

To whom it may concern,

I am writing in relation to the draft list of NDIS supports and wish to express concerns regarding not including “Specialised Driver Training” supports for **participants who do not require adaptive aids or vehicle modifications.**

There are many applications where specialised driver training supports are required for participants who do not require adaptive aids or vehicle modifications. This includes but is not limited to:

- Participants with peripheral neuropathy (they may need adaptive aids in the future, or at least need to be assessed for safety).
- Participants with a prosthesis. These participants can possibly drive with a prosthesis, rather than need an adaptive aid, however again will need to be assessed for safety. If the participant can drive safely with a prosthesis, they may also need lessons to get used to using the prosthesis and moving the leg from brake to accelerator.
- Participants who have sustained stroke or acquired brain injuries. These participants may not require adaptive aids, but may require retraining. This could include visual retraining due to neglect and assessment to determine safety. A participant I had seen recently who had a stroke and was previously a truck driver, who wanted to return to work. His initial assessment only allowed him to drive an automatic vehicle. 6 months later with ongoing hand therapy and physiotherapy he had developed sufficient strength and coordination in his left upper and lower limb to participate in a manual driving assessment in which he was deemed safe. Sometime later, this participant completed a truck assessment and passed for an automatic truck license, which allowed him to return to work. Without provision of specialised driving lessons and OT support, this participant would not have achieved his goals and would not have returned to meaningful employment.
- Participants with learning or developmental disabilities, such as intellectual disability and autism. Autism has been listed as a medical condition that

requires assessment in the Austroads Assessing Fitness to Drive Standards. This acknowledges that participants with these medical conditions could have an impact on their driving. This document outlines that people with ASD may have difficulty with:

- Managing attention and distraction
- Understanding non-verbal communication from other drivers
- Planning and organisation of the driving task and adapting to unexpected change
- Sensory sensitivities (e.g. glare and sound)
- Emotional regulation and input overload
- Repetitive behaviours such as rocking or hand flapping.

Given the above presentations and learning difficulties, it is not appropriate to suggest that a mainstream driving instructor can best facilitate these participants learning to drive.

The instructor is required to have expertise in knowing these conditions and how best to facilitate a safe and positive learning environment. An Occupational Therapist trained in driving assessment and registered by a State licencing body will need to be involved to advise the driving instructor on how to best facilitate a participant's learning, however the driving instructor will also benefit from having knowledge of these medical conditions and experience in overcoming their effects.

Teaching participants with neurological conditions requires a graduated approach, starting in low stimulus areas until the participant is comfortable and developing rapport so the participant feels supported to communicate how they are feeling. This will assist the driving instructor to create a positive learning environment. By providing support to these participants to become safe drivers and successfully obtain their license, the NDIS will be assisting them with increased job opportunities as well as social and community participation. It will also reduce the need for NDIS transport funding into the future as participants become independently mobile.

In my experience as an Occupational Therapy Driving Assessor, I have been involved with participants who have used mainstream instructors initially to teach them how to drive. There have been a vast number of participants who have had negative experiences and chosen to give up driving due to this reason. It has also impacted on

these participants mental health causing increased anxiety, depression and social exclusion.

For example, a participant I had seen with Autism attempted to complete lessons with a mainstream instructor and had a negative experience. His parents did not know what had occurred, the instructor did not provide suitable feedback into this incident and the participant did not want to talk about it. Instead he refused to continue learning to drive. When I got involved with this participant and with support of a psychosocial recovery coach, we were able to identify that the participant was put into a high stimulus driving environment and did not respond appropriately to instructions for the driving instructor, leading to the instructor shouting at the participant. The instructor had put this participant in a complex driving environment too early and did not utilise a graduated approach with this participant. In addition, the participant was not expecting to do this complex driving, and the instructor did not inform him prior to it occurring. This participant required a run down of what the instructor was going to work on prior to commencing the lessons, so he would know what to expect. This would significantly reduced his anxiety.

In order to resolve this issue, multiple sessions were required with the participant for him to agree to return to learning to drive. A specialised driving instructor was chosen, based on their personality and approach to learning. In this case, the instructor was required to be gentle, to be clear and to be able to read if the participant was in an emotional state. The instructor would ask the participant prior to every session, how their day was and if there were ok to commence the driving lesson. The instructor would also be clear on what they would cover in the driving lessons and give a general indication of where they would be driving, offering encouragement if the participant seemed a bit nervous. This approach allowed the participant to be comfortable with learning to drive and would enable him to achieve his goal of obtaining his driver license. This participant was making spice mixes for work and by obtaining his driver license, would be able to grow his business.

The key issue is that if participants with Autism such as described above, no longer have a pathway through their NDIS plan to attain their license (as they don't require adaptive equipment) or vehicle modifications, their only avenue would be to try and use of a mainstream-instructor which often result in participants not learning to drive and not obtaining their license, leading to reduced employment opportunities and community involvement and increased social isolation.

Support from the NDIS is suitable for these participants as their disability directly impacts on their ability to learn to drive and to learn safe driving behaviours. The participants parents are often not up to date with the road law and therefore the participants learn bad driving behaviours from their parents. Some parents are also uncomfortable with taking out their children due to the medical conditions present. A specialised driving instructor can assist with the parents attending lessons to teach them how to best interact with the participant and facilitate their learning on the road. This may include strategies such as providing clear and repeated instructions early enough, breaking down learning into manageable stages and commenting on what they are seeing ahead and therefore prompting the participant on what to look for.

A mainstream instructor would not use this distinct approach and would not think to do this as they do not understand how a participants' ability to learn is affected by their disability, nor are they trained or experienced in the techniques to overcome their learning difficulties.

In addition to the above, another example I have consulted on was with a participant who had taken numerous lessons with a mainstream instructor and had not been provided any feedback in terms of progress. This participant had a diagnosis of Autism and did not communicate effectively with his parents and therefore when asked how the driving lessons went, they would report good. There was no progress made after more than 20 lessons and the mainstream instructor was happy to continue to provide lessons as they would receive payment. These participants are vulnerable to being taken advantage of. With provision of a specialised driving instructor and Occupational Therapy input, these participants would have the best opportunity to learn to drive and if no progress was being achieved, it would be determined that obtaining their license may not be an achievable goal and recommendations would be provided to cease learning to drive.

In conclusion, provision of NDIS support for participants such as above (ie. not only participants requiring adaptive aids) can ensure the participants are given effective support to achieve their goals by facilitating a safe and positive learning environment, leading to increased productivity (work) and social and recreational independence, which is the overarching purpose of the NDIS - to support the independence, social and economic participation of people with disability.



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Furthermore, it will ensure increased safety for all road users as these participants and medical conditions are required by National Austroads standards to be assessed by an Occupational Therapist Driving Assessor to determine their safety with driving. Limiting access to specialised driver training only to participants requiring adaptive equipment or vehicle modifications

I am happy to be consulted further in relation to the above and hope that these recommendations are considered in the draft lists of NDIS supports.

Kind Regards,

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