



APS Response to Joint Standing Committee on the National Disability Insurance Scheme: NDIS Planning

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The Australian Psychological Society

The Australian Psychological Society (APS) is the largest national professional organisation for psychologists, with over 24,000 members across Australia. It seeks to help people achieve positive change, so they can confidently contribute to the community.

Psychologists are experts in human behaviour and use evidence-based psychological interventions to prevent people from becoming unwell, improve human functionality in their personal, vocational and familial roles and assist them to overcome mental and physical illness and optimise their health and functioning in the community. Economic evaluations highlight the cost-effectiveness of psychological interventions to prevent people from becoming mentally unwell, and to treat a range of mental health symptoms and disorders when they do occur.

The APS has a long history of working collaboratively with the Australian Government, State and Territory governments and other agencies to help address major social, emotional, and health issues for local communities and ensure healthcare is equitable and accessible to all members of the Australian community.

APS members have a broad range of expertise in human behaviour that enables them to undertake assessments and deliver evidence-based psychological interventions within the mental health service delivery sector but also more broadly in schools, correctional facilities, workplaces, welfare agencies, and sporting organisations. They are familiar with the widespread impact of mental illness on individuals, their families, friends and carers, as well as the broader community and future generations. APS members also understand the range of individual, work, social, community and economic factors that contribute to poor mental health outcomes. They have a passionate commitment to system-level improvements that will help prevent mental illness from developing and enable people experiencing mental illness to lead fulfilling and productive lives.

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Executive Summary

The APS welcomes the opportunity provided by the Joint Standing Committee on the National Disability Insurance Scheme (NDIS/the Scheme) to provide feedback on the Scheme's planning function and guide improvements that will support the lives of many Australians living with disability and the communities in which they reside.

The APS offers the following recommendations in relation to the Terms of Reference set out by the Joint Standing Committee.

Recommendation 1: The APS recommends implementing a regulatory framework that requires employers to undertake strategies to manage psycho-social risks at the primary, secondary and tertiary levels within an organisation.

Recommendation 2: The APS recommends that the NDIS urgently acts to develop guidelines for plan development for complex cases.

Recommendation 3: The APS strongly recommends that the NDIS substantially increases its investment in the education, training and professional development of planners.

Recommendation 4: The APS recommends that the NDIS increase the number of planners, particularly in non-metropolitan areas.

Recommendation 5: The APS recommends that the NDIS redesign the planning process to ensure it meets participant's, families', carer's and guardian's needs.

Recommendation 6: The APS recommends that the NDIS:

- Review the basis on which planners can reject participant and provider recommendations and develop more transparent and rigorous decision-making processes. This should include the requirement for clear advice from planners as to why a request has been rejected; and
- Introduce protocols that when planners initiate a planning review process, they flag this intention to all stakeholders including providers.

Recommendation 7: The APS recommends that the NDIS:

- Introduce transparent and easy-to-follow systems and protocols to enable the reassessment of plans;
- Ensure these protocols are used when planners seek to reassess plans; and
- Emphasise and reinforce to planners the need to flag their intention to reassess plans to all stakeholders including providers before commencing any such processes.

Recommendation 8: The APS recommends that the NDIS:

- Introduces different intensities for plan review processes to reflect the variability in the need for plan reviews;
- Streamlines and improves the review process so that participants are not left unassisted for long periods; and
- Ensures that planners are accountable for prompt follow up of AAT decisions.

Recommendation 9: The APS recommends that the NDIS review process is reviewed.

Recommendation 10: The APS recommends that the NDIS introduces roll-over and extended plans wherever possible, provided these lead to better outcomes for participants.

Recommendation 11: The APS recommends the NDIS:

- Educate planners on the issues associated with rural and remote areas and what the implications are in terms of developing appropriate plans for participants; and
- Prioritise improved coordination between participant plans and service access.

1. Introduction

The APS welcomes the opportunity to provide a submission to the Joint Committee inquiry into the planning function of the National Disability Insurance Scheme (NDIS).

Psychologists are an important part of the workforce involved in providing support to people with disability in Australia. In making this submission, the APS liaised with members who are working or have worked in the NDIS environment as sole practitioners, staff members of service provider organisations or members of other entities. APS members have experienced significant challenges as a result of the introduction of the NDIS, many of which relate to the planning processes. There is consensus among our members that the planning process is an area in need of significant improvement and reform. The APS believes that once the planning shortfalls are addressed, the NDIS will be much closer to the landscape-altering scheme originally envisaged.

The operation of the NDIS is underpinned by a stance that places autonomy (through choice and control in decision making about services) at its core. It decentralises service delivery from state government providers to the non-government and private sectors via various funding mechanisms that aim to improve the quality of life of Australians living with disability. Consequently, the NDIS has been described as a landscape-altering Scheme for the provision of care to Australians with a physical, intellectual, sensory and/or psychosocial disability. The market-based approach under which it operates has potentially profound consequences for participants and practitioners. The Scheme requires careful and ongoing scrutiny of its planning function to ensure that the best possible outcomes for participants are being targeted. Based on APS member feedback, this submission focuses on the Terms of Reference set out by the Joint Committee inquiry into the planning function of the NDIS calling for feedback on:

- a. the experience, expertise and qualifications of planners;
- b. the ability of planners to understand and address complex needs;
- c. the ongoing training and professional development of planners;
- d. the overall number of planners relative to the demand for plans;
- e. participant involvement in planning processes and the efficacy of introducing draft plans;
- f. the incidence, severity and impact of plan gaps;
- g. the reassessment process, including the incidence and impact of funding changes;
- h. the review process and means to streamline it;
- i. the incidence of appeals to the AAT and possible measures to reduce the number;
- j. the circumstances in which plans could be automatically rolled-over;
- k. the circumstances in which longer plans could be introduced;
- l. the adequacy of the planning process for rural and regional participants; and
- m. any other related matters.

Across the recommendations in relation to these Terms of Reference, the APS highlights the critical importance of the need for the NDIS to adopt the same level of scrutiny around the roles and functions of Local Area Coordinators and planners (hereafter, 'planners' will refer to both) as applies to the oversight of treating health professionals. The APS strongly recommends that the NDIS either makes the oversight of the planner roles the responsibility of the NDIS Quality and Safeguards Commission (NDIS Commission) or creates a specific entity and mechanisms for doing so.

2. Response to Inquiry Terms of Reference

a. The experience, expertise and qualifications of planners

The APS acknowledges the critical importance of the planner role to the proper functioning of the NDIS. A scan of NDIS job advertisements indicates that the minimum qualification for a planner varies from a qualification in disability to no qualification.

APS members have indicated that because of this, planners lack of a basic knowledge of the industry and the types of interventions available. This leads to an inability for planners to be able to adequately guide participants with their decision-making around the type and number of services that they may require for their disability.

The APS is concerned that participants are not achieving good clinical outcomes, because referrals are being made to inappropriate providers. Training is paramount so that participants receive the right service by the right practitioner at the right time.

The APS considers planner roles to be crucial to the proper functioning of the Scheme. The NDIS should: (a) ensure appropriately qualified and adequately experienced workers are employed into these roles; and (b) monitor their performance in the same publicly transparent manner as the NDIS Commission monitors the behaviour and performance of providers. Therefore, the APS proposes that there is an urgent need for a comprehensive review of the planner functions and makes the following specific recommendations.

Recommendation 1: The APS recommends implementing a regulatory framework that requires employers to undertake strategies to manage psycho-social risks at the primary, secondary and tertiary level within an organisation.

Furthermore, the APS recommends that the NDIS:

- Establishes minimum qualifications for planner positions across the Scheme and obliges organisations employing planners to state these minimum requirements in the relevant job advertisements and position descriptions;
- Institutes a suite of publicly reported quality assurance mechanisms for measuring the performance of the co-ordination, planning and support functions of the Scheme and annually reports these results;
- Mandates participant, carer, family and treating health professional liaisons through the appointment of liaison officers; and
- Provides mandatory training to planners and ensure that any gaps in their knowledge are addressed.

b. The ability of planners to understand and address complex needs

Based on the experience of members, the APS believes that planners do not have the ability to develop plans for those with complex needs.

The lack of training and expertise of planners means that there is a lack of understanding regarding the way in which complex needs should be identified and managed. There appears to be a resistance to the use of psychological interventions, even when it seems clear that the participant would benefit from psychological care. For example:

- The NDIS planner included 4 sessions per year for “disability specific counselling”. The plan states: “X needs assistance to adjust and deal with the emotions associated with this. X accesses mainstream support, however, this has been included to cover the gap payment (\$10 per session)”; and
- Participant X was told by their NDIS planner that psychological services were appropriate to include in the plan but that the participant must use the 10 “free” psychology sessions under Medicare before the NDIS would fund the psychology services. Once the 10 sessions were exhausted, X would have sufficient NDIS funding to allow for additional fortnightly psychology sessions throughout the year.

These examples contravene the principles of participant choice and control that lie at the heart of the Scheme.

The APS remains concerned that psychosocial disability is not being treated as part of the NDIS. This psychological treatment is essential to achieving the outcomes many of the NDIS participants are seeking to achieve with the Scheme. Supporting participants to achieve long-term goals is of paramount importance and inappropriate referrals can delay or prevent good outcomes for clients.

Planners need training to be able to determine and refer psychosocial issues. Many NDIS participants are falling through the gaps because psychosocial issues are not covered by the NDIS scheme. In order to provide a holistic service and achieve optimal outcomes for participants, psychosocial services should be covered by the NDIS.

The unintended consequence of this policy decision is that planners are trying to establish the types of service a participant requires and the needs of participants are not being addressed by the system.

In the Medicare system, the GP makes a referral to a psychologist and the psychologist determines the nature of the treatment to be provided. APS members report that planners inappropriately determine the type of psychological intervention required.

There are also well-acknowledged difficulties in relation to child participants with early intervention plans and their access to health services. A very useful illustration of this exists in the experience of a psychologist delivering services to a five-year-old pre-school child participant with intellectual disability and multiple associated needs. The psychologist indicated that “a range of treating health practitioners had advocated for this child through many hours of unfunded work ... but there had been a significant (i.e., many month) delay in contact with the NDIS since the initial and only planning meeting”. At that meeting, the planner indicated that there was “little point in doing a plan just for 12 months because he’ll need an intellectual disability diagnosis when he attends school and may lose his NDIS at that time [and that she was] only concerned with his (severely delayed) language and communication”. The treating health professional (THP), understandably, observed that *‘this completely goes against the “early intervention” idea ... [and] ... ignores the benefit that good NDIS support providers could have in helping with transition from kindergarten’*.

There is a similar lack of understanding as to how to plan for the provision of complex behaviour support. This is well-illustrated by the following case study provided by an APS member. The member indicated that the participant is

a 58-year-old man with an acquired brain injury who exhibits high levels of physical and verbal aggression. He is an amputee with high medical support needs and requires support for all activities of daily living. He also exhibits inappropriate sexualised behaviour towards other participants and staff on a regular basis. He is in supported accommodation in a community setting where he can leave the property. He frequently returns to the facility in an intoxicated state.

Despite the complexity of the behaviour management needs of this participant, his NDIS plan only included approximately six hours of behaviour support. To provide best practice care and support to

this participant, the psychologist needed to undertake, as a minimum, a functional behaviour analysis and baseline cognitive and adaptive measures; then develop a behaviour support plan (BSP) and instruct the staff of the residential facility in the implementation of the BSP. The psychologist also needed to be available for monitoring and review of the BSP over the following 12 months.

Planners also require training on how disability intersects with the criminal justice system and how the needs of those in this system differ. Planners should be able to better understand and delineate the supports required as a result of a participants' functional impairment and their offending. Risk management, including an assessment of any history of violent offending, ensures that the participant's basic needs, such as housing and integration into society, are considered as priorities and are subsequently managed appropriately in order to achieve the best outcome for the Participant. Forensic Psychologists are specifically trained to undertake this work. A referral to a Forensic Psychologist, would ensure that participants would achieve good outcomes in a shorter period of time.

In summary, the APS believes that planners are not currently equipped to understand and address the complex needs of some NDIS participants. Continuing poor plan development for NDIS participants with complex needs will put participants at risk of failing to achieve their goals.

Recommendation 2: The APS recommends that the NDIS urgently acts to develop guidelines for plan development for complex cases.

This will enable planners to:

- Develop a consistent approach to deciding what constitutes a 'health' condition requiring intervention by a health service and what constitutes a 'disability/functional impairment' requiring intervention through the NDIS;
- Without penalty, recognise and self-identify the limits of their expertise in making plans for complex cases and actively and co-operatively seek specialist input in such plans;
- Fully and effectively consult with a participant's family, carers and guardians, and treaters in the development and implementation of such plans;
- Curtail the trend toward recommending lesser-qualified providers of what should be psychological interventions;
- Work collaboratively with psychologist providers particularly where the participant's disability and mental health needs intersect and for participants with early intervention needs;
- Recognise the limitations of their expertise and draw on specialist knowledge to support NDIS participants and consult with the participant's family in the development and fulfilment of the participant's plan; and

- Receive training to better understand participants involved with forensic psychology services by working collaboratively with the criminal justice system to define the supports required as a result of a participant's functional impairment and those required as a result of a participant's offending.

c. The ongoing training and professional development of planners

Given the complexity of need with which participants typically enter the Scheme and their ongoing acute and chronic needs, the APS is strongly of the view that the NDIS needs to pay increased attention to the education, training and professional development of planners. Planners need to be provided with participant-centred learning about the Scheme as it currently exists and matures. As noted across this submission, there is strong evidence that too many planners do not understand the complex needs of NDIS participants.

The APS is aware that the NDIA provides training to planners to enhance their understanding of the existing mechanisms to ensure participants with complex needs have access to practitioners with higher level skills and expertise in behaviour support (i.e., psychologists). The APS has been advised that since the NDIS was first introduced, this training has varied in length and content considerably. Furthermore, there has been a lack of transparency in relation to the content of this training and peak professional association input into this.

The APS highlights the critical need for the NDIS to act to increase the knowledge base of its planners and their capacity to create, review and roll-over plans which optimally address the needs of participants and particularly those with complex needs. This will require the NDIS to substantially increase its investment in the education, training and professional development of planners. The NDIA could coordinate with the APS in the area of psychosocial needs of participants.

Recommendation 3: The APS strongly recommends that the NDIS substantially increases its investment in the education, training and professional development of planners.

This means that the NDIS:

- Identifies the knowledge gaps of planners as reported by participants, their families, carers, guardians and service providers;
- Develops specific priority-driven and quality-assured education, training and professional development for planners based on an analysis of the gaps as reported by such stakeholders;
- Reports on the impact of that training in terms of stakeholder satisfaction and key performance indicators (such as plans approved, reviews undertaken and the average time to their completion); and
- Engages with peak bodies around education, training and professional development of planners.

d. The overall number of planners relative to the demand for plan

The APS has received reports that indicate that lengthy waiting times are being experienced with respect to meeting with planners or receiving a report. This suggests the need for more resources to be allocated to having a larger number of appropriately trained planners available. APS members report that the situation is worse in rural and remote areas of Australia. This needs to be given particular focus.

Recommendation 4: The APS recommends that the NDIS increase the number of planners, particularly in non-metropolitan areas.

This will require the NDIS to:

- Undertake a thorough review of the adequacy of the distribution of planners by region;
- Establish benchmarks for the distribution of planners based on population ratios, socio-economic status, while allowing for regional characteristics and demand-supply ratios;
- Measure performance of planners by region through waiting times for plan completion, review and renewals for those regions; and
- Implement the required increases in planners in those regions.

e. Participant involvement in planning processes and the efficacy of introducing draft plans

The literacy of both participants and their next of kin is integral to the success of the planning process. It is highly recommended that funding be allocated to the development of user-friendly resources which will make navigating the system, the planning process, and the types of services available, easier for participants. Without this, the system will never be equitable and participants, their families and carers will never be successful in obtaining the services they require for optimal outcomes.

In addition, the APS argues that appropriate supports need to be provided to the next of kin to ensure the process is fair. This could include access to interpreters or support persons being present when planning occurs. Illustrative of this, an APS member has reported that for a child participant:

many years of speech therapy for the child concerned have resulted in very little progress ... such that the child will not function very well in a typical kindergarten classroom without significant supports and resources ... his mother also has a mild intellectual disability and difficulty both understanding the significance of her son's issues as well as articulating her concerns. Remarkably, the mother was permitted to meet with the planners involved without an advocate and on her own.

Effective navigation of the planning system is crucial for participants. This knowledge must also include information about how to amend, roll over and extend plans and how to review and appeal planning decisions. Providing all parties with copies of draft plans for “sign off” is a long-needed mechanism for meeting participant’s needs and should be trialled without delay.

Recommendation 5: The APS recommends that the NDIS redesign the planning process to ensure it meets participants, families’, carer’s and guardian’s needs.

This process will require the NDIS to:

- Review its communication with regard to planning and make use of professional associations to better inform participants, their families, carers and guardians and practitioners about navigation of the Scheme. This communication will be most effective if it is part of a targeted communication strategy;

- Increase participant involvement in the planning processes with a focus on increasing knowledge and understanding of participants and their family members;
- Re-adopt a draft plan approval process that drives the uptake of participant-agreed interventions that require sign off in the planning process by participants, their families, carers or guardians; and
- Introduce more collaborative planning processes that involve providers where appropriate.

f. The incidence, severity and impact of plan gaps

Plan gaps have serious ramifications for the participants and should be minimised as much as possible.

As stated earlier, there would be a significant improvement in the service provided by planners if they were appropriately trained prior to entering the system. The position of the APS is that planners and participants should be provided with documentation that categorically states what can and cannot occur during the planning process as well as any limitations that are imposed by the service. This level of transparency would greatly assist in improving service provision and minimising the incidence and severity of gaps.

APS members report instances where planners have overridden the wishes of the participant, in favour of mainstream services.

The prevalence of plan gaps and their severity and impact on participants are significant. APS members have indicated that changes to existing treatment arrangements too often occur without the knowledge of the treating health professional. These decisions can have serious ramifications and are challenging for the participant and the treating health professional.

APS members have observed that plan gaps which cause delays are partly due to planners seeking to approve items in plans that should be decided by the participant, their family, carers and guardians. These members report that planners often influence participants to seek mainstream health services outside their NDIS plans, and subsequently those services refuse to accept such referrals. Members cite the example of participants with disabilities related to Autism Spectrum Disorder and the negative impact of such plan limitations and the consequent early intervention failure on participants. This is a clear contradiction of the principle of control that defeats the original goal of the NDIS to provide participants with optimal choice when selecting services.

There are serious issues with planners responding with inadequate plans for child participants. For children with a disability, there is often a small window of opportunity for early intervention. If this is missed, the problem behaviour can become more entrenched. Problem behaviours such as violence, for example, can become worse and much more difficult to manage. Family members and support workers may suffer injuries which create new expenses and burden on the community.

Inadequate plans of these kinds not only fail to meet the needs of participants but also have the potential to cause harm; for example, leading to participant involvement in the criminal justice system due to the failure to address disability and associated mental health needs. The APS has received multiple examples of similarly inadequate plans from members.

APS members have observed that NDIS plans request behaviour support interventions to be developed with limited time and little-to-no provision for the need to train staff, family members and provide clinical support to teams to build capacity. They report there are no/few avenues to request additional funding to support the participant which is dependent on the level of experience of the support co-ordinator.

In summary, even where participants have a clear need for psychological supports and interventions for psychosocial disability, planners often fail to include such interventions in NDIS plans. The APS is aware that planners have been known to actively advocate against the inclusion of such intervention. Consequently, for some participants, their needs go unaddressed in the planning cycle, creating a cycle of decline and ultimately negative outcomes occur for participants. This obviously must cease.

Recommendation 6: The APS recommends that the NDIS:

- Review the basis on which planners can reject participant and provider recommendations and develop more transparent and rigorous decision-making processes. This should include the requirement for clear advice from planners as to why a request has been rejected; and
- Introduce protocols such that when planners initiate a planning review process, they flag this intention to all stakeholders including providers.

g. The reassessment process including the incidence and impact of funding changes

The APS recommends that an assessment occur after 10 sessions of service and that outcome measures are introduced to monitor the effectiveness of any service provided. Assessment should be conducted in conjunction with the treating practitioner to ensure that the planner has a full understanding of the service being provided and the impact of the service. Services should be assessed against strict protocols with an understanding of when service provision commenced and the regularity of the service.

With respect to the enacting of NDIS plans, APS members make the point that for participants with psycho-social disabilities, it is not as straightforward as receiving a plan and starting with a service provider or practitioner. Members have emphasised that there are often significant challenges with engagement that leads to delays in choosing a service or engaging with workers.

Because of this, APS members observe that when the participant returns a year later for plan review, planners fail to understand why the identified funding has not been spent. Often, planners assume that if the funding was not used in that year, it is not needed in the following year's plan and then consider reducing the funding available in subsequent plans. One APS member observed:

There are frequent changes to plans of participants where funding is taken from the plan and no communication takes place with the provider who has made a service booking. This seems to be particularly problematic at the start of the new financial year where bookings are suddenly changed and funds disappear. Sometimes there is no identifiable reason for the changes. However, those changes impact the planned services, frustrate service providers and add to the service provider's workload in sorting this out.

APS members also report that the internal review process for funding can take up to six months. During this time, the participant is not able to use existing funds to access the supports they require.

This has obvious, and potentially dire, consequences for participants. The following de-identified case study, provided by an APS member, illustrates this well. According to the member,

the participant has since his late teens suffered from a psychosis. His referral was for the treatment of high intensity, frequent, panic-level anxiety, which the participant described suffering from since his late 20s. He also has a tremor which results in uncontrolled shaking at times and, on account of the side effects of his medication, he suffers from hyper-salivation and emotional blunting. It is also the case that the participant experiences sleep problems and has a clear day-

night sleep cycle reversal. He also maintains poor personal hygiene and is often unkempt.

Consequently, he is unable to work and needs the support of a disability pension. His problems also prevent him from carrying out a broad range of functional activities, including socialising and he leads an isolated and anxious lifestyle. Due to these problems he was accepted into the Scheme and commenced work with a conveniently located psychologist on referral from a local support co-ordinator. With the increasing anxiety management skills the participant was taking up, he reduced his use of anxiolytic medication, while increasing his activities of daily living and was in the early stages of addressing quality of life issues. These ranged from being able to go about more capably in society to returning to university to continue his studies. Incredibly, without consultation with him, his support workers, family, carers or treatment provider, the planner changed his plan from plan-managed to NDIA-managed. In doing so, this effectively removed his right to what had been very effective psychology treatment under the Scheme.

The reassessment process is also subject to planners' limited understanding of disability and in particular psychosocial disability. This process is also slow and inefficient and is not consultative.

Recommendation 7: The APS recommends that the NDIS:

- Introduce transparent and easy-to-follow systems and protocols to enable the reassessment of plans;
- Ensure these protocols are used when planners seek to reassess plans; and
- Emphasise to planners the need to flag their intention to reassess plans to all stakeholders including providers before commencing any such processes.

h. The review process and means to streamline it

There is strong evidence that the review process is not working efficiently or effectively. There are long delays experienced by participants in obtaining commitments to review and in completing reviews. It is common for the internal review process to take six months to complete. In the meantime, participants often cannot access supports they require or expend funds relating to existing supports.

This is borne out in feedback to the APS from its members that indicates that although treating health practitioners are intimately involved in plan reviews, and often generate them on behalf of participants, there is considerable unfunded burden in this practice and no guarantee that the recommendation of the treating health providers will be acknowledged, agreed to or implemented. Thus, there are instances of appeals to the Administrative Appeals Tribunal (AAT) pursuant to failed or unanswered review requests wherein the AAT had endorsed the review request without any subsequent implementation of the AAT's decision. This is completely contrary to the proper conduct of the Scheme.

The APS emphasises the urgent need for the NDIS to improve the willingness and capacity of its planners to review plans so that they optimally address the needs of participants. As part of this, it is important the NDIS seeks expert advice on how to develop this system improvement – for example through the NDIS Commission's review function.

Recommendation 8: The APS recommends that the NDIS:

- Introduces different intensities for plan review processes to reflect the variability in need for plan reviews;
- Streamlines and improves the review process so that participants are not left unassisted for long periods; and
- Ensures that planners are accountable for prompt follow up of AAT decisions.

i. The incidence of appeals to the AAT and possible measures to reduce the number

The APS is aware of isolated instances where participants have appealed to the Administrative Appeals Tribunal (AAT) about the nature of the plan constructed for them and decisions within those plans that prevent funding disability and health treatment interventions. We are also aware that various matters brought before the AAT have been resolved in favour of the participants.

The APS is unable to identify data to indicate the prevalence of such appeals to the AAT. It is our hope that the instances where appeals have escalated to the AAT have been few.

Regardless of the incidence of appeal cases in which participants are successful, the APS is of the view that each and every instance of a plan being successfully disputed in the AAT represents a system

failure and indicates the planning process at the planner level, and higher levels, do not deliver the Scheme's core emphasis on the participant's wellbeing. Consequently, the APS argues that there needs to be improved internal mediation and dispute resolution mechanisms to prevent the escalation of plan disputes reaching the AAT and the concomitant suffering (and further delays in participant care) associated with these disputes.

There are currently systems with proven track records in dispute resolution – such as the Offices of the Federal and State Ombudsmen and Health Complaints Commissioners/Services. These are first-rate dispute and complaint resolution mechanisms and worthy of replication. The compilation of data, assessment of trends for quality assurance and safeguard purposes and the reporting of that data by a duly created NDIS mechanism should be of the same quality. Although currently not within its charter, the NDIS Commission appears well placed to analyse and act upon that data.

To conclude, the APS believes the NDIS review process requires review. It emphasises the cost, pain and fruitlessness of LAC/planner behaviour that results in tardy reviews or refusals to review and is all-too-often contrary to the intention of the Scheme. The APS most strongly asserts the need for this to cease.

Recommendation 9: The APS recommends that the NDIS review process is reviewed.

This review should include:

- Initiate genuine enquiries as to why participants have not accessed funding for plan supports rather than assuming the participants do not require these funds;
- Actively collaborate with participants and providers; and
- Consult with the NDIS psychosocial team and the APS about the most appropriate reassessment period and funding supports for participants with psychosocial disabilities.

j. The circumstances in which plans could be automatically rolled-over

See response to k. below

k. The circumstances in which longer plans could be introduced

Annual plans implement the regular review of a participant's access to services to ensure the continued relevance of those services to their needs. The annual review and re-planning process also provides an opportunity to consider any additional services which might be appropriate.

The move to a longer/rolled over plan should not only be based on demonstrable benefits to participants, but also on their stability of function. Finally, the decision to roll over/introduce a plan with a longer duration (e.g., two years or more) must be agreed to by all parties and allow for a review process, where there are changes in the participant's condition, functioning or needs.

Such arrangements will deliver a greater continuity of care and intervention, but have the potential for delivering cost savings to the system, certainty to the client and relevant others and increased engagement of treating health providers.

Recommendation 10: The APS recommends that the NDIS introduces roll-over and extended plans wherever possible, provided these lead to better outcomes for participants.

I. The adequacy of the planning process for rural and regional Participants

While a problem generally, the shortcomings identified throughout this submission are often acute in rural and remote areas of Australia.

The following is a revealing summary of how such related issues can manifest in rural and remote areas. The APS member who reported it, advised that it pertained to a large central rural New South Wales township without a community health psychologist and only one private practice psychologist with the capacity to provide services to young children and families with NDIS assessment and support needs. The books of that psychologist are now closed.

The child concerned has no recognised vocabulary (the treating psychologist reports he has only consonant sounds and a small number of key word signs). The inadequacy of the care and treatment included in his current NDIS plan were illustrated by his formal diagnoses. At assessment, his diagnoses included:

1. Severe expressive language disorder;
2. Moderate receptive language disorder;
3. Severe speech disorder; and
4. Global developmental delay.

Despite his level of disability and obvious need, that child could not obtain an NDIS plan.

People in rural and remote areas are particularly disadvantaged when it comes to accessing all services including services relating to NDIS. Planners in rural and remote areas must consider service access limitations in their region and factor these limitations into participant plans by enabling access to non-NDIA registered services and by providing extra funding supports for transport and accommodation to access services that are outside the community.

Recommendation 11: The APS recommends the NDIS:

- Educate planners on the issues associated with rural and remote areas and what the implications are in terms of developing appropriate plans for participants; and
- Prioritise improved coordination between participant plans and service access.

m. Other related matters

There are several other critical matters relating to the role and function of planners that the APS wishes to draw to the attention of the Joint Committee.

Members have commented on the expense of Scheme administration on participant's NDIS budgets, observing that often participant funds "are eaten up by co-ordinators who charge exorbitant fees to coordinate the services required". They have, accordingly, raised questions about the efficacy and cost effectiveness of the planner and support coordinator roles. Indicative of this, one member concluded that "some co-ordinators and planners are a waste of precious financial resources [and that] the parent or guardian could do the planning more effectively".

Additionally, and consistent with members' reports, it is the APS's persistent experience that, when policy and practice matters relating to co-ordination and planning are raised with the NDIA, it responds with generic policy re-confirmations, statements and advice to refer back to web links, rather than any indication that action will be taken to modify the practices of planners. This is part of a pattern of problematic communication that the APS has repeatedly raised with senior NDIA and NDIS staff during discussions about the nature of communications and messaging with regard to the NDIS. The APS seeks to convey to the Joint Committee the need for the NDIS to partner and become transparent and responsive in its communications with the professions and their peak bodies.

There is abundant evidence that psychologists are choosing not to provide NDIS services because of the inability to deliver best practice interventions to participants. This occurs most frequently in relation to early childhood interventions and behaviour management. This reluctance of highly skilled and caring practitioners is primarily due to the approval of plans for participants that do not reflect what is needed for participants with complex needs, including psychosocial impairments. Improved practices by planners would correct this reluctance by psychologists if they can remove barriers to the delivery of best practice interventions to participants. If there is no change to this trend, it is distinctly possible that there will be an increase in the shortfall of credentialed, experienced and effective psychologist practitioners in this system. The consequences of this will be potentially harmful to the very participants the Scheme is meant to assist.

3. Conclusion

As foreshadowed in previous representations and submissions by the APS about the NDIS to different levels of government and government bodies and agencies, the APS has a range of concerns about the planning function of the Scheme. This submission outlines these concerns in detail.

The APS contends that the issues addressed in this submission act as an unintended barrier to the achievement of the NDIS's vision and goals. It is imperative that the issues identified within this submission are addressed by government at all levels.

The APS, in its representations and submissions, made clear its view about the need for the NDIA/NDIS to be more inclusive, responsive and direct in its communications with psychologists and the APS as their peak representative body. The APS has brought to the attention of the NDIA/NDIS what appears to be the often-preferential communication that the NDIA/NDIS gives to service providers and the need to be equally engaged with the APS and other allied health practitioner peak representative bodies. The APS looks forward to partnering with the NDIS to bring about the required important changes.

Thank you for considering our feedback.