

Submission

APS submission to the NDIS Review

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Executive summary

The APS, and our members, are committed to the ongoing success and sustainability of the NDIS. Psychologists look forward to being part of the solution in the design, implementation and evaluation of reforms emerging from this Review. Informed by the issues raised in the NDIS Review's *What We Have Heard* report, the APS makes a range of recommendations for reform and action. These include:

- Enshrining the place of people with psychosocial disability within the NDIS and ensuring that appropriate supports, including psychological supports, are adequately funded.
- Developing a “no wrong door” approach for applicants as part of fulfilling the broader objectives of the NDIS ecosystem.
- Developing a program of work to understand the decision-making processes of NDIA delegates and planners to inform changes to the current culture, which can be unnecessarily adversarial and result in systemic harm to applicants and participants.
- Developing more collaborative relationships with providers and peak bodies, such as the APS, in the design and implementation of broader initiatives.
- Addressing the culture and interpretive latitude which allows “reasonable and necessary” to be used presumptively and inconsistently against participants.
- Making it clear that the existence of another funding source is not a sufficient basis to determine that a support is not “reasonable and necessary” and challenging the assumption that there are always clear lines of demarcation between NDIS and non-NDIS services.
- Seeking to reconcile the concepts of “reasonable and necessary” and “choice and control” by developing principles of shared and supported decision making in the planning process, and ensuring decision-makers give appropriate weight to reports and evidence submitted by psychologists.
- Implementing a program of ongoing education for planners and support coordinators to inform them about the role of psychologists and the place of psychological supports, while also developing processes for two-way information sharing between the APS and NDIA.
- Acknowledging that support needs for children need to be flexible and developmentally-appropriate, and affirming that the wellbeing of children is inextricably connected to the wellbeing of the family.
- Recognising that early intervention is an investment, and that effective evidence-based therapeutic support reduces long-term NDIS expenditure while promoting broader good outcomes.
- Providing funded opportunities for parents and caregivers to access evidence-based and psychologist-led education and support programs, and increasing investment in research into effective interventions in the early childhood context.
- Addressing pricing and provider regulation reforms holistically, rather than through piecemeal changes, and recognising the hidden costs to already-regulated providers of providing NDIS services.
- Not pursuing outcomes-based funding models, which are inappropriate in the disability context and may result in further negative consequences for participants.
- Working to improve outcomes and participant experiences by working with providers to build a culture of research, measurement and evidence-building across the NDIS.
- Reviewing and redesigning NDIA provider training and education resources and requirements through co-design with professional bodies (such as the APS), providers and participants.
- Recognising the place of providers within the NDIS ecosystem and ensuring their distinct professional contribution to the NDIS is well-understood, including by establishing a NDIS Allied Health Advisory Committee with representatives across professions, including from psychologists.

1. About the APS

The Australian Psychological Society (APS) is the leading professional association for psychologists in Australia, representing over 28,000 members nationally. The APS is dedicated to advancing the scientific discipline and ethical practice of psychology and works to realise the full human potential of individuals, organisations and their communities through the application of psychological science and knowledge.

Our work is informed by the United Nations' Sustainable Development Goals,¹ which champion inclusivity, wellbeing, social equity and the empowerment of all people, including persons with disabilities. To this end, we advocate on behalf of our diverse profession and community for the meaningful design and reform of Australian disability, health, and other systems that impact all member of our society.

2. Psychology in the NDIS

There are more than 36,000 registered psychologists and 7,800 provisional psychologists in Australia.² Psychologists are regulated by the Psychology Board of Australia (PsyBA), which sets the scope of practice, ethical standards and continuing professional development applicable to practitioners. To become PsyBA registered, psychologists require at least a Masters degree with supervised practice. Many psychologists have additional training and a PsyBA recognised Area of Practice Endorsement.

NDIS-related services provided by psychologists include:

- Providing individual and group-based therapeutic supports to promote capacity and independence.
- Conducting assessments (including cognitive, neurodevelopmental and psychosocial) and providing reports to planners, NDIA and other health and disability practitioners.
- Specialist Behavioural Intervention Support.
- Early Childhood Interventions.
- Parent and caregiver support including psychoeducation and capacity building for parents and caregivers of children with a developmental delay/disability.
- Participating in multidisciplinary/team care arrangements.
- Coordinating and facilitating supports for participants with other professionals or agencies, or with the participant's planner, support coordinator, local area coordinators (LACs), early childhood partner or the NDIA.
- Providing supervision to psychologists and other NDIS professionals.
- Delivery of training and professional development sessions.
- Conducting research and development of the evidence base in relation to disability and NDIS supports.

“I have had the chance to design in-depth and bespoke therapy responses for participants which actually helps them move forward. This is wonderful. I love at its heart what [the NDIS] is trying to do – the ethos behind it.” – APS member

“The NDIS enables a holistic approach that is goal driven and therefore enables treatment planning that can be measured and adapted to the clients needs not based on a limited number of sessions.” – APS member

3. What else we have said

Over the past 12 months, the APS has made four other NDIS-related submissions:

1. APS Submission to the Joint Standing Committee on the NDIS Capability and Culture of the NDIA Inquiry (December 2022)

This submission highlighted psychologists' experience of inconsistent decision-making by the NDIA, limited communication channels and engagement opportunities, and a tendency to disregard psychologists' reports and expertise.

The submission recommended reforms to promote understanding of psychologists' work and scope within the NDIS and to work with the APS to repair misconceptions which maintain an artificial distinction between mental health and disability supports.

2. APS Submission to the NDIS Annual Pricing Review 2022–23 (April 2023)

This submission noted that current NDIS price limits are well below APS-recommended fees, especially noting the amount of unbillable time that is often involved in NDIS work. More importantly, the APS noted that administrative burdens associated with the NDIS (e.g., registration and compliance costs) are disproportionate on psychologists and act as a disincentive for psychologists to provide services under the Scheme.

3. APS Submission to the Joint Standing Committee on the NDIS General Issues Inquiry (June 2023)

This submission set out five ways in which psychologists make a positive contribution to the NDIS including how psychologists contribute to the sustainable, collaborative and participant-centred operation of the Scheme.

4. APS Response to the NDIS Review's Quality and Safeguarding Framework Issues Paper (July 2023)

This submission supported the review and redevelopment of the NDIS Quality and Safeguarding Framework, noting that from the provider perspective the current Framework has not been successful in its objectives of promoting high-quality or safe services. The APS recommended that regulatory settings in a revised Framework need to support and promote the development of high-quality and competent providers rather than just regulating for risk and non-compliance.

The APS has also met directly with the NDIS Review Team and has participated in NDIS Review workshops with other members of Allied Health Professions Australia (AHPA).

Read these submissions, and our submissions on other topics online:

psychology.org.au/psychology/advocacy/submissions

4. Response to *What We Have Heard*

This submission builds on our previous submissions by addressing the five key challenges identified in the NDIS Review's Interim Report, *What We Have Heard*. We have interspersed this with the voice of Australian psychologists as expressed in a recent survey of APS members about their experiences with the NDIS.

4.1 Why is the NDIS an oasis in a desert?

Psychologists have seen that the NDIS can be positively life changing for participants. However, for many psychologists and their clients, the NDIS is often more like a mirage than an oasis. The NDIS can be inaccessible and, when finally reached, illusory in its promise. The effort and stress involved in navigating the many parts of the NDIS is often disproportionate and limits the good outcomes that can be achieved.

APS Member Survey Insights

- In a recent survey of almost 800 APS members, around **one-third** of psychologists currently working in the NDIS have an overall negative experience of the NDIS (based on a range of factors relating to their NDIS-related work).
- A further **one-third** experience an ongoing tension between the positive outcomes that can be achieved for participants, on one hand, and the negative professional experience of the NDIS (e.g., high administrative burdens, unrecognised workload and the ongoing experience of having their professional opinions ignored or challenged).
- Only the remaining **one-third** of psychologists in the survey reported an overall positive experience with the NDIS.
- In addition, only **a quarter** of members taking part in the survey felt that their NDIS clients have access to sufficient and appropriate psychological support for their needs.

From the perspective of psychologists, the NDIS has become an “oasis” in the pejorative sense for several reasons, including:

- Assessment processes are inequitable and have been designed to make access to the NDIS exclusionary.
- The NDIS is not effectively integrated with other disability services and supports and operates in a way which is disconnected from providers and professions.
- The NDIA has not fulfilled its other functions beyond being a funding agency (as compared with the functions set out in sections 13 and 118 of the *NDIS Act 2013*), contributing to the lack of a “joined up ecosystem”.

APS Recommendations

- Enshrine the place of people with psychosocial disability within the NDIS and ensure that they continue to receive appropriate support. Specifically, the ongoing provision of psychological supports for people with psychological disability must not only be protected but given sufficient priority and ongoing resourcing.

The APS is very concerned at comments suggesting that the status of people with psychosocial disability within the NDIS is uncertain. The firm position of the APS is that psychosocial disability must remain a core part of the NDIS. We believe that there is a professional, ethical and social imperative to guard against attempts to “divert” people with psychosocial disability out of the NDIS. The APS is cautious and wary of reactionary attempts to displace responsibility to (non-existent) other services. Given the existing inequities for First Nations Australians with psychosocial disability, further limiting NDIS access would deleterious and would be contrary to Outcome 5.3 of the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing*.

“[The NDIS] funding supports when there exists clear psychosocial disability has been a profound game changer for some long-term participants I see. They are all already or likely to be working again in various capacities by the end of the year and have dramatically reduced hospital admissions since receiving NDIS funding.” – APS member

- Re-design the NDIS access process around a core principle that it should be about getting people the right support, not just excluding people from the NDIS. There should be a “no wrong door” approach when applying to the NDIS, with provision for appropriate referrals and supports outside of the NDIS (see *NDIS Act 2013* section 13). Due regard should be given to applicants who may have a limited understanding of the NDIS and non-NDIS services, and that the application process is often compounded by underlying intersectional stressors, trauma and vulnerabilities.

This, in turn, requires there to be appropriate referral pathways and integration of NDIS and non-NDIS services, as well as sufficient funding for non-NDIS services in the first place. To make this realisable, we need to challenge the idea that there are always clear lines of demarcation between NDIS and non-NDIS services (that is, that there are exclusive and distinct “patches” of service provision). Within a social model of disability, these lines can be blurred and it is participants and applicants who are disadvantaged or harmed by an artificially-imposed need to fit into a particular box.

- Develop a program of work to understand the decision-making processes of NDIA delegates and planners. Where problems are identified, such as incorrect assumptions, implicit biases or adverse cultural factors shaping decisions (particularly in relation to psychosocial disability and therapeutic supports), these should be addressed in an open, blame-free and future-focused way.

The APS notes with concern that if NDIS eligibility and funding criteria are tightened as flagged by the Government, participants’ and applicants’ experience of the NDIS could become even more adversarial and overbearing, resulting in further systemic harm.

- Provide funding for applicants to engage in assessments required as part of the NDIS application process. Whether a person can afford to pay for their own assessments should not be a factor in accessing the NDIS. Although assessments can be costly, a well-prepared report provided by a qualified expert results in participants receiving supports which most likely to help them work towards their goals. This in turn leads to efficiencies and better outcomes in the long term.

“I find neuropsychology assessments are well received by clients and support coordinators through the NDIS. They provide the objective evidence of disability (and ability) to better plan for client’s services.” – APS member

“Funding for cognitive and educational assessments should be included within most clients (if not all) of their plans. This shouldn't have to use their therapeutic support funding.”

– APS member

“Many people are unable to access NDIS due to the cost of assessments to demonstrate their limited capacity and disability. There needs to be a pathway or funding stream through their GP to access NDIS assessments.” – APS member

- Progress work on the Information Gathering for Access and Planning (IGAP) project which has been paused throughout the Review process. The APS encourages the NDIA to engage directly with professional bodies and providers during the next steps of this project and beyond.
- Recognise that psychologists often work to repair the harm caused by an exclusionary approach to access which limits participation and independence. The NDIA, working closely with all NDIS stakeholders, should commit to the eradication of systemically harmful (or anti-therapeutic) processes including in the access phase. Appropriate services should be available to participants to navigate the NDIS as a complex system, as well as to support those who have adverse experiences with the NDIS.

“The NDIA is deficits focussed and participants often have a view of themselves as ‘disabled’ and unable to achieve lifetime goals following NDIS assessments and plan reviews. There is a significant amount of [psychological] work that goes into building back a participant's sense of self-confidence and autonomy.”

– APS member

“I should be spending time supporting clients in development, but instead is spent in emotional containment of high levels of distress from trying to cope with NDIS demands and unhelpful actions.” – APS member

- Use the expertise and leadership of the psychology profession to address the ecosystem functions of the NDIS (beyond funding individualised supports) which are currently not being fulfilled. Consistent with the powers afforded to the NDIA under the *NDIS Act 2013* we would like to see coordinated actions taken to:

“Promote opportunities for people with disability, and create awareness of the issues affecting people with disability and the advantages of inclusion ... [and to] inform on effective care and support options, and make referrals to relevant community and mainstream services for a range of community and carer support services for people with lower level or shorter term disabilities.” (*What We Have Heard*, p. 8)

Achieving these objectives requires a change in culture and mindset about the NDIS, particularly within the NDIA. It also requires closer and collaborative relationships with provider and provider organisations in the design and implementation of broader initiatives.

“Psychosocial disability ... is not well understood or managed. Interventions are often focused on helping with day-to-day functioning without any focus on the underlying mental health issues. The client therefore doesn't progress and the same services are re-offered over and over again (e.g., cleaning, hoarding, poor self-care, support to integrate with community). Without psychological interventions the functional issues are often not going to change.” – APS member

4.2 What does “reasonable and necessary” mean?

NDIS eligibility needs to be better and more consistently applied and communicated. The problem is not with defining the concept of “reasonable and necessary” itself. The guidelines are sufficiently prescriptive.³ Rather, it is the way in which the concept is applied inconsistently and in a restrictive way – often in spite of evidence – because of broader assumptions and implicit policy settings about eligibility.

Under the current guidelines for determining what is “reasonable and necessary”, our members have observed that some of the criteria are being used as a basis for decision-makers to reject supports merely based on the existence of other streams of funding (e.g., MBS-subsidised mental health services) even if such services are inappropriate or unrelated to the person’s disability or needs.

The result of this is that there are ongoing tensions between the fundamental NDIS concepts of “reasonable and necessary” and “choice and control” which contribute to negative participant and provider experiences. There is a sense that the NDIS is held out as promising choice and control but denying these choices on the basis of “reasonable and necessary” criteria in a non-transparent way and against the evidence provided (both in terms of evidence for the reasonableness and necessity of the support for a given participant, and the research-based evidence for the effectiveness of a support).

“Plan managers, LACs, and Support Coordinators prevent clients from accessing their NDIS funding for supports that have been assessed, by their clinical professionals – who have the necessary qualifications (in context of their disabilities and knowing what treatments they have been receiving), and have the capacity to ascertain that “support[s] represents value for money” in accordance with the NDIS Act 2013 – as reasonable and necessary.”
– APS member

APS Member Survey Insights

- Only 16% of psychologists working in the NDIS believe that planners make consistent decisions in relation to their clients’ plans, while only 15% reported that plans are developed in accordance with evidence.
- 23% of NDIS providers reported that the recommendations they make in their reports are *never* or *rarely* reflected in their clients’ plans.
- 91% reported that their clients have experienced inappropriate cuts or reductions to psychological supports in their plans. Just over half (51%) reported that this happens *often* or *always*.
- 84% noted that their NDIS clients have been inappropriately told to access MBS-subsidised psychology sessions instead of accessing NDIS funding for psychology supports.
- Just 9% agreed that NDIS planners and support coordinators have a good understanding of the role and scope of psychologists.

APS Recommendations

- Work to limit the interpretive latitude which allows “reasonable and necessary” to be used presumptively against participants. This requires understanding the cultural and policy drivers which lead to such interpretations, as well as recognising the harm that can occur to participants as a result.
- Reform the “reasonable and necessary” guidelines to make it clear that the existence of another funding source is not, by itself, a sufficient basis to determine that a support is not “reasonable and necessary”.
- Reform the guidelines to ensure decision-makers give appropriate weight to reports and evidence submitted by providers, especially when this evidence is provided by highly qualified, regulated providers. This includes psychologists, who are trained in the provision of evidence-based interventions and who are ethically bound to recommend and provide supports which are supported by the best available evidence and which align with the participant’s preferences, culture and values.
- Work to reconcile the concepts of “reasonable and necessary” and “choice and control” by developing principles of shared and supported decision-making in the planning process. It is important that applicants and participants have experiences of being believed within the NDIS ecosystem. Similarly, where participants’ experiences are presented through the assessments and reports of highly qualified and trusted providers such as psychologists, it is important that these sources of evidence are given due consideration. Such an approach would stand in contrast with current practices which maintain attitudinal and institutional barriers through a primary attitude of disbelief and an emphasis on deficits, resulting in further disempowerment.
- Implement a program of ongoing education, developed with the APS, to educate planners and support coordinators about the role of psychologists and the place of psychological supports.
- Develop processes for two-way information sharing and learning between the APS and NDIA, as well as between planners and psychologists. Regular meetings, forums and information sessions with the NDIA, for example, would be extremely beneficial in building a collaborative learning culture and working towards our shared objectives.

“My participants constantly have their funding cut and my services are substituted with psychosocial recovery coaches or behaviour support practitioners. Our roles are not the same, however, despite attending plan review meetings where I am able to present the psychological needs of the participant and justification for “reasonable and necessary” service, many participants are told to access care through the Medicare system as primary or top up services before using their plan or when their funding has been used.” – APS member

Case Study: “Lisa”

Lisa is a 58-year-old woman currently residing in a mental health specific residential aged care facility. She has lived in the facility for the past 5 years after being diagnosed with Huntington’s Disease. She also has borderline personality disorder and complex post-traumatic stress disorder.

Lisa was referred for psychological therapy by her Support Coordinator for the purpose of providing support around coming to terms with the debilitating impacts of Huntington’s Disease on her physical abilities including loss of function and motivation to participate in activities of choice.

Lisa’s NDIS goals are:

1. *I would like to find suitable accommodation*
2. *I would like to make new friends by participating in social and community activities that I enjoy*
3. *I would like to be able to see my kids*
4. *I would like to have consistent ongoing support to ensure my health and wellbeing*

Lisa enjoys watching TV, movies and listening to music. She likes to look after herself and maintain her appearance. Her room features many photos of family, friends and significant times in her life. She tries to engage in regular exercise and activities offered within the facility, although she rarely eats in the main dining room and reports feeling out of place amongst so many older residents. She has a support worker who takes her into the community for shopping, although Lisa frequently feels tired and is only able to maintain these activities for short periods of time.

Lisa has a significant history of complex trauma and abuse going back to childhood. Lisa is currently estranged from her children, grandchildren and step-children. She also has no relationships with friends, siblings or ex-partners.

Lisa has been receiving psychological therapy for the past three years and reports looking forward to her sessions. Therapy sessions have focussed on meeting Lisa’s NDIS goals and are centred on how she can better manage the impacts of her disability on her daily life, not on clinical or mental health treatment.

Research has found that Huntington’s disease has a great impact on physical and psychosocial wellbeing, the latter being more severely affected.⁴

Therapy sessions have also focussed on relationships with family and friends and has centred around skill building and problem solving in this area.

Therapy has also been beneficial in mitigating Lisa’s risk of depression. The research indicates that depression is common in people with Huntington’s Disease as they deal with adjustment to a terminal illness, increased disability, and grief.⁵ If Lisa were to become depressed, this would significantly undermine her goals and the progress she has made to date.

However, in Lisa’s last plan review, the request for ongoing psychology was rejected and Lisa was inappropriately advised to seek this support through mainstream mental health services, specifically Medicare. Accessing Medicare-subsidised mental health services would be physically challenging for Lisa and inappropriate because therapy has been in place to support specific NDIS goals and her functional capacity rather than being focussed on mental health treatment.

4.3 Why are there many more children in the NDIS than expected?

Rather than focusing on the number of children in the NDIS, the core question, as the Report points out, is how the NDIS can best support children with disability and those with emerging developmental concerns.

Nonetheless, the attention given to the number of children in the NDIS needs to be noted and carefully unpacked. There are a number of overlapping factors identified in the research literature which help to explain the higher number of children in the NDIS. There is, for example, an increasing prevalence of neurodevelopmental disorders in children across the world, not just in Australia.⁶ This is attributed to multiple factors, including a trend towards the earlier, and importantly, the more equitable, identification of these conditions.⁷ Prevalence and incidence cannot just be considered at the individual level, however, and continuing attention should be given to ongoing social inequities and broader social determinants which affect diagnosis, NDIS access and outcomes across the lifespan.⁸

As such, the APS cautions against the identification of simplistic explanations for the number of children entering the NDIS, especially where such narratives may be in service of agendas inconsistent with the Scheme's objectives. The NDIS must retain its focus on function, not diagnosis,⁹ and it does this best when informed by best-practice assessments and evidence by appropriately qualified professionals, including psychologists.

APS Member Survey Insights

- One-third of members reported working with early childhood participants.
- Only about one-third (34%) of NDIS providers believe that the NDIS is effective in promoting early childhood interventions.

“Early intervention works. It’s wonderful to see a child blossom after intensive support and then support service can reduce.”
– APS member

APS Recommendations

- Access to the NDIS for children should be flexible and based on current need. Policies and processes should be implemented to ensure that children can pause or reduce use of their plan without fear that future funds or access will be cut. It is important to acknowledge that support needs for children change over time and developmental stages.

“Understanding that as a child develops, the need for support evolves not necessarily lessens. Families experiencing their therapy budgets being cut significantly results in a destabilisation of their support network and promotes competition amongst service providers for who should continue to work with the family (which doesn’t always include putting the participant’s needs first).” – APS member

- Affirm that the wellbeing of children is dependent on the wellbeing of the family system, and vice versa. This means:
 - Providing coordinated supports and services at the family system level, rather than just for individual children, and allowing coordinated supports where multiple children within a family are NDIS participants;
 - Enabling families to have the ability to access support flexibly when needed, for example, at points of key transition such as starting school, at developmentally vulnerable periods such as adolescence, or during family stress and adverse life events;
 - Designing outcome measures which recognise the role of the family and broader systems, rather than just focusing on individual-level outcomes;
 - Recognising the role of psychologists in providing leadership, supervision and coordinated supports at the family system level.

“Some of my clients have excellent plans which reduces the pressure on the family. Seeing the individual as part of a family and providing supports that can help siblings or parents.”
 – APS member

- Recognise that early intervention is an investment, not a cost, and effective evidence-based support reduces long term NDIS expenditure while promoting broader good outcomes for both the participant and the Scheme.

“My clients are children. It is becoming increasingly common for planners to deny psychological support with a common view that children do not need psychological intervention and that [other NDIS services] can provide for the child’s needs instead.”
 – APS member

- Streamline access to early childhood assessments and interventions provided by psychologists on account of their skills, qualifications and experience in this area. Recognise that this helps provide high-quality, safe and sustainable supports for children and their families.
- Ensure that early childhood supports are provided in line with best practice guidelines with a focus on family-centred practice with capacity building of caregivers in natural environments (e.g., homes and early childhood education and care). Psychologists play a key role in the team around the child working collaboratively with other registered professionals including speech pathologists, occupational therapists, physiotherapists and early childhood educators.
- Acknowledge that one of the drivers of children accessing the NDIS is the lack of integrated services and supports at the state and territory level. There needs to be a systems-led approach to building coordinated and integrated services which are sensitive to both the different roles of providers working in different parts of the disability ecosystem, as well as the need for relationships and connections between these professionals. For example, this would involve recognising the need for psychologists in schools across Australia and identifying the resources they need to support students who are NDIS participants or applicants. It would also mean ensuring that psychologists working in non-NDIS settings are equipped and supported to provide services where they are the most appropriate source of support.
- Provide funded opportunities for parents and caregivers to access evidence-based and psychologist-led education and support programs, as well as to take part in research and co-design opportunities for the development of such programs.¹⁰
- Increase research investment into effective interventions for early childhood. Current levels of research funding are negligible, particularly in the early childhood setting, despite the considerable expertise of Australian psychologists, psychological scientists and other researchers whose work would deliver long-term benefits and locally-appropriate initiatives for current and future generations.

Case Study: “Maryam”

Maryam is 4 years old and her parents became worried that she was not yet talking. With their first NDIS Plan, Maryam attended weekly speech therapy and occupational therapy by herself while her parents sat in the waiting area. Therapists gave Maryam homework tasks but her parents struggled to get her to sit at a table to complete the activities. They were told that she was “too young” for psychological supports as she couldn't talk yet.

At home, her parents struggled to guess Maryam's needs and found putting on TV cartoons was the only way they could keep her relatively happy. Maryam had recently begun biting her siblings and family friends. They did not enrol Maryam in kindergarten as they were worried she wouldn't be able to attend given she couldn't talk and was not yet toilet trained. With Maryam unable to go to school, her mother had given up long awaited plans to return to work. Her mother was also beginning to experience depression, having given up on most family outings.

The family came across another family who had a key worker model of intervention in the NDIS, and luckily found a service offering this approach. They were allocated a key worker, with collaborative team approach including a psychologist, speech pathologist and occupational therapist.

Their team worked to understand the family's day to day routines and challenges, and together came up with family centred goals. The key worker helped to prioritise Maryam's goals together with the family, who had enough time to practice between fortnightly visits. The goals included helping parents and siblings better understand Maryam and how to support her development and inclusion in everyday activities. Therapy was provided in home and at kindergarten, where Maryam, her family, and educators could all be involved as key players to ensure Maryam's learning was supported every day, not just in therapy sessions.

As part of the team, a psychologist provided psychoeducation about development and disability, supporting Maryam's parents to provide learning opportunities appropriate to her developmental level. This included support to enrol in kindergarten by assisting with advice for educators on inclusion, behaviour and learning tailored to Maryam's needs, as well as supporting the family to build relationships with their local services.

Behavioural support around biting was addressed by the psychologist by finding new ways for Maryam to engage with peers and siblings, who were often included in sessions in the home. The biting reduced and the family were more confident in outings outside the home meaning they could take Maryam to the local park and a circus show with her siblings. Maryam's psychologist supported her with toilet training, beginning with work on anxiety around the toilet, supported by the speech pathologist and occupational therapist.

Cognitive and behavioural assessment provided by the psychologist helped the team and family to better understand Maryam's strengths, and to target supports most appropriately. The psychologist also introduced discussion of possible diagnosis, helping the family adjust and prepare for long awaited diagnostic assessments in the healthcare system. Understanding their child's strengths and challenges, as well as the education system, also helped the parents in selecting the most appropriate school for Maryam and advocating for her needs. Maryam's parents also benefited from support with adjusting to parenting a child with a developmental delay.

4.4 Why aren't NDIS markets working?

The APS is concerned that the simplistic framing of NDIS providers as “the market” is unhelpful and may itself be a cause of some of the problems identified throughout the Report. Aggregating diverse health professionals into a “market” creates unnecessary psychological distance and aggravates an unhelpful attitude of deprofessionalisation towards highly qualified providers.

In the experience of APS members, this has led to a culture in the NDIS where the role and contribution of psychologists and other health practitioners (and the difference between them) is not understood. In addition, the language of markets seems to have justified the limited direct engagement with providers and professions. Treating providers as a generic “market” has led to the fragmentation of service provision and limited opportunities for coordinated professional development in the absence of initiatives to learn, share knowledge and work together based on a mutual respect for the contribution of each provider.

APS Member Survey Insights

- Less than half (39%) of members providing NDIS services felt that price limits sufficiently cover the actual time and cost of their services as a psychologist.
- 72% of members who are registered NDIS providers felt that NDIS registration and compliance requirements are unnecessary because of their existing regulatory, professional and ethical obligations as a psychologist.
- Only 25% felt that being a registered NDIS provider helped them to provide safer and higher quality services.
- 90% of members not currently providing NDIS services said that simplifying NDIS administrative requirements would encourage them to start seeing NDIS clients.

“I’m finding it a lot harder to get the hang of this work than I thought I would. It’s turned out to be expensive to run a NDIS business (taking it through 2 audits) and to get up to speed as a BSP. I am doing a lot of unpaid work, especially when a participant has RPs [*restrictive practices*] and their funding has finished and awaiting for the funding to be reviewed – I cannot simply stop working as I am essential for moving things forward. ... The supervision I have is excellent but every single interaction with the supervisor I am charged for meaning the learning tax is very high and with my smaller case load (as I’m just starting out) I’m barely breaking even on some participants.” – APS member

APS Recommendations

- Build, and retain, the knowledge and expertise of planners and support coordinators in relation to the role of each discipline and profession providing NDIS supports. The APS notes that the provision of NDIS services by regulated health practitioners such as psychologists will not function effectively if their work with participants is disrupted by inefficient, irrational or inconsistent decisions made by planners and support coordinators.

“Support coordinators who know their stuff and collaborate, and planners who actually read, take on board and act on evidence are gold.” – APS member

“When a participant finds a good support coordinator who understands their needs and allows them to use their plan in an individualised fashion as it is intended they have a positive experience. This is very, very rare.” – APS member

- While continuing to affirm the participant-led nature of the NDIS, reforms must also recognise the place of providers within the NDIS and ensure that their distinct professional contribution to the NDIS is well-understood. To achieve this, the APS recommends that the setting up of channels with professional bodies (including the APS) for ongoing engagement and relationship-building at a profession-specific level. We also recommend that providers be provided with direct access to trained and experienced NDIA staff through a provider hotline and other profession-specific channels.

“[It is important] That the NDIS acknowledges that psychology services encapsulate more than just the individual 1:1 space. We attend meetings, liaise with other professionals, collect information, make plans so that a client’s care is coordinated, and we need to write comprehensive reports to explain why funding should continue. It takes a lot of hours to work in this way, but it is necessary for complex clients.” – APS member

- Pricing, provider regulation and NDIA processes must be addressed together and holistically, rather than through piecemeal changes. In reviewing and addressing NDIS price limits, for example, there is an urgent need to look at the hidden costs to providers caused by current NDIS registration and compliance requirements. Members consistently report that it is often not financially viable or reasonable time-wise to undertake NDIS work within current regulatory requirements. This is particularly true for the many psychologists who are sole practitioners or who work part-time. There is a lack of incentives for experienced providers to engage or continue as NDIS providers.

“I am wasting intervention time on re-writing reports, supporting clients appeal NDIS decisions and review their funding – i.e., NDIS admin – after clients being given very contradictory information, largely related to very high turnover of LACs/planners, who don’t know the clients.” – APS member

- Redesign NDIS regulatory process to be fit for purpose and do this through close collaboration with providers and professional bodies, rather than merely reactive consultation. The APS firmly believes that it is possible to reduce administrative burdens on regulated providers without compromising quality and safety. As we have noted in previous submissions, we believe that a redesign of regulatory settings may in fact assist in enhancing quality, safety and sustainability.

“I am a sole practitioner in a regional area [Modified Monash category 7]. I previously worked with a NDIS registered and non-registered service ... It is not worth the hassle and cost to register with the NDIS”. – APS member

“It is noteworthy that having a recognised higher level of experience, qualifications and skill as per the BSP “levels” has no bearing on what NDIS pays for services. [As a Specialist BSP] I receive the same hourly rate as a core level BSP who is not even AHPRA registered under any profession. This is creating a system where companies are hiring inexperienced clinicians, because they can maximise profits by billing at the NDIA rate but paying lower salaries. The system as it stands is not designed to encourage development of a skilled BSP workforce.” – APS member

- While noting that thin markets are driven by broader health workforce issues, recognise that the NDIS ecosystem can contribute to reform in a synergistic way alongside other health and disability systems. It would be unreasonable to expect that there are sufficient NDIS providers without there being policy settings, incentives or NDIA-led initiatives that help attract and develop the NDIS workforce. Professions, including psychology, would benefit from support from the NDIS ecosystem to address systemic workforce challenges in regional and remote locations, including through the funding of training and practice opportunities.
- Ensure participants’ plans include adequate funding to cover travel and recognise the significance of this aspect of support. In many instances, especially with children, it is important to enable the provision of NDIS services in a participant’s home or school environment. Providers, including psychologists, need to be adequately remunerated for travel associated with delivering NDIS services. Current arrangements fail to incentivise the provision of services beyond a limited geographical area, even within major centres, due to capped time limits that do not reflect the realities associated with travelling in these locations. In remote and very remote areas, the time cap on provider travel does not account for the difficulties that can be experienced in reaching participants. The rules pertaining to travel may also restrict choice and control for participants, especially if they are not able to select a provider that specialises in services specific to their needs. This raises issues around equity and access and may contribute to already thin markets. It is, therefore, essential to recognise and appropriately remunerate practitioners for travel costs and their time to ensure that they can provide the right support at the right location to meet the needs of participants.

4.5 How do we ensure that the NDIS is sustainable?

Psychologists are committed to the sustainability of the NDIS in multiple ways, including but not limited to financial sustainability. A sustainable NDIS also requires:

- a sustainable, supported and coordinated provider workforce;
- well-designed and proportionate regulatory structures and processes;
- a learning culture which promotes dialogue between the NDIA, participants and people with lived experience of disability, providers and researchers; and
- the development of the scheme and supports in line with evolving evidence and understandings of disability.

While acknowledging that psychologists can provide other support items, the APS observes that *psychologist-specific* therapeutic supports account for a very small proportion of NDIS expenditure. The most used psychologist-specific item (15_054_0128_1_3) accounted for just 0.8% of total NDIS expenditure in the 12 months to 30 June 2023 despite almost 19% of all NDIS participants having accessed this support item. Average payments are modest, at less than \$3000 per participant per year.¹¹ The APS is therefore very concerned that there has been a distracting and inaccurate public focus on the financial costs of therapeutic supports which has been used to place pressure on planners to reduce the use of psychology services within the NDIS.

APS Member Survey Insights

- 71% of members providing NDIS services report that they have been asked to conduct assessments/re-assessments, or to write reports for NDIS participants which are not clinically necessary. 21% reported that this happens *often* or *always*.
- Only 7% feel that the NDIA provides relevant and timely information for psychologists working with the NDIS.

APS Recommendations

While alternative funding models should be explored with close collaboration with providers and professions, the APS remains strongly opposed to outcomes-based funding in the NDIS. Attaching funding to specific participant outcomes is inappropriate within the disability setting. The impact of evidence-based psychological services, particularly for someone with a permanent or deteriorating disability, often ripple through multiple interacting systems and relationships over a longer time horizon. We do not yet have the capability to measure such outcomes in a way that can be linked to funding. Moreover, the assumptions underlying outcomes-based funding are often inconsistent with a social model of disability. We anticipate that there would be a negative shift in values and attitudes associated with a change to outcome-based funding in the NDIS which would itself cause significant harm to the wellbeing and capacity of participants.

“The focus on capacity building goals should be retained, along with community goals and workplace goals. Family goals are not always articulated but when they are, the goals for the participant often become clearer and more poignant. For example, a family has the goal to go on one family holiday for one week per year. What does the participant need to achieve what for this to happen? To tolerate being away from family, to tolerate change, to be able to get off their computer, to get out of the house, to tolerate a different carer for parents to leave, to tolerate catching a plane. Who undertakes this work? The psychologist! Who benefits? The entire family and wider society!” – APS member

- Nonetheless, the APS supports efforts to improve outcomes and participant experiences through research, data and evidence across the NDIS. This includes the development and appropriate use of idiographic (participant-specific) measures linked to a participant's goals. Such efforts must be designed collaboratively as part of a culture that encourages the development of practice-based evidence, research and innovation, rather than being directly linked to payments. This involves accepting and encouraging some level of risk on the part of providers as part of systematically finding out what works and for whom, in return for sharing this knowledge back to the wider NDIS ecosystem.

- The APS agrees that there needs to be an appropriate level of scrutiny of non-evidence based or wasteful services across the NDIS. Psychologists are disappointed to see the funding of services which are not supported by evidence, especially where services are provided as cheaper substitutes for high-quality and evidence-based psychological supports. However, such scrutiny needs to be targeted and proportionate. There is no evidence that therapeutic supports and services provided by psychologists should be singled out. Furthermore, the APS believes that NDIS funding should be rebalanced in favour of the direct provision of evidence-based services, such as psychological supports.
- Identify opportunities to coordinate the provision of supports where a participant is seeing multiple professionals, and thereby streamline access to supports while minimising process inefficiencies and administrative wastage. The APS suggests that one way in which this could be achieved by expanding the role of key workers within the NDIS. Key workers are qualified and regulated clinicians, including psychologists, who provide therapeutic interventions, act as a key point of support and integrate other disciplines as part of a team-based approach to the participant's goals.
- Review and redesign provider training requirements and educational resources through a co-design process with professional bodies, providers and participants. The APS would support the development of profession-specific and jointly-developed resources which help providers to work effectively within the NDIS ecosystem.
- Establish a NDIS Allied Health Advisory Committee, with representation across professions, including from psychologists. The Committee should have powers to provide direct advice to about the matters relating to allied health providers and service provision to the NDIA Board, as well as to have oversight, including through audit powers, of relevant access and planning decisions. The APS believes that such a body is necessary to drive cultural change and to ensure that the work of allied health providers most effectively supports the operation of the NDIS in a sustainable way.

5. Conclusion

The APS thanks the NDIS Review team for the opportunities to present the views and experiences of psychologists throughout the review process. We commend the Review team for clearly identifying core issues relating to the design, operations and sustainability of the NDIS and the challenges for providers and the workforce.

The APS, and our members, are committed to the ongoing success of the NDIS and look forward to being part of the solution in the design, implementation and evaluation of reforms emerging from this Review.

“We are so privileged to live in a country where our fiscal system prioritises the well-being of people with disabilities. Clinically, I’ve witnessed many significant improvements and reduction of mental health problems directly related to the services afforded under the NDIS system.” – APS member

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