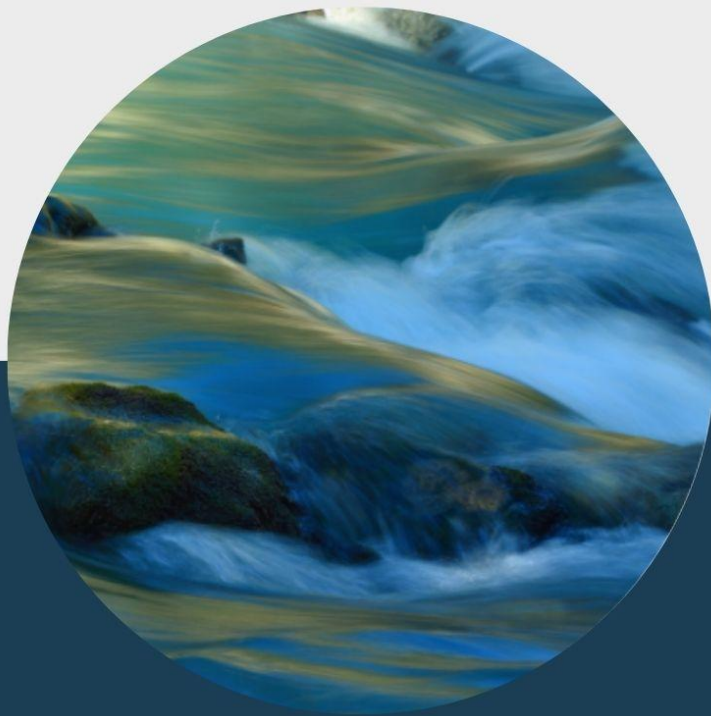


SUBMISSION ON INCLUSIVE COMMUNITIES FUND



OTSi

OTSi.net.au

Introduction

The Occupational Therapy Society for Invisible and Hidden Disabilities (OTSi) welcomes the opportunity to contribute to the development of the Community Inclusion Fund.

OTSi is a national organisation supporting occupational therapists who work alongside people with invisible and hidden disabilities, including psychosocial disability, mental health conditions, neurodivergence and other chronic, fluctuating and disabling conditions. OTSi advocates for equitable access to occupational therapy and other supports that enable people to participate fully in everyday life, education, employment, relationships and community. OTSi is a full member of Mental Health Australia and provides input into its policy and strategy papers. OTSi is also an active member of TAMHSS and recently facilitated a mental health roundtable.

Invisible and hidden disability encompasses a broad range of experiences, including psychosocial disability, severe and enduring mental illness, autism, neurological disability, chronic fatigue and other conditions whose functional impacts may not be immediately apparent. The impacts of these disabilities are frequently misunderstood or overlooked, creating significant barriers to participation.

OTSi supports developing a Community Inclusion Fund that enables people with disability to participate in ordinary community life. However, the Fund should recognise that genuine inclusion requires more than general accessibility measures or broad disability awareness training. This fund needs to be in addition to other supports for people with disability and will not replace the need for community participation and capacity building funding.

People with disability are diverse. The adjustments that enable one person to participate may be irrelevant, or even counterproductive, for another person with the same diagnostic label. A successful Fund therefore needs to support individualised problem-solving and practical changes within community organisations, alongside broader organisational accessibility initiatives.

Place-based and local responses are particularly important for people with invisible and hidden disability because their barriers and solutions can be highly individual and context-dependent. The provision of localised responses is essential to building connected and inclusive communities and to ensuring that mainstream organisations understand the nuance required to meet the needs of minority groups.

1. What community activities should the Fund support?

OTSi supports a broad definition of community activity.

The Fund should support participation in ordinary community life, rather than creating separate disability-specific activities wherever possible. This could include sport and recreation, arts and cultural activities, community groups, libraries, gardening groups, book clubs, social groups, education, volunteering, neighbourhood activities and other activities chosen by the person.

The inclusion fund should focus on removing barriers that prevent this person from participating in an activity already available in their community, and identifying the factors that would enable them to participate.

One option to consider is developing an individualised Community Inclusion Voucher, operating similarly to the Queensland Play On! Sports Voucher model.

Under such a model, a person with disability could obtain a voucher to participate in a particular community activity or organisation. The community organisation could then use the voucher to access the resources or expertise needed to make that person's participation possible.

The voucher could be used to enable the organisation to obtain targeted disability expertise, for example:

- a consultation with an occupational therapist or other appropriately qualified professional
- a training session for staff or volunteers
- individualised problem-solving regarding an accessibility barrier
- advice about adapting the physical or sensory environment
- advice about communication
- assistance developing an individualised participation strategy
- consultation regarding fatigue, sensory processing, sensory barriers, executive functioning or psychosocial disability
- advice about how an organisation can be inclusive in the presence of a person's disability-related interactions or communication.
- Sensory and environmental audits and adaptation

This would create a mechanism through which the Fund could respond to the actual barrier experienced by an individual, rather than assuming that every person with a particular disability requires the same adjustment.

The Queensland Play On! Sports Voucher model demonstrates the potential advantages of a voucher approach: it provides an individual with a mechanism to access an activity while creating an incentive and mechanism for activity providers to participate in an inclusion framework.

OTSi recommends that the Community Inclusion Fund build on this concept while going further by allowing funding to be used for the practical inclusion supports required by the community organisation, rather than restricting the voucher to participation fees.

2. What barriers do people with disability experience?

For people with invisible and hidden disabilities, the principal barriers are wide ranging across psychological, sensory, fatigue, physical, cognitive, low income and communication. To illustrate the individual variety we have provided some examples of needs that can be barriers to participation:

- Attitudinal eg intolerance or misunderstanding of difference
- Fatigue barriers eg being expected to play a game of lawn bowls for a certain duration that is not achievable.
- Needs that are related to psychological needs such as:
 - Responding to auditory hallucinations
 - Fixed views or delusions, e.g., needing to sit in the same chair for a delusional rationale
 - Obsessive-compulsive need, e.g., a person who can only come to the social event if a toilet is reserved for them

- Need for captioning for auditory processing challenges associated with autism or deafness.
- Needing information broken down into steps due to cognitive disability
- Requiring body doubling to engage in a gardening activity due to ADHD
- Requiring fluorescent lights turned off or music turned down in the activity area
- Requiring predictable routines or environments.
- Require additional space in a Zumba class due to uncoordinated body movements

Genuine inclusion requires community organisations to understand disability-related differences and respond with acceptance, flexibility and reasonable adaptation.

The objective should not be to manage, suppress or normalise behaviour simply because it is unfamiliar to other people. A person may appear to be behaving in an unusual way when, from their perspective, they are using an important strategy to remain regulated and participate. Many people with invisible and hidden disabilities have experienced negative experiences in the past and are concerned that this experience could be repeated again.

3. The limitations of generic disability awareness training

OTSi supports education and training for community organisations. However, education must be carefully designed. Generic training about a diagnosis does not necessarily equip a community organisation to support a particular person. For example, training about obsessive-compulsive disorder may focus heavily on contamination and handwashing. A community organisation may consequently develop an expectation that a person with OCD will have difficulties with handwashing, while failing to recognise that another person with OCD may experience entirely different symptoms. Similarly, general autism training cannot provide an organisation with all the information it needs to understand the individual sensory, communication, cognitive and participation needs of a particular autistic person.

The Fund should therefore prioritise:

- individualised consultation and problem-solving when a person is actually seeking to participate.
- changing the sensory environment eg replacing fluorescent lights, improving the sound quality, having easily adjustable music, outdoor sitting areas etc

4. Ensuring invisible and hidden disabilities are included

There is a significant risk that community inclusion funding will naturally gravitate towards disabilities that are more visible or readily understood. Funding may be directed towards physical accessibility, mobility access or broad disability awareness, while people with invisible and hidden disabilities remain excluded.

The Fund should explicitly recognise people experiencing, for example:

- autism
- psychosocial disability
- mental illness

- neurological disability
- chronic fatigue and related conditions
- long COVID
- Intellectual disability
- light-sensitive epilepsy
- Intellectual disability
- tourette syndrome and
- other invisible, fluctuating or episodic disabilities.

OTSi recommends that a defined proportion of Fund resources be quarantined or otherwise protected for invisible and hidden disability. This would help ensure that inclusion is not equated solely with physical accessibility.

5. What support and resources would help organisations become more inclusive?

Community organisations require practical resources rather than simply statements about inclusion. Organisations do need to develop accessibility and inclusion policies but these could be provided as samples on a website rather than being a priority for funding. The Fund could support:

- occupational therapy and/or allied health consultation
- staff and volunteer training
- sensory and environmental audits
- communication accessibility
- development of flexible participation arrangements
- quiet or low-stimulation spaces
- fatigue and pacing strategies
- accessible information
- development of individualised participation plans

The emphasis should be on building the capability of ordinary community organisations to include people with disability, rather than creating parallel disability services. The priority for the community inclusion fund needs to be on individualised support pathways to inclusion.

6. How could community organisations partner with disability-led organisations?

Community organisations could also establish ongoing relationships with local disability organisations and allied health professionals rather than accessing expertise only when a crisis occurs. The proposed voucher system would enable person-centred and local community-focused inclusion.

7. What activities should the Fund support if it cannot fund service delivery?

The Fund does not need to fund an individual's ongoing disability support in order to fund the changes required for a community organisation to include that person. Funding an occupational therapist to work with a community organisation to identify and resolve a barrier preventing a person from participating could be considered an inclusion activity. A community organisation may genuinely want to include someone but have no idea how to respond to a particular barrier. A small amount of consultation may resolve the issue and allow the person to participate on an ongoing basis.

It needs to be noted that the inclusion fund will be unlikely to work well if people with disabilities do not have the support that they need to increase their functional capacity. A policy brief on this need is attached in appendix 1.

8. The role of allied health

Occupational Therapists are particularly well placed to contribute to this model because they understand the relationship between disability, the person and their environment. An Occupational Therapist who knows a person may also be well placed to identify practical solutions to participation barriers. Other allied health may also have a suitable skillset. OTSi recommends that the Fund allow community organisations to access an individualised inclusion consultation pathway, including through allied health professionals where appropriate. This should not require the person to enter a new therapeutic service simply to obtain an accessibility adjustment.

9. What role could local governments play?

Local governments are uniquely positioned to support community inclusion because they influence many of the places where community participation occurs.

They can:

- identify local participation gaps
- map community organisations and activities
- facilitate partnerships between disability organisations and community groups
- provide accessible community facilities
- support transport and wayfinding
- provide information about local activities in accessible formats
- facilitate local inclusion networks
- support training and shared resources
- identify opportunities for universal design
- assist community organisations to access the Fund
- collect local data about barriers to participation.

Local government could also act as a connector, rather than assuming that every community organisation needs to independently develop disability expertise.

10. How can meaningful and lasting inclusion be achieved?

Funded activities should have a capacity-building component wherever appropriate. For example, a community organisation receiving support to include an autistic person could use the funding to:

- address the immediate barrier
- receive individualised advice
- train relevant staff or volunteers
- document what was learned
- develop an organisational inclusion resource
- apply the learning to future participants

A sustainable model should allow community organisations to develop basic inclusion capability while maintaining pathways to specialist advice when individualised expertise is required.

11. Avoiding a crisis-focused model

The Fund should also avoid becoming primarily a mechanism for managing disability-related crises. For example, first aid or crisis-response training may be valuable, but it is fundamentally different from inclusion. A community organisation needs to understand how to create an environment in which the person can participate in the first place. The Fund should therefore prioritise:

participation → accessibility → understanding → adaptation → belonging

rather than:

difference → concern → behaviour management → crisis response.

12. Equity and intersectionality

The Fund must be designed to work for people who experience multiple forms of disadvantage.

This includes First Nations people, LGBTQIA+ people, people from culturally and linguistically diverse backgrounds, younger and older people, people experiencing poverty, and people living in rural, regional and remote communities. However, these groups should not be treated as homogeneous. A person may simultaneously experience disability, poverty, cultural barriers, geographic isolation and other forms of exclusion. Place-based responses are essential because local communities require responses that recognise the specific needs of the people who live there.

13. Recommendations

OTSi recommends that the Community Inclusion Fund:

1. Support participation in ordinary community activities, rather than primarily funding separate disability-specific activities.
2. Establish an individualised Community Inclusion Voucher, enabling a person to access a community activity and enabling the community organisation to obtain resources or expertise required to facilitate that person's participation.
3. Permit voucher funding to be used for targeted inclusion consultation, including allied health input where appropriate.
4. Explicitly recognise invisible and hidden disabilities within the Fund's eligibility and guidance.
5. Quarantine or otherwise protect a proportion of funding for invisible and hidden disabilities, so that these disabilities are not overlooked in favour of more visible accessibility needs.
6. Fund both general capability building and individualised problem-solving, recognising that generic disability awareness cannot address every person's needs.
7. Support community organisations to make practical environmental, communication and participation adjustments.
8. Support meaningful partnerships with disability-led organisations, including involvement in design, governance, implementation and evaluation.
9. Recognise the role of occupational therapists and other allied health professionals in identifying and resolving participation barriers.
10. Enable local governments to act as connectors and facilitators, linking community organisations with disability expertise and local resources.
11. Prioritise capacity building and sustainability, so that funded organisations retain skills and resources after the three-year funding period.
12. Measure success by participation and belonging, rather than simply the number of people trained or organisations receiving funding.
13. Fund Focused Functional Interventions to complement the Community Inclusions Funding. (refer to appendix)

APPENDIX 1

Policy Brief: Ensuring Access to Function-Focused Interventions in the Community

About OTSi

The Occupational Therapy Society for Invisible Disabilities (OTSi) is a national organisation that supports occupational therapists working alongside people with hidden and invisible disabilities, and mental health realities. OTSi advocates for equitable access to supports, resources, and occupational therapy services that enable people

with disability to participate fully in Australian society. OTSi has a strong focus on systemic advocacy, policy reform, and improving outcomes for people across the lifespan with invisible disabilities, including psychosocial disability.

The Problem

Australia is facing a growing gap in access to evidence-based, function-focused interventions in the community. At present, these supports are largely only available through the National Disability Insurance Scheme (NDIS) as allied health capacity building interventions, leaving many people without access to the interventions they need to live independently, participate socially and economically, and avoid escalating mental health, physical health and disability-related crises.

The current system creates a “desert” outside the NDIS. As OTSi has identified, if the NDIS remains the only meaningful pathway to functional capacity-building interventions, demand for the scheme will continue to increase.

This issue is particularly urgent in the context of tighter NDIS access, increasing revocations, and the absence of robust foundational supports in the community. Existing Medicare items are also insufficient. Programs such as Better Access primarily fund psychological treatment and do not adequately support interventions aimed at improving daily functioning, participation, executive functioning, life skills, vocational engagement, or sensory regulation. .

The thriving kids program emphasises the role of the private system in providing developmental supports to children but the current Medicare options are not targeted at capacity building for developmental delay and the options for Autistic children and those with ADHD are limited in scope and availability.

Clinical populations that may benefit from function-focused interventions include people with:

- Chronic Fatigue/MFS and Long Covid
- Multiple Sclerosis and other neurological conditions
- Chronic physical health conditions including EDS, POTs, chronic pain
- Psychosocial disability and mental illness
- Autism and ADHD
- Other chronic, fluctuating, episodic, and invisible disabilities

Without reform, these clinical populations face:

- Reduced social and economic participation
- Increased barriers to independent living and community engagement
- Higher rates of hospitalisation and crisis presentations and
- Greater long-term costs to governments and systems.

What Are Function-Focused Interventions?

Function-focused interventions are evidence-based, person-centred supports designed to build an individual’s functional capacity and participation in everyday life. Delivered primarily by occupational therapists, these interventions focus on helping people develop practical strategies and skills that enable them to manage the impacts of psychosocial disability and engage meaningfully in their communities.

These interventions may include:

- Executive functioning and cognitive strategies
- Routine development and life-skills training
- Social connection and social prescribing
- Vocational engagement for work and study
- Sensory-based strategies
- Activity grading and energy conservation and
- Creativity and occupation-based approaches.

Function-focused interventions are strengths-based, trauma-informed, neurodiversity-affirming, and centred on individual goals and lived experience.

These supports are essential because disability and illness is not solely about symptoms — it is about the impact those symptoms have on daily functioning, participation, and quality of life. Clinical treatment alone is not enough. People also require practical, functional interventions that help them sustain routines, engage in education or employment, maintain relationships, and participate in community life.

Australia already has a workforce ready to deliver these supports. There are thousands of occupational therapists currently working with people with disability under the NDIS, alongside a broader allied health workforce embedded within communities across the country.

OTSi Calls for Reform

Clear pathways to function-focused interventions within foundational supports

Governments must establish pathways within foundational supports that enable people to escalate to function-focused interventions based on need.

This is essential to ensuring that general and targeted foundational supports can genuinely meet the needs of people with disability who may not access the NDIS, or who require lower-intensity interventions before their needs escalate further.

There are multiple models that could support this approach, including:

- Targeted allied health packages delivered through community-based services
- Occupational therapy-led functional intervention programs
- GP-referred community intervention pathways
- Group-based and telehealth delivery models and
- Multidisciplinary and lived-experience informed service models.

Without embedded function-focused interventions within foundational supports, there will be little capacity to reduce future demand for the NDIS. Foundational supports cannot succeed if they only provide navigation or psychosocial support without practical interventions that build functional capacity and participation.

3. Medicare reform to improve access to function-focused interventions

OTSi is calling for substantial Medicare reform to ensure people with psychosocial disability and other invisible disabilities can access evidence-based functional interventions outside the NDIS.

This week, OTSi provided evidence to the Senate Medicare Inquiry regarding the impact of current Medicare limitations, particularly in rural and remote communities. OTSi highlighted the urgent need to expand Medicare access for children and adults with invisible disabilities, including psychosocial disability, autism, intellectual disability, cognitive disability, and sensory disability.

OTSi is calling for:

- Substantial increases to neurodevelopmental Medicare items beyond the current 25-session lifetime cap
- Expansion of Better Access Mental Health sessions back to 20 sessions annually, after being reduced to 10 in 2022
- Greater flexibility for individual and group telehealth services
- Establishment of a new Medicare item for Focused Functional Interventions
- Increased rebates to reduce unaffordable gap payments, particularly given many people affected are Disability Support Pension recipients and
- Policy incentives that enable occupational therapists and allied health professionals to contribute more substantially within Medicare-funded care.

Existing Medicare items are primarily designed around symptom treatment rather than disability-related functional capacity building. Establishing dedicated Medicare pathways for function-focused interventions would create earlier access to support, reduce long-term costs, and strengthen Australia's community-based disability and mental health systems.

Conclusion

Australia cannot reduce demand on the NDIS without investing in meaningful function-focused supports outside of it. There is a need for practical, evidence-based interventions that build capacity, improve participation, and prevent escalation of need.

Occupational therapists already have the expertise, workforce presence, and community reach to deliver these supports. The policy challenge is no longer whether these interventions are needed — it is whether governments will create sustainable pathways to access them across the NDIS, foundational supports, and Medicare.