

An ordinary life at home

Submission by Osteopathy Australia to the National Disability Insurance Scheme (NDIS)

September 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

Executive summary and recommendations

Osteopathy Australia welcomes the opportunity to lodge a submission to the National Disability Insurance Scheme (NDIS) to inform the scheme's anticipated Home and Living Policy. We understand the policy will be an important instrument for guiding participants, their families and carers to exercise choice over where a participant lives and who they live with.

Osteopathy, as an allied health professional partner in the clinical care of participants for maintaining and developing the physical capabilities they need to live in varied accommodation options, is particularly interested in principles for inclusion within the future policy - per the discussion paper: *An ordinary life at home*.

While we support the intent of the discussion paper, any future policy must more fully acknowledge the broad range of market services and providers a participant has the right to choose in helping them to live where they wish.

While the policy should not in any sense be limited to a list of in-scope services, it will be a tool participants and others will look to for assistance in negotiating with planners, support coordinators, plan managers and other personnel within the scheme. On the market side, it will also be used by providers seeking cues in market signalling for what service options to offer in meeting participant needs. Clearly, the future policy will need clauses participants and markets can refer to for a sense of certainty that services will not become 'one-size-fits-all' options. For this reason, there must be some focus on the range and mix of wrap-around services the NDIS will fund in line with the move to more flexible personalised budgets. Physical allied health disciplines, including osteopathy (and allied health more broadly), have a near absence of mention in *An ordinary life at home*; this is despite a core role in helping to maintain participant independence to choose to live in and/or remain in their preferred accommodation. We have concerns that this absence will continue within the Home and Living Policy, which would be detrimental for participant self-determination and the ability of clinical professionals to prepare clinical supports with confidence.

Further to the specific issues we raise relating to *An ordinary life at home*, our submission raises some general concerns about scheme consultation processes and offers some useful suggestions moving forward. Our recommendations are as follows:

Recommendations for scheme consultation procedures

Recommendation 1: that in future, after all public consultations, the NDIA report to the public and respondent stakeholders: all key themes in consultation feedback received, changes the scheme will consider, those it will not, and the associated rationales.

Recommendation 2: that in future, the NDIA combine all requests for feedback on issues with a consistent underlying theme into a single consultation document for response. This would help organisations with resourcing and staffing constraints to offer feedback efficiently, without duplication.

Recommendations for the Home and Living Policy

Recommendation 3: that the future Home and Living Policy contain clear statements acknowledging the important relationship between disability related health supports and living an ordinary life at home; the current focus on capital supports, home modifications and assistive technology while important, are only part of the picture of what is required for accommodation choice. Participants who would choose disability related health supports to maintain or grow physical skills over purchasing other more passive service options (where indicated and safe) should have a basis to do so in the Home and Living Policy.

Recommendation 4: as the future Home and Living Policy will be looked to as a governance, strategic and/or operational resource by participants and provider markets alike, it should outline general clinical independent living needs eligible for funding, and to what degree clinical and other disability related health supports will be funded for participants. This would assist in establishing clarity that has been lacking and can lead to misunderstandings and protracted disputes between participants, plan-managers, support coordinators and planners.

Osteopaths and people 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 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 in activities of daily living. ii

Osteopaths are consulted 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 care practices, being a key source of allied health advice for tens of thousands of people per week. Osteopaths work within hundreds of primary health care practices, both osteopathy specific and multidisciplinary. Many osteopaths work in aged care, disability service or rehabilitation settings/programs, including settings receiving state jurisdictional or Commonwealth government funding.

For people with acute or persistent pain, osteopaths may offer lifestyle and/or movement advice, injury specific exercises, manual therapy, and health promotional strategies to aid symptom recovery. Osteopaths apply contrasting clinical management approaches when managing people with significant physical disabilities and/or other disability syndromes with a physical impact. Osteopaths acknowledge that growing skills for self-coping and community participation is the overarching goal, despite what may be persisting health care symptoms.

Osteopaths, applying person-centred care:

- Review and identify functional capacity and movement barriers to individual goal fulfillment and/or community participation
- Aid and educate participants, their families and carers on mobility, mobility strategies and whole-body movement for participation in the home and community
- Assist participants in developing and applying physical skills needed for activities of daily living, including coordination, strength, flexibility, stability, conditioning, and balance
- Assist participants in establishing whole body movement styles and postural interventions preventing injury in activities of daily living

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

Osteopaths, in meeting these disability care objectives:

- Observe participant 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 participants to stand, walk and move around more easily or independently within their home, school or local community
- Provide advice and education to participants 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 whole-body movement or specific functional skills.

These skillsets inform tertiary educational content for 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.¹

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

- Identify and understand individual goals and concerns
- Evaluate the social determinates of core activity limitations interacting with physiology
- Develop and review management plans based on sound clinical evidence to facilitate optimum participation in activities of daily living
- Development clinical management interventions incorporating manual therapy, exercise and activity-based interventions, educational interventions, and assisted movement strategies

- Apply appropriate standardised outcome measures for milestone mapping, including measures of disability and function. ⁱⁱ

These overlapping capabilities are shared by other allied health professionals, including registered musculoskeletal physiotherapistsⁱⁱⁱ; as such, they are interdisciplinary and are not the exclusive preserve of any one profession.

Many osteopaths are consulted by self and plan managed NDIS participants for core supports associated with growing skills for daily activities- among the most important being independent living skills including mobility. Osteopaths also liaise with carers, families, plan managers and support coordinators to maximise participant capacity for community participation.

Osteopathy Australia

Osteopathy Australia is the national peak body for the osteopathic profession. We promote standards of professional behaviour over and above the requirements of AHPRA 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), schemes in each jurisdiction, and other professional health bodies through our collaborative work with Allied Health Professions Australia (AHPA). We also engage extensively with service delivery networks in the community, including plan management organisations, individual plan managers, support coordinators, NDIA staff and with participants themselves. In our capacity, we offer this submission to *An ordinary life at home* toward the future scheme Home and Living Policy.

General comments on scheme consultation processes and outcomes

Throughout 2021, we note multiple consultation opportunities--- at least six on various scheme operational and strategic issues--- where the NDIA has stated it wishes for feedback, evaluates, and integrates feedback. This is of-course a welcome commitment, but notwithstanding the commitment, there has been very little insight given on how any feedback has been used, if at all.

A more open and transparent approach is needed in scheme outcomes reporting post-consultation; outcomes or resolutions reached following a consultation should

be clearly communicated to the public. In addition, more transparency and timeliness in reporting would show that respondent viewpoints are legitimately valued.

Recommendation 1: in future after all public consultations, the NDIA should report to the public and/or selectively to respondent stakeholders: key themes in consultation feedback, changes the scheme will consider, those it will not, and the associated rationales.

Relationship between the home and living, personal budgets and plan flexibility, and support for decision making consultations

A range of scheme consultation opportunities through 2021 have had consistent underlying themes. Here, we refer to the consultations for personalised budgets and plan flexibility, support for independent decision making, and an ordinary life at home--- all of which aim to ostensibly maximise choice, control and autonomous decision making for participants. It is acknowledged the life domain of focus may vary from consultation to consultation, but choice and control have been the driving themes.

A more efficient single approach to consulting the public on a range of sub themes that relate to a central, overarching theme in participant support is needed in future. This would enable organisations with constraints in resourcing or staffing levels to respond in a more streamlined way and in turn, support the scheme to efficiently report consultation outcomes as per recommendation 1.

As another benefit for the scheme, the consultative approach recommended would lend itself to the creation of helpful overarching policies where all relevant protocols can be outlined in a single operational/governance resource for participants and providers.

Recommendation 2: that in future, the NDIA combine all requests for feedback about issues with a consistent underlying theme into a single consultation document for response.

Remarks on 'An ordinary life at home'- the absence of physical allied health disciplines and allied health overall

While a personalised approach to participant accommodation is the intention of *An ordinary life of at home* and the anticipated Home and Living Policy, practical strategies the scheme appears committed to for a diverse range of participants are remarkably standardised. For instance, capital (property infrastructure changes or alterations), capacity building supports (home automation and/or assistive technology), and personal care are the main building blocks for accommodation choice described in the discussion paper. While we agree these elements are very important, in-fact vital, they are part of a picture that is incomplete without explicit

acknowledgement of the clinical services participants access to remain at or move home.

Osteopathy, being a physical allied health discipline, has an important role in building physical resilience for movement around the home and activity performance in the home (prerequisites for independence, without which barriers exist). Osteopaths help with strategies when participants ask 'how can I develop or maintain the physical skills or functional capacities to live where I choose to live?', and therefore, consideration of clinical professionals is necessary in overviewing overall facilitators to independent living.

Furthermore, many osteopaths support scheme participants on hospital discharge, assisting them to remain in preferred accommodation for longer via disability related health supports, where indicated. That osteopaths fulfill this role means they assure participants do not remain in institutional settings any longer than is required for intensive health care.

Recommendation 3: that the future Home and Living Policy contain clear statements acknowledging the important relationship between disability related health supports and living an ordinary life at home; the current focus on capital supports, home modifications and assistive technology while important, are only part of the picture of what is required for living independence. Participants who would choose disability related health supports to maintain or grow physical skills over purchasing other more passive service options (where indicated and safe) should have a basis to do so in the Home and Living Policy.

Recommendation 4: as the future Home and Living Policy will be looked to as a governance, strategic and/or operational resource by both participants and provider markets alike, it should outline general clinical independent living needs eligible for funding, and to what degree clinical and other disability related health supports will be funded for participants. This would assist in establishing clarity that has been lacking and can lead to misunderstandings and protracted disputes between participants, plan-managers, support coordinators and planners.

References

ⁱ 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

ⁱⁱ 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

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