

Supporting NDIS participants

Is telehealth a viable option?

Introduction

Ability Action Australia is a registered NDIS provider delivering therapeutic, positive behaviour, and employment supports across Australia. Through our network of clinics and more than 800 allied health clinicians and behaviour support practitioners, we provide participants and their families with life-changing support.

In early 2022, Ability Action Australia developed a white paper to reflect on our journey delivering therapy during the COVID-19 pandemic and associated lockdowns. The paper anticipated the ongoing need and growth of telehealth within disability service provision.

At the time, a McKinsey article (July 2021) highlighted strong global uptake, favourable consumer perceptions, and significant investment in telehealth.

Borne out of necessity, the COVID-19 era delivered:

- ✓ Positive shifts in consumer and provider attitudes towards telehealth service provision
- ✓ Regulatory changes that enabled greater uptake
- ✓ Unprecedented global investment in virtual care and digital health

This white paper seeks to:

- Update our understanding of best-practice telehealth and hybrid modes of service delivery within the disability sector
- Explore the integration of innovative virtual health solutions relevant to disability service provision
- Outline a vision for telehealth in the near future

Is there an ongoing need for telehealth?

Flexible service delivery – **including telehealth – remains essential in addressing health inequities**, particularly by improving access for people living in regional and remote areas of Australia. It also meets the growing demand for services that are accessible, convenient and efficient for participants and their families. Recent advances and emerging technologies are further enhancing the telehealth experience for both clinicians and participants. The World Health Organisation advises that clients and caregivers report satisfaction with remote health-care services, particularly via videoconference.

Telehealth reduces barriers to accessing healthcare by:

- Reducing the time and financial cost associated with attending in person appointments
- Enabling access to services that would otherwise be unavailable to those living in remote areas
- Giving support to participants with physical and intellectual disabilities that cannot easily attend in person
- Allowing greater flexibility to caregivers to attend appointments (WHO 2021)

Learning from others – what the peer-reviewed literature tells us

Evidence supporting the safety and efficacy of telehealth is growing. Some relevant examples relevant to allied health and positive behavioural support service delivery include:

Telehealth in mental health

(Khan et al., 2021; Sharma et al., 2020)

The COVID-19 pandemic triggered the rapid development of virtual clinics. Of note, several studies in mental health service delivery (including child psychiatry) have demonstrated that clinical care delivered using telepsychiatry is equivalent, and in some cases superior, to in-person care. Further, the development of telehealth guidelines ensured that the service provision was safe, secure as well as effective and that it was able to effectively monitor client safety in mental health related crisis situations.

Assessment, functional goal-oriented ADL therapy and cognitive re-education for adults with an acquired brain injury

(Yosef et al., 2019; Cramer et al., 2019)

Studies demonstrated that input for physical interventions delivered by telehealth were as effective as in person intervention. Treatments included improving upper limb function and cognitive skills, achieving positive functional gains. Clinically significant improvements in both performance and participant satisfaction with performance were found in both studies.

Telehealth has continued to show evidence that it is feasible, convenient and acceptable in the context of road trauma survivor intervention working on overcoming physical impairments and improving daily function. (Shiner et al., 2022)

Telehealth with children

(Micai et al., 2024)

A recent systematic review examined the accumulation of available evidence on telehealth interventions for autistic children and adolescents, considering diverse approaches, settings, and modalities used to address core symptoms and co-occurring conditions (Micai et al., 2024). Combined findings from observational and experimental studies indicate telehealth interventions are comparable in effectiveness to traditional in-person treatments and are often lower in cost.

Telehealth outcomes show promise in facilitating interventions, actively engaging parents, and generalising the social communication of children (Micai et al., 2024). There remains an ongoing need to reconsider how telehealth can more effectively address the needs of specific paediatric populations (Fiks et al., 2021).

Treatment of Posttraumatic stress injury via telehealth

(Krebs et al., 2025)

This study included the use of exposure-based therapies and talking therapies delivered via telehealth, in the context of promoting return-to-work among workers with post-traumatic stress. Outcomes demonstrated were equally effective to those using a hybrid model of intervention.

Overall, the studies point to the importance of clinicians, participants and care-giver behaviours in optimising outcomes (Retamal, F et al 2022). These include actions such as:

- Ensuring clinicians explicitly focus on developing and demonstrating empathy that may require a more concerted effort when delivering services through telehealth
- Clearly establishing the child and parent/caregiver's expectations and motivations for intervention
- Considering their previous experience with technology

Learning from our team – the experience of telehealth on the ground in the delivery of allied health and positive behavioural support within the NDIS

Guided by evidence and the learnings in the use of telehealth and hybrid modes of delivery during the pandemic, our service delivery has been successfully modified for telehealth. Clinicians continue to be educated and trained through the application of evidence-informed guidelines from regulatory bodies including the World Health Organisation which provides essential advice regarding risk screening, safety, security, and privacy obligations.

Research has helped to address the challenge of participant engagement in telehealth by identifying clinician skills and session qualities that enhance outcomes in telehealth. These guidelines include the principle that technology is simply the vehicle for service delivery; telehealth is relationship based and excellence is enabled by skilled professionals.

Some areas of service delivery that have been successfully delivered by telehealth through our clinicians and practitioners include:

- ✓ The Key Worker model, in particular the ease of multidisciplinary collaboration and the use of engaging content for younger children
- ✓ Teaching and modelling of physical based interventions such as speech sounds intervention and movement-based exercises delivered through Exercise Physiology, Physiotherapy and Speech Pathology
- ✓ Emotional regulation and social skill development. Telehealth has removed barriers to participation and provided age relevant content for increased engagement during all discipline and service types

Telehealth has advantages for providing parent/carer coaching, supporting family-centred care and aligning with early childhood intervention best practice (ECIA 2020). “Teach-model-coach” approaches that involve upskilling caregivers in specific strategies and skill development have been applied successfully by clinicians. Training via telehealth has provided increased opportunity to collaborate with members of the wider care team and improve participant outcomes.

Creativity is essential to minimise the loss of therapeutic benefit while ensuring services remained client-centred, evidence-based and responsive to individual needs. The use of complementary technological strategies have been used to strengthen telehealth intervention (Parenting Research Centre 2025). For example, we have success with strategies such as prompting with SMS to reinforce desired behaviours covered within therapy sessions. Other techniques have included using multi-modal methods of information delivery, such as video or audio recordings to reinforce and optimise learning.

Once engaged with telehealth, team members have found that many families have preferred this as a service option. Feedback received from participants and families are they have preferred the flexibility and cost effectiveness of telehealth services. Clinicians have reported more engagement during sessions with the use of digital activities. In particular, those participants that may find participation during in person sessions difficult are often more responsive and engaged during telehealth sessions.

How is telehealth evolving and improving?

Within disability service provision, innovations that support and improve telehealth accessibility, engagement and user experience include:

Specialised Resources and Training: Resources and training programs have been developed to support both clinicians and individuals with disabilities in accessing and utilising telehealth effectively. This includes co-designed resources for rehabilitation after stroke and training for remote support workers.

Hybrid Service Models: Many services are now offering a mix of in-person and virtual appointments, allowing for flexibility and tailored support based on individual needs. This might involve a combination of in-person therapy sessions for specific needs, supplemented by remote check-ins or exercises

via telehealth (Varley et al., 2024). Key to the success of such hybrid models is the use of supportive, complementary technologies such as clinically guided video streaming capturing different scenarios of the child's day-to-day interactions and problem behaviours (Smith et al., 2017). A combination of in-home video and telehealth could be used as the first step in assessment, allowing for clearer guidance and planning of next steps.

User-Friendly Technologies: Efforts are being made to develop more accessible and user-friendly technologies for individuals with disabilities, including those with communication or cognitive limitations. Devices like augmentative and alternative communication (AAC) apps and speech amplifiers empower individuals to express themselves and connect with others, reducing social isolation. Speech generating devices and AI-powered communication apps that predict and suggest words or phrases streamline the communication processes. These used in conjunction with telehealth provide improved accessibility for participants with complex communication needs.

Innovations in Assistive Technology: AI can be used to enhance communication, bridging gaps in expression to enable clearer interactions, and can also be used to support learning and cognitive engagement, such as the use of specific apps and interactive devices that provide cognitive support.

Cognitive Support Apps and Devices: Technology innovations such as wearable medical devices and mobile phone apps can provide effective treatment options. Two examples are wearable monitors for heart patients (Scheffler & Hirt, 2005) and mobile apps for cognitive rehabilitation (Cha, 2024). Both studies reported benefits in the ability to access treatment in real time. Remote monitoring of health markers ensures telehealth providers have access to accurate assessment data.

Virtual Reality (VR) and Augmented Reality (AR) Technologies: VR can be used for therapeutic purposes, like overcoming phobias or practicing social situations, enhancing communication and social skills. Modern AR applications can create immersive, interactive learning experiences tailored to individual needs. Open access VR platforms enable users to practice public speaking from any location to a range of audiences reducing barriers to traditional therapy such as cost, location, device type and time constraints (Macdonald, 2024). This type of therapy approach is well suited to remote support.

What is next for telehealth within disability support?

Like many other disability support providers, we made the decision to pivot to provide telehealth where clinicians were unable to meet in person with participants during the pandemic. There were many learnings that were borne out of this experience.

Although we don't have these ongoing restrictions, we cannot dismiss the benefits of telehealth as an ongoing option for service provision.

Within NDIS allied health and positive behavioural support service delivery telehealth is a viable and effective option for the following reasons:

- ✓ Improved access to support where participants live in remote and regional communities
- ✓ Improved efficiency of an under resourced national allied health workforce, allowing more people to access support
- ✓ Reduction in utilisation of funding to cover the cost of the clinician travelling to the participant
- ✓ Improved access to support where participants find it challenging to leave their home
- ✓ The potential for improved participant motivation and engagement in therapy through the use of online apps, games, and other technologies
- ✓ An evolving body of evidence that telehealth is as effective as in-person therapy delivery.

We will continue to explore the best ways to support participants in reaching their goals, with telehealth remaining an important part of our approach. As new tools and technologies emerge, our ongoing challenge will be to balance innovation with our commitment to safety and privacy.

References

- Cha, SM. Mobile Application Applied for Cognitive Rehabilitation: A systematic review. **Life (Basel)** 2024 Jul 18, 14(7):891.
- Cramer SC, Dodakian L, Le V, et al. Efficacy of Home-Based Telerehabilitation vs In-Clinic Therapy for Adults After Stroke. **Journal American Medical Association (JAMA) Neurology** 2019 76(9) 1079 – 1087.
- ECIA Telepractice Guidelines for Early Childhood Intervention. April 2020.
- Fiks AG, Jenssen BP, Ray KN. A Defining Moment for Pediatric Primary Care Telehealth. **JAMA Pediatr.** 2021;175(1):9.
- Khan S, Myers K, Busch B, et al. A National Pediatric Telepsychiatry Curriculum for Graduate Medical Education and Continuing Medical Education. **Journal of Child and Adolescent Psychopharmacology** 2021.
- Krebs BK, Brehon K, Miciak M, Dick BD, Brémault-Phillips SC, Straube S, Gross DP. Evaluating Effectiveness of Telerehabilitation Among Workers Admitted to a Posttraumatic Stress Injury Rehabilitation Program. **J Occup Rehabil.** 2025 Mar 10. doi: 10.1007/s10926-025-10285-4.
- Macdonald, C. Improving virtual reality exposure therapy with open access and overexposure: a single 30-minute session of overexposure therapy reduces public speaking anxiety, **Frontiers in Virtual Reality** 2024 accessed 20/08/2025 [Frontiers | Improving virtual reality exposure therapy with open access and overexposure: a single 30-minute session of overexposure therapy reduces public speaking anxiety.](#)
- Mathew S, Fitts MS, Liddle Z, Bourke L, Campbell N, Murakami-Gold L, Russell DJ, Humphreys JS, Mullholand E, Zhao Y, Jones MP, Boffa J, Ramjan M, Tangey A, Schultz R, Wakerman J. Telehealth in remote Australia: a supplementary tool or an alternative model of care replacing face-to-face consultations? **BMC Health Serv Res.** 2023 Apr 5;23(1):341.
- McKinsey (2021). Telehealth: A quarter-trillion-dollar post-COVID-19 reality? mckinsey.com/industries/healthcare/ourinsights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality
- Micai M, Caruso A, Gila L, Campanella F, Colombi C, Funari F, Scordino V, Sogos C, Veronesi C, Zili V, Fulceri F, Scattoni ML. Effectiveness, implementation settings, and research priorities of telemedicine-delivered interventions for children and adolescents with autism spectrum disorder: A systematic review. **Neurosci Biobehav Rev.** 2024;166:105875. doi: 10.1016/j.neubiorev.2024.105875.
- Parenting Research Centre. Supporting people with disabilities via telepractice 2025 <https://parentingrc.org.au/tools/telepractice/telepractice-guides/supporting-people-with-disabilities-via-telepractice/>
- Scheffler M, Hirt. E Wearable device for telemedicine applications. **Journal of Telemed Telecare** 2005; 11 Suppl 1:11 – 4.
- Sharma A, Sasser T, Schoenfelder G, et al. Implementation of Home-Based Telemental Health in a Large Child Psychiatry Department During the COVID-19 Crisis. **Journal of Child and Adolescent Psychopharmacology** 2020 30 (7) 404 – 413.
- Shiner CT, Vratsistas-Curto A, Bramah V, McDonnell K, Mahoney AEJ, Sweeney S, Faux SG. Assessing unmet rehabilitation needs and the feasibility of a telehealth rehabilitation consultation service for road trauma survivors recently discharged from hospital. **Disabil Rehabil.** 2022 Jul;44(15):3795–3804.
- Smith CJ, Rozga A, Matthews N, et al. Investigating the accuracy of a novel telehealth diagnostic approach for Autism Spectrum Disorder. **Psychol Assess** 2017; 29(3): 245–252.
- World Health Organisation. How to plan and conduct telehealth consultations with children and adolescents and their families. 2021. <https://www.who.int/publications/i/item/9789240038073>
- Yosef AB, Jacobs JM, Shenkar S, et al. Activity Performance, Participation, and Quality of Life Among Adults in the Chronic Stage After Acquired Brain Injury – The Feasibility of an Occupation-Based Telerehabilitation Intervention. **Frontiers in Neurology** 2019 10: 1247
- Varley, D., Southby, K., Trigwell, J. et al. Hybrid Service Delivery for voluntary, community and social enterprise organisations working with adults with learning disabilities and/or autism: a realist review protocol. **Syst Rev** 13, 316 (2024).