer interoperability between CMS and NDIA online platform (export / import of data).
Sharing of forms to be filled by practitioners across different businesses.	Each Allied Health Professional (AHP) contributes to the same form, when it's a fillable PDF, the AHP 'loses control' of the content when the form is sent to the next practitioner.	Online forms, or digital versions that allow AHPs to lock the content they input before sharing with the next person.

Topic	Issue	Potential solutions
<p>Review of interim plans that are created for people with newly acquired disability.</p>	<p>Currently, a focus is put on goals achievement and skills acquisition which creates a lot of pressure on participants, and puts them in a position of deficit at the time of preparing for the next plan.</p> <p>In the first few months after acquiring a disability and entering the scheme, a participant will have to learn how to live with their disability, learn how to navigate the scheme, learn how to use their supports.</p>	<p>Provide support from support coordinators to new participants on how to navigate and use their interim plan.</p> <p>Remove obligation to succeed in the first plan.</p>
<p>Videos as evidence.</p>	<p>A video footage can better explain how and why a participant would need and benefit from assistive technology or use of apps.</p>	<p>NDIA to accept video footages as evidence submitted in assessments for planning purposes.</p>
<p>Objective measurement tools to be used in assessments as part of the evidence provided in the context of clinical reasoning and professional judgement provided.</p>	<p>An appropriate tool that would cover the NDIA's needs for assessment for eligibility and planning is not currently available.</p>	<p>NDIA to work with the Professional Advisory Panel (PAP) to develop planning templates which include body, structure and function reporting mechanism which encompass the</p>

Topic	Issue	Potential solutions
		<p>International Classification of Functioning, Disability and Health (ICF) framework.</p> <p>PAP to make recommendations / identify resources for AHPs that require training in the ICF.</p> <p>NDIA and NDIS QS Commission to provide AHP training modules on ICF</p>
<p>Use of the evidence provided to the NDIA – decision-making and planning.</p>	<p>To provide better evidence to the NDIA for planning purposes AHPs would like to be sure that the evidence they provide will be understood, that they are providing the right level of details, and they would like to understand how the evidence will be used.</p> <p>There is a lack of clarity / guidance around the level of detail that needs to be provided to recommend supports.</p>	<p>NDIA to provide clear guidelines or examples of the evidence they want and need (e.g. forms to include (or be designed around) decision-making criteria).</p> <p>NDIA to adopt a feedforward approach and be transparent about the planning process.</p> <p>NDIA to increase the number of planners, as well as improving their skills and qualification (deep understanding of disability and how supports help</p>

Topic	Issue	Potential solutions
	<p>There is lack of transparency over how the evidence and assessments provided by AHPs are processed and analysed to produce the 'average plan' level, and what is taken into consideration to adapt the base plan to the personal circumstances of the participant.</p>	<p>participants achieve their goals). NDIA to have highly-skilled planning teams that will engage with AHPs and participants during the planning process.</p>

Physiotherapists report that the evidence they provide is often misunderstood and believe it's often ignored. Eligibility is refused or supports rejected without explanation of the decision, and without the physiotherapist being contacted by the NDIA to clarify. Members tell us that often a simple phone call could have avoided an escalation to the Administrative Appeals Tribunal (AAT).

There seems to be a 'goldilocks' model report - not too long, not too short, not too detailed, not too vague, not too clinically specific, not too plain English – which physiotherapist are trying to achieve, without enough guidance from the NDIA. It also seems that there are variations in what is expected depending on the individual who receives the report. We don't believe this is due to a human factor, rather we see the inconsistency as a symptom of the absence of a qualified and experienced workforce associated with a lack of strong policies and processes.