

# NDIS Draft Supports List

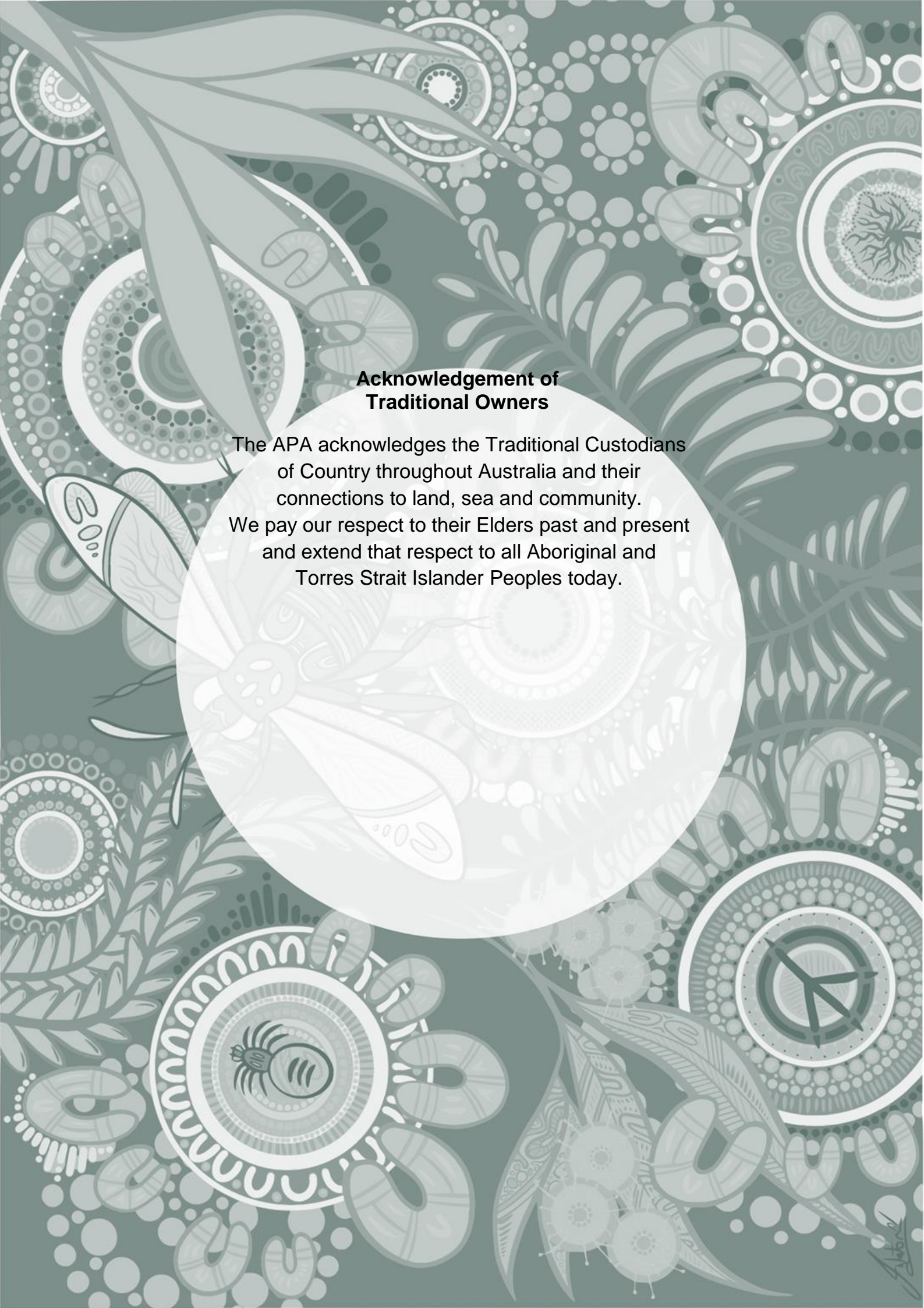
Submitted via online survey

Submission by the **Australian Physiotherapy Association**

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## **Acknowledgement of Traditional Owners**

The APA acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples today.

## About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 32,000 members. The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas.

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## 1. Executive Summary

The Australian Physiotherapy Association (APA) is pleased to provide feedback to the Department of Social Services consultation on the draft National Disability Insurance Scheme (NDIS) Supports List.

The NDIS Supports List is a critical piece of the reform agenda and the APA would like to support it. However, the APA believes the draft in-and-out NDIS Supports List goes against the intent of the scheme in that it is too limited and narrow in both its inclusions and language.

With the National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024 passed, the APA understands there is a timing imperative to finalise the NDIS Supports List and provide certainty to participants, their families, carers and providers.

However, many critical and disability-specific supports have been omitted with the potential to significantly impact on the quality of life of participants.

The current prescriptive nature of the NDIS Support List restricts the development of individualised plans that address the specific needs of each participant with a disability.

There is a real concern that by placing a very narrow definition on some of the support items, for example, therapy supports, these Support Lists will be used to exclude services, supports and items that are well accepted and currently funded, as disability specific.

This will further reduce the ability to purchase mainstream services and items that will be more cost effective across the lifetime – diverting from the principles of choice and control and reasonable and necessary.

The NDIS is intended to empower people with disabilities with choice and control, individualised support to increase independence, physical and mental health and wellbeing, and social, cultural and workforce participation.

This can be achieved in a cost effective way with individualised assessment to meet the biopsychosocial needs of people with disability that does not depend on removing access to vital supports.

The APA has provided the limited 250-word responses as required by the survey for Questions 1 and 2, and also submitted further information via email in response to Question 3.

The APA welcomes the opportunity to provide expansive feedback to the Department and urges further consultation on this NDIS defining piece of reform work.

## 2. APA's response to the consultation questions

### Q1. Do you think the draft list of NDIS Supports covers the kinds of disability supports you think should be included?

No.

#### What changes would you suggest?

The APA supports the following inclusions according to assessed individual need.

Pool heating: enables accessible and private delivery of aquatic physiotherapy therapy supports.

Electricity: equipment to aid thermal regulation, mobility and daily activities results in higher than average electricity bills should be funded to cover additional costs.

Generators: those with thermal regulating and/or life-sustaining equipment should receive funding for generators, particularly in rural, regional and remote areas.

Household items: specific items may be required to enable participants to undertake daily living activities, eg one-drawer dishwasher for those with spinal injuries.

Mainstream equipment: whitegoods can be the most cost-effective option in providing accommodations for disability-specific needs.

Finance: in many cases, gym memberships are an appropriate adjunct to therapy supports but fees can be beyond what participants can reasonably afford.

Finance: conference fees - disability-specific family or person led conferences can provide education and support that is more cost-effective in the long term than individual counselling.

Sex toys: as prescribed assistive technology, sex toys have a role in healthy sexual function, particularly for participants with physical disability.

Gaming: switch or adaptive gaming items provide for independence when using digital platforms

Smart watches: enhance safety of a person with disability and emergency alerts

Menstrual products: essential to mental health and physiological wellbeing, and be disability-specific.

Palliative care: Time-limited palliation and necessary end of life supports should continue to be NDIS supported in the home where clinically appropriate.

Parenting programs are critical to ensuring families understand how to support and live with children with disability.

### Q2. Are there goods or services on the exclusion list that you think shouldn't be there?

The APA recommends access to evidence-based supports provided on an individually assessed biopsychosocial needs basis, not as carve outs.

The APA contends that there must be a solid evidence base for provision of supports to ensure that some inclusions that may be of entertainment value are not funded to the exclusion of those that have therapeutic and biopsychosocial benefit.

The APA contends that trampolines should not be included in the supports list due to the high risk of injury associated with this equipment.

The inclusion of acute, subacute, emergency and outpatient clinical services delivered through public or private hospitals does not recognise the overlap of between health services and NDIS registered providers existing, for example in brain injury supports and rural and remote contexts.

### Q3. Do you have any further feedback or concerns with the draft NDIS support lists?

The APA contends the draft in-and-out NDIS Supports List goes against the intent of the scheme and is too limited and narrow in both its inclusions and language. It removes too many essential supports. The APA believes assessed need should guide the provision of evidence-based supports.

The APA questions the use of the terminology severe brain injury and the rationale for the inclusion of "severe", particularly as treatment of mild brain injuries often results in better outcomes.

#### Other feedback

Support category	Support identified	Comments
Assistance to Access and Maintain employment or higher education	Working environment	There are times where supports that may be considered to be utilised for work are also used for recreation and home study. A disability specific item might be that their wheelchair fits under a desk and provides access for both work and recreational purpose.
Community Nursing Care	Provision of specialist care for participants who have high care needs requiring a high level of skill, and for the training of support workers to respond to the participant's complex needs	The language here is limited and prescriptive in nature and is open to subjective interpretation of "high care needs" and/or "high level of skill".
Therapeutic Supports	Evidence-based therapy supports provided to assist a participant to apply their functional skills to improve participation and independence in daily, practical activities in areas such as language and communication, personal care, mobility and movement, interpersonal interactions and community living. This includes funding further assessment by health professionals for support planning and review as required.	This is a very prescriptive range of therapeutic supports. This is very limited definition of what physiotherapists may do/provide/offer for participants.
Early Intervention Supports for Early Childhood	Provision of a mix of therapies, and a key worker for the family. Supports for all children 0-9 years with developmental delay or disability and their families to achieve better long-	"Mix of therapies": What types of therapies are included? How will this be different to "therapeutic supports"?

Support category	Support identified	Comments
	term outcomes, regardless of diagnosis.	<p>"Key worker for the family": is the NDIS proposing that a key worker will be appointed for each family? How will this be managed - i.e. will this be one of the existing team (i.e. their current physiotherapist) or will they be appointed by the NDIS/major organisations? Will this person be responsible for guiding the family in which therapies they access?</p> <p>What qualifications will this person hold? Further, will therapies in this space be conducted through the key worker mode?</p> <p>"All children 0-9 years": it sounds like children with developmental delay and children with disabilities will be covered under this same structure. If this structure does vary greatly from the status quo, how will this impact on children accessing the appropriate therapies for them?</p>
Household Tasks	Essential household tasks that a participant is not able to undertake because of their disability, including meal preparation and delivery, house or yard maintenance, cleaning and laundry.	Should the terminology be "including but not limited to ...."
Post-acute services	Acute, subacute, emergency and outpatient clinical services delivered through public or private hospitals.	<p>Removing post-acute services from the NDIS could significantly hinder recovery and rehabilitation for participants, leading to prolonged disability and increased dependence on other services. This change may also place additional strain on families and caregivers, potentially reducing overall quality of life for individuals with disabilities.</p> <p>This doesn't take into account specialty clinics and services that operate for a combination of post-acute and life span purposes, especially in rural and remote areas. Examples where this is appropriate to be funded by NDIS include amputee clinic operating out of base hospitals, speciality stroke, brain injury and spinal injury services as outreach and/or in regular hospital based outpatient services.</p>
Rehab	Jointly with other parties, provision of specialist allied health, rehabilitation and other therapy, jointly with health services, to facilitate enhanced functioning and community re-integration of people with recently acquired severe conditions such as newly acquired spinal cord and severe acquired brain injury	This limited definition of a carve-out does not take into consideration other newly acquired, yet just as functionally impactful, disabilities. For example a new amputee or someone with a "mild stroke" striving to return their pre-disability roles and activities.