

SUBMISSION

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TOPIC | Consultation paper: Access and Eligibility Policy with independent assessments

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About Uniting Communities

Uniting Communities works with South Australian citizens across metropolitan, regional and remote South Australia through more than 90 community service programs. Our vision is: a compassionate, respectful and just community in which all people participate and flourish. We are made up of a team of more than 1500 staff and volunteers who support and engage with more than 20,000 South Australians each year. Recognising that people of all ages and backgrounds will come across challenges in their life, we offer professional and non-judgemental support for individuals and families.

Through our NDIS funded services we support people to achieve their goals in a number of areas, including:

- Maintaining or gaining independence, such as going shopping and attending appointments,
- Maintaining independence at home, which could include support to clean, cook and maintain personal care,
- Becoming part of the community through attending community groups,
- Gaining skills through attending a course, working or volunteering.

We currently provide support for people with intellectual or physical disabilities throughout Adelaide, the Barossa Valley, the Far-North, the Mid-North and Yorke Peninsula. We support people with psychosocial disabilities in the Northern Suburbs of Adelaide, Murray Bridge and surrounding areas, and the Barossa Valley. We are actively expanding our services to other parts of South Australia.

Uniting Communities also provides that Disability Advocacy Services through the community legal service that we provide.

Response to Consultation Questions regarding Access and Eligibility Policy with independent assessments

The following comments are given as 'dot point' responses to the questions posed in the Consultation Paper with the questions shown in *italics*.

Learning about the NDIS

1. *What will people who apply for the NDIS need to know about the independent assessments process? How this information is best provided?*

People who apply for independent assessment will need:

- To be informed about how long the assessments will take (up to three hours is noted – though not always ideal, in our opinion).
- To be informed that they are able to apply for an exemption and need to be told how to apply for an exemption.

- To be clearly informed that a final decision cannot be reviewed, should they be found ineligible for exemption – this will help to ensure that people adequately prepare their initial (and only) query,
- LAC's to be very well informed about the process as there is now no opportunity for other providers to support them.
- There needs to be dedicated times for people to be able to speak to someone face to face.
- Community engagement sessions for providers who are likely to be the “fall back” for participants when they don't understand the importance of the assessment process.
- There are several aspects of the independent assessment process that people will need to know:
 - if they have a choice of assessor (or will they be able to select from a list);
 - where this process can be conducted (for example: in their home, in the community, in the assessment offices),
 - how long the assessment will take;
 - what the assessor will be looking for;
 - how many sessions they are able to book for the assessment,
 - who they can have at the assessment with them (if necessary), and
 - how long the wait time is for an independent assessment (should there be a backlog) to be conducted and for outcomes to be advised.
- Information needs to be provided in the way that the person involved can best receive it. It may be that the person needs written information, or needs someone to explain the process and information to them, or it may be a combination of modes that are necessary. There should be options as to how they would like to receive information and the options to have this information explained to them.

Accessing the NDIS

2. What should we consider in removing the access lists?

- We ask what the point in removing the lists is, other than removing access to information.
- Can the lists be used to create fact sheets to help people when applying to the NDIS - particularly for health practitioners who will be required to provide supporting information?
- In removing the access lists there should then be a strong framework/operational guideline in place that can be consistently applied across the country. One of the requirements in pre-access is that the applicant's treating health professional will submit information to support

the application. This information should be presented in a way that is accessible for busy professionals. It should be easy to read, the form should be easy to fill in, and there should be options for narration (should that be necessary). The instructions should be clear so that professionals are able to outline what treatments have been tried, what is recommended next and how they perceive the disability impacts the functional capacity of the applicant.

3. *How can we clarify evidence requirements from health professionals about a person's disability and whether or not it is, or is likely to be, permanent and life long?*

- If there is no peer reviewed evidence to suggest that there are established ways to confirm permanency of a disability, there should be no requirements other than the health professional's education and experience.
- Directly ask people applying for assistance the question and then ask them to support their answer. We strongly support people being able to tell their own story and have many years of evidence that, in general, people seeking services are honest and clear thinking in understanding their situation and the assistance that they need.

4. *How should we make the distinction between disability and chronic, acute or palliative health conditions clearer?*

- If the proposition is that functional capacity is the basis of the NDIS assessment, then chronic, acute and palliative conditions should be eligible if a person meets functional capacity requirements, with an agreed timeframe to re-assess eligibility.
- There should be no distinction that the medical professional has to make. That is the role of the independent assessor or the delegate making the access decision. The role of the medical practitioner is to identify the disability or the health condition, speak about the permanence of the condition and then show how that condition impacts activities of daily living/ their functional capacity.

Undertaking an independent assessment

5. *What are the traits and skills that you most want in an assessor?*

- Evidence of experience in working with the particular disability they are assessing.
- Evidence of training in proposed assessing tools

- Evidence of training in complex communication where required
- We would want to see that the assessor has a background in working to assist people with a disability, has significant experience in their chosen profession and is held in good standing with their peak body. They should have completed courses in undertaking and interpreting assessment data and should be familiar with a range of diagnostic and assessment tools. The assessor should be flexible in their approach, empathetic in their demeanour and adhere to professional standards and obligations. They should have experience working in the NDIS and understand the language that is used so that they are able to convey the clearest picture of the applicant as possible.

6. *What makes this process the most accessible that it can be? For example, is it by holding the assessment in your home?*

- Being flexible in how and where the assessment is conducted.
- Being cooperative if the assessment is required to be conducted over a series of appointments.
- Assessors being prepared and having some knowledge of the participant prior to meeting, including triggers and situations that help the person to feel safe.
- Assessors having autonomy in how they approach meeting with people including if someone is a “no show” for an appointment and how they would respond. There are many situations that can lead to a person not attending an appointment, these need to be fully understood before drawing any inferences about their non-attendance.
- This process can be the most accessible if there is flexibility in how the assessment is held, where it is held and how the assessment is delivered.
- If a person is likely not to meet access requirements, there should be an interim conversation with them before a final determination is made. In this conversation the delegate should explain what criteria they do not meet and give the applicant an opportunity to provide this evidence. This may provide information that was not previously available to the delegate. If new information comes to light, then this should be considered before making a final determination.

7. *How can we ensure independent assessments are delivered in a way that considers and promotes cultural safety and inclusion?*

- Assessors being prepared and having some knowledge of the participant prior to meeting including triggers and things that make the person feel safe.
- Assessors asking about what could be a good approach prior to arriving and making an attempt and practicing culturally appropriate communication.
- Assessors having autonomy in how they approach meeting with people including if someone is a no show for an appointment and how they would respond.
- Assessments should be delivered by people who have an understanding of and have completed courses on cultural sensitivity and awareness, this is not only for applicants who are of an Indigenous background, where cultural sensitivity is of paramount importance but also those who come from CALD backgrounds. Assessments should be conducted in an applicant's preferred language and in a culturally aware way.
- If it is identified that an applicant, for cultural reasons, prefers an assessor of a particular gender, then that request should be honoured.

Exemptions

8. *What are the limited circumstances which may lead to a person not needing to complete an independent assessment?*

- Complex communication requirements that exceed assessor's capacity/ experience. This is a particularly important consideration and an area in which Uniting Communities has experience and we are happy to expand further on this issue.
- Complex dynamics regarding network of the participant
- Complex psychosocial factors including trauma, paranoia, or other factors that would make a complete stranger rating and judging a person feel like an unsafe experience.
- Where a person is isolated such that they don't have informal supports that could support required portions of questionnaire.
- There may be circumstances where it is unsafe to complete an assessment, or an assessment may not be possible because of the applicant's location. It should not be a prohibitive factor to accessing the NDIS that the applicant lives in an area where there are few supports. In these circumstances reports from allied health professionals, medical professionals, and impact statements from the applicant should be considered in determining that person's capacity to function in their environment. This evidence should then be considered by a delegate who has a background in disability and extensive experience working with that

particular disability. The applicant should be considered as a whole person and not by just their “qualifying” disability.

- Geographic location may be a circumstance too. People living in regional and rural communities need to be considered as there may not be access to suitable, local independent assessors.

Quality assurance

9. *How can we best monitor the quality of independent assessments being delivered and ensure the process is meeting participant expectations?*

- Continual review of the process and examining data of people who are meeting access and those who are being declined access to identify patterns and cohorts that are unable to meet access in this way.
- There should be oversight by an independent committee, regular audits of reports to see that they are consistent in form and function and assessments completed by two people (independently) of the same applicant to ensure consistency in reporting; a “double blind” assessment process.
- Reports should be published, for example on appropriate websites, soon after they are completed to enhance transparency

Communications and accessibility of information

10. *How should we provide the assessment results to the person applying for the NDIS?*

- By email when requested.
- By mail.
- Where required have an assessor meet with the participant to appropriately explain the results as the results may not be accessible to people with low literacy, English as a second language or with cognitive impairments.
- This should be done particularly where someone is deemed ineligible as it states in the framework that even if someone is deemed ineligible they will be supported to find mainstream supports. Therefore the results should be explained to the person clearly, as well as their options to request review or re-apply in addition to the transition to the person who

will help them find mainstream supports. This is the only way to minimize potential of psychological injury for those declined supports who feel they have nothing else.

- Reports should be communicated in the way identified by the applicant, then followed up with the opportunity to speak to someone who was involved in the decision making process so that they are able to understand the decision and next steps. This is particularly important if the person did not meet access.