

Chair and Members of the Committee,

We welcome the opportunity to contribute to today's hearing.

Occupational Therapy Society for Invisible Disabilities -or OTSi - is a national Society whose purpose is to enable occupational therapists who work alongside people with invisible and hidden disabilities, to reduce barriers to full participation as active citizens of Australia. OTSi is a formalised organisation arising from the NDIS Occupational therapy Community of Practice, a community comprised of over 12,000 occupational therapists nationwide.

Occupational therapists play a fundamental role within the NDIS and are on the front line of identifying support needs, building capacity, identifying and managing foreseeable risk, and working with participants towards their goals. As such, occupational therapists and allied health professionals in their daily work, play a *critical role* in **upstream, preventative safeguarding** that can *prevent* the need for downstream compliance and enforcement approaches necessary to redress harm. **Our position is that all conversations regarding downstream safeguarding responses must sit alongside meaningful conversations on upstream preventative safeguarding that can prevent harm occurring in the first place.**

OTSi welcomes the intention of this Bill to build a safer NDIS. We commend the work of the NDIS Quality and Safeguards Commission and support Schedule 1's strengthening of compliance and enforcement powers. Participant redress when harm occurs must remain a priority for the future of the Scheme. Effective implementation of Schedule 1 must include clear provider guidance and timely intervention strategies to protect participants who may lose access to supports because of enforcement action.

Our testimony today focuses on the need for proportionate and carefully calibrated safeguarding, particularly in relation to Schedule 2. We recommend reasonable and necessary limits on the proposed expansion of Agency powers under Section 45. These powers must be clearly bounded - including safeguards around access to sensitive and confidential therapy case notes and files. Claims processes must not erode professional confidentiality or participant privacy. Information requests should be confined to material that participants or providers can reasonably be expected to hold and provide for claim verification purposes.

Careful consideration must be given to the relative risks including potential risk and consequences for participants.

Delays and refusals to process claims under the current Section 45 framework are already causing service disruption and participant impacts. The proposed amendments should ensure that withholding payment does not create greater delay, disruption, or harm to participants than the original risk identified. Further clarity of scope, external oversight, stakeholder protections, defined evidentiary thresholds and timeframes, and accessible appeal mechanisms are required, and consultation with the disability community and allied health sector are essential to get this right.

For providers, disproportionate regulatory burden under Section 45 will not operate neutrally; it will function as a market intervention with potentially harmful consequences for

participants. It risks destabilising smaller and specialised providers delivering essential therapeutic supports, particularly in regional and underserved communities. Many therapy providers are already reporting significant strain from cumulative administrative reforms, including Section 33 funding periods and Section 10 support lists. Additional burden under Section 45 risks further service erosion through loss of supply of experienced therapists and reduced access to supports for participants.

Finally, we submit that upstream safeguarding must hold a strong place in this conversation. Preventing harm rather than responding when harm has already occurred must be a primary objective. Building evidence-based, fit-for-purpose support needs assessments is a fundamental **preventative safeguard**. Understanding a person's disability support needs, foreseeable risks, and ensuring tailored decision-making supports are in place are critical to preventing neglect and exploitation. Allied health evidence is essential to understanding individual disability support needs.

For this reason, we propose that Section 32L of the primary NDIS legislation be amended to enable a participant to request a replacement support needs assessment, with consideration of all available evidence. This would strengthen procedural fairness, transparency, and participant safety at the front end of the Scheme.

We look forward to speaking further to specific amendments and to working constructively with the Committee to ensure the NDIS remains both safe and effective for the Australians it was designed to serve.

Thank you.