

28 March 2018

To Whom It May Concern

RE: Inquiry into the implementation, performance and governance of the National Disability Insurance Scheme in the ACT

Occupational Therapy Australia (OTA) welcomes the opportunity to provide a submission to the Standing Committee on Health, Ageing and Social Services' inquiry into the implementation, performance and governance of the National Disability Insurance Scheme in the ACT.

Occupational Therapy Australia is the professional association and peak representative body for occupational therapists in Australia. As of December 2017 there were more than 350 registered occupational therapists working across the government, non-government, private and community sectors in the ACT.

Occupational therapists are allied health professionals whose role is to minimise the functional impairment of their clients to enable them to participate in meaningful and productive activities. Occupational therapists particularly work with people with a disability and their families to maximise outcomes in their life domains including daily living, social and community participation, work, learning and relationships. As such, they are key providers of services to many NDIS participants.

OTA has been a strong supporter of the NDIS since it was introduced in July 2013, although it is fair to say that our members and the participants they serve continue to experience significant frustrations when trying to navigate the scheme.

Gaps or duplicate roles and responsibilities

There is currently a gap in service delivery for children who have not been diagnosed with a specific disability such as cerebral palsy. These children exit the scheme at the age of 7 and have no other government services available to them since the closure of Therapy ACT.

One occupational therapy practice experienced a 50 per cent reduction in its caseload due to children receiving a diagnosis of developmental delay. This diagnosis does not meet the criteria to be transferred to the disability stream. Additionally, it has been reported that families and therapists are not notified when funding ceases. Those families affected are usually unable to pay for private occupational therapy, physiotherapy and speech pathology, even though their children require those services. A potential outcome is that in a few years there will be a group of adults who are unable to read or write, are not employable and are therefore reliant on welfare.

Practical outcomes of implementation in relation to the availability of services for eligible NDIS participants and the availability of early childhood intervention services

The NDIS has contributed to increased awareness and understanding of therapy services. There are a number of positives attached to the scheme, as many children and adults who have received funding for therapy may not have otherwise due to the cost or lack of awareness about the benefits. Despite this, there are also many limitations which have prevented NDIS participants from getting the most out of the scheme.

There appears to be a lack of understanding from the NDIA with regard to the term “early intervention”, as families can wait for up to a year before their child’s eligibility to enter the scheme is assessed. Some children and families have missed out on vital services at a critical time in their development due to lengthy delays and the inability of most parents to pay for private services.

Another issue relates to the period of time that families are forced to wait to have their funding reviewed when they experience a change in circumstances. Some clients wait for up to six months to be reassessed. The timeframe from assessment to approval for intervention is often so long in terms of a child’s development that reassessment is required.

There is often a need for children with sensory or self-care issues to be prescribed simple low cost equipment rather than expensive items. Equipment such as a special feeding item is vital for a child to function at home. Less expensive items, although just as essential to daily self-care activities, are often overlooked by Planners.

The experience of occupational therapists working with adult clients has been problematic in a number of areas. Again, timing has been a big issue, with occupational therapists reporting that the process for supplying high-end equipment (eg. expensive power wheelchairs) is lengthy. It takes much more time than can be billed to arrange trials for the assistive technology (AT) and write up a detailed report justifying the purchase. Furthermore, it takes a considerable amount of time for the NDIA to approve the AT – in some cases, the AT is no longer required as a participant’s circumstances or functional capacity have changed.

One such example of this is a client requiring pressure management who waited twelve months for a suitable mattress to be supplied. Well before that time, they required hospitalisation for pressure management, however there were no funds available for emergency care or equipment hire. When equipment is provided in a timely manner, there is usually no provision in plans for the therapist to educate the participant on how to operate the AT, or undertake follow-up visits to ensure that it is being used appropriately.

Occupational therapists have noted that there is great variation in the level of funding provided to participants. Whilst we understand that the reasonable and necessary funding that is included in a participant’s plan must directly relate to their goals, it has been observed that some participants with high level needs have been allocated less funding than those with lower level needs. This can be due to an NDIS Planner having a general lack of knowledge or misunderstanding about the skills and ability of experienced occupational therapists. It has been observed that questions have been posed to participants in a manner that does not elicit the information that addresses their functional ability.

Therapists in the ACT have also found that there is a lack of reasonable funding for travel. Many ACT therapists provide services to surrounding NSW communities, however the NDIS travel policy prevents them from servicing those clients in their homes and schools.

Unfortunately, the experience of some occupational therapists in the ACT has resulted in them withdrawing from providing services to NDIS participants. These therapists report their major reasons for withdrawing from the scheme include long delays in approving occupational therapy intervention and equipment provision.

OTA thanks the Committee for the opportunity to respond to this inquiry.

Please be advised that we would be more than happy to elaborate further on the issues raised in our submission by testifying at a public hearing.

Yours sincerely



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