



Research into Participant Experiences with National Disability Insurance Scheme funded Allied Healthcare Services during COVID-19

Why we did the research

In 2020, the COVID-19 pandemic had a considerable impact on the delivery of healthcare across Australia. Many NDIS-funded supports (including consultations with allied healthcare professions) transitioned to remote service delivery via telephone or via video over the internet.

The purpose of this research was to give participants, their families and carers a chance to share their experience accessing allied healthcare during the COVID-19 pandemic.

About the research project

- We partnered with University of Melbourne on this research.
- The research involved a national online survey between 25th June 2020 and 31st August 2020.
- The survey had 2 parts:
 - Part 1 was about experiences interacting with the NDIS
 - Part 2 was about experiences using remotely delivered services to access allied healthcare
- The survey was advertised on the NDIA website, through Peak Bodies and other organisations, and social media
- The Melbourne Disability Institute funded the research
- The University of Melbourne provided ethics approval

The information in this report is about part 2 of the survey. It tells you what we found and what we are doing with this information.

Who took part

- 2,391 NDIS participants, family members or carers completed the survey.
- 52% respondents were female, 46% were male and 2% chose 'other' or preferred not to answer.
- 41% were NDIS participants and 59% were family members, carers or supporters who completed the survey on behalf of the participant.
- They lived in metropolitan (62%) regional (36%), and remote (2%) areas of Australia.
- 29% were aged 0-18 years, 32% 19-44 years and 29% 45+ years.
- Range of disabilities were represented including: 28% autism, 11% intellectual disability and 8% psychosocial disability.
- NDIS participants from all states and territories filled in the survey.

Research findings

NDIS-funded supports during COVID-19

1,672 surveyed participants (70%) had funded allied healthcare support for:

- Occupational therapy (22%)
- Psychology (14%)
- Speech pathology (14%)
- Physiotherapy (14%)
- Exercise physiology (7%)
- Dietetics (4%)
- Continence nursing (2%)
- Audiology (1%)

Of these, 1,282 participants (77%) had funded allied healthcare support from two or more allied healthcare professions.

During the COVID-19 pandemic, 473 participants (28%) had their services cancelled for at least one allied healthcare support (due to cancellation by the provider or because the participant was unwilling/unable to transition to remote delivery). 1,054 (63%) transitioned to remote delivery for at least one allied healthcare support (of which 66% were via video and 34% were via telephone).

For each allied healthcare support that continued (n=2,258):

- 43% had consultations at the same frequency as before the pandemic
- 35% had fewer consultations than before the pandemic
- 15% had more consultations than before the pandemic



Experiences with allied healthcare consultations via telephone

503 participants told us about their experiences with allied healthcare via the telephone.

Most had positive experiences with the security and safety of telephone consultations:

- 63% were happy with the privacy/security (30% were neutral)
- 71% felt safe during the consultation (23% were neutral)
- 47% felt safe doing prescribed activities 24% were neutral)

Most had positive experiences using the technology during the consultation:

- 55% found the technology easy to use (24% were neutral)
- 55% felt comfortable communicating via telephone 19% were neutral)

Most had positive experiences with the care they received during the consultation:

- 62% were happy with the management they received (26% were neutral)
- 52% believed the care they received was effective (28% were neutral)

Some intended to use telephone consultations in the future:

- 31% were likely to choose to use telephone delivered services after the pandemic (15% were neutral)

More than half (52%) believed it was the same or better than in-person consultations:

- 11% believed it was better than in-person consultations
- 41% believed it was the same in-person consultations



Experiences with allied healthcare consultations via video

1023 participants told us about their experiences with allied healthcare consultations via video.

Most had positive experiences with the security and safety of video consultations:

- 69% were happy with the privacy/security (24% were neutral)
- 78% felt safe during the consultation (18% were neutral)
- 64% felt safe doing prescribed activities (17% were neutral)

Most had positive experiences using the technology during the consultation:

- 51% found the technology easy to use (24% were neutral)
- 56% felt comfortable communicating via video (18% were neutral)

Most had positive experiences with the care they received during the consultation:

- 66% were happy with the management they received (23% were neutral)
- 61% believed the care they received was effective (20% were neutral)

Some intended to use video delivered consultations in the future:

- 33% were likely to choose to use video delivered services after the pandemic (15% were neutral)

More than half (52%) believed it was the same or better than in-person consultations:

- 13% believed it was better than in-person consultations
- 39% believed it was the same in-person consultations



Experiences with allied healthcare group classes via video

Only 3% (n=31) of respondents had group classes via video during the pandemic.

Most had positive experiences with the security and safety of remote consultations:

- 48% were happy with the privacy/security (45% were neutral)
- 71% felt safe during the group class (25% were neutral)
- 79% felt safe doing prescribed activities (21% were neutral)

Most had positive experiences using the technology during the consultation:

- 59% found the technology easy to use (0% were neutral)
- 45% felt comfortable communicating via video (32% were neutral)

Most had positive experiences with the care they received during the consultation:

- 49% were happy with the management they received (39% were neutral)
- 51% believed the care they received was effective (39% were neutral)

Some intended to use remotely delivered consultations in the future:

- 32% were likely to choose to use video group classes after the pandemic (16% were neutral)
- 14% believed it was better than in-person group classes (28% were neutral).

Nearly half (42%) believed it was the same or better than in-person consultations:

- 14% believed it was better than in-person consultations
- 28% believed it was the same in-person consultations

Advantages and disadvantages of consultations via phone and video

- Advantages of remotely delivered consultations included convenience, accessibility, and reduced waiting time.
- Disadvantages of remotely delivered consultations included lack of physical contact, difficulty communicating, and lack of visual contact.

Differences between allied healthcare professions

Use of remotely delivered consultations during the pandemic was least common in audiology (19% of respondents) and exercise physiology (25%), and most common in psychology (57%) and speech pathology (55%).

Having fewer consultations than normal during the pandemic was most common in occupational therapy (40%) and physiotherapy (45%), and least common in audiology (17%) and continence nursing (19%).

Likelihood to choose to have consultations via video after the pandemic was highest in audiology (100%) and dietetics (52%), and lowest in physiotherapy (20%) and exercise physiology (23%).

Likelihood to choose to have consultations via telephone after the pandemic was highest in audiology (50%) and dietetics (45%), and lowest in exercise physiology (16%) and physiotherapy (23%).

Conclusions

The COVID-19 pandemic had a significant impact on many participant's allied healthcare supports. Like many Australians, some NDIS participants found it difficult to access some non-essential services during restrictions. However more than half transitioned to remotely delivered services via telephone or video to enable services to continue. Those who had remotely delivered consultations during the pandemic reported positive experiences overall. A third of respondents said they would be interested in accessing therapy remotely in the future, this is equivalent to around 130,000 NDIS participants.

NDIS-funded allied healthcare support services may benefit from offering participants choice between in-person and remotely delivered consultations, or a combination of the two, depending on participant preference and the requirements of treatment/therapy.

A copy of the full research report is available on the University of Melbourne website at their [Centre for Health, Exercise and Sports Medicine](#).

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Enquiries about this publication should be addressed to:

National Disability Insurance Agency

Email: research@ndis.gov.au

or

The University of Melbourne, Centre for Health, Exercise and Sports Medicine

Level 7, Alan Gilbert Building

161 Barry Street

The University of Melbourne, 3010

Email: belinda.lawford@unimelb.edu.au