

National Disability Insurance Agency  
GPO Box 700  
Canberra ACT 2601

23 February 2021

To whom it may concern

**Re: Planning Policy for Personalised Budgets and Plan Flexibility**

[Exercise & Sports Science Australia](http://www.essa.org.au) (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.

ESSA's response to the *Planning Policy for Personalised Budgets and Plan Flexibility* 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).

*How can we support participants to prepare for a planning meeting? What might be needed to support participant decision-making?*

*What new tools and resources should we provide to support people using their plan and new plan flexibilities?*

### **NDIA Planner training and education**

ESSA advocates that the best way to support participant decision making is to ensure NDIS planners and Local Area Coordinators (LACs) are appropriately trained and educated in relation to the supports available for participants. This will enable planners to recommend services that are most appropriate to participants based on their disability, functional capacity and goals, to be included in their plan. AEPs have expressed concern about inconsistencies in planning decisions, noting that some participants receive a generous plan with adequate funding allocation for therapy, whilst others with similar conditions and circumstances receive very little funding allocated for the same therapies. These types of concerns are reflected in the recent Tune Review of the *National Disability Insurance Scheme Act 2013*<sup>1</sup>. This is currently one of the most significant issues that AEPs report in relation to their NDIS clients. With the proposed plan flexibilities, ESSA maintains that planners require greater access to education and support when it comes to allocating funding for allied health services.

There are several factors that can lead to the inappropriate allocation of funding for therapy:

- Planners have insufficient knowledge or lack the qualifications or experience to determine the allied health needs of a participant and allocate funding accordingly.
- Planners lack understanding of the role, scope of practice and value of various allied health professions and often look to identify lower value alternatives which can be to the detriment of the client's health outcomes. For example, ESSA members have reported that it is common for planners to assume that personal trainers or disability support workers can deliver the same supports as university qualified exercise physiologists and exercise scientists.
- Participants are often required to develop their own goals and justify to planners/LACs why they need the support of an exercise physiologist or exercise scientists. There are discrepancies in the funding people receive based purely on the terminology used in the development and justification of goals. Participants can struggle to articulate their goals and requests using the desired terminology.

As a result of inadequate funding allocation to therapy, AEPs are reporting that they are either:

- supporting new participants to prepare and justify their NDIS goals (often without being funded for the support provided)
- supporting participants to request plan reviews and developing evidence reports to justify why participants need exercise physiology services
- redesigning exercise interventions so that the participant can have maximum engagement within the limited funds available (refer to case study A)
- delegating low risk interventions to disability support workers and accepting the fact that high risks interventions will have to be applied less frequently.

Several AEPs noted that some participants' goals cannot be achieved within the allocated funding and have expressed concern that this may reflect poorly on the health outcomes, service quality and impact on the provision of therapy in the participant's future NDIS plans. An example of this has been described in case study A.

#### **Case study A**

*A participant who has psychosis, autism, mutism, and is overweight has engaged an AEP to assist with achieving a weight loss goal of 8kg. The participant's planner has only made provisions in their budget for one 1-hour exercise physiology session a week for 10 weeks. The AEP has expressed concerns that it is difficult to achieve behavior management for weight loss when the therapy sessions are so infrequent, particularly when the participant has multiple and complex conditions. To ensure the participant has a greater chance of achieving the goal, the AEP has had to schedule two 30-minute sessions a week and charged at a reduced rate.*

ESSA would welcome the opportunity to inform planners and support workers by providing education and resources on the evidence-based health benefits of exercise treatments for NDIS participants as well as the role and value of exercise physiology services. Collaboration and shared understanding will enhance the outcomes and service experience of NDIS participants.

ESSA operates [Exercise is Medicine® \(EIM®\) Australia](#), which is a bespoke education program facilitated by local AEPs and can be delivered via face-to-face and online. EIM sessions are currently designed to increase literacy of primary healthcare providers on the role that physical activity plays in health, wellbeing, inclusion, self-efficacy and the prevention and treatment of chronic disease. However, ESSA would be delighted to work with the NDIA to modify and tailor the content of our current EIM program specifically to suit NDIS planners, support workers and carers.

**Recommendation 1: That the NDIA engage ESSA to implement the Exercise is Medicine® program for NDIS planners and support workers to augment workforce knowledge and health literacy to better support NDIS participants.**

ESSA also understands that the NDIA employs advisors for other allied health professions and suggests that access to an exercise physiology advisor would facilitate a greater understanding of the profession and support planners' capability in selecting services and allocating funding within a personalised budget to best suit the participant's unique situation. ESSA notes that the appointment of exercise physiology advisors in other compensable schemes, such as the Department of Veteran Affairs (DVA) and some Private Health Insurers, has generated better outcomes and service equality for beneficiaries as well as the compensable schemes.

**Recommendation 2: That the NDIA employ planners that have qualifications and/or experience in health or human services and support planners to develop a strong understanding of the complex needs associated with participants' disabilities.**

**Recommendation 3: That the NDIA employ an exercise physiology advisor that can educate and provide guidance to NDIS planners.**

## Consumer guidance material

Allied health organisations, including ESSA, have identified the need to educate NDIS participants on the range of services available to them and suggest that the NDIA develop a consumer guide to provide such information. A guide would be a useful tool for participants and/or their carers to review prior to planning meetings.

ESSA members have also suggested that guidance material should be provided to the participant to explain how to write goals and determine which services are best placed to help them meet their goals. This is especially important given AEPs have reported that there are discrepancies in the funding allocated for therapy based purely on the terminology used in the development and justification of goals.

Such guidance material may empower participants to exercise informed choice and control in the pursuit of their goals and the planning and delivery of their supports.

**Recommendation 4: That the NDIA develop a consumer resource, in consultation with organisations that provide services under the NDIS, including AEPs, to provide to all participants to review prior to their planning meetings.**

*How can we assure participants that their plan budgets are at the right level?*

### Recognition of participant goals

ESSA recognises that participants with the same functional capacity and environmental impacts will have very different goals, resulting in different levels of funding required. 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 may have the same functional capacity, but require different supports, all with different costings.

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. This approach does not allow for varying funding requirements based on participant goals.

ESSA suggests that consideration of participants' goals in determining the appropriate level of funding directly reflects the object prescribed in section 3(1)(e) of the *National Disability Insurance Scheme Act 2013* (the Act), which states that an object of the Act is to "enable people to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports." Further, section 6 of the Act provides that the NDIA may provide financial support to participants in relation to meet obligations under the Act, i.e. pursuit of goals, as prescribed in section 3(1)(e).

If the NDIA proposes to consider each individual's environmental circumstances, including informal supports available to determine draft budgets, then it should also consider individual participant goals to determine draft budgets and ensure *personalised* budgets are at the right level for each individual. Goals are an important component of what makes each participant individual. For the NDIA to allocate a truly personalised budget, goals must be considered when allocating draft personalised budgets and finalising personalised budgets.

**Recommendation 5: that the NDIA consider individuals' goals when allocating draft personalised budgets and finalising personalised budgets.**

**Improved functional capacity**

ESSA suggests that the NDIA ensures participants retain a certain level of funding even if functional capacity improves. Improvements in functional capacity are a likely result of therapy supports and indicate that the therapy is generating positive outcomes in assisting participants to achieve their goals. The NDIA should be aware that if funding for therapy supports is reduced because functional capacity improves, the participant's functional capacity is at risk and may decline as a result.

**Recommendation 6: that the NDIA take health professional advice, including from AEPs, into account if considering reducing participant funds due to improved functional capacity.**

*How best to handle the timing of the release of funds into plans and rollover of unused funds?*

**Intensive therapy programs**

There is strong research that supports the use of intensive therapy for some interventions as opposed to spreading therapy over longer time period, such as interventions targeted at improving motor function in people with particular disabilities<sup>ii-v</sup>. These types of interventions will require participants to have access to increased funding over shorter periods of time. ESSA notes that under the proposed fund distribution method, funds cannot be overdrawn.

ESSA members are concerned that participants requiring intensive therapy may not have access to funds when these supports are required if funds are to be distributed via this new method. Participants may not have the foresight to save/rollover funds in these instances, as intensive therapy supports may be required as a result of an incident. For example, a participant with Parkinson's Disease has a fall and requires intensive therapy to regain strength and confidence to retain mobility.

**Recommendation 7: That the NDIA maintain the current method of release of funds to participants, to enable participant access to unplanned intensive therapy programs as needed.**

On behalf of ESSA and our members, thank you for considering our feedback on the *Planning Policy for Personalised Budgets and Plan Flexibility*. Should you have any questions about our feedback, or to explore the opportunity to work with ESSA on the development of a tailored EIM session for planners and support workers, please contact Policy and Advocacy Officer.

Yours sincerely

Policy & Advocacy Manager

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<sup>i</sup> Tune D. Review of the National Disability Insurance Scheme Act 2013: Removing red tape and implementing the NDIS participant service guarantee [Internet]. 2020 December [cited 2020 Jan 23]. [https://www.dss.gov.au/sites/default/files/documents/01\\_2020/ndis-act-review-final-accessibility-and-prepared-publishing1.pdf](https://www.dss.gov.au/sites/default/files/documents/01_2020/ndis-act-review-final-accessibility-and-prepared-publishing1.pdf)

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- <sup>ii</sup> Klingels, K., Feys, H., Molenaers, G., Verbeke, G., Van Daele, S., Hoskens, J., Desloovere, K., & De Cock, P. (2013). Randomized Trial of Modified Constraint-Induced Movement Therapy With and Without an Intensive Therapy Program in Children With Unilateral Cerebral Palsy. *Neurorehabilitation and Neural Repair*, 27(9), 799–807. <https://doi.org/10.1177/1545968313496322>
- <sup>iii</sup> Synofzik, M., Ilg, W., Maffiuletti, N. (2014). Motor Training in Degenerative Spinocerebellar Disease: Ataxia-Specific Improvements by Intensive Physiotherapy and Exergames. *BioMed Research International*, 2014, 583507. <https://doi.org/10.1155/2014/583507>
- <sup>iv</sup> Trahan, J., Malouin, F. (2007). Intermittent intensive physiotherapy in children with cerebral palsy: a pilot study, *Developmental Medicine & Child Neurology*, 44(4), 233-239. <https://doi.org/10.1111/j.1469-8749.2002.tb00798.x>
- <sup>v</sup> Warren, Z., McPheeters, M., Sathe, N., Foss-Feig, J., Glasser, A., Veenstra-VanderWeele, J. (2011). A Systematic Review of Early Intensive Intervention for Autism Spectrum Disorders. *Pediatrics*, 127(5), e1303-e1311. <https://doi.org/10.1542/peds.2011-0426>