

Queensland Productivity Commission

Inquiry into the NDIS Market in Queensland

Occupational Therapy Australia submission

August 2020

Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to make a submission to the Queensland Productivity Commission's (QPC) Inquiry into the National Disability Insurance Scheme (NDIS) market in Queensland.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of March 2020, there were more than 4,700 registered occupational therapists working across the government, non-government, private and community sectors in Queensland (AHPRA, 2020). Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

Given their area of expertise, a significant proportion of occupational therapists work with NDIS participants. They provide services such as functional capacity assessments; home modifications and prescription of assistive technology; positive behaviour support; and a range of interventions aimed at increasing independence, participation and quality of life.

Psychosocial Disability and the NDIS

Psychosocial disability is any disability that may arise from a mental health issue. According to the National Disability Insurance Agency (NDIA, 2019), 16.7 percent of active NDIS participants present with a psychosocial disability. These participants require ongoing support to perform everyday tasks and participate in meaningful activities.

Mental health occupational therapists

Mental health occupational therapists utilise a range of psychological and occupational therapies to help people access personally relevant and valued roles in life.

Clients who are referred to a mental health occupational therapist are assisted to:

- Develop ways to enhance their social connectedness and community engagement;
- Develop or restore qualities such as assertiveness, self-awareness and independence;
- Manage stress and emotions, including coping with grief and loss; and
- Engage in activities that they find meaningful; both leisure and vocational, paid or unpaid.

Access for NDIS participants

According to OTA members, there is a high demand for experienced occupational therapists who can support people with psychosocial disabilities and neurodevelopmental disorders involving suicidality, disassociation, anxiety, self-harm and other behaviours of concern.

Not all occupational therapists work in mental health and, of those who do, not all provide services under the NDIS. For example, a number of Queensland-based therapists offer services through the *Medicare Better Access to Mental Health Initiative* (OTA, 2020).

OTA members suggest that due to participants' poor understanding of the NDIS system and their primary disability, work in this area can be quite challenging and at times unsafe. OTA members are concerned there are not enough safeguards in place or sufficient clarity to support early career mental health therapists who work with NDIS participants, and this is impacting on availability of service providers.

Unfortunately, there is an insufficient number of mental health occupational therapists to meet the needs of NDIS participants in Brisbane. So significant is this issue, many occupational therapists are unable to take on new clients.

According to one Brisbane-based OTA member:

"Some clients have been on my waiting list and waited to see me for 36 weeks so far...there are also many people who did not find an alternative OT in that time and waited the full length of time to see me. I know many other mental health OTs who are not taking on new referrals. I have taken my name off Find an OT and I know quite a few other mental health OTs who have done this in order to reduce the number of enquiries."¹

Recommendation 1: Recognise and promote the important role of mental health occupational therapists within the NDIS and incentivise more experienced therapists to provide these services under the scheme.

Rural and Remote Areas

The NDIS has undoubtedly improved participation of people with a disability in the community and the workforce. However, rural and remote Queenslanders do not have the same level of access as their urban and suburban counterparts.

Underutilisation of NDIS Plans

In rural and remote Queensland, there is a significant discrepancy between what the NDIS is offering clients and what the allied health professionals in that area can provide.

For example, OTA members report that with the introduction of the NDIS there was an explosion in requests for powerdrive wheelchairs in small, rural towns. Whilst these are covered by the NDIS, there are often no local suppliers, no services to trial the equipment, and no equipment available locally to hire. Clients are often on long waiting lists, during which time their needs go unmet and plan funds go unspent.

Limited supply is accompanied by a high demand. According to OTA members, many people with a disability move to small towns where they feel they will have the freedom to be themselves. The services they need, however, are not there.

¹ *Find an OT* is OTA's online registry of providers. It allows clients to search for providers based on their geographical location, the services they provide and the funding schemes they operate under.

Enhanced coordination and collaboration between services – including both public and private – is needed in rural and remote areas. This is because NDIS practitioners are more likely to be able to practice remotely if they have access to public facilities or local hospitals for service provision.

OTA members advise that this already occurs in some remote regions:

“These smaller communities tend to know each other so leaving someone behind without support or a plan is not socially acceptable or good for the community...we all pitch in to make sure the client gets the care and support they need”.

Recruitment of occupational therapists

OTA understands that it can be very challenging to recruit occupational therapists to work in rural and remote areas. While the NDIS has opened up more employment opportunities for occupational therapists across the state, this has in turn removed incentives for therapists to relocate their practice to rural and remote towns.

A significant problem is the fact that NDIS travel fees do not cover the true cost of service delivery in these areas. Occupational therapists attempting to recruit new graduates are being met by requests to provide them with a car or accommodation as part of their employment. These employee supports are not covered by the NDIS, but nor is it sustainable for private businesses to provide them.

As a result, many occupational therapists work as ‘rural generalists’ and rely on alternative funding sources to meet the needs of local NDIS clients. This includes the James Cook University Allied Health Rural Generalist Program, as well as various grants from Services for Australian Rural and Remote Allied Health (James Cook University 2020; SARRAH 2020).

Owing to the difficulty of recruiting occupational therapists, some practices are also looking at how they can use allied health assistants (AHAs) more effectively. OTA understands that more clarity is needed regarding the two streams under which AHAs can be funded by the NDIS.

Limitations of telehealth

OTA also wishes to highlight that telehealth is not, in itself, a solution to the lack of services in rural and remote Queensland. Despite its obvious advantages, not all clients have the necessary digital literacy or technology to utilise telehealth services. Additionally, many services – such as complex home modifications and assistive equipment prescription – are best delivered face to face.

Recommendation 2: Enhance coordination and collaboration between health services in rural and remote areas, including enabling private providers to utilise public facilities and local hospitals.

Recommendation 3: Incentivise allied health professionals to practice in rural and remote Queensland by better aligning NDIS fees with the true cost of service delivery in these areas.

Recommendation 4: Provide greater clarity around how allied health assistants can be funded and utilised to service NDIS participants.

Productivity Impacts

OTA understands that the QPC is also inquiring into the productivity impacts of the NDIS, including whether it has enabled people with a disability to obtain employment, undertake education and participate in the community. Accordingly, OTA wishes to highlight a number of areas where participant outcomes could be improved.

Lack of capacity building

In practice, the NDIS does not always deliver the person-centred, goal-oriented care that it promises. This is most apparent in the lack of true capacity building which is undertaken in many NDIS plans.

This often occurs when the client attempts to stretch their capacity building budget across multiple areas. In such instances, funds are spread too thinly to achieve genuine outcomes in any one category. This is ultimately wasted money.

OTA is also concerned that not all support workers are trained or interested in building the capacity of their clients. For example, OTA members report that support workers are directly hindering skills in independent travel for participants with psychosocial and neurodevelopmental disabilities. They are doing so by consistently choosing to drive participants to activities, instead of providing skills training in catching public transport or even driving themselves.

Though many of these participants would be capable of learning, there is a perception that it is easier for the client and the support worker not to take this approach. In the long-term, this reduces independence and deepens the participant's reliance on the support worker.

Role of Support Coordinators

Support Coordinators do not necessarily have qualifications or a background in therapy. Despite this, they will often prescribe assistive technology for clients at level 1 and level 2.

Though this may be perceived as saving their clients' time, they often prescribe incorrect equipment. This puts the client at risk and wastes valuable NDIS funds. For example, one OTA member reports that a 7-year old girl was prescribed an adult toilet and shower seat by her Support Coordinator.

Some Support Coordinators also attempt to prescribe interventions for the occupational therapist to complete. This undermines occupational therapists who are specifically trained to assess the needs of their clients; engage in person-centred evaluation of their goals, tasks and environments; and provide interventions or advise adjustments to maximise function and independence.

There is also concern that Support Coordinators are not well-informed about the function of multidisciplinary care teams. They often request highly structured plans with itemised hours of support for each discipline which does not provide practitioners or the participant with the necessary flexibility.

This is particularly problematic in rural and remote areas where many providers operate as ‘rural generalists’. In towns with a limited number of health professionals, NDIS plans must have the flexibility for participants to continue receiving care from whichever practitioners are most suitable.

Occupational therapists in schools

In a classroom setting, occupational therapists recommend, implement and monitor services to support a student’s participation at school. They help children to manage stress, regulate their emotions and behaviours, work effectively with others and handle challenges constructively.

These critical skills support participation across the entire curriculum as they underpin key capabilities like engagement in learning, communication with others and completion of classroom tasks and routines.

In Queensland, the Department of Education employs just over 80 FTE occupational therapists to support the provision of learning and reasonable adjustments in schools. Many children, however, access occupational therapists through the NDIS. These therapists do not have an automatic right to deliver NDIS supports at school, rather, the Department of Health (2020) empowers principles to decide this on a case-by-case basis.

In practice, OTA members have experienced significant pushback from principals regarding access to schools. This negatively impacts outcomes for children who require this support to participate at school.

Recommendation 5: Enhance client, family and support worker understanding of capacity building – and the allotted funds – so that participants can prioritise and achieve their goals in this area.

Recommendation 6: Clearly define the role of Support Coordinators to ensure that assistive technology and other interventions are prescribed by qualified professionals, including as part of a multidisciplinary care team.

Recommendation 7: Collaborate with the Department of Education to enhance occupational therapists’ access to schools to deliver NDIS supports.

Conclusion

OTA thanks the Queensland Productivity Commission for the opportunity to lodge a submission as part of its Inquiry into the NDIS Market in Queensland. Please note that OTA would gladly meet with representatives of the QPC to expand on any of the matters raised in this submission.

References

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