

**NATIONAL DISABILITY & INSURANCE SCHEME
DRAFT REPORT FEEDBACK**



**A Submission from
Occupational Therapy Australia
The Peak Body Representing Occupational Therapists**

Introduction

Occupational Therapy Australia is pleased to be given an additional opportunity to provide feedback on the Productivity Commissions' Disability Care and Support inquiry. Occupational therapists are uniquely positioned at the nexus between disability support schemes, health services and the health care needs of the population. Therefore, they are well placed to offer clinical insight into the complex issues raised in the Draft Report.

We overwhelmingly support the reforms and recommendations outlined in the Draft Report in relation to a National Disability Insurance Scheme (NDIS). We applaud the fact that the NDIS meets the criteria we laid out on page four of our initial submission to the Commission.

Our recommendations for the NDIS were as follows:

- Based on needs, functional capacity, strengths and ability
- Equitable for all diagnoses and disability groups
- Flexible and require consent and control in decision making by people with disabilities and their families.
- Seamless across the States and Territories
- Have a single point of entry
- Independent but coordinated with existing insurance e.g. No Fault Motor Vehicle Insurance as in NSW & Victoria.
- Developed in consideration of, and coordinated with, the Caring for Older Australians Scheme.
- Smooth transition from children's disability services to adult disability services and then to aged care services.

We support the calls for reform within the Draft Report and would like to take this opportunity to further comment on the suggested framework for the NDIS.

The Three Tiers of the National Disability Insurance Scheme

Occupational therapists collaborate with consumers affected by impairment, on broadly defined life goals, and using a wide range of enabling interventions. The focus of the NDIS upon severe and profound categories for inclusion in Tier 3, will necessarily exclude many individuals who would benefit from the supports/services being proposed by Productivity Commission.

We also note the expectation that catering to the needs of Tier 3 individuals via NDIS will ease strain on other parts of the system. We urge the Productivity Commission to advocate for realigned services and supports for Tier 2, in line with those proposed for Tier 1,, to maximise, as much as possible, equity in access to enabling interventions across service system tiers.

Chapter 4: What individualised supports will the NDIS provide?

We note the inclusion of Occupational Therapy as a therapy, and that the proposed NDIS and NIIS meet the criteria set out on page four of our previous submission regarding needs-based, flexible, equitable service provision across transition points, with a single point of entry. Particularly pleasing are definitions of early intervention which include individuals in the early onset stages of degenerative conditions, and the awareness of the overlaps between palliative care, aged care, and disability support systems.

Box 4.1: Definitions of Aids and Appliances

While equipment is noted as a necessary element of the supports required, we find the Draft Report does not fully articulate the breadth and scope of this enabler. For example, use of the term 'aids and appliances' is somewhat dated, and requires replacement with 'assistive technology' or 'equipment'. It also does not encompass current understandings of AT scope as reflected in Appendix 1 of the original submission.

Section 4.2: Specialist Disability Supports

Home modifications are noted as being funded across the spectrum of private ownership to public housing. Occupational Therapy Australia applauds this approach. In particular, the funding for home modifications within public housing is an excellent recommendation to address a problem of immense proportions. However, it is essential to detail the systems by which home modifications will be achieved, as this is a multi-phase process, requiring occupational therapy assessment, funding and implementation by a HACC funded provider or private builder, and follow up to ensure suitability by the occupational therapist. This typically involves cross-organisational cooperation. The occupational therapist may be from health, disability or non-government services, and are usually separate to the HACC funded home modifications provider.

In states such as NSW, where public housing providers do not employ their own occupational therapists, public housing tenants with a disability experience extraordinary disadvantage. For the consumer, having to navigate their way through a confusing process, there can be a new waiting list at each stage of the process. The funding for home modifications must include a seamless approach for home modifications assessment, recommendations, implementation and follow up, for all people with disability, regardless of type of housing.

Section 4.9: NDIS should cover costs associated with PEG feeding

We applaud the inclusion of additional costs of everyday living as well as the Commissions' inclusion of consideration that the NDIS should cover the costs associated with PEG feeding.

We recommend external prosthetics and orthotics which support specific activities (for example an ankle-foot orthosis for walking) should be included.

Section 4.17: Disability Standards for Education

We concur with the finding of 4.17.

We note that the NDIS is seen to have a role in education, and that it is the education provider determining adjustments, but caution that education providers may not be best positioned to make these judgments, particularly based upon anecdotal data from occupational therapists based within the school system who note that accommodations are frequently selected to meet 'general' needs in the interests of subsequent students, rather than tailored to a current individual student.

'Reasonable and Necessary Criteria' – the Benefit to the Participant

We note recommendation of guidelines to justify provision of a support/service.

Evidence is essential to benchmark good practice, however it can be argued that an over-privileging of quantitative evidence hierarchies within medical and rehabilitation models, causes a narrowed view of permissible evidence. For example, randomised control studies are deemed high quality studies, but from a clinical perspective, the exclusion of variation in samples and in variables, while strengthening study rigor, may limit applicability to real populations.

Broader methodologies to capture the efficacy of evidence from the clinical setting (practice based evidence) are recommended, including qualitative research hierarchies (eg Daly, J., Willis, K., Small, R., Green, J., Welch, N., Kealy, M., et al. (2007). A hierarchy of evidence for assessing qualitative health research. *Journal of Clinical Epidemiology*, 60.), and consideration of other forms of evidence relevant to complex phenomena (see Swinburn, B., Gill, T., & Kumanyika, S. (2005). Obesity prevention: a proposed framework for translating evidence into action. *Obesity Reviews*, 6, 23–33.)

Shifting Emphasis Towards Wellness

We applaud the holistic view of domains of life, and note the attention to operationalising the ICF as outlined in draft recommendation 5.1.

Section 5.10

We agree that “where there is extensive overlap in the nature of information being provided, the NDIS should reach agreement with other departments or agencies to either act as the sole assessment point, act as a point of referral or to share information, subject to strict privacy safeguards.” (Page 5.1) As referred to in our previous submission, we advocate a streamlined single point of entry to the service system, crossing health, disability and ageing jurisdictions.

Chapter 13: Workforce

13.27: Scope of Practice

Occupational Therapy Australia supports the premise of an extended scope of practice for health professionals, however there is a need to properly map out the potential risks and opportunities for an extended scope of practice for occupational therapists.

13.36: Potential Benefits of Technological Developments

We agree that technological developments, particularly in the area of Assistive Technologies are important, however the issue of prescribing this equipment is equally as important. This points to the growing role of occupational therapists as one of the main prescribers of aids and equipment and the need to address the workforce shortage of occupational therapists.

13.37: Simplification of the System for Assessment

We welcome calls for simplification of the system of assessment. Occupational Therapists are often the gatekeepers navigating complex disability systems. This simplification would be exemplified by a single-point of entry system.

13.45: Workforce Shortages as a Threat to Health Care Sustainability

There is a current shortage of occupational therapists around Australia, particularly in rural and regional areas where they often work as sole practitioners. While working as an assessor for the NDIS would be a good match for occupational therapists with their skill set, this could potentially compound a wider problem. Current workforce shortages may result in Occupational therapists being drawn away from other essential services and sectors, as the workforce numbers are already limited.

Conclusion

Occupational Therapy Australia believes this is a necessary and important review. We hope that it will produce good outcomes for the individuals with whom we work, and the nation as a whole. Occupational Therapy Australia and the occupational therapists we represent look forward to system enhancements that will more fully realize the potential of Australians who live with impairments to lead full and productive lives.