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Joint Standing Committee on the National Disability Insurance Scheme
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Dear Committee Members

APS Submission to the Inquiry into the Capability and Culture of the National Disability Insurance Agency

The Australian Psychological Society (APS) welcomes the opportunity to provide a submission to the Joint Standing Committee's Inquiry into the Capability and Culture of the National Disability Insurance Agency (NDIA).

The APS is the peak body for psychology in Australia, representing more than 28,000 members. Psychologists have enthusiastically contributed to the NDIS since its inception almost a decade ago. However, there are enduring limitations which prevent psychologists from fully contributing to improve the functional capacity, engagement, and wellbeing of people with disabilities in line with best clinical practice and evidence. The capability and culture of the NDIA has been one such systemic limiting factor, as we outline below.

In this submission, we have chosen to give voice to psychologists' experience of their interactions with the NDIA. We have identified key themes from our consultation with APS members via our network of Colleges, Branches, and Interest Groups, and as guided by the Terms of Reference for this Inquiry.

As with all our work in the APS, we are also informed by the UN Sustainable Development Goals (SDGs), particularly SDG 8 (to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all) and SDG 10 (to reduce inequality by empowering and promoting the social, economic and political inclusion of all, including persons with disabilities).

1. Psychologists hold concerns about the transparency and accountability of the NDIA's decision-making process

A recurring experience of psychologists is that NDIA delegates make decisions which are not consistent with the expert evidence and recommendations that they have provided. We are concerned about the frequency with which APS members have observed that NDIA decision-makers seem to show little awareness of, or response to, the content of psychological reports particularly in relation to access and planning decisions. In many cases, the nature of the decisions that are made can only lead to an inference that psychological reports have not been read by the NDIA delegate. Such outcomes are disappointing given the considerable time (which is often unbillable), skill and

expertise that psychologists invest in producing reports – often multiple reports – to provide an evidence-based and person-centred assessment of the unique needs, preferences and goals of their clients.

Where access and planning decisions fall short of psychologists' recommendations, the reasons are typically not known. Participants and psychologists report that they often do not understand the reasoning behind NDIA decisions. Psychologists are therefore calling for greater openness and transparency throughout NDIA decision-making processes. Without reform, the perception of an uncollaborative and at times hostile culture within the NDIA may continue to develop, contrary to the aims of the NDIS. In addition, the lack of a transparent feedback loop prevents psychologists from improving their reports and recommendations in line with NDIA expectations. These experiences of uncertainty and unresponsiveness also increase the administrative burden for psychologists, which is ultimately to the detriment of participants and would-be participants.

The internal review process is also a source of confusion and frustration. When reviews are sought, the process is often experienced as a negative adversarial experience for both psychologists and participants. In the words of one APS member, the internal review process is "designed to exhaust parties instead of trying to find a resolution." We believe that there are opportunities for the NDIA to engage with psychologists and other professionals about their role in the review process. Such engagement would signal a shift in the culture of the NDIA towards one of greater collaboration and mutual learning, which would also change widely-held perceptions that the NDIA acts as a gatekeeper even when a defensive posture is not needed.

While the APS welcomes the Government's recent commitment towards integrity and effective compliance measures in the NDIS, we hope that that this focus does not further and adversely drive the culture of the NDIA towards suspicion and antagonism. As psychologists and experts in behavioural and cultural change, we welcome opportunities to contribute to the development of effective and person-centred resources and approaches to promote the sustainability and effectiveness of the NDIS for the benefit of all Australians.

2. The NDIA is seen as impermeable and inconsistent by both psychologists and participants

Psychologists have described substantial inconsistency in their interactions with NDIA staff, including difficulties obtaining consistent and accurate information and answers. Outcomes and decisions seem to be dependent on the particular NDIA staff member's approach and experience, rather than there being a consistent implementation of policy and procedure. These observations add to the concerns about the transparency and accountability of decision-making as described above.

Psychologists report that it would be helpful to have direct access to specialist teams within the NDIA rather than requiring most issues to be escalated through a centralised provider engagement team. For example, psychologists working in the early childhood intervention have remarked that staff within the Early Childhood Branch have been approachable and knowledgeable, but that non-specialist provider engagement staff are often not aware of the complexities of the Early Childhood Approach and therefore tend to provide inconsistent or inaccurate information.

The APS is also concerned that the NDIA does not hold, or does not communicate, NDIS health workforce data and insights with relevant professional bodies. We acknowledge that the focus of the NDIS is rightly on the participant (as an insurance-based scheme focused on choice and control) rather than on provider activity as is the case under other funding models. However, the absence of up-to-date information about health professionals' contribution to the NDIS inhibits proper data-driven planning, advocacy, workforce development and education. This gap in data (or data sharing) also reflects a sense that there is an unwillingness of the NDIA to work together with health professional bodies, including the APS, towards greater understanding and reform.

3. There is insufficient understanding across the NDIA of the nature and full scope of psychologists' work with people with disabilities

Psychologists have reflected that their interactions with the NDIA often reveal a lack of understanding about the profession of psychology and the range of evidence-supported psychological interventions for people with disabilities. This lack of understanding is particularly evident in relation to psychologists' work at the intersection of mental health and disability.

Despite the wide-ranging benefits of psychological support and interventions for people with disabilities, interactions with the NDIA are often shaped by a false assumption that psychologists only treat mental health concerns. Plans involving psychologists or psychological interventions are therefore subjected to this additional but *ad hoc* level of scrutiny, with psychologists and participants often having to rebut an erroneous presumption that psychological services are not in scope for NDIS funding. Across the Scheme, this results in a tendency for the NDIA to make decisions that reduce funding for psychological supports and interventions, diminishing the contribution of the psychological workforce to the lives of people with disabilities.

While these experiences also reflect NDIS policy settings outside the scope of this Inquiry, they are reinforced by an internal NDIA culture that seems to impose a binary between mental health and disability interventions – often when a clear distinction is unnecessary or inappropriate due to the multiple factors shaping a person's functional capacity and engagement. We suggest that the underlying cultural drivers within the NDIA need to be addressed, particularly the overgeneralised suspicion towards psychology-related funding which seems to be based on an inadequate understanding of the role of psychologists.

As a result, there are frequently missed opportunities for psychologists to contribute to participants' lives and engagement, including through enhancing functional capacity and independence. It is likely that such psychological support will also improve the mental health of participants, but this outcome should be recognised and celebrated rather than seen as an exclusionary criterion. We recommend that the NDIA work closely with the APS and psychologists to develop a mutual understanding about what is "reasonable and necessary" in relation to psychological supports, informed by both NDIS guidelines and the contemporary psychological evidence and research about the intertwined nature of mental health and disability.

Psychologists have also noted that the insufficient understanding of psychology is particularly pronounced for some NDIS populations. For instance, members have pointed out that the NDIA lacks sufficient expertise and representation in the early childhood area. NDIA staff without experience and understanding of early childhood can make access to the NDIS more difficult for families and psychologists (e.g., by providing inaccurate information that children require a diagnosis or professional report to access the NDIS). Psychologists feel constrained by these kinds of bureaucratic irrationalities and exclusionary decisions, which are often cited as core reasons why psychologists have chosen not to register as a NDIS provider or have limited their work within the NDIS, despite fully supporting the objectives of the NDIS and wanting to provide expert support to people with disabilities.

As the largest organisation representing Australian psychologists, the APS would like to have more direct engagement with the NDIA. There has, historically, been a generic and irregular approach to engagement with health providers and professional bodies including the APS. The NDIA's engagement with professions has also been conducted in a way that does not fully recognise the differences and unique contributions of each professional group to the NDIS. We would recommend that the NDIA revise its provider engagement strategy and draw on the collaborative practices of other Commonwealth agencies, including the Department of Health and Ageing, the Department of Veterans' Affairs, and the National Mental Health Commission.

4. There is a need to promote culturally-appropriate practices in the NDIA to minimise inequitable outcomes for NDIS participants

APS member psychologists have been vocal about the need for greater cultural awareness and responsiveness across the NDIS, including at key touchpoints involving NDIA staff (e.g., access and planning decisions).

Psychologists have noted the difficulties that people from Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse (CALD) people, and people from a refugee background continue to have in engaging with the NDIS and NDIA. There are also instances of inappropriate decisions being made in relation to regional and rural participants because there was a lack of understanding of local conditions.

We therefore strongly recommend that the NDIA prioritise investment in increasing cultural competence and capability to improve equity in NDIS processes and outcomes. Such investment should be directed not only to NDIA staff but also to the wider NDIS community, recognising the leadership and normative role of the NDIA in promoting best cultural practice for NDIS providers (registered and unregistered), support coordinators and others in the disability sector across Australia.

The APS also recommends that NDIA staff receive greater support and training in trauma-informed decision making and communication with participants or would-be participants. Even seemingly benign administrative decisions and communications can operate in either a therapeutic or anti-therapeutic direction, that is, either promoting or inhibiting the overall wellbeing of the recipient. Even if unfavourable outcomes need to be communicated, the NDIA should consider how to do this in a way which is less likely to exacerbate distress, and which still recognises and promotes the inherent capacity and goals of the (would-be) participant.

Trauma-informed communication and decision-making requires significant cultural reform, including through the provision of appropriate supervision, ongoing learning opportunities and the design of appropriate supports for staff. These features of a trauma-informed agency should be deeply embedded into the culture, business processes, policies, and guidelines of the NDIA and should be informed by the input of experts psychologists in relation to the latest science and evidence.

5. The NDIA has not kept pace with policy development and implementation in relation to supported decision-making

The APS notes that the NDIA has been developing a policy on Support for Decision Making, including a public consultation in 2021. We welcome the NDIA's work in this space, which is consistent with the aims of the NDIS as well as contemporary approaches to disability as set out in the *Convention on the Rights of Persons with Disabilities*.

However, little progress seems to have been made despite the likely positive outcomes that would result through the increased uptake and consistent use of supported decision-making in the NDIS. We would recommend that the NDIA accelerate efforts to develop supported decision-making initiatives as a way of promoting the full capacity of participants. The APS also recommends that further work on supported decision-making be informed by developments in research and practice, including recognising the role of psychologists in conducting assessments and in facilitating supported decision-making.

Thank you again for the opportunity to provide a submission to the Joint Standing Committee's Inquiry into the Capability and Culture of the NDIA. If any further information is required from the APS, I would be happy to be contacted through our National Office on (03) 8662 3300 or by email at: z.burgess@psychology.org.au

Yours sincerely

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The APS would like to acknowledge and sincerely thank the members who so kindly contributed their time, knowledge, experience, and evidence-based research to this submission.