



MH Occupational Therapy
NDIS Community of Practice

**SUBMISSION
AUGUST 2024**

In response to DSS Engage Consultation
NDIS List of Supports

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Submission Responses

1. Response to questions on supports

Do you think the draft list of NDIS Supports covers the kinds of disability supports you think should be included?

No.

This submission provides further details on this answer.

Are there goods or services on the exclusion list that you think shouldn't be there?

Yes.

This submission provides further details on this answer.

Joint Position Statement

2. Joint statement on Access to NDIS Supports for People with Psychosocial and Invisible Disability

This position statement has been prepared by the Australian Psychosocial Disability Collective and NDIS mental health occupational therapy community of practice partnership, in response to the Department of Social Services consultation on the draft NDIS Support List. Our partnership brings together lived and learned experience to explore the implications of the list for people with psychosocial disability and other invisible disabilities, including autism, neurodivergence, and ME/CFS. Our partnership seek that the NDIS Support List does not limit access to essential supports for people with disabilities. The draft NDIS Support List has been developed by DSS to enact Section 10 of the National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024. The Bill intends to define the specific disability supports that can be funded through the NDIS. Disability supports falling outside the NDIS support List, will in future no longer be the responsibility of the NDIS. We believe the NDIS Support List, in its current form, is too restrictive and will narrow the essential scope of the NDIS and access to valid supports. The list could limit access to a range of housing support options; therapeutic supports; assistive technology; psychosocial supports; and support for economic participation. The NDIS Support list represents a paradigm shift away from individualized supports to a prescribed program of supports. The shift may impact the rights of people with disability to self-determine and to live an 'ordinary' life. This may have implications for Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). We request that the NDIS support list be examined by the Parliamentary Human Rights Committee to ensure that NDIS Support List reflects UNCRPD in its entirety (e.g. Article 19 in full). A recent report by this Committee raised concerns that aspects of the NDIS Bill are "retrogressive" from a human rights perspective. We raise concern that the consultation on the NDIS Support Lists is potentially misleading as it could imply that all supports listed will be available to all NDIS participants. This implication would be inaccurate as the NDIS Bill has capacity to enable the supports listed to be further restricted by impairment recognised by the NDIA; by the 'classes' of NDIS participants; through early intervention pathways; through stated support definitions; and by provisions that will enable the NDIA to declare any particular support a State and Territory responsibility. Clearly these provisions can diminish flexibility in future NDIS participant budgets – and access to reasonable and necessary disability supports.

Further, the prescribed list of NDIS supports may lead to increased costs, as there are instances where everyday appliances can be a cost-effective disability support. We recommend that the list cover the range of therapeutic support, assistive technology, housing and other supports, that people with psychosocial and invisible disabilities may have a genuine need for, and that have capacity to support social, cultural and economic participation. We recommend that the list not be restricted by impairment or 'classes' of disability. We recommend a mechanism to appeal access to a particular support based on identified need. We call for ongoing commitment to equitable access to NDIS supports, and individualised support options, for people with psychosocial and invisible disability.

NDIS supports list

MH Occupational Therapy NDIS Community of Practice response

3. MH Occupational Therapy NDIS Community of Practice

The Mental Health Occupational Therapy NDIS Community of Practice (CoP) is a professional network aimed at supporting occupational therapists who work with individuals experiencing mental health issues within the framework of the National Disability Insurance Scheme (NDIS) in Australia. This community serves several key purposes:

- Knowledge Sharing:** Objective: Facilitate the exchange of information, strategies, and best practices among occupational therapists who are involved in psychosocial care under the NDIS. Activities: Members share insights about effective interventions, case studies, and recent research findings to stay informed about developments in the field.
- Professional Development:** Objective: Provide opportunities for continuing education and skill enhancement relevant to mental health and the NDIS framework. Activities: Workshops, webinars, training sessions, and discussion forums are organized to help members stay updated on new methodologies, policies, and approaches.
- Support and Networking:** Objective: Create a supportive network where practitioners can seek advice, share challenges, and receive peer support. Activities: Networking events, mentorship opportunities, and collaborative problem-solving sessions are organized to foster professional relationships and support.
- Advocacy and Policy Influence:** Objective: Advocate for best practices and contribute to policy development within the NDIS system, particularly in relation to psychosocial disability. Activities: The community may engage in discussions with policy makers, contribute to submissions, and help shape guidelines and standards for mental health occupational therapy.
- Resource Sharing:** Objective: Provide access to resources, tools, and materials that support effective practice in mental health occupational therapy. Activities: Members may share resource libraries, assessment tools, intervention strategies, and other materials useful for their practice.

Membership and Participation: Eligibility: Typically, membership is open to occupational therapists working with people with psychosocial disability within the NDIS framework, but it may also include other stakeholders. Engagement: Members are encouraged to actively participate in discussions, contribute to initiatives, and collaborate on projects to advance the field. Overall, the MHOT NDIS Community of Practice aims to enhance the quality of care for participants with psychosocial disability by fostering a collaborative and supportive

4. Occupational Therapy role

Occupational therapy is a person-centred, outcomes-based and participation-focused, profession. Occupational Therapists are degree qualified (Bachelor and/or Masters and Doctorates) and regulated by the Australian Health Practitioners Regulation Agency. Occupational therapists must be registered with the regulating body AHPRA.

The core business of occupational therapy is to enable opportunities for full participation in everyday life in the community, where people live, learn, work and play[1]. Occupational therapists work in partnership with people living with psychosocial disability considering the unique barriers each individual faces; their individual needs and goals; the influence of their environment; and the interplay of these factors and their impact on function. Occupational therapists support principles of co-production and co-design.

The National Unmet Needs Analysis estimated that 500,000 people who need psychosocial support cannot access it under current policy settings*. Current NDIS data indicates that people with psychosocial disability continue to experience low rates of social, community and economic participation, relative to the broader NDIS participant population [3]. There is an urgent need for access to evidence-based interventions proven to enable participation for people living with psychosocial disability, both within and external to the NDIS.

* <https://www.health.gov.au/sites/default/files/2024-02/consultation-plan-for-the-analysis-of-unmet-need-for-psychosocial-support.pdf>

Interventions that are outcomes-focused and designed to build capacity are optimally delivered by a skilled, qualified and regulated workforce. This is of critical importance when working with people with disabilities of all types, and can enhance safeguarding, and supported decision-making, frameworks. Occupational Therapists are specifically trained in the art and science of assisting people to engage more fully in their communities and lives.

Occupational therapy needs to be firmly embedded in service models to facilitate opportunities needed for people with psychosocial disability to live full lives and work towards active citizenship. Occupational Therapy is regulated, evidence-based, client centred and cost-effective.

5. Invisible Disabilities

This submission by the NDIS MH OT community of practice is primarily focused on people with invisible disabilities. The term “invisible disabilities’ is an umbrella term to include the following:

Psychosocial Disabilities

- Schizophrenia, schizoaffective Disorders:
- Bipolar Disorder
- Depression
- Anxiety Disorders
- Post-Traumatic Stress Disorder (PTSD)/Complex Post Traumatic Stress Disorder/Borderline Personality Disorder
- Eating disorders including anorexia nervosa, ARFID.

Neurological and Cognitive Disabilities

- Autism:
- Traumatic Brain Injury (TBI)
- Intellectual Disability
- Early onset Dementia
- Multiple Sclerosis
- Functional Neurological Disorder
- Attention Deficit Hyperactivity Disorder (ADHD)

Disabilities from Permanent Chronic Illnesses and Medical Conditions

- Chronic Fatigue Syndrome (CFS):
- Fibromyalgia:
- Epilepsy
- POTS
- Lipodema
- Lymphodema

Characteristics of Invisible Disabilities

- **No Visible Signs:** Symptoms or impairments are not obvious to others.
- **Varied Impact:** The impact on daily functioning can be significant but not easily observed.
- **Misunderstanding:** Because these disabilities are not visible, they can lead to misunderstandings from others about the severity of the condition.
- **Accommodation Needs:** Individuals with invisible disabilities may need specific accommodations or support to manage their condition effectively.

The term “invisible Disabilities” highlights the challenges faced by individuals with such disabilities, particularly regarding societal recognition and understanding. It underscores the importance of empathy and awareness in interactions and accommodations. We will use this terminology in this document.

6. Terms used in the NDIS supports lists

‘Classes’ of NDIS participants

The NDIS legislation currently being proposed uses the term ‘class’ however the nature of this classification is not explained or defined. Classification systems segregating groups of participants determined by ‘identifiable characteristics’, are **at risk of becoming discriminatory and of creating policy segregation.**

Classification systems determined by ‘identifiable characteristics’ are considered an outdated and archaic phenomenon when considered through an equality lens and have no place in contemporary disability policy. Such classification systems can disproportionately impact and potentially exclude, individuals or targeted groups of disabled people. The introduction of a legislated classification system within the NDIS raises questions around equality, equity and Australia’s obligations under the UNCRPD.

The current NDIS list of supports does not make it clear that some people with disability will not be eligible for all of the supports. We refer to the description of Stated Supports.

NDIS legislation Stated supports

- A stated support is a support, or class of supports, specifically identified in a plan.
- Funding for stated supports can only be spent on that support (or class of supports) and cannot be spent for any other purpose, including acquiring other NDIS supports.
- A participant's need for stated supports will be identified through the needs assessment report.
- Category A NDIS rules will prescribe supports that are stated support for all participants or certain groups of participants. For example, high-cost assistive technology, home modifications and supported independent living may all be stated supports.

From: <https://www.dss.gov.au/the-ndis-amendment-bill-questions-and-answers>

We advocate for all people with disabilities who have met eligibility for the NDIS are able to choose any of the list of supports to spend their plan budget on. This point is referred to throughout the document.

Supports that are 'NDIS supports'

The below contains 36 categories of NDIS supports, a description of the category, and any carve outs to the description that are not 'NDIS supports'.

Carve Outs

Carve outs is not a useful term for people with disabilities. We recommend changing the language to "NDIS supports that will not be funded include...."

Specialist Products

Specialist products is not a clear term. Limiting products to disability specific rather than items used for disability specific purposes will increase cost per item in many cases.

For example, an Autistic person may require noise reducing ear buds to manage the loud sounds of recreational sports. This is not a specialist product, but would be an example of Assistive technology that could support participation in sports.

RECOMMENDATIONS:

1. All 'Classes' of supports should be available for all people with disabilities who have met eligibility criteria in the NDIS so that participants have the choice to spend their plan budget on supports that they need.
2. We recommend changing the 'carve out' language to "NDIS supports that will not be funded include...."
3. Assistive technology should not be limited to Specialist Products that were made specifically for people with disabilities. We recommend changing this term to enable Assistive Technology that meets the needs of people with disabilities to be able to be included.

RECOMMENDATIONS:

1. Assistive technology recommended in the Assistive Technology section of the submission should be added to the List of NDIS Supports and available to all 'classes' of participants including people with invisible disabilities.
2. This submission outlines some of the Assistive Technology that could be useful for people with Invisible Disabilities. We recommend a specific consultation on the topic of Assistive Technology for people with invisible disabilities with a longer timeframe to identify the full range of useful Assistive Technology. The consultation needs to include:
 - People with lived experience of Invisible Disability
 - Disability Representative Organisations including Australian Psychosocial Disability Collective
 - Peak Provider Organisations including NDIS MH OT Community of Practice, ARATA and Occupational Therapy Australia
3. Occupational therapists (OTs) play a key role in working collaboratively with people with disabilities to identify suitable assistive equipment that matches the whole of person needs. This Occupational Therapy role needs to be clearly visible in the price guide and NDIS funding allocated.
4. Assistive Animals need to be available for Autistic people, people with psychosocial disabilities, and other disabilities as per the evidence. The evidence needs to be reviewed regularly to update any new evidence in this area as it is rapidly evolving.
5. Vision Assistive Technology needs to be expanded or have a separate line item to include visual processing assistive technology, simplifying visual

information for people with disabilities that require this eg cognitive disabilities and executive dysfunction challenges

6. Assistive Equipment for Recreation needs to be funded under the NDIS for people with invisible disabilities
7. Assistive products for Household tasks needs to be funded under the NDIS for people with invisible disabilities
8. Communication and information Equipment needs to be funded under the NDIS for people with invisible disabilities
9. Personal Mobility Equipment needs to be funded under the NDIS for people with invisible disabilities. This needs to include people who require mobility equipment intermittently eg after seizures, drop attacks, panic attacks, non epileptic seizures and periods of paralysis. This also needs to include mobility needs due to Functional Neurological Disorder, and people with invisible disabilities who may require personal mobility equipment for multiple reasons.
10. Specialised Driver training needs to be funded under the NDIS for people with invisible disabilities
11. Vehicle Modifications needs to be funded under the NDIS for people with invisible disabilities
12. Sensory Modulation Assistive Technology needs to be funded when it increases functional capacity and also when reducing restrictive practices or supporting reducing behaviours that challenge.

7. Assistive Equipment for Recreation

Assistive Equipment for Recreation

Description

Specialist products used in competitive and non-competitive sports and other recreational pursuits.

Carve outs that are not 'NDIS supports'

N/A

Access to supports

Having access to assistive products is important for all “classes” of disabilities including invisible disabilities

Occupational therapy role

Occupational therapists (OTs) play a key role in increasing functional capacity for people with invisible disabilities to identify suitable assistive equipment for recreation.

Assistive Equipment for Recreation for invisible disabilities

This may include:

Visual Assistive Equipment

- **Light Filters and Mood Lighting:** Soft lighting, color-changing lights, and light filters can create calming environments or stimulate engagement in recreation.
- **Visual Schedules:** Picture schedules or visual planners assist individuals to understand and anticipate recreational activities.

Auditory Assistive Equipment

- **Noise-Canceling Headphones:** These reduce background noise and can assist individuals who are sensitive to auditory stimuli focus on their recreational activities. A wide range of options is required in noise cancelling headphones and earplugs to suit tactile and other sensitivities eg ear plugs, headbands, bone conducting, loops.
- **White Noise Machines:** These can mask disruptive background noises and create a more predictable auditory environment for indoor recreational pursuits.

Tactile Assistive Equipment

- **Weighted vests, armbands, ankle bands:** Can assist people in increasing proprioceptive input (information on their body).

Olfactory Assistive Equipment

- Scents eg stink balm, deoderisor can be used by participants to mask other scents that are overwhelming which can support participation in recreational activities.

Adaptive Technology for Entertainment

- **Screen Readers and Text-to-Speech Software:** These tools assist individuals with executive dysfunction or impairments, sensory processing challenges, visual impairments or reading difficulties by converting text on screens into spoken words.
- **E-Readers:** Provide alternative ways to enjoy literature and other reading materials, often with adjustable text sizes and background colors.

Gaming and Interactive Technology

- **Virtual Reality (VR) Systems:** VR can offer immersive recreational experiences and be tailored to provide sensory inputs that meet individual needs.

Assistive Communication Devices

- **Augmentative and Alternative Communication (AAC) Devices:** These devices assist individuals with communication difficulties express themselves and participate in social and recreational activities. People with invisible disabilities may have fluctuating communication difficulties eg may be non speaking sometimes. Including assistive communication devices is an important inclusion in participation in sports.

Recreational Software and Apps

- **Skill-Building Appson devices and speakers:** Devices with Apps designed to support executive functioning by breaking tasks down into steps or skills can make recreational activities more accessible and enjoyable.

Environmental Control Systems

- **Smart Home Technology:** Devices like smart thermostats, lighting controls, and voice-activated assistants can assist individuals customize their recreational environments to suit their sensory preferences.

Thermoregulation

1. People with invisible disabilities often experience an inability to regulate temperature which impact on sports participation. Cooling fans, cooling vests and other thermoregulatory assistive technology may be useful and increase participation.

Customizable and Portable Tools

- **Sensory Tools:** Sensory tools such as noise-cancelling headphones can be used to support sensory needs to decrease auditory sensitivity while participating in recreation

8. Assistive Products for Household Tasks

Assistive Products for Household Tasks

Description

Specialist products to enable cooking, cleaning, washing, home maintenance and other tasks.

Carve outs that are not 'NDIS supports'

N/A

Access to supports

Having access to assistive products is important for all “classes” of disabilities including invisible disabilities. The ICF recognises that invisible disabilities have many areas to their disability that are not based on diagnostic criteria. An example is the inclusion of fine motor skills for people with schizophrenia in the ICF data set for people with schizophrenia. Many people with invisible disabilities have a complex presentation and when we view the whole person we can identify that they would benefit from Assistive Technology in this area.

The NDIS could consult further and have an expanded list of Assistive products in this category.

Assistive Equipment for Household Tasks for invisible disabilities

This can include:

1. Adaptive Kitchen Tools

- **Ergonomic Utensils:** Tools with ergonomic handles, such as peelers, can openers, and knives, reduce strain on the hands and wrists. Examples include utensils with cushioned grips and larger, easy-to-hold handles. Rocker knives are also not speciality assistive technology but are very useful for people with invisible disabilities.
- **One-Handed Kitchen Tools:** Items like one-handed can openers, cutting boards with stabilizing features, and lever-type faucets make tasks easier for individuals with limited hand strength or dexterity.

2. Safety Devices

- **Appliances:** Appliances such as electric kettles, coffee makers, and stovetops with automatic shut-off features reduce the risk of accidents if the individual forgets to turn them off. Benchtop hot water dispensers are safer for some people than a kettle tipper.
- **Fire Safety Alarms:** Smoke detectors with visual alarms (flashing lights) or voice alerts can provide additional safety for those who may have difficulty hearing standard alarms. One in four people with schizophrenia may have hearing loss.

3. Easy-to-Use Appliances

- **Voice-Controlled Appliances:** Devices like voice-controlled smart speakers or voice-activated kitchen appliances allow for hands-free operation and control.
- **Touchless Faucets:** Faucets that operate with a touchless sensor reduce the need for manual handling and are useful for individuals with limited mobility or dexterity.

4. Kitchen Accessibility Aids

- **Reaching Aids:** Grabbers or reachers can help individuals access items stored in high or low cabinets without having to bend or stretch excessively.
- **Adjustable Shelving:** Pull-out or adjustable shelving systems in cabinets and refrigerators make it easier to access items without having to bend or reach awkwardly. Adjustable shelving can also include dishwashers and ovens.

5. Supportive Seating

- **Adjustable Height Stools:** Counter-height stools or chairs with adjustable heights allow for comfortable seating while working at countertops or sinks.
- **Rolling Carts:** Portable carts with shelves can be used to move items around the kitchen and serve as a temporary workspace.

6. Cooking and Food Preparation Aids

- **Cutting Boards with Stabilizers:** Cutting boards with non-slip bases or built-in grips help keep the board stable during use.
- **Electric Can Openers:** Automatic can openers are easier to use for individuals with limited hand strength compared to manual can openers.
- **Food Preparation:** Devices like electric choppers, electric mandolines, electric peelers can simplify food preparation tasks such as chopping, slicing, or peeling.

7. Visual and Auditory Aids

- **Large-Print Labels:** Labels with large text for identifying spices, ingredients, or appliances help individuals with visual impairments. Many people with schizophrenia have visual impairments. Many people with invisible disabilities benefit from these to reduce cognitive fatigue.
- **Talking Thermometers:** Thermometers that provide auditory feedback can help with temperature readings for cooking or baking.

8. Mobility Aids

- **Rolling Walkers with Seats:** Rollators with built-in seats can provide support and rest while moving around the kitchen.
- **Mobility Aids for the Kitchen:** Specialized carts or walkers designed for kitchen use can assist with transporting items and provide stability while cooking.

9. Technology Integration

- **Smart Home Systems:** Integration with smart home systems can include features like remote-controlled lighting, smart thermostats, and voice-activated assistants to help manage the kitchen environment.
- **Remote-Controlled Appliances:** Appliances that can be controlled remotely via smartphone apps provide convenience and safety for users who may have difficulty operating traditional controls.

10. Organizational Tools

- **Lazy Susans and Turntables:** These can make it easier to access items stored in cabinets or on countertops without needing to reach or move items around.

- **Drawer Organizers:** Tools that keep utensils and other kitchen items organized and accessible reduce the need for searching and reaching. This can reduce cognitive fatigue and improve executive function
- Visual organisers

9. Communication and Information Equipment

Communication And Information Equipment

Description

Products to assist with alternate communication or to access written or spoken communication via electronic or other means.

Carve outs that are not 'NDIS supports'

N/A

Access to supports

Having access to assistive products is important for all “classes” of disabilities including invisible disabilities. Many people with invisible disabilities have either permanent or temporary communication needs that are under recognised. For example some people may be non speaking when distressed and communication equipment could assist them to communicate their needs at this time.

10. Personal Mobility Equipment

Personal Mobility Equipment

Description

Products to enable personal mobility, including equipment for walking, wheelchairs and transfer aids.

Carve outs that are not 'NDIS supports'

N/A

Access to supports

Having access to assistive products is important for all “classes” of disabilities including invisible disabilities. Many people with invisible disabilities have mobility challenges and can benefit from assistive technology and Occupational Therapist assessment and intervention in this area.

Personal Mobility Equipment needs to be funded under the NDIS for people with invisible disabilities. This needs to include people who require mobility equipment intermittently eg after seizures, drop attacks, panic attacks, non epileptic seizures and periods of paralysis. This also needs to include mobility needs due to Functional Neurological Disorder, and people with invisible disabilities who may require personal mobility equipment for multiple reasons.

Having access to assistive products can result in people being less reliant on social workers, more independent and able to access the community, employment and education.

Caregiver injuries can be reduced when there is personal mobility equipment available eg after a functional seizure in a shopping centre, a person can be transported home in a wheelchair.

Inclusions

This item needs to also include equipment repair and maintenance.

Personal Mobility Equipment for invisible disabilities

People with invisible disabilities may benefit from mobility equipment for reasons including:

2. **Inability to mobilise** eg Functional Neurological Disorder
3. **Panic Attacks Overwhelm/Meltdowns** eg a person who has experienced this may need to be transported away from an environment as they may be unable to walk
4. **Low energy/energy conservation** eg a person may need to mobilise a long distance but only be capable of a short distance and would benefit from a mobility aid.
5. **Sensory processing:** eg a person may be overwhelmed by sensory input and be unable to process this and mobilise, particularly through unfamiliar, unpredictable or crowded environments eg airports, cities, shopping centres.
6. **Disability impacts on mobility:** POTS and other orthostatic intolerances. People with chronic pain or Higher falls risk

Benefits to providing Mobility Equipment to people with invisible disabilities includes:

1. Enhanced Mobility and Independence

- **Increased Mobility:** A wheelchair can help individuals with mobility challenges navigate their environment more easily, reducing the physical effort required to move around and enabling them to travel longer distances without fatigue.
- **Autonomy:** Using a wheelchair can enhance an individual's ability to perform daily activities independently, such as accessing different areas of their home, participating in community activities, and engaging in social interactions.

2. Safety and Stability

- **Fall Prevention:** For individuals with balance issues or motor control problems, a wheelchair provides stability and reduces the risk of falls, which can be particularly important with people with an unsteady gait or difficulty with coordination.
- **Reduced Risk of Injury:** By providing support, a wheelchair can help prevent injuries that may occur due to frequent falls or unsteady movements.

3. Management of Fatigue and Physical Exertion

- **Energy Conservation:** A wheelchair can help conserve energy by reducing the need for walking or standing for extended periods. This can be particularly beneficial for individuals who experience fatigue or weakness.

- **Reduced Physical Strain:** It can also help reduce physical strain on the body, which may alleviate some of the discomfort or pain associated with excessive exertion.

4. Improved Access and Participation

- **Access to Various Environments:** A wheelchair can facilitate access to different environments, including homes, public spaces, and transportation, making it easier for individuals with invisible disabilities to participate in activities and engage with their community.
- **Inclusion in Social Activities:** By improving mobility, a wheelchair can help individuals engage more fully in social activities and maintain relationships, contributing to overall well-being and quality of life.

5. Support for increasing capacity

- **Assistance with Daily Tasks:** A wheelchair can assist with tasks that require mobility, such as reaching items, moving from one place to another, or engaging in activities that require standing or walking.
- **Facilitation of exercise and recreational activities:** It can assist in engaging in physical therapy exercises or activities that support overall health and well-being.

Occupational Therapist Role

Occupational therapists (OTs) play a crucial role in assessing and recommending mobility aids to enhance an individual's independence and safety. Their involvement ensures that the chosen mobility aids are suitable for the person's specific needs, abilities, and living environment.

Participant Example: Mali

Mali had a permanent disability from Functional Neurological Disorder and chronic pain. They accessed a wheelchair from the NDIS and were able to volunteer in their children's canteen at school. This eventually gave them the confidence to gain work in hospitality. Without the wheelchair they would not have been able to engage in volunteer or paid work.

11. Specialised Driver Training

Specialised Driver Training

Description

Driver training using adapted equipment or vehicle modification.

Carve outs that are not 'NDIS supports'

N/A

Access to supports

Having access to Specialist Driving training is important for all "classes" of disabilities including invisible disabilities. Many people with invisible disabilities would benefit from specialized driver training.

Driver training needs to include people with psychosocial disabilities and autism who do not need adapted equipment or vehicle modification but benefit from specialised support to be able to drive. Specialist driver training provided to people with cognitive impairments (eg following acquired brain injury) may not require adapted equipment. Specialist training /lessons are provided in consultation with OT driving assessor to facilitate adaption to functional impairment as consequence of cognitive (not just physical) deficits.

Terminology

The terminology needs to be expanded to 'Driver training using adapted equipment or vehicle modification or required due to a person's disability need.

Occupational Therapy Role

Occupational therapists (OTs) play a crucial role in providing specialised driving training for people with invisible disabilities. Their approach is tailored to address the unique needs and challenges faced by each person. This can include:

1. Assessment:

- **Functional Abilities:** Evaluate cognitive, sensory, motor, and perceptual skills to determine driving readiness and identify areas needing improvement.
- **Driving Skills:** Assess current driving skills, including the ability to follow traffic rules, make quick decisions, and handle complex driving situations.

2. Individualized Training Plans:

- **Customized Programs:** Develop a training plan tailored to the individual's specific needs, taking into account their sensory sensitivities, cognitive processing, and emotional responses.
- **Skill Development:** Focus on building skills such as attention, executive functioning, spatial awareness, and motor coordination
-

3. Adaptations and Modifications:

- **Vehicle Modifications:** Recommend and arrange for adaptive equipment or modifications to the vehicle, such as hand controls or modified mirrors, to accommodate physical or sensory needs.
- **Environmental Adjustments:** Suggest changes to the driving environment or training setting to minimize distractions and reduce anxiety.
-

4. Increasing capacity to manage disability while driving:

- **Increasing capacity:** Teach relaxation techniques, coping strategies, and stress management skills to assist to individuals manage anxiety or paranoia while driving.
- **Increasing confidence:** Assist individuals to become more comfortable and confident with driving and to reduce anxieties.

5. Grading Skills Training and Practice:

- **Controlled Practice:** Conduct driving sessions in a controlled environment (like a closed course) to build confidence and practice essential skills before transitioning to real-world driving.
- **Progressive Challenges:** Increase the complexity of driving tasks progressively, starting with simpler tasks and gradually moving to more challenging situations.

6. Collaboration and Support:

- **Family Involvement:** Work with family members or caregivers to ensure they understand the individual's needs and can provide appropriate support and reinforcement.
- **Coordination with Other Professionals:** Collaborate with driving instructors, psychologists, or other specialists to provide a comprehensive support network for the individual.

7. Safety and Independence:

- **Safety Assessment:** Continuously evaluate and ensure that the individual can drive safely, making adjustments to the training plan as needed.
- **Promotion of Independence:** Aim to enhance the individual's independence by building their driving skills and self-confidence, while also ensuring they can manage the challenges of driving in a safe manner.

Vehicle Modifications

23. Vehicle Modifications

Description

Vehicle modifications including the installation of, or changes to, equipment in a vehicle to enable a participant to travel safely as a passenger or to drive.

Carve outs that are not 'NDIS supports'

- Purchase of a vehicle of any kind, including motor vehicles, motorbikes, watercrafts, all terrain vehicles and other recreational vehicles,
- Mechanical repairs,
- Tools
- Vehicle registration

Access to supports

Having access to assistive products is important for all "classes" of disabilities including invisible disabilities. There are many ways that a vehicle can be modified to meet the needs of people with invisible disabilities and it is important that access to this is provided.

Vehicle Modifications

Modifying a vehicle to accommodate someone with invisible disabilities can increase functional capacity to drive or make transportation more comfortable and manageable for them. This can include:

Sensory Considerations

1. **Noise Reduction:** Install soundproofing materials to minimize road noise and reduce sensory overload. Noise-cancelling systems or quiet tires can also help.
2. **Lighting:** Use adjustable or dimmable interior lights to avoid harsh or distracting lighting.

3. **Seating:** Choose seats with additional padding or support to improve comfort and reduce sensory discomfort. Consider custom seat covers or cushions.

Communication and Interaction

1. **Visual Aids:** Use clear, visual instructions or labels for controls and features to make them easier to understand and use.
2. **Technology Integration:** Install user-friendly interfaces or touchscreens that simplify vehicle controls. Voice-activated systems can also be helpful.

Safety and Comfort

1. **Adaptive Controls:** Install hand controls or other adaptive driving aids if the person has specific physical or coordination needs. This may include weakness or tremor.
2. **Personalized Climate Control:** Ensure the climate control system is easily adjustable to maintain a comfortable temperature and reduce stress.
3. **Sensory-Friendly Materials:** Use non-reflective, non-glare materials on the dashboard and interior surfaces.

Occupational Therapist role in vehicle modifications

Assessment of Needs and Capabilities

- **Functional Assessment:** Evaluate the individual's physical, cognitive, and sensory capabilities to determine the most appropriate modifications. This includes assessing their ability to operate vehicle controls, manage sensory stimuli, and respond to driving demands.
- **Driving Needs:** Identify specific challenges related to driving, such as sensory sensitivities, anxiety triggers, or cognitive impairments that might affect driving ability.

2. Recommending Vehicle Modifications

- **Adaptive Equipment:** Suggest and recommend modifications or adaptive equipment based on the individual's needs. This could include:
 - **For Autism:** Modifications like noise-canceling devices or specialized seating to reduce sensory overload.
 - **For Anxiety:** Equipment that helps in managing stress, such as calming aids or adaptive controls that minimize the need for complex maneuvers.
 - **For Dementia:** Modifications like simplified controls, larger visual displays, or technology that assists with navigation and memory aids.

3. Designing Custom Modifications

- **Personalized Solutions:** Work with automotive engineers or modification specialists to design and implement custom modifications that address specific issues, such as improved visibility, easier access, or simplified controls.
- **Safety Enhancements:** Ensure that modifications enhance safety, such as adding features that help the driver stay oriented and focused, or modifications that assist with physical challenges related to driving.

4. Training and Education

- **Training Sessions:** Provide training on how to use the modified vehicle, including how to operate any new equipment or controls.
- **Family and Caregiver Education:** Educate family members or caregivers on how to support the individual in using the vehicle safely and effectively.

5. Ensuring Compliance and Safety

- **Regulatory Compliance:** Ensure that all modifications comply with local regulations and standards for vehicle safety and accessibility.
- **Ongoing Assessment:** Continuously monitor and reassess the individual's needs and vehicle modifications, making adjustments as necessary to maintain safety and effectiveness.

12. Vision Equipment

Vision Equipment

Description

Products for navigation, orientation, braille, magnifiers and note taking equipment.

Carve outs that are not 'NDIS supports'

Prescription glasses

Access to supports

Vision is more than acuity (being able to see text clearly), vision is a sensory *system* that reaches into every aspect of our lives - even when our eyes are closed.

Having access to Vision equipment is important for all "classes" of disabilities including invisible disabilities. This may include people who have difficulty interpreting visual information or who have light sensitivity induced epilepsy or functional neurological disorder involving vision. People with dementia and other cognitive impairments may benefit from Assistive Technology to simplify or clarify the visual information so that it is less overwhelming. The lists below provide example for autism and dementia but we recommend that these assistive technology options are available to other people with invisible disabilities who need them.

Autism specific Assistive technology

For individuals with autism, vision equipment and aids can be tailored to address specific sensory processing and visual needs. While autism itself doesn't inherently affect vision, many individuals with autism might experience sensitivities or difficulties that vision aids can help with. Here are some vision-related tools and modifications that might be beneficial:

1. Adjustable Lighting

- **Dimmable Lights:** Allows the individual to adjust the light intensity to avoid harsh or glaring lights that can be overwhelming.

- **Light Filters:** Special filters or covers for lights can reduce glare and create a more comfortable visual environment.

2. Glasses with Special Lenses

- **Anti-Glare Lenses:** Reduce the impact of reflective surfaces and bright lights.
- **Tinted Lenses:** Can help with light sensitivity; colors like blue or rose can sometimes improve comfort and reduce sensory overload.

3. Visual Schedules and Aids

- **Visual Schedules:** Use clear, pictorial schedules to help with transitions and understanding daily routines.
- **Picture Communication Systems:** Tools like PECS (Picture Exchange Communication System) can assist in communication through visual symbols.

4. Screen Filters

- **Blue Light Filters:** Reduce eye strain and can be useful for individuals who spend a lot of time in front of screens.
- **Anti-Glare Screens:** For computer monitors or tablets to reduce visual discomfort.

5. Visual Enhancers

- **Magnifiers:** For individuals who may have difficulty with small print or detailed visuals.
- **Reading Overlays:** Colored overlays or filters can sometimes help with reading difficulties or reduce visual stress.

8. Adaptive Technology

- **Software for Visual Support:** Programs or apps that can adjust text size, background color, and contrast to make reading and interaction easier.
- **Interactive Visual Tools:** Tablets or devices with apps designed to engage with visual learning or therapy.

9. Environmental Modifications

- **Contrasting Colors:** Using high-contrast colors for important items (like labels or objects) can help with visual clarity and focus.
- **Visual Markers:** Adding visual markers or cues in the environment can assist with spatial orientation and organization.

Dementia

For individuals with dementia, vision equipment and aids can play a crucial role in improving their quality of life and aiding their daily activities. Dementia can affect vision in various ways, such as causing difficulties with depth perception, contrast sensitivity, and visual memory. Assistive technology for people with dementia focused on vision can include:

1. High-Contrast and Large-Print Materials

- **Large-Print Books and Labels:** Easier to read and identify, reducing strain on the eyes.
- **High-Contrast Labels:** Use contrasting colors for labels and signs to make them more noticeable and readable.

2. Adaptive Lighting

- **Bright, Adjustable Lighting:** Ensures that spaces are well-lit to improve visibility and reduce shadows, which can be confusing or disorienting.
- **Daylight Simulators:** Mimic natural light, which can help regulate sleep patterns and improve mood.

3. Glasses and Lenses

- **Anti-Glare Lenses:** Reduce reflections and glare, which can be particularly problematic in bright or fluorescent lighting.
- **Tinted Lenses:** Some individuals find that certain colors of tinted lenses can reduce glare and enhance contrast.

4. Visual Aids for Daily Living

- **Magnifiers:** Helpful for reading small text or viewing detailed objects.

5. Visual and Sensory Reminders

- **Visual Schedules:** Simple, clear schedules with pictures can help individuals remember daily routines and tasks.
- **Reminder Clocks:** Clocks that show the day of the week, time of day, and date can help with orientation and time management.

6. Environmental Modifications

- **Contrasting Colours for Safety:** Use high-contrast colors for important objects and areas, such as door frames, steps, and edges, to prevent accidents and improve navigation.
- **Simple, Clear Signage:** Use clear, large, and easy-to-read signs to help with orientation and understanding.

7. Assistive Technology

- **Digital Tablets and E-Readers:** Devices with adjustable text size, brightness, and contrast settings can aid reading and interaction.
- **Voice-Activated Assistants:** Smart home devices that use voice commands can help with reminders and controlling the environment without requiring complex visual interactions.

8. Communication

- **Visual Communication Boards:** Boards with pictures or symbols can help with communication, especially if verbal skills are declining.

9. Memory Aids

- **Memory Books:** Customized albums with labeled photos of family members and important places can help with recognition and memory.

11. Ergonomic Tools

- **Easy-to-Use Remote Controls:** Simplified remotes for televisions or other devices with large buttons and clear labeling.

Autism light sensitivity

Individuals with light sensitivity epilepsy need to manage visual stimuli and avoid visual triggers. Assistive technology can play a significant role in reducing exposure to potentially harmful light conditions and enhancing overall comfort and safety. Here are some assistive technologies and tools that can help:

1. Anti-Glare and Anti-Flicker Technology

- **Anti-Glare Screens:** Attachments or filters for computer monitors, tablets, and smartphones that reduce glare and reflections.
- **Anti-Flicker Monitors:** Monitors designed to minimize flicker, which can be a trigger for seizures. Look for monitors with flicker-free technology or high refresh rates.

2. Adjustable Lighting

- **Dimmable Lights:** Allow users to control the intensity of light to avoid overly bright or harsh lighting environments.
- **Color Temperature Controls:** Lighting that allows adjustment of color temperature to warmer tones can be less stimulating and reduce glare.

3. Screen Filters and Settings

- **Blue Light Filters:** Software or screen protectors that reduce blue light emission, which can help reduce visual discomfort.
- **Customizable Display Settings:** Use software or device settings to adjust brightness, contrast, and color schemes to minimize discomfort.

4. Specialized Eyewear

- **Anti-Reflective Lenses:** Glasses with coatings that reduce glare from screens and overhead lights.
- **Tinted Lenses:** Specific tints, like yellow or amber, can help reduce sensitivity to bright lights and screens.

5. Visual Aids

- **Image Stabilization Technology:** Devices or applications that stabilize images to reduce visual noise and potential triggers.
- **Customizable Visual Aids:** Tools that allow users to adjust colors, contrast, and brightness to their comfort level.

6. Environmental Modifications

- **Window Tinting:** Films or shades that can be applied to windows to reduce the intensity of sunlight entering a room.
- **Controlled Lighting Environments:** Smart home systems that allow precise control over lighting conditions throughout the home.

7. Assistive Software

- **Screen Readers:** Software that reads text aloud, reducing the need to focus on potentially problematic visual stimuli.
- **Text-to-Speech Applications:** Convert written text into spoken words, reducing exposure to screen-based reading.

8. Interactive Therapy Tools

- **Virtual Reality (VR) Therapy:** Controlled VR environments designed to desensitize individuals to light triggers in a safe, monitored setting.

13. Assistance Animals

Assistance Animals

Description

An animal specially trained by an accredited assistance animal provider to assist a participant with tasks. These are things the animal wouldn't naturally do otherwise, like guiding a participant through crowded places. Includes ongoing maintenance costs such as vet fees, transport and special diets for the assistance animal.

Carve outs that are not 'NDIS supports'

N/A

Assistive Animals need to be available for Autistic people, people with psychosocial disabilities, and other disabilities as per the evidence. The evidence needs to be reviewed regularly to update any new evidence in this area as it is rapidly evolving.

Occupational Therapist comment re vision

I do a lot of work with Autistic and ADHD children whose motor development is significantly impacted by ocular motor control issues (it's more complex than this but simply put, a big part of this comes down to the brain's ability to coordinate eye movements and process/integrate sensory information coming from extra-ocular proprioceptors and the vestibular system). There has been a notable uptick in research investigating eye movements and Autism in the past few years - mostly focussed on the social implications. I work closely with a behavioural optometrist (one of 2 or 3 in the country at present who swim in these

waters) who uses specialised lens protocols in really novel ways to support what I am doing for their motor development and we are getting significantly faster, better and sustained outcomes in the kids' motor development and functional motor skills than with standard motor interventions alone. So I see these as really important pieces of equipment that support progress towards functional goals, and are ultimately much better value for money as we get there much faster than kids on my caseload whose parents have chosen not to go down this route. These need to be reviewed and changed every few months until they are no longer required and aren't the stock standard +/- lenses so at this level they aren't covered by medicare or standard private health extras - which usually cover 1 pair/year - they cost around \$400/ review and are usually changed every 8-10 weeks.

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14. Assistive Technology Other

Comments from the NDIS Community of Practice that do not relate to invisible disabilities

(to be added)

Therapeutic Supports

RECOMMENDATIONS

1. Separate line item for Occupational Therapy and Allied Health Assistants (to align with nursing and exercise physiology line items)
2. Other line items to include other health professionals involved with capacity building
3. Therapeutic supports, Occupational Therapy and Allied Health Assistants are available to all "classes" of disabilities including invisible disabilities.
4. Developing a trial project to evaluate a formalisation of Allied Health Supports for people with invisible disabilities under the supervision of a Mental Health Occupational Therapist
5. People with disabilities need choice and control as to whether they access fee for service therapeutic supports or block funding models.

6. Capacity Building Supports to be included in new support list and to be a focus
7. All assessments and interventions need to take a 'whole of person' approach
8. Needs assessments need to be completed by suitably qualified health professionals
9. Occupational Therapy assessments need to be available outside of the needs assessment process as a component of therapeutic supports
10. Evidence based therapeutics supports need to include a focus on lived experience, be trauma informed, neurodiversity affirming and also review the considerable innovation that has occurred in NDIS Occupational Therapy contemporary practice
11. Occupational Therapy interventions can be focused on specific areas of functional capacity and these could be funded as unique goals.
12. Occupational Therapy interventions to increase functional capacity can include strategic use of meaningful indoor and outdoor activities. It is important to recognise the importance of these groups and to fund this.
13. Therapeutic supports to include sensory approaches and differentiate the difference between these and somatic therapies
14. Innovative therapeutic supports be utilised to increase social inclusion

Therapeutic Supports

Therapeutic Supports

Description

Evidence-based therapy supports provided to assist a participant to apply their functional skills to improve participation and independence in daily, practical activities in areas such as language and communication, personal care, mobility and movement, interpersonal interactions and community living. This includes funding further assessment by health professionals for support planning and review as required.

Carve outs that are not 'NDIS supports'

N/A

Access to supports

Therapeutic supports needs to be available to all people with disabilities on the NDIS including people with invisible disabilities.

People with disabilities need choice and control as to whether they access fee for service therapeutic supports or block funding models.

Detail on supports

Therapeutic supports requires further detail. We note that the 2023/2024 pricing guide included details of who could provide the Therapeutic supports (refer table) “these types of supports can only be delivered by the following types of professionals.... and by therapy assistants”

It is recommended that the line item be changed to Occupational Therapy and Allied Health Assistants. The other health professionals involved with capacity building could also benefit from having separate line items. It is not clear why exercise physiologists and community nurses have separate line items but other Allied Health professionals do not.

It is important to be clear that Occupational Therapy and Allied Health Assistants are available to all “classes” of disabilities including invisible disabilities. Many people with invisible disabilities would benefit from Therapeutic supports.

We highlight that the structure of the flexible budget, should the budget be insufficient to meet basic support needs, may mean that capacity building is not possible due to participants needing to prioritise day-to-day living supports as a priority. This may result in participants being unable to access therapeutic supports delivered by occupational therapists and allied health. Capacity-building and skill-building become a luxury, rather than a fundamental element of the participants' support structure. Hence, the NDIS becomes a model of passive coping. This is a departure from insurance principles which would recognize the value of investment in capacity building to reduce long term Scheme costs. Effectively, participants are at risk of becoming trapped in a cycle of passively coping rather than actively participating, in their own lives, and society. Therapeutic supports and interventions have potential to reduce longer-term needs. Limiting access to these would ultimately increase the cost of the Scheme.

The concept of capacity building is not articulated through the NDIS Support List. We are concerned that this Bill will re-create the issues posed through recent aged care legislation, which has led to reduced access to allied health for older people. We are concerned that access to skilled occupational therapists will be significantly reduced, impacting capacity building opportunity for NDIS participants.

Needs Assessment and whole of Person approach

Therapeutic Supports benefit from being able to be utilised in a whole of person approach. It does not benefit a person by splitting the different medical conditions in a person with complexity of disabilities and medical conditions. (see participant example)

The current NDIS system has required extensive Functional Capacity Assessments in order to obtain funding to meet participants needs. With the the new NDIS legislation, there will be needs assessments completed to determine funding, and we recommend that these continue to be completed by Occupational Therapists.

In addition to the needs assessment it is recommended to continue to utilise Occupational Therapists skills in assessments in order to identify barriers to particular areas of functional capacity. This can then be utilised to prioritise areas of intervention.

It is a frequent misconception in working with people with invisible disabilities that they just need to be taught how to complete a skill. For some people who are acquiring independent living skills this can be true, but for a majority of people with invisible disabilities, will have an additional reason for why it is difficult or not possible to engage in the skill. Occupational Therapists can work with the participant to identify key barriers to engaging in the living skill and to then identify a plan for increasing functional capacity. Focusing on a particular skill area can result in reduced time for assessment and does not require lengthy reports.

Occupational Therapy assessments are also useful for identifying suitable environment and environmental modifications to support changing behaviours that challenge. Changing the environment was a key strategy recommended by the Royal Commission into Violence, Abuse, Neglect and Exploitation of people with Disability.

Occupational assessments include sensory processing barriers to engaging in Occupations. This is particularly relevant to the group of people with invisible disabilities as there are recognised changes to sensory processing within these diagnoses. This includes:

7. Auditory processing differences in schizophrenia
8. Sensory processing differences in Autism
9. Sensitivity to sensory input in PTSD.

There are many more examples and research literature is available on request . .

Identifying the impact of sensory processing differences on functional capacity is an important component of increasing capacity. It also is important that solutions to sensory processing differences are available when identified. This includes items on the list of stated supports for the NDIS needing to include changes

to the environment, selecting accommodation, workplace accommodations, and sensory assistive technology.

Evidence and therapeutic Interventions

It is critical that new models are built based on learnings from the NDIS, over the past ten years. The NDIS has brought wider and deeper understandings of the diversity of psychosocial disability need; the benefits and challenges of personalising interventions and supports; and fundamental learnings around service governance and safeguarding.

A key learning from the NDIS, highlighted by occupational therapists, is that the group of people living with invisible disabilities are a highly diverse group with a very broad range of needs facing a range of barriers to participation. Contemporary models must be goal-focused and will need to reflect the diversity of needs that fall under the umbrella of psychosocial disability, which can include cognitive, sensory, neurodiverse, and physical implications of disability. Therapeutic Supports must evolve from the assumption of homogenous need, and a position that one-size-fits all. Therapeutic supports must also evolve from a simplistic understanding of, and assumptions around, capacity building. Support is not equivalent to capacity building. A carer involved in our co-design commented:

“ We can’t always assume a single service offering of a supportive relationship will lead to capacity-building, in fact, it can further segregate the person, limit agency, and even create dependency, moving the person further from their goals”.

The development of contemporary models of therapeutic supports for Invisible Disabilities will optimally include exploration of the benefits of flexibility and personalised approaches to addressing barriers to participation. A new model that could be trialled and evaluated is a formalisation of the process of using Allied Health Supports for people with invisible disabilities under the supervision of a Mental Health Occupational Therapist. This model would ensure a comprehensive, fiscally responsible approach to meeting diverse care needs and address barriers to participation at both individual and societal levels.

Occupational Therapist literature includes specific language that may not be included in more generic search terms. We recommend significant consultation with the Occupational Therapy profession and the Community of Practice for all evidence based model decisions.

15. Occupational Therapy interventions focusing on specific areas of functional capacity

Occupational Therapy interventions can be focused on specific areas of functional capacity and these could be funded as unique goals.

Details of some functional capacity interventions are available below with further details in the appendix.

Functional Capacity interventions in Occupational Therapy include:

Self Management

- Public transport training (details in appendix)
- Laundry
- Cleaning, tidying, reducing clutter , reducing hoarding
- Finances
- Support to manage health conditions such as scheduling, prioritising information, memory aids.
- Support to access hair dresser, dentist etc
- Shopping
- Overcoming participation barriers due to habits, routines and daily structure
- Executive functioning supports
- Assistant dogs
- Navigating and planning for Life Stages
- Daily life tasks in group or shared living

Self Care

- Eating
- Sleeping
- Bathing

Employment and Education

- Specialised supported employment (details in appendix)
- Overcoming literacy barriers

Housing

- Identifying housing that meets the persons needs
- Supporting housing transition in a graded and planned manner
- Transitioning from institutional, correctional or inpatient settings to home
- Home modifications and environmental adaptations to housing
- Supported housing (refer to appendix)

Occupational Therapy and Social Inclusion

- Advocating for Meaningful, Social Inclusion
- Identifying environmental and community barriers to social inclusion
- Building tailored opportunities for social participation

Self Management

Occupational therapists (OTs) play a vital role in helping individuals improve their ability to perform personal tasks of daily life, enhancing their autonomy across various environments. This can include:

1. Comprehensive Assessment

- **Functional Assessment:** OTs conduct thorough assessments to evaluate the individual's abilities and needs in performing daily tasks. This includes assessing physical, cognitive, and emotional aspects that impact self-care, home management, and community participation.
- **Environmental Assessment:** They examine the individual's living environments, including their own home and other settings, to identify barriers and opportunities for improvement.

2. Goal Setting and Personalized Planning

- **Goal Setting:** OTs work collaboratively with the individual to set meaningful and achievable goals related to personal tasks. These goals might include improving independence in self-care, managing household tasks, or participating in social activities.
- **Personalized Intervention Plans:** Based on the assessment, OTs develop personalized intervention plans that address specific needs and preferences. These plans include strategies and tools tailored to the individual's goals and environment.

3. Skill Development and Training

- **Daily Living Skills:** OTs provide training in essential daily living skills such as grooming, dressing, meal preparation, and managing finances. They use techniques and tools to make these tasks easier and more manageable.
- **Adaptive Techniques:** They teach adaptive techniques and strategies, such as energy conservation methods, task simplification, and organization skills, to improve efficiency and reduce fatigue.

4. Environmental Modifications

- **Home Modifications:** OTs recommend modifications to the home environment to enhance safety and accessibility. This might include installing a dimmer switch, improving the acoustics, grab bars, adjusting furniture placement, or adding adaptive equipment.
- **Assistive Technology:** They identify and implement assistive technologies, such as adaptive kitchen tools, electronic reminders, or mobility aids, to support daily living tasks and improve independence.

5. Education and Training

- **Self-Care and Hygiene:** OTs educate individuals on techniques for effective self-care and hygiene, including the use of adaptive tools and strategies for managing personal care routines.
- **Caregiver Training:** They provide training and support for caregivers or family members, ensuring they understand how to assist effectively and support the individual's goals for independence.

6. Support with Community Integration

- **Public Transportation Training:** OTs can help individuals learn to use public transportation effectively, including navigation, safety procedures, and managing anxiety related to travel.
- **Community Engagement:** They assist with finding and accessing community resources, social activities, and recreational opportunities, promoting social interaction and participation.

7. Cognitive and Psychological Capacity Building

10. **Cognitive Capacity Building:** For individuals with cognitive impairments, OTs utilise strategies to manage memory, organization, and problem-solving skills. Tools such as memory aids, planners, and reminders are often used.

- **Psychological Capacity Building:** OTs increase capacity to manage emotional and psychological challenges, such as anxiety or depression, which may impact daily functioning.

8. Safety and Fall Prevention

- **Safety Assessments:** OTs assess safety risks in the home and other environments, providing recommendations to reduce the risk of falls and accidents.
- **Fall Prevention Strategies:** They implement fall prevention strategies, such as recommending non-slip mats, optimizing lighting, and teaching safe movement techniques.

Occupational Therapists have a key role in capacity building of self management skills for people with invisible disabilities.

As there is some repetition and similarities between these areas of increasing capacity, we will provide an example of cooking. However further details are available on request

Details of Occupational Therapy Meal Preparation Intervention

Occupational Therapists can assist tailor strategies and adaptations to meet the individual's unique needs and preferences, fostering independence and confidence in the kitchen. This is a different skill to just teaching someone to cook, the emphasis is on tailoring the cooking experience so that the individual is able to do this. This can include:

1. Skill Development and Training

- **Task Analysis:** Break down cooking tasks into smaller, manageable steps or choosing recipes or cooking strategies to make the task easier eg using chopped frozen vegetables rather than cutting vegetables. The OT can create visual schedules or step-by-step guides to help the individual follow the sequence of steps more easily.

2. Modifications

- **Environmental Adjustments:** Modify the kitchen environment to reduce sensory overload, such as controlling lighting, minimizing noise, or using calming colors.
- **Automatic safety devices:** eg to turn off gas knob if left on stove.
- **Specialized Utensils:** Introduce adaptive tools like jar openers, safety knives, or one-handed can openers that can make cooking tasks easier and safer. Other tools include using non-slip mats, ergonomic handles, or utensils with textured grips, electronic peelers, choppers, mandolines.
- **Assistive Devices:** Recommend devices that help with specific tasks, such as cutting boards with grips or measuring cups with easy-to-read markings.

3. Visual Supports

- **Visual Recipes:** Develop picture-based recipes or visual cooking guides to make following instructions easier.
- **Labels and Signs:** Use clear labels and signs for ingredients and kitchen tools to aid in organization and identification.

4. Routine and Structure

- **Routine Development:** Help establish a consistent cooking routine to provide predictability and reduce anxiety. This can include setting up a structured time for cooking and consistent steps for preparation.
- **Task Schedules:** Create visual or written schedules for meal preparation, which can help the individual stay organized and on track.

5.. Safety and Independence

- **Safety Training:** Teach safety protocols for the kitchen, including safe handling of knives, using appliances, and managing hot surfaces. This training can help prevent accidents and increase confidence.

- **Emergency Procedures:** Develop strategies and practice responses for handling potential kitchen emergencies, such as spills or minor burns.

By focusing on these areas, an OT can help individuals with invisible disabilities to develop the skills and confidence needed to cook independently, leading to greater self-sufficiency and a more enjoyable cooking experience.

16. Occupational Therapy and social inclusion

Occupational Therapists advocate for meaningful social inclusion for people with disabilities. We do not recommend older and non neurodiversity affirming approaches like social skills groups.

Advocating for Meaningful, Social Inclusion

1. Promoting Social Well-Being:

- **Role of OTs:** OTs understand that meaningful social occupations—activities that provide a sense of purpose and connection—are crucial for health (physical, social, mental, and spiritual) and overall well-being. They advocate for engaging in activities that are not only enjoyable but also align with personal values and interests.
- **Impact:** By encouraging individuals to participate in activities that promote social interaction and community involvement, OTs help combat feelings of isolation, enhance self-esteem, and improve quality of life. Social inclusion is an end goal of occupational therapy, going beyond occupational outcomes, towards being and feeling included in one’s community.

2. Customizing Interventions:

- **Role of OTs:** OTs tailor interventions to fit the individual’s unique social needs, preferences, and goals. They use client-centered approaches to design activities and social roles that resonate with the individual’s sense of identity and purpose.
- **Impact:** Customized interventions ensure that social activities are meaningful and engaging, which increases the likelihood of sustained participation and positive outcomes.

3. Addressing Barriers:

- **Role of OTs:** OTs identify and address barriers to social participation, such as physical limitations, social anxiety, or environmental challenges such as noise, bright lights or movement. They work to remove these barriers through adaptive techniques, environmental modifications, and therapeutic support.
- **Impact:** Overcoming barriers enables individuals to engage more fully in social occupations, fostering a greater sense of belonging and inclusion.

4. Advocacy for Social Inclusion:

- **Role of OTs:** OTs advocate for the inclusion of individuals in community life by promoting accessibility and social equity. They may work with communities, organizations, and policymakers to ensure that social programs and activities are inclusive and supportive.
- **Impact:** Advocacy efforts lead to more inclusive communities where everyone has the opportunity to participate in meaningful social occupations.
-

Integrating Social Prescribing into Occupational Therapy

1. Holistic Approach to Health:

- **Opportunity for OTs:** Social prescribing complements the holistic approach of occupational therapy by addressing non-medical factors that influence health and well-being. It allows OTs to provide a more comprehensive form of care that goes beyond traditional therapy, to highlight an individual's capabilities to do, be, become, belong, connect and flourish.
- **Impact:** Integrating social prescribing in their work enables OTs to support clients in accessing a broader range of resources that can enhance their social participation and overall health.

2. Connecting to Community Resources:

- **Opportunity for OTs:** Through social prescribing, OTs can connect clients with community resources such as social groups, volunteer opportunities, and recreational activities that align with their interests and needs, as well as highlighting the power of occupations for health, wellbeing, quality of life, and social inclusion.
- **Impact:** These connections can lead to increased social engagement, improved mental health, identity development or reconnection, and a stronger sense of community belonging.

3. Enhancing Client Empowerment:

- **Opportunity for OTs:** Social prescribing empowers clients to take an active role in managing their health and well-being by exploring and engaging with community resources.
- **Impact:** Empowered clients are more likely to develop and maintain healthy social habits, leading to long-term benefits in their social and emotional lives.

4. Expanding the Role of OTs:

- **Opportunity for OTs:** Integrating social prescribing into occupational therapy practice allows OTs to expand their role in promoting well-being. It positions them as key facilitators in helping clients access and engage with meaningful social occupations.
- **Impact:** This expanded role highlights the value of occupational therapy in addressing social determinants of health and demonstrates its relevance in a global context.

5. Collaborative Practice:

- **Opportunity for OTs:** Social prescribing encourages collaboration between OTs, healthcare providers, community organizations, and social services. This interdisciplinary approach ensures a more coordinated and comprehensive support system for clients.
- **Impact:** Effective collaboration enhances the quality of care and increases the likelihood of successful outcomes in social and occupational engagement.

6. Advocacy and Policy Influence:

- **Opportunity for OTs:** By engaging in social prescribing, OTs can advocate for the development and funding of community resources and programs that support social participation and well-being.
- **Impact:** Advocacy efforts can lead to systemic changes that improve access to social resources and promote greater social inclusion on a broader scale.

Conclusion

Integrating social prescribing into occupational therapy (and vice versa) offers a significant opportunity to impact individuals' lives positively. By focusing on meaningful occupations (including social occupations) and connecting clients with community resources, OTs can enhance social participation, well-being, inclusion, belonging, and quality of life. This integration not only aligns with the holistic and client-centered nature of occupational therapy but also underscores its relevance in addressing global health and social challenges.

The emotional and motivational impacts of managing participation barriers in an inaccessible world

- Mental Health occupational therapists use a participation approach, focusing on an individual's daily activities and routines to address distressing experiences and emotional regulation. By assessing, analysing, and adapting occupations and environments, OTs help individuals build the skills and strategies needed to manage distress and enable the person to self-regulate.
- Difficulty managing distress and regulating emotions can impact the individuals ability to perform basic daily living skills. These can also significantly impact on work, learning, social participation, leisure and self-care (core OT domains). Mental Health OTs use a variety of interventions such as window of tolerance, sensory diets, sensory modulation techniques, activity analysis (to identify triggers), occupation based coping skills, graded exposure, routine development (to provide a sense of purpose and stability), interpersonal skills, mindfulness engagement in meaningful and purposeful activities relate to interests and values, and help individuals understand the connection between their emotions and daily occupations.
- Occupational therapists are trained to provide sensory-based, meaningful activities that are person-centred and can address the negative impact of trauma on everyday participation (Alers, [2014](#)).
- Individuals who live with high levels of distress experience reduced quality of life, including satisfaction with daily performance, in a study by Herbert (2017). The importance of emotional literacy skills in understanding health and wellness should therefore be emphasised in occupational theory and practice.

17. Self Care

Occupational Therapists can provide interventions to increase functional capacity in

- Sleep
- Eating
- Bathing

18. Activity based groups

Occupational therapy has long utilized activity-based groups as a fundamental approach to assist individuals improve their daily functioning and overall well-being. Since the 1900s Occupational Therapists have understood the value of using activities to achieve goals with the people that they work with. In the field of occupational therapy, "occupation" doesn't just refer to paid employment or traditional jobs. Instead, it encompasses a wide range of activities that people engage in to fulfill their roles and responsibilities in life. This includes activities such as bathing, cooking, socializing, playing, and other tasks that contribute to one's overall functioning and quality of life. Occupation is so core to Occupational Therapy that it is part of our name.

The NDIS list of supports describes some activities that it is recommending not funding anymore including 'gaming therapy' and wilderness therapy.

There is a fundamental difference between someone engaging in an activity, such as playing a video game, lego or loose parts play and then a qualified Occupational Therapist who is utilising the activity to achieve goals of increasing functional capacity. In Occupational Therapy the games and activities are part of a strategy to achieve the goal of increasing functional capacity.

The NDIS list of supports does not make this distinction clear and we are aware of the need for NDIS workforce to understand that activity based groups are considered best practice by Occupational Therapists (and other qualified professionals) and a fun and engaging, non threatening strategy to achieve goals by participants with disabilities.

Some of the activities that have been utilised by Occupational Therapists to increase functional activities include lego, gaming, dungeons and dragons, art, craft, cooking, creative writing, Loose parts play.

Occupational Therapists plan the most suitable environment for an activity to achieve the goal of increased functional capacity. This can include outdoors and nature based activities such as gardening, bushwalking, and outdoor play. Animal assisted therapy may be indoors or outdoors but involve the additional utilisation of animals to achieve the desired goal. The overall plan would be to utilise the environment or animals in order to achieve the goals to increase functional capacity. For OTs the nature is not the focus but the means to achieving the skills development.

Another example of the use of activities to increase functional capacity are when Occupational Therapists utilise dance movement therapy, yoga and other movement based activities in order to increase mobility, flexibility and achieve many other goals. When these activities are held as a group there are additional social and communication goals that the Occupational Therapists carefully plan the activities around to achieve these goals.

The appendix provides further detail on some of these activity based groups including:

11. Lego
12. Bushwalking
13. Cooking
14. Video Games
15. Other games groups such as minecraft, dungeons and dragons
16. Loose parts play
17. Yoga
18. Dance movement therapy
19. Animal Assisted Therapy
20. Creative writing
21. Art and craft activities
22. Nature based activities

19. Sensory Approaches

Sensory approaches are an umbrella term used in Occupational Therapy to include a range of sensory interventions that are based on the theories of sensory processing.

Sensory processing refers to the way the nervous system receives, organizes, and interprets sensory information from the environment and from within the body. This process involves detecting stimuli through the sensory organs (such as the eyes, ears, skin, and nose) and integrating this information to produce appropriate responses. Sensory processing is crucial for understanding and interacting with the world around us.

People with disabilities often experience differences with sensory processing and can experience more intense over-responsivity or under-responsivity to sensory input and other sensory differences. We have provided a non-exhaustive list of 34 disabilities which have been found in the literature to have sensory processing differences (refer to later section for this information).

Sensory health refers to the extent to which there is a fit between the person's sensory capacities, sensory demands of an occupation and environmental sensory features.

The sensory capacities refers to the individual's unique experience of sensations which can include sensory over-responsivity and under-responsivity, sensory triggers from trauma etc

Sensory demands of an occupation refers to the activities different sensations including sound, scent, vision, taste, touch, balance and movement.

Environmental sensory features refers to the different sensations in the environment and may also include sound, scent, vision, taste, touch, balance and movement.

An individual with a disability can be supported to match the elements of the occupational and environment sensations to their personal needs.

Participant example

Michael is autistic and has an intellectual disability. He is 27 years old. Michael is sensitive to sounds and touch sensations. Michael really enjoys swinging on playground swings and his support worker decides to take him to a theme park so that he can use the swings and go on the rollercoaster. Michael becomes distressed and runs back out of the theme park screaming.

Michael's mental health OT identifies Michael's sensory needs, the sensory demands of the swinging and rollercoaster (which suit Michael) and identifies that the environment of the theme park was not supporting his sensory needs (due to the loudness and people bumping into him). Michael's mental health OT encouraged Michael to go to a park that was particularly quiet. Michael may need to leave if other people who were noisy arrived.

Key Components of Sensory Processing

1. Sensory Input:

- **External Sensory Inputs:** Information gathered from the environment through sensory organs. This includes sights, sounds, smells, tastes, and textures.
- **Internal Sensory Inputs:** Information from within the body, such as body position (proprioception) and balance (vestibular system).

2. Sensory Integration:

- The brain's ability to combine and make sense of multiple sensory inputs. This integration helps in creating a coherent perception of the environment and coordinating appropriate responses.
3. **Sensory Modulation:**
 - Adjusting the intensity and type of sensory input to match the demands of the environment. This involves filtering out irrelevant stimuli and focusing on important ones. Proper modulation ensures that sensory experiences are neither overwhelming nor insufficient.
 4. **Sensory Discrimination:**
 - The ability to differentiate between different types of sensory input. For example, distinguishing between different textures or sounds and understanding their significance.
 5. **Sensory Response:**
 - How an individual reacts to sensory input. Responses can be motor (such as moving away from a loud noise), emotional (such as feeling anxious in a crowded place), or behavioral (such as avoiding certain textures).

Sensory Processing

The brain efficiently processes sensory inputs to enable appropriate and adaptive responses. For instance, if you touch something hot, you quickly withdraw your hand. This process is usually automatic and helps individuals function effectively in daily life.

For some individuals, especially those with disabilities, the sensory processing system may be over- or under-responsive to sensory stimuli. These challenges can manifest in various ways:

1. **Over-Responsiveness (Hypersensitivity):**
 - **Sensory sensitivity and Overload:** Being easily overwhelmed by stimuli, such as loud noises, bright lights, or certain textures. For example, a person might find the hum of a fluorescent light unbearable or become distressed by the texture of certain fabrics.
 - **Avoidance:** Avoiding situations or activities that involve sensory input that is perceived as overwhelming or uncomfortable.
2. **Under-Responsiveness (Hyposensitivity):**
 - **Sensory Seeking:** Actively seeking out strong sensory input, such as touching everything or engaging in repetitive behaviors. For example, a person might seek out intense physical activities or enjoy strong flavors.
 - **Lack of Sensory Awareness:** Difficulty noticing or responding to sensory stimuli, such as not feeling pain or not recognizing when something is too hot or too cold.
3. **Sensory Modulation Disorders:**
 - Difficulty regulating sensory input, leading to either extreme sensitivity or insensitivity. This can affect behavior, emotional regulation, and the ability to engage in daily activities.

Sensory Processing and Functional Capacity

Understanding and addressing sensory processing challenges can significantly improve an individual's comfort, behavior, and overall quality of life.

- **Assessment :** When Occupational Therapists assess functional capacity , they can identify barriers to functioning and solutions to increase capacity in conjunction with the person. Sensory Processing Differences are present in many disabilities and identifying personal sensory capacities can guide the development of a plan which may include modifying the sensory elements of the occupation, providing sensory assistive technology or changing the sensory elements of the environment which

can increase functional capacity. At times more detailed sensory assessments or sensory audits of the environment are required.

- **Sensory Modulation:** Changes functional capacity through using the increase or decrease of sensory input to support people to engage in Occupations, social interactions or increase well being and increase sensory health.
- **Environmental Modifications:** Adapting environments to reduce sensory overload or enhance sensory comfort can assist with increasing functional capacity and also reducing behaviours that challenge, overwhelm, overload etc.
- **Sensory Accommodations and Sensory Assistive Technology and Tools.** Assistive technology that is utilised for the primary purpose of supporting the individuals unique sensory needs.
- **Sensory Integration Therapy:** Helps individuals improve their sensory processing and integration through structured sensory activities. While all schools of sensory integration therapy emphasise the importance of neurodiversity affirming approaches, some schools emphasise changing neurology and some do not.
- **Support for Daily Activities:** Assisting individuals in managing sensory processing challenges related to daily activities, such as cooking, cleaning, and public transport. Practical support can help individuals develop strategies to increase occupational engagement and improve their overall quality of life.

Sensory Modulation and Positive Behaviour Support

The Australian Disability Royal Commission, established in 2019 to investigate the abuse, neglect, and exploitation of people with disabilities, addressed various aspects of care and support, including sensory modulation. The Royal Commission acknowledged the significance of sensory modulation in supporting individuals with disabilities, particularly those with sensory processing disorders or complex needs. Sensory modulation techniques can be crucial in managing behaviors that challenge, reducing distress, and enhancing the overall quality of life for people with disabilities.

“Recommendation 6.32 Increase capacity to provide supports and adaptations through improved guidance, funding and accessible information.

The Australian Government and state and territory governments, in consultation with people with disability, should:

a. identify and publish a list of frequently needed adaptations and supports (including communication supports) to enable people with disability to receive high-quality health care in all publicly funded settings. Adaptations and supports may need to be tailored to individual needs and additional supports may be required. These should include:

- environmental modifications and aids to reduce sensory loads, such as dimmer lighting, reduced background noise and noise-cancelling headphones”

Disability Royal Commission Report

This recommendation supports the use of sensory assistive technology to be funded under the NDIS.

“First, we note that to date, the NDIS Quality and Safeguards Commission has shown no success in reducing the unauthorised uses of restrictive practices against people with disability . Indeed, during the one-year period of 1 July 2020 to 30 June 2021, unauthorised uses of restrictive practices were shown to have increased on a month-to-month basis, with the NDIS Quality and Safeguards Commission indicating that during this one-year period, 7,862 people with disability had been subjected to a total of 1,032,064 unauthorised uses of restrictive practices . Second, it is necessary to clarify, even if the NDIS Quality and Safeguards Commission prove successful in reducing the unauthorised uses of restrictive practices against people with disability in future years, the ‘reduction’

that would be observed would likely be misattributed . As both the Activity Report and the NDIS Quality and Safeguards Commission 2020-2021 Annual Report make clear, the primary way that the NDIS Quality and Safeguards Commission intends to reduce unauthorised uses of restrictive practices is by transforming these unauthorised uses – through compliance activities – into authorised uses of restrictive practices, primarily, through the completion of a behaviour support plan .In other words, it is plausible that the amount of restrictive practices used against people with disability in future years will not be reduced through this strategy, with the only thing that changes during this period being the re-categorisation of these restrictive practices from ‘unauthorised’ to ‘authorised’ .”

The Disability Royal Commission research report on “restrictive practices, a pathway to elimination” which included a study on using sensory modulation and noted the benefits of changing the environment and improving services for people with disabilities.

NDIS Quality and Safeguards Commission (2020) Regulated Restrictive Practices Guide.

The NDIS Quality and Safeguards Commission guide includes several references to sensory assistive technology and sensory approaches. This reinforces the need for sensory assistive technology and sensory modulation intervention to be on the list of funded NDIS supports.

Example of reference in the NDIS quality and safeguards commission regulated restrictive practices guide:

“Examples of using sensory items to calm include:

- Participant “having a quiet space in her home with sensory and relaxation items”. P 38
- Participant having a sensory room that was designed for her sensory needs. “this included different items and activities, some of which were portable and could be used within the community when she needed them.....The sensory room was to be used proactively to assist Emma to feel calm when she was beginning to show early signs of distress. P 55 and 56

Despite these guidelines having clear support for the provision of sensory items for people with disabilities, it is something that many participants find that it is difficult to obtain funding for.”

Policy Support

There are multiple national and state government policies which include references to sensory modulation use and benefits including reducing restrictive practices. There seems to have been a focus in disability services literature on intellectual disability and less knowledge of strategies that have worked in Mental Health Services. Sensory Modulation interventions could have a further expansion in the NDIS in the future in order to reduce restrictive practices.

Refer to appendix 1 for details of these policies.

Sensory Processing differences in disabilities

Sensory processing differences are observed in many disabilities. Research has shown that altered sensory processing can be both a symptom and a contributing factor to the challenges experienced in these conditions, reducing functional capacity. There is a list of disabilities which include sensory processing differences available in appendix two.

Somatic Therapy

The NDIS list of supports include Somatic Therapy on the list of supports that would not be included in the NDIS in the future. Somatic Therapy is a term that we recommend that the NDIS provides a definition for.

This is because a wide range of therapies can be referred to including some that have evidence and could increase functional capacity and some that lack evidence or are considered alternative. Some Somatic therapies have been very useful for people with Post Traumatic Stress Disorder but it is outside of the scope of this submission to detail this.

We did want to clarify that there are several sensory approaches that are not included in Somatic Therapy. We request that the NDIS also clarifies this on the website so that sensory approaches are able to continue to be used.

20. Occupational Therapy Approaches

There are many Occupational Therapy specific programs and interventions that have been developed or lead by OTs. Occupational Therapists can provide further information and literature on these interventions but due to the short timeframe involved with this consultation we will outline some key interventions and then have provided a resource list below.

Occupational therapy (OT) involves a variety of interventions tailored to help individuals engage in meaningful activities and achieve their goals. These interventions are designed based on the person's specific needs and context, focusing on enhancing their ability to participate in daily life. This includes:

1. **Activity Analysis:** Breaking down tasks into smaller, manageable steps to identify challenges and develop strategies to overcome them.
2. **Skill Development:** Teaching or enhancing specific skills needed for daily activities, such as fine motor skills, coordination, or cognitive abilities.
3. **Adaptive Techniques:** Introducing modifications or alternative methods to complete tasks, such as using adaptive equipment (e.g., specialized utensils, dressing aids) or altering the environment.
4. **Environmental Modifications:** Altering the physical or social environment to improve accessibility and functionality, such as installing grab bars in bathrooms or modifying home layouts for better mobility.
5. **Cognitive Rehabilitation:** Implementing strategies to improve cognitive functions like memory, attention, and problem-solving skills, which can be particularly useful for individuals with brain injuries or cognitive impairments.
6. **Sensory Approaches:** Helping individuals process and respond to sensory information to increase functional capacity.
7. **Ergonomic Interventions:** Designing workspaces and tasks to reduce strain and prevent injuries, especially in occupational settings, to promote better posture and ergonomics.
8. **Self-Management:** Assisting individuals in developing or regaining skills necessary for personal care activities, such as grooming, bathing, and dressing.
9. **Community Participation:** Helping individuals develop the skills needed for effective social interactions and relationships, which may include communication, emotional regulation, and social problem-solving.

10. **Leisure and Recreation:** Encouraging and facilitating participation in hobbies and recreational activities to promote well-being and balance in life.
11. **Health Management:** Supporting individuals in managing chronic conditions and health-related tasks, including medication management, exercise routines, and dietary changes.
12. **Work and Productive Activities:** Assisting with job coaching, vocational training, and worksite modifications to support successful employment and productivity.

13. CORE approach

Each of these interventions is personalized to fit the individual's specific needs, goals, and context, and OTs often work collaboratively with clients to ensure that interventions are practical and effective.

CORE Approach

The Capabilities, Opportunities, Resources, and Environments (CORE) Approach is an evidence-based framework used in occupational therapy and related fields to understand and address the factors that influence an individual's ability to engage in meaningful activities, as well as promoting social inclusion. This approach is designed to comprehensively assess, reflect upon, and support a person's occupational performance, values, interests, goals and aspirations, by focusing on multiple dimensions of their life. Put simply, "the CORE approach aims to amplify a person or group's voice and advocacy of their choices; respect their journey, and celebrate their life through a direct and collaborative pursuit of authentic outcomes, and possibilities for social inclusion" (Pereira & Brown, 2023).

Here is a breakdown of each component:

1. Capabilities:

- **Definition:** Refers to the individual's intrinsic abilities, skills, and potential. This includes physical, cognitive, and emotional capabilities. As a key driver of social inclusion, capabilities also consider extrinsic and contextual factors such as those conditions, abilities, possibilities, and freedoms, that enable an individual to say, and do and believe that "I can" and that "I matter" in the world (Pereira & Brown, 2023). Capabilities capture what an individual is capable of doing and being so that they can live a life that they have reason to value.
- **Focus:** Assessing what the person can do and what skills they have developed, as well as identifying any gaps or areas for development and potential for flourishing.

2. Opportunities:

- **Definition:** Involves the external factors and conditions that facilitate or hinder participation in desired activities. This includes opportunities for engagement in various occupations.
- **Focus:** Understanding how available opportunities (e.g., social networks, community programs) influence the person's ability to participate in activities.

3. Resources:

- Definition: Pertains to the tools, supports, and assets available to the individual that can aid in achieving their goals. Resources can be both tangible (e.g., adaptive equipment, financial resources) and intangible (e.g., social support, knowledge).
- Focus: Identifying what resources the person has access to and how these resources can be utilized to enhance their occupational performance.

4. Environments:

- Definition: Encompasses the physical, social, and cultural contexts in which activities occur. This includes the individual's home, workplace, community, and broader societal factors.
- Focus: Examining how the environment influences the person's ability to participate in activities and identifying potential modifications to improve accessibility and support.

Application of the CORE Approach:

- Assessment: The CORE Approach is used to conduct a thorough assessment by evaluating each of these four areas, as well as the enablement strategies that can facilitate authentic outcomes. This helps in identifying barriers and facilitators to occupational performance.
- Intervention: Interventions are then designed based on the assessment to address deficits in capabilities (including unpacking contextual factors for enablement), enhance opportunities, leverage resources, and modify environments as needed.
- Holistic View: By considering all these components, the CORE Approach provides a comprehensive view of the factors affecting a person's ability to engage in meaningful activities, leading to more effective, and personalized, values-based and authentic intervention strategies.

Overall, the CORE Approach is valuable for creating a holistic understanding of the factors influencing an individual's occupational performance and for developing targeted interventions to support their participation in daily life.

Occupational Formulation

Occupational formulation is a comprehensive approach used by occupational therapists (OTs) to understand and address the unique needs of individuals, particularly those with invisible disabilities by focusing on their daily activities and roles. This process involves a thorough assessment and analysis of an individual's occupational performance, interests, and challenges to develop a personalized intervention plan to increase functional capacity. OTs use occupational formulation with people with invisible disabilities in the following ways:

1. Understanding the Individual

1.1. Gathering Comprehensive Information:

- **Approach:** Collect detailed information about the individual's history, interests, strengths, challenges, and daily routines. This includes understanding their sensory preferences, communication styles, and social interactions.
- **Impact:** A thorough understanding of the individual's background and preferences helps tailor interventions to their specific needs and goals.

1.2. Identifying Occupational Roles:

- **Approach:** Explore the various roles the individual plays in their life, such as student, family member, or employee. Assess how these roles are affected by their disability.
- **Impact:** Recognizing the individual's roles helps identify areas where support is needed to enhance their participation and satisfaction in daily activities.

2. Analysing Occupational Performance

2.1. Assessing Daily Activities:

- **Approach:** Evaluate how the individual performs daily tasks, including self-care, school or work activities, leisure, and social interactions. Use standardized assessments, observations, and self-reports.
- **Impact:** Understanding performance in daily activities helps identify specific areas where support or modification is required.

2.2. Identifying Barriers and Facilitators:

- **Approach:** Identify factors that hinder or support the individual's engagement in meaningful activities. This can include sensory sensitivities, communication difficulties, or environmental constraints.
- **Impact:** Addressing barriers and leveraging facilitators can help optimize the individual's ability to participate in and enjoy daily activities.

3. Developing Goals and Interventions

3.1. Setting Personalized Goals:

- **Approach:** Collaborate with the individual, their family, and other stakeholders to set meaningful and achievable goals based on their interests and needs. Goals may include improving social connections, enhancing self-care, or increasing participation in community activities.
- **Impact:** Personalized goals ensure that interventions are relevant and aligned with the individual's priorities and aspirations.

3.2. Designing Targeted Interventions:

- **Approach:** Develop and implement interventions that address the identified challenges and support the achievement of goals. This may include strategies for improving sensory processing, social interactions, or adapting environments.
- **Impact:** Targeted interventions help the individual build skills and overcome challenges, facilitating greater participation in daily life.

4. Implementing and Monitoring Interventions

4.1. Providing Direct Support:

- **Approach:** Deliver interventions through individual or group therapy sessions, using techniques such as role-playing, sensory modulation activities, or skill-building exercises.
- **Impact:** Direct support allows the individual to practice and develop skills in a structured and supportive environment.

4.2. Monitoring Progress:

- **Approach:** Regularly assess the individual's progress towards their goals, using both qualitative and quantitative measures. Adjust interventions as needed based on feedback and observed outcomes.
- **Impact:** Ongoing monitoring ensures that interventions remain effective and relevant, facilitating continuous improvement.

5. Enhancing Participation and Engagement

5.1. Promoting Meaningful Activities:

- **Approach:** Focus on incorporating activities that are meaningful and enjoyable for the individual. This may involve exploring new interests or adapting existing activities to better fit their preferences and abilities.
- **Impact:** Engaging in meaningful activities enhances motivation, satisfaction, and overall well-being.

5.2. Supporting Community Inclusion:

- **Approach:** Facilitate the individual's involvement in community activities and social groups, providing support to navigate social settings and build relationships.
- **Impact:** Greater community integration helps improve social interactions, reduce isolation, and promote a sense of belonging.

6. Collaborating with Other Professionals

6.1. Coordinating with Multidisciplinary Teams:

- **Approach:** Work with other professionals, such as speech therapists, psychologists, and educators, to provide a holistic approach to support the individual's needs.
- **Impact:** Collaboration ensures comprehensive care and a cohesive approach to addressing the individual's challenges and goals.

6.2. Engaging Family and Caregivers:

- **Approach:** Involve family members and caregivers in the therapeutic process, providing them with strategies and resources to support the individual at home and in the community.
- **Impact:** Family and caregiver involvement enhances the effectiveness of interventions and supports the individual's progress.

Allied Health Assistant Role

Allied Health Assistants

Allied Health Assistants (AHAs) play a crucial role in supporting occupational therapists (OTs) in the delivery of comprehensive client care. By assisting OTs under their supervision, AHAs help improve access to services, build a client's capacity and enhance the overall quality of mental health interventions.

The OT/AHA model as a therapeutic intervention, emphasises functional strategies that directly impact a client's ability to perform daily activities, overcome barriers, and increase their social and economic participation.

AHAs, working under the guidance of OTs, help implement intervention plans. They provide hands-on support in real-world settings, ensuring the OT's strategies are effectively put into practice. This consistent, day-to-day assistance is crucial for skill acquisition and reinforcement, capacity building and progress.

Role of OTs

1. OTs conduct comprehensive functional assessments to identify challenges and areas for intervention.
2. Based on these assessments, OTs develop individualised intervention plans that focus on enhancing daily living skills, environment, sensory processing, cognitive functioning, and social integration to improve overall functional capacity.
3. OTs regularly review and adapt the therapy plan as required with feedback from the AHA.

Role of AHAs

1. AHAs, under the guidance and supervision of OTs, assist in implementing the intervention plans.
2. They provide hands-on support in real-life settings, ensuring that the strategies developed by the OTs are effectively put into practice.
3. AHAs provide consistent, day-to-day support, which is crucial for skill reinforcement.
4. AHAs operate directly under the guidance of a qualified OT and must strictly follow a prescribed therapy plan.

Interventions Delivered by AHAs under OT Supervision

1. *Implementing therapeutic interventions:* Helping clients engage in meaningful activities and develop skills that promote mental health and well-being.
2. *Providing emotional support:* Providing support and encouragement to clients as they work towards their goals (including activities of daily living, socialisation and leisure activities).
3. *Collaborating with multidisciplinary team members:* Working with other members of the mental health team to ensure comprehensive care for clients and contribute to treatment planning.
4. *Monitoring client progress:* Tracking clients progress, documenting observations and outcomes, and communicating with the supervising OT.
5. *Psychoeducation /Educating clients and caregivers:* Providing education about mental health conditions, coping strategies, and available resources. They can support and empower clients to take an active role in their recovery and wellbeing.
6. *Activity analysis and adaptation:* Assessing clients' abilities and interests in various activities and adapting them to support their mental health goals.
7. *Sensory modulation:* Helping clients regulate their sensory experiences to manage anxiety or stress.

8. *Daily living skills training*: Improving clients' abilities in activities of daily living to enhance their independence and self-esteem (including cooking, cleaning, self-care, community access, public transport training).
9. *Executive function*: Implementing interventions and strategies to improve cognitive capacity and the impact of executive dysfunction on daily activities.
10. *Environmental modifications*: Suggesting changes to clients' physical environments to support their mental health (such as creating a calm space or organising a workplace to improve focus).
11. *Social skills training*: Facilitating social skills groups or one-on-one sessions to help clients develop better communication and relationship-building skills.
12. *Stress management techniques*: Teaching clients coping strategies, relaxation techniques, and mindfulness practices to reduce stress and improve emotional regulation.

Benefits of the OT/AHA Model as an Intervention

1. **Focused Functional Strategies**: The model emphasises practical strategies tailored to each individual's unique needs, ensuring relevance and effectiveness.
2. **Governance of AHAs by OTs**: This ensures that the support provided is clinically informed and adheres to the therapeutic goals set by the OT, maintaining the quality and effectiveness of the interventions.
3. **Cost-Effectiveness and Sustainability**: By focusing on skill development and independence, the model aims to reduce long-term dependence on support services, aligning with the NDIS's goal of providing sustainable and efficient support.
4. **Holistic and Comprehensive Care**: Combining the clinical expertise of OTs with the practical support of AHAs offers a holistic approach that addresses both the psychological and functional aspects of living with psychosocial disability.
5. **Specialised Support**: AHAs provide specialised, one-on-one support to clients, allowing for more personalised and targeted interventions. This can lead to faster skill development and better outcomes.
6. **Consistent Reinforcement**: AHAs work closely with clients on a regular basis, providing consistent reinforcement of the therapeutic strategies developed by occupational therapists (OTs). This helps to solidify new skills and habits.
7. **Real-World Application**: By working with AHAs in natural environments, clients can immediately apply and practice the skills they are learning, increasing the relevance and effectiveness of the interventions.
8. **Scalability**: By leveraging AHAs, OTs can extend the reach of their services and provide support to a greater number of clients, improving overall access to care.
9. **Professional Development**: Working as an AHA can provide valuable hands-on experience and skills, contributing to the professional development of the AHA and strengthening the allied health workforce.

Capacity Building Benefits:

1. **Client Empowerment**: AHAs empower clients by supporting them in developing the skills and confidence to manage their own health and well-being. This promotes long-term independence and self-management.
2. **Caregiver Support**: AHAs can provide training and support to caregivers, equipping them with the knowledge and strategies to continue supporting the client's progress at home.

3. **Community Integration:** AHAs often facilitate community-based interventions, helping clients build social connections and participate more actively in their local environments.
4. **Therapeutic Alliance:** The close working relationship between clients and AHAs can foster a strong therapeutic alliance, which is crucial for motivation, engagement, and overall treatment success.
5. **Consistent Reinforcement:** Regular interactions with AHAs allow for consistent practice and reinforcement of therapeutic strategies.
6. **Real-World Application:** Interventions take place in natural environments, allowing immediate application of learned skills.
7. **Immediate Feedback and Adjustment:** AHAs can provide real-time feedback and make immediate adjustments to interventions based on client performance and needs.

Allied health assistants can boost access to care, enhance client engagement, and elevate overall service quality. Additionally, they can help alleviate workforce shortages and improve team efficiency by offering more patient-centred care. This can lead to higher patient satisfaction, increased clinical care intensity, more time for allied health professionals to focus on complex tasks, and improved clinical outcomes.

Supports

RECOMMENDATIONS:

1. People with invisible disabilities need to have access to all of the following supports:

- Accommodation/tenancy assistance to support access to the assistance that they need to obtain suitable housing.
- Assistance Animals
- Access to assistance in coordinating or managing life stages, transitions and supports needs to be available for people with invisible disabilities .
- Transport/travel assistance

2. Clearly articulate the Occupational Therapy role or include a line item that includes Occupational Therapy role in:

- Therapy assessment of housing needs, and implementation of recommendations.
- assessment and interventions with Assistance Animals.
- Assistance In managing transitions in all classes of supports to ensure that all people with disabilities have access to the assistance that they need at times of transition.
- increasing functional capacity in accessing and maintaining employment or higher education.
- Transport and travel assistance

3. Recommendations on clarifying terminology

- Access to assistance in coordinating or managing life stages, transitions and supports
 - references the need to reach a point of stability. Some people do not reach a point of stability so this needs to not be part of the criteria. It may be better to word it as “transitions such as leaving school, gaining employment, moving house, leaving a domestic violence situation, leaving a correctional facility,
- increasing functional capacity in accessing and maintaining employment or higher education.
 - The carve outs listed, literally cover the description of supports. Needs to be clearer if the carve outs are supposed to be for non-disability specific programs.
 - The identification of leaning and support needs needs to occur prior to accessing employment or higher education and therefore is not funded by workplaces or Universities/TAFES.
 - Recruitment and communication of disability needs occurs prior to employment and is not funded by the employer, who may not even employ that individual.
 - Funding or provision of employment services and programs is unclear of what will not be provided. People with disabilities require support

to access Employment and Education and it is recommended that this support be included.

○

Accommodation/ tenancy assistance

Description

Supports that guide, prompt, or assist a participant to undertake activities that ensure they obtain/retain appropriate accommodation.

This may include assisting a participant to apply for a rental tenancy or to undertake tenancy obligations in line with the participant's tenancy agreement.

Carve outs that are not 'NDIS supports'

Does not include:

- rental costs,
- bond costs,
- mortgage repayments etc

See the 'Day-to-day living costs' category.

Access to supports

These supports are important to provide for people with invisible disabilities. Being able to access suitable accommodation is foundational to increasing functional capacity.

Occupational Therapists can provide useful intervention in this area including identifying the type of housing that would suit the person with an invisible disability. This can result in the housing matching the persons needs which can result in longer term sustainability rather than needing to frequently move houses.

Occupational Therapist role

An Occupational Therapist who is assessing the housing needs for someone with an invisible disability would take a comprehensive and holistic approach to understand how the individual's condition affects their daily life and housing needs. The assessment conducted by a mental health OT for someone with an invisible disability is thorough and multifaceted, focusing on the intersection of mental health, functional abilities, environmental needs, and personal preferences. The goal is to create a living situation that supports the individual's mental health and enhances their ability to live as independently and comfortably as possible

Refer to appendix for further details of role.

The assessment may include:

1. Functional Abilities and Challenges

- **Daily Living Skills:** Assess the individual's ability to perform activities of daily living (ADLs) such as cooking, cleaning, personal hygiene, and managing finances.
- **Safety Concerns:** Evaluate any safety concerns related to the individual's mental health symptoms, such as risk of self-harm or difficulty managing medication.
- **Cognitive and Perceptual Skills:** Assess cognitive functions like memory, attention, and executive functioning, which can impact the ability to live independently.

2. Environmental and Physical Needs

- **Housing Environment:** Examine the current living environment to identify whether it supports or hinders the individual's mental health. This includes assessing for features like accessibility, sensory features such as sounds, scents, or trauma triggers, safety, privacy, proximity to neighbours and suitability.
- **Adaptations:** Identify potential environmental modifications or assistive devices that could support the individual's needs (e.g., safe cooking appliances to prevent the gas being left on and resulting in a fire, blinds or other adaptations to increase privacy, acoustic adaptations to reduce sounds.).

4. Social and Community Integration

- **Social Support:** Assess the availability and adequacy of social support networks, including family, friends, and community services.
- **Community Resources:** Identify relevant community resources that might assist with housing needs, such as supportive housing programs or mental health services.

5. Personal Preferences and Goals

- **Individual Preferences:** Discuss the individual's preferences for their living situation, including desired location, type of housing (e.g., independent living, shared accommodation, or supported housing), and proximity to services.
- **Long-term Goals:** Consider the individual's long-term goals and aspirations for independent living and how the current housing situation aligns with these goals.

6. Legal and Financial Considerations

- **Financial Resources:** Evaluate the individual's financial situation to determine their ability to afford housing and any necessary adaptations or support services.
- **Legal Issues:** Address any legal considerations related to housing, such as tenancy rights or accommodations under disability laws.

7. Crisis and Emergency Planning

- **Emergency Preparedness:** Develop a plan for emergencies or crises, including contacts for emergency support and strategies for managing acute symptoms in a housing context.

23. Assistance Dog: Role of Occupational Therapists

The occupational therapist (OT) plays a key role in assessing, recommending, and facilitating the use of assistance dogs for individuals with disabilities. This can include:

1. Assessment of Need

- **Functional Assessment:** The OT evaluates the individual's daily living needs and functional abilities to determine how an assistance dog could support their independence and quality of life. This includes assessing mobility, safety, and specific challenges faced by the individual.
- **Suitability:** They assess whether an assistance dog is suitable for the individual's needs, taking into account their medical, psychological, and physical requirements.

2. Recommendation

- **Types of Assistance Dogs:** Based on the assessment, the OT provides recommendations on the type of assistance dog that would best meet the individual's needs. This might include guide dogs, therapy dogs, or service dogs trained for specific tasks like alerting to medical conditions, providing physical support, or assisting with daily tasks.
- **Functional Goals:** They assist set clear goals for what the individual hopes to achieve with the assistance dog, such as improved mobility, increased independence, or enhanced social interaction.

3. Collaboration and Coordination

- **Service Providers:** The OT works with assistance dog organizations and service providers to ensure the right match between the individual and the assistance dog. This involves coordinating the training and placement process.
- **NDIS Planning:** The OT collaborates with the NDIS planner or coordinator to include the cost of the assistance dog and related supports in the individual's NDIS plan. This might include funding for the dog itself, training, ongoing care, and any necessary modifications to the home environment.

4. Training and Integration

- **Training Support:** The OT may assist in coordinating or providing training for both the individual and the assistance dog to ensure effective integration into daily life. This includes training on how to handle and care for the dog.
- **Home Modifications:** They may recommend and facilitate any necessary home modifications to accommodate the assistance dog, such as making accessibility adjustments.

5. Ongoing Support and Monitoring

- **Monitoring and Adjustments:** The OT monitors the effectiveness of the assistance dog in meeting the individual's needs and assists make adjustments as necessary. This might include reassessing the goals and ensuring that the assistance dog continues to provide the required support.
- **Support Services:** They provide ongoing support and guidance to address any issues that arise related to the assistance dog, including health concerns, behavioral issues, or adjustments needed in the living environment.

24. Assistance in Coordinating or Managing Life Stages, Transitions and Supports

Assistance In Coordinating or Managing Life Stages, Transitions and Supports

Description

Supports to establish assistance within the participant's home or community to develop skills. Includes support coordination, mentoring, peer support and individual skill development such as attending appointments, shopping, bill paying, taking part in social activities and maintaining contact with others. Active involvement in planning and transition supports on the basis of a person having reached a point of stability in regard to functional capacity, prior to hospital discharge (or equivalent for other healthcare settings) wherever there is a need for ongoing maintenance support.

Carve outs that are not 'NDIS supports'

N/A

Access to supports

Access to assistance in coordinating or managing life stages, transitions and supports needs to be available for people with invisible disabilities .

Comment on terminology

Some people do not reach a point of stability so this needs to not be part of the criteria. It may be better to word it as "transitions such as leaving school, gaining employment, moving house, leaving a domestic violence situation, leaving a correctional facility,

Occupational Therapist role

Occupational therapists (OTs) play a vital role in assisting individuals navigate life stages, transitions, and supports, particularly when these changes impact their daily functioning and well-being. Here's how OTs contribute to this process:

1. Assessment and Planning

- **Comprehensive Assessment:** OTs conduct comprehensive assessments to understand the individual's physical, emotional, and cognitive needs. This includes evaluating how changes in life stages or transitions (e.g., aging, disability onset, returning to work) affect daily functioning.
- **Goal Setting:** They work with individuals to set realistic and meaningful goals based on their needs and aspirations. This might involve goals related to self-care, productivity, and leisure activities.

3. Skill Development and Training

- **Skill Building:** They provide training to individuals in new skills or adaptive strategies needed for managing transitions. This might include training in using assistive devices, developing organizational skills, or learning new coping strategies.
- **Caregiver Support:** OTs also offer support and training for caregivers, assisting them understand how to assist effectively and manage their own well-being.

5. Environmental Modifications

- **Home and Workplace Modifications:** OTs recommend and implement modifications to the home or workplace environment to accommodate changes in the individual's abilities and support their independence and safety.

- **Adaptive Equipment:** They identify and recommend appropriate adaptive equipment and assistive technologies to enhance daily functioning and participation.

25. Assistance to Access and Maintain Employment or higher education

Assistance to Access and Maintain Employment or higher education

Description

Workplace assistance that enables a participant to successfully obtain and/or retain employment in the open or supported labour market, including individual employment support, employment preparation and support in a group and school leaver employment supports to assist students transitioning from school to employment.

Carve outs that are not 'NDIS supports'

Does not include:

- learning and support needs of students that primarily relate to their education and training attainment,
- work-specific support related to recruitment processes, work arrangements or the working environment,
- funding or provision of employment services and programs

Access to supports

Access to assistance to access and maintain employment or higher education supports needs to be available for people with invisible disabilities .

The proposed changes are very concerning as this area of support is the central area of support for participants from adolescence to adulthood in developing independence and contribution to the community. If this support is removed, rural-based and low socio-economic adults will reduce seeking employment and depend more on others for their lifespan. This is very concerning for many OT's current teen clients, who will have no support to obtain employment when they move into adulthood.

Terminology

- The carve outs listed, literally cover the description of supports. Needs to be clearer if the carve outs are supposed to be for non-disability specific programs.
- The identification of leaning and support needs to occur prior to accessing employment or higher education and therefore is not funded by workplaces or Universities/TAFES.
- Recruitment and communication of disability needs occurs prior to employment and is not funded by the employer, who may not even employ that individual.

- Funding or provision of employment services and programs is unclear of what will not be provided. People with disabilities require support to access Employment and Education and it is recommended that this support be included.

Occupational Therapist role

Occupational therapists (OTs) play a significant role in assisting individuals with psychosocial and other invisible disabilities to access and maintain employment or higher education. This includes:

1. Assessment and Planning

- **Functional Assessment:** OTs assess the individual's strengths, challenges, and needs related to employment or education. This includes evaluating cognitive, emotional, and sensory processing that impact their ability to work or study effectively.
- **Goal Setting:** They collaborate with individuals to set achievable goals for employment or education, considering personal strengths, interests, skills, and aspirations.

2. Skill Development

- **Workplace or Academic Skills:** OTs assist with increasing functional capacity skills needed for job performance or academic involvement, such as time management, organization, and effective communication.
- **Performance Strategies:** OTs identify factors that can affect performance in the workplace or educational settings and develop solutions in collaboration with the individual.

3. Workplace and Educational Accommodations

- **Assessment of Needs:** OTs assess the need for reasonable accommodations in the workplace or educational settings, such as modified work hours, adapted study materials, or assistive technology including sensory tools .
- **Implementation:** They assist in the implementation of these accommodations by working with employers, educators, and other professionals to ensure the individual's needs are met.

Assistance With Daily Life Tasks in a Group or Shared Living Arrangement

Assistance With Daily Life Tasks in a Group or Shared Living Arrangement

Description

Assistance with and/or supervision of tasks of daily life in a shared living environment, which is either temporary or ongoing, with a focus on developing the skills of each individual to live as autonomously as possible, including short term accommodation and respite.

Carve outs that are not 'NDIS supports'

N/A

Access to supports

Access to assistance with daily life tasks in a group or shared living environment, short term accommodation and respite needs to be available for people with invisible disabilities .

Terminology/concerns

The NDIS Occupational Therapy Community Practice expresses concern that:

- Both SIL and ILO are absent from the list of support.
- That this support item named above may force participants to live in shared environments when this is not their preference. It may also push people in congregate care settings. This is not in line with Australia's obligations under Article 19 of the UNCRPD.
- Participants who currently use 'flexible core' budgets to sustain housing and or independent living will be disadvantaged as this use of flexible core for these purposes is not identified in this list. Removing or limiting access to this support by impairment type of 'class' of disability, would push countless more people into institutional or congregate care, or homelessness.
- MTA is on the list, but in very limited circumstances – we highlight thee may be a range of reasons why a person needs access to a medium term accommodation solution.
- The assistance with daily life tasks in a group or shared living environment supports needs to have the wording changed to include "for people that chose this support". It is not clear if this support is also available for people to access on an individual basis , either living alone or in short term accommodation or in respite. People with disabilities have the right to be able to choose their living arrangements, short term accommodation and respite and whether this is by themselves or with other people. It is very important that the availability of that choice is clearly articulated.

Occupational Therapy role

Occupational therapists (OTs) play a crucial role in assisting individuals with invisible disabilities with daily life tasks in group or shared living arrangements. This includes:

1. Assessment of Needs

- **Functional Assessment:** OTs conduct detailed assessments to understand how the disability affects daily functioning. This includes evaluating challenges with tasks such as cooking, cleaning, personal care, and managing finances.
- **Environmental Assessment:** They assess the shared living environment to identify potential barriers or areas for improvement that can impact the individual's ability to perform daily tasks.

2. Skill Development

- **Daily Living Skills:** OTs work with individuals to develop or enhance skills necessary for managing daily tasks, such as cooking, cleaning, and personal hygiene, in a shared living arrangement.
- **Strategies:** They teach strategies for managing symptoms and maintaining energy levels, which might include pacing techniques, energy conservation, and negotiating workload with others.

3. Environmental Modifications

- **Home Modifications:** OTs recommend modifications to the shared living environment to accommodate individual needs. This might include arranging accessible storage, adjusting lighting, or modifying kitchen setups to reduce physical strain or prevent fires through changes to ovens.
- **Assistive Devices:** They suggest and assist implement the use of assistive devices or adaptive equipment to facilitate daily tasks and improve independence.

4. Support with Routine and Organization

- **Routine Development:** OTs assist individuals in developing and maintaining routines that work with their energy levels and capabilities, ensuring that daily tasks are manageable.
- **Organizational Skills:** They offer strategies for organizing tasks and managing time effectively to assist individuals balance their responsibilities and personal needs.

Assistance With Travel/Transport Arrangements

Assistance With Travel/Transport Arrangements

Description

Transport assistance, including training, activity-based transport, provider travel, and costs associated with the use of taxis/private transport, where the participant cannot travel independently or use public transport due to the impact of their impairment/s on their functional capacity.

This includes transporting participants to funded supports and other activities including school, educational facility, employment, or the community.

Carve outs that are not 'NDIS supports'

N/A

Access to supports

Access to assistance with travel/transport arrangements needs to be available for people with invisible disabilities .

Terminology

The included transportation needs to include activities such as health and medical appointments, leisure and recreational activity, social occasions, housing inspections and appointments, shopping etc. We recommend that it is clear that these options are also available for transportation assistance.

Occupational Therapy role

Occupational therapists (OTs) play a key role in increasing functional capacity for people with invisible disabilities to use public transport effectively. Their involvement includes a range of supportive, educational, and practical strategies tailored to the individual's specific needs. Here's how OTs contribute:

1. Assessment of Needs and Abilities

- **Functional Assessment:** OTs assess the individual's cognitive, emotional, and sensory abilities to determine how these factors might affect their ability to use public transport. This includes evaluating memory, attention, problem-solving skills, and the impact of sensory input.
- **Current Skills and Challenges:** They identify the individual's current level of comfort and skill with using public transport, as well as any specific challenges they face, such as anxiety, disorientation, executive challenges or difficulty with navigation.

2. Skill Development

- **Navigational Skills:** OTs teach skills related to navigating public transport systems, such as reading schedules, understanding routes, and using maps. This might include practical exercises and simulated experiences.

- **Safety Awareness:** They provide training on safety procedures, including how to stay safe while waiting for or riding on public transport, and what to do in case of an emergency.

3. Strategies

- **Increasing capacity:** OTs work with individuals to develop strategies for managing anxiety, trauma or the other factors reducing capacity to use public transport.
- OTs can provide strategies for managing sensory overload or disorientation, which can be particularly relevant in busy or unfamiliar transport environments.

4. Practical Training

- **Real-World Practice:** OTs often engage individuals in practical, real-world training sessions where they accompany them on public transport. This allows for hands-on practice and immediate feedback in a supportive setting.
- **Step-by-Step Instruction:** They break down the process of using public transport into manageable steps, from planning a trip to boarding, traveling, and disembarking.

5. Environmental Modifications and Supports

- **Travel Aids:** OTs may recommend and assist implement the use of travel aids or assistive technologies, such as GPS apps, travel apps, or noise-canceling headphones, to support the individual's journey.
- **Environmental Familiarization:** They assist in familiarizing the individual with the public transport environment, including stops, stations, and onboard procedures.

Participant example: Mary

Mary recently had transport funding cut in their plan. Reasons given were
(1) that NDIS do not fund travel to get to NDIS funded therapy appointments; and
(2) because the participant is learning to drive.

If this is the case, and the participant cannot travel independently or via public transport due to their impairment - how do they access therapy appointments?

26. Specialist Positive Behaviour Support

Specialist Positive Behaviour Support

Description

Support provided by professionals with specialist skills in positive behaviour support including assessment, development and delivery of a comprehensive plan that aims to reduce and manage behaviours of concern, and training and ongoing monitoring of staff in plan implementation.

Carve outs that are not 'NDIS supports'

N/A

Access to supports

Specialist positive behaviour support should be available to all participants and not be limited by primary disability, impairment recognised at access point, or 'class' of disability. It should continue to be available for people with psychosocial disability.

Occupational Therapist role

Occupational therapists (OTs) can play a vital role in assisting Positive Behavior Support (PBS) practitioners when working with individuals with behaviours that challenge. Occupational Therapists can utilise a neurodiversity affirmative approach and include strategies that are addressing sensory, motor, cognitive, and environmental factors that influence behavior. Occupational Therapists who are contributing to a Positive Behaviour Support Plan need to be remunerated at an equivalent rate in recognition of their input. This can include:

1. Comprehensive Assessment

- **Sensory Processing:** Evaluate how sensory issues (e.g., sensitivities to sound, light, or texture) impact behavior and daily functioning. OTs can identify sensory triggers and suggest strategies to manage them.
- **Motor Skills:** Assess fine and gross motor skills, which may affect behavior or participation in activities. For example, difficulties with coordination can impact a child's ability to engage in activities or transitions, which might lead to frustration.
- **Cognitive and Executive Functioning:** Examine how cognitive abilities and executive functions (e.g., planning, organization, impulse control) influence behavior. OTs can provide insights into how these factors affect the individual's ability to follow routines or manage transitions.

2. Contributing to the Development of Behavior Support Plans

- **Identification of Sensory Needs:** Collaborate with PBS practitioners to incorporate sensory strategies into behavior support plans, such as sensory breaks, modifications to the environment, or sensory-friendly tools.

- **Skill Building:** Assist in designing interventions that increase quality of life such as social connections, self-regulation, or adaptive skills, that can reduce challenging behaviors.
- **Environmental Modifications:** Recommend changes to the physical or social environment to reduce triggers for behaviors that challenge and support the individual’s engagement and participation.

3. Implementing and Monitoring Strategies

- **Routine and Structure:** Help develop and implement structured routines and environments that promote stability and predictability, which can be crucial for individuals with autism.

6. Creating Supportive Environments

- **Adaptations:** Recommend and implement environmental adaptations that support the individual’s sensory and other needs, such as creating quiet spaces, using visual schedules, or decreasing sensory input that is triggering to the individual.
- **Sensory Modulation Tools and Equipment:** Suggest and provide adaptive tools or equipment that can help with sensory sensitivities or motor challenges, such as noise cancelling headphones or ergonomic seating.

27. Community Nursing Care

Community Nursing Care

Description

Provision of specialist care for participants who have high care needs requiring a high level of skill, and for the training of support workers to respond to the participant’s complex needs.

Carve outs that are not ‘NDIS supports’

N/A

It is positive to see the role of Community Nursing articulated well. We would also request that Occupational Therapists be able to provide specialist care for participants who have high care needs requiring a high level of skill, and for the training of support workers to respond to the participants complex needs. This may include training for hoists and behaviors that challenge. OTs can have an additional contribution to dysphagia, in working together with Speech Pathologists and focusing on postural supports or specific psychosocial strategies to increase capacity.

28. Daily Personal Activities

Daily Personal Activities

Description

Assistance with and/or supervision of personal tasks of daily life to enable a participant to live as autonomously as possible in a range of environments, including but not limited to, the participant's own home.

Carve outs that are not 'NDIS supports'

N/A

Access to Supports

Daily personal supports should be available to all participants and not be limited by primary disability, impairment recognised at access point, or 'class' of disability.

Occupational Therapy role

Occupational therapists (OTs) play a vital role in helping individuals improve their ability to perform personal tasks of daily life, enhancing their autonomy across various environments. This can include:

1. Comprehensive Assessment

- **Functional Assessment:** OTs conduct thorough assessments to evaluate the individual's abilities and needs in performing daily tasks. This includes assessing physical, cognitive, and emotional aspects that impact self-care, home management, and community participation.
- **Environmental Assessment:** They examine the individual's living environments, including their own home and other settings, to identify barriers and opportunities for improvement.

2. Goal Setting and Personalized Planning

- **Goal Setting:** OTs work collaboratively with the individual to set meaningful and achievable goals related to personal tasks. These goals might include improving independence in self-care, managing household tasks, or participating in social activities.
- **Personalized Intervention Plans:** Based on the assessment, OTs develop personalized intervention plans that address specific needs and preferences. These plans include strategies and tools tailored to the individual's goals and environment.

3. Skill Development and Training

- **Daily Living Skills:** OTs provide training in essential daily living skills such as grooming, dressing, meal preparation, and managing finances. They use techniques and tools to make these tasks easier and more manageable.
- **Adaptive Techniques:** They teach adaptive techniques and strategies, such as energy conservation methods, task simplification, and organization skills, to improve efficiency and reduce fatigue.

4. Environmental Modifications

- **Home Modifications:** OTs recommend modifications to the home environment to enhance safety and accessibility. This might include installing a dimmer switch, improving the acoustics, grab bars, adjusting furniture placement, or adding adaptive equipment.
- **Assistive Technology:** They identify and implement assistive technologies, such as adaptive kitchen tools, electronic reminders, or mobility aids, to support daily living tasks and improve independence.

5. Education and Training

- **Self-Care and Hygiene:** OTs educate individuals on techniques for effective self-care and hygiene, including the use of adaptive tools and strategies for managing personal care routines.
- **Caregiver Training:** They provide training and support for caregivers or family members, ensuring they understand how to assist effectively and support the individual's goals for independence.

6. Support with Community Integration

- **Public Transportation Training:** OTs can help individuals learn to use public transportation effectively, including navigation, safety procedures, and managing anxiety related to travel.
- **Community Engagement:** They assist with finding and accessing community resources, social activities, and recreational opportunities, promoting social interaction and participation.

7. Cognitive and Psychological Capacity Building

- 29. **Cognitive Capacity Building:** For individuals with cognitive impairments, OTs utilise strategies to manage memory, organization, and problem-solving skills. Tools such as memory aids, planners, and reminders are often used.
- **Psychological Capacity Building:** OTs increase capacity to manage emotional and psychological challenges, such as anxiety or depression, which may impact daily functioning.

8. Safety and Fall Prevention

- **Safety Assessments:** OTs assess safety risks in the home and other environments, providing recommendations to reduce the risk of falls and accidents.
- **Fall Prevention Strategies:** They implement fall prevention strategies, such as recommending non-slip mats, optimizing lighting, and teaching safe movement techniques.

30. Participation in Community, Social and Civic Activities

Participation in Community, Social and Civic Activities

Description

Assisting a participant to participate actively in community, social and civic activities; including supporting participants during these activities and developing participants' ability to partake in these activities.

Carve outs that are not 'NDIS supports'

N/A

Occupational Therapists support individuals to increase capacity in this area.

31. Specialist Disability Accommodation (SDA)

Specialist Disability Accommodation (SDA)

Description

As defined in the National Disability Insurance Scheme (Specialist Disability Accommodation) Rules 2020:

specialist disability accommodation:

- (a) means accommodation for a person who requires specialist housing solutions, including to assist with the delivery of supports that cater for the person's extreme functional impairment or very high support needs; but
- (b) does not include supports delivered to the person while the person is living in the accommodation.

These rules also govern participant eligibility and requirements for SDA dwellings.

Carve outs that are not 'NDIS supports'

N/A

Having access to Specialist Disability Accommodation is important for all "classes" of disabilities including invisible disabilities. Many people with invisible disabilities have extreme functional impairment or very high support needs.

People with disabilities need to be given the choice as to whether people live by themselves or with other people.

Living by themselves can meet some people with disabilities due to:

- **Preference.** Eg They like living by themselves. This choice needs to be respected.
- **Psychosocial need.** Examples include:

- A person may be paranoid regarding other people and have decreased capacity if they live with other people as it can increase paranoia.
- A person may hear auditory hallucinations that may become worse with the increased sounds made by other people.
- A person may have severe Obsessive Compulsive Disorder and become distressed if they live with someone else who interferes with their OCD. This can reduce capacity.
- **Trauma** Some people do not feel safe living with other people due to past trauma histories. This can include experiencing violence in group homes from other residents.
- **Sensory processing.** Some people are very sensitive to sounds, sights and scents and need to manage the sensory input in their home in order to increase functioning.
- **Behaviours that challenge.** Some people with behaviours that challenge require the environment to be managed in predictable or particular ways in order to prevent behaviours that challenge. This can be one of the key focuses of Behaviour Support practitioners.
- **Executive functioning or cognitive challenges.** Some people experience increased cognitive functioning and executive functioning if they are able to manage their environment through living alone. This includes being able to organise kitchen and other areas of the house in a way that maximises executive functioning.

Cognitive and Psychological Capacity Building

- 32. **Cognitive Capacity Building:** For individuals with cognitive impairments, OTs utilise strategies to manage memory, organization, and problem-solving skills. Tools such as memory aids, planners, and reminders are often used.
- **Psychological Capacity Building:** OTs increase capacity to manage emotional and psychological challenges, such as paranoia, anxiety or depression, which may impact daily functioning.

33. Specialised Hearing Services

Specialised Hearing Services

Description

Specialised hearing services for children and adults with complex needs.

Carve outs that are not 'NDIS supports'

N/A

It would be useful for specialised hearing services to also include auditory processing disorder and assistive technology for auditory processing for invisible disabilities.

34. Specialised Supported Employment

Specialised Supported Employment

Description

Assistance in specialised supported employment/Australian Disability Enterprise.

Carve outs that are not 'NDIS supports'

N/A

Access to supports

Having access to Specialist Supported Employment is important for all “classes” of disabilities including invisible disabilities. Many people with invisible disabilities would benefit from specialized supported employment although we would recommend broadening the criteria to include small social enterprise and work from home models.

Occupational Therapy role

In the context of specialized supported employment and Australian Disability Enterprises (ADEs), occupational therapists (OTs) have an important role in supporting individuals with disabilities can participate effectively and sustainably in the workforce. This includes:

1. Assessment and Evaluation

- **Functional Capacity Evaluation:** They assess the individual’s functional capacity, including physical, cognitive, and emotional abilities, to determine how these factors might impact their job performance.
- **Job Matching:** OTs evaluate the suitability of different job roles and tasks within employment settings based on the individual's strengths and limitations.

2. Customized Employment Planning

- **Individualized Employment Plans:** OTs develop tailored employment plans that align with the individual’s skills, interests, and career goals, considering any specific support needs or accommodations.
- **Skill Development:** They identify areas where additional training or skill development is needed and provide or arrange for appropriate training programs or workshops.

3. Workplace Adaptations and Modifications

- **Environmental Modifications:** OTs recommend and implement modifications to the work environment to enhance accessibility and comfort, such as modifying lighting , computer or window glare, choosing a work set up that is less noisy or has lower scents , adjusting workstation ergonomics, providing assistive technology, or altering physical layouts.
- **Task Modification:** They help adapt job tasks to match the individual’s abilities, which may involve breaking tasks into smaller steps or using specialized tools and equipment.

4. Cognitive and Psychological Capacity Building

- **Cognitive Capacity Building:** For individuals with cognitive impairments, OTs utilise strategies to manage memory, organization, and problem-solving skills. Tools such as memory aids, planners, and reminders are often used to increase functional capacity at work.

- **Psychological Capacity Building:** OTs increase capacity to manage emotional and psychological challenges, such as paranoia, anxiety or depression, which may impact work functioning.

Participant Example: Fiona

Fiona worked in an Australian Disability Enterprise. Fiona had autism and had become more and more reluctant to go to work. Fiona's parents requested a Mental Health Occupational Therapist to support Fiona. On visiting the work site, the Mental Health OT identified that Fiona's work involved packaging and she was close to a noisy forklift for much of the day. Fiona needed a quieter workplace due to her sound sensitivity but was unable to use earphones due to the workplace regulations of not having them on near a forklift. The Mental Health OT was able to support Fiona to articulate her needs to the workplace and they developed a separate space away from the worklift where Fiona was able to work. In the longer term Fiona was supported to set up a micro business of polishing cutlery for expensive restaurants and was able to work from home. Fiona was very happy with this work and happily engaged in her work.

21. Specialist Support Coordination

Specialised Support Coordination

Description

The provision of Support Coordination within a specialist framework necessitated by specific high-level risks in the participant's situation. Support focuses on addressing barriers and reducing complexity in the support environment, while assisting the participant to connect with supports and build capacity and resilience. It may also involve development of an intervention plan which will be put in place by disability support workers.

Carve outs that are not 'NDIS supports'

N/A

Access to supports

Specialist and other support coordination needs to be available to all people with disabilities on the NDIS.

22. Vehicle Modifications

Vehicle Modifications

Description

Vehicle modifications including the installation of, or changes to, equipment in a vehicle to enable a participant to travel safely as a passenger or to drive.

Carve outs that are not 'NDIS supports'

- Purchase of a vehicle of any kind, including motor vehicles, motorbikes, watercrafts, all terrain vehicles and other recreational vehicles,
- Mechanical repairs,
- Tools
- Vehicle registration

Access to supports

Having access to assistive products is important for all "classes" of disabilities including invisible disabilities.

Vehicle modifications for Invisible Disabilities

Modifying a vehicle to accommodate someone with invisible disabilities can increase functional capacity to drive or make transportation more comfortable and manageable for them. This can include:

Sensory Considerations

1. **Noise Reduction:** Install soundproofing materials to minimize road noise and reduce sensory overload. Noise-cancelling systems or quiet tires can also help.
2. **Lighting:** Use adjustable or dimmable interior lights to avoid harsh or distracting lighting.
3. **Seating:** Choose seats with additional padding or support to improve comfort and reduce sensory discomfort. Consider custom seat covers or cushions.

Communication and Interaction

1. **Visual Aids:** Use clear, visual instructions or labels for controls and features to make them easier to understand and use.
2. **Technology Integration:** Install user-friendly interfaces or touchscreens that simplify vehicle controls. Voice-activated systems can also be helpful.

Safety and Comfort

1. **Adaptive Controls:** Install hand controls or other adaptive driving aids if the person has specific physical or coordination needs. This may include weakness or tremor.
2. **Personalized Climate Control:** Ensure the climate control system is easily adjustable to maintain a comfortable temperature and reduce stress.
3. **Sensory-Friendly Materials:** Use non-reflective, non-glare materials on the dashboard and interior surfaces.

23. NDIS Community of Practice Comments that are not related to invisible disabilities

Lymphodema

A separate line item is recommended for lymphedema. The current classification under the category of Disability-Related Health Supports – (Wound and Pressure Care Supports) is not suitable as lymphoedema is a distinct condition that requires separate consideration.

- The management of lymphoedema differs from wound and pressure care.
- Each individual's lymphoedema management needs are unique and require their own comprehensive and carefully developed operational guidelines.

People with lymphoedema related to disability, or whose lymphoedema causes disability, should have access to proper management strategies within the community. This includes, but is not limited to:

- Regular consultations with accredited lymphoedema therapists for assessment, treatment, and management planning.
- Sufficient funding for compression garments
- Assistive technology including:
 - electric beds
 - recliners
 - aids for donning and doffing
 - compression garments,
 - Sequential Intermittent Pneumatic Compression (SIPC) pumps
 - Accessible clothing and shoes to accommodate the physical changes caused by lymphoedema.
- Access to lymphoedema support groups, educational programs, and events to foster self-management and community engagement among individuals with disability-related lymphoedema.

24. Recommendations that are from the NDIS OT community of practice and are not related to invisible disabilities

Lymphodema

It is recommended that consultation occurs with:

- People with lived experience of lymphodema
- Australasian Lymphology Association (ALA)

Supports that are not NDIS Supports section

Supports that are not 'NDIS supports'

The below contains 15 categories of goods and services that are not an 'NDIS support', a description of the category, and any carve outs to the description that are considered an 'NDIS support'.

Day-to-day living costs

Description

Accommodation and household related:

- Rent, rental bonds, home deposits, mortgage deposits, strata fees, rental bonds and home deposits.
- Standard home security and maintenance costs, fencing, gates and building repairs
- General furniture removal and services, unwanted furniture pick up
- Pools, pool heating and maintenance, spa baths, saunas, steam rooms
- General home repairs, general renovations and maintenance.
- Water, gas, and electricity bills, council rates
- Water filters, purifiers, or aerators.
- Electricity generators, solar panels, and batteries
- Standard household items (dishwasher, fridge, washing machine, non-modified kitchen utensils and crockery, fire alarms, floor rugs, beanbags, lounges, standard mattresses, and bedding), replacement of appliances, including hot water services, solar panels, etc.

The day to day living costs that are listed have some costs that we recommend that the NDIS would fund in some situations.

Rent

In certain situations, subsidising a portion of the rent may be necessary. For instance, if an individual requires 24/7 support and typically rents a one-bedroom home, they might need an additional bedroom to accommodate a support worker due to workplace health and safety regulations.

Without such a subsidy, it would be unfair to place the financial burden of the extra bedroom on the individual. Therefore, they should have the option to decline the need for an additional bedroom if the rent cannot be subsidised.

Fencing and gates

Typically, maintaining fencing is the responsibility of the homeowner. However, individuals with disabilities who exhibit challenging behaviors or have specific safety needs may require higher or more robust fences. In such cases, the additional height and durability of the fence are necessary to address these specific needs directly related to the disability.

Similarly, gates may need to be specially designed to meet safety requirements or manage challenging behaviors. The modifications to gates, like the increased height or sturdiness, are also directly related to the individual's disability needs.

Robust furniture

People with invisible disabilities and challenging behaviors might need robust furniture for several reasons:

1. **Safety:** Robust furniture is less likely to tip over or break easily, which can help prevent injuries. People with challenging behaviors might accidentally knock over or throw furniture, and durable items are less likely to cause harm.
2. **Durability:** Individuals with autism and challenging behaviors may engage in repetitive or intense behaviors that can damage standard furniture. Robust furniture is designed to withstand these behaviors, reducing the need for frequent replacements. This may include protective covers for televisions. Or mattresses that are robust and do not allow ripping of the internal materials.
3. **Stability:** Sturdy furniture can provide a sense of security and stability, which can be beneficial for people who may have difficulty coping with changes or disruptions in their environment.
4. **Reduced Stress:** Knowing that the furniture is unlikely to break or cause harm can reduce stress and also financial stress for both the individual and their caregivers. It helps create a more predictable and safe environment.
5. **Practicality:** In environments where furniture is subjected to heavy use, such as in supported disability accommodation, robust furniture helps maintain a functional space without frequent repairs or replacements.

Security Cameras

For some people with invisible disabilities who experience fear, paranoia or trauma responses in their home environment, security cameras can be directly attributable to their disability needs:

1. **Enhanced Reassurance:** Security cameras can provide visual evidence of what is happening in and around the home. This reassurance can help alleviate feelings of paranoia by offering tangible proof that no harmful activities are occurring.
2. **Increased Safety:** By monitoring the environment, security cameras can help ensure that the individual is safe and secure, reducing anxiety about potential threats or intrusions.

Furniture and rubbish removal

People with disabilities may be unable to physically remove their furniture or mattresses to take it to the dump. It is safer to pay for furniture removal than to have support workers take on this role to support someone with disabilities.

Some people with disabilities who struggle with hoarding may require NDIS support for rubbish removal due to several key reasons:

1. **Health and Safety Hazards:** Hoarding can create unsafe living conditions, including fire hazards, unsanitary environments, and health risks due to mould or vermin. Government support can help address these risks by ensuring that hazardous materials are removed safely and effectively. Without financial support, the person may be unable to afford to clean their living conditions, which may then result in the support workers and NDIS cleaners needing to do the role without the specific equipment. This would be a health and safety hazard.

2. **Financial Constraints:** Many individuals with hoarding issues face financial difficulties and may not have the means to pay for professional rubbish removal services. NDIS support can provide the necessary financial assistance to address the problem.
3. **Disability related challenges:** Hoarding is often linked to psychosocial disabilities and cognitive disabilities that can make it difficult for individuals to manage or organize their belongings. NDIS assistance can assist by providing resources and services that address both the physical and psychological aspects of hoarding.
4. **Dementia related challenges:** Research has found that hoarding can be a symptom of various neurocognitive disorders, including Alzheimer's disease and other forms of dementia. For instance, some research has shown that individuals with frontotemporal dementia (FTD) might display compulsive hoarding behavior due to changes in brain areas responsible for executive functioning and decision-making. For people who are on the NDIS due to dementia or other neuro
5. **Complex and Large-Scale Cleanup:** Hoarding situations can involve large volumes of items that may require specialised equipment and expertise for safe removal. NDIS support can facilitate the hiring of professionals who are trained to handle such complex cleanups.
6. **Preventing Eviction or Legal Issues:** In some cases, hoarding can lead to legal issues or eviction threats due to the unsanitary or hazardous conditions of the property. NDIS intervention can help prevent these outcomes by ensuring that the necessary cleanup is performed.
7. **Community and Environmental Impact:** Hoarding can have broader impacts on the community and environment, such as affecting neighbours or contributing to waste management issues. NDIS support can help mitigate these effects by ensuring proper and responsible disposal of waste.

General renovations

Renovations are something that would usually be a home owner responsibility to pay for. There are some situations where a renovation may be required for disability specific reasons. This can include:

1. **Sound proofing:** for someone with disabilities who is sensitive to sound or who has auditory triggers, installing acoustic tiles, walls or other renovations can be beneficial. Some people who hear voices find it difficult to distinguish between their own hallucinations and neighbours voices and installing sound proofing can assist with that. Providing sound proofing may increase functional capacity or decrease behaviours of concern.
2. **Extra bedroom:** For someone who requires additional support workers overnight it may be necessary to renovate a space of the house to install a bedroom. This may include a garage or a larger space that is repurposed. This may not meet the threshold for other home modifications but is still required.
3. **Privacy screening:** For someone with paranoia, fear or trauma due to their disability, they can have increased concerns that they are visible to neighbours or passersby. Providing privacy screening can assist them to feel more relaxed in their own homes and able to perform their living skills. This can include external blinds to a bathroom or other room of the house, putting a privacy screen outside a front door or other modifications particularly to doors and windows.

Air purifiers

Air purifiers are currently listed on the NDIS website due to the benefits for people with disabilities. It is recommended that this continues to be available.

“You can temporarily use your existing core - consumables budget to purchase a portable air purifier (or other ventilation device such as a portable extraction fan or pedestal fan) to ensure safe access to NDIS funded supports in your home, where you: have a disability that compromises your breathing (lung function) and/or puts you at increased risk of acquiring, or becoming very unwell if you acquire, COVID-19 are at increased risk of acquiring COVID-19 due to the nature and volume of close personal supports you receive each day from support workers in your home are unable to (due to disability) effectively minimise your risk of acquiring COVID-19 by following public health advice (e.g. to wear a mask), or otherwise ensure adequate ventilation within your home or residence by other means (e.g. opening windows).” NDIS website

Standard household items: White goods

White goods may be , which typically refer to large household appliances like refrigerators, washing machines, dishwashers and stoves may be essential for disability specific reasons including :

1. **Accessibility and Independence:** Appliances like adjustable-height washing machines or refrigerators with accessible shelves or ovens or dishwashers with two drawers can assist individuals with physical disabilities maintain independence by making daily tasks more manageable. Using plinths to raise the height of these appliances can also be important.
2. **Safety:** Appliances with safety features, such as stove guards or safety turn off devices can prevent accidents and ensure a safer living environment for individuals with disabilities, who might be at greater risk of injury. Some stoves may preferable for safety reasons and need to replace the current stove. This can include induction burners or air fryers which can prevent fires for those at risk of forgetting to turn the stove off.
3. **Routine Management:** Consistent access to white goods helps individuals with disabilities manage their daily routines more effectively. For example, having a
4. **Disability Needs:** Certain white goods might be necessary for disability reasons.
 - A special type of **refrigerator** might be needed to store medications or specialised diets that are part of a disability-related treatment plan. Or someone may be able to access a small mini fridge beside their bed to access night time medications that require refrigeration or ice packs or other items that they require overnight. This may include someone who has mobility difficulties. Without this second mini fridge a support worker may be necessary for overnight support.
 - A **mini fridge** may also benefit a carer or support worker who is unable to leave the room when supporting someone with disability related needs.
 - Separate **fridge** for support workers who work in the house and in a separate room.
 - A **freezer** may support someone to store a range of frozen meals which may decrease the need for support workers to cook.
 - A second **washing machine** for soiled products only may result in a person with a disability not requiring an additional linen service for soiled sheets, clothing etc. This second industrial washing machine is crucial for maintaining personal hygiene and cleanliness. Other people without disabilities need to not need to buy a second and industrial washing machine.
 - A **mini microwave** may be used to gently heat wipes so that self care is less frightening and jarring for the person with disabilities.

- **Airconditioning and cooling units and heaters** may be required for people with disabilities who can't maintain their own body temperature due to thermoregulation symptoms of their disability. This includes people with psychosocial disabilities, physical disabilities, neurological disabilities, and neurodiversity's.
 - **A dishwasher** may be preferable to a support worker washing the dishes for multiple reasons including low standard by the support worker, able to then be independently completed by the person with disabilities, meet requirements of someone with obsessive compulsive disorder.
 - **Robot vacuum** may be useful to clean the floor for people who have disabilities that impact on mobility, cognition, energy, or for psychosocial disabilities. Being unable to clean the floor regularly may increase the need for cleaners.
 - **Oven with drawers** may have increased accessibility and require less strength to open
5. **Assistive Technology Integration:** Some white goods can be adapted or integrated with assistive technologies. For example, smart appliances that can be controlled via voice commands or mobile apps can support individuals with mobility or vision impairments.
 6. **Energy and Efficiency:** Energy-efficient appliances can help reduce costs and provide a more comfortable living environment, which can be particularly beneficial for individuals with disabilities who might have higher energy needs due to their medical equipment or other requirements.
 7. **Support for Caregiving:** For individuals who require assistance from caregivers, having functional and accessible white goods can make caregiving tasks more efficient and manageable, contributing to better care and quality of life.
 8. **Hygiene and Health:** Proper refrigeration and washing are crucial for maintaining hygiene and health, especially for individuals with disabilities who may have compromised immune systems or specific health needs that require careful management of food and clothing.

Back up generators

Backup generators to maintain some AT use eg cpap machine or ventilators, blender for people with modified diet, air conditioning or heating units.

Electricity and consumables

1. Electricity to run assistive tech or air-conditioning, where the person may not be eligible for state run electricity discounts?
2. Electricity and water, consumables like toilet paper, use by overnight and day time support staff.

Prompt and reminder aids

Some assistive technologies can be used to prompt and remind people with disabilities.

For individuals who are aged or have a disability, prompt and reminder aids can be highly beneficial in supporting daily living and managing various tasks and they may be not included in the current NDIS list due to being perceived as an every day or mainstream item. These items can be cost effective and increase safety. This can include:

Prompt Aids:

1. **Voice-Activated Assistants:**

- **Examples:** Amazon Alexa, Google Assistant, Apple Siri.
- **Benefits:** These devices can set reminders, provide real-time information, control smart home devices, and offer hands-free assistance with various tasks.

2. **Smartphones and Tablets:**

- **Examples:** iPhone, Android tablets.
- **Benefits:** Apps can provide reminders for medication, appointments, and daily tasks. They also offer voice-to-text and accessibility features to assist with communication and task management.

3. **Digital Reminder Clocks:**

- **Examples:** Clocks with programmable alarms.
- **Benefits:** These can be set to provide visual or audible alerts for medication times, appointments, or other important activities.

4. **Wearable Devices:**

- **Examples:** Smartwatches, fitness trackers.
- **Benefits:** Wearables can offer reminders through vibrations or alarms and can monitor health metrics, offering alerts for irregularities.

5. **Medication Management Systems:**

- **Examples:** Electronic pill dispensers, medication reminder apps.
- **Benefits:** These devices can alert individuals when it's time to take their medications and ensure doses are correctly administered.

Reminder Aids:

1. **Calendar Systems:**

- **Examples:** Wall calendars, digital calendars (Google Calendar, Outlook).
- **Benefits:** Can be used to keep track of important dates, appointments, and deadlines, with options for visual reminders or notifications.

2. **Whiteboards:**

- **Examples:** Dry-erase boards,
- **Benefits:** Simple, visual reminders that can be placed in prominent locations to help with task management and memory. Support workers can also utilise them to communicate who will be on shift to the person with disabilities.

3. **Automated Home Systems:**

- **Examples:** Smart home systems with programmable routines.
Benefits: Can automate tasks such as turning lights on and off, adjusting thermostats, and locking doors based on set schedules or triggers. Voice-activated systems for controlling lights, temperature, and appliances to increase independence for those with mobility or executive functioning challenges.

4. **Visual and Auditory Alarms:**

- **Examples:** Visual alert systems (flashing lights), auditory alarms (buzzers, chimes).
- **Benefits:** Useful for individuals with hearing or vision impairments, dementia or other cognitive or executive differences by providing alerts through multiple senses.

5. **Organising systems:**

- **Examples:** Labeling systems, organized storage solutions.
- **Benefits:** Helps with task management by making items and instructions easily accessible and visible.

6. Stove top systems can provide alarms to remind the person to turn the stove off.

Kitchen Assistive technology

Many assistive technology equipment for the kitchen has been utilised by mainstream people due to their convenience. Due to their low cost and also safety improvements it is recommended to remove the specialised equipment definition to be able to include kitchen aids. This may include

Kitchen Assistive technology that may be beneficial for all individuals with disabilities may include:

1. **Weighted Utensils:** These can help stabilize the hand and reduce the impact of tremors while eating or preparing food.
2. **Ergonomic Handles:** Utensils with larger, cushioned handles can be easier to grip for individuals with reduced dexterity.
3. **One-Handed Kitchen Tools:** Tools designed for use with one hand, such as one-handed can openers and mixers, can help those with limited use of one hand.
4. **Food Processors with Safety Features:** Modern food processors with secure, easy-to-use lids and safety interlocks can be useful for chopping, mixing, and blending. Some food processors can be beneficial as they blend the food more smoothly for someone with dysphagia or mixing food for people who have sensitivity to touching dough or reduced strength.
5. **Automatic Stirring Devices:** These can stir food in pots or pans automatically, reducing the need for manual stirring.
6. **Non-Slip Mats and Tray Liners:** These can help keep bowls, cutting boards, and other items stable on the countertop.
7. **Push-Button Appliances:** Appliances with large, easy-to-push buttons or touchscreens can be more accessible for individuals with limited dexterity.
8. **Adjustable Cutting Boards:** Cutting boards with adjustable angles or built-in grips or knives can assist with cutting and chopping.
9. **Large-Button Controls:** Appliances with large, easy-to-read and operate buttons can be beneficial for those with visual impairments, cognitive impairments or reduced hand function.
10. **Easy-Pour Containers:** Containers with wide spouts or built-in pour spouts can make it easier to pour liquids and reduce spills.
11. **Magnifying Glasses for Labels:** Handheld magnifiers or magnifying glasses can help with reading labels and instructions.
12. **Food Transfer Tools:** Tools like spatulas with long handles or ergonomic designs can help transfer food from one container to another more easily.
13. **Extra long washing gloves:** Can assist people with touch sensitivities (unable to stand one part of arm being wet and not another part) to be able to wash dishes and clean.
14. **Assistive Cutting Tools:** Gadgets like rocker knives or safety cutters can make cutting and slicing safer and more manageable.
15. **Specialized Measuring Cups and Spoons:** Measuring tools with easy-to-read markings and large, comfortable handles can aid in cooking and baking.
16. **Cup Holders and Bottle Openers:** Devices that stabilize cups or help with opening bottles can be useful for individuals with limited hand strength.
17. **Electric hot water systems** or easy tipper kettles to make pouring hot water safer.
18. **Electric appliances:** automatic can openers, electric peelers, electric mandolines, electric dicers.

Sensory Modulation Assistive technology

Sensory Modulation is an intervention that is recognised in multiple national and state policies, documents and research for:

- Being a recovery orientated strategy
- Increasing self management
- Increasing functional capacity
- Reducing behaviours that challenge
- Reducing restrictive practices (majority of literature is for psychosocial but there is also literature for acquired brain injury, dementia and Huntington's disease)

Many items for sensory modulation may be considered daily living expenses but are important to be able to purchase as part of the NDIS commitment to reducing restrictive practices and achieving the aims just stated in prior paragraph.

Reducing triggers in the environment

Reducing triggers in the environment can increase capacity and also reducing behaviours that challenge. This is a recommended strategy in positive behaviour support and NDIS commission documentation.

This can include:

1. **Lighting:** Dimmable or colour-changing lights to manage sensory sensitivities and environment.
2. **Noise-cancelling** materials: Wall panels, curtains, or carpets to reduce sensory overload for individuals sensitive to noise. White noise machines.
3. **Scent reducing:** deodorisers used with greater frequency than daily use. Poo pouri for people unable to cope with body scents.

Increasing calming and grounding sensations

Increasing calming and grounding sensations can increase capacity and also reducing behaviours that challenge. This is a recommended strategy in positive behaviour support and NDIS commission documentation. It is also considered neurodiversity affirming.

1. **Weighted Blankets:**
 - **Benefits:** Provide deep pressure stimulation that can reduce anxiety and increase sleep. (Occupational therapy assessment can identify and mitigate any safety concerns)
2. **Beanbags and weighted Cushions or lap pads:**
 - **Examples:** bean bags and weighted cushions or lap pads.
 - **Benefits:** Offer various tactile experiences that can be calming or stimulating based on individual needs. (Occupational therapy assessment can identify and mitigate any safety concerns)
3. **Noise cancelling:**
 - **Examples:** headphones, ear plugs, loops, ear buds, white noise machines, noise canceling Wi-Fi headbands, bone conduction headbands
 - **Benefits:** can support an individual to be able to work, socialise, shop, access the community or to engage in daily life tasks in the home environment.
4. **Rockers and gliders**
 - **Examples:** Rocking chairs, glider chairs:

- Benefits: can be supported to calm an agitated individual who may then be able to engage in increased functional tasks .

5. Visual aids

- **Examples:** Eye masks, dimmer switches, blackout glands, specialist glasses.
- **Benefits:** can support an individual to be able to engage in tasks that would not be possible due to brightness of activity.

6. Scents

- **Examples:** individual scents, deodorisers
- **Benefits:** some people with sensitivities or trauma triggers need to be able to match scents or reduce scents in order to stay present, not dissociate or have flashbacks or to be able to tolerate an environment eg gym

Ergonomic furniture

Chairs, desks, or bed adjustments to accommodate physical needs resulting from long-term medication use or mobility / movement.

Safety modifications

1. **Safety modifications:** Such as corner guards, non-slip flooring, or locks for cabinets to create a safer environment for those with impulsivity or self-injurious behaviours.
2. **Fire alarms:** visual flashing fire alarms may be necessary for people who are deaf, have hearing loss (ie it may not be their primary disability), cognitive impairments or other disability related reasons.

Home and garden maintenance/repair tasks

These tasks may be unable to be completed due to the persons disabilities.

This can be for multiple reasons including:

- Paranoia
- Energy
- trauma triggers,
- sensory processing differences,
- Functional Neurological disability
- dizziness/POTS,
- Mobility difficulties including low muscle strength, paralysis, low coordination,
- Fine motor coordination or low strength
- Agoraphobia.
- Cognitive impairments
- Executive functioning differences such as Planning and sequencing
- Motivation
- People who live alone with invisible disabilities including autism

Pillow positioning

Pillow systems - wedge and u-shaped body pillow to assist with POTS, pain management

Thermoregulation type bedding

People with invisible disabilities benefit from bedding with thermoregulation properties which supports them to be able to sleep.

Positive Behaviour Support Recommendations

Some people with disabilities may not be willing or able to spend their limited finances on recommendation of the positive behaviour support practitioner to reduce restrictive practices. This may include:

1. **Items already mentioned** including robust furniture, sensory modulation equipment
2. **Standard home security and maintenance:** home security and maintenance costs may be required for restrictive practice arrangements approved for safety
3. **Repeated repairs** required relating to meltdowns etc

Additional costs incurred on everyday bills due to disability?

1. Electricity to run assistive tech or air-conditioning (MS), where the person may not be eligible for state run electricity discounts.
2. Electricity and water, consumables like toilet paper, use by overnight and day time support staff

1. Supports that are not 'NDIS supports'

Finance and payments related:

- Donations, tithes, gifts, and political contributions,
- Fines penalties, and court-ordered amounts
- Travel insurance, life insurance, home and contents insurance, car insurance and excess insurance for Novated vehicles (Salary Sacrifice).
- Superannuation for participants or related parties (exceptions apply for arm's length Employment arrangements)
- School / education fees including TAFE and university.
- Legal costs
- Child support fees, debt repayments, gift cards
- Business development costs, business skills development costs
- Debts, liabilities, and taxes, other than those necessarily incurred in the receipt of supports

No comment

2. Supports that are not 'NDIS supports'

Food, Beverage related:

- Groceries (except for modified foods required as a result of a person's your disability e.g. PEG feeding),
- Fast food services and takeaway food
- Alcohol

Subsidised meals:

While food and groceries are an everyday item, we draw attention to the need for subsidised as a cost-effective support for some participants.

All participants who have difficulty planning, preparing and cooking food due to the functional impact of their disability will benefit from a comprehensive functional assessment delivered by an occupational therapist, to understand the barriers, enablers and support needs. Some participants will require ongoing support by support workers to support meal preparation. However, in some instances, subsidised meals will be cost effective and reduce the support worker hours required to ensure the person has access to nutritional and accessible meals.

Some support worker (many in our experience) are unable to cook themselves. We have had support workers unable to cook rice, soups and other basic meals or who burn or make food that is inedible. Obtaining subsidised meals is preferred in these situations by the person and the support workers. It is also cheaper

Dysphagia

People with dysphagia may require minced or blended foods that are modified or require thickening or gel products or products that enable the food to be shaping into a form that the person with dementia or cognitive disabilities recognises eg blended apple shaped to represent apple.

Supports that are not 'NDIS supports'

Lifestyle related:

- Cigarettes, vapes and smoking paraphernalia, legal cannabis
- Gambling
- Internet services, land line phone, mobile phones, mobile phone accessories, and mobile phone plans and smart phones.
- Gaming PCs, consoles and games, subscriptions for streaming services
- Standard toys, balls, racquets, uniforms, membership costs and other costs associated with recreational sports
- Wedding, honeymoon, funeral, other events.
- Musical instruments, music production, social media production
- Tickets to music, theatre, cinema or sporting events, and general conference fees
- Sex work
- Sex toys
- Surrogacy, Menstrual products, IVF
- Trampolines
- General play equipment, indoor or outdoor.
- Membership of a recreational club

Disability Related sexual assistive technology

Sex is an important (and stigmatised) human occupation, NDIS needs to clarify whether all sex related services and items are meant to stop or if disability related AT will continue to be funded.

Phones:

There are some disability related mobile phones (such as the KISA) which we would recommend continue to be funded.

Menstrual Products.

Sensory sensitivities are common in people with invisible disabilities and can impact on periods & menstrual products. The more expensive period products such as period underwear may be preferred for disability related reasons including:

- touch
- visual input
- scent
- coordination and fine motor skills
- trauma
- familiarity and uncertainty

Touch

When choosing menstrual products, there can be a variety of different preferences for touch sensations in menstrual products This includes the feeling of a tampon and cup or the feeling of a bulky pad in underwear, or the feeling of the pad against the skin. If new to menstrual cycles it is useful to explore what

option is the most comfortable. If the person has a preference then it is important to enable access to this preference. . When someone is sensitive to touch they can be unable to get used to (habituate) a sensation and this can be very irritating, distressing or overwhelming.

Visual

Some people prefer not to see menstrual blood and may choose a product such as period underwear to be able to not sight it. If a person identifies that this is the case then it is trauma informed care to respect this.

Scent

Some people prefer not to smell menstrual blood and may choose a scent that masks the smell. Having access to this scent will be important for comfort.

Some people are sensitive to scents and will dislike a scented menstrual product. If they are sensitive to scent, they will be unable to get used to (habituate) to this scent.

Coordination and fine motor skills

Inserting a tampon or cup can require coordination and dexterity of hands and familiarity of their body. Even opening the packet can be tricky! Period underwear may be chosen for this disability related reason.

Trauma

Period or menstrual products can be a trauma trigger and using a particular menstrual product may be their preferred way of managing this trauma. Menstruation can sometimes result in dissociation or flashbacks. Using period underwear can be one of the ways of having the least visual overwhelm and flashbacks.

Body Awareness:

For people who are low in body awareness (Interoception) , it can be difficult to notice the sensations of a period starting, bloating, or the need to change a menstrual product. Period underwear can be useful in this situations.

Hypermobility:

Some period products may not be accessible to be used by people with hypermobility in their fingers.

Period poverty refers to the lack of access to menstrual products, sanitary facilities, and education related to menstruation, which affects individuals' ability to manage their periods with dignity and comfort. This issue can have significant health, social, and economic impacts on those who experience it. Women with disabilities are more likely to experience period poverty which can include:

Key Aspects of Period Poverty

1. Access to Menstrual Products

- **Affordability:** Many individuals face financial barriers to purchasing menstrual products. This can be due to low income, poverty, or unexpected financial hardship. People with disabilities are likely to require more expensive period products for the reasons outlined.

2. Sanitary Facilities

- **Hygiene:** Without access to clean and private facilities, individuals may struggle to manage their menstruation effectively. This includes difficulties with changing menstrual products and maintaining personal hygiene.
- **Privacy:** Inadequate sanitary facilities can affect privacy, which is crucial for managing menstruation comfortably and securely.

3. Economic and Social Impacts

- **School and Work Attendance:** Individuals facing period poverty may miss school or work due to difficulties managing their periods, which can affect their education and employment opportunities.
- **Health Risks:** Poor menstrual hygiene can lead to health issues, such as infections or rashes. It also exacerbates stress and anxiety related to menstruation.

Recommendation:

Include menstrual products as available for NDIS participants of all 'classes' and including invisible disabilities:

Supports that are not 'NDIS supports'**Clothing related:**

- Jewellery, watches (including smart watches)
- Makeup, cosmetic treatments, wigs, and cosmetics
- Standard clothing and footwear

Smart Watches

Smart watches offer a lower cost option to meet disability specific needs

1. Interoception: Current research highlights a clear link between interoception impairments and various disabilities, including autism and traumatic brain injury. Interoception, the sense that detects signals from the body's internal sensory systems, plays a crucial role in recognizing and responding to emotional and physical states. For individuals with impaired interoceptive awareness due to their disability, smartwatches offer valuable features that enhance their well-being and daily lives.

2. Heart Rate Monitoring and biofeedback: Smartwatches come equipped with built-in heart rate monitors, allowing users to track their heart rate continuously. For people with disabilities, this feature provides real-time insights into their physiological state.

- Individuals can monitor their heart rate during physical activities, stress-inducing situations, or even while at rest. Detecting abnormal heart rates promptly can be life-saving, especially for those with conditions like arrhythmias or autonomic dysregulation.

3. Automatic Alerts: Smartwatches can automatically alert users when their heart rate exceeds a predefined threshold. This feature is particularly beneficial for people with disabilities who may struggle to recognize physical cues.

- High heart rates can indicate stress, anxiety, or other health issues. By receiving timely alerts, individuals can take appropriate actions, such as practicing relaxation techniques or seeking medical attention.

4. Guided Breathing Exercises: Many smartwatches offer guided breathing exercises to promote relaxation and stress reduction. These exercises assist a person to calm enough to engage in a functional activity.

5. Enhanced Emotional Regulation: By fostering self-awareness and providing tools for emotional regulation, smartwatches contribute to regulation goals.

- Individuals can learn to recognize patterns in their heart rate and correlate them with emotions. Over time, this awareness enables better emotional self-regulation.

6. Participation in Daily Activities: Smartwatches facilitate engagement in daily routines and social interactions. Notifications, reminders, and calendar alerts assist users stay organized and punctual.

- For people with disabilities, maintaining a structured routine is vital. Smartwatches serve as discreet companions, assisting with reminders and keeping them connected to their environment.

7. Falls alerts: A smart watch can be an item that many people prefer to wear compared to other falls devices that look like disability specific equipment

8. Access: Specific items are not affordable for individuals who are based in rural, remote environments and within low socio-economic environments.

Supports that are not 'NDIS supports'

Travel related:

- Cruises, holiday packages, holiday accommodation, including overseas travel, Airfares, passports, visa, meals and activities.
- Tickets to theme parks, tourism and entertainment operators.
- Motor vehicles, motorbikes, watercraft, all-terrain vehicles and other recreational vehicles, mechanical repairs, tools, vehicle registration.
- Petrol

No comment

Supports that are not 'NDIS supports'

Pet Related:

- Animals (other than approved NDIS funded assistance animals),
- pet food for animals other than for approved NDIS assistance animals,
- veterinarian costs, pet boarding, pet grooming, taxidermy, pet cremations/funeral

No comment

3. (this section is in response to the "Supports that are not 'NDIS supports'")

Carve outs that may be considered 'NDIS supports' for certain participants

The following day to day living costs may be funded under the NDIS if they relate to reasonable and necessary supports:

- Additional living costs that are incurred by a participant solely and directly as a result of their disability support needs
- Services delivered in a gym or recreational club related to the participant's disability support needs (excluding the cost of membership, entry, or basic equipment).
- Play equipment where it is specialist sensory equipment could be funded under Assisted Technology
- Additional insurance costs that arise from modified vehicles
- Additional costs to upgrade standard household items to household items that include accessibility features

Clarification required

What other costs are there when it comes to these services? As in, what does this mean? That if an EP works out of a gym then the cost of the gym membership to access the space would not be covered but the EP's time would be?

Not value for money/not effective or beneficial Description

Alternative and complementary therapies:

- Crystal therapy
- Tarot card reading, Clairvoyants
- Cuddle therapy
- Reflexology
- Aromatherapy
- Sound therapy
- Yoga Therapy
- Wilderness Therapy
- Alternative or complementary medicine

There are some therapies that are included in this section that could be inadvertently applied to other therapeutic supports that we recommend are funded.

There is detailed information on these in the section on therapeutic supports so we recommend reading that section for further detail. A brief response will be provided here

1. **Sound therapy:** Somatic Therapy is different to Occupational Therapy interventions that may include appropriate sensory input to increase functional capacity, delivered by suitably qualified occupational therapists
Including:
 - sensory modulation,
 - dance movement therapy,
 - yoga interventions,
 - interventions improving interoception
 - activity based Occupational Therapy interventions.
2. **Aromatherapy:** Aromatherapy is a specific therapy and is different to Occupational Therapy interventions which may include scent changes to increase functional capacity, including:
 - Sensory stimulation in dementia and cognitive disabilities
 - Reduce scent for people who are overwhelmed
 - Reducing scent for people with flashback
 - Reducing scent, adding in another scent or masking a scent for sensory modulation interventions.

- Reducing triggers - Being able to reduce or change scent can be an important strategy to manage triggers for people with behaviours that challenge.
- 3. **Yoga therapy:** Yoga therapy is a specific therapy and is different to Occupational Therapy interventions that may include some yoga in order to increase functional capacity, delivered by appropriately qualified occupational therapists.
- 4. **Wilderness therapy:** Wilderness Therapy is a specific therapy and is different to Occupational Therapy interventions which may include nature to increase functional capacity.
Including:
 - Nature based interventions
 - Any Occupational therapy intervention held outside and/or in nature.
 - Animal assisted interventions
 - Group social intensive school holiday program based on the concept of loose parts play (6 – 12 year olds).
 - Treetops adventure OT program
 - Gardening groups

4. Not value for money/not effective or beneficial

Wellness and coaching related:

- General massage
- Sports or athletic supplements
- Life/wellness/career coach/cultural coach
- Hypnotherapy
- Neurofeedback
- Gaming therapy
- Mastermind coaching
- Somatic therapy
- Kinesiology

There are some therapies that are included in this section that could be inadvertently applied to other therapeutic supports that we recommend are funded.

There is detailed information on these in the section on therapeutic supports so we recommend reading that section for further detail. A brief response will be provided here

1.General Massage: General massage is different to Occupational Therapy interventions that may include massage to increase functional capacity

- Lymphodema massage to reduce fluid and increase mobility
- Massage to reduce muscle tension.

2.Gaming Therapy Gaming therapy is different to Occupational Therapy interventions that may include targeted games to create learning opportunities and increase functional capacity

- lego
- dungeons and dragons
- video games
- loose parts play

- Virtual reality and augmented reality therapy – for interoceptive awareness, self regulation or for people who are fearful of going into shopping centres or other community access.
- Video games that have biofeedback tools that practice self regulation to power up the game.
- Games for social interactions and role play
- Drama
- Magic
- Gaming groups to teach how to interact safely on Discord and games.
- Use of gaming to transition towards integrating other occupations rather than forcing ‘cold turkey’

3,Somatic therapy: Somatic Therapy is different to Occupational Therapy interventions that may include sensory input to increase functional capacity and for other purposes such as building calming and regulation skills

Including:

- sensory modulation,
- dance movement therapy,
- yoga interventions,
- interventions improving interoception
- activity based Occupational Therapy interventions.

Neurofeedback

There is some evidence for the efficacy of neurofeedback as an adjunct intervention for PTSD - <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2024.1323485/full>

Not value for money/not effective or beneficial

Energy and Healing Practices related:

- Reiki (including intuitive reiki), Scalar Lounge, Frequency Healing and Energy balanced massage, Deep Energy Clearing, Spinal Flow Technique, Shamanic Healing

We support this position

Not value for money/not effective or beneficial

Beauty Services related:

- Hair therapy, hair and beauty services including nail salons

Carve outs that may be considered 'NDIS supports' for certain participants

- Therapeutic massage that is directly related to a participant's disability support needs

For people with disabilities it may be lower cost, safer and more accessible to be able to attend a hair dresser, beauty or nail salon rather than a support worker doing the same task.

Mainstream – Health

Description

- The diagnosis and clinical treatment of health conditions, including ongoing or chronic health conditions
- Diagnostic assessments and screening services.
- Time-limited, goal-oriented services and therapies:
 - where the predominant purpose is treatment directly related to the person's health status, or
 - provided after a recent medical or surgical event, with the aim of improving the person's functional status, including post-acute rehabilitation or post-acute care
- Any pharmaceutical
- Any equipment or assistive technology prescribed as a result of clinical care, treatment or management from a medical practitioner delivered in the context of clinical care.
- Acute, subacute, emergency and outpatient clinical services delivered through public or private hospitals.
- Prescription medicines, non-prescription medicines, biological medicines, vaccines, sunscreens, weight loss products, vitamins, sport and athletic supplements, homeopathic medicines, prescription glasses
- Nursing services (where related to treatment of a health event)
- Ambulance services or membership
- Health transport services
- Hospital in the home services
- Sleep consultant services.
- Health retreats
- New-born follow-up provided in the health system, including child and maternal health services
- Palliative care

Carve outs that may be considered 'NDIS supports' for certain participants

- Disability-related health supports where the supports are a regular part of the participant's daily life, and result from the participant's disability. This includes continence, dysphagia, respiratory, nutrition, diabetic management, epilepsy, podiatry and foot care, and wound and pressure care supports.
- Jointly with other parties, provision of specialist allied health, rehabilitation and other therapy, jointly with health services, to facilitate enhanced functioning and community re-integration of people with recently acquired severe conditions such as newly acquired spinal cord and severe acquired brain injury.
- Thickeners and nutritional supplements related to disability-related nutrition supports.

There are some therapies that are included in this section that could be inadvertently applied to other supports that we recommend are funded.

1. Pharmaceutical supports. It is useful for the person with disability and also support workers to be able to have medication packed into webster, roll or other supports.

2. Prescription glasses: Some people with disabilities have glasses prescribed for their disability eg light sensitivity epilepsy, visual processing or mobility issues, prism glasses.

3. Health transport services: People with disabilities require support to access GP and allied health appointments. Would this be inadvertently considered a health transport service?

4. Sleep consultant services; Sleep consultant services is different to Occupational Therapists discussing strategies to support sleep including:

- Positioning to be comfortable
- Reducing sound and light input to support sleep

5. Mainstream – Mental Health

Description

- Any pharmaceutical
- Treatment for drug and alcohol dependency, eating disorders, gambling and other addictions.
- Acute, subacute emergency and outpatient clinical services delivered through public and private hospital mental health services.
- Supports related to mental health that are clinical in nature, including acute, ambulatory and continuing care, rehabilitation
- Any residential care where the primary purpose is for inpatient treatment or clinical rehabilitation, or where the services model primarily employs clinical staff

Carve outs that may be considered 'NDIS supports' for certain participants

- Ongoing psychosocial recovery supports

The term rehabilitation needs to be carefully defined and considered, to prevent blocking access to disability-related capacity building that can be essential to support people to build skills, retain independent living and engage in the community. NDIS Supports are disability related supports, not rehabilitative, and for psychosocial disability must include:

Therapeutic support - access to disability-related capacity building delivered by qualified occupational therapists (See Therapeutic Support Section of this submission).

Access to assistive technology (See AT Section of this submission)

Access to positive behavior support (See PBS Section of this submission)

The combination of blocked access to the above three support categories will lead to poor outcomes and a high risk of more restrictive practice; as well as risk of mental health decline and reliance on acute and clinical response systems.

The full extent of disability impact for psychosocial must be recognised, and psychosocial recovery supports are not likely to fully address these, as described here:

“There are very significant and under-recognised complexities experienced by those who live with substantial psychosocial disability, that contribute to reduced lifespan of 20 years compared to the average Australian. For example, current research highlights the high rates of persistent disability experienced by the cohort identifying with an impairment of schizophrenia, which includes two-thirds with a cognitive impairment; 24% experience hearing impairment; 26-70% of people experiencing vision, or visual processing, difficulties with functional impact, impacting literacy and social engagement; motor skills and gait difficulties ; and a 2.5 fold increase in lifetime risk of developing early-onset dementia . An individual experiencing one or a combination of these issues will be inappropriately placed within a narrow range of psychosocial recovery supports, without prior recognition and accommodation of functional capacity; and addressing a range of disability support needs. It is critical to note a skilled professional workforce is required to make future support needs assessments so that the full functional impact of psychosocial disability can be understood and supports funded accordingly. We call for ongoing commitment to equitable access to the NDIS, and individualised supports, for people with substantial psychosocial

disability. [Extract adapted from, and references *available, here, no. 55* [Submissions – Parliament of Australia \(aph.gov.au\)](#)]

Mainstream – Child Protection and Family Support

Description

- Out of school hours care
- Vacation care, excluding respite.
- Travel and accommodation for parents with children in OOHC
- Guardianship services
- Family therapy
- Parenting programs
- Babysitting or nanny services, au pairs
- Dating or relationship services including VR/match makers/Apps
- Marriage and relationship counselling
- Statutory child protection services required by families who have entered, or are at risk of entering, the statutory child protection system
- General parenting programs, counselling or other supports for families, which are provided to families at risk of child protection intervention and to the broader community, including making them accessible and appropriate for families with disability
- Funding or providing out-of-home care or support to carers of children in out-of-home care where these supports are not additional to the needs of children of similar age in similar out-of-home care arrangements

Carve outs that may be considered ‘NDIS supports’ for certain participants

- Parenting programs specific to a disability need (could be considered under capacity building supports)

Parenting Programs:

Parent coaching in some capacity, whether within the child's therapy program or separately, is essential for any child with a disability, especially those with complex needs. The therapy programs delivered do not provide sufficient funding to include consistent, ongoing support for parents without an additional program or service included. Parents should be provided choice and control over where they wish to receive support as individuals and parents. These programs should not only be offered to parents of children at risk of being under child protection. All parents should be provided equal access to support.

6. Mainstream – Early Childhood Development

Description

- Childcare fees, including any fees associated with specialist or segregated childcare service models.
- Teaching aids or supports related to educational attainment
- Building modifications for early childhood educational and care settings.
- Meeting the early childhood education and care needs of a child

Carve outs that may be considered 'NDIS supports' for certain participants

N/A

Mainstream – Early Childhood Development:

Teaching aids or supports related to educational attainment- Some children require supports that are used in their home environment for regulation and communication that also increase their independence and participation in learning tasks within schools and as a result, these items should be considered with some clinical judgement in mind from the treating practitioner not completely removed.

Mainstream – School Education Description

- Out of school hours care
- School fees including any fees associated with specialist or segregated schooling models.
- School uniforms, shoes, lunchboxes, drink bottles or other school equipment unless a specially adapted item is required to address a participant's functional impairment.
- Personalised learning or supports for students that primarily relate to their educational attainment
- Aids and equipment for educational purposes (e.g. modified computer hardware, education software, braille textbooks)
- Aids and equipment which are fixed or non transportable in schools that enable a student access to education (e.g. hoists)
- Reasonable adjustment to campuses, including capital works (e.g. ramps, lifts, hearing loops)
- Services from a person employed at the participant's school or the relevant department of education for education purposes
- Textbooks and teaching aids (including alternative formats)
- Tutors, scribes
- Educational supports associated with home schooling
- School refusal programs
- School camp fees
- Transport between school activities

Carve outs that may be considered 'NDIS supports' for certain participants

- In-kind Personal Care in School and Specialist School Transport

"School refusal" and "school can't" are related but distinct concepts that require different approaches for effective intervention.

Understanding the difference is important for providing the right support to students.

School refusal has been specifically excluded in the list of NDIS supports. However "school can't" must be supported by the NDIS as it is a significant functional impairment occurring as a result of a disability, an impairment which can have lifelong consequences

School Refusal: This typically involves a psychological or emotional barrier where a child is physically capable of attending school but 'refuses' or does not want to go to school due to fear or other emotional issues. The refusal is often rooted in anxiety, social difficulties, other mental health challenges or family issues. The child may experience physical symptoms like headaches, fatigue or stomach aches due to the stress of attending school

School Can't : This term refers to situations where a student cannot attend school due to their disabilities. These may include physical, cognitive, psychological, sensory processing, emotional or

neurodevelopmental challenges and impairments. These disabilities or conditions, often presenting in combinations, may be exacerbated by co-occurring mental health challenges.

The student typically does want to go to school but the barriers arising from their disabilities or other conditions make sustained school attendance difficult or impossible without accommodations or therapeutic support.

I would like to see school/room rental fees for therapists included, QLD schools (both BCE and public school policies have changed) and are now charging therapists. Considering OT rates have not gone up in 5 years this has a big impact.

Inclusion of therapist in-service/programs to educate and support school would also improve outcomes

Personalised learning or support for students primarily relates to their educational attainment.

This would affect occupational therapists working on handwriting goals and executive functioning. Emotional regulation supports are in place to increase their independence and participation in performing learning-based tasks within their school environment. It would also affect the access to therapy for participants who are unable to access home and clinic-based services and are not eligible for government support.

Mainstream – Higher Education and Vocational Education and Training

Description

- School fees
- Any supports for students that primarily relate to their education and training attainment
- Building modifications to TAFEs and university campuses
- Services from a person employed at the participant’s higher education facility
- Learning assistance and aids
- Teaching assistance and aids
- Textbooks and teaching aids (including alternative formats)
- Transport between education or training activities
- General education to employment transition supports

Carve outs that may be considered ‘NDIS supports’ for certain participants

N/A

- Assistance to Access and Maintain Employment or Higher Education: This is very concerning as this area of support is the central area of support for participants from adolescence to adulthood in developing independence and contribution to the community. If this support is removed, rural-based and low socio-economic adults will reduce seeking employment and depend more on others for their lifespan. This is very concerning for my current teen clients, who will have no support to obtain employment when they move into adulthood.

Mainstream – Employment

Description

- Disability Employment Services
- Work-specific aids and equipment required to perform a job (including modified hardware and software)
- Reasonable adjustments to access a workplace
- Work-specific support related to:
 - recruitment processes,
 - work arrangements or the working environment, including workplace modifications, work-specific aids and equipment,
 - transport within work activities and
 - work-specific support required in order to comply with laws dealing with discrimination on the basis of disability
- Employment services and programs, including both disability-targeted and open employment services, to provide advice and support to:
 - people with disability to prepare for, find and maintain jobs
 - employers to encourage and assist them to hire and be inclusive of people with disability in the workplace (i.e. support, training and resources, funding assistance to assist employers make reasonable adjustments, and incentives for hiring people with disability, e.g. wage subsidies)

Carve outs that may be considered ‘NDIS supports’ for certain participants

N/A

Mainstream – Housing and Community Infrastructure

Description

- The provision of accommodation for people in need of housing assistance, including routine tenancy support
- Ensuring that appropriate and accessible housing is provided for people with disability, other than participants eligible for specialist disability accommodation (SDA)
- Ensuring that new publicly-funded housing stock, where the site allows, incorporates Liveable Housing Design features
- Homelessness-specific services including homelessness outreach and emergency accommodation.
- The improvement of community infrastructure, i.e. accessibility of the built and natural environment, where this is managed through other planning and regulatory systems and through building modifications and reasonable adjustment where required
- Postal services
- Housing subsidies (e.g. rental bonds, mortgage relief and assistance with buying a home)
- Crisis housing (excluding discharge from hospital, aged care)
- Mortgage payments.
- Rental payments
- Mobile homes, caravans, campervans, tents
- Purchase of land, or house and land packages
- Land taxes and levies
- Council rates and taxes

Carve outs that may be considered ‘NDIS supports’ for certain participants

- Medium term accommodation if you have a long-term home you will move into after MTA but you can't move into your long term home yet because your disability supports aren't ready and you can't stay in your current accommodation while you wait for your long term home.
- Delivery fees for NDIS supports (e.g. delivery of assistive technology)

Many people with psychosocial and invisible disabilities require significant support to maintain independent living in mainstream public housing and other non-NDIS funded housing systems. This must be recognised through the new NDIS Support Needs Assessment and funding provided accordingly, to prevent risk of homelessness and housing instability for NDIS participants.

Mainstream – Transport

Description

- Accessible public transport
- Public transport fares
- Concessions to facilitate use of public transport
- Airline lounge memberships
- Transport costs for pets and companion animals.
- Transport infrastructure, including road and footpath infrastructure
- Community transport services
- Modifications to public transport and taxis

Carve outs that may be considered 'NDIS supports' for certain participants

N/A

Mainstream – Justice

Description

- Supports in secure mental health facilities which are primarily treatment focused (clinical in nature)
- Supervision and monitoring of offenders
- The day-to-day care and support needs of a person in custody, including supervision, personal care and general supports
- Pre-sentence psychological and psychiatric reports
- Secure accommodation facilities where the purpose of this accommodation is to safeguard the community or prevent reoffending, including secure mental health facilities.

Carve outs that may be considered 'NDIS supports' for certain participants

N/A

Access to NDIS supports for participants and potential participants who have had contact with the justice system, are currently undergoing justice system processes, and who are at high risk of future contact with the justice system, must remain equitable under NDIS reforms. These groups of people with disabilities frequently require very tailored supports to effectively manage their needs, and frequently, to prevent further contact with the justice system. Their rights are valid and must be considered as part of Australia's obligations under UNCRPD. Occupational therapists with specialised skillsets to work with this group can assist in needs-identification and tailoring of NDIS plans, as well as provide the range of interventions outlined in this document. Transition to and from justice settings is a time when a high level of cross-system collaboration is required and this interface must be a priority for this group of people with disabilities.

Mainstream – Aged Care

Description

- Aged care services

Carve outs that may be considered ‘NDIS supports’ for certain participants

- Supports for an NDIS participant under the age of 65 who chooses to live in residential aged care and purchase support from an aged care provider

Unlawful goods and services

Description

- A support the provision of which would be contrary to:
 - a law of the Commonwealth
 - a law of the State or Territory in which the support would be provided.
- Assistive technology, vehicle modifications or home modifications that do not meet state and territory laws, the National Construction Code or relevant Australian standards
- Supports involving restrictive practices that are not authorised in the participant’s state or territory of residence
- Illicit drugs or other consumable products that are against the law
- Firearms and weapons
- Seclusion rooms

Carve outs that may be considered ‘NDIS supports’ for certain participants

N/A

MH Occupational Therapy NDIS Community of Practice response

It is important to note that some Assistive Technology will not be required to meet the laws and standards mentioned. This is different to not meeting the standards. Can this be clarified please?

Special interest in the impact of this on disability care seats that don't meet standard codes

Income replacement

Description

- Income support payments
- Rent subsidy
- Loan repayments or buy now pay later payments.
- Income protection insurance
- Fringe Benefits for staff or contractors
- Cryptocurrency, shares, investment products

Carve outs that may be considered 'NDIS supports' for certain participants

N/A

References

Other references are available on request . This submission has collated multiple evidence based practices in a short space of time. With notice, any of the information within this document can be backed up with articles.

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Appendix

25. Evidence

Public transport training

MH Occupational Therapy NDIS Community of Practice response

Occupational therapists (OTs) play a key role in increasing functional capacity for people with invisible disabilities to use public transport effectively. Their involvement includes a range of supportive, educational, and practical strategies tailored to the individual's specific needs. Here's how OTs contribute:

1. Assessment of Needs and Abilities

- **Functional Assessment:** OTs assess the individual's cognitive, emotional, and sensory abilities to determine how these factors might affect their ability to use public transport. This includes evaluating memory, attention, problem-solving skills, and the impact of sensory input.
- **Current Skills and Challenges:** They identify the individual's current level of comfort and skill with using public transport, as well as any specific challenges they face, such as anxiety, disorientation, executive challenges or difficulty with navigation.

2. Skill Development

- **Navigational Skills:** OTs teach skills related to navigating public transport systems, such as reading schedules, understanding routes, and using maps. This might include practical exercises and simulated experiences.
- **Safety Awareness:** They provide training on safety procedures, including how to stay safe while waiting for or riding on public transport, and what to do in case of an emergency.

3. Strategies

- **Increasing capacity:** OTs work with individuals to develop strategies for managing anxiety, trauma or the other factors reducing capacity to use public transport.
- OTs can provide strategies for managing sensory overload or disorientation, which can be particularly relevant in busy or unfamiliar transport environments.

4. Practical Training

- **Real-World Practice:** OTs often engage individuals in practical, real-world training sessions where they accompany them on public transport. This allows for hands-on practice and immediate feedback in a supportive setting.
- **Step-by-Step Instruction:** They break down the process of using public transport into manageable steps, from planning a trip to boarding, traveling, and disembarking.

5. Environmental Modifications and Supports

- **Travel Aids:** OTs may recommend and assist implement the use of travel aids or assistive technologies, such as GPS apps, travel apps, or noise-canceling headphones, to support the individual's journey.

- **Environmental Familiarization:** They assist in familiarizing the individual with the public transport environment, including stops, stations, and onboard procedures.

26. Specialist Supported Employment

Many people with invisible disabilities would benefit from specialized supported employment although we would recommend broadening the criteria to include small social enterprise and work from home models. In the context of specialized supported employment and Australian Disability Enterprises (ADEs), occupational therapists (OTs) have an important role in supporting individuals with disabilities can participate effectively and sustainably in the workforce. This includes:

1. Assessment and Evaluation

- **Functional Capacity Evaluation:** They assess the individual's functional capacity, including physical, cognitive, and emotional abilities, to determine how these factors might impact their job performance.
- **Job Matching:** OTs evaluate the suitability of different job roles and tasks within employment settings based on the individual's strengths and limitations.

2. Customized Employment Planning

- **Individualized Employment Plans:** OTs develop tailored employment plans that align with the individual's skills, interests, and career goals, considering any specific support needs or accommodations.
- **Skill Development:** They identify areas where additional training or skill development is needed and provide or arrange for appropriate training programs or workshops.

3. Workplace Adaptations and Modifications

- **Environmental Modifications:** OTs recommend and implement modifications to the work environment to enhance accessibility and comfort, such as modifying lighting, computer or window glare, choosing a work set up that is less noisy or has lower scents, adjusting workstation ergonomics, providing assistive technology, or altering physical layouts.
- **Task Modification:** They help adapt job tasks to match the individual's abilities, which may involve breaking tasks into smaller steps or using specialized tools and equipment.

4. Cognitive and Psychological Capacity Building

27. Cognitive Capacity Building:

For individuals with cognitive impairments, OTs utilise strategies to manage memory, organization, and problem-solving skills. Tools such as memory aids, planners, and reminders are often used to increase functional capacity at work.

- **Psychological Capacity Building:** OTs increase capacity to manage emotional and psychological challenges, such as paranoia, anxiety or depression, which may impact work functioning.

Daily life tasks in group or shared living

Occupational therapists (OTs) play a crucial role in assisting individuals with invisible disabilities with daily life tasks in group or shared living arrangements. This includes:

1. Assessment of Needs

- **Functional Assessment:** OTs conduct detailed assessments to understand how the disability affects daily functioning. This includes evaluating challenges with tasks such as cooking, cleaning, personal care, and managing finances.
- **Environmental Assessment:** They assess the shared living environment to identify potential barriers or areas for improvement that can impact the individual's ability to perform daily tasks.

2. Skill Development

- **Daily Living Skills:** OTs work with individuals to develop or enhance skills necessary for managing daily tasks, such as cooking, cleaning, and personal hygiene, in a shared living arrangement.
- **Strategies:** They teach strategies for managing symptoms and maintaining energy levels, which might include pacing techniques, energy conservation, and negotiating workload with others.

3. Environmental Modifications

- **Home Modifications:** OTs recommend modifications to the shared living environment to accommodate individual needs. This might include arranging accessible storage, adjusting lighting, or modifying kitchen setups to reduce physical strain or prevent fires through changes to ovens.
- **Assistive Devices:** They suggest and assist implement the use of assistive devices or adaptive equipment to facilitate daily tasks and improve independence.

4. Support with Routine and Organization

- **Routine Development:** OTs assist individuals in developing and maintaining routines that work with their energy levels and capabilities, ensuring that daily tasks are manageable.
- **Organizational Skills:** They offer strategies for organizing tasks and managing time effectively to assist individuals balance their responsibilities and personal needs.

Recommendations:

Assistance with daily life tasks in a group situation needs to apply to all classes of supports to ensure that all people with disabilities have access to the assistance that they need..

Include a line item for Occupational Therapy assessment and interventions to support increasing functional capacity in group home or shared living environment.

Overcoming literacy barriers

- Mental health occupational therapists play a crucial role in overcoming knowledge and literacy barriers with people living with psychosocial disability. These interventions aim to empower individuals with the knowledge and skills needed to manage participation barriers effectively, make informed decisions, and enhance overall well-being.
- Occupational therapists often use psychoeducational interventions in mental health settings. Recent systematic reviews have validated the efficacy of this approach (Steed, 2014).
- Models have been effectively implemented where OT's have provided intervention sessions focused on overcoming participation barriers, utilising 'activities approach' to assist people establish routines inclusive of work, rest and leisure whilst in hospital. Individuals who received this intervention had more significant improvements in health and were less likely to be readmitted to hospital (Chan et al. 2007).

- Mental Health OT's support participation, community engagement and wellbeing through personalized strategies.
- OT's have a knowledge of group processes and activity which enable structured and tailored learning opportunities (Eaton, 2002)
- Padilla (2008) propose that liberationist approaches are the best guide of how and why to use psychoeducation in the pursuit for delivering genuine OT. These approaches align with the principles of authentic OT by emphasising client autonomy, empowerment, and holistic wellbeing. The liberationist approach advocates for using psychoeducation as a mean to empower individuals to take control of their participation and general wellbeing.

Overcoming participation barriers due to habits, routines and daily structure

- Time use or occupational balance is an essential intervention in occupational therapy. It involves helping individuals manage and structure their daily routines to achieve a healthy balance between work, leisure, and self-care activities. This intervention aims to improve overall well-being, enhance participation, reduce stress, and promote a fulfilling life by ensuring individuals allocate their time and energy to activities that matter most to them. Occupational therapists work with clients to identify their priorities, set goals, and develop strategies for better time management and balanced daily routines. This intervention can be particularly beneficial for individuals with goals around effective habits, routines and daily structure.
- Mental Health OTs work with individuals to implement exploration of occupational activities, goal setting and strategies to reach their goals through daily activities and in turn, it has been found to promote self-esteem, and a better more balanced life (Eklund & Erlandson, 2011; Eklund 2017).
- Action over Inertia is a specific time use focused intervention designed to address restricted activity patterns. It has been shown to increase individuals occupational balance (Edgelow & Krupa, 2011). Clients who have undergone the intervention have reported increased time use awareness and improved feelings of wellbeing.

Supported housing

OT interventions that focus on skills development, including managing symptoms, self-care, cooking, and financial management, can have a significant positive impact on adults living with mental illness. Lifestyle modification interventions through OT can also help reduce mental health symptoms. Additionally, when OT is integrated into community living, such as in supported housing, it can aid individuals in achieving their goals and improving their life circumstances. Furthermore, promoting engagement in meaningful activities enhances the overall occupational performance of adults with mental illness. It's worth noting that regular OT interventions can be just as effective as more intensive ones (Kirsh et al., 2019)

An Occupational Therapist who is assessing the housing needs for someone with an invisible disability would take a comprehensive and holistic approach to understand how the individual's condition affects their daily life and housing needs. The assessment conducted by a mental health OT for someone with an invisible disability is thorough and multifaceted, focusing on the intersection of mental health, functional abilities, environmental needs, and personal preferences. The goal is to create a living situation that supports the individual's mental health and enhances their ability to live as independently and comfortably as possible

The assessment may include:

1. Functional Abilities and Challenges

- **Daily Living Skills:** Assess the individual's ability to perform activities of daily living (ADLs) such as cooking, cleaning, personal hygiene, and managing finances.
- **Safety Concerns:** Evaluate any safety concerns related to the individual's mental health symptoms, such as risk of self-harm or difficulty managing medication.
- **Cognitive and Perceptual Skills:** Assess cognitive functions like memory, attention, and executive functioning, which can impact the ability to live independently.

2. Environmental and Physical Needs

- **Housing Environment:** Examine the current living environment to identify whether it supports or hinders the individual's mental health. This includes assessing for features like accessibility, sensory features such as sounds, scents, or trauma triggers, safety, privacy, proximity to neighbours and suitability.
- **Adaptations:** Identify potential environmental modifications or assistive devices that could support the individual's needs (e.g., safe cooking appliances to prevent the gas being left on and resulting in a fire, blinds or other adaptations to increase privacy, acoustic adaptations to reduce sounds.).

4. Social and Community Integration

- **Social Support:** Assess the availability and adequacy of social support networks, including family, friends, and community services.
- **Community Resources:** Identify relevant community resources that might assist with housing needs, such as supportive housing programs or mental health services.

5. Personal Preferences and Goals

- **Individual Preferences:** Discuss the individual's preferences for their living situation, including desired location, type of housing (e.g., independent living, shared accommodation, or supported housing), and proximity to services.
- **Long-term Goals:** Consider the individual's long-term goals and aspirations for independent living and how the current housing situation aligns with these goals.

6. Legal and Financial Considerations

- **Financial Resources:** Evaluate the individual's financial situation to determine their ability to afford housing and any necessary adaptations or support services.
- **Legal Issues:** Address any legal considerations related to housing, such as tenancy rights or accommodations under disability laws.

7. Crisis and Emergency Planning

- **Emergency Preparedness:** Develop a plan for emergencies or crises, including contacts for emergency support and strategies for managing acute symptoms in a housing context.

Recommendations:

Include Accommodation/tenancy assistance in all classes of supports to ensure that all people with disabilities have access to the assistance that they need to obtain suitable housing.

Include a line item for Occupational Therapy assessment of housing needs, and implementation of recommendations.

Activity Based interventions detail

Occupational therapists (OTs) use activities based like LEGO, bush walking, and video games to build social interactions because these activities offer unique and effective ways to foster communication, collaboration, and relationship-building. This often increases engagement compared to having a group directly discuss social interactions, for people who prefer that style of learning or perhaps have had poor experiences with structured learning environments such as schools. These activity based groups have a therapeutic purpose, with Occupational Therapists designing the activities to meet particular needs, goals and to increase functional capacity. This is in contrast to a group of people just playing lego, bushwalking, which will also be beneficial but will not have the same therapeutic outcomes.

Activity based groups to facilitate social interactions and skill building: lego, bushwalking and video games.

Occupational therapists (OTs) use activities based like LEGO, bush walking, and video games to build social interactions because these activities offer unique and effective ways to foster communication, collaboration, and relationship-building. This often increases engagement compared to having a group directly discuss social interactions, for people who prefer that style of learning or perhaps have had poor experiences with structured learning environments such as schools. These activity based groups have a therapeutic purpose, with Occupational Therapists designing the activities to meet particular needs, goals and to increase functional capacity. This is in contrast to a group of people just playing lego, bushwalking, which will also be beneficial but will not have the same therapeutic outcomes.

Here's how each activity contributes to enhancing social interactions:

1. LEGO

1.1. Structured Collaboration:

- **Description:** LEGO activities often involve building projects that require participants to work together to achieve a common goal. This structured nature provides clear tasks and roles that facilitate collaboration.
- **Impact:** Working on a shared project helps individuals practice teamwork, negotiate roles, and communicate effectively, which are key aspects of social interaction.

1.2. Non-Threatening Environment:

- **Description:** The focus on the tangible task of building with LEGO can reduce social pressure and make interactions feel less intense.
- **Impact:** This creates a more relaxed setting where individuals might feel more comfortable engaging in conversations and building relationships.

1.3. Skill Development:

- **Description:** Building with LEGO involves planning, problem-solving, and creative thinking, which can enhance cognitive skills and social interactions.

- **Impact:** These skills translate into improved social interactions, as individuals learn to share ideas, provide feedback, and collaborate effectively.

2. Bush Walking

2.1. Shared Experience:

- **Description:** Bush walking is a group activity that involves exploring nature together. It provides a shared experience that can facilitate conversation and bonding.
- **Impact:** Engaging in a physical activity in a natural setting can create a relaxed atmosphere that encourages social interaction and helps individuals connect on a personal level.

2.2. Promoting Conversation:

- **Description:** The informal setting of a walk through nature often leads to natural and spontaneous conversations.
- **Impact:** This can help individuals practice and improve their conversational skills in a low-pressure environment, making social interactions feel more natural and less forced.

2.3. Encouraging Teamwork:

- **Description:** Group bush walks may involve tasks such as navigation or group decision-making about routes and stops.
- **Impact:** These activities promote teamwork and cooperation, which are essential for effective social interactions and building trust among group members.

3. Video Games

3.1. Interactive and Engaging:

- **Description:** Many video games are designed to be interactive and engaging, often involving multiplayer modes that require communication and collaboration.
- **Impact:** Playing video games together provides a shared activity that encourages social interaction, teamwork, and strategic thinking, which can enhance social skills.

3.2. Reducing Social Barriers:

- **Description:** Video games often create a virtual environment where individuals can interact in a less intimidating setting compared to face-to-face interactions.
- **Impact:** This can be particularly beneficial for individuals who may find in-person social situations challenging, as the virtual setting can help them practice social interactions in a more controlled environment.

3.3. Instant Feedback and Rewards:

- **Description:** Many video games provide immediate feedback and rewards for achievements and progress.
- **Impact:** This feedback can build confidence and provide motivation, encouraging individuals to engage more fully in social interactions and collaborative activities.

Overall Benefits of Using These Activities

****1. Encouraging Engagement and Participation:**

- Each of these activities is designed to be engaging and enjoyable, which can increase motivation and participation in social interactions.

****2. Creating Opportunities for Practice:**

- These activities provide natural and meaningful contexts for practicing social interactions such as communication, teamwork, and problem-solving.

****3. Building Relationships:**

- By participating in enjoyable activities together, individuals have the opportunity to form and strengthen relationships, which can lead to improved social connections and support networks.

****4. Reducing Social Anxiety:**

- Engaging in structured or enjoyable activities can help reduce social anxiety and make social interactions feel less daunting.

By incorporating LEGO, bush walking, and video games into their practice, OTs leverage the inherent social and interactive aspects of these activities to help individuals develop and enhance their social skills in a supportive and enjoyable manner.

Activity based groups to facilitate social interactions and skill building:

Gardening groups

1. Improved Mental Health: Research has consistently shown that exposure to sensory gardens can have a positive impact on the mental health of individuals with psychosocial disabilities. Studies by Mitchell et al. (2015) and Lohr et al. (2014) found that participants reported reduced levels of anxiety, depression, and stress after spending time in a sensory garden.

2. Enhanced Social Interaction: Sensory gardens can be effective in promoting social interaction among people with psychosocial disabilities. A study by Zanon et al. (2021) found that the sensory garden environment helped participants feel more comfortable and open, facilitating communication and social interaction.

3. Stress Reduction: Exposure to sensory gardens has been linked to reduced stress levels in individuals with psychosocial disabilities. Gonzalez et al. (2011) and Akbar et al. (2018) found that spending time in a sensory garden led to decreased physiological markers of stress, such as reduced cortisol levels.

4. Sensory Regulation: For many neurodivergent individuals, the sensory-rich environment of a garden can help with sensory regulation. The ability to interact with different textures, sights, sounds, and smells can provide a calming and grounding experience, helping to reduce sensory overstimulation and promote a sense of calm.

5. Cognitive Stimulation: Engaging in gardening activities, such as planting, watering, and observing plant growth, can stimulate cognitive processes like problem-solving, memory, and attention.

6. Skill Development: Participation in sensory gardening groups can foster the development of practical skills, such as planning, organisation, and task completion. These skills can be transferred to other areas of life, promoting independence and self-confidence.

7. Mindfulness and Relaxation: The peaceful, nature-based environment of a sensory garden can encourage mindfulness and relaxation, which can be particularly beneficial for individuals who may experience high levels of stress or anxiety.

Activity based groups to facilitate social interactions and skill building: cooking

Occupational Therapy (OT) groups for adolescents often incorporate activities like cooking and art to support the development of essential life skills, enhance social interaction, and foster emotional expression.

Many person-centred and custom-designed OT groups for adolescents can also be used as preparation for re entry into school environments for those who have been unable to participate in schooling and have been experiencing school 'can't'

****Cooking**** in OT groups serves multiple purposes. It helps adolescents develop fine motor skills through tasks like chopping, mixing, and measuring. Cooking also reinforces executive functioning skills such as planning, following sequential steps, time management, and problem-solving. In a group setting, cooking encourages teamwork and communication as participants collaborate to prepare a meal. Additionally, it promotes independence by teaching practical life skills that are essential for daily living.

The activity of eating a meal together after you have cooked it together is a natural and often enjoyable social environment to develop social, communication and relational skills and confidence. OTs are skilled at facilitating this.

****Art activities**** in OT groups are used as a medium for individual self-expression and emotional exploration. Adolescents may engage in self-directed creative tasks, allowing them to process and communicate feelings that might be difficult to verbalize. Therapy using art, especially in groups can improve self-esteem and confidence, can provide a sense of accomplishment, as well as enhance cognitive functions like attention, memory, and spatial awareness. Working on art projects in a group also fosters social skills, as participants often share materials, ideas, and feedback, thereby learning to collaborate and respect different perspectives.

These types of OT groups provide a holistic approach to therapy, addressing both the physical, social and emotional needs of adolescents and can simultaneously promote essential skills for their development into adulthood.

Activity based groups to facilitate social interactions and skill building: art and creativity

- Incorporating creative occupations into OT interventions can promote emotional, psychological and social wellbeing, whilst contributing to the recovery and participation for individuals with psychosocial disability.
- Creative occupations inclusive of individual and group artistic and recreational activities are beneficial for clients with psychosocial disability.

- Kirsh et al. (2019) summaries several studies that demonstrate effectiveness of creative occupations (such as art, clay, modelling, gardening cooking) on participation, quality of life, social engagement, positive self affirmation, capacity development, occupational engagement and improved physical and mental health (Eklund, 1999; Dam, Fryzberg and Kirsh (2008).
- In various studies, creative and activity-based interventions in occupational therapy have shown positive effects for adults with psychosocial disability, such as improved social interaction, interpersonal functioning, occupational performance, and well-being.

A developing theory suggests that creative activities serve as a valuable means for individuals to make choices and become engaged. These activities can lead to various levels of engagement. Engaging in creative pursuits facilitates the development of skills and boosts self-confidence. Such engagement can also help individuals structure their time with meaningful occupations, offering a sense of purpose and restoring the equilibrium between work and leisure. Creative activity groups provide opportunities for building friendships, receiving affirmation, and receiving support (Griffiths, 2009).

Activity based groups to facilitate social interactions and skill building: creative writing

Creative writing can be a powerful tool for occupational therapists (OTs) to enhance functional capacity in individuals with invisible disabilities. By integrating creative writing into capacity building interventions, OTs can support various aspects of functional development, including communication skills, emotional expression, social interaction, and cognitive abilities. Occupational therapists use creative writing to increase functional capacity in people with invisible disabilities in the following ways:

1. Enhancing Communication Skills

1.1. Improving Written Expression:

- **Approach:** Creative writing exercises, such as storytelling, journaling, or poetry, provide opportunities for individuals to practice and improve their written expression. OTs might use prompts or structured activities to guide the writing process.
- **Impact:** Enhancing written expression assists individuals articulate their thoughts and ideas more clearly, improving their overall communication skills.

1.2. Expanding Vocabulary and Grammar:

- **Approach:** Through creative writing, individuals are exposed to new vocabulary and grammatical structures. OTs can incorporate activities that focus on using diverse language elements and constructing complex sentences.
- **Impact:** Expanding vocabulary and understanding grammar rules supports more effective communication and writing proficiency.

2. Fostering Emotional Expression and Regulation

2.1. Providing an Outlet for Emotions:

- **Approach:** Creative writing allows individuals to express their emotions and experiences in a safe and structured way. Journals, letters, or fictional narratives can be used to explore and articulate feelings.

- **Impact:** This process helps individuals with autism understand and regulate their emotions, leading to improved emotional well-being.

2.2. Developing Coping Strategies:

- **Approach:** Writing about personal challenges or creating fictional scenarios that mirror real-life situations can help individuals explore coping strategies and problem-solving skills.
- **Impact:** Developing and practicing coping strategies through writing can enhance emotional resilience and self-management.

3. Enhancing Social Interaction

3.1. Facilitating Social Stories:

- **Approach:** Use creative writing to develop social stories that illustrate social behaviors and scenarios. These stories can help individuals understand and practice social interactions.
- **Impact:** Social stories support better understanding of situations which can build confidence.

3.2. Encouraging Collaborative Writing:

- **Approach:** Engage individuals in collaborative writing projects, such as co-authoring a story or participating in a writing group. This fosters teamwork and communication with peers.
- **Impact:** Collaborative writing experiences encourage positive social interactions.

4. Supporting Cognitive Development

4.1. Enhancing Creativity and Imagination:

- **Approach:** Creative writing exercises stimulate imagination and creative thinking. OTs can provide prompts that encourage individuals to invent characters, plotlines, or settings.
- **Impact:** Enhancing creativity and imagination supports cognitive flexibility and problem-solving skills.

4.2. Developing Organizational Skills:

- **Approach:** Creative writing requires organizing thoughts and structuring narratives. OTs can guide individuals in outlining stories, sequencing events, and developing coherent plots.
- **Impact:** Developing organizational skills through writing contributes to improved planning, sequencing, and overall cognitive functioning.

5. Building Self-Esteem and Confidence

5.1. Celebrating Achievements:

- **Approach:** Encourage individuals to share their creative writing with others and celebrate their accomplishments. Positive feedback and recognition can increase confidence.
- **Impact:** Increased confidence enhance motivation and willingness to engage in various activities.

5.2. Setting and Achieving Goals:

- **Approach:** Set achievable writing goals, such as completing a short story or poem, and support individuals in reaching these goals. Track progress and provide encouragement.
- **Impact:** Achieving writing goals fosters a sense of accomplishment and reinforces the individual's capabilities.

6. Promoting Daily Living Skills

6.1. Using Writing for Daily Tasks:

- **Approach:** Incorporate creative writing into practical tasks, such as writing shopping lists, meal plans, or personal schedules. This assists individuals practice organizing and planning.
- **Impact:** Applying writing skills to daily living tasks enhances functional independence and organizational abilities.

6.2. Documenting and Reflecting on Daily Activities:

- **Approach:** Encourage individuals to keep a daily journal to document their activities, experiences, and reflections. This practice supports self-awareness and time management.
- **Impact:** Reflecting on daily activities assists individuals to develop better self-management and planning skills.

7. Encouraging Engagement and Motivation

7.1. Tailoring Writing Activities to Interests:

- **Approach:** Use creative writing prompts and projects that align with the individual's interests and passions. This increases engagement and motivation.
- **Impact:** Focusing on personal interests enhances enjoyment and commitment to the writing process.

7.2. Incorporating Technology and Multimedia:

- **Approach:** Utilize technology, such as digital storytelling tools or writing apps, to make creative writing more engaging and accessible.
- **Impact:** Incorporating technology can enhance motivation and provide alternative ways to practice writing skills.

By using creative writing as a therapeutic tool, occupational therapists can support individuals with invisible disabilities in developing essential functional skills, enhancing communication, emotional regulation, social interaction, cognitive abilities, and daily living skills. This approach fosters personal growth and functional independence, contributing to improved overall well-being.

Animal Assisted Therapy

Mental health occupational therapists (OTs) use animal-assisted therapy (AAT) with individuals with invisible disabilities to leverage the benefits of interacting with animals to enhance therapeutic outcomes. AAT can be particularly effective for people with autism due to its ability to address various challenges associated with the condition, such as social communication differences, sensory processing differences,

and emotional regulation. Here's how mental health OTs use AAT with individuals with Invisible Disabilities:

1. Enhancing Social Interaction

1.1. Building Social Interactions:

- **Approach:** Animals can serve as social facilitators, providing a common focus that can help individuals with autism engage in social interactions. For instance, taking care of a dog together can encourage conversations and interactions between the individual and the therapist or others.
- **Impact:** This can help improve confidence in social communications, increase comfort in social settings, and foster a sense of connection with others.

1.2. Reducing Social Anxiety:

- **Approach:** Animals can provide a calming presence, reducing anxiety during social interactions. This makes it easier for individuals with autism to engage in social activities and practice social skills in a more relaxed environment.
- **Impact:** Reducing social anxiety can lead to greater willingness to participate in social interactions and build relationships.

2. Supporting Emotional Regulation

2.1. Providing Comfort and Companionship:

- **Approach:** The presence of an animal can provide emotional support and a sense of companionship. Animals often offer unconditional acceptance and comfort, which can be particularly beneficial for individuals who struggle with emotional regulation.
- **Impact:** This emotional support can help individuals manage stress, anxiety, and emotional fluctuations more effectively.

2.2. Promoting Calmness:

- **Approach:** Interacting with animals, such as petting a dog or grooming a horse, can have soothing effects on the nervous system. This can help individuals with autism self-regulate and achieve a state of calm.
- **Impact:** Enhanced emotional regulation can lead to improved coping strategies and overall well-being.

3. Improving Sensory Processing

3.1. Engaging Multiple Senses:

- **Approach:** Animals provide a range of sensory experiences, including touch, sound, and movement. For example, the texture of an animal's fur, the sound of its breathing, and the act of feeding or grooming can engage and stimulate different sensory systems.
- **Impact:** These sensory experiences can help individuals with autism become more attuned to their sensory preferences and sensitivities, and develop understanding of their unique sensory processing differences.

3.2. Offering Sensory Modulation:

- **Approach:** Activities involving animals can be tailored to meet sensory needs, such as providing calming or stimulating experiences depending on the individual's sensory profile.
- **Impact:** Tailored sensory experiences can help individuals to understand and manage sensory sensitivities and improve their ability to cope with sensory challenges.

4. Facilitating Motor Skills Development

4.1. Encouraging Physical Activity:

- **Approach:** Activities like walking a dog or interacting with a therapy animal can encourage physical activity and motor skill development.
- **Impact:** Improved motor skills, coordination, and physical health can contribute to better overall functioning and engagement in daily activities.

4.2. Enhancing Fine and Gross Motor Skills:

- **Approach:** Tasks such as grooming, feeding, or training animals can help develop fine motor skills, while activities like playing fetch or guiding a horse can enhance gross motor skills.
- **Impact:** Developing these motor skills can improve the individual's ability to perform daily tasks and engage in various activities.

5. Building Independence and Responsibility

5.1. Encouraging Self-Care and Responsibility:

- **Approach:** Caring for an animal involves tasks such as feeding, grooming, and providing medical care. These tasks can help individuals with autism build a sense of responsibility and independence.
- **Impact:** Taking on these responsibilities can foster self-esteem, confidence, and life skills.

5.2. Establishing Routine and Structure:

- **Approach:** Caring for an animal requires regular routines and structured tasks. Integrating these routines into therapy can help individuals with autism develop better organizational skills and daily routines.
- **Impact:** Improved organization and routine can contribute to greater independence and overall functioning.

6. Creating Positive Experiences

6.1. Promoting Enjoyable and Positive Interactions:

- **Approach:** The presence of animals can create positive and enjoyable experiences, which can enhance motivation and engagement in therapy.

Impact: Positive experiences can increase the individual's willingness to participate in therapy and improve their overall attitude towards social interactions and daily activities.

In summary, mental health occupational therapists use animal-assisted therapy with individuals with invisible disabilities to address a range of therapeutic goals, including enhancing social interactions, supporting emotional regulation, improving sensory processing, facilitating motor skills development, building independence, and creating positive experiences. By incorporating animals into therapy, OTs

provide a unique and effective approach to support the diverse needs of individuals with invisible disabilities.

Yoga is increasingly recognized as a valuable tool in capacity building for mental health within occupational therapy. Occupational therapists (OTs) use yoga to enhance various aspects of mental health and well-being by integrating its principles and practices into therapeutic interventions. Here's how yoga is used as part of capacity building in mental health by OTs:

Nature-based Interventions

Occupational therapists (OTs) use nature-based interventions to improve functional capacity in people with invisible disabilities by leveraging the natural environment to support various aspects of development. Nature provides a rich, sensory, and stimulating backdrop that can enhance physical, emotional, social, and cognitive skills. This includes

1. Enhancing Sensory Processing

1.1. Providing Sensory Stimulation:

- **Approach:** Utilize natural environments to expose individuals to a range of sensory experiences, including textures, sounds, smells, and visual stimuli. Activities might include walking on different surfaces (grass, sand, rocks), listening to natural sounds (birds, water), and interacting with natural objects (leaves, flowers).

1.2. Offering Calming Environments:

- **Approach:** Use quiet, natural settings to create calming experiences that help individuals manage sensory overload and anxiety. Nature can provide a soothing and restorative environment.
- **Impact:** Promotes relaxation and reduces stress, contributing to better emotional regulation.

2. Improving Motor Skills

2.1. Developing Gross Motor Skills:

- **Approach:** Engage individuals in outdoor activities that promote gross motor development, such as hiking, climbing, jumping, or playing with large equipment. Activities like nature trails or obstacle courses can be tailored to build strength, coordination, and balance.
- **Impact:** Enhances physical fitness, coordination, and overall gross motor skills.

2.2. Enhancing Fine Motor Skills:

- **Approach:** Use nature-based tasks that involve manipulating natural objects, such as collecting and sorting leaves, arranging stones, or using tools for gardening. These activities support fine motor control and hand-eye coordination.
- **Impact:** Strengthens fine motor skills, aiding in tasks such as writing, self-care, and everyday manipulation.

3. Supporting Cognitive Development

3.1. Encouraging Exploration and Curiosity:

- **Approach:** Foster curiosity and cognitive development through nature exploration activities, such as identifying plants and animals, navigating trails, or solving nature-based challenges. Provide opportunities for hands-on learning and discovery.
- **Impact:** Enhances problem-solving skills, cognitive flexibility, and attention to detail.

3.2. Developing Planning and Organization:

- **Approach:** Involve individuals in planning nature-based projects or activities, such as creating a garden, building a birdhouse, or organizing a nature scavenger hunt. This encourages goal-setting, planning, and organizational skills.
- **Impact:** Supports executive function skills and improves the ability to plan and execute tasks.

4. Fostering Social Interaction

4.1. Promoting Cooperative Play:

- **Approach:** Facilitate group activities in natural settings that encourage teamwork and social interaction, such as group games, collaborative nature projects, or team-based challenges.
- **Impact:** Enhances social skills, communication, and cooperation with peers.

4.2. Providing Social Opportunities:

- **Approach:** Use nature-based settings to create relaxed and informal social opportunities, such as picnics, nature walks, or outdoor events. This can reduce social pressure and encourage natural interactions.
- **Impact:** Provides a less structured environment for practicing social skills and building relationships.

6. Encouraging Independence and Self-Efficacy

6.1. Promoting Self-Care Skills:

- **Approach:** Integrate nature-based self-care activities, such as gardening or outdoor cooking, to teach and practice self-care skills in a functional and enjoyable way.
- **Impact:** Encourages independence in self-care and daily living skills.

6.2. Supporting Goal Achievement:

- **Approach:** Set achievable goals related to nature-based activities, such as completing a nature project or reaching a hiking destination. Provide support and celebrate achievements.
- **Impact:** Builds self-efficacy and motivation by demonstrating the ability to set and achieve goals.

7. Improving Daily Living Skills

7.1. Enhancing Routine Activities:

- **Approach:** Use nature-based routines to practice daily living skills, such as organizing a nature outing, packing for a trip, or preparing a meal with natural ingredients.
- **Impact:** Supports the development of organizational and planning skills for everyday life.

7.2. Increasing Functional Participation:

- **Approach:** Engage individuals in nature-based activities that are meaningful and relevant to their interests, such as nature photography, bird watching, or hiking, to increase participation in enjoyable and functional activities.
- **Impact:** Enhances engagement and motivation, contributing to overall functional capacity.

Occupational Therapists using dance to increase functional capacity

Mental health occupational therapists use dance as a tool for individuals with invisible disabilities in several ways, leveraging its potential benefits for increasing functional capacity. This includes:

1. Enhancing Communication Skills

- **Non-Verbal Expression:** Dance provides an alternative mode of communication for individuals who may have difficulty with verbal expression. Through dance, individuals can express emotions and ideas in a non-verbal, creative way, helping to bridge communication gaps.
- **Structured Interaction:** Dance routines and exercises can be structured to encourage turn-taking, following instructions, and interacting with others, fostering improved social communication skills.

2. Improving Motor Skills

- **Gross and Fine Motor Coordination:** Dance activities involve various movements that can enhance both gross and fine motor skills. Movements like jumping, spinning, and balancing help improve coordination, strength, and body awareness.
- **Motor Planning and Sequencing:** Dance routines require planning and sequencing of movements, which can support the development of motor planning skills and cognitive processes related to organizing actions.

3. Promoting Social Interaction and Integration

- **Group Dynamics:** Dance can be used in group settings to encourage social interaction and cooperation. Participation in group dance activities helps individuals with autism develop social skills such as sharing space, following group rhythms, and working collaboratively.
- **Social Engagement:** Engaging in dance activities can reduce social isolation by providing a shared activity that promotes interaction and connection with peers.

4. Tailoring Dance Activities to Individual Needs

- **Customized Interventions:** Occupational therapists tailor dance activities to the specific needs and preferences of each individual. This customization ensures that dance therapy is engaging and effective, addressing each person's unique challenges and goals.
- **Flexible Approaches:** Therapists adapt dance activities to accommodate varying levels of ability and sensory preferences, ensuring that the intervention is accessible and enjoyable for each participant.

Building functional capacity through Yoga and Occupational Therapy

Occupational Therapists use yoga as part of capacity building with people with invisible disabilities to enhance emotional regulation, improve cognitive function, build resilience, facilitate social interaction,

support personal development, and integrate with other therapeutic approaches. Yoga's benefits make it a valuable tool for promoting overall mental well-being and capacity.

1. Enhancing Emotional Regulation

1.1. Promoting Self-Awareness:

- **Approach:** Yoga encourages mindfulness and self-awareness through breath control and body awareness. Practices such as meditation and mindful breathing help individuals become more attuned to their emotional states.
- **Impact:** Increased self-awareness can improve the ability to recognize and manage emotions, leading to better emotional regulation and resilience.

1.2. Managing Stress and Anxiety:

- **Approach:** Yoga techniques, including deep breathing, progressive relaxation, and gentle movements, help activate the parasympathetic nervous system, reducing stress and anxiety.
- **Impact:** Regular yoga practice can lower stress levels, enhance relaxation, and promote a sense of calm, which is beneficial for managing anxiety and related symptoms.

2. Improving Cognitive Function

2.1. Enhancing Focus and Concentration:

- **Approach:** Yoga practices such as focused breathing and mindful movement require concentration and attention, which can improve cognitive functioning and mental clarity.
- **Impact:** Improved focus and concentration support better cognitive processing, decision-making, and problem-solving skills.

2.2. Supporting Memory and Learning:

- **Approach:** The mindfulness aspects of yoga can aid in improving memory and learning by reducing mental clutter and increasing mental clarity.
- **Impact:** Enhanced memory and learning abilities can contribute to greater overall cognitive functioning and capacity.

3. Building Physical and Mental Resilience

3.1. Strengthening Physical Health:

- **Approach:** Yoga involves physical postures that build strength, flexibility, and balance. Improved physical health supports overall mental well-being.
- **Impact:** Physical resilience gained through yoga can enhance one's ability to cope with stress and engage in daily activities more effectively.

3.2. Enhancing Mental Resilience:

- **Approach:** The practice of yoga fosters mental resilience by encouraging individuals to face and overcome physical and mental challenges during sessions.
- **Impact:** Increased mental resilience can lead to improved coping strategies and a greater ability to manage life's challenges.

4. Facilitating Social Interaction

4.1. Promoting Group Cohesion:

- **Approach:** Group yoga classes create opportunities for social interaction in a supportive and non-judgmental environment. Participants can connect with others who share similar goals.
- **Impact:** Positive social interactions within the yoga group can enhance social interactions, reduce feelings of isolation, and build a sense of community.

4.2. Encouraging Communication:

- **Approach:** Engaging in yoga in a group setting encourages communication and shared experiences, which can enhance interpersonal skills.
- **Impact:** Improved communication skills contribute to better relationships and social functioning.

5. Supporting Personal Development

5.1. Fostering Self-Esteem and Confidence:

- **Approach:** Yoga practice can help individuals achieve personal goals, improve body image, and build self-confidence through mastering new skills and postures.
- **Impact:** Enhanced self-esteem and confidence support overall mental well-being and personal growth.

5.2. Encouraging Self-Care:

- **Approach:** Incorporating yoga into daily routines promotes self-care practices and encourages individuals to prioritize their mental and physical health.
- **Impact:** Regular self-care through yoga can lead to improved self-management and overall well-being.

6. Integrating Yoga into Occupational Therapy

6.1. Customizing Interventions:

- **Approach:** OTs tailor yoga practices to meet the individual needs and goals of clients, incorporating specific techniques that address their unique challenges.
- **Impact:** Personalized yoga interventions enhance effectiveness and relevance, supporting the client's capacity-building efforts.

6.2. Combining with Other Therapies:

- **Approach:** Yoga is often integrated with other therapeutic modalities used in occupational therapy, such as cognitive-behavioral techniques, sensory modulation, or life skills training.
- **Impact:** Combining yoga with other therapies creates a holistic approach that addresses multiple aspects of mental health and capacity building. This is a unique approach that is different to the role of a person who is a Yoga Teacher but not also an Occupational Therapist.

7. Monitoring and Evaluating Progress

7.1. Tracking Outcomes:

- **Approach:** OTs monitor the impact of yoga on clients' mental health and functional outcomes, using assessments and feedback to evaluate progress.
- **Impact:** Regular monitoring helps adjust interventions as needed and ensures that the yoga practice effectively supports the client's capacity-building goals.

Navigating and planning for Life Stages

Occupational therapists (OTs) play a vital role in assisting individuals navigate life stages, transitions, and supports, particularly when these changes impact their daily functioning and well-being. Here's how OTs contribute to this process:

1. Assessment and Planning

- **Comprehensive Assessment:** OTs conduct comprehensive assessments to understand the individual's physical, emotional, and cognitive needs. This includes evaluating how changes in life stages or transitions (e.g., aging, disability onset, returning to work) affect daily functioning.
- **Goal Setting:** They work with individuals to set realistic and meaningful goals based on their needs and aspirations. This might involve goals related to self-care, productivity, and leisure activities.

3. Skill Development and Training

- **Skill Building:** They provide training to individuals in new skills or adaptive strategies needed for managing transitions. This might include training in using assistive devices, developing organizational skills, or learning new coping strategies.
- **Caregiver Support:** OTs also offer support and training for caregivers, assisting them understand how to assist effectively and manage their own well-being.

5. Environmental Modifications

- **Home and Workplace Modifications:** OTs recommend and implement modifications to the home or workplace environment to accommodate changes in the individual's abilities and support their independence and safety.
- **Adaptive Equipment:** They identify and recommend appropriate adaptive equipment and assistive technologies to enhance daily functioning and participation.

Recommendations:

Include Assistance In managing transitions in all classes of supports to ensure that all people with disabilities have access to the assistance that they need at times of transition.

Include a line item for Occupational Therapy assessment and interventions to support increasing functional capacity and skill development.

Executive Function

Occupational therapists (OTs) are uniquely positioned to support individuals with executive function deficits because they are experts in measuring functional cognition, which involves observing how people use their thinking and processing skills to complete daily tasks. OTs possess a comprehensive understanding of the interconnectedness of cognition, daily activities, and the environment, enabling them to develop effective and personalised therapeutic intervention plans.

OTs can support executive function through various intervention approaches including but not limited to:

- 1) **Assessment:** OTs use standardised tests, clinical observations, and interviews to identify specific executive function strengths and weaknesses. They observe clients in their natural environments (home, school, work, community) to understand how executive function impairments impact their daily activities. This emphasis on real-world functioning allows OTs to create interventions that are directly relevant to the client's life.
- 2) **Compensatory Approaches:** Recognising that some executive function deficits may not be fully remediated, OTs equip clients with strategies and tools to navigate executive function and cognitive challenges. This could involve teaching a client to use a planner, break down tasks, utilising visual cues, using an automatic medication dispenser for increased safety when taking medications, reminders, placing visual aids in the environment as prompts. This is a form of adaptive occupation with an emphasis on training in new, alternative or compensatory methods of 'doing.' These strategies empower individuals to participate more independently in their daily lives which is a core element of occupational therapy intervention.
- 3) **Acquisitional Approaches:** OT use this approach to engage people in meaningful activities within the natural context of occupational performance to directly facilitate the acquisition of skilled, goal directed actions of occupational performance -occupational skills training (for example engaging in a cooking group to further develop cooking skills, speaking steps out loud to maintain attention during task profession, developing a daily routine). It is a focus on capacity building and skill development by directly engaging individuals in purposeful, context specific activities allowing them to practice and refine targeted skills through hands on experience and learning.
- 4) **Metacognitive Approaches:** OTs guide clients in developing self-awareness and self-regulation skills. Clients learn to reflect on their thinking, identify potential obstacles, and adjust their approach as needed. This can involve observation and classification of errors during meaningful occupations This focus helps individuals generalise learned strategies to various situations.
- 5) **Environmental Adaptations:** OTs analyse and modify the environment to support clients with executive function deficits. Examples include creating organised workspaces, using visual schedules, incorporating auditory cues for transitions, colour coded storage systems, textured flooring for improved spatial awareness, adjustable lighting for people with visual impairments or sensitivities. By optimising the environment, OTs aim to reduce cognitive overload and promote successful participation and meaningful engagement in activities they value.

Occupational Therapists specific role in executive function intervention includes:

- 1) **Understanding the ICF Model:** The International Classification of Functioning (ICF) provides a framework for understanding the interplay of body function, activity, and participation. Applying the ICF within OT practice, particularly for individuals with psychosocial disabilities, requires consideration of the complex layers of disability experienced by this population, emphasising the persistence of challenges beyond acute episodes. For example, an individual with psychosocial disability may face multiple, intertwined issues that impact their daily functioning, such as cognitive impairments, social anxiety, and difficulty maintaining employment.
- 2) **Addressing the "Scope of the Problem":** Executive dysfunction can stem from a wide range of diagnoses, that OTs work with every day, making it essential for OTs to have a broad understanding of these conditions and their potential impact on executive function (ie: psychiatric disabilities, multiple sclerosis, autism, spinal cord injury).
- 3) **Utilising Ecologically Valid Assessments:** OTs recognise the limitations of traditional neuropsychological assessments (short in nature, clearly defined outcomes and fail to capture the complexities of real-world functioning). Activity analysis or observing a client's performance in tasks like managing medications, cooking, or engaging in social interactions can provide valuable

insights into their functional cognition and is more able to ascertain the demands placed on the individual from an executive function point of view when performing these desired life tasks.

- 4) **Considering Client Goals and Values:** Client-centred care sits at the heart of OT practice, prioritising the individual's goals, values, and preferences. Collaboration among the client, their family, and healthcare professionals ensures the development of personalised intervention plans. This collaborative approach is important for addressing the unique challenges faced by individuals with executive function deficits, particularly within the context of psychosocial disabilities. Open communication and shared decision-making empowers clients and supports their active role in the therapeutic process.
- 5) **Promoting Independence and Participation:** The goal of OT intervention for executive function is to empower individuals to participate more fully in their desired occupations and enhance their overall quality of life. This can be achieved through a range of interventions that target specific cognitive skills, provide strategies and tools to compensate for challenges, foster self-awareness and self-regulation and modify the environment to support functioning.

Addressing the Lack of Evidence Around Cognitive Remediation:

Some issues with cognitive remediation are that it has limited effectiveness in improving participants' ability to manage daily life and generalising learned skills to real-world situations. Cognitive remediation therapy may not address underlying conditions contributing to cognitive impairment, such as dementia, brain injury, and sensory processing issues. For example, providing cognitive remediation therapy to individuals with undiagnosed dementia or sensory processing disorders will likely be ineffective without addressing these underlying needs. In 2023 a NDIA evidence snapshot reviewed 16 cognitive remediation studies and stated "results were mixed and not statistically significant, meaning we still do not know whether we should expect meaningful improvements on functional capacity and recovery. Finally, compensatory cognitive training...may be effective as well." More research is needed in this area before it can be used as a therapeutic intervention.

Case Study Example of OT intervention for Executive Function

This is an example of how an occupational therapist (OT) can support a person planning and executing a weekend trip:

1. **Attentional Control:**
OT intervention: Teach mindfulness techniques and provide strategies for minimising distractions, such as creating a dedicated planning space or using noise-cancelling headphones.
2. **Inhibitory Control:**
OT intervention: Develop decision-making frameworks and practice impulse control exercises, like creating a pros and cons list before making bookings.
3. **Working Memory:**
OT intervention: Introduce memory aids such as digital organisers or custom checklists and teach strategies for chunking information into manageable parts.
4. **Cognitive Flexibility:**
OT intervention: Use role-playing exercises to practice adapting to unexpected scenarios and teach problem-solving techniques for generating alternative solutions.
5. **Planning:**
OT intervention: Guide the client through breaking down the trip planning process into smaller, manageable steps and teach time management techniques.

6. **Organisation:**

OT intervention: Collaborate on creating personalised organisational systems, such as color-coded packing lists or digital folders for travel documents.

7. **Problem-Solving:**

OT intervention: Teach structured problem-solving methods and practice applying them to potential travel scenarios through simulations or case studies.

8. **Emotional Regulation:**

OT intervention: Introduce stress management techniques like deep breathing or progressive muscle relaxation and develop personalised coping strategies for travel-related anxiety.

OTs play a critical role in supporting individuals with executive function deficits by employing a holistic and individualised approach that considers their unique strengths, challenges, and goals. By using a combination of assessment, intervention strategies, and environmental adaptations, OTs empower their clients to achieve greater independence, participate meaningfully in their chosen activities, and enhance their overall quality of life.

Role of Occupational Therapist in Housing Supports

1. Functional Abilities and Challenges

- **Daily Living Skills:** Assess the individual's ability to perform activities of daily living (ADLs) such as cooking, cleaning, personal hygiene, and managing finances.
- **Safety Concerns:** Evaluate any safety concerns related to the individual's mental health symptoms, such as risk of self-harm or difficulty managing medication.
- **Cognitive and Perceptual Skills:** Assess cognitive functions like memory, attention, and executive functioning, which can impact the ability to live independently.

2. Environmental and Physical Needs

- **Housing Environment:** Examine the current living environment to identify whether it supports or hinders the individual's mental health. This includes assessing for features like accessibility, sensory features such as sounds, scents, or trauma triggers, safety, privacy, proximity to neighbours and suitability.
- **Adaptations:** Identify potential environmental modifications or assistive devices that could support the individual's needs (e.g., safe cooking appliances to prevent the gas being left on and resulting in a fire, blinds or other adaptations to increase privacy, acoustic adaptations to reduce sounds.).

4. Social and Community Integration

- **Social Support:** Assess the availability and adequacy of social support networks, including family, friends, and community services.
- **Community Resources:** Identify relevant community resources that might assist with housing needs, such as supportive housing programs or mental health services.

5. Personal Preferences and Goals

- **Individual Preferences:** Discuss the individual's preferences for their living situation, including desired location, type of housing (e.g., independent living, shared accommodation, or supported housing), and proximity to services.

- **Long-term Goals:** Consider the individual's long-term goals and aspirations for independent living and how the current housing situation aligns with these goals.

6. Legal and Financial Considerations

- **Financial Resources:** Evaluate the individual's financial situation to determine their ability to afford housing and any necessary adaptations or support services.
- **Legal Issues:** Address any legal considerations related to housing, such as tenancy rights or accommodations under disability laws.

7. Crisis and Emergency Planning

- **Emergency Preparedness:** Develop a plan for emergencies or crises, including contacts for emergency support and strategies for managing acute symptoms in a housing context.
- Dog: Role of Occupational Therapists

The occupational therapist (OT) plays a key role in assessing, recommending, and facilitating the use of assistance dogs for individuals with disabilities. This can include:

1. Assessment of Need

- **Functional Assessment:** The OT evaluates the individual's daily living needs and functional abilities to determine how an assistance dog could support their independence and quality of life. This includes assessing mobility, safety, and specific challenges faced by the individual.
- **Suitability:** They assess whether an assistance dog is suitable for the individual's needs, taking into account their medical, psychological, and physical requirements.

2. Recommendation

- **Types of Assistance Dogs:** Based on the assessment, the OT provides recommendations on the type of assistance dog that would best meet the individual's needs. This might include guide dogs, therapy dogs, or service dogs trained for specific tasks like alerting to medical conditions, providing physical support, or assisting with daily tasks.
- **Functional Goals:** They assist set clear goals for what the individual hopes to achieve with the assistance dog, such as improved mobility, increased independence, or enhanced social interaction.

3. Collaboration and Coordination

- **Service Providers:** The OT works with assistance dog organizations and service providers to ensure the right match between the individual and the assistance dog. This involves coordinating the training and placement process.
- **NDIS Planning:** The OT collaborates with the NDIS planner or coordinator to include the cost of the assistance dog and related supports in the individual's NDIS plan. This might include funding for the dog itself, training, ongoing care, and any necessary modifications to the home environment.

4. Training and Integration

- **Training Support:** The OT may assist in coordinating or providing training for both the individual and the assistance dog to ensure effective integration into daily life. This includes training on how to handle and care for the dog.
- **Home Modifications:** They may recommend and facilitate any necessary home modifications to accommodate the assistance dog, such as making accessibility adjustments.

5. Ongoing Support and Monitoring

- **Monitoring and Adjustments:** The OT monitors the effectiveness of the assistance dog in meeting the individual's needs and assists make adjustments as necessary. This might include reassessing the goals and ensuring that the assistance dog continues to provide the required support.
- **Support Services:** They provide ongoing support and guidance to address any issues that arise related to the assistance dog, including health concerns, behavioral issues, or adjustments needed in the living environment.

Resource List of Evidence Based Interventions in Occupational Therapy

Please note if planning to research Occupational Therapy interventions for people with disabilities it is important to discuss this with an Occupational Therapist researcher

- Occupation-focused interventions
- Redesigning daily occupations
- Sensory Health
- Occupational Formulation
- CORE approach
- Grading Activities
- Sensory spaces and sensory rooms
- Sensory processing
- Sensory Modulation
- Multisensory stimulation
- Activity Scheduling
- Behavioural Interventions
- Action over Inertia
- Cognitive remediation
- Compensatory Cognitive strategies
- Dunn's model of Sensory Processing
- Motivational Interviewing
- Psychoeducation
- Zones of regulation
- Alert Program
- The Multicontext Approach to Cognitive Rehabilitation

Appendix 2

Sensory Processing Differences in disabilities

This includes:

1. Autism

- **Sensory Sensitivity:** Autistic Individuals with autism often experience heightened or diminished sensitivity to sensory stimuli. They may be more sensitive to light, sound, textures, or smells, or they might seek out intense sensory experiences.
- **Sensory Processing Challenges:** Difficulties in integrating and responding to sensory input can impact daily functioning and social interactions.

2. Attention-Deficit/Hyperactivity Disorder (ADHD)

- **Sensory Modulation:** People with ADHD may have trouble regulating sensory input, leading to either sensory seeking behaviors or sensory avoidance. They might be easily distracted by sensory stimuli or seek out additional sensory experiences to help with focus.
- **Overload:** Sensory overload can exacerbate symptoms like distractibility and impulsivity and impact daily functioning.

3. Anxiety Disorders

- **Hyperawareness:** Individuals with anxiety disorders may be overly sensitive to sensory stimuli, which can exacerbate feelings of stress and discomfort.
- **Sensory Avoidance:** They might avoid certain environments or daily life tasks or situations due to overwhelming sensory inputs that trigger anxiety.

4. Post-Traumatic Stress Disorder (PTSD)

- **Hyperarousal:** PTSD can lead to heightened sensory sensitivity, where everyday sounds, sights, or smells may trigger intense stress or flashbacks.
- **Avoidance:** Individuals may avoid places or situations that remind them of the traumatic event, often due to sensory associations.

5. Obsessive-Compulsive Disorder (OCD)

- **Sensory Sensitivity:** People with OCD may experience heightened sensitivity to sensory details related to their obsessions or compulsions. For example, they might be extremely sensitive to the feel or cleanliness of objects.
- **Compulsive Behaviors:** Certain compulsive behaviors might be driven by sensory processing challenges, such as the need for symmetry or specific tactile experiences.

6. Schizophrenia

- **Sensory Distortions:** Individuals with schizophrenia may experience distortions in sensory perception, such as hallucinations (auditory or visual). These distortions can impact how they interpret and respond to sensory stimuli.
- **Difficulty Filtering:** There can be challenges with filtering and focusing on relevant sensory information amidst overwhelming stimuli. Difficulties in filtering auditory information can impact functioning in any situation with multiple sounds, reducing capacity.
- **Motor and Sensory Symptoms:** The disease can impair the ability to interpret and respond to sensory information, contributing to motor control challenges.

7. Bipolar Disorder

- **Mood-Related Sensory Changes:** Sensory processing differences can vary with mood states. During manic episodes, individuals might seek out intense sensory experiences, while during depressive episodes, they might be less responsive to sensory inputs.
- **Sensory Overload:** Overstimulation during manic episodes can exacerbate mood instability and impulsivity.

8. Depression

- **Sensory Perception Changes:** Depression can affect sensory processing, leading to reduced sensitivity or diminished interest in sensory experiences. Individuals may become less responsive to sensory stimuli that were previously enjoyable.
- **Sensory Avoidance:** Reduced engagement with sensory stimuli can contribute to the overall feeling of numbness or disinterest.

9. Eating Disorders

- **Sensory Aversion:** Conditions like anorexia nervosa and bulimia nervosa can involve heightened aversions to certain textures or tastes of food, which may influence eating behaviors and food choices.
- **Body Image Sensitivity:** Sensory processing can also be linked to body image challenges, where individuals are overly sensitive to sensory feedback related to their body.

Multiple Sclerosis (MS)

- **Sensory Symptoms:** MS can cause a range of sensory processing challenges, such as numbness, tingling, or altered perception of touch and temperature.
- **Sensory Disturbances:** These disturbances are often due to damage to the central nervous system and can affect daily functioning.

7. Parkinson's Disease

- **Sensory Processing Challenges:** Parkinson's disease can affect sensory processing, leading to difficulties with proprioception (sense of body position) and tactile discrimination.
- **Motor and Sensory Symptoms:** The disease can impair the ability to interpret and respond to sensory information, contributing to motor control challenges.

8. Alzheimer's Disease and Other Dementias

- **Sensory Decline:** Sensory processing changes are common in dementia, including reduced sensitivity to sensory stimuli and difficulty integrating sensory information.

- **Environmental Sensitivity:** Individuals with dementia may become more sensitive to environmental changes, leading to confusion or distress.

9. Migraine

- **Sensory Sensitivity:** Migraines are often associated with heightened sensitivity to sensory stimuli, such as light, sound, and smells, which can trigger or exacerbate migraine episodes.
- **Sensory Triggers:** Specific sensory inputs can act as triggers for migraine attacks.

10. Stroke

- **Sensory Impairments:** Depending on the location and extent of the stroke, individuals may experience altered sensory processing, including reduced sensation or abnormal sensory perceptions in affected areas of the body.
- **Sensory Relearning:** Rehabilitation may involve sensory retraining and adaptations to improve sensory integration and daily functioning.

11. Traumatic Brain Injury (TBI)

- **Sensory Disturbances:** Individuals with TBI may experience altered sensory processing, including changes in sensitivity to touch, sound, light, and proprioception. They might have difficulties with sensory integration, which can affect their balance and coordination.
- **Post-Traumatic Sensory Challenges:** TBI can lead to heightened sensitivity or decreased sensitivity to sensory stimuli, impacting daily activities and overall comfort.

12. Acquired Brain Injury (ABI)

- **Cognitive and Sensory Processing:** ABI, which encompasses brain injuries acquired after birth (such as those from tumors, infections, or hypoxia), can affect sensory processing. Individuals may experience sensory processing disorders similar to those seen in TBI or stroke, including altered perception and integration of sensory information.
- **Sensory and Cognitive Integration:** ABI can disrupt the brain's ability to integrate sensory information with cognitive processes, impacting tasks that require coordinated sensory and cognitive input.

13. Chronic Pain Conditions

- **Fibromyalgia:** Individuals with fibromyalgia often experience heightened sensory sensitivity, including increased sensitivity to touch, pressure, and temperature. This condition is characterized by widespread pain and tender points that may exacerbate sensory processing challenges.
- **Complex Regional Pain Syndrome (CRPS):** CRPS can involve abnormal sensory processing in the affected limb, leading to heightened pain perception, altered tactile sensations, and temperature sensitivity.
- **Chronic Low Back Pain:** Chronic pain conditions can affect sensory processing by amplifying pain signals and altering the perception of sensory inputs.

14. Chronic Fatigue Syndrome (CFS)/Myalgic Encephalomyelitis (ME)

- **Sensory Sensitivity:** Individuals with CFS/ME may experience heightened sensitivity to sensory stimuli, such as light, sound, and touch. Sensory overload can exacerbate fatigue and other symptoms.

- **Sensory Processing:** Fatigue and cognitive impairments associated with CFS/ME can affect the ability to process and respond to sensory information effectively.

15 Orthostatic Intolerance

- **Postural Orthostatic Tachycardia Syndrome (POTS):** POTS is characterized by an abnormal increase in heart rate upon standing, often accompanied by dizziness and fatigue. Sensory processing challenges in POTS may include heightened sensitivity to changes in body position and environmental stimuli, which can impact overall well-being.
- **Neurocardiogenic Syncope:** Individuals may experience dizziness or fainting due to orthostatic intolerance, and sensory processing differences can exacerbate these symptoms by affecting balance and spatial awareness.

16 Epilepsy

- **Sensory Triggers:** Certain sensory stimuli, such as flashing lights or specific sounds, can trigger epileptic seizures in some individuals. This is particularly relevant for individuals with photosensitive epilepsy.
- **Sensory Processing Changes:** Seizures and their aftermath can affect sensory processing, leading to altered perception or sensitivity in the affected areas.

17 Chronic Fatigue Syndrome (CFS)/Myalgic Encephalomyelitis (ME)

- **Heightened Sensory Sensitivity:** CFS/ME often involves increased sensitivity to sensory stimuli, such as light, sound, and touch. Sensory overload can exacerbate symptoms of fatigue and cognitive dysfunction.
- **Impaired Sensory Processing:** Cognitive impairments related to CFS/ME can impact the ability to effectively process and respond to sensory inputs.

18. Autonomic Dysfunction (e.g., Dysautonomia)

- **Sensory Processing Challenges:** Conditions involving autonomic dysfunction, such as dysautonomia, can affect how sensory information is processed and integrated. Individuals may experience sensitivity to environmental stimuli or difficulties with sensory modulation.

19. Rheumatoid Arthritis

- **Sensory Sensitivity:** Chronic pain and inflammation associated with rheumatoid arthritis can lead to increased sensitivity to sensory inputs, affecting how individuals respond to touch and pressure.

20. Down Syndrome

- **Sensory Sensitivity:** Individuals with Down syndrome often exhibit heightened sensitivity to sensory stimuli, such as sounds, lights, and textures. They may have difficulty tolerating sensory input or may seek out certain sensory experiences more intensely.
- **Sensory Processing Challenges:** Challenges with sensory processing can affect motor skills, attention, and adaptive behavior. Individuals may struggle with coordinating sensory input with motor responses.

21. Intellectual Disability (ID)

- **Sensory Processing Differences:** Individuals with intellectual disabilities, including those with varying degrees of cognitive impairment, may experience difficulties with sensory processing. These can include hypersensitivity or hyposensitivity to sensory stimuli.
- **Impact on Daily Life:** Sensory processing differences can affect behavior, learning, and adaptive functioning. Tailored interventions can help manage these challenges and support daily living skills.

22. Fragile X Syndrome

- **Sensory Sensitivity:** Fragile X syndrome often involves heightened sensitivity to sensory stimuli, such as loud noises or tactile sensations. Individuals may display sensory-seeking or sensory-avoiding behaviors.
- **Sensory Processing Challenges:** Difficulties in processing sensory input can contribute to behavioral challenges and impact social interactions.

23. Williams Syndrome

- **Sensory Processing Challenges:** Individuals with Williams syndrome may exhibit sensory processing differences, such as heightened sensitivity to sound or touch. They often have a strong interest in music and may be particularly sensitive to auditory stimuli.
- **Sensory challenges:** Sensory processing differences can affect behavior and social interactions, often requiring tailored interventions to support sensory processing.

24. Cerebral Palsy

- **Sensory Processing and Motor Control:** Cerebral palsy can involve sensory processing differences related to motor control. Individuals may experience altered sensory perception, including difficulty with proprioception and tactile discrimination.

25. Prader-Willi Syndrome

- **Sensory Sensitivity:** People with Prader-Willi syndrome may exhibit heightened sensitivity to sensory stimuli, including tactile and visual input. This can contribute to behavioral challenges and difficulties with sensory processing.

26. Tuberous Sclerosis Complex (TSC)

- **Sensory Processing Variability:** TSC can be associated with sensory processing differences, such as hypersensitivity or hyposensitivity to sensory stimuli. These differences can impact behavior and developmental progress.

27. Developmental Coordination Disorder (DCD)

- **Sensory processing challenges:** DCD, also known as dyspraxia, often involves difficulties with sensory processing. Individuals may have trouble coordinating sensory input with motor responses, affecting motor skills and coordination.

28. Spinal Cord Injury (SCI)

- **Sensory Impairments:** Depending on the level and severity of the spinal cord injury, individuals may experience altered or lost sensory perception below the level of injury. This can include changes in touch, temperature, pain, and proprioception.

- **Sensory Processing Challenges:** Individuals with SCI may have difficulty processing and responding to sensory input due to disrupted neural pathways. This can affect their ability to perceive and react to stimuli, impacting daily activities and overall quality of life.
- **Adaptive strategies:** Sensory retraining and adaptive strategies are often used to help individuals manage sensory deficits and improve functioning.

29. Motor Neurone Disease (MND)/Amyotrophic Lateral Sclerosis (ALS)

- **Sensory Disturbances:** While MND/ALS primarily affects motor neurons, sensory processing issues can also occur. This may include altered sensory perception or sensitivity due to changes in motor function and coordination.
- **Sensory-Motor Integration:** The disease can impact the integration of sensory information with motor responses, affecting the ability to perform coordinated movements and manage sensory input.

31. Charcot-Marie-Tooth Disease (CMT)

- **Sensory Nerve Damage:** CMT, a group of inherited disorders affecting peripheral nerves, can lead to sensory processing differences due to damage to sensory nerves. This may include altered sensation, reduced proprioception, and difficulty with balance.
- **Sensory-Motor Coordination:** Sensory processing issues in CMT can affect motor coordination and daily functioning.

32. Guillain-Barré Syndrome (GBS)

- **Sensory Processing Changes:** GBS, an autoimmune disorder that affects peripheral nerves, can lead to sensory processing issues such as tingling, numbness, and altered perception of touch and temperature.
- **Sensory-Motor Recovery:** As individuals recover from GBS, sensory retraining and rehabilitation may be necessary to address ongoing sensory processing challenges.

33. Myasthenia Gravis

- **Sensory Processing Issues:** Myasthenia gravis, a condition affecting neuromuscular transmission, can sometimes lead to sensory processing differences due to muscle weakness and fatigue, impacting sensory-motor coordination and responses.
- **Sensory Adaptations:** Individuals may need to adapt their responses to sensory stimuli due to the impact of muscle weakness on overall sensory processing.

34. Huntington's Disease

- **Sensory Processing Challenges:** Huntington's disease is a neurodegenerative disorder characterized by chorea (involuntary movements), psychiatric symptoms, and cognitive decline. Sensory processing difficulties in Huntington's disease may include altered sensitivity to sensory stimuli, such as touch, sound, and visual stimuli.
- **Impact on Daily Functioning:** Sensory processing issues can affect balance, coordination, and the ability to perform everyday tasks. Individuals might struggle with sensory overload or have difficulty processing and integrating sensory information, which can exacerbate motor and cognitive symptoms.
- **Sensory modulation:** Occupational therapy and sensory processing techniques are often used to help manage sensory processing issues and improve overall functioning.

