

Submission to the Department of Social Services

National Disability Strategy – Position Paper

Submission by the
Australian Physiotherapy Association

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Policy input to the National Disability Strategy

Introduction

The Australian Physiotherapy Association (APA) welcomes this opportunity to make a submission to the Australian Government Department of Social Services to provide input to the National Disability Strategy Position Paper (July 2020) in guiding the development of a new National Disability Strategy (Strategy).

This Strategy comes at an important time. During this past year of disruption, in navigating a way through bushfire disasters, the COVID-19 pandemic crisis and resulting economic instability, we have seen progress but also many setbacks. Our ability to rapidly scale up support for those most vulnerable, including Australians living with disabilities, has been tested with significant inconsistencies exposed.

The future remains uncertain and in navigating the new normal it is vital that no one is left behind. In getting ahead of the next stage of the crisis, there is opportunity in this Strategy review process to ensure we can capture key crisis points. A more measured response is required with strengthened supports prioritising planning for crisis contingencies.

Summary of Recommendations

Recommendation 1

The APA recommends that the National Disability Strategy directs a nationally consistent approach towards flexible service design that can meet changing circumstances, including in crisis intervention, to improve the interface between health and disability.

Recommendation 2

The APA recommends more focus on using evidence-based measures, including co-creation campaigns, to encourage greater diversity in the media.

Recommendation 3

The APA recommends extensive sector consultation in determining workable evaluation and monitoring systems, including the involvement of people with disability in outcome selection and measurement.

Recommendation 4

The APA recommends the collection of workforce data in order to gain more understanding of the location of providers, the setting in which they work and the cohorts they service. This would provide valuable insights for ongoing workforce planning.

Recommendation 5

The APA recommends a strong funding commitment towards targeted measures that can provide equal access to healthcare, education and employment.

Access and Participation

In resetting this Strategy, we share the Government's vision to ensure we can facilitate meaningful change to enable people with disability to fulfil their potential as equal members of the community. It is only through a strong national approach that we will see the systemic reform required to address the current barriers and to enhance the independence of people with disabilities.

In forming the **outcome areas** (Q1) for the new Strategy, to set policy and direct action towards promoting and enabling strong social connections, a stronger emphasis on participation is key. To emphasise the need for effective participation, in terms of outcome area 2, we would like to see this rephrased to include the word participation (...in inclusive and accessible communities).

Acknowledging that there are many challenges still ahead, in the context of continued policy review to deliver improvements to the National Disability Insurance Scheme (NDIS), it is vital that the policy can respond to a broad range of needs and circumstances. A key imperative is that there are supports for people who are not eligible for the NDIS and for those transitioning between the NDIS and other systems. It is those that are currently left behind, often with complex needs and significant barriers to access, that this new Strategy must also capture and support.

We feel that the nominated **guiding principles** (Q2) within the Strategy are appropriate to direct engagement in ensuring choice and empowerment, and capacity to exercise choice.

To facilitate this empowerment and capacity, it is important to recognise the specific barriers faced by priority populations and the need for effective strategies to improve the national policy response. There is a need to break down the barriers experienced throughout the full lifespan and across conditions, with a focus on the complexities of transitions through major life stages. Currently lacking is a level of flexibility in disability program design to meet changing circumstances, including rapid response in crisis intervention, to improve the interface between health and disability.

Recommendation 1

The APA recommends that the National Disability Strategy directs a nationally consistent approach towards flexible service design that can meet changing circumstances, including in crisis intervention, to improve the interface between health and disability.

Community Attitudes

The APA supports the policy emphasis on improving **community attitudes** across all outcome areas (Q3). The critical task of changing attitudes requires a significantly stronger focus encompassing the community as a whole but with extended reach to target employers to drive behaviour change.

The guiding principles appropriately identify the interrelationship between the individual, family and community factors and attitudes as key barriers to social inclusion. This brings to focus the need for a level of community responsiveness as a core target. We believe these, in addition to the principles set out in Article 3 of the UN CRPD, will ensure a strong strategy and approach.

The APA recommends more focus on using evidence-based measures, including co-creation campaigns towards inclusion and broader strategies, to encourage greater diversity in the media. Social marketing campaigns of a scale used successfully elsewhere – ‘Time to Change (UK)’ or ‘Like Minds, Like Mine’ (UK) – should be considered. We would welcome the opportunity to be involved in supporting a national campaign effort to showcase the valuable contributions that people with a disability can have in all areas of our community.

Recommendation 2

The APA recommends more focus on using evidence-based measures, including co-creation campaigns, to encourage greater diversity in the media.

Roles and Responsibilities throughout the Sector

In establishing clarity around **roles and responsibilities** (Q4), there is a clear need to ensure more transparency to avoid boundary issues and funding disputes, including at the interface of the NDIS and mainstream services. This is particularly important in examining how these principles translate into practice. A narrow interpretation of the NDIS principles has potential to block access and/or limit access to other mainstream services. The reverse is also true, with services deemed to fall under mainstream or specific sectors, for instance aged care, preventing NDIS funding.

To ensure those in need are not denied vital supports, the rights of people with disabilities need to be protected at the interface between systems and at transition points during their life cycle.

A cross-sector, cross-government outcomes framework is key to formalising in policy the role of the **non-government sector** (Q5). This relies on alignment between various service providers in the non-government sector and is particularly important in measuring collective impact and in driving better outcomes.

In setting the outcomes and processes for measurement, engagement needs to occur with service providers to ensure alignment on what is an agreed outcome. Extensive consultation will be required in reaching sector consensus around how this is captured. The capacity of the sector will be a clear determinant in setting workable solutions: in enabling data collection for each outcome area, and in settling arrangements for monitoring and reporting progress.

Relevance is also important, in terms of the quality and value aspects to service provision, and specifically the impact of the sector. Ensuring the perspective of people with disability is captured, will be important to determining whether (and if so, how) the sector improves their outcomes.

Recommendation 3

The APA recommends extensive sector consultation in determining workable evaluation and monitoring systems, including the involvement of people with disability in outcome selection and measurement.

Understanding and Developing the Workforce

More broadly, in attracting a skilled workforce, a stronger role for universities should be factored as a workforce component of the strategy. This would help to raise awareness, promote the sector, and showcase the skill depth required in supporting people with disability. The role of Physiotherapy and the Allied Health Professions in disability support and ensuring equitable access to these services is also vital. A further focus is required on addressing service barriers through new models of care and exploring alternative funding models with targeted incentives that facilitate multidisciplinary approaches.

Ensuring the sustainability and viability of the disability workforce relies on sound data. In order to plan for the future of the sector we need to understand the composition and operations of the current workforce. The disability workforce spans Non-Government Organisations, community and private providers with limited data to identify current workforce distribution and trends over time.

We believe it is important to capture some data around the current disability workforce in order to extrapolate this data into accurate and meaningful future projections. Data relating to the location of providers, the setting in which they work and the percentage of their work that is NDIS funded, as well as observing how these figures change over time, would provide valuable insights for future workforce planning.

Recommendation 4

The APA recommends the collection of workforce data in order to gain more understanding of the location of providers, the setting in which they work and the cohorts they service. This would provide valuable insights for ongoing workforce planning.

Performance and Outcome Reporting

The **public reporting** (Q6) of performance and outcomes is essential and can catalyse improvement efforts and quality of care as well as being a measure of overall strategy progress.

A commitment to strong evidence-based practice as a key part of improving outcomes for people with disability across whole of life focus is key. Information should be made available

annually and needs to provide insight into outcomes achievement for participants, as opposed to inputs. It should prioritise self-reporting to ensuring the perspective of the person with a disability is captured.

We note and welcome the commitment to collecting relevant data to enable effective monitoring and reporting to drive change. The National Disability Data Asset (NDDA), once established, will bring together data from a range of relevant domains pertinent to people with disabilities and will contribute to a more targeted policy response over time.

To be effective, outcomes data must capture a range of disability service types and cohorts as well community participation and employment. It should capture funding reach (such as Supported Independent Living (SIL) funding) and service access including to physiotherapy and allied health services.

The proposal to put policy into action through **Targeted Action Plans** (Q7) will help support a more consistent approach to implementation, reporting and review. Setting time parameters around measured progress is a welcomed initiative. We feel the success of the strategy is reliant on ensuring key measures focus on identifying and reducing barriers. A strong funding commitment is required towards targeted measures that can provide equal access to healthcare, education and employment.

Recommendation 5

The APA recommends a strong funding commitment towards targeted measures that can provide equal access to healthcare, education and employment.

The vital role of physiotherapy

It is essential for this national overarching strategy to be underpinned by a range of appropriate and practical supports, including services provided by, and led by, physiotherapists.

Physiotherapists provide important support services to people living with disability. They are highly trained to manage acute, non-acute, life-long and life-limiting conditions. Physiotherapists build on their client's strengths and address impairments or problems relating to activity and participation within the relevant environment. For a person living with disability, access to appropriate physiotherapy services positively impacts their personal, social and educational success and their potential to fulfil their goals.

We believe all people living with disability should have access to appropriate high-quality physiotherapy services, when and where they need it. Accessible, person-centred physiotherapy services—tailored to individual needs and available within a variety of settings in the local community—are important in optimising function and community participation.

Physiotherapists play an integral role in the planning and management of transition for people with a disability moving between services. Co-ordinated and planned transitions are essential to provision of quality care. These transitions may occur in a range of circumstances, including from early intervention through to adult health services, from disability to aged care services, from acute hospital services to longer-term management in the community. This includes transition planning from home residence to supported

accommodation when, for instance, ageing carers are no longer able to care for a person with a disability.

Physiotherapists work with people with a disability across their lifespan. During the critical stages of a child's development, physiotherapists contribute significantly to the provision of initial and ongoing assessment, appropriate therapy, advice and support. For example, facilitation of mobility needs by a physiotherapist can encourage a young person with a disability to participate in the activities of a school based setting.

Physiotherapists have an important role in the management of impairments associated with disability, including pain. In recent years, many physiotherapists have also been working in advanced scope roles including in acute care and in 'late effects of disability' clinics and have developed expertise in managing and reducing the impact of accelerated ageing for people with a long standing disability.

As such, we believe physiotherapists should be appropriately recognised for their unique skills and wide scope of practice.

Conclusion

The APA is committed to improving the quality of life and the quality of care provided to people living with disability in Australia. Physiotherapists are health care providers who often have a regular and ongoing relationship with a person with disability. This relationship cultivates trust and connection and physiotherapists are often well placed to understand the barriers and hardships faced by people with disabilities and to provide ongoing support and care.

Physiotherapists provide care to people with disabilities throughout their life journey and during their many transitions with different systems and sectors. Disability is a very broad term that encompasses many life stages, situations and experiences. The NDIS has redefined the way in which many people with disabilities experience their lives and supports, however there are those who fall through the cracks at the interface of systems, or are ineligible for supports through the Scheme. A National Disability Strategy should ensure that all people with disability, regardless of age, location or co-morbidities, are able to access the support and care they require.

As a profession that works closely with people with disabilities, we thank you for the opportunity to provide a submission and would welcome the opportunity to further contribute to any reforms that emerge.

Australian Physiotherapy Association

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

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 29,000 members who conduct more than 23 million consultations each year.

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.