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Joint Standing Committee on the National Disability Insurance Scheme
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Submitted via email: ndis.sen@aph.gov.au

Dear Sir/Madam

Submission to the Joint Standing Committee on the NDIS Inquiry and report on the workforce providing NDIS services

The Australian Psychological Society (APS) welcomes the opportunity to provide a submission to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) consultation on the workforce providing NDIS services

The APS is responsible for promoting excellence and ethical practice in the science, education and practise of psychology as the key discipline for reducing the burden of mental ill-health, and increasing the wellbeing, of all Australians. It underscores the importance of ensuring people with a disability receive high quality and effective psychological services to support their mental health and enable them to live active and fulfilling lives as valued members of the community.

The submission that follows is based on feedback sought from members who work in the disability field. It addresses the consultation questions where relevant to psychology and member feedback.

If any further information is required, I may be contacted through my office on (03) 8662 3300 or by email at z.burgess@psychology.org.au

Kind regards

Dr Zena Burgess FAPS FAICD
Chief Executive Officer

The Australian Psychological Society (APS) submission to the Joint Standing Committee (JSC) on the National Disability Insurance Scheme (NDIS) Inquiry and report on the workforce providing NDIS services

The Australian Psychological Society (APS) welcomes the opportunity to submit to the Joint Standing Committee (JSC) Inquiry and report on the workforce providing NDIS services.

The APS notes the terms of references for this Inquiry are the same as those of the 2020 Inquiry into the NDIS workforce and perceives this second Inquiry, effectively, presents an opportunity to assess progress toward the objectives implicit to the terms of reference.

As the JSC will be aware, the APS made a detailed submission to its 2020 Inquiry workforce providing NDIS services¹. The APS believes that the observations, arguments and recommendations made in that submission remain unaddressed and the concerns then expressed remain pertinent. On this basis, it invites the JSC to again review that submission.

Term of reference a.: the current size and composition of the NDIS workforce and projections at full scheme

In its 2020 submission, the APS recommended the Australian Government take the necessary steps through the National Disability Insurance Agency (NDIA) and NDIS to ensure that a viable and sustainable workforce of the requisite supply and quality be established as a matter of priority. At the time, it argued this be enabled via:

1. A thorough participant-care needs analysis, conducted with input from key stakeholders (including peak professional associations) across the disability and other relevant sectors (e.g., health and mental health).
2. An analysis of the workforce supply and demand to seek to establish (a) the number of NDIS participants with a mental illness and/or a psychosocial disability, (b) what proportion of those participants have current plans that include psychological goals and (c) which professions are providing the required services.
3. Development of workforce benchmarking for successful service delivery predicated on the needs analysis and conducted with input from key stakeholders (including peak professional bodies) across the disability sector.

The APS offered these propositions on the grounds that a clear gap had begun to emerge between NDIS participant demand and workforce supply. Indicative of this, it in turn noted that:

- The NDIS predicted 64,000 Australians with severe and persistent mental illness will be eligible to access the Scheme by the time it is in full operation.
- The Scheme is likely to fund plans for over 500,000 Australians to 2024 - many of whom will experience psychosocial disability (NDIS Ministerial Statement; August 2019).
- In the face of this demand, the NDIS in August 2019 projected that up to 90,000 FTE equivalent NDIS workers will be employed in the field in Australia by 2024. This represents a 30% increase in the disability workforce (NDIS Ministerial Statement; August 2019).
- Given the projected number of NDIS participants with mental illness (i.e., 13% of the total NDIS population), and those with psychosocial disability associated with or arising from other otherwise unspecified disabilities, are not included in overall scheme estimates, the demand for psychology interventions facing the NDIS is, and will continue to be, significant.
- According to NDIS estimates as at 31 January 2020, allied health practitioners accounted for 7.4% of the total NDIS workforce and there were approximately 1000 psychology practices registered to provide services under the Scheme across Australia, and
- The psychology workforce will need to increase substantially if the supply and availability of psychological services is to cope with future demand.

¹ Australian Psychological Society Submission to Joint Standing Committee of the Australian Parliament on the NDIS (JSC) Inquiry and report on the workforce providing NDIS services <https://www.psychology.org.au/getmedia/23cbbec5-f5bb-4181-91bf-9a5b95cb7e61/20APS-NDIS-Workforce-submission.pdf>

The APS also noted that:

The work required to address participants' psychological needs under the NDIS is specialised and often complex in nature. The role of psychologists in providing assessment, care and interventions to participants is vital to assisting them and their families, guardians and carers, to cope with their disability. Psychologists working under the Scheme provide a variety of supports and interventions to participants. This includes services related to assessment (e.g., of neuro-cognitive disorders), early childhood disabilities (e.g., in intellectual function and learning disorders), complex behavioural deficiencies, developmental issues (e.g., sexual maturation), the co-ordination of life stage transitions (e.g., from special to mainstream schools and vice versa and from school to adult day programs) and capacity building (e.g., for improving daily living skills).

The APS observed that if Scheme participants are to receive best-practice care and interventions, the NDIS workforce must be fit for purpose. It observed that to ensure this, “the NDIS workforce must not only be of appropriate size and availability, but appropriately qualified, with the requisite capacities and skills for delivering best practice care and interventions to NDIS participants.”

The APS remains unaware of a coherent workforce plan to address this gap. It is concerned that minimal action has taken place in the past 12 months to improve the adequacy of the current and future NDIS workforce. The APS is further concerned that the absence of a coherent, detailed and stakeholder supported workforce plan is hampering consideration of the needs of participants and those who seek to enter the Scheme. It is strongly of the view that this situation should be addressed in collaboration with peak professional associations.

Term of reference b.: challenges in attracting and retaining the NDIS workforce, particularly in regional and remote communities

In its previous (2020) “workforce submission”, the APS emphasised the importance of the Australian Government taking the necessary steps through the NDIA and NDIS to:

1. Ensure NDIS planners, Local Area Co-ordinators (LACs) and support co-ordinators recommend the use of psychologists as the preferred providers of psychological interventions for NDIS participants for neurocognitive, behavioural, mental health and psychosocial disabilities.
2. Address the cost of Third Party Verification (TPV), especially for small or sole provider practices.
3. Reduce unnecessary “red tape” and the burden of administration in service delivery.

The APS continues to advocate for these recommendations to be implemented. Initially, it observed that the “most obvious challenge to making the Scheme operate to full capacity relates to attracting suitably qualified practitioners to work in rural, regional and remote Australia.” Previous NDIS-related APS submissions have cited examples of serious delays in the provision of interventions to participants outside of metropolitan Australia². The APS also strongly expressed the view that workforce-related service shortfalls will not be solved by market interventions and that timely and creative solutions are required if the Scheme is to meet its capacity. It then suggested possible capacity-building mechanisms that included funding for:

- Indentured trainee placements and registrars in practices and provider organisations.
- Practitioners to travel to regional, rural and remote locations to provide a concentrated series of sessions.
- Fly-in/fly-out clinic services and
- The use of telehealth (including for individual and multidisciplinary teamwork) offered in a manner that is consistent with best practice guides. The APS has developed a [range of resources for psychologists related to telehealth](#), such as using [telehealth with children and young people](#) which could easily be adapted to the NDIS environment.

² Roufeil, L. & McHugh, T. (2018). *APS Response: Joint Standing Committee on the National Disability Insurance Scheme (NDIS) Inquiry into Market Readiness for the NDIS*. APS: Melbourne. DOI 02/2018.

Roufeil, L. & McHugh, T. (2018). *APS Response to the New South Wales Parliament Legislative Council Portfolio Committee No. 2 - Health and Community Services - Inquiry into the Implementation of the National Disability Insurance Scheme and the Provision of Disability Service*. APS: Melbourne.

Based on feedback from members, the APS perceives that there has been little by way of meaningful change and that challenges remain in attracting and retaining the NDIS workforce, particularly in regional and remote communities. In contrast, the APS notes the active consideration of the Victorian State government in relation to the intended 2022 mental health and well-being act and the workforce planning that is occurring around it. It notes that mechanisms for increasing the workforce there (including regional rural and remote areas of Victoria), include the creation of senior regional and program leadership roles, scholarships, sign-on bonuses, funded continuing professional development, professional networking mechanisms (including supervision) and zone allowances.

The APS additionally noted the problem of inadequate workforce supply for, and service delivery to, specific “high need” participant cohorts. It specifically identified several areas where such workforce deficiencies are acute: namely, in the:

- Treatment of Autism Spectrum Disorders (ASD) and other Neurodevelopmental disorders (e.g. Intellectual Developmental Disorder, Global Developmental Delay, Learning Disorders, Attention Deficit/Hyperactivity Disorder, Other Specified Attention-Deficit/Hyperactivity Disorder, Unspecified Attention-Deficit/Hyperactivity Disorder, Specific Learning Disorder and Stereotypic Movement Disorder), and
- Provision of Early Childhood and Behaviour Support services, where there are indications that providers - who often have a history of a highly-dedicated and expert service - are choosing to not do this work because of Scheme-driven difficulties.

Integral to such problems, the APS identified the significant issues created by planners and the planning process itself. It observed there are several patterns of planner decision-making behaviour that result from the lack of clarity around scope, which affect service delivery and as a consequence affect the experience of psychologists working in the Scheme. The APS thus referred to planner:

1. Inconsistency of decision making and between-planner decision making.
2. Advocacy for cost shifting to Medicare, irrespective of whether the intervention concerned was legitimately available under the MBS, and
3. Intervention to instigate service delivery arrangements by non-psychologists in preference to psychologists.

Finally, the APS referred to the barriers and costs involved in being an NDIS registered provider. It observed:

Of particular concern to members is the introduction of costly Third-Party Verification (TPV) and particularly certification (as applies in relation to work with children or participants with challenging behaviours). They have indicated that it has either made it unaffordable or cost ineffective for smaller (including sole practitioner) practices to take on children under the age of seven years. This is particularly concerning, given evidence that smaller, quieter and less sensorially stimulating environments are what is required for these participants groups.

Consequently, the APS further noted that the “number of psychologists choosing to work as registered providers is decreasing due to their experience of the registration and auditing process as cumbersome and excessively expensive”. It acknowledged “the need for only suitably credentialed and experienced practitioners to deliver services”, while stating its belief that “the cost of registration and the necessity of re-registration needs to be addressed to reduce its deterrent value.”

Recent member feedback to the APS has again emphasised that becoming a Behaviour Support Practitioner is onerous. Members have indicated that registration as a sole provider is time consuming and costly and many psychologists have declined registration. This has been supported by evidence that audits can cost up to \$15,000 which is unacceptable for small providers.³ The self-assessment process to become registered will further dissuade those psychologists who were prepared to register from continuing.

Psychologists can continue to charge an hourly rate as recommended by the APS within their own field of work outside the NDIS. Allied health providers cited administrative hurdles as one of the top challenges in recruiting staff.⁴ The APS has received feedback from members that hours are spent navigating the NDIS portal when uploading Behaviour Support Plans. Small practices, including sole providers who make up 40% of active NDIS providers, also have difficulty taking their business online so clients can find them.⁵

In its 2020 submission, the APS observed that although it has repeatedly raised such problems with the NDIA/NDIS, it had not received any response.

³ NDIS National Workforce Plan 2021-2025.

⁴ NDIS National Workforce Plan 2021-2025.

⁵ NDIS National Workforce Plan 2021-2025.

Given the apparent lack of progress that has occurred in relation to this term of reference, the APS reiterates the need for further consideration of the issues raised above to the JSC.

Term of reference c.: the role of Commonwealth Government policy in influencing the remuneration, conditions, working environment (including Workplace Health and Safety), career mobility and training needs of the NDIS workforce

In its previous workforce submission, the APS stated that “The importance of the Commonwealth Government in influencing the remuneration, conditions, and working environment of the NDIS workforce through policy cannot be over-stated: government policy is critical to the ongoing viability of the NDIS workforce.” It strongly retains that view.

In its prior submission, the APS recommended that the Australian Government take the necessary steps through the NDIA and NDIS to:

1. Fully assist the NDIS workforce to develop to its optimal potential. This includes developing operational policies that are supportive of the needs of staff and providing training targeted to workers and NDIS staff (including planners and LACs), and
2. Appropriately engage with professional organisations in the development and implementation of NDIS targeted programs of education and training.

The APS made these recommendations on the basis that the environment in which the NDIS workforce operates extends beyond government policy settings. It also observed that the NDIA/NDIS sets supportive operational policies and develops competency-based education, training and supervision to build workforce expertise across the sector that supports the Scheme’s vision. It thus suggested that the NDIA partners with professional organisations to help drive change in the planning process via targeted programs of education and training for provider organisations, workers and NDIA (especially planners and LACs).

The APS is of the view that little has changed in relation to government policy and its potential for influencing participation in the NDIS workforce. It also notes that, despite offers around training that would enhance the NDIS workforce, no offers of partnership have been extended to the APS.

Term of reference d.: the role of State, Territory, Commonwealth Governments in providing and implementing a coordinated strategic workforce development plan for the NDIS workforce

In its 2020 workforce submission, the APS recommended the Australian Government take the necessary steps through to enable the creation of a comprehensive strategic workforce development plan as a matter of priority to enable the delivery of best-practice care and interventions to NDIS participants.

The APS argued that such a Plan would be fundamental to defining the appropriate workforce to deliver the services required under the NDIS. It observed that the development of workforce benchmarks for successful service delivery, predicated upon a needs analysis and conducted with input from key stakeholders (including peak professional bodies), was required across the disability sector.

To accommodate situations where it is not clear which health professionals are best placed to deliver certain types of services, or where less complex services may be delivered by a non-or-lesser-qualified worker, the Plan must articulate closely managed delegations with appropriate protocols and provide for easily auditable paper trails.

The APS suggested that the establishment of effective benchmarks be facilitated by a range of actions, for example:

- The development of prototypical industry position descriptions for workers that articulate Key Selection Criteria and required and desirable experience.
- The identification of preferred supervision arrangements and encouragement of supervision networks.
- Ongoing targeted and supported professional development activities that relate directly to the disability field.
- The implementation of training for disability relevant skills and mental health literacy required to ensure KPI’s are achieved, and
- Benchmarks to guide the content and intensity of interventions required for psychological support approved in plans.

The APS continues to strongly believe that the creation of a workforce development plan represents an important missing link in NDIA/NDIS policies and protocols. It would be pleased to partner with the NDIA/NDIS in

establishing such a Plan, especially as it relates to the differential roles that may be taken up by clinical psychologists, clinical neuropsychologists, counselling psychologists, educational and developmental psychologists and forensic psychologists.

Term of reference e.: the interaction of NDIS workforce needs with employment in adjacent sectors including health and aged care

In its previous submission, the APS recommended that the Australian Government take the necessary steps to commence high level government, industry and peak association consultations aimed at clarifying interactions between the Scheme workforce and adjacent sectors.

It argued this on the grounds that current arrangements at the interface of adjacent sectors are not working well. The APS proposed that the archetypal example of this relates to psychosocial disability. Evident of this, the APS commented that psychosocial disability by its nature:

- Requires a mixture of evidence-based psychological interventions and broader social supports to enable functioning.
- Can have its roots in intellectual, sensory or physical disabilities; for example, an individual with permanent severe physical disability derived from stroke is likely to experience psychosocial disability (e.g., depression, anxiety and irritability) directly related to their disability, and
- May not lead to formal psychiatric diagnoses.

As observed then and since, the APS continues to have significant concerns about the intersection of the health and disability sectors around psychosocial disability. The evidence provided by members suggests that gaps in services for Scheme participants with psychosocial disabilities may be widening (see comment above regarding the inappropriate and potentially prejudicial use of Medicare as a surrogate for the NDIS' responsibility for the care of those with psychosocial disability). The APS observed that:

Where the NDIS deems an individual is not eligible for funding in relation to some aspect of their care - for example, because they have mental health issues that are neither permanent nor related to their disability - there is a need to assist those persons to find support through the mainstream and community sectors (e.g., referral to the public mental health system or a private mental health service provider, including psychiatrists and psychologists).

The APS is aware that as of 1 July 2020, the role of "Recovery Coach" was introduced into the NDIS. Recovery Coaches may be able to assist NDIS participants with complex needs and system navigation, and may also play an important role in the implementation of plans and the co-ordination of care.

Irrespective, the APS is concerned that assistance provided to participants will be limited when they are denied psychology interventions, and that this situation needs to be given prompt attention.

Term of reference g.: any other matters

In its 2020 workforce submission to the JSC, the APS also emphasised the importance of the Australian Government taking the necessary steps to:

1. Improve the quality of communications with practitioners, industry representatives and peak professional bodies, and
2. Review the role of NDIS planners for their impact on the NDIS workforce and the availability and quality of service delivery through the NDIA Quality and Safety Commission.

Notwithstanding having previously articulated the above concerns, the APS believes that it is necessary to re-state them in this submission. It does so on the grounds that it is unaware of any attention having been paid to these issues and that they, consequently, remain active matters of concern.

As the APS observed in its prior submission, the "stated intention of the NDIS and NDIA is to act in a timely and consultative fashion with key stakeholders to address existing and emerging concerns so that the Scheme's goals can be effectively realised".

It noted, however, that many APS members have provided feedback about the difficulties they have experienced with the NDIS, reporting that:

- *Getting clear answers from the NDIS about what is needed to have psychology approved in participant plans*

is very difficult.

- *When matters are formally raised with the NDIS - for example, by posting an entry on the NDIS Providers page on the NDIS portal - these entries have been removed by NDIS staff without the permission of the author of that post, and*
- *NDIS staff have a poor grasp of the challenges that face practitioners outside of provider organisations and the pressures upon individual practitioners.*

The APS consequently argued that it is critical that:

the NDIA/NDIS establishes appropriate consultation mechanisms not only with participants ... and health providers, but also other stakeholders, such as the APS, at both peak representative and day-to-day levels of communication, so that early advice is sought from providers in a collaborative top-down and bottom-up manner.

It also observed that it is critical that the:

- *Successful operation of the NDIS depends on central planning that attends to the functioning and wellbeing of participants and their choice and control in decision-making about what will be included in their NDIS plan(s).*

The APS has also noted:

- *Concern about the impact of planners on the delivery of services to participants with mental health and/or psychosocial disability [and]*
- *That the role of planners has a deterrent effect on psychologists entering or remaining within the Scheme as registered providers.*

The APS emphasised the need for urgent reform of the NDIS planning function so that:

- *There are minimum industry qualification requirements for planners.*
- *There are planning guidelines urgently developed for the inclusion of psychology in plan development, especially for complex cases.*
- *The bases on which planners can reject participant requests and provider recommendations for psychology interventions are open to scrutiny and reviews are conducted efficiently.*
- *The planning review process is streamlined, so that participants are provided with timely and responsive plans and plans reviews, and*
- *The NDIS partners with professional organisations to help drive change in the planning process via targeted programs of education and training for planners.*

In submitting around these matters again, the APS raises with the JSC the urgent need for the NDIA/NDIS to clarify policy around what it will approve for psychology interventions in Agency-managed, Plan-managed and Self-managed plans by reference to a clear policy statement. The need for this to occur was specifically argued in the previous submission and instances of how participants were denied psychological support on an ad hoc basis were detailed in Appendix 2 of the submission.

Given the clear lack of progress in addressing these issues, the APS petitions the JSC to seek clarification from the NDIA/NDIS about its intention in taking action. The APS points to the costly and reputation-damaging impact of the failed Independent Assessment Project and the loss of participant confidence in the Scheme that has ensued. It is now time for the NDIA/NDIS to consult and release policy to address these issues.

Summary

The APS again thanks the JSC for the opportunity to submit to this second Inquiry into the workforce providing NDIS services.

This submission raises various important areas of consideration for the Committee's review. The APS again conveys to the JSC that the observations made, and associated recommendations, relate to issues that have been brought to the attention of the NDIA and NDIS before via a range of channels.

The APS calls for government action on the issues identified and the propositions made. It does so on the basis that there has been twelve months since the 2020 workforce planning review, with seemingly little progress.

References

Australian Psychological Society submission to Joint Standing Committee on the NDIS: Inquiry into Market Readiness for the NDIS (Feb 2018): psychology.org.au/getattachment/b7a63671-d387-4448-a08f-088ad10838cd/20180223_Final-Submission.pdf?lang=en-AU

Australian Psychological Society Response to Joint Standing Committee on the National Disability Insurance Scheme: NDIS Planning (Sept 2019): psychology.org.au/getmedia/376ce796-e3e7-4c4b-919f-bae1b462f0ab/19_APS_Response_NDIS_Planning_Senate_Inquiry.pdf

Australian Psychological Society Response to Joint Standing Committee on the National Disability Insurance Scheme: NDIS Workforce (May 2020): psychology.org.au/getmedia/23cbbec5-f5bb-4181-91bf-9a5b95cb7e61/20APS-NDIS-Workforce-submission.pdf

Australian Psychological Society Submission to NDIS on Access and the Eligibility Policy with independent assessments (Feb 2021): psychology.org.au/getmedia/3abf4d6e-5598-4459-800a-8250a05f14bc/21APS-Response-NDIS-APH-Initial-Assessments.pdf

Australian Psychological Society submission to NDIS consultation on supporting young children and their families early, to reach their full potential (Feb 2021): psychology.org.au/getmedia/6ce50ed3-13b7-4f21-bdd0-51851d0a4b93/21APS-Response-NDIS-Early-Childhood-Supports.pdf

Australian Psychological Society submission to Joint Standing Committee of the Australian Parliament on the NDIS (JSC) Inquiry and report on the workforce providing NDIS services <https://www.psychology.org.au/getmedia/23cbbec5-f5bb-4181-91bf-9a5b95cb7e61/20APS-NDIS-Workforce-submission.pdf>

Australian Psychological Society Submission to the 2021 Joint Standing Committee Inquiry into Independent Assessments under the NDIS (April 2021): psychology.org.au/getmedia/b720265c-68a9-4a0a-afdf-8f0ab8e4bb17/Joint-Standing-Committee-on-the-NDIS-of-the-Australian-Parliament-Inquiry-into-Independent-Assessments-under-the-NDIS.pdf

NDIS National Workforce Plan 2021-2025.
<https://www.dss.gov.au/disability-and-carers-publications-articles/ndis-national-workforce-plan-2021-2025>