Exercise & Sports Science Australia Submission

Access and Eligibility Policy with Independent Assessments

National Disability Insurance Agency

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1.0 About Exercise & Sports Science Australia

Exercise & Sports Science Australia (ESSA) is the peak professional association for exercise and sports professionals in Australia, representing over 9,000 members, including university qualified Accredited Exercise Scientists (AESs), Accredited Exercise Physiologists (AEPs), Accredited Sports Scientists (ASpSs) and Accredited High-Performance Managers (AHPMs).

AEPs are university qualified allied health professionals who provide clinical exercise interventions aimed at primary and secondary prevention; managing sub-acute and chronic disease or injury; and assist in restoring and maintaining optimal physical function, independence, health and wellness. AEPs typically register under the 'Exercise Physiology and Personal Well Being Activities' and "Therapeutic Supports" registration groups and deliver supports in both the 'Improved Health and Wellbeing' and 'Improved Daily Living' categories of participant plans.

Accredited Exercise Scientists apply the science of exercise to design and deliver physical activity and exercise-based interventions to improve health, fitness, well-being, performance and assist in the prevention of injury and chronic conditions. They coach and motivate to promote self-management of physical activity, exercise and healthy lifestyles and work in the National Disability Insurance Scheme (NDIS) as personal trainers and allied health assistants (AHAs), in fitness businesses, for sporting bodies, in corporate health and as AHAs for exercise physiologists and other allied health professionals. AESs are three-year trained university professionals.

Accredited Sports Scientists (ASpSs) and Accredited High-Performance Managers (AHPMs) work predominately in high performance/elite sport specialising in applying scientific principles and techniques to assist coaches and athletes to improve their performance, either at an individual level or within the context of a team environment. ESSA is recognised by the Australian Institute of Sport and Sport Australia as the peak accrediting body for physiology/recovery, biomechanics, performance analysis and skill acquisition support personnel working in Australian sports science.

ESSA's response to the *Access and Eligibility Policy with Independent Assessments* consultation has been prepared in consultation with ESSA members and responds to the topics most relevant to the experiences of AEPs and AESs engaging with participants under the National Disability Insurance Scheme (NDIS).

2.0 Summary of Recommendations

Recommendation 1: That the NDIA reconsider the removal of current access lists, as this will negatively impact access by people from CALD backgrounds and those with degenerative conditions, and that the NDIA allow access without independent assessment requirements to the NDIS under certain circumstances.

Recommendation 2: That, prior to implementation, the NDIA consider methods on how to maintain true independence of assessors while maintaining the relevant skills required to work with a person with a disability, including a minimum of two years in the disability sector as an allied health professional.

Recommendation 3: That AEPs be included in the independent assessment workforce and added to the list of allied health professions published on the NDIS website that are able to conduct independent assessments.

Recommendation 4: That the NDIA collate a list of disabilities that will require trust and confidence to obtain accurate information about the person's functional capacity and allow a participant's regular allied health professional to conduct the assessment in circumstances where the participant has a listed disability.

Recommendation 5: That the NDIA delegate considers reports on the participant's disability and functional capacity from their regular healthcare providers when making access, eligibility and funding decisions in relation to the participant.

Recommendation 6: That the NDIA produce a policy outlining the extent to which regular healthcare provider reports are considered when making access, eligibility and funding decisions in relation to a participant.

Recommendation 7: That the NDIA consider additional assessment tools, such as the Rivermead Mobility Index, that will address some of the gaps currently identified, and utilise observation as part of assessing functional capacity.

Recommendation 8: That the independent assessment process includes recognition of individual goals to ensure funding allocated is reasonable and necessary to support the participant to achieve their individual goals.

Recommendation 9: That the NDIA consider further involvement of Aboriginal and Torres Strait Islander peoples prior to the implementation of independent assessment, including further consultation with First Nation's communities and increasing representation in the assessment workforce.

Recommendation 10: That the NDIA consider setting up a unit to assist Aboriginal and Torres Strait Islander Peoples access the NDIS, and that this unit design, develop and deliver a different assessment process that is culturally specific to this group.

Recommendation 11: That the NDIA considers how independent assessments will impact participants with CALD backgrounds, including allowing for the additional time required when using interpreters, and instigating safeguards to ensure these issues are addressed prior to implementation.

Recommendation 12: That the NDIA remove any reference to minimum duration for independent assessments and implement quality measures to ensure participants are adequately assessed.

Recommendation 13: That the NDIA clearly define the frequency that participants are required to undergo independent assessment after intake, along with providing extensive examples.

Recommendation 14: That the NDIA allow participants to appeal a decision made by the delegate as a result of an independent assessment when the participant's regular healthcare provider can provide evidence that the independent assessment results are not an accurate depiction of the participant's functional capacity.

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3.0 Introduction and Summary of Issues

ESSA's submission is based on feedback from AEPs and AESs delivering services under the NDIS, and provides responses to the following provider topics:

- Removal of access lists
- Independent assessment workforce
- Recognition of existing health professional expertise
- Assessment tools
- Diverse populations
- Length and frequency of independent assessments
- Appeals process for independent assessments

This submission indicates where responses relate to consultation questions.

4.0 Removal of access lists

What should we consider in removing the access lists?

4.1 Impact on Culturally and Linguistically Diverse participants

It is important to consider how the removal of the access lists may impact people from Culturally and Linguistically Diverse (CALD) backgrounds, as these populations already experience significant barriers to accessing the NDIS. It is often difficult for CALD participants and their families to communicate their unique needs, which ESSA suggests will become even more difficult in the independent assessment process. This is of particular concern due to the interview nature of the assessment tools, with only limited assessor observation based on a single setting, which will not appropriately capture the needs of the participant. There is potential for misinterpretation of assessment questions by a CALD participant or their family member, which will result in inaccurate assessment results and reduced access to the NDIS by people from CALD backgrounds.

For example, Cerebral Palsy is prescribed in access lists A, B, and D. List D relates to permanent impairment for early intervention/under seven years, requiring no further assessment. Currently, families accessing the scheme with children under seven with Cerebral Palsy do not require further assessment. However, under the proposed access policy, the NDIA will require children under seven with Cerebral Palsy to undergo an independent assessment, despite the fact that it is currently identified as a permanent impairment by the NDIA. There is a risk that this will result in families with children with Cerebral Palsy from CALD backgrounds being denied access to the scheme because they cannot sufficiently demonstrate the impact of Cerebral Palsy on the child's functional capacity during to an independent assessor.

4.2 Degenerative conditions

Independent assessments will pose an additional barrier to entry into the scheme for people living with degenerative conditions, such as Parkinson's Disease and Multiple Sclerosis. At present people living with progressive neurological conditions face significant barriers to entry despite there being comprehensive evidence to suggest that early intensive therapy supports delay the progressive of symptoms[i-v], enabling the person to have

higher functional capacity for longer. ESSA members have seen numerous examples where people recently diagnosed with Parkinson's Disease have been deemed ineligible for support from the NDIS due to the fact they are still too high functioning, despite comprehensive evidence that their symptoms are having a significant impact on their capacity to complete typical activities of daily living and that there is comprehensive evidence suggesting intensive therapy programs delay the progression of the condition[ii,v]. Further, ESSA members have identified significant gaps in the proposed standardised assessment tools relating to assessing mobility and community participation outcomes that will result in further negative impacts on access by people with degenerative conditions. *7.0 Assessment Tools* of this submission will discuss these gaps in further detail.

Recommendation 1: That the NDIA reconsider the removal of current access lists, as this will negatively impact access by people from CALD backgrounds and those with degenerative conditions, and that the NDIA allow access without independent assessment requirements to the NDIS under certain circumstances.

5.0 Independent Assessment Workforce

What are the traits and skills that you most want in an assessor?

5.1 True Independence of Independent Assessors

There is confusion among our members and other allied health professionals in relation to who the independent assessment workforce will be and how it will operate.

ESSA notes that the NDIA have gone through an open tender to identify organisations that will provide independent assessments under the new access and eligibility policy. There is concern among our members that this tender may have identified existing registered providers to conduct independent assessments. For assessments to be truly independent, existing NDIS providers should not be considered for employment as independent assessors.

5.2 Expertise of Independent Assessors

There is further concern among our members and other allied health organisations that if assessors are to only provide independent assessment services, the independent assessment workforce will be one that is lacking in skills and expertise required to support people with disability under the NDIS.

It was also raised that established allied health professionals will be unlikely to leave their normal business to provide independent assessments. This may lead to the risk that only the least skilled segment of the workforce (i.e. new graduates) will be employed to conduct independent assessments.

Recommendation 2: That, prior to implementation, the NDIA consider methods on how to maintain true independence of assessors while maintaining the relevant skills required to work with a person with a disability, including a minimum of two years in the disability sector as an allied health professional.

5.3 Meeting demand for Independent Assessments

What makes this process the most accessible that it can be? For example, is it by holding the assessment in your home?

The consultation paper states the following:

> *'2.1 Current challenges*
>
> *The current access process requires people with disability to seek information about the impact of their disability from a variety of health professionals, including doctors and specialists. This can often involve long wait times.'* (page 5)

The issue of participants facing long wait times will continue and increase where the independent assessor workforce is insufficient to meet the demand for independent assessments. This will particularly be the case in thin markets. For this reason, ESSA questions the logic on why the NDIA has currently limited the independent assessor workforce to only six allied health professions, as promoted on the NDIS website.

AEPs meet the Pearson level B qualification requirements. They possess the skills and clinical expertise required to conduct independent assessments using the proposed assessment tools. AEPs are university qualified allied health professionals that complete a minimum of four years of study in an ESSA accredited course (either all four years undergraduate or a combination of undergraduate and postgraduate). Further, AEP Practice Standards prescribes accredited course graduate outcomes, including the ability to choose and apply guidelines and measurement tools/techniques to measure and assess clients' clinical and functional status. AEPs have transferable knowledge and skills to screen and assess capacity and function for activities of daily living and activities in the workplace.

ESSA members are concerned that AEPs have not been included on the list published on the NDIS website of allied health professionals that are able to conduct independent assessments. Many AEPs have interpreted this to determine that they are not eligible to be included in the independent assessor workforce.

Recommendation 3: That AEPs be included in the independent assessment workforce and added to the list of allied health professions published on the NDIS website that are able to conduct independent assessments.

6.0 Recognition of existing health professional expertise

ESSA is concerned that a participant's regular healthcare professional is not able to conduct the independent assessment nor be involved in the access process, apart from when requested by the NDIA delegate.

ESSA notes the importance of establishing trust and confidence when working with participants, particularly for some types of disability. An example of this includes the autism spectrum disorder (ASD). Diagnosis assessment of ASD typically takes time and collaboration with a clinical psychologist, paediatrician and a range of allied health professionals, including exercise physiologists, speech pathologists and occupational therapists. This allied health team supports the child, builds rapport with both the child and family, and observes/supports the child at home and in other settings, such as pre-school. When this family seek support from the NDIA, this multidisciplinary team will be able to provide strong insight into the child's needs, current behaviours in different environments and recommendations for ongoing support. Exclusion of this vital information would be to the detriment of the child and his/her family.

Additionally, ESSA members have outlined that participants and their families already have a major burden of attending multiple therapies to demonstrate the impact that their condition has on their functional capacity. This process is time consuming and emotional for participants and their families. The use of familiar practitioners who already know the participant and their condition for assessment to access the NDIS, or for ongoing assessment in the case of reviews, would reduce this burden. This is a current process for NDIS reviews and has worked well for

participants accessing AEP services. AEPs working with NDIS participants suggest that this approach will alleviate stress when accessing the scheme so that the participant can focus on addressing their needs, which will likely result in better participant health outcomes and overall service experience within the scheme.

ESSA acknowledges that the NDIA has expressed concern about existing healthcare professionals exhibiting sympathy bias when conducting assessments for their clients to access the NDIS. ESSA notes that many allied health professionals are required to operate under regulated codes of conduct in order to obtain accreditation with their governing body. For example, AEPs are required to practice under ESSA's Code of Professional Conduct and Ethical Practice, which outlines that AEPs must practice with honesty, integrity and transparency, and addresses the issue of sympathy bias.

Recommendation 4: That the NDIA collate a list of disabilities that will require trust and confidence to obtain accurate information about the person's functional capacity and allow a participant's regular allied health professional to conduct the assessment in circumstances where the participant has a listed disability.

There is concern among ESSA members and other allied health organisations that independent assessments risk excluding or underfunding participants that experience a "good day" at the time of independent assessment. ESSA notes that the consultation paper makes reference to considering reports from the applicant's usual treating health professional. However, this only seems to be the case when additional information has been requested by the NDIA delegate. The Independent Assessment Framework is unclear about how the usual treating health professional's reports will be considered in the assessment, even when reports are requested by the delegate, simply stating:

> '*There are times when it will be necessary for delegates to scrutinise specific assessment items, to ask more questions, to source extra information from parents, carers, significant others and health professionals as needed. However, the way this supplementary information is included in the assessment process will be different to the current state.*' (page 25)[vi]

Participants' regular healthcare professionals have a deeper understanding of the participant's condition, including current therapy and therapy limitations, and should be considered by the delegate if they have been provided, regardless of whether they were requested by the delegate.

Recommendation 5: That the NDIA delegate considers reports on the participant's disability and functional capacity from their regular healthcare providers when making access, eligibility and funding decisions in relation to the participant.

Recommendation 6: That the NDIA produce a policy outlining the extent to which regular healthcare provider reports are considered when making access, eligibility and funding decisions in relation to a participant.

7.0 Assessment tools

7.1 Gaps in assessing functional capacity

ESSA members and other allied health professionals have identified a number of gaps in the proposed assessment tools to be used for independent assessments. If these gaps are not addressed, the independent assessment cannot provide an accurate depiction of a participant's functional capacity.

AEPs have assessed the proposed assessment tools and identified the following gaps:

- Lack of review of functional needs relating to upper limb function.
- Lack of focus on adult participants with complex movement disorders and reduced mobility when reviewing lower limb capacity.
- Functional balance is not sufficiently covered.
- Insufficient focus on pain, mental health or emotional health.
- Non-exsitant questioning about physical activity (structured vs unstructured) for participants aged over 18 years.

AEPs have noted that many of these gaps are linked to numerous domains that relate to participant goals. For example, upper limb function is linked to numerous domains relating to participant goals, including mobility and self-care.

> *Case Study A:*
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> *A 24 year old male suffered a spinal cord injury from a rugby tackle 18 months ago. He is classified as a C6/7 complete quadriplegia. Prior to his injury, he was living out of home, on university campus where he was in the second year of his law degree. He has just been approved to move into an accessible apartment where he will be living with two close friends. Although there will be a continuation of carer supports in his new abode, the participant realises that there will be things he will need to do independently when these supports are not around, with a big emphasis on being able to empty his catheter bag independently. Currently he does not have the upper limb strength nor core stability to be able to hold himself in a safe position to perform this task. He is also hoping to return to university to continue his Bachelor of Law. This will require him to attend campus and move independently between classes. Although able to propel himself in his manual wheelchair for short distances, he does not have the fitness, muscular endurance or stamina to do so for longer distances.*

Assessment of the individual in Case Study A using the proposed assessment tools for participants over 18 years does not capture mobility of the upper limbs, which will be required for pushing his manual wheelchair. ESSA is concerned that these gaps will result in participants receiving inaccurate scores for their functional capacity and that this will translate to either refusal to access the NDIS or undervalued funding packages for participants. AEPs have suggested a tool similar to the Rivermead Mobility Index would better examine functional capacity related to mobility.

Further, ESSA is concerned that the use of assessment tools alone is insufficient in obtaining thorough information relating to a person's level of functional capacity. AEPs rely on observations and self-reporting of the participant, and those close to them, to be able to form a holistic view of their capacity and subsequent support needs. The independent assessment design does not allow for this, and as such, relevant, pertinent information will be missed leading to undervalued funding packages for participants.

Recommendation 7: That the NDIA consider additional assessment tools, such as the Rivermead Mobility Index, that will address some of the gaps currently identified, and utilise observation as part of assessing functional capacity.

7.2 Participant goals

ESSA and other allied health organisations recognise that participants with the same functional capacity will have very different goals, resulting in different levels of funding required. The proposed assessment tools are not comprehensive enough to capture these goals.

For example, consider three participants with a visual impairment. One has the goal to join the workforce, another has the goal to learn to use a guide dog and a third wishes to improve physical capacity to ambulate safely following a fall that occurred due to their impaired vision. All three participants will require different supports to achieve their goals, and all supports require different costings.

The NDIA have not outlined in detail how independent assessment outcomes will translate to draft budgets. However, the *Planning Policy for Personalised Budgets and Plan Flexibility* consultation paper indicates that draft budgets will be determined by the NDIA delegate prior to the participant's first planning meeting and that draft budgets will only be adjusted if a participant has extensive and/or complex support needs or if additional high-cost supports relating to accommodation, assistive technology or home modifications are identified at the planning meeting. This approach does not allow for varying funding requirements based on the participant's goals.

ESSA suggests that if the NDIA propose to include individual's environmental circumstances, including informal supports available to clients, as part of the independent assessment process to determine draft budgets, then it should also consider individual participant goals prior to determining draft budgets.

Recommendation 8: That the independent assessment process includes recognition of individual goals to ensure funding allocated is reasonable and necessary to support the participant to achieve their individual goals.

8.0 Diverse populations

How can we ensure independent assessments are delivered in a way that considers and promotes cultural safety and inclusion?

ESSA members have expressed concern that independent assessments will not increase accessibility to people from diverse populations without spending significant funds. This includes those with CALD backgrounds, Aboriginal and Torres Strait Islanders and people in rural and remote areas.

Aboriginal communities have indicated that they will not accept any model without adequate consultation. ESSA members have suggested that, in order to enable access to the NDIS by Aboriginal and Torres Strait Islander participants, the NDIA consider thorough consultation with Indigenous communities prior to the implementation of independent assessment. If this has not been adequately considered, the NDIA risks inhibiting access to the NDIS from Aboriginal and Torres Strait Islander participants.

Other programs that have successfully engaged Aboriginal and Torres Strait Islander communities have included the use of Aboriginal and Torres Strait islander workforces to support Aboriginal people. For example, the NSW health model of using Aboriginal Liaison Officers to offer additional cultural support.

Recommendation 9: That the NDIA consider further involvement of Aboriginal and Torres Strait Islander peoples prior to the implementation of independent assessment, including further consultation with First Nation's communities and increasing representation in the assessment workforce.

Recommendation 10: That the NDIA consider setting up a unit to assist Aboriginal and Torres Strait Islander Peoples access the NDIS, and that this unit design, develop and deliver a different assessment process that is culturally specific to this group.

ESSA members are also concerned that independent assessments add to the already significant barriers to accessing the scheme by people from CALD backgrounds. It is often difficult for CALD participants and their families

to communicate their unique needs and ESSA suggests that this will become even more difficult for CALD participants in the independent assessment process.

Additionally, ESSA members have described difficulty with the use of interpreters, particularly when interpreters attend a consult over the phone. An AEP described a particularly difficult consult involving multiple interpreters to account for the language, as well as the specific dialect spoken by the client, and requested that consults utilising interprters need to be recognised as at least taking double the length of time compared with a consult for an English speaking client.

Recommendation 11: That the NDIA considers how independent assessments will impact participants with CALD backgrounds, including allowing for the additional time required when using interpreters, and instigating safeguards to ensure these issues are addressed prior to implementation.

9.0 Length and Frequency of Independent Assessments

ESSA members have indicated that there is information circulating suggesting independent assessments can be a minimum of 20 minutes, with no enforced maximum time cap. ESSA cautions that 20 minutes is grossly insufficient to conduct the assessment and that this minimum assessment time be removed.

Recommendation 12: That the NDIA remove any reference to minimum duration for independent assessments and implement quality measures to ensure participants are adequately assessed.

ESSA members have also expressed concern that Independent assessment frequency after intake is unclear. The information on how frequently an individual will be directed to engage in an independent assessment has been vague, specifically referred to as 'from time to time.' ESSA notes that the consultation paper states ‘participants will need to complete an independent assessment at different stages of their lives and at least every five years.’ This information is vague and does not clearly articulate the specific ‘stages of life’ that the NDIA is referring to.

Recommendation 13: That the NDIA clearly define the frequency that participants are required to undergo independent assessment after intake, along with providing extensive examples.

10.0 Appeal process for Independent Assessments

ESSA members are concerned that an individual will not be able to appeal the result of an independent assessment if they do not agree with assessment results and are denied access to the scheme. It is noted above that the regular healthcare professional of a participant will have a deeper understanding of the participant’s condition and that, under the proposed independent assessment framework, there is a risk of underfunding or excluding participants that experience a “good day” at the time of assessment despite meeting accessibility criteria.

Recommendation 14: That the NDIA allow participants to appeal a decision made by the delegate as a result of an independent assessment when the participant’s regular healthcare provider can provide evidence that the independent assessment results are not an accurate depiction of the participant’s functional capacity.

11.0 Contact ESSA

Thank you for the opportunity to provide feedback into the *Access and Eligibility Policy with Independent Assessments* consultation.

Please contact ESSA's Policy and Advocacy Unit for further information or with any questions regarding the content of this submission.

12.0 References

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[ii] Goodwin, V., Richards, S., Taylor, R., Taylor, A., Campbell, J., (2008). The effectiveness of exercise interventions for people with Parkinson's disease: A systematic review and meta-analysis. *Movement Disorders, 23(5),* 631-640. https://doi.org/10.1002/mds.21922

[iii] Riemenschneider, M., Hvid, L. G., Stenager, E., & Dalgas, U. (2018). Is there an overlooked "window of opportunity" in MS exercise therapy? Perspectives for early MS rehabilitation. *Multiple Sclerosis Journal*, *24*(7), 886–894. https://doi.org/10.1177/1352458518777377

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[v] Xu, X., Fu, Z., Le, W. (2019). Chapter Two - Exercise and Parkinson's disease. In S. Yau, K. So (Eds.). International Review of Neurobiology (pp. 45-74). Academic Press. https://doi.org/10.1016/bs.irn.2019.06.003

[vi] National Disability Insurance Agency (NDIA). (2020). Independent Assessment Framework [internet].[place unknown]: NDIA, 2020. https://www.ndis.gov.au/participants/independent-assessments/independent-assessment-framework