

## IMPROVING NDIS THERAPY SERVICES

Therapy supports for people with disability is fundamental to promoting independence and quality of life. For many participants they are a central element in ensuring successful NDIS outcomes. Therapy services are not being effectively used because of, among many reasons, inadequate expertise in accessing the services, pricing limitations, inadequate investment in higher skills development for therapists and lack of clarity on health versus NDIS responsibilities.

Alliance20 wants to ensure that the benefits from effective therapy services can be fully utilised to achieve long term life improvements for participants. Alliance20 has suggested solutions ranging from addressing the interface with health responsibilities through to changes to pricing and planning arrangements.

### BACKGROUND

The provision of therapy supports for people with disability is fundamental to promoting independence and quality of life. Many people with disability have complex needs that require specialist interventions and supports.

Therapy will often be a central element in successful NDIS outcomes. These services can unlock the potential of participants and be an investment in long term life improvements.

### CURRENT ISSUES

- Currently, there is an apparent lack of expertise in assessing therapy needs by planners and Local Area Coordinators (LACs).
- The disability therapy workforce needs further post graduate investment, through training and clinical supervision, to respond safely to a range of very complex care needs or issues, such as:
  - specialised assistive technology and equipment,
  - dysphagia and saliva management,
  - pain management,
  - sleep management,
  - behaviour management,
  - spasticity management and mobility issues,
  - cognition and learning,
  - complex communication needs,
  - complex mealtime management,
  - emotional wellbeing and mental health issues,
  - child protection and/or family violence issues,
  - abuse and assault issues, and
  - Transdisciplinary early childhood intervention.

- It is apparent that some therapy related support requests are not being approved on the grounds that they are considered health/medical related supports, rather than related to disability needs. This demonstrates a lack of understanding about what is available or/and delivered within the health system and through NDIS supports.
- Current policy is that maintenance therapy is to be carried out by personnel other than therapists. There are no agreed guidelines on this approach.

## IMPACT STATEMENT

### IMPACT FOR PARTICIPANTS

- Limited access to specialist planning and support services.
- NDIS plans that do not adequately reflect support needs.
- Confusion about what is considered health related therapy services and what is available through an individual NDIS plan.
- Deterioration of function, independence and/or health.
- Increased potential for increased caring responsibilities on to parents or carers if needs are not addressed adequately or in a timely manner.

### IMPACT FOR PROVIDERS

- Inability to remain viable under this funding model.
- Despite a large number of therapy providers registered to deliver services, a high percentage are sole traders that have limited capacity for scale and/or have limited specialist knowledge in disability support.
- These negative impacts are magnified in rural and remote regions.

### IMPACT FOR THE MARKET

- Specialist providers are exiting the market due to funding constraints.
- Increased costs to scheme over time if therapy supports are not adequately identified or funded.

## PROPOSED SOLUTIONS

Consideration should be given to:

- Provide greater clarity around what the NDIA will fund and support versus health system services.
- Integrated care plans for people with complex needs (e.g. people living in shared supporting living) – explore opportunities for people to have funding parcels or bundles supported by health services and NDIS.
- Appoint specialist intermediaries to support LACs and Early Childhood Early Intervention (ECEI) Access partners with planning for complex cohorts.