Allied Health Professions Australia

Submission in response to Consultation Paper: National Disability Insurance Scheme Psychosocial Disability Recovery-Oriented Framework

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

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About AHPA and the allied health sector

AHPA is the recognised national peak association representing Australia's allied health professions. AHPA's membership collectively represents some 130,000 allied health professionals and AHPA works on behalf of all Australian allied health practitioners, including the largest rural and remote allied health workforce numbering some 14,000 professionals. AHPA is the only organisation with representation across all disciplines and settings.

With over 200,000 allied health professionals, allied health is Australia's second largest health workforce. Allied health professionals work across a diverse range of settings and sectors, providing services including diagnostic and first-contact services, preventive and maintenance-focused interventions for people with chronic and complex physical and mental illnesses, supporting pre- and post-surgical rehabilitation, and enabling participation and independence for people experiencing temporary or long-term functional limitations. Allied health also provides an essential bridge between the medical sector and social support systems such as aged care and disability, where it can represent the key formal health support in a person's life.

AHPA provides representation for the allied health sector and supports all Australian governments in the development of policies and programs relating to allied health. AHPA works with a wide range of working groups and experts across the individual allied health professions to consult, gather knowledge and expertise, and to support the implementation of key government initiatives.

Introduction

AHPA welcomes the opportunity to respond to the Consultation Paper. Overall, we support the NDIA's rationale for the Psychosocial Disability Recovery-Oriented Framework (the Framework) as modernising and strengthening the focus on recovery for participants living with psychosocial disability.

However, in addition to commenting on the six proposed principles and proposing additional ones, we highlight some internal inconsistencies in the Framework. In AHPA's view, it is also important to clarify the Framework's fundamental purpose while considering whether the Framework would be a 'good fit' within the administration of the NDIS.

We propose that effective embedding of the Framework requires consistency, and that this is best achieved via express adoption in both the Framework and other NDIS policy and practice of the broad human rights approach already embedded in the enabling NDIS legislation.

Lastly, AHPA considers the practicalities of effectively embedding the Framework. We argue that it is critical that all key stakeholders are engaged in developing and implementing actions flowing from the Framework, while noting that to date allied health professions have not been adequately consulted or represented in advisory and consultative mechanisms. Accordingly, we strongly recommend that AHPA and key individual allied health professions be represented on the CEO Forum.

Suggested changes to the draft principles

Broadly, AHPA believes that the principles need to be expressed in simpler language. This must be undertaken without sacrificing explanations of what will otherwise be seen as only very broad high level themes open to multiple interpretations.

1. Supporting personal recovery

AHPA refrains from detailed comment on this principle and directs the NDIA to the responses from our individual members.

We do recommend that the language used to detail and explain the principle make it clear that supporting recovery is also about supporting people to maintain their level of health where recovery is not possible, and that NDIS funding will not be cut if recovery (within the meaning of the term here) is achieved.

2. Valuing lived experience

AHPA supports this principle but notes that it is equally applicable to all participants – see 'Framework as a whole' below.

3. Shared responsibility with mainstream services

Some of the language in this principle is problematic. For example, 'shared responsibility' reads as if cost-shifting away from the NDIS is the main purpose here.

The principle should emphasise a more holistic collaborative approach to care of the participant. This should include, as our member Australian Physiotherapy Association has responded, service provision across the often artificial divide of 'physical' versus 'mental' health. The principle should also refer to the importance of services also working with family, friends and informal community supports (Consultation Paper, 3).

4. Supporting informed decision making

AHPA supports this principle but notes that it is equally applicable to all participants – see 'Framework as a whole' below.

5. Being responsive to fluctuating support needs

Similar to Principle 3, the reference to 'NDIS fund allocation' in relation to considering the fluctuating nature of mental illness (Consultation Paper, 30) is potentially troubling for participants, particularly when read together with the Consultation Paper's description of the draft principles as including being 'designed to facilitate the development of recovery policy and practice in the NDIA that can deliver better participant outcomes and contribute to the financial sustainability of the NDIS' (23).

Other than this, AHPA supports this principle while noting that it is to some extent also applicable to all participants – see 'Framework as a whole' below.

6. Building recovery-oriented practice competencies

AHPA supports this principle. We note that it links to the need for more core consultation and engagement of allied health – see 'How to best embed the Recovery Framework within the NDIS' below.

Additional principles

AHPA proposes the following additional 'stand alone' principles:

Trauma-informed care

Cultural safety

Participant co-design

The principles should also incorporate, as a series of 'recognising' or 'acknowledging' principles:

The vital importance of family, friends and informal community supports

Participants with psychosocial disability often experience more than one type of disability at once (co-morbidity)

The link between physical and mental health for participants with psychosocial disability

Within the population of participants with psychosocial disability there are specific groups that are likely to experience higher psychosocial needs eg people with eating disorders

Within the population of participants with psychosocial disability there are various diverse and priority populations eg First Nations peoples, refugees and asylum seekers, LGBTIQ+ people

The Framework as a whole

Before responding to how best to embed the Framework, it is necessary to examine the Framework as a whole in terms of both internal consistency and how it sits with the existing explicit or implied NDIS principles which currently apply to all participants.

Internal consistency

The Consultation Paper (at 3) describes the principles as being developed 'to guide the NDIS in its understanding and response to psychosocial disability' and elaborates:

'Our vision is that all people with psychosocial disability in the NDIA are supported in their recovery journey, to create and live, a meaningful and contributing life in a community of their choice and can access and choose supports that enable independence and social and economic participation. The Recovery Framework is intended to support and enhance the self-determination of people living with psychosocial disability. It aims to improve the NDIS experience for these participants, their families, carers and networks (Consultation Paper, 6).

'Personal recovery is consistent with the NDIS objectives of "supporting the independence and social and economic participation of people with a disability"' (Consultation Paper, 24).

However as noted in relation to principles 3 and 5, some principles or aspects of principles are more concerned with delineating the NDIS system and funding obligations than they are with focusing on self-determination. This is also despite the Consultation Paper's (at 19) reference to the final report of the Productivity Commission Inquiry on Mental Health (2020) as providing a solid base for the draft principles, because that report is about empowering and motivating the individual.

AHPA argues that given the incorporation of the *Convention on the Rights of Persons with Disabilities* and various other human rights instruments in the *National Disability Insurance Scheme Act 2013* (Cth),[1] it is both consistent and an administrative requirement that the Framework be based on and express human rights obligations. The Framework's purpose should explain this and must be included as part of the Framework itself.

[1] *NDIS Act 2013* (Cth), s 3(1).

Consistency with the broader NDIS

Turning to the NDIS as a whole, we have noted above that some principles also clearly apply to all participants in the NDIS. There is no equivalent framework for participants who have disability which is other than psychosocial, but all participants are affected by the existing Disability Standards and the Participant Service Charter ('the Charter'). For consistency, the NDIA may wish to consider revising the Charter to incorporate all general participant rights, and reserve frameworks like the present one at issue for principles that are specific to the particular cohort of participants, with simple cross-referencing to the broader document.

How to best embed the Recovery Framework within the NDIS

AHPA recommends that the Framework be embedded within the NDIS using a human rights perspective. A human rights lens supports removing the potentially inconsistent aspects of the draft principles that we note above.

However, there are similar potential incompatibilities arising from some of the proposed scheme-wide reforms. For example, the Consultation Paper states as part of principle 4 that choice and control is a central principle of the NDIS, and includes among key elements, 'Participants' needs and preferences are identified and respected' (29). Participants have overwhelmingly informed the NDIA that they do not support the proposed independent assessments, at least partly on the basis that many participants would prefer to be assessed by a provider with whom they already have a service relationship.

It is AHPA's view that if key stakeholders, including AHPA, had been engaged from the initial proposal stage onward, some of these inconsistencies could have been avoided. At the least we expect to be able to participate in a timely manner in subsequent processes concerning the scheme-wide changes.

AHPA alerted the Joint Standing Committee on the NDIS in May 2020 about ineffective NDIS communication concerning policy and administrative changes. Despite this, lack of or late consultation has continued to be a regular feature of NDIA engagement with us. With specific regard to the Framework, AHPA and members of our Disability Working Group have conveyed to the NDIA our frustration that we received only a late invitation to comment with an associated very tight deadline. Our view is that if the finalised Framework is to be effectively embedded within the NDIS, allied health professions must be engaged at all subsequent stages, including action formulation, implementation and evaluation.

As an example, and as our members Occupational Therapy Australia, Australian Psychological Society and the Australian Music Therapy Association have submitted, the NDIS workforce (NDIA Planners and LACs) will require significant support to embed recovery-oriented practice principles in their work. Allied health clinicians are very well-placed to provide such support.

AHPA would also expect to participate fully in development and consultation concerning the new approaches to Home and Living and to Support for Decision Making (Consultation Paper, 10).

AHPA therefore also strongly recommends that AHPA and our members who engage in recovery-oriented practice be invited to regularly participate in the NDIS CEO Forum.