

Australian National Audit Office

***Performance audit into the Effectiveness  
of the National Disability Insurance  
Agency's management of assistance with  
daily life supports***

Occupational Therapy Australia submission

October 2022

## Executive Summary

Occupational Therapy Australia (OTA) welcomes the opportunity to make a submission to the Australian National Audit Office's performance audit into the effectiveness of the National Disability Insurance Agency's management of assistance with daily life supports.

Occupational therapists are dedicated to building a stronger NDIS that fulfills its promise and endures for the benefit of future generations. The NDIS has changed many lives for the better since its inception however there are a number of ways in which NDIA can adjust its operations to significantly improve the benefits that the scheme can deliver to participants.

Specifically, revised processes to increase the transparency, consistency and clarity of decisions would allow occupational therapists (and other health professionals) to work more effectively with the NDIA and therefore the scheme's participants. In addition, there is a perceived lack of training and decision-making support for planners and coordinators, which again can result in inconsistent and opaque decisions which do not result in the best outcomes for participants, and in the best use of funds to improve participants' daily lives.

OTA has offered a number of recommendations with a view to providing some constructive suggestions for the sector to work together to improve daily life for NDIS participants.

### **Summary of recommendations:**

***Recommendation 1:*** *The NDIA review the current system for assigning functional levels and processes to ensure a fair, equitable and consistent approach to determining support needs, in collaboration with participants and providers.*

***Recommendation 2:*** *Processes are put in place to ensure transparency in NDIA decision making, so that OTs can provide required information to enable NDIA to make a fair and equitable decision to assess daily living risks and subsequently support participants including those with reduced decision-making capacity.*

***Recommendation 3:*** *The NDIA ensures that participants' plans retain sufficient funding to ensure that the mid-cost assistive technology that supports a participant's engagement in daily activities is being suitably assessed, trialled, prescribed, installed and modified when needed and participants are appropriately trained and instructed on proper usage.*

***Recommendation 4:*** *Safeguards are put in place to ensure capacity building funding is evidence based, goal oriented and carried out by appropriately qualified health professionals.*

***Recommendation 5:*** *NDIA to improve collaboration with occupational therapists regarding reporting and decision-making processes to ensure that information provided by*

occupational therapists and other allied health practitioners to make evidence-based decisions are correctly interpreted.

**Recommendation 6:** NDIA to provide reasons to the NDIS participant and the provider for the decisions that have been made.

**Recommendation 7:** The NDIA ensures those who are authorising restrictive practices are appropriately trained and qualified.

**Recommendation 8:** NDIA funding support is provided for positive behaviour supports, including sensory interventions that are specific to the needs of individual participants.

**Recommendation 9:** Clear guidelines and mechanisms are put in place to ensure the appropriate level of assessment and prescription is carried out by the appropriately skilled and qualified professional.

**Recommendation 10:** Funding for assistive technology and or home modifications accounts for the necessary assessments, trials, prescription, and capacity building required, including multidisciplinary input when indicated.

**Recommendation 11:** The NDIA, OTA and the Summer Foundation engage further to develop guidelines, templates, resources and training to improve the timeliness and consistency of these life defining home and living decisions.

**Recommendation 12:** NDIA introduce a system of risk assessment that focuses on the mitigation of risk by intervening promptly to avoid escalation.

## Introduction

### The role of occupational therapists in the NDIS

OTA is the professional association and peak representative body for occupational therapists in Australia. There are over 26,750 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 engage in meaningful and productive activities.

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 a person's lifespan and have a valuable role in supporting participants affected by developmental disorders; physical, intellectual, chronic and/or progressive disability; and mental health issues.

Occupational therapists are highly skilled in assessing the degree to which a person's disability affects their level of function in daily tasks. Given their expertise and area of

practice, many occupational therapists deliver services funded by the NDIS. These services focus on promoting independence in activities of daily living and enablement of social and economic participation. They 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.

## **Does the NDIA effectively support National Disability Insurance Scheme participants who require assistance with daily life?**

There are a number of areas in which the NDIA's lack of transparency, consistency and clarity in decision making prevents it from effectively support NDIS participants who require assistance with daily life.

OTA will provide feedback using the structure of the NDIA's support budget, the purpose of which is to provide supports to build people's capacity to live independently in the community and to improve living skills.

The support budget falls into three areas:

- Core Supports budget
- Capacity Building Supports budget
- Capital Supports budget

## **Core supports**

### **Identifying support needs**

There is no clear process for identifying daily living support needs, which has an impact on the effectiveness of daily living support provision and can result in plans being under or overfunded. The current process of assigning a 'functional level' for a participant through the NDIS planning process is a barrier to identifying appropriate levels of daily living supports, and a potential source of inequity. OTA seeks transparency from NDIS on how participants' functional levels are determined and how they are interpreted in order to determine funding.

OTA is concerned about the way in which the NDIA determines a participant's functional level. On some occasions this appears to be determined by administrative officers using inappropriate assessment tools. Where allied health reports are available (and this may depend on a participant's ability to pay for this) they may be taken into account, but there is no transparent process to show how the information in these reports are used.

These decisions are of crucial importance as they link the participant to funding, or Typical Support Packages (TSP). OTA is also concerned that the allocation of daily living support for a participant is currently heavily reliant on TSPs that are connected to a participants listed 'primary' disability. This may disadvantage participants with multiple disabilities, as it may not take into account secondary disabilities, or other complexities for the participant.

The current process can produce inconsistent results for participants, and result in unreliable or inaccurate conclusions being drawn.

**Recommendation 1:** *The NDIA review the current system for assigning functional levels and processes to ensure a fair, equitable and consistent approach to determining support needs, in collaboration with participants and providers.*

## Daily Living Supports

OTA is concerned that the NDIA risk assessment process for decisions about daily living supports is not working effectively, nor is it clearly communicated to those who must provide the information to decision makers.

OTA understands that risks to participants that are raised in reports prepared by occupational therapists (who are requesting daily living supports), are not always appropriately reviewed and addressed by NDIA.

For example, an occupational therapist described an instance of a risk assessment and the failure to act on suggested solutions:

*“I trialled a range of strategies to enable my client with complex psychosocial disability to cook safely and independently. He lives alone, and he has a history of self-harm so sharp knives are not appropriate to have in his home. He has a history of setting fires – often unintentionally due to leaving the stove unattended. He has previously blown a fuse due to inappropriate use of the microwave. There were no viable safe cooking methods that would enable him to cook a decent meal independently. I provided evidence to the NDIS planner that there are considerable risks to this client when cooking in the kitchen. Still, NDIS refused to fund a support worker to assist him with preparing meals; and declined to subsidise meal-delivery. I would like to know if and how my risk assessment was considered in this decision.”*

**Recommendation 2:** *Processes are put in place to ensure transparency in NDIA decision making, so that OTs can provide required information to enable NDIA to make a fair and equitable decision to assess daily living risks and subsequently support participants including those with reduced decision-making capacity.*

## Mid-cost assistive technology (AT)

Occupational therapists are skilled in providing advice on assistive technology and home modifications to people with a disability who wish to remain living in their own homes and communities. Prescription of assistive technology and home modifications involves robust clinical reasoning and risk analysis based on the best available evidence to ensure that it is safe to use. This advice is individual and specific to the needs of the participant in the environments in which they live, work, and participate in everyday activities.

Recent changes that the NDIA has made to the approval process for mid-cost AT can put participants at risk because the prescription of AT appears to be on occasion carried out by

assessors who do not have the required levels of competency, qualifications, training, or oversight. If inappropriate AT is prescribed, it may not have the desired impact on the participant's ability to participate in everyday life. Furthermore, there is a risk that inappropriately prescribed AT can create a physical risk and cause harm to the participant and misuse a participant's funding.

Initiatives to improve access and timeliness of the provision of AT or home modifications are welcomed by OTA. However, it is important that the accountability and liability for the assessment, prescription, and provision of assistive technology or home modifications is not compromised by the simplification of the process or by AT assessors who do not have relevant skills, qualifications or training to carry out this work. NDIA must ensure appropriate scrutiny of this work.

***Recommendation 3:*** *The NDIA ensures that participants' plans retain sufficient funding to ensure that the mid-cost assistive technology that supports a participant's engagement in daily activities is being suitably assessed, trialled, prescribed, installed and modified when needed and participants are appropriately trained and instructed on proper usage.*

## **Capacity building**

Capacity building funding provides the opportunity for participants to engage in meaningful occupation and promotes quality of life and therefore has a significant impact on the NDIA's effectiveness in supporting participants with daily life. However, feedback received by OTA suggests that capacity building funding sometimes does not factor in the societal benefits of a participant being a productive member of their community, and instead, decisions are made with a narrow focus. The support for participants' daily living would be improved if the NDIA more consistently took a more holistic view of the increased economic contribution and general societal benefits of increased participant involvement in community life.

***Recommendation 4:*** *Safeguards are put in place to ensure capacity building funding is evidence based, goal oriented and carried out by appropriately qualified health professionals.*

## **Support Coordination**

The role of the support coordinator as OTA understands it, is to work with the participant to engage the supports that are necessary to achieve their goals, while respecting the participant's right to choice and control. The role requires a good knowledge of the services and resources available to participants and can guide the participant, without being overly prescriptive. It also requires capacity to collaborate with service providers to achieve best outcomes for participants.

OTA is concerned that there is a lack of coordination between support coordinators and allied health providers. Occupational therapists report that support coordinators can fail to discuss goals and funding budgets with participants. This results in therapists having to operate within an unrealistically small budget and limits the ability of a therapist to deliver a

positive outcome. There is also concern about directives or service requests coming from support coordinators. An OTA member wrote:

*“Many support coordinators will ‘instruct’ or ‘tell’ a therapist what the participant needs ... rather than enabling the occupational therapist to complete an unbiased, objective assessment of goals, function and need. Occupational therapists are often castigated if they do not do what the coordinator has stated”.*

OTA is concerned that there is a lack of training for support coordinators and too few stated expectations to guide the performance of the role.

### **Improved living arrangements**

OTA has welcomed collaboration with NDIA and the Summer Foundation to explore how the process for assessing home and living needs can be improved.

Occupational therapists play a key role in supporting NDIS participants’ requests for funding for life-changing home and living options. Their clinical expertise is necessary to assess the functional capacity of people with disability to provide evidence and recommendations to inform NDIA decision-makers. Assessments are often carried out when a participant is either severely limited or at risk in their current home, or are unable to return to their current home, for example, from a hospital setting.

The process for determining funding for home and living options is lengthy, and there is a lack of transparency in the NDIS decision-making process. OTA members state that there is a lack of clarity among occupational therapists about the level of detail expected of a functional capacity assessment for NDIA to fund home and living options. As stated by one OTA member:

*“We need consistent information from the NDIA regarding their expectations from an OT report and what information they want from the report. Planners’ decisions vary dramatically and frequently come back with questions that have already been clearly outlined in the report.”*

Some of these inconsistencies arise because there is a lack of clarity around what constitutes a clinical decision versus a funding decision. This is an important distinction. From a clinical perspective, OTA asserts the need for home and living assessments to present a holistic understanding of a participant’s support and housing needs, preferences and goals and provide clear recommendations with clinical justifications.

**Recommendation 5:** NDIA to improve collaboration with occupational therapists regarding reporting and decision-making processes to ensure that information provided by occupational therapists and other allied health practitioners to make evidence-based decisions are correctly interpreted.

**Recommendation 6:** NDIA to provide reasons to the NDIS participant and the provider for the decisions that have been made.

## **Improved Relationships - Positive behaviour supports**

OTA does not believe that strategies known to reduce behaviours of concern are adequately funded by the NDIS. Effective management of these behaviours provides the participant with greater capacity to engage in daily living. The suite of daily living supports (which may include support worker hours and staffing levels) can then be implemented in a manner that maximises choice and control.

Occupational therapists are qualified and trained to provide positive behaviour support plans that often reduce the need for restrictive practices. This is in line with the NDIS Commission's aim of reducing and eliminating the use of regulated restrictive practices where possible. However, occupational therapists report that they have encountered barriers to providing evidence-based interventions that align with this aim, under the NDIS – in particular, sensory modulation strategies for people with psychosocial disability. They report that:

- NDIS planners and local area coordinators (LACs) can have a poor understanding of sensory strategies, intervention and sensory items, and funding requests for these are frequently declined. This can result in the use of more restrictive (and often, more costly) strategies such as chemical or physical restraints.
- The NDIS Guidelines are currently unclear and state that the NDIS is unlikely to fund sensory items. This is often interpreted by NDIS planners as a blanket "no" to funding any sensory strategies, interventions and sensory items even when a clear clinical rationale and evidence is provided to support their use.

***Recommendation 7:*** *The NDIA ensures those who are authorising restrictive practices are appropriately trained and qualified.*

***Recommendation 8:*** *NDIA funding support is provided for positive behaviour supports, including sensory interventions that are specific to the needs of individual participants.*

## **Capital supports**

### **High-cost Assistive Technology and Home Modifications**

Initiatives to improve access to and timeliness of the provision of high-cost AT or home modifications are welcomed by OTA. It is important that the accountability and liability for the assessment, prescription, and provision of this more complex and therefore more expensive assistive technology and home modifications is not compromised by the simplification of the process or by AT assessors who do not have relevant skills, qualifications or training.

As outlined above, occupational therapists are uniquely skilled and specifically trained in providing advice on assistive technology and home modifications to people affected by disability who wish to remain living in their own homes and communities.

Many complex AT and home modifications decisions require multidisciplinary team input. This needs to be factored into funding plans, which currently does not consistently occur.



This includes for example, occupational therapists and speech pathologists working with augmentative and alternative communication devices, and environmental control systems; or occupational therapists and physiotherapists working with complex manual handling situations to recommend suitable hoist and the protocols for support workers to follow.

**Recommendation 9:** *Clear guidelines and mechanisms in place to ensure the appropriate level of assessment and prescription is carried out by the appropriately skilled and qualified professional.*

**Recommendation 10:** *Funding for assistive technology and or home modifications accounts for the necessary assessments, trials, prescription, and capacity building required; including multidisciplinary input when indicated.*

### **Specialist Living - Home and Living Assessments**

Funding to live in specialist disability accommodation (SDA) can be life changing for eligible participants of the NDIS. In order to receive SDA funding, participants must provide evidence of their 'extreme functional impairment and/or very high support needs' to the NDIA, where a Home and Living panel will determine the participant's eligibility. The evidence that participants submit to the NDIA usually includes a functional assessment completed by an allied health professional (typically an occupational therapist, or a multidisciplinary team which includes an occupational therapist). Beyond this, there is currently limited information about what evidence the NDIA needs from occupational therapy reports to make informed, timely and accurate decisions.

Consistent information from the NDIA regarding their expectations of Occupational Therapy Home and Living assessments will undoubtedly shorten decision timelines and provide greater transparency and confidence to NDIS participants requesting SDA funding.

**Recommendation 11:** *The NDIA, OTA and the Summer Foundation engage further to develop guidelines, templates, resources and training to improve the timeliness and consistency of these life defining home and living decisions.*

## **Does the NDIA effectively manage operational risks to the proper use of resources in administering assistance with daily life supports?**

### **Participant capture by providers**

The NDIS does not always adequately manage the risk of inappropriate service provision to vulnerable participants.

A particularly vulnerable group are those living in private congregate care, or private group homes. Highly publicised media reports from the past two years have highlighted the risk of participant 'capture' by providers.

One occupational therapist described their experience with this issue:

*“A private group home (supported residential service) owner refused an OT access to a group-home to see a known participant with staff literally blocking the front entrance. His (the client’s) entire established NDIS care-team received the same treatment. The person had a cognitive and psychosocial disability, and did not have access to a phone, a guardian, family member or an advocate. My only option was to wait for him on the street outside, to enquire regarding his wellbeing. When we met, he asked us why we hadn’t visited! It transpired that the group homeowner had requested he sign a form he didn’t understand or be vacated from the accommodation. The form was a service agreement giving a single provider control of his NDIS funds. This was a clear and deliberate example of an attempt at exploitation of a NDIS participant. The incident was reported to the NDIS Commission, and the NDIS planner, along with evidence of the need for additional decision-making support. No additional decision-making support, or risk assessment, was provided by NDIS in the following plan, leaving him vulnerable to further such incidents.”*

### **National Quality and Safeguards Commission**

The current complaints systems for participants in the NDIS who experience issues, accidents or fatalities is via a separate body, the NDIS Quality and Safeguards Commission. Not only are timeframes associated with the Commission’s processes reported to be unreasonably long, but the Commission seeks to address issues that have already occurred and avoid them in the future rather than quickly intervene where risk exists. Intervention at a more “upstream” point would allow for these potential issues to be addressed before they arise and therefore protect participants earlier on. As the central focus of the NQSC is predominantly mitigation of risk, little focus is placed on proactive quality improvement that pre-empts potential risks from arising.

### **Administrative Appeals tribunal**

OTA is concerned about the number and nature of appeals that go to the Administrative Appeals tribunal in relation to decisions made in all spheres of the scheme. OTA welcomes the new independent committee to address this problem recently introduced by Minister Shorten.

**Recommendation 12:** *NDIA introduce a system of risk assessment that focuses on the mitigation of risk by intervening promptly to avoid escalation.*

## Contact

OTA thanks members of the Australian National Audit Office for this opportunity to comment on the effectiveness of the NDIA's management of assistance with daily life supports.

OTA would be happy to further engage with the ANAO to expand on the observations made in this submission. For further information about this submission, please contact:

Erin Garner  
General Manager Occupational Therapy  
Occupational Therapy Australia  
Email: [policy@otaus.com.au](mailto:policy@otaus.com.au)