

Practice Guide – Understanding Therapy Supports

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1. Purpose

The content of this document is **OFFICIAL**. This Practice Guide provides guidance on what to consider when including therapy supports in the participant's plan. It contains information to guide conversations about how therapy supports may help participants to achieve their goals. The areas covered include:

- roles of allied health professionals and how they can assist participants to build independence
- reports
- assessments
- planning conversation considerations
- justifying decisions.

2. To be used by

- Plan Developers – Planners and NDIS Partners in the Community (Early Childhood Partners and Local Area Coordinators [LACs]).

3. Scope

Therapeutic supports assist participants to develop skills to build independence in the home, community, place of education and work. Allied health professionals (AHPs) develop therapeutic supports in their specialist area. They may also prescribe assistive technology.

AHPs develop strategies to improve outcomes for participants in areas including:

- mobility
- movement
- personal and social well-being
- managing diets and nutrition
- organisation
- communication
- self-care
- cognitive capacity
- social skills
- moods and emotion
- modifying the environment to make it more accessible.

This Practice Guide provides you with considerations for making a reasonable and necessary decision on the therapeutic supports to include in the participant's plan.

3.1 Early Childhood Early Intervention (ECEI)

Refer to [Early Childhood Services Branch resources](#) if you are using an Early Childhood Early Intervention approach to develop a plan for the participant aged under seven.

3.2 Multidisciplinary teams

A multidisciplinary team is a team of professionals who work with one another and share the job of evaluating, planning and providing therapy services to the participant. Individuals may be treated by one or more AHPs from different specialisations at the same time to optimise benefits and outcomes of therapy.

3.3 Assessments

You can ask the participant to have an assessment when you need further information to make a decision on supports. This can help you determine if the request for therapeutic supports meets the reasonable and necessary criteria.

When the participant first requests therapy supports it is important that you have the information you need to demonstrate that the support is best practice, value for money and will assist the participant to meet their goals. You will also need guidance from a suitably qualified allied health professional on the amount of support that the participant will need to achieve their goals. You can get this information through an assessment.

Before asking the participant to have an assessment you need to:

- review all existing information and determine that additional information is needed
- consider the costs and benefits of the request
- consider how it will assist you to decide whether to approve funded supports
- determine the type of assessment that is likely to produce the information you need
- specify the information to be provided in the assessment
- make sure the request aligns with the [objects](#) and [general principles](#) in the NDIS Act.

When you request an assessment for therapeutic supports, make sure you include funding for the assessment. See [6.1 Capacity Building supports](#).

Requests should clearly specify:

- The functional area to be assessed. Some examples are communication, activities of daily living, balance and mobility, orthotics.
- The information you need in the assessment. For example:

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- How the therapeutic support will build the participant's independence.
- How the participant's informal, community and mainstream supports will help them to achieve their goals.
- How the gains or outcomes will be measured.
- The expected time the participant will need to achieve the outcome.
- The NDIS contact person to forward the information to.

If this is not the participant's first plan have a discussion with your team leader to consider if an auto-extension of the participant's current plan would be appropriate and reschedule the plan review to a time suitable for the participant.

3.3.1 Assistive Technology or Home Modification Assessments

When including Assistive Technology (AT) or Home Modification (HM) support in a plan an assessment may be required that considers the participant's environment, skill building, selection of support and ongoing support. Templates to help participants and assessors provide the information required are located on the [Providing assistive technology](#) page of the NDIS website.

Detailed information on the ATHM process can be found in:

- [Our Guidelines – Assistive Technology](#)
- ATHM guidance on the [Planning resources Intranet page](#)

3.3.2 Housing

Participants who identify a housing goal will need to undergo relevant assessments by AHPs to determine their most suitable housing solution and support needs. These will be used to assist with determining whether the participant's housing and support needs are reasonable and necessary. Detailed information on housing supports is in the [Practice Guide – Identifying Housing Solutions](#).

3.4 Progress Reports

As the goal of therapy supports is to build or maintain the participant's independence, requests for future therapy support will generally reduce over time. There may be instances where supports remain the same or increase. Some examples include:

- the participant has not progressed as expected
- a change in circumstance
- the participant had difficulty attending sessions.

If the report does not have enough information to justify continued support at the same level or an increase in support you should talk to the participant during the planning conversation

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to gather further information. Refer to [5.1 Planning conversations about therapy supports](#) and [6.1.2 What if I decide not to include all of the AHP recommendations?](#)

Progress reports should also include information on how the proposed supports will further increase independence and the risks or impacts on other supports.

A progress report should include:

- a summary of the supports provided
- how the support has helped the participant achieve or work towards their goals
- the measurable gains the participant has made since receiving therapeutic supports
- how the participant has been linked to additional informal, community or mainstream supports to help them achieve their goals
- any barriers encountered and how these have been resolved
- any risks to the participant or others.

4. Allied Health Practitioners

AHPs hold a university qualification, specialise in different areas and work directly with the person requiring support. AHPs are not part of the medical, dental or nursing professions. AHPs may be, but are not limited to; occupational therapists, psychologists, speech pathologists, physiotherapists, exercise physiologists, prosthetist or orthotists, podiatrists, dieticians or respiratory therapists. They assess, prevent, diagnose and treat a range of conditions and illnesses to help people:

- develop skills and abilities to manage their disabilities
- become more independent
- become healthier and more active
- increase function to build capacity.

The information below will give you a snapshot of information for each AHP including:

- their role
- how they support people
- tasks and approaches they use and the benefits of these
- where to go for further information.

Note: Not all activities listed in this section will meet the reasonable and necessary criteria.

For guidance on the responsibility of other government services or broader systems of support refer to [Mainstream Interfaces](#) intranet page.

4.1 Allied Health Assistants

Allied health assistants (AHAs), also known as therapy assistants, work under the supervision of AHPs. AHAs can have a range of skills and qualifications. These include TAFE certificates, working towards a qualification in an AHP discipline, experience working in specific areas and, in remote or rural areas, AHAs may receive on the job training.

AHAs assist with less complex clinical and non-clinical tasks. These tasks will vary based on the AHA's experience, knowledge and skill level. Some of the tasks include but are not limited to; assisting with therapy or exercise programs, implementing a therapy program developed by the AHP, supporting and supervising activities of daily living, and working towards independence goals.

4.2 Dietitian

Dietitians support people to maintain or improve their health and wellbeing through nutrition and dietetics. Doctors may refer individuals to dietitians to help them with specific health conditions and to address nutritional concerns which may include weight, nutritional deficiencies and other diet related conditions. Dietitians provide evidence-based nutrition services, dietary counselling and therapy.

Refer to the [Dietitians Association of Australia \(external\)](#) for more information.

Dietitians can support NDIS participants with Disability Related Health Supports. For further information refer to the [Our Guideline – Nutrition supports including meal preparation](#).

Task/Approach	Benefit
Develop a healthy eating or nutritional meal plan so you can:	<ul style="list-style-type: none"> • assist, guide and build your capacity to eat a healthy diet • receive nutritional needs and consume adequate nutrients to keep healthy • improve your overall quality of life through healthy eating • train you, family members or support staff to implement a nutritional meal plan.

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Task/Approach	Benefit
Address sensory eating difficulties so you or your child can:	<ul style="list-style-type: none"> • work to build willingness to try and accept different foods and textures • reduce level of discomfort at mealtime • improve food intake • increase independence • feel more comfortable when sharing a meal with friends or family

4.3 Exercise Physiologist

Exercise physiologists assess people who have existing, or are at risk of developing, medical conditions or injuries. Exercise physiologists are different to personal trainers. Personal trainers work with people to improve their physical fitness in order to stay healthy. Exercise physiologists treat medical conditions or injuries using exercise-based interventions that may include health and physical activity education, advice and support.

Refer to the [Exercise and Sports Science Australia \(external\)](#) for more information.

Task/Approach	Benefit
Develop a personalised exercise plan so you can:	<ul style="list-style-type: none"> • improve your physical and mental wellbeing following; stroke, acquired brain injury, mental health, multiple sclerosis, etc. • increase your endurance so you can perform activities for longer periods of time • improve your overall quality of life through exercise

4.4 Maintenance Therapy

Maintenance therapy can also be called maintenance care. It is used to assist the participant to maintain their current capacity, achieve small incremental gains or prevent further decline. Maintenance care can be provided through a 'delegated' model. This means that the therapist can train family or staff to provide support to the participant to implement strategies on a more regular basis. You should discuss using a delegated model of maintenance care with the participant.

When using a delegated model the therapist will regularly reassess the participant's maintenance program to make sure it continues to meet their needs. They may need to adjust a program or update training to the participant and their supports.

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Requests for maintenance therapy should be supported by an assessment or report that includes recommendations of supports and how the participant will be linked to additional informal, community or mainstream supports to help them to achieve their goals.

4.5 Music Therapy

Registered Music Therapists (RMTs) have a university degree in music therapy. They are registered and abide by the Australian Music Therapy Association Code of Ethics.

Music therapy is different to music lessons. RMTs use research-based practice and work as part of a multidisciplinary team to assist people with communication, motor skills, mobility, mood, emotions, cognitive capacity, identity and self-confidence. Music therapists always work with other AHPs and would not generally be funded in isolation.

Refer to the [Australian Music Therapy Association \(external\)](#) for more information.

Task/Approach	Benefit
Use rhythmic and motivational elements of music to:	<ul style="list-style-type: none"> increase your range of movement increase your fine motor skills
Work with other AHPs to write a song to:	<ul style="list-style-type: none"> motivate you to complete a phrase motivate you to practice multi-word phrases motivate you to participate in movement activities motivate you to use speech support your emotional regulation
Vocally improvise with people to:	<ul style="list-style-type: none"> motivate you to use pre-speech sounds motivate you to practice how to produce pre-speech sounds

4.6 Occupational Therapist

Occupational therapists (OTs) work with people to teach them how to be as independent as possible with their everyday tasks. This can include taking care of themselves, working, volunteering, and participating in hobbies, interests and social events. They support people to build knowledge and skills, modify existing skills, find new ways of doing activities, and to manage change.

OTs can also prescribe assistive technology supports like wheelchairs, shower chairs and scooters and can make recommendations on home or vehicle modifications, if required.

Refer to the [Occupational Therapy Australia \(external\)](#) for more information.

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Task/Approach	Benefit
Develop memory activities so you can:	<ul style="list-style-type: none"> • remember people's names • remember routines • recall instructions • remember where you put things
Recommend modifications or equipment for your everyday environment so you can:	<ul style="list-style-type: none"> • be more independent • manage fatigue • manage pain and discomfort • improve accessibility of your home
Make recommendations on functional skills for the workplace so you can:	<ul style="list-style-type: none"> • develop skills required to enter into work • support you to meet the functional requirements of the workplace
Develop a management plan for everyday activities so you can:	<ul style="list-style-type: none"> • be more independent at home • be more independent in the community • increase activities in the community
Use manual therapy techniques on the upper body so you can:	<ul style="list-style-type: none"> • move more easily to perform everyday activities such as self-care, eating, dressing and play
Develop attention and focus so you can:	<ul style="list-style-type: none"> • play sports/games • engage and contribute to conversations • read, write or watch a movie • write a list and do the grocery shopping • prepare a meal
Develop adaption activities for managing change so you can:	<ul style="list-style-type: none"> • cope with meeting someone new • be imaginative and creative • develop or build your sense of humour
Develop your fine motor skills so you can:	<ul style="list-style-type: none"> • hold a pencil and write your name • improve your writing, colouring, drawing, etc.

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Task/Approach	Benefit
	<ul style="list-style-type: none"> • manage smaller objects such as pegs, knives, forks, etc.
Develop self-caring skills so you can:	<ul style="list-style-type: none"> • manage your own showering and toileting • tie your shoe laces • get dressed, clean your teeth, brush your hair, etc.
Develop hand-eye co-ordination activities so you can:	<ul style="list-style-type: none"> • throw, catch, kick, etc. • learn to complete daily activities

4.7 Orientation and Mobility Specialist

Orientation and Mobility Specialists (O&MS) work primarily with people who are blind or have low vision to learn skills that enable them to move as independently as possible in a range of indoor and outdoor environments. An O&MS supports participants to build on their confidence, knowledge and skills which can include the use of mobility aids, orientation to a range of environments, vision education and development of sensory awareness.

O&MS's can equip participants with the skills and concepts they require to move safely and confidently through their chosen environment, be it moving within their home, getting to school, using public transport for work or recreation purposes, or generally accessing the community.

Refer to [Orientation and Mobility Association of Australasia \(external\)](#) for further information.

Task / Approach	Benefit
Provide strategies and skill development to move safely within your chosen environments, so you can:	<ul style="list-style-type: none"> • access the community and services • access education services • increase mobility skills and confidence to perform self-care independently • feel safe and familiar within your surroundings • maintain your orientation in a range of environments • reduce isolation.
Provide advice, assessments and the prescription of mobility aids, devices and assistive technology suited to individual need, so you can:	<ul style="list-style-type: none"> • access information indoors and outdoors related to travel information such as signage and wayfinding • use smart phones and other technologies to access information in 'real time' such as public transport timetables, maps and notifications • use a mobility aid or device to enable safer access to the community • continue to access the community.
Develop concepts, so you can:	<ul style="list-style-type: none"> • build an understanding of body awareness, spatial and positional concepts; travel and locational concepts.

Task / Approach	Benefit
Make various recommendations based on functional O&M assessments that support allied health practitioners and other stakeholders in their delivery of services and care, so you can:	<ul style="list-style-type: none"> work in collaboration with your other practitioners so they are aware of your low vision needs and build capacity in their role when working with you make recommendations related to safe access to indoor and outdoor environments.

4.8 Orthoptist

Orthoptists work with people of all ages who have vision loss due to an eye condition or neurological involvement that causes difficulty understanding what is seen. Orthoptists provide participants with knowledge about how their vision works and support participants build skills in enhancing their functional vision for everyday activities. They are experts in helping participants to use their vision to improve independence and confidence to live the life they choose.

Orthoptists either modify the existing ways in which participants use their vision or develop new strategies that help people partake in activities and manage change. They do this by providing therapy training to help improve the way participants optimise their remaining vision. This may include eccentric viewing training to help utilise peripheral vision or scanning training to help navigate through their environment or easily locate objects.

Orthoptists can also make various recommendations for assistive equipment to assist with near and distance vision including electronic or portable magnification devices, equipment that utilises optical character recognition, lighting enhancement and glare control. Refer to [Orthoptics Australia \(external\)](#) for more information.

Task / Approach	Benefit
Provide strategies to use your residual vision with daily routines, so you can:	<ul style="list-style-type: none"> access the community access education services improve mobility to move confidently and safely in your environment perform self-care independently search and find objects you are looking for feel comfortable and safe using household appliances

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Task / Approach	Benefit
	<ul style="list-style-type: none"> • participate in social and recreational activities • participate and contribute to household activities • engage in play activities • support concept development of daily tasks such as eating, drinking, dressing, communication and maintain personal hygiene.
<p>Make various recommendations based on the functional vision assessment to support other allied health practitioners in their delivery of services and care, so you can:</p>	<ul style="list-style-type: none"> • work in collaboration with your other practitioners so they are aware of your low vision to complement their role with you • develop balance and proprioception skills during mobility • use vision to develop gross and fine motor control • incorporate vision into developing communication and language • establish daily routines.
<p>Provide input on the size and detail of pictures and print materials and alternative communication systems, so you can:</p>	<ul style="list-style-type: none"> • read books and magazines • access mobile phone and other electronic devices • access the community by reading signs etc.
<p>Improve visual attention, so you can:</p>	<ul style="list-style-type: none"> • read, write, play games and use the computer • engage in conversation and develop/maintain relationships • participate in a hobby or play activities • learn new daily tasks or hobbies.
<p>Help coordinate vision with movement, so you can:</p>	<ul style="list-style-type: none"> • look, reach and engage in objects, toys, games, hobbies • participate in daily activities • play ball games.

4.9 Physiotherapist

Physiotherapists assess, diagnose, treat, and prevent a wide range of health conditions and movement disorders affecting the muscles and/or bones. For example, they help repair damage, reduce stiffness and pain, increase mobility, and improve quality of life.

Refer to the [Australian Physiotherapy Association \(external\)](#) for more information.

Task/Approach	Benefit
Joint mobilisation or manipulation so you can:	<ul style="list-style-type: none"> improve mobility to move more easily and to perform self-care more independently do activities you enjoy for a longer time manage and possibly reduce pain and discomfort
Muscle stretching and tailored exercises so you can:	<ul style="list-style-type: none"> improve your coordination, strength and flexibility manage your own health and wellbeing improve your mobility
Assess and recommend mobility aids or assess whether the mobility equipment you are using suits your needs so you can:	<ul style="list-style-type: none"> feel confident that the equipment you are using is suitable for you, for example, walker, wheelchair or standing frame etc. feel comfortable and safe using the equipment recommended to you by your allied health practitioner(s)

4.10 Podiatrist

Podiatrists assess, diagnose, treat, and manage conditions of the feet, ankles and legs. They also provide rehabilitation for people when they have medical and surgical conditions which affect their lower limbs. A podiatrist may prescribe foot orthoses to provide pressure distribution to treat and prevent corns, calluses and ulcers.

Refer to the [Australian Podiatry Association \(external\)](#) for more information.

Task/Approach	Benefit
Assess and recommend foot orthoses so you can:	<ul style="list-style-type: none"> • improve your independence to complete your daily living activities • increase your mobility and enable you to participate in the activities you choose • reduce pain so that you can participate more enjoyably in life • increase your independence in the community
Develop a management plan so you can:	<ul style="list-style-type: none"> • maintain foot health • manage and possibly reduce discomfort

4.11 Prosthetist or Orthotist

Prosthetists/orthotists assess and treat the physical and functional limitations caused by illnesses and/or disabilities including limb amputations. They can prescribe, design, fit, and monitor prostheses or orthoses.

The easiest way to explain the difference between a prosthetist and an orthotist is:

- a prosthetist works with devices designed to **replace** a limb, or another part of the body
- an orthotist works with devices designed to **assist** a limb or another part of the body

A prosthetic device is used to replace a person's limb entirely (for example, foot, leg or arm) while an orthotic device is used to enhance/support a person's limb or other body part (for example, spinal braces, leg splints or foot supports).

Refer to the [Australian Orthotic Prosthetic Association \(external\)](#) for more information.

Task/Approach	Benefit
Assess and prescribe devices so you can:	<ul style="list-style-type: none"> • improve your independence to complete your daily living activities • increase your mobility and enable you to participate in the activities you choose • reduce pain so that you can participant more enjoyably in life • increase your independence in the community

4.12 Psychologist

A psychologist is a person who is trained in the science and profession of how people think, behave, and learn. Psychologists work with people, and often their families, to help them make desired changes to behaviours. For example, to overcome relationship problems, anger issues, substance abuse or provide strategies to better manage a person's mental health disorders (for example, anxiety, depression, eating disorders or bipolar disorder).

Refer to the [Australian Psychological Society \(external\)](#) for more information.

Task/Approach	Benefit
Counselling so you can:	<ul style="list-style-type: none"> • develop your skills to help you deal with anxiety and/or depression • understand and work through your relationship problems • work through overcoming eating disorders, learning difficulties, substance abuse, etc. • learn to deal with any trauma or abuse you may have experienced • develop skills to help you deal with any mental health issues you face on a daily basis
Controlled breathing techniques, grounding skills or relaxation techniques so you can:	<ul style="list-style-type: none"> • reduce your stress levels • remain calm when you are in difficult a situation, for example, using public transport, in a noisy or confronting environment, etc. • feel more in control when you are distressed • decrease symptoms of depression, increase motivation and manage anxiety • improve the quality of your sleep and daily routine • increase your confidence to help you with building and maintain existing and new relationships • take part in activities in the community that you enjoy

4.13 Speech Pathologist

A speech pathologist can diagnose and treat communication disorders. This includes supporting those who have difficulties with speaking, listening, understanding language, social skills and stuttering. They work with people to help improve communication using their voice or through assistive technology (for example, Picture Exchange Communication Symbols, talking buttons). They can also help people who experience difficulties swallowing food and drink safely.

Refer to the [Speech Pathology Australia \(external\)](#) for more information.

Speech Pathologists can support NDIS participants with Disability Related Health Supports. For further information refer to [Our Guideline - Dysphagia supports](#).

Task/Approach	Benefit
Develop a plan to form speech and words so you can:	<ul style="list-style-type: none"> • learn new sounds and use new words
Develop communication skills so you can:	<ul style="list-style-type: none"> • build your understanding of language • speak more fluently • develop your social skills • learn new sounds and use new words
Develop language skills so you can:	<ul style="list-style-type: none"> • learn how to ask for something • tell someone how you are feeling • learn how to convey a message • improve your relationships • improve your social skills • build your confidence to have conversations
Develop speech fluency so you can:	<ul style="list-style-type: none"> • learn new skills to help reduce stuttering • have a flowing conversation with someone

Task/Approach	Benefit
Develop saliva control techniques so you can:	<ul style="list-style-type: none"> • increase your self-esteem • prevent your lips or skin from drying and cracking • improve your speech • prevent infection and discomfort • eat and drink more comfortably
Develop mealtime assistance strategies so you can:	<ul style="list-style-type: none"> • learn how to chew and swallow so that you can eat and drink in a safe way • become more independent at meal times • socialise more independently

5. Pre-planning

5.1 Planning conversations about therapy supports

The planning conversation gives you an opportunity to understand the participant and the way previous and future therapeutic supports will assist them to achieve their goals.

These points can guide you to get the information you need to make a reasonable and necessary decision about future therapeutic supports in an understanding manner.

5.1.1 Preparing for the meeting

- Review all allied health reports or assessments prior to the planning meeting. These will give you an understanding of how effective the supports have been across the plan period and provide an indication of future needs. For further information, refer to [3.4 Progress reports](#) and [3.3 Assessments](#).
- Be aware this is a sensitive conversation. Participants have individual needs and progress towards goals at different rates. It is important to build rapport and display empathy, as well as make sure the participant understands this is a confidential conversation and they can choose who does and does not attend the meeting.

5.1.2 Planning conversations

- Provide information to the participant about the role of the allied health professional to build their independence and capacity – the [Allied Health Practitioners](#) section can assist.
- Encourage the participant to talk about their experiences with allied health professionals. Are they progressing as they expected? Are they happy with the people providing the support?

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- Talk about the bigger picture. How are all of the participant's supports working together to reinforce strategies?
- Are people working together to help the participant achieve their goals? For example, if they have strategies to help them increase their gross motor skills and attend school, is the school helping them to implement these strategies throughout the day?
- What people in the participant's life can help them to apply the strategies? It is important to acknowledge that informal supports are not therapy assistants or support workers. They may however be able to reinforce suggestions by allied health professionals and create consistency. For example, if the participant is learning to communicate through exchanging pictures, family members can learn the right way to exchange pictures with them to communicate what they need or want.
- If the participant has support workers to assist with activities of daily living and an occupational therapist has provided some strategies to build their independence in this area, are support workers assisting them to build their independence by encouraging them to use these strategies?
- If the participant has not progressed towards their goals as expected and is requesting a similar amount of support, have a discussion about any barriers they may have experienced:
 - Are the providers meeting their expectations?
 - Were there barriers to attend sessions? If yes, how were or will these be addressed?
 - How will this support assist them to do more things on their own?
 - What differences do they expect following the supports? Describe how this looks in day-to-day life.
 - Do the important people in their life know how to support them to build independence?
 - If they will continue to require support how will this allow them to build independence?
- Where an allied health professional has/will develop recommendations and strategies for the participant:
 - How will the participant be supported to implement the strategies?
 - Are there things that can be done in other environments to support the participant to build these skills? For example, where the participant is building independence in communicating, are there strategies that others at their place of employment can implement?

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- How can people where they live support them to improve their independence at home?

5.1.3 Following the meeting

Compare the information provided in the planning conversation.

- Does it match the information in the allied health report?
- Does it match information from other reports such as other allied health professionals, support workers, family, the accommodation they live in, school, other services?

If you notice a difference talk, to the participant to determine the support that they want.

6. Planning

Refer to [Our Guideline – Reasonable and Necessary Supports](#).

6.1 Capacity Building - Daily Activity supports

The frequency of therapy will depend on the participant's individual circumstances. When making a reasonable and necessary decision about the therapeutic supports to include in the participants plan use the following information:

- the participant's knowledge and experience with how therapeutic supports interact with their condition
- assessments
- reports
- published information about the therapeutic supports such as the [TAT digest](#) or research journal articles.

All information is important in determining if the support meets the reasonable and necessary criteria for the participant. Where information from all four information sources do not match talk to your line manager. If you are still uncertain refer to the [Technical Advisory Branch \(TAB\)](#).

6.1.1 Value for money

Value for money considers:

- whether a support will represent value for money over time
- the cost of other available supports that can help the participant reach the same goal.

When determining if therapeutic supports are value for money, consider:

- If investing in therapeutic supports early is likely to have the long-term benefit of significantly improving life stage outcomes for the participant or reducing their

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support needs. For example, is it likely that the use of therapeutic supports for early intervention will increase the participant's independence and decrease reliance on supports throughout life?

- If investing in therapeutic supports is likely to reduce the participant's support needs in the short and medium term. For example, will increasing the participant's independence in self-care reduce the amount support worker hours needed each day.
- If investing in the support will delay the need, or avoid reliance, on additional supports. For example, will maintenance therapy delay the functional impact of a degenerative condition allowing participants to maintain independence for longer?
- Whether there are similar supports that would have the same outcome at a lower cost.

6.1.2 What if I decide not to include all of the AHP recommendations?

The AHP providing the assessment or report is a qualified professional who has met and worked with the participant.

There may be times when you do not believe the supports the AHP recommends meet the reasonable and necessary criteria. Some reasons may include:

- the information conflicts with other reports or information you collect in the course of the planning conversation
- the support hours requested are higher than expected
- the supports requested may not be considered best practice
- the supports requested may not seem value for money

When this happens, you need to:

- review all reports and supporting information
- review your planning conversation with the participant
- speak to the AHP to get further information and discuss any differences
- seek advice from your team leader

When this is not the participant's first plan and you still require more information you should have a discussion with your team leader to consider if an auto-extension of the participants current plan is appropriate to allow the participant to submit the required information. You will then be able to develop a plan that includes the reasonable and necessary therapeutic supports, reducing delays and the need for an unscheduled plan review.

When you make a decision to include supports in the participant's plan that are different to the AHP's recommendations you must:

- write a clear justification detailing:

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- the reason the supports recommended do not meet the reasonable and necessary criteria
- evidence to support this decision (for example, consultation with your team leader or TAB advice)
- what other lower cost/alternative supports were considered
- Speak to the participant and clearly communicate:
 - the funding that was included in the plan
 - a justification for any decision that is different from the AHP's recommendation. For example, rather than the participant receiving weekly physiotherapy from an AHP it is considered best practice that the participant build their capacity to complete self-managed physiotherapy exercises at home with the program regularly reviewed by the physiotherapist. Provide information on where you sourced this information.

You need to make sure you are open and transparent with your decision making to avoid confusion for the participant and unnecessary plan reviews.

6.1.3 Comments

The comments printed on the plan should provide information the participant needs to understand the purpose of therapeutic supports. You must include:

- the purpose of the funding
- the goals the therapy is supporting the participant to achieve. For example, communication, activities of daily living, assistive technology, identifying housing needs.
- the amount of funding. Including an amount of funding in the plan instead of support hours enables the participant to negotiate supports with their provider. If the participant would like more information on working with providers, show them the [Making a service agreement](#) page on the NDIS website.
- any expectations of the AHP to submit a progress report or assessment.

For example, '\$900 of funding for a speech pathologist to assess and provide strategies to increase your expressive communication skills. Assessments and reports tracking your progress must be submitted to the NDIS 6 weeks before your plan review.'

6.1.4 Justifications

Your justification for therapeutic assessments and supports will include:

- how the supports will assist the participant to achieve their goals
- the amount of support included
- the information you have used to come to this decision

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- how this will help the participant join in social and/or economic activities
- how the support will build independence and reduce reliance on supports
- how this support is required in addition to support received from families, carers, informal networks and the community

For example:

- <The participant> has a goal to improve their expressive communication as they currently use one or two words to communicate and become frustrated when not understood. <The participant's> workplace have reported that this frustration is impacting their ability to maintain friendships and is reducing the independence <the participant> previously had at work. An OT assessment in the previous plan period recommended that <participant> works towards improving their communication skills to reduce frustration. Information indicates that the last communication assessment was conducted when <participant> was in high school, 12 years ago.
- 15 hours of therapeutic support has been included for a speech therapist to assess, provide recommendations and develop resources for <participant> to develop expressive communication skills. The assessment is to include strategies for <participant> and their family and carers to increase verbal communication. The expected outcome of the communication strategies is to increase <participant's> independence, reduce their frustration, improve interpersonal relationships and improve independence in the workplace.
- The participant will be supported to implement these strategies at home by family members, supported by employees at their workplace, and supported by informal and formal supports in the community to use identified strategies when they are having difficulty communicating.

6.2 Case example - Multidisciplinary team using music therapy

Arnold is a 10 year old boy who lives at home with his parents and two older siblings. He has a diagnosis of Down Syndrome and is experiencing difficulty with communication, social skills and mobility. He attends a mainstream school where he receives support from a teacher's aid. During the previous plan, Arnold had difficulties building rapport with his therapists due to negative behaviours and difficulty travelling to, and waiting in, the therapist's office. This resulted in intermittent engagement and Arnold not using all of his capacity building supports. Assessments from the previous plan period have recommended using a multidisciplinary approach of music, occupational, and speech therapy focused on skill building in Arnold's natural environments to assist him to achieve his goals.

6.2.1 Assessment recommendations:

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- 16 hours Occupational Therapy to work towards Arnold's goal of "To join in playground games with friends."
 - Develop strategies to assist Arnold to increase motor control.
 - Develop strategies to assist Arnold to increase social skills.
 - Provide guidance to important people in Arnold's life on ways he can be supported to join in games and the types of exercises and games he can do to build his endurance and muscle control.

Expected Outcomes: Arnold will participate in a structured climbing activity or game with two peers with minimal adult support.

- 12 hours of speech therapy to work towards Arnold's goal of:
 - "Be able to tell people what I want or need."
 - Communicate using 1-2 word phrases.
 - Support communication through picture exchange while developing speech.
 - Provide guidance to the important people in Arnold's life on techniques specific to Arnold to assist with communication.

Expected outcomes: Arnold will use 1-2 word picture exchange to request a motivating item or a need.

- 7 hours of music therapy to develop strategies to motivate Arnold to engage with other therapists by:
 - Writing a song to motivate Arnold to participate in 1-2 word phrases.
 - Use rhythmic and motivational elements of music to encourage Arnold to engage and participate in gross and fine motor activities.

Outcomes - Arnold will engage with the occupational therapist, speech pathologist and music therapist to develop his communication and motor skills.

- \$300 of Low cost AT to develop communication supports. Picture exchange
- Travel associated with delivery of supports in Arnold's natural environments
- 10 hours of report writing

6.2.2 Planning conversation

During the planning conversation, Arnold and his family discussed with the planner how they and other people in Arnold's life can assist him to develop his skills and become more independent. The strategies they discussed included:

- AHPs will meet at the start and mid-way through Arnold's plan to discuss strategies and how these will complement each other.

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- Each AHP will develop strategies to assist Arnold to work towards his goals and guide the people in Arnold's life on building his skills and independence.
- The school is using picture exchange with other students and will support Arnold to use picture exchange if he is unable to verbalise his wants or needs.
- Arnold's siblings are close to him and enjoy playing games. They can find it difficult when he gets upset. Arnold's parents and siblings have shown enthusiasm with structuring some group activities/games with the family to help him develop his social skills.
- Arnold attends Scouts on a Thursday night. He has a support worker to assist him to attend and participate in activities. The support worker can implement strategies to assist Arnold to be more independent in interactions with peers.

6.2.3 Justifications

Core – Consumables

\$300 of Low Cost assistive technology has been included for the development of individualised picture exchange cards as recommended by the speech pathologist. These cards will support Arnold to communicate which will develop independence and increase participation in social, school and community activities. This will reduce reliance on supports in the future. Funding has been included in Capacity Building – Daily Activities for Arnold's supports to receive training on implementing communication strategies.

Capacity Building – Daily Activities

45 hours of support has been included in for a multidisciplinary team to build Arnold's capacity in communication, mobility and social skills. The multidisciplinary team will meet at the start and mid-way through the plan period to create consistency in their approach.

Arnold has difficulties in the last plan period engaging with therapists and is highly motivated by music. A report from allied health professionals has recommended a music therapist be engaged to develop strategies that will motivate Arnold to engage with other therapists to develop his skills. This will increase participation in school, home and community life and is likely to result in a reduced need of supports in the future.

Arnold will be assisted to implement communication, mobility and social skills strategies by his family at home, teacher's aide at school and support worker during Scouts.

Funding has been included for:

- 16 hours Occupational Therapy to work with Arnold to achieve his goal of joining in playground games with friends. The OT will provide training to informal and formal supports on how to implement these strategies.
- 12 hours of speech therapy to work with Arnold to achieve his goal of telling people what he wants or needs. The speech therapist will work with Arnold to develop strategies to communicate using picture exchange while he develops 1-2 word

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phrases in speech. The speech therapist will provide training to informal and formal supports on how to implement these strategies.

- 7 hours of music therapy to develop strategies to motivate Arnold to engage with other therapists.
- 10 hours of report writing to understand the benefits and gains achieved by Arnold across the plan period.

Funding has been included for travel of the allied health professionals to deliver supports in Arnold's natural environments.

6.2.4 Outcomes

This information provides enough evidence for the planner to make a reasonable and necessary decision to include the recommended therapeutic support hours in Arnold's next plan. This included information from the planning conversation on the participant's lived experience and information in the allied health reports.

7. Supporting material

- [Our Guideline - Disability-related health supports](#)
- [Early Childhood Services Branch resources](#)
- [Practice Guide – Assistive Technology](#)
- [Practice Guide – Identifying Housing Solutions](#)
- [Our Guideline - Nutrition supports including meal preparation](#)
- [Our Guideline – Dysphagia supports](#)
- [Our Guideline – Reasonable and Necessary Supports](#)
- [Speech Pathology Australia \(external\)](#)
- [Australian Psychological Society \(external\)](#)
- [Australian Orthotic Prosthetic Association \(external\)](#)
- [Australian Podiatry Association \(external\)](#)
- [Australian Physiotherapy Association \(external\)](#)
- [Occupational Therapy Australia \(external\)](#)
- [Australian Music Therapy Association \(external\)](#)
- [Exercise and Sports Science Australia \(external\)](#)
- [Dietitians Association of Australia \(external\)](#)
- [Mainstream Interfaces](#) intranet page

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- [Objects](#) and [general principles](#) in the NDIS Act 2013
- [Our Guidelines – Planning - Appendix 1 - Table of guidance on whether a support is most appropriately funded by the NDIS | NDIS](#)
- [Our Guidelines – Requesting further information or reports to inform a participant’s plan](#)
- [Our Guidelines – Assistive Technology](#)

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8. Feedback

If you have any feedback about this Practice Guide, please complete our [Feedback form](#).

9. Version change control

Version No	Amended by	Brief Description of Change	Status	Date
6.0	JC0075	Minor changes to when staff should refer to TAB for advice. Class 2 approval	APPROVED	2020-12-04
7.0	NAN927	Class 1 edits and approval Minor change to comments required in plan. Updated AT link to external OG.	APPROVED	2021-01-06