First Peoples
Disability Network

First Peoples Disability Network Australia

Submission on the proposed Australian occupational therapy competency standards

Occupational Therapy Board of Australia, September 2026

About First Peoples Disability Network Australia

First Peoples Disability Network Australia (FPDN) is the national peak organisation representing Aboriginal and Torres Strait Islander people with disability, their families and communities. FPDN's work is based on the principles of self-determination and "nothing about us, without us". It is also guided by the:

- UN Convention on the Rights of Persons with Disabilities (CRPD)
- UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- UN Declaration on the Rights of Indigenous Peoples (UNDRIP)
- Australia's Disability Strategy 2021-2031
- National Agreement on Closing the Gap

FPDN advocates for the rights, inclusion and wellbeing of First Nations people with disability across all areas of life, including health, justice, education, housing and social security. We believe and follow our framework for a Cultural Model of Inclusion which emphasises ensuring the cultural, social and emotional wellbeing of First Nations people with disability to move past the rigid and culturally unsafe medical and social models of disability.

Introduction

FPDN welcomes the opportunity to provide feedback on the proposed Australian occupational therapy competency standards.

FPDN supports Option 2 and welcomes the proposed update to the standards. In particular, we support the introduction of a dedicated competency addressing Aboriginal and Torres Strait Islander cultural safety and anti-racist cultural responsiveness. We also welcome the proposed recognition of colonisation, systemic racism, Aboriginal and Torres Strait Islander knowledge systems, self-determined decision-making, family and community, power differentials, the social model of disability, human rights and lived experience.

The standards should nevertheless go further. FPDN supports the proposed standards subject to targeted amendments that make accessibility, disability rights, reasonable adjustments, supported decision-making and disability-inclusive cultural safety explicit and measurable requirements of competent occupational therapy practice.

For Aboriginal and Torres Strait Islander people with disability, cultural safety and disability safety cannot be separated. A service cannot be considered culturally safe if a person cannot access it, communicate within it, understand the information provided, participate in decisions or exercise control over their own care.

1 Disability rights, accessibility and safety must be explicit

Relevant to Questions 1, 2, 5, 7 and 8

The proposed standards provide a strong foundation by recognising disability within diversity and referring to the social model of disability, human rights and lived experience. However, recognising these concepts is not the same as requiring occupational therapists to demonstrate the practical capabilities necessary to provide safe and accessible services.

Disability inclusion should not depend on individual practitioners interpreting broad concepts such as person-centred practice, accessibility or human rights. The standards should establish a clear minimum expectation that occupational therapists identify and address disability-related barriers, discrimination and inequity.

Professional behaviour 3.1 requires occupational therapists to identify enablers and barriers to engagement and participation, while 3.13 addresses assistive technology, devices and environmental modifications. These are important requirements. Disability access must also extend to the therapeutic relationship, communication, assessment, information, service environments, decision-making and the way services are delivered.

The standards should explicitly require occupational therapists to identify accessibility barriers and provide reasonable adjustments so that people with disability can access occupational therapy, participate in assessment, communicate effectively and make decisions about their care.

Safe practice must also protect people from discriminatory assumptions about disability and capacity, diagnostic overshadowing, inappropriate reliance on family members or support people and practices that substitute professional or family preferences for the person's own decisions. Distress, withdrawal, communication differences or resistance to a proposed intervention should not automatically be attributed to disability or treated only as behaviour to be managed.

The standards should also establish clear expectations concerning violence, abuse, neglect, exploitation, coercion and restrictive practices. Occupational therapists may work in health, disability, mental health, aged care, education, justice and residential settings where people with disability face heightened risks of harm and institutional control. Practitioners should be required to recognise and respond to these risks, understand their safeguarding and reporting responsibilities, uphold the person's rights and support access to independent advocacy.

For Aboriginal and Torres Strait Islander people with disability, these risks may be compounded by racism, colonisation, geographic isolation, socioeconomic circumstances, communication barriers and limited access to culturally safe services. The standards should require practitioners to understand and respond to these intersecting barriers in practice.

2 Use person centred and inclusive language

Relevant to Question 3

FPDN recommends using 'person' or 'person receiving occupational therapy' as the preferred term when referring to an individual.

The term 'client' is not inherently inappropriate and may remain suitable in some settings. However, it can frame the relationship as transactional or professionally controlled. 'Person' more clearly places the individual and their rights before the service relationship and is consistent with person-led and rights-based practice.

The standards should also recognise that occupational therapy may be provided to or involve families, groups, communities and organisations. Any definition should be broad enough to cover these contexts without treating family members, carers or support people as substitutes for the person receiving occupational therapy.

The proposed definition also allows an organisation, government department or entity commissioning a service to be treated as the client. Where occupational therapy involves both an individual and an organisation, the standards should clearly distinguish the person receiving occupational therapy from the organisation and confirm that the person's rights, preferences, safety and informed consent remain primary.

3 Professional power consent and supported decision making

Relevant to Questions 4, 5, 7 and 8

FPDN supports the inclusion of professional behaviour 1.13 and its recognition of power dynamics between practitioners and the people with whom they work. This is particularly important for people who have experienced discrimination, institutionalisation, exclusion or decisions being made about them rather than with them.

The wording concerning practitioners who 'relinquish power' should be clarified. Occupational therapists cannot entirely relinquish the professional and institutional power attached to their role. Competent practice requires practitioners to recognise and critically examine that power, use it responsibly and share decision-making power wherever possible.

Disability or communication differences must not be interpreted as an absence of decision-making ability. The standards should establish a presumption that adults can make their own decisions and require practitioners to provide the time, accessible information, reasonable adjustments, communication assistance and other support needed to exercise that right.

Professional behaviour 4.2 should explicitly recognise communication access, including accessible information, interpreters, Auslan, augmentative and alternative communication and other communication supports where required.

Several professional behaviours refer to working with carers, family members and support people. Their involvement must be determined by the person receiving occupational therapy and occur with that person's consent, except where otherwise authorised by law. Family members and support people should not automatically be treated as decision-makers or be given access to personal information because a person has disability or requires support.

FPDN is concerned by the wording of proposed professional behaviour 4.6, which refers to obtaining informed consent from 'the client, legal guardian or other appropriate person'. The undefined phrase 'other appropriate person' could encourage practitioners to seek consent from somebody else because a person has disability or requires communication support.

The person's own decision-making rights and supported decision-making must be the starting point. Substitute decision-making should occur only where it is lawful and necessary, after appropriate decision-making and communication support has been provided, and through a person who is legally authorised to make the particular decision.

Professional behaviour 1.15 should also be clarified. Business and commercial considerations must not override professional duties or the rights, safety, preferences and informed consent of the person receiving occupational therapy. This is particularly important where an occupational therapist is working within organisational, funding or service-delivery arrangements that may create competing interests.

4 Cultural safety must include disability safety

Relevant to Questions 1, 5, 7 and 9

FPDN strongly supports proposed Competency 5 on Aboriginal and Torres Strait Islander cultural safety and anti-racist cultural responsiveness. The proposed standards' recognition of colonisation, systemic racism, Aboriginal and Torres Strait Islander knowledge systems, self-determination, family and community and professional power represents a significant strengthening of the standards.

The language used must also be clear and assessable. Phrases such as 'seeks to understand' and 'makes efforts to' are too weak for threshold competency standards. Practitioners should be required to demonstrate culturally safe, accessible and anti-racist practice, not merely show that they attempted to do so.

The competency should also explicitly recognise Aboriginal and Torres Strait Islander people with disability and the interaction between racism and ableism. Cultural safety must encompass whether a service is accessible, communication is supported, disability is understood through a rights-based framework, and the person has genuine control over decisions about their care.

Cultural safety must not be reduced to cultural awareness training, a checklist of cultural knowledge or a practitioner's personal belief that their practice is culturally safe. It is an ongoing practice responsibility involving critical reflection, relationships, accountability and responsiveness to Aboriginal and Torres Strait Islander people and communities.

Implementation and assessment of Competency 5 should include accessible and culturally safe opportunities for Aboriginal and Torres Strait Islander people with disability to provide feedback about their experience of occupational therapy. Evaluation should consider whether care was culturally safe, respectful, accessible and responsive, and should show how feedback is used to improve practice.

Aboriginal and Torres Strait Islander people with disability should also be meaningfully involved in developing and reviewing occupational therapy services, education and professional

resources. This work must be appropriately supported and remunerated and should not create additional unpaid cultural or educational labour.

5 Implementation must build capability and accountability

Relevant to Questions 8, 9, 10 and 11

The proposed standards will affect more than individual practitioners. They will shape occupational therapy education, accreditation, registration, continuing professional development, supervision, workplace practice and regulatory assessment of professional competence.

The standards may have unintended effects if broad concepts such as person-centred practice, cultural safety, accessibility and supported decision-making are interpreted inconsistently. There is also a risk that cultural safety is implemented as completion of training rather than demonstrated through practice and the experiences of people receiving occupational therapy.

Implementation guidance should explain what ethical and competent use of artificial intelligence, telehealth and other digital technologies requires. This should include accessibility, privacy, informed consent, transparency, human oversight and protection from discriminatory or inaccurate outputs. Technology should not replace direct engagement with the person or create another barrier to culturally safe and disability-inclusive care.

Implementation should therefore include accessible, affordable and high-quality education, professional development and supervision. This should include properly remunerated opportunities to learn from Aboriginal and Torres Strait Islander people with disability, their representative organisations and communities.

These challenges may be particularly significant in rural, regional and remote settings, where practitioners may have limited access to specialist professional development, supervision, interpreters, communication supports and culturally appropriate resources. Expectations must remain equally strong across Australia, but implementation must recognise and resource different service environments.

Requirements concerning practitioners' physical and mental health must not reinforce discriminatory assumptions about disabled occupational therapists. The standards should focus on any actual effect on safe practice and recognise reasonable adjustments, accessible workplaces and employer responsibilities.

The Board should distinguish between the responsibilities of individual practitioners and systemic responsibilities held by employers, education providers, regulators and governments. Individual occupational therapists must be accountable for their own conduct and professional decisions, but they cannot independently resolve inaccessible infrastructure, workforce shortages, inadequate funding or the absence of local services.

The Board should monitor whether the standards improve people's experiences of occupational therapy, not only whether practitioners complete required training. People with disability and Aboriginal and Torres Strait Islander people should have meaningful and accessible opportunities to inform this evaluation.

Recommendations

FPDN recommends that the Occupational Therapy Board of Australia:

Adopt Option 2 and retain the dedicated competency on Aboriginal and Torres Strait Islander cultural safety and anti-racist cultural responsiveness.

Make disability rights, accessibility and reasonable adjustments explicit and measurable requirements across the competency standards.

Use person-centred and inclusive language, with 'person' or 'person receiving occupational therapy' as the preferred term for an individual. Clearly distinguish the person receiving occupational therapy from any organisation involved in commissioning or delivering the service.

Strengthen the requirements concerning professional power by requiring practitioners to recognise, critically examine and responsibly use their professional and institutional power.

Make supported decision-making the starting point for consent and clarify that substitute decision-making may be used only where lawful and necessary after appropriate support has been provided.

Require person-directed involvement of families and support people, with their involvement and access to information determined by the person receiving occupational therapy except where otherwise authorised by law.

Explicitly recognise disability-inclusive cultural safety, including accessibility, communication access, self-determination and protection from racism and ableism for Aboriginal and Torres Strait Islander people with disability.

Use clear and assessable language requiring practitioners to demonstrate culturally safe, accessible and anti-racist practice rather than merely make efforts to do so.

Include explicit safeguarding requirements concerning violence, abuse, neglect, exploitation, coercion and restrictive practices, including practitioners' responsibilities to recognise, prevent and respond to harm.

Clarify that commercial and organisational interests must not override professional duties or the rights, safety, preferences and informed consent of the person receiving occupational therapy.

Require accessible and culturally safe feedback and evaluation through which Aboriginal and Torres Strait Islander people with disability can inform implementation and assessment of the standards.

Support implementation through education, supervision and continuing professional development, including ethical use of technology, reasonable adjustments for disabled practitioners, properly resourced rural, regional and remote implementation and appropriately remunerated Aboriginal and Torres Strait Islander disability expertise.

Conclusion

FPDN supports the direction of the proposed Australian occupational therapy competency standards. The introduction of a dedicated competency on Aboriginal and Torres Strait Islander cultural safety and anti-racist cultural responsiveness is particularly important.

The standards should now be strengthened so that accessibility, reasonable adjustments, disability rights, communication access and supported decision-making are explicit and measurable requirements of competent practice. Clear standards will help reduce inconsistent interpretation and make practitioners more accountable for how these principles are applied.

For Aboriginal and Torres Strait Islander people with disability, cultural safety, disability inclusion, accessibility and self-determination are inseparable. Occupational therapy cannot be culturally safe if a person cannot access the service, communicate effectively, participate in decisions or exercise control over their own care.

Direct responses to consultation questions

Question 1: Option 2 - update the competency standards.

Question 2: No. The standards require stronger and more measurable requirements concerning disability safety, accessibility and reasonable adjustments.

Question 3: No. FPDN recommends 'person' or 'person receiving occupational therapy' as the preferred term for an individual. The standards should distinguish the person from any organisation also involved in the service.

Question 4: No. Professional behaviour 1.13 appropriately recognises professional power, but 'relinquishes power' does not provide clear or accurate guidance. Practitioners should recognise, critically examine and responsibly use their power and share decision-making power wherever possible.

Question 5: Yes. Existing content should be strengthened as set out in this submission, including consent, person-directed family involvement, safeguarding, commercial interests and clear, assessable cultural safety requirements.

Question 6: No. FPDN does not recommend removing substantive content.

Question 7: Yes. The standards should add explicit requirements concerning reasonable adjustments, communication access, supported decision-making, disability-inclusive cultural safety, safeguarding and accountability.

Question 8: Yes, potentially, if broad requirements remain unclear, safeguarding responsibilities are not explicit or technology and supported decision-making are implemented inconsistently.

Question 9: Yes, potentially, if cultural safety is reduced to procedural compliance or implementation is not appropriately supported and accountable to Aboriginal and Torres Strait Islander people.

Question 10: Yes, potentially, but the effects can be managed through accessible professional development, supervision, reasonable adjustments and appropriate implementation support.

Question 11: Yes. The Board should consider impacts across education, accreditation, registration, continuing professional development, supervision, workplace practice, technology and rural, regional and remote workforce development.

Question 12: FPDN's additional feedback is reflected in the recommendations above.

Accessibility statement

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