Allied Health Professions Australia

Submission to Department of Social Services NDIS Supports Rules Consultation.

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This submission has been developed in consultation with AHPA's allied health association members.

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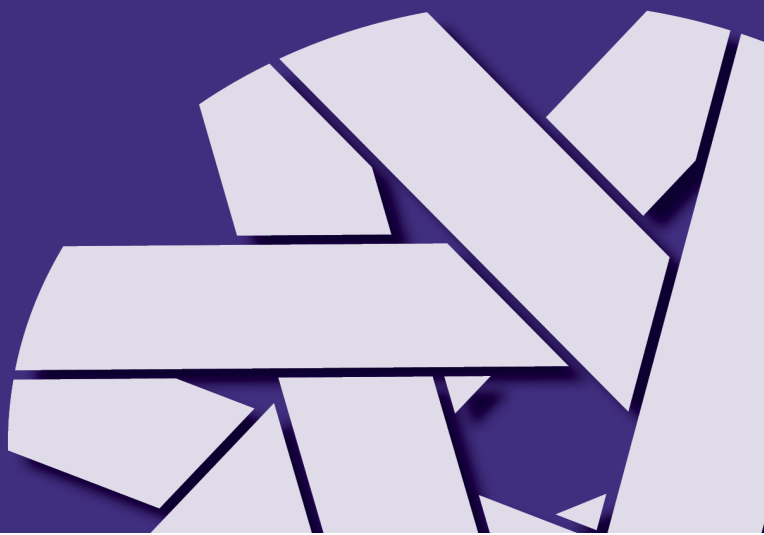

AHPA and the allied health sector

Allied Health Professions Australia (AHPA) is the recognised national peak association for Australia's allied health professions. AHPA's membership consists of 39 member organisations, each representing a particular allied health profession. AHPA collectively represents over 195,000 allied health professionals and AHPA works on behalf of all Australian allied health practitioners.

AHPA's Disability Working Group (the Working Group) comprises policy and clinician representatives drawn from the range of AHPA's members that provide services to people with disability including through the National Disability Insurance Scheme (NDIS). The Working Group is therefore informed by the views and experiences of both individual allied health professions and the allied health sector as a whole.

Allied health providers currently have two main roles in the NDIS: contributing expertise to assessments for access to the Scheme and any subsequent reviews of participants' plans; and providing supports and services under allocated plan funding.

AHPA and its member associations are committed to ensuring that all Australians, regardless of disability, can access safe, evidence-based services to assist them to realise their potential for physical, social, emotional and intellectual development.

AHPA's response to the Consultation

AHPA alongside individual allied health member organisations has worked to engage in previous consultations on Section 10, identifying a range of concerns and issues. We appreciate the opportunity to build on that previous feedback on the NDIS Supports Rules and support the work of the Commonwealth to develop a system that provides more clarity whilst still enabling flexibility, choice and control for participants. We hope that this additional feedback supports further consideration about the current approach and whether it will achieve the intended outcomes.

AHPA and the broader allied health sector continue to hold strong concerns about the use of prescriptive lists of what is and what isn't considered a NDIS support. It is our view that developing lists of supports undermines the intention of the reforms work and their focus on increasing participant flexibility and the need to reduce the dependence on line-by-line decision-making about supports. Any list of supports will never be complete or sufficiently responsive to the needs of individual participants with disability and their unique circumstances, resulting in either a need for NDIA delegates to make decisions about supports, or reduced flexibility for participants and providers. This in turn acts as a barrier to innovation and individualisation of services and supports, preventing a holistic and person-centred approach to providing NDIS supports that is fundamental to genuine participant choice and control.

The supports lists, as presented, are long and complex and require participants and those supporting them to develop significant capacity to interpret and understand which supports they can use. This places significant responsibility on participants and those that support them, including allied health and other providers. Interpreting lists and, where necessary, advocating for replacement supports, can contribute significant additional administration burden and confusion

as well as an increased need for NDIA review. The recently released early observations report from the NDIA highlighted the impact of these lists on participants, noting that: “the amendments, particularly the NDIS Supports Lists, generated uncertainty and anxiety among participants”.[1]

While the support lists in general are creating issues, difficulties associated with interpreting the lists are particularly evident in relation to areas such as assistive technology, early intervention supports for early childhood, therapeutic supports, and disability related health supports. Participants and clinicians are reporting that some items are seemingly on both in and out lists, and there is significant confusion around whether mainstream, standard or ‘everyday’ items, which are often recommended by allied health professionals to support function and improve capacity, can be accessed. These mainstream or standard options are often reasonable and necessary for participants and available at lower costs than specialised supports**.** These items offer potential cost-savings within the scheme.

In the early intervention supports for early childhood section, only two allied health professions are currently specifically listed and there is a risk that participants or those helping them to decide on available supports interpret this to mean that only those professions can provide supports. This contradicts the evidence available to support the inclusion of a wide range of other high-quality allied health supports. Furthermore, the disability related health supports list does not provide examples of the breadth of supports that should be available. Whilst we appreciate the lists are non-exhaustive and to be used as a guide these can still result in confusion and unintended consequences in plans, with essential supports potentially being omitted from plans.

AHPA recognises that there has been confusion and a lack of clarity noted around what is considered evidence-based therapeutic supports. Like the comments above this may mean that appropriate and evidence-based allied health supports, provided by qualified professionals, are being left out of plans. We understand the NDIA is undertaking further policy work on therapy supports. AHPA as the peak association for allied health, must be engaged to support this work, to ensure that participants can continue to access essential allied health therapy supports.

In terms of replacement supports, at present there are limited options for what can be considered as a replacement support resulting in further limitation of options for participants and providers. The process of seeking access to replacement supports is confusing and difficult for participants and concerningly decisions around these cannot be appealed. The recent NDIA Reform Evaluation Summary Report 1 highlighted that applications for these supports were low.[1] The report also highlights that rates increased in late 2024, which has led to a backlog of requests. This is concerning as overtime this process may increase demand for decision making about specific supports and hamper access to timely supports. This could risk inefficiencies to this system.

We note that a number of AHPA member organisations have provided more detailed information in their own consultation responses that highlights further feedback and recommendations about both the support lists and replacement supports that are specific to their individual professions and areas of expertise.

AHPA and the broader sector support the findings of the NDIS Review in relation to the issues with the planning process and the need for greater flexibility for participants to utilise their budget.[2] AHPA and our members strongly support an approach to NDIS Supports Rules that is evidence-

based and provides supports on an individualised basis. However, the current support list approach risks replacing one ineffective system with another, rather than supporting real transformative reform.

A recent report from the Grattan Institute has also outlined concerns about these lists and calls for a "simpler, more permissive framework that allows people to use their NDIS funds more creatively and flexibly".[3] Furthermore in the UK, Care and Support statutory guidance recommends that people have flexibility to choose innovative care from diverse sources. The guidance recommends avoiding the use of lists of allowable purchases, citing that the range of possibilities should be very wide and beyond what can be listed at any point in time.[4]

NDIS providers from the allied health sector are already reporting impacts on their ability to provide services and supports to participants because of these lists, despite assurances the intent of the lists is not to restrict services available for participants. It is our view that where an allied health professional identifies a support to be reasonable and necessary in relation to the individual needs of the participant, and funding is available, the participant should have the ability to choose to access that service.

This experience of reduced access to some supports is reflected in a recent advocacy insight report from the National Centre for Disability Advocacy, who noted that advocates reported that NDIS reforms were leading to reduced plans and decreased flexibility. They noted that some supports were no longer being funded as they are now assessed as ineligible.[5] In addition, the recent NDIA Evaluation Summary Report 1 observed that more is needed to understand the impact of these lists, however noted that early indications suggest that a more "risk averse approach to the out list" may be playing out in practice.[1] In addition to the responsibility it places on participants these lists place significant pressure on people working within the NDIS to potentially make decisions which may be outside of their scope of expertise.

Any changes moving forward to the NDIS Supports Rules need to be supported by enhanced, clear guidance material and there must adequate timeframes for implementation.

In general, AHPA remains concerned that without an established and functioning broader ecosystem of disability supports, including foundational supports, the Supports Rules may be leaving people with disability without access to essential allied health services and supports.

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