Supporting Children and their Families Early, to Reach their Full Potential

Submission by Osteopathy Australia to the National Disability Insurance Scheme

February 2021

Contact

Contact Peter Lalli, Senior Policy Officer- Clinical Excellence, for questions or comments about this submission via phone: (02) 9410 0099 or email: clinicalpolicy@osteopathy.org.au

Summary and recommendations

Osteopathy Australia welcomes the opportunity to lodge a submission to the National Disability Insurance Scheme (NDIS) on its proposed 2021 agency early childhood intervention policy expressed within *Supporting Children and their Families Early, to Reach their Full Potential***.**

Our comments below address specific recommendations the NDIS has made for its own agency-wide early childhood intervention approach. Our comments pertain to a limited number of recommendations relevant to Osteopathy Australia and its members.

NDIS Recommendation 1: explain, rename and promote the NDIS early intervention approach and stop using the term 'gateway'- so families understand and follow a clear pathway, with a mix of early childhood support options available.

Osteopathy Australia's response: for many children and families with a severe or profound disability, early intervention is inevitably a 'gateway' and no proposed change in language will alter this reality. Families, carers and children must feel confident that there are dedicated service pathways, not time limited options for which they are made to feel 'deserving' or 'undeserving'. We do not support the change in language, given its lack of sensitivity to families and children who may require formal supports and a personalised funding plan over an entire lifespan.

NDIS Recommendation 2 & 3: consistently communicate the intent of the early childhood intervention approach and agency's support for best practice, so families understand how to inform positive outcomes for children. Develop and publish early childhood operating guidelines so decision making processes and best practice evidence are transparently implemented.

Osteopathy Australia's response: we are unaware of the agency releasing any detailed 'clinical management guidelines and reviews' to date that could be defined as best practice advice. The current approach used by the agency expresses best practice in high level broad statements that provide no real insight into specific interventions that may work, both within early childhood intervention specific settings and mainstream services within the community. Should the agency develop such guidelines, it is advised to not base them on 'professions'- but on specific clinical support approaches and techniques, recognising that many health and allied health professions are competent in delivering such best practice.

NDIS recommendation 4: create a distinct delegate/planner workforce exclusively focused on young children and their families, to improve the way families are supported.

Osteopathy Australia's response: there are now several types of 'delegate planner workforces' within the NDIS, including NDIS local area planners, other local area coordinators, ECI advisors and independent case management brokers within community- based organisations.

We question the value of another administrative tier with no currently disclosed additional or specific qualifications required compared to the existing planner workforce. We also question where the funding for such a new planner workforce would come from and/or what supports or services might by reduced to fund this workforce? We request that the NDIS provide a full disclosure for consultation before creating such a workforce.

Should the proposed delegate/planner workforce be drawn together from a redeployment of the existing planner workforce, we lend support on the proviso there are no perverse impacts for NDIS clients overall. Careful consideration of personnel secondment capacity and/or time share arrangements across NDIS program areas is needed.

NDIS Recommendation 9: implement a tailored independent assessment approach for young children to support consistent access to planning decisions, including for children above one year of age.

Osteopathy Australia's response: recommendation 9 should clearly be outlined in the NDIS *Consultation Paper Access and Eligibility Policy with Independent Assessments*, dedicated specifically to these independent assessments. In error or as an oversight, the specified paper conveys that independent assessments would only be applied to clients over seven years of age.[i] In a separate submission on the proposed access and eligibility policy, we recommend that it be revised once more and released again for consultation. We would expect minimum age groups covered under the policy to be made explicit in the revised version.

NDIS recommendations 11 & 19: increase early childhood service capacity to connect families and young children to local support networks in their community and empower providers to give families clear advice about the best providers so they can make informed choices.

Osteopathy Australia's response: clear information about the scopes of practice of various allied health professions, including osteopathy, is needed for early childhood providers to best convey possible options available. Without information on scopes of practice and the clinical issues they lend themselves to, providers are operating in an absence of applicable knowledge. The NDIS should work with professional associations to collate existing scope of practice information for relay on to early childhood providers in a formal scheme resource; this would support children with a disability, their families and carers to exercise tailored choice following a service transition or exit.

In addition, early childhood providers have a range of directory type resources already available to them, for instance, as made available through professional associations like Osteopathy Australia. Our 'Find an Osteo' directory enables real time practitioner searches to occur: https://www.osteopathy.org.au/find-an-osteo This and similar directories for allied health professionals should be promoted to early childhood providers in the formal scheme resource recommended for creation.

NDIS recommendation 20: undertake further ongoing research on the outcomes of young children after receiving early intervention support, to inform future policy and operational change.

Osteopathy Australia's response: the proposed research should not only incorporate a focus on 'dedicated' early childhood intervention services and clinical support approaches; it should also include private allied health services and interventions accessed by children with a disability, their families and carers in tandem or alone. The proposed research should also explore outcomes post exit, to identify the degree to which patterns established in dedicated early childhood intervention services extend in community services, including osteopathy practices, post transition. The NDIS could perform this research without a costly randomised or perspective design, using outcomes reports lodged for clients by provider type or clinical intervention applied, overtime.

NDIS recommendation 21: improve the existing annual progress review for young children, to support families to celebrate achievement of goals and transition out of the NDIS to the next stage of their lives.

Osteopathy Australia's response: we strongly disagree with this language; it implies the only achievement worth celebrating is an exit from the scheme. Applying 'strengths based' language in line with the person-centred approach, all milestone achievements should be celebrated irrespective of whether a child remains within the scheme or not. For many children now accessing a funded support plan and personalised budget, there may be lifelong involvement in the scheme - but significant goals will still be achieved in reading, comprehension, walking, eye movement, speech and beyond. These should be celebrated in childhood and across the lifespan whenever they occur.

NDIS recommendation 23: offer families of young children a 'transition out' plan for up to 3 months' duration, to support transition to the next stage of life if they are no longer eligible.

Osteopathy Australia's response: the NDIS should fully disclose any core supports or funding levels that could be included as a minimum and maximum in the transition plan in its overall early childhood intervention policy and operational guidelines.

There may be children and families for whom three months is too short a timeframe due to environmental, social, family, health, or other constraints. We also ask the NDIS to clarify what flexibility would exist for children and families having a difficult transition?

Further, should a decision to transition out be made inappropriately by the NDIS, how will the NDIS ensure the reconnection process is sufficiently streamlined? This question deserves special consideration and likely requires reflecting on how the reassessment process can be made efficient for children and families exhibiting flags.

The NDIS can appreciate that an overall absence of information about the transition planning process and client protections within it means we are unable to offer a thorough appraisal of merit.

Osteopaths and their role in caring for children with a significant lifelong disability

Osteopaths are skilled government regulated allied health professionals applying adaptable and diverse clinical management approaches. Osteopaths complete a dual Bachelor or Bachelor/Masters qualification covering functional anatomy, biomechanics, human movement, the musculoskeletal and neurological systems as well as clinical intervention approaches. As a defining characteristic, the osteopathic profession emphasises the neuromusculoskeletal system as integral to client function and uses client-centred biopsychosocial approaches in managing presenting issues. Evidence informed reasoning is fundamental to case management and clinical intervention. Osteopaths prescribe skilled clinical exercise, including general and specific exercise programming for functional improvement. ii

People consult osteopaths for advice on physical activity, positioning, posture, and movement in managing a diverse range of neuromusculoskeletal functional impairments and needs. Most osteopaths are consulted within primary healthcare practices, being a key source of allied health advice for tens of thousands of people per week. Osteopaths work within hundreds of osteopathy specific and multidisciplinary primary care practices.

For people with acute or persistent (chronic) pain, osteopaths may offer individualised tailored lifestyle and/or movement advice, injury specific exercises, manual therapy, and health promotional strategies to aid symptom recovery.

When children with a significant and lifelong disability require ‘health care management’, in alignment with NDIS guidelines, Osteopathy Australia’s position and that of its members is that related interventions are most appropriately sourced through Medicare items (Chronic Disease Management (CDM)), state, and territory health services and not via the NDIS--- except where there is a gap in existing health services.

Osteopaths apply contrasting clinical management approaches when managing children with a significant lifelong physical disability and/or other disability syndromes with a physical impact. Osteopaths acknowledge that growing skills for self-coping and community participation is key, despite what may be persisting health care symptoms or health deterioration.

Osteopaths, applying person-centred care:

- Review and identify functional capacity and movement barriers to child and family goal fulfillment and/or community participation

- Aid and educate children, their families and carers on mobility, mobility strategies and whole-body movement for participation in the home and community

- Assist children in developing and applying physical skills for performing activities of daily living, including coordination, strength, flexibility, stability, conditioning, and balance

- Assist children in establishing whole body movement styles and postural interventions preventing injury in the performance of daily living activities

- Where appropriate, manage pain associated with movement that could compound core activity limitations.

Osteopaths, in meeting these disability care objectives:

- Observe child movement and function in specific environments to assess barriers to whole-body physical skill use

- Perform assessments of physical function, including but not limited to muscular strength, joint movement, and limb function

- Recommend and prescribe mobility equipment assisting children to stand, walk and move around more easily or independently within their home, school or local community

- Provide advice and education to families and children on positioning and posture in undertaking daily living activities

- Design and prescribe exercises, motor related activities and tasks, whether land or water based (hydrotherapy) that can enhance child whole-body movement or specific functional skills.

The above skillsets and capabilities guide and inform tertiary educational content taught to all osteopaths in the country. Osteopathy regulators, the Australian Health Practitioner Regulation Agency (AHPRA) and Osteopathy Board of Australia (OBA), require each osteopathy registrant to possess attributes and skills aligned with the *Capabilities for Osteopathic Practice (2019)*.Osteopaths must make a measurable contribution to neuromusculoskeletal function, adhere to best available neuromusculoskeletal evidence, work in an interdisciplinary and coordinated fashion, and encourage individual empowerment in clinical care.[ii]

Specifically, on graduating a registering osteopathy course, registrants must be able to:

- Identify and understand client goals and concerns

- Evaluate the social determinates of core activity limitations interacting with client physiology

- Develop and review management plans based on sound clinical evidence to facilitate optimum client participation in daily living activities

- Incorporate manual therapy and assistance, exercise and activity-based interventions, as well as educational interventions, in clinical management

- Apply appropriate standardised outcome measures for client milestone mapping. [iii]

These overlapping capabilities are shared by other allied health professionals, including registered musculoskeletal physiotherapists[iv]; as such, they are interdisciplinary in nature and are not the preserve of any one profession.

Many osteopaths are consulted by self-managed and plan-managed NDIS clients, including families and carers of children with a disability possessing personalised funding for core supports associated with functional movement and activities of daily living.

Osteopathy Australia

Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession, and consumer's rights to access osteopathic services. We promote standards of professional behaviour over and above the requirements of professional registration. A vast majority of registered osteopaths are members of Osteopathy Australia. Our core work is liaising with state and federal government, and all other statutory agencies, professional bodies, and private industry regarding professional, educational, legislative, and regulatory issues. As such, we have close working relationships with the Osteopathy Board of Australia (the national registration board), the Australian Health Practitioner Regulation Agency (AHPRA), the Australasian Osteopathic Accreditation Council (the university accreditor and assessor of overseas osteopaths), compensable injury schemes in each jurisdiction, and other professional health bodies through our collaborative work with Allied Health Professions Australia (AHPA). We also liaise regularly with brokers and case managers for NDIS clients and clients themselves, including parents and carers of young children with a disability; we have broad experience of the scheme through these various stakeholders. In our capacity, we offer this submission on recommendations within *Supporting Young Children and their Families Early, to Reach their Full Potential*.

NDIS recommendations relevant to Osteopathy Australia and our comments

Below, we give our comments to each commendation the NDIS has made for changes to its internal agency operation and early childhood intervention policies as within the discussion paper.

NDIS Recommendation 1: explain, rename and promote the NDIS early intervention approach and stop using the term 'gateway'- so families understand and follow a clear pathway, with a mix of early childhood support options available.

Osteopathy Australia's response: for many children and families with a severe or profound disability, early intervention is inevitably a 'gateway' and no proposed change in language will alter this reality. Families, carers and children must feel confident that there are dedicated service pathways, not time limited options for which they are made to feel 'deserving' or 'undeserving'. We do not support the change in language, given its lack of sensitivity to families and children who may require formal supports and a personalised funding plan over an entire lifespan.

NDIS Recommendation 2 & 3: consistently communicate the intent of the early childhood intervention approach and agency's support for best practice, so families understand how to inform positive outcomes for children. Develop and publish early childhood operating guidelines so decision making processes and best practice evidence are transparently implemented.

Osteopathy Australia's response: we are unaware of the agency releasing any detailed 'clinical management guidelines and reviews' to date that could be defined as best practice advice. The current approach used by the agency expresses best practice in high level broad statements that provide no real insight into specific interventions that may work, both within early childhood intervention specific settings and mainstream services within the community. Should the agency develop such guidelines, it is advised to not base them on 'professions'- but on specific clinical support approaches and techniques, recognising that many health and allied health professions are competent in delivering such best practice.

NDIS recommendation 4: create a distinct delegate/planner workforce exclusively focused on young children and their families, to improve the way families are supported.

Osteopathy Australia's response: there are now several types of 'delegate planner workforces' within the NDIS, including NDIS local area planners, other local area coordinators, ECI advisors and independent case management brokers within community- based organisations.

We question the value of another administrative tier with no currently disclosed additional or specific qualifications required compared to the existing planner workforce. We also question where the funding for such a new planner workforce would come from and/or what supports or services might by reduced to fund this workforce? We request that the NDIS provide a full disclosure for consultation before creating such a workforce.

Should the proposed delegate/planner workforce be drawn together from a redeployment of the existing planner workforce, we lend support on the proviso there are no perverse impacts for NDIS clients overall. Careful consideration of personnel secondment capacity and/or time share arrangements across NDIS program areas is needed.

NDIS Recommendation 9: implement a tailored independent assessment approach for young children to support consistent access to planning decisions, including for children above one year of age.

Osteopathy Australia's response: recommendation 9 should clearly be outlined in the NDIS *Consultation Paper Access and Eligibility Policy with Independent Assessments*, dedicated specifically to these independent assessments. In error or as an oversight, the specified paper conveys that independent assessments would only be applied to clients over seven years of age.[v] In a separate submission on the proposed access and eligibility policy, we recommend that it be revised once more and released again for consultation. We would expect minimum age groups covered under the policy to be made explicit in the revised version.

NDIS recommendations 11 & 19: increase early childhood service capacity to connect families and young children to local support networks in their community and empower providers to give families clear advice about the best providers so they can make informed choices.

Osteopathy Australia's response: clear information about the scopes of practice of various allied health professions, including osteopathy, is needed for early childhood providers to best convey possible options available. Without information on scopes of practice and the clinical issues they lend themselves to, providers are operating in an absence of applicable knowledge. The NDIS should work with professional associations to collate existing scope of practice information for relay on to early childhood providers in a formal scheme resource; this would support children with a disability, their families and carers to exercise tailored choice following a service transition or exit.

In addition, early childhood providers have a range of directory type resources already available to them, for instance, as made available through professional associations like Osteopathy Australia. Our 'Find an Osteo' directory enables real time practitioner searches to occur: https://www.osteopathy.org.au/find-an-osteo This and similar directories for allied health professionals should be promoted to early childhood providers in the formal scheme resource recommended for creation.

NDIS recommendation 20: undertake further ongoing research on the outcomes of young children after receiving early intervention support, to inform future policy and operational change.

Osteopathy Australia's response: the proposed research should not only incorporate a focus on 'dedicated' early childhood intervention services and clinical support approaches; it should also include private allied health services and interventions accessed by children with a disability, their families and carers in tandem or alone. The proposed research should also explore outcomes post exit, to

identify the degree to which patterns established in dedicated early childhood intervention services extend in community services, including osteopathy practices, post transition. The NDIS could perform this research without a costly randomised or perspective design, using outcomes reports lodged for clients by provider type or clinical intervention applied, overtime.

NDIS recommendation 21: improve the existing annual progress review for young children, to support families to celebrate achievement of goals and transition out of the NDIS to the next stage of their lives.

Osteopathy Australia's response: we strongly disagree with this language; it implies the only achievement worth celebrating is an exit from the scheme. Applying 'strengths based' language in line with the person-centred approach, all milestone achievements should be celebrated irrespective of whether a child remains within the scheme or not. For many children now accessing a funded support plan and personalised budget, there may be lifelong involvement in the scheme - but significant goals will still be achieved in reading, comprehension, walking, eye movement, speech and beyond. These should be celebrated in childhood and across the lifespan whenever they occur.

NDIS recommendation 23: offer families of young children a 'transition out' plan for up to 3 months' duration, to support transition to the next stage of life if they are no longer eligible.

Osteopathy Australia's response: the NDIS should fully disclose any core supports or funding levels that could be included as a minimum and maximum in the transition plan in its overall early childhood intervention policy and operational guidelines.

There may be children and families for whom three months is too short a timeframe due to environmental, social, family, health, or other constraints. We also ask the NDIS to clarify what flexibility would exist for children and families having a difficult transition?

Further, should a decision to transition out be made inappropriately by the NDIS, how will the NDIS ensure the reconnection process is sufficiently streamlined? This question deserves special consideration and likely requires reflecting on how the reassessment process can be made efficient for children and families exhibiting flags.

The NDIS can appreciate that an overall absence of information about the transition planning process and client protections within it means we are unable to offer a thorough appraisal of merit.

References

[i] National Disability Insurance Scheme, *Access and Eligibility Policy with Independent Assessments*, November 2020, page 12

[ii] Osteopathy Board of Australia, *Capabilities for Osteopathic Practice (2019)* [online]; https://www.osteopathyboard.gov.au/Codes-Guidelines/Capabilities-for-osteopathic-practice.aspx pp. 3-8

[iii] Osteopathy Board of Australia, *Capabilities for Osteopathic Practice (2019)* [online]; https://www.osteopathyboard.gov.au/Codes-Guidelines/Capabilities-for-osteopathic-practice.aspx pp. 9-17

[iv] Physiotherapy Board of Australia, *Physiotherapy Practice Thresholds Statement* [online]; https://www.physiotherapyboard.gov.au/Accreditation.aspx

[v] National Disability Insurance Scheme, *Access and Eligibility Policy with Independent Assessments*, November 2020, page 12