

Support for decision making policy framework

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

August 2021

Contact

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Recommendations

Osteopathy Australia welcomes the opportunity to lodge a submission to the National Disability Insurance Scheme (NDIS) regarding its *Support for decision making policy framework*. We have several years' experience fielding concerns from many participants (self and plan managed) as well as plan managers and support coordinators themselves; as such as we have a well formed understanding of issues in participant autonomy and decision making. Participant independence, self-determination and choice are goals of priority for the NDIS but are sometimes difficult to actualise owing to scheme systemic barriers and/or the approach taken by scheme partners toward participants. Accessing qualified allied health professionals of their own choosing has not been as straightforward as it should be for some participants.

While the policy framework under consultation reinforces the human rights related principles the scheme was founded upon, much more must be done in the way of practical and tangible implementation strategies to change the current situation. Our recommendations are as follows:

Recommendations for the policy document

Recommendation 1: that the NDIS revise the *Support for decision making policy framework* to better outline the precise concrete actions it will take across the whole disability service sector and with agency partners to support participant decision making. The actions must be broader than commitments to develop a further suite of written documents with unspecified contents. The *Support for decision making policy* should also be clear about timeframes for implementation. In short, it should be an implementation plan, and not feature a loose commitment list at the end of a lengthy document as it now does.

Recommendation 2: that the NDIS reflect on how the revised policy framework could be drafted for digestion by all participants, their families and carers, keeping with plain English conventions.

Actions recommended to enhance participant decision making independence

Recommendation 3: that in service accreditation, the NDIS require plan management services to demonstrate that they have recruited staff with a strong record of person-centred care.

Recommendation 4: that the NDIS require plan management services to demonstrate provision of person-centred communication and engagement training to staff for reaccreditation.

Recommendation 5: that the NDIS require plan management services to publicly disclose all local services (allied health and non-allied health) with which they have a partnership, cross promotional relationship or affiliation that could have a coercive effect on participant decision making. This would enable participants, their families, and carers to ascertain any conflicts of interest over their ability to make independent service decisions.

Recommendation 6: that the NDIS take an active role in growing plan manager awareness of the roles various allied health professions may have in achieving funded goals; the scheme could draw from associations including Osteopathy Australia and the national peak body, Allied Health Professions Australia (AHPA). Doing so would go some way toward establishing the diversified provider markets the scheme has long sought. Written resources, webinars, and e-learning modules are advised.

Recommendation 7: that the NDIS take an active role in assisting participants to make informed choices about the allied health professionals they could access. Written checklists featuring clear prompts to distinguish appropriate practitioners, irrespective of profession, could be used. For example, applied to osteopathy and comparable neuromusculoskeletal disciplines, this checklist could be as simple as 'is the osteopath talking to you about exercise approaches they could use with you?', 'is the osteopath talking about how they can best support you to use your program in the community, such as in parks, open spaces, with your family and friends?', 'is the osteopath talking to you about how they will track changes you make toward your goal?'. Such checklists would legitimise the choices participants may wish to make in the face of misplaced or inappropriate plan manager resistance.

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. Some 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 or health deterioration.

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 mobility and growing skills for daily activities. 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 participants. In our capacity, we offer this submission on the proposed *Support for decision making policy framework*.

Issues limiting participant decision making capacity

We are pleased the NDIA is actively monitoring constraints to participants making decisions about use of their plan and associated funding.

Several barriers are listed within the policy framework discussion paper, most of which we agree require remediation. In particular, the paper notes that advice from NDIA staff and partners is not consistent, there are differing levels of commitment in the sector for enabling participant decision making, and that there have been conflicts of interest between a service provider's interests and a participant's preferences.^{iv} These issues contravene the NDIS Act, which aims to 'shift away from where other people make decisions for people with a disability'.

Unfortunately, we are aware of too many instances where participants with similar impairments, syndromes and personal strengths have had vastly unequal levels of decision making over their support plan and funding.

Plan managers sometimes take completely divergent approaches toward clients able to make their own service decisions with no oversight or scrutiny. Some plan managers have interpreted their role to mean 'gatekeeper' and 'enforcer for the NDIS' and have given this construct a higher priority than person-centredness.

It would be accurate to say some 'system centred' plan managers actively undermine the plan management model, making it no different to the very structured services a participant would have received in historical state or territory disability services the NDIS was designed to replace, albeit 'in the community'. The result is that participants are directed toward services a plan manager may be familiar with at the expense of an open and transparent review of suitable options.

Many osteopaths apply functional movement intervention approaches to increase participant independence, and these interventions are not dissimilar to those that would be offered by professional counterparts in physiotherapy and exercise physiology.

Despite that our members across the country put much work into liaising with plan managers in a risk managed way before commencing a service relationship with participants who initiate one, namely, by documenting the sub goals to be worked toward in meeting a milestone, progressions indicated and their basis in evidence based guidelines, some plan managers have simply refused this documentation without reason. They have then gone on to direct a participant toward services which unsurprisingly offer little difference in intervention approach but are endorsed for no reason other than provision by a physiotherapist. Here, the main problem is that some plan managers have quite simply been unable to distinguish the roles osteopaths may fulfil in health care to those the profession assumes in disability functional care. Again, like physiotherapy, osteopathy traverses the health/disability care continuum and offers a mix of manual physical therapy and graded rehabilitation programs. It is not appropriate for allied health professionals to have their scope determined by some plan managers who are neither clinically trained nor knowledgeable of the allied health service market.

Participants also have a paucity of information available about the service options they could seek in achieving a funded goal, and factors they should consider in selecting a service. This paucity of information continues to give leverage to some unperson-centred plan managers who make decisions for participants rather than with them.

Adequacy of the support for decision making policy framework

We appreciate that the intent of the *Support for decision making policy framework* is ultimately to reinforce the NDIS Act and further encourage participant decision making independence. Nevertheless, we wonder how the scheme expects a written policy without the force of law to create change where a Commonwealth Act of law itself has not? The barriers we have noted persist despite the NDIS Act and there is no reason to believe they would abate with this policy.

We sadly contend that on its own the policy is unable to increase participant decision making. For one, it is written like a theoretical concept paper on philosophical concepts of autonomy. To this extent, we question who the intended audience is for the policy--- participants or another third party, and if participants, how at all is the policy universally designed to be understandable? In truth, it reads as if an academic has performed an analysis of the 'social construction of decision making' and simply pasted that into a scheme template.

The policy framework does not read nor present as an operational document with clear actions, delegations, and timelines; it contains vague objectives and motherhood statements. We again reiterate that the barriers participants face to making their own decisions are systemic, based in social power dynamics and inequality in the service partnership, and as such, clear action strategies are needed to reinforce participant decision making.

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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>

^{iv} NDIA, *Supporting you to make your own decisions discussion paper*, June 2021, pages 4, 7-8