Eastern
Supported Residential Service (SRS)
Resident
Opportunities
After
Reform Project

The ROAR Project

NDIS Practice Advice

A practical guide for workers supporting the connection of eligible participants with complex needs and living in supported residential service accommodation with the National Disability Insurance Scheme (NDIS).

Acknowledgements

The Eastern Supported Residential Services (SRS) Resident Opportunities After Reform (ROAR) Project, The ROAR Project, would like to acknowledge and thank all who contributed to the development of this Practice Advice.

The National Disability Insurance Scheme (NDIS) Operational Guidelines, experiences of The ROAR Project and those of the NDIS Perth Hills Psychiatric Hostels Project, amongst others, have shaped the guidance contained in this NDIS Practice Advice.

The Project would also like to acknowledge the courage of everyone engaged in building, improving and interacting with this new reform landscape in order to ensure all Australian's can live an ordinary life.

It is the Project's sincere hope that this NDIS Practice Advice will assist workers to connect eligible, vulnerable and hard to reach Victorian's living in Supported Residential Service accommodation with the NDIS.

Erin Prater
Project Manager
Published in February 2018

Disclaimer

The Eastern SRS ROAR Project *NDIS Practice Advice* does not guarantee access or outcomes with respect to the NDIS and should only be used to guide practice.

At time of publishing, the information contained was considered appropriate practice by key sector stakeholders and was in line with the published NDIS Operating Guidelines.

The author anticipates that these practices will need updating as the Scheme matures and responds to Participant need.

It is recommended that all workers attend relevant NDIS training and information sessions to build their understanding of the Scheme prior to engaging with a potential NDIS Participant.

Contents

Reading & Resources

NDIS – Victoria

https://www.ndis.gov.au/about-us/our-sites/VIC.html

NDIS Operational Guidelines

https://www.ndis.gov.au/Operational-Guidelines

NDIS Factsheets and publications

https://www.ndis.gov.au/people-disability/fact-sheets-and-publications.html

NDIS Psychosocial Disability Key Products and Resources

https://www.ndis.gov.au/medias/root/h18/hc6/8803227533342/Psychosocial-Disability-Key-Products-And-Resources.pdf

NDIS Information in languages other than English (LOTE)

https://www.ndis.gov.au/lote.html

NDIS Videos and Stories

https://www.ndis.gov.au/people-disability/videos-and-stories/videos.html

NDIS Price Guide Vic 2017/18

https://www.ndis.gov.au/medias/documents/h69/hfa/8803916644382/201718-VIC-NSW-QLD-TAS-0609.pdf

Introduction to the NDIS for General Practitioners - (Video produced by Victorian Mental Illness Awareness Council)

https://www.vmiac.org.au/services/ndis/

NDIS Victoria Transition Support

https://www.vic.gov.au/ndis/about-the-ndis/victorian-government-role-and-investment/transition-support.html

reimagine - Mental Health, My Recovery and the NDIS

http://reimagine.today/step-1/getting-started/

Building New Lives: Bringing the NDIS to people living in psychiatric hostels. NDIS Perth Hills Trial Site W.A. July 2017

https://www.ndis.gov.au/medias/documents/ha4/h52/8804421861406/Bringing-the-NDIS-to-people-living-in-psychiatric-hostels.pdf

Assessment Tools

Life Skills Profile 16 (LSP16) (NDIS Preferred Tool) (Traditionally accompanies the HoNOS)

http://www.amhocn.org/sites/default/files/publication_files/life_skills_profile_-16.pdf

Health of the Nation Outcome Scale (HoNOS) (Administered by Mental Health Professionals)

http://mentalhealthpartnerships.com/resource/health-of-the-nation-outcome-scales-honos/

WHO Disability Assessment Schedule (WHODAS) (Self-administration, interview or third-party proxy)

http://www.who.int/classifications/icf/more_whodas/en/

Psychosocial Disability Evidence Report

http://www.vicserv.org.au/2016-12-12-05-10-13/ndis-engagement/278-ndis-links-and-resources

reimagine - NDIS Participant Workbook

https://mhcc.learningcart.com/uploads/Reimagine/Reimagine-workbook.pdf

Mental Health Carers NSW Carer Statement

http://www.arafmi.org/wp-content/uploads/2017/05/NDIS-Carer-Statement-Template-1.pdf

Tandem Carer Statement (under development at time of publishing)

https://tandemcarers.org.au/ndis.php

Access and Planning Tools

Accessing the NDIS: Assisting people with psychosocial disability to access the NDIS

https://www.dss.gov.au/sites/default/files/documents/09_2017/accessing_the_ndis_guide_interactive.pdf

Completing the Access Process: Tips for communicating about Psychosocial Disability

https://www.ndis.gov.au/html/sites/default/files/Completing_the_access_process_for_the_NDIS_Tips_for_communicating_about_.._.pdf

Coordination of Supports - Information for providers

https://www.aasw.asn.au/document/item/8572

How to document evidence for the NDIS

www.bsphn.org.au/.../PIR-Support-Facilitator-Guide-document-evidence-for-the-NDIS.pdf

Life Skills Profile 16 (LSP16) Training

http://amhocn.nswiop.nsw.edu.au/course/index.php?categoryid=34

Mental Health Australia: NDIS Guide for Mental Health Carers

https://mhaustralia.org/sites/default/files/docs/mha04022_guide_proof_151009-1335.pdf

Mental Health Australia: Checklist for Mental Health Carers: Preparing for the NDIS Assessment and Planning Meetings

https://mhaustralia.org/sites/default/files/docs/mha04022_checklist_proof_151009.pdf

Navigating the transition of Partners in Recovery to the NDIS

https://www.emphn.org.au/images/uploads/files/NDIS-booklet_v5_WEB.pdf

Prompts for Clinician Report – Connecting NDIS functional domains, symptoms, functional impact and support

http://www.nepcp.org.au/sites/default/files/NEPCP_InfoMHC_Prompts.pdf

Tandem: My First Plan Conversation: Tips for Mental Health Carers, Families and Friends

http://tandemcarers.org.au/images/Tandem_TipSheet_FirstPlanConversation.pdf

Peak Bodies & Advocacy Services

Action on Disability within Ethnic Communities

http://www.adec.org.au/

Association for Children with a Disability

http://acd.org.au/index.htm

Australian Federation of Disability Organisations (AFDO)

http://www.afdo.org.au/

Brainlink

http://www.brainlink.org.au/

Carers Australia

http://www.carersaustralia.com.au/media-centre/article/?id=carers-and-the-ndis

Community Visitors Program

http://www.publicadvocate.vic.gov.au/our-services/community-visitors

Disability Advocacy Resource Unit (DARU)

http://www.daru.org.au/

Deaf Australia

http://deafaustralia.org.au/

First Peoples Disability Network Australia

http://fpdn.org.au/

Melbourne Eastern Disability Advocacy

http://meda.org.au/

Mental Health Australia

https://mhaustralia.org/

Mental Health Complaints Commissioner

www.mhcc.vic.gov.au/

Mental Health in Multicultural Australia

http://www.mhima.org.au/

MS Australia

https://www.msaustralia.org.au/what-ms

National Disability Service (NDS)

http://nds.org.au

Office of the Public Advocate (OPA)

http://www.publicadvocate.vic.gov.au/services/107/

OPA Advocacy Service

http://www.publicadvocate.vic.gov.au/our-services/advocacy-services

Psychiatric Disability Services of Victoria (VicServ) – NDIS Engagement

http://www.vicserv.org.au/2016-12-12-05-10-13/ndis-engagement

Rights Information and Advocacy Service

https://riac.org.au/

Self Advocacy Resource Unit (SARU)

http://www.saru.net.au/

Tandem: Peak Body for Mental Health Carers

www.tandemcarers.org.au

Victorian Advocacy League for Individuals with Disability (VALID)

http://www.valid.org.au/

Victorian Mental Illness Awareness Council (VMIAC)

https://www.vmiac.org.au/

Vision Australia

https://www.visionaustralia.org/

Youth Disability Advocacy Service

https://www.yacvic.org.au/ydas

List, below, any additional useful links that you find and don't forget to share them with your colleagues!

Background

Eastern Supported Residential Service (SRS) Resident Opportunities After Reform (ROAR) Project
The ROAR Project

The ROAR Project aims to improve outcomes for residents living in eighteen (18) supported residential services in the Eastern Melbourne Region, specifically targeting people with multiple and complex needs that are not currently linked to appropriate support services.

An integrated, collaborative approach to capacity building, service delivery, education and promotion is assisting SalvoCare Eastern, EACH and the Project's partner organisations to improve this community's knowledge of and access to the recent major system reform areas of My Aged Care, NDIS and Mental Health.

The ROAR Project is currently developing eligibility pathways, resources and workforce practice advice, across the major reform areas, whilst undertaking its SRS Proprietor/Manager capacity building and resident case management/supporting connections linkages roles.

The Project's goal is for residents and/or their carers to have sufficient information to make an informed choice about engaging with funded support services.

Project Contact:
Erin Prater
(03) 9890 7144

NDIS Perth Hills Psychiatric Hostels Project
Building New Lives: Bringing the NDIS to people living in psychiatric hostels. NDIS Perth Hills Trial Site W.A. July 2017

[1]In Western Australia, the National Disability Insurance Agency (NDIA) trialled the National Disability Insurance Scheme (NDIS) in nine local government areas operating in and around the Perth Hills region.
The psychiatric hostels project was one of the key initiatives undertaken during trial.
It focussed on developing the best ways for people living in psychiatric hostels to learn about, access, and meaningfully engage with the NDIS to build better lives at home and in community.

To view the Project Report, visit: https://www.ndis.gov.au/medias/documents/ha4/h52/8804421861406/Bringing-the-NDIS-to-people-living-in-psychiatric-hostels.pdf

Project Contact:
Kerry Stopher
(08) 9235 7281

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1 Building New Lives: Bringing the NDIS to people living in psychiatric hostels. NDIS Perth Hills Trial Site W.A. July 2017

Lived Experience

Sarah Egan and **Stewart Porter**, their stories follow, participated in the NDIS Perth Hills Psychiatric Hostels Project.

It is hoped that inclusion of their stories will provide the necessary encouragement to both workers and NDIS Potential Participants to "stay the course" as they work together to navigate the new system and engage meaningfully with the NDIS with the aim of building a better life at home and in the community.

Sarah's Story

[2]Sarah Egan said her life was good until mental illness took hold when she was 40 years old.

"I had a job and could see my son," Sarah said.

"Then a few things happened and I couldn't cope," she said.

Sarah, now 50, has schizophrenia, depression and anxiety, and moved into a psychiatric hostel seven years ago after various hospital admissions.

"There is no way I can live on my own again but I would like to get out into the community more," she said. "I would not be safe to live on my own.

"I have some crossword and find-the-word and Sudoku puzzles in my room and should do them.

"It gets a bit lonely when other people have visitors and I don't."

After joining the NDIS with the help of the Agency's targeted psychiatric hostels approach, Sarah is excited about establishing goals and broadening her skills. "I have found people that are finally going to help with my problems and help me get out into the community," she said.

"I want to get out more and learn to catch the buses and trains so I can get to appointments on my own and not have to rely on other people.

"I would also like to get the bus to Midland Gate shopping centre and back again so I can have a look around.

"I don't want it to be too busy because I don't like crowds but I want it to be busy enough to feel like I am in the middle of it."

Sarah is exploring voluntary work options, attending water aerobics classes to improve her fitness and would like to join a walking group. "I'm looking forward to being more independent and being involved in social groups," she said.

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2 Building New Lives: Bringing the NDIS to people living in psychiatric hostels. NDIS Perth Hills Trial Site W.A. July 2017

Stewart's Story

[3]With the support of the NDIS and Mental Illness Fellowship of Western Australia (MIFWA), Stewart Porter has been able to move out of a psychiatric hostel and into a privately-rented home.

It has been a long personal journey for Stewart, whose life took a turn in the early 2000s.

At the time, Stewart was working in the North-West of WA and earning good money. He moved back to Perth, the money dried up and his marriage broke down.

He then began working in gold mines and in 2003 was diagnosed with bipolar disorder.

But he kept working, doing 12 hour shifts, until 2007 when he "couldn't go any further". The disorder "got hold of me and it wouldn't let go".

Stewart moved in with a friend and a mix up with his doctor led to him accidently overdosing on Lithium. He acquired a brain injury from the overdose and spent six months in hospital and then another six months in a psychiatric ward.

Afterwards, Stewart moved to a hostel – this is where he says his life went downhill.

"I was there two-and-a-half years. There was no life; it was an existence from one day to the next. There was no looking forward to anything," Stewart said.

He became friends with another hostel resident, Marlene, and they decided they would join forces and move out.

Both applied to the NDIS and MIFWA was on the list of providers and helped them secure their own unit.

It took them a while to realise that as long as they paid their bills and rent on time, nobody could take the unit away from them.

Stewart knows managing his illness will be lifelong. "It will be a work in progress until I die," he said.

He thinks that, in retrospect, he may have had bipolar disorder since he was young.

Marlene and Stewart are now enjoying a simple life. They are saving for a holiday and Stewart is looking forward to adding more plants to the garden – he's enjoyed gardening since he was a kid and it helps calm him.

"You ask me about goals?

Not very many.

As long as Marlene stays with me and we share this house, that's all the goals I need," Stewart said.

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[3]Building New Lives: Bringing the NDIS to people living in psychiatric hostels. NDIS Perth Hills Trial Site W.A. July 2017

Lessons Learned

The NDIS Perth Hills Psychiatric Hostels Project and initial The ROAR Project NDIS engagements have identified that one of the most important "tools" required for undertaking the NDIS journey is **expectation management**.

The process takes time:

- Time to share initial information about the NDIS, what it is and what it has to offer, if eligible;

- Time to gather necessary functional impairment evidence, in support of access, should the Potential Participant not have a condition that has already been identified, by the NDIA, as always resulting in a permanent impairment. (Note: All mental health conditions being assessed against the disability criteria will need to provide evidence of likely permanency of impairment).

- Time to undertake information gathering and support the understanding of key concepts such as choice and control and goal setting, used in the planning process.
  (The NDIS Perth Hills Psychiatric Hostels Project found that participant goals chosen in the first plan could be as simple as adding one new activity to their lives or reconnecting with family or could be a major step such as preparing to live independently and moving out of a hostel);

- Time to understand the Plan, once in place, or to support a Review if changes are required; and

- Time to establish the necessary support and management systems to implement the first plan.

   ### Lots of time…

Proving eligibility, "getting started" in a manner meaningful to the Potential Participant and building supportive relationships with the NDIS, Support Coordinators, Support Workers and Service Providers should ultimately be the goal for year one engagement.

To view a video about the NDIS Perth Hills Psychiatric Hostels Project approach, visit:
https://www.youtube.com/watch?time_continue=5&v=kLdS-YniPss

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Feel free to make a note of any additional information you might discover on your NDIS support journey!

Engagement

A reminder that this NDIS Practice Guide does not guarantee access or outcomes but hopes to act as a simple and practical guide to the support journey.

A Support Worker should be **informed**, **patient** and **willing** to support a Potential Participant and/or their significant other on the NDIS journey. It is important to understand that many of the vulnerable Victorian's living in SRS's would not connect with this system without support and will need to be safely supported throughout the lengthy process.

Early determinations about a Potential Participants ability to make decisions and provide consent will guide the practice starting point; however, the NDIS journey generally begins with information sharing.

Initially, the aim should be to build the Potential Participant and/or their significant others trust, knowledge and understanding of the Scheme and its Participant Pathway in order to support informed decision making with respect to eligibility and access. This is a critical step and requires a significant investment in time by support workers.

Together, you could view a range of helpful videos.
Visit: https://www.ndis.gov.au/people-disability/videos-and-stories/videos.html
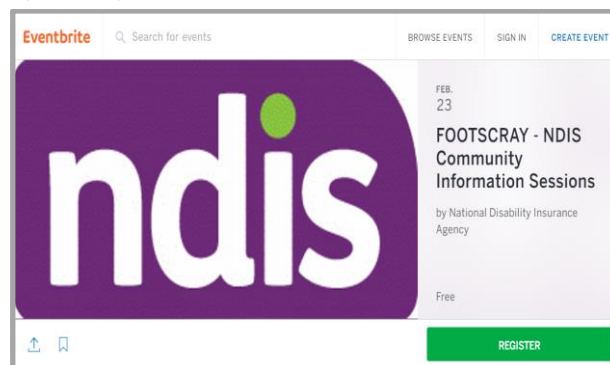

You could also access NDIS factsheets and publications, including versions in languages other than English.
Visit: https://www.ndis.gov.au/people-disability/fact-sheets-and-publications
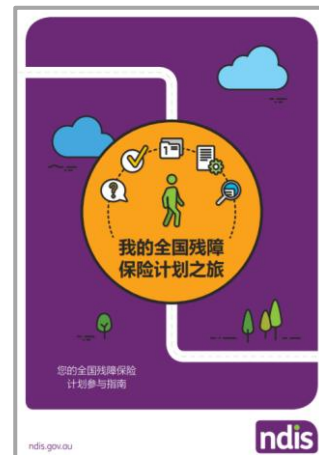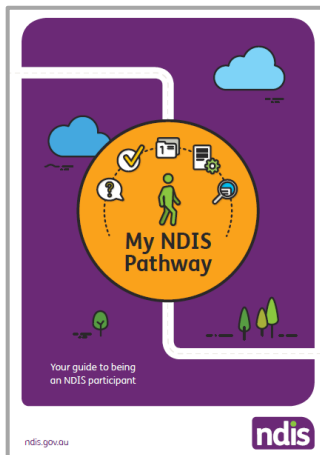
Additionally, you could attend **Community Information Sessions** presented by the NDIS.
Visit: https://www.ndis.gov.au/news/events/vic

Disability and mental health peak body websites, as listed on the **Reading & Resources** pages of this document, also contain helpful NDIS information that may assist Potential Participants and or their significant other.

For example:

The reimagine website, featured below, supports people living with mental health conditions to navigate the NDIS.
Visit, http://reimagine.today

The tandem website, featured below, provides additional information for Victorian mental health carers.
Visit, http://www.tandemcarers.org.au/ndis.php
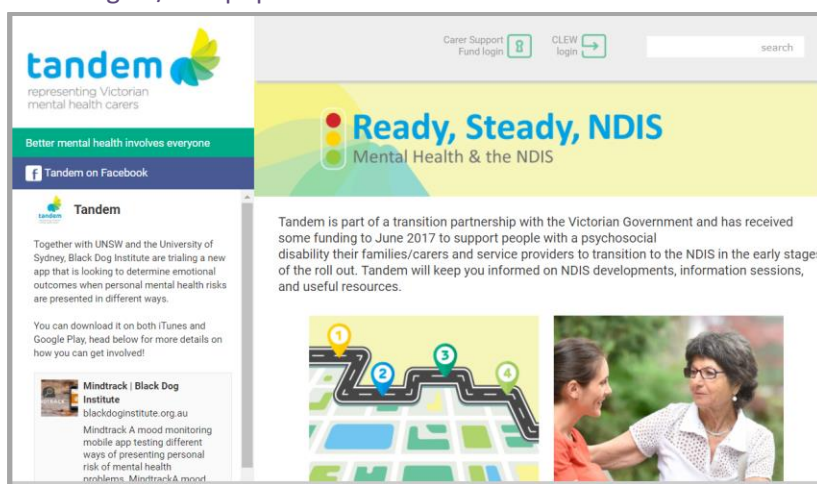
Supporting the Message

Information sharing and relationship building with other supportive stakeholders may also help to reinforce positive engagement NDIS messages for Potential Participants and/or their significant others.

These stakeholders may include:

- SRS Proprietors
- SRS Managers and staff
- Guardians
- Mental Health Case Workers
- Medical Practitioners
- Advocates
- Other NDIS Participants

The ROAR Project found that working towards the establishment of regular cross sector/agency collaboration meetings, hosted by SRS Management, aided the process of building trust within the setting and greatly supported effective communication and information sharing.

Access

A reminder that this NDIS Practice Guide does not guarantee access or outcomes but hopes to act as a simple and practical guide to the support journey.

Determining Consent

To commence the access journey, the Participant's ability to provide consent to register with the Scheme, if eligible, must be determined.

Explore the following consent options:

If eligible, can the Potential Participant provide consent for Registration with the NDIS to be lodged?
If yes, proceed to **NDIS Eligibility Test**

Or

If the Potential Participant cannot provide consent, do they have a legal guardian?

A legally appointed guardian will need to provide Proof of Identity (POI) and guardianship status to the NDIA. This information can be verified through the Australian Department of Human Services (Centrelink) using the NDIS Potential Participant's CRN number or by providing copies of two POI documents (or a 'Government issued photo card') and the guardianship document to the NDIS when completing the **NDIS Access Request Form.**

If yes, proceed to **NDIS Eligibility Test**

Or

If the Potential Participant cannot provide consent and they do not have a legal guardian, contact the Office of the Public Advocate Advice Service to explore available Guardianship and Administration options.

Office of the Public Advocate (OPA) - 1300 309 337

The Office of the Public Advocate (OPA) Advice Service responds to more than 13,000 requests a year from people with a disability and their family, carers and friends. The service also provides advice and assistance to professionals from the health, human services, legal, community services and government sectors.

OPA's team of highly trained staff can provide advice on a diverse range of matters that affect people with disability, including: guardianship and administration, enduring powers of attorney, consent to medical or dental treatment, referral to OPA's Community Visitors Program.

Privacy and confidentiality are respected.

The OPA Advice Service operates from Monday to Friday from 9am to 4:45pm.
Telephone: 1300 309 337
TTY: 1300 305 612
National Relay Service: 133 677

You can also contact the OPA Advice Service by:
Fax: 1300 787 510
Email: OPA_Advice@justice.vic.gov.au
In person: Level 1, 204 Lygon Street, Carlton Victoria

NDIS Eligibility Test

To determine eligibility answer the 5 **NDIS Access Checklist** questions below:

1. Do you have Australian residency?

2. Are you under 65 years old?

3. Do you live in an area where the NDIS is available?

4. Do you usually need support from a person or equipment to do everyday things for yourself because of an impairment or condition that is likely to be permanent?

5. Do you need some supports now to reduce your support needs in the future?

Important Note:

Exploration of functional impairment to daily activities and ongoing support needs may be required prior to determining the answer to questions 4 and 5.

To view the questions online, visit, https://www.ndis.gov.au/ndis-access-checklist

Things to Consider

Psychosocial Disability

If the Potential Participant lives with a psychosocial disability: the impairment or condition needs to be likely permanent; have substantially reduced functional capacity affecting social and economic participation; likely to require support under the NDIS for a lifetime **and have exhausted all reasonable treatment options**.

Likely Permanent = Lifelong (that treatment will not remedy)
Significant impact on day to day life = substantially reduced capacity in carrying out day to day activities

People likely to be included:

- Have a severe and enduring mental health condition;
- Significant impairments in social, personal and occupational functioning that require intensive and ongoing support;
- Require extensive health and community supports to maintain their lives.

Episodic Needs

The NDIA will consider a person's functioning **between** acute episodes.
If the person can usually function effectively except when having an acute episode, they are unlikely to meet the access requirements.

All Potential Participants need to provide proof (evidence) of their permanent impairment as part of the application process (**Access Request Form**).

Evidence of likely permanence of impairment is usually provided by the treating health professional (i.e. General Practitioner or Psychiatrist) when completing the **Access Request Form**.

Supporting information about the permanent impairment and the impact it has on, any of the following, mobility, communication, social interaction, learning, self-care and or ability to self-manage must be provided to the NDIS by completing the **Access Request Form** and providing the NDIS with copies of reports, letters or assessments from your health professionals detailing the impairment and the impact it has on daily life.

Registration

Once the Potential Participant has determined that they would like to test their NDIS eligibility, call the NDIA on 1800 800 110.

The NDIA will register the applicants:

- Name, Address, Date of birth;
- Citizenship status; and
- Centrelink Customer Reference Number

If relevant, legal guardian Proof of Identity (POI) and guardianship status may need to be provided at this time.

Once registration is complete:

Caution

 Keep an eye on the mailbox until the Potential Participant receives the Access Request Form

It is important to note that forms received from the NDIS contain an individualised Applicant bar code which helps the NDIA track communications. There are no generic forms in public distribution thus the need for the NDIS to send forms directly to the Potential Participant.

If there are any concerns about the Potential Participant not receiving forms or losing them, a case can be made for the NDIS to appoint a nominee or to send the forms to a Support Worker.

Nominees

[4] *A nominee is a person who is appointed in writing, at the request of a participant, or on the initiative of the NDIA, to act on behalf of, or make decisions on behalf of a participant for the purposes of the NDIS Act.*

The NDIS Act requires and permits participants to do a range of different things for the purposes of the National Disability Insurance Scheme (NDIS). For example, participants must prepare a statement of goals and aspirations, and may make a plan management request.

Unlike a participant who is a child, a participant who is over 18 years of age will be presumed, so far as is reasonable in the circumstances, to have capacity to determine their own best interests and make decisions that affect their own lives. As far as is possible, the NDIA's focus will be on supporting and building the capacity of participants to make their own decisions for the purposes of the NDIS Act.

Where it is not possible for a participant to make their own decisions, or be supported to make their own decisions, the National Disability Insurance Agency (NDIA) can appoint a nominee to act on behalf of, or make decisions on behalf of a participant.

Most participants who need a nominee already have some kind of formal or informal arrangement in place to help them live their lives. The NDIS is not intended to replace these support networks. Rather, the focus of the NDIA will be on strengthening and, where necessary, formalising the existing support networks of a participant.

Two types of nominees which can be appointed under the NDIS Act, namely a plan nominee and a correspondence nominee.

For more information on nominees visit, https://www.ndis.gov.au/operational-guideline/nominees

Tip: Support Item: Training in planning and plan management, Support Item Ref No: 07_003_0117_8_3 may support capacity building of nominees.

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[4] https://www.ndis.gov.au/operational-guideline/nominees.html#4

"If the NDIS Contact You …"

Providing the Potential Participant with an information form containing helpful instructions on what to do if/when the NDIS contacts them can be very supportive.

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If ndis Contacts You…

1.   If you are not ready to discuss your support needs

You can ask them to call back at another time

"Now is not convenient for me, can you please call me at another time?"

"Can you please call me on [day/time] when my support person will be present?"

2.   Contact your Support Worker

Tell your Support Worker that the NDIS called

By letting your support worker know that you have been contacted by the NDIS, you can feel sure that someone will be by your side during the application and planning process.

3.   Start Preparing for Access to the NDIS

Together we can start thinking about…

What your goals are

What your current support needs are

What else you might need to improve your future

4.   Preparing for the NDIS Planning Meeting

You can tell the NDIS that you need to have the planning meeting face-to-face and not over the telephone

"It's hard to talk about this on the phone; can we make a time to meet in person?"

"I need to make an appointment so I can bring my support person with me."

REMEMBER:
Tell your Support Worker when you hear from the NDIS so they can support you through the planning process.

Access Request Form

A reminder that this NDIS Practice Guide does not guarantee access or outcomes but hopes to act as a simple and practical guide to the support journey.

Once registered, the NDIA will send out an Access Request Form.

- **Complete this form**
- **Attach the required supporting evidence**
- **Return it to the NDIS:**

    Mail: GPO Box 700, Canberra, ACT 2601

    Email: NAT@ndis.gov.au

    In person: take it to your local NDIA office

To view an online sample of the Access Request Form visit, http://mhcc.org.au/media/86697/access_request_-__form_sample_.pdf

Things to Consider

It is important to present the strongest access case possible via the Access process.

This is best supported by the provision of appropriate and comprehensive supporting evidence which represents the Potential Participant on a typical day between acute episodes. The NDIA needs to know about how the person functions, in general, not when they are having either a particularly good or bad day.

Access Decision Making Process

Upon receipt of the completed **Access Request Form**, the NDIA will initially make an access decision based on the information provided against the Age & Residency criteria.

The NDIA will then make an access decision based on the information provided against the Disability criteria.

If insufficient evidence has been provided against the Disability criteria the NDIA may request additional information, via completion of an **Access Request Supporting Evidence Form**, to assist them with making their access decision.

Once all of the required information has been received by the NDIA and an access decision is made, the Potential Participant will receive a letter confirming or declining eligibility.

If declined, the Potential Participant may re-apply or access the **Review of Decisions** process.
Review of Decision information, visit: https://www.ndis.gov.au/operational-guideline/review-of-decisions.html#3

If approved, the first **Face to Face Meeting** must take place within 28 days of acceptance into the Scheme.

Supporting Health Professionals

When supporting the Potential Participant to visit their General Practitioner, Psychiatrist and/or Allied Health Professionals, you might like to take along:

- NDIS information fact sheet for General Practitioners and Health Professionals
  Visit, https://www.ndis.gov.au/medias/documents/hee/h6b/8798600822814/Factsheet-HealthProfessionals.pdf
- Access Request Form
- Supporting evidence letters and assessments, already gathered.

During the visit, the Health Professional might also like to view a video developed for them by Victorian Mental Illness Awareness Council. Visit, https://www.vmiac.org.au/services/ndis/

'Health Professionals' include physiotherapist, occupational therapist, speech pathologist, psychologist or a nurse.

Access Request Form - Health Professionals Report (Part F)
The following information and actions may help the Potential Participant's treating General Practitioner, Psychiatrist and/or Allied Health Professional to complete the Health Professionals Report (Part F) of the **Access Request Form**.

Evidence of the disability must be provided to the NDIS and Part F of the Access Request Form collects this information. Other written evidence of the diagnosis from the treating doctor or specialist may also be submitted but must include information about treatment/s being received.

Important Note: In the case of Psychosocial Disability, it is important to compile a list of best practice treatments that have been tried and any unsuccessful outcomes of these treatments which demonstrate the enduring nature of the Psychiatric Condition. (See Appendix 2 - Psychosocial Disability Evidence Report).

If the condition is not one listed on the NDIS **'Permanent impairment/functional capacity – no further assessment required'**, then evidence of the permanent impact of the condition on daily life is required. To view a list of the permanent conditions, visit: https://www.ndis.gov.au/people-with-disability/access-requirements/completing-your-access-request-form/evidence-of-disability

It is vitally important that the Health Professionals provide effective and accurate impact and assistance evidence statements for any or all of the following support categories from Part F of the Health Professionals Report: mobility, communication, social interaction, learning, self-care and/or self-management.

In the case of psychosocial disability, evidence provided must support that there is a significant impairment to daily functioning and that it is due directly to the Psychiatric Condition.

Below is an example of the kind of information that might be helpful in an impact and assistance requirement statement.
NDIS Category = Social Interaction
Symptom = Post-Traumatic Stress Disorder and Anxiety
Function = Social withdrawal/difficulty responding in social situations/ difficulty getting needs met
Support = Person to accompany/ build capacity in social situations

For tips on how best to communicate about psychosocial disability, visit, https://www.ndis.gov.au/medias/documents/ha5/h5b/8797799415838/Completing-the-access-process-for-the-NDIS-Tips-for-communicating-about-psychosocial-disability-PDF-KB-.pdf

For key NDIS psychosocial disability products and resources, visit, https://www.ndis.gov.au/medias/root/h18/hc6/8803227533342/Psychosocial-Disability-Key-Products-And-Resources.pdf

The Psychosocial Disability Evidence Report (Appendix 2) may support effective evidence gathering.

Completing the access process for the NDIS

Tips for Communicating about Psychosocial Disability

5th August 2016

ndis.gov.au   5th August 2016   1
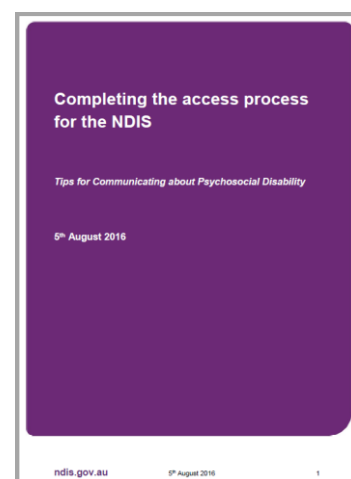
Access Request Form Check List & Tips

1. Complete all sections of the **Access Request Form** (excluding PART F – Health Professional Table).
   Tips:
   - Remember to always reflect back any NDIS language used in official documentation;
   - Focus on the <u>impact</u> not the diagnosis;
   - Access Request Form - Part C:
     - If the Applicant would prefer their Support Worker be contacted by the NDIS, select the option: ***Do not contact me directly*** and include the support worker details in ***Other (please specify);***
     - If the Applicant would prefer their legal guardian be contacted by the NDIS, select the options: ***Do not contact me directly/Contact my parent/legal guardian or representative (PART D);***
   - PART F – Health Professional Table:
     - A Psychiatrist may be best placed to complete this for psychosocial disability.

2. Gather all relevant evidence, such as, reports, letters or assessments from your primary treating clinician and other health or education professionals detailing the **impairment** and the **impact** it has on daily life.
   Tips: Evidence may include:
   - **General Practitioner/Psychiatrist Letter;**
     Supporting diagnosis/outlining treatment history/permanency
   - **Psychosocial Disability Evidence Report;**
     See Appendix 2
   - **Allied Health (OT/Mental Health Occupational Therapist) Supporting Evidence Statement;**
   - **Assessment Tools;**
     - **Health of the Nation Outcome Scale (HoNOS);**
       HoNOS is a mental health clinician rated instrument measuring behaviour, impairment, symptoms and social functioning for those aged 18 - 64 years.
     - **Life Skills Profile 16 (LSP16);**
       LSP16 is a preferred NDIS Assessment Tool designed to assess abilities with respect to basic life skills. Its focus is on general functioning and disability rather than clinical symptoms.
       The LSP16 traditionally accompanies the HoNOS.
     - **Kesler 10 (K10);**
     - **World Health Organisation Disability Assessment Schedule (WHODAS);**
   - **Disability information provided to Centrelink and or other Government Agencies/Support Programs;**
   - **Comprehensive Care Plans;**
   - **Medication Charts;**
   - **Supported Residential Service Management and Staff Statements;**
   - **Carer Statement.**
     An overview of the nature of care that is provided to the Participant.

3. Make copies of all paperwork including the supporting evidence.
   Tip: Ensure both the Participant and the Planner has a hard copy of all documentation at the Planning meeting.

4. Sign and return the completed **Access Request Form** making sure to **attach all supporting evidence**.
   Return to: GPO Box 700, Canberra, ACT 2601 **Email:** NAT@ndis.gov.au **In person:** take it to your local NDIS office.

5. Follow up on any ineligibility decisions as these may be overturned by the provision of additional supporting evidence.
   Tips: Visit, https://www.ndis.gov.au/operational-guideline/review-of-decisions-sitemap.html

Becoming a Participant

A reminder that this NDIS Practice Guide does not guarantee access or outcomes but hopes to act as a simple and practical guide to the support journey.

Once approved, the Potential Participant will be sent a letter confirming their eligibility and acceptance into the Scheme. They are now officially known as a Participant.

Keep an eye on the mailbox until the acceptance letter is received.

Shortly following receipt of this letter, an NDIS Business Administration Support Officer (this role is not a trained NDIS Planner) will telephone the Participant or their nominee to arrange a meeting time and place to commence the planning process with their NDIS Planner.

The NDIS will make 3 phone call attempts (3 different days and times).

If there is no answer of the three telephone calls, they will send a letter informing of their attempts to make contact.

Keep an eye on the mail box, once registered, just in case the Participant misses their calls!

Should the Participant not respond to either the calls or the letter, they will be placed on the "unable to contact" list resulting in reduced efforts to contact them.

The NDIS Act requires that the first face-to-face meeting takes place within 28 days.
This timeframe may not be supportive of the Participant's needs, especially if the pre-planning work, listed below, has not yet been completed.
It is important that the NDIS journey flows according to the Participant's needs and timeframes and not systems.
Advocacy may be required to support desired outcomes.

My Participant Pathway

In preparing to commence the pre-planning work, now would be a good time to review the Participant Pathway video.
Visit: https://www.ndis.gov.au/people-disability/videos-and-stories/videos.html

Pre-planning

Plan to Prepare; Prepare to Plan

To support the development of a thorough **Statement of Supports** and a quality **First Plan**, the Participant should be supported to:

1. View helpful information and videos to support their understanding of the planning stage/s ahead;
   Visit, https://www.youtube.com/watch?v=YALPHRYaNps and
   https://www.ndis.gov.au/medias/documents/h68/h80/8798779670558/Checklist-Getting-ready-for-your-planning-conversation-21.10.16-accessible.pdf

2. Consider their goals and aspirations and how they could increase the choice and control in their lives;

3. Complete the reimagine workbook;
   Visit, https://mhcc.learningcart.com/uploads/Reimagine/Reimagine-workbook.pdf

4. Build their self-confidence and familiarity with the planning meeting format;

5. Prepare to lead their planning meeting/s;

6. Other objectives identified by the Support Worker.

Things to Consider

- Mental health symptoms can be heightened during the pre/planning processes; ensure supports are in place;
- Always seek Participant permission;
- Ensure any meeting attendees are approved by the Participant;
- Where possible, ensure Participants speak for themselves;
- Always pace the process to the Participant's needs;
- Take regular meeting breaks at times that suit the Participant;
- Book meetings in a setting approved by and supportive of the Participant;
- Book additional meetings when required;
- Consider the support that a Peer Worker may provide;
- Be mindful of the potential impact of NDIS language;
- Foster a capacity building focus with the aim of improving Participant independence and community engagement.

Tips:

Disclaimer: Not an exhaustive list!

To be an effective Support Worker, ensure you have:

1. A clear understanding of the NDIS Scheme, its offerings and processes including the principles of Choice and Control and Reasonable and Necessary Supports; Visit, https://www.ndis.gov.au/Operational-Guidelines

2. An understanding of the Planner role and the key aspects of an NDIS Plan;

3. Supported the Participant to identify their aspirations and goals;
   - Ensure aspirations and goals are well defined and speak to supporting the continuity of the Participant's current lifestyle whilst providing opportunities for growth:
     - Is there anything they used to do that they'd like to do again?
     - Is there anything that they are not doing now, that they would like to do in the future?
     - Would they like support to understand their plan, put their plan into action and to review it?
     - What family and community support do they have that can help to reach goals?
     - Will they need funded supports to build capacity to work towards goals?

4. An understanding of functional impact and the evidence required to support a request for effective funding allocation of identified reasonable and necessary supports;
   - Make sure each request has been worked through effectively: **goal >need >support.**

5. Supported the Participant to complete the reimagine NDIS workbook;
   Visit, https://mhcc.learningcart.com/uploads/Reimagine/Reimagine-workbook.pdf

6. An understanding of the relevant NDIS funding components and their payment options (i.e. transport);

7. An understanding of supports the NDIS will fund in relation to housing and independent living;
   Visit, https://www.ndis.gov.au/medias/documents/h0a/h10/8800552321054/Factsheet-MainstreamInterfaces-Housing.pdf

8. An understanding of the approved NDIS Plan Management options:
   - Self-Managed Plans, Registered Plan Management, NDIA Managed Plans, a combination of each;
   Visit, https://www.ndis.gov.au/operational-guideline/planning/managing-funding-supports and
   https://www.ndis.gov.au/medias/documents/haa/h57/8804314316830/Provider-VIC-by-Group.pdf

9. An understanding of the Plan Implementation process and support needs (Support Coordination);

10. An understanding of the Service Provider engagement process; supported the Participant to identify preferences;
    Visit, https://www.ndis.gov.au/document/finding-and-engaging-providers/find-registered-service-providers

11. An understanding of the reviewing a Participant Plan process;
    Visit, https://www.ndis.gov.au/operational-guideline/planning/reviewing-participant-plan.html

12. An understanding of the 12 month Plan Review process and its reporting requirements;
    - To ensure the 12 month Review is conducted on time, Self-Managed Plans are required to collect and submit Reports from all Service Providers utilised under the Plan.

13. Reviewed:
    - Reading and Resources pages 4-6 of this document;
    - Peak Body NDIS Plan Meeting Tip Sheets and Check Lists;
    - National Disability Advocacy Program;
      Visit, https://www.ndis.gov.au/participants/making-decisions-about-support/ndap.html

14. Consulted with people who have lived experience of the NDIS journey;

15. Prepared a brief overview of Participant's history and future goals; to be read out at the planning meeting by the Participant;

16. Prepared copies, for the Participant and Planner, of all documentation and supporting evidence submitted as part of the Access process and the completed reimagine workbook to aid the Planning meeting process.

Planning

A reminder that this NDIS Practice Guide does not guarantee access or outcomes but hopes to act as a simple and practical guide to the support journey.

A recent change to NDIS Planning Practice Policy ensures a Participant now has access to face to face meetings and a consistent point of contact to support them along the Participant Pathway.

Planning Meeting

The NDIS Planner may be either:

- Local Area Coordinator (Latrobe Community Health);
- NDIA Planner; or
- Both.

During the Planning Meeting, the Planner will:

- Commence by explaining the planning process to the Participant;
- Complete any outstanding outcomes and functional capacity assessment questions;
- Explore Participant goals and support needs;
- Explore risk and Participant plan management preferences;
- Conclude the meeting by explaining the next steps to the participant.

Things to Consider/Tips

- Support NDIS Planners to understand the Supported Residential Service setting.

- Always seek Participant permission.

- The Participant should choose meeting times and locations that suit them and are supportive of their needs.

- Book additional meetings, when required.
  Planning Meetings can be lengthy, tiring and overwhelming for Participant's so breaking this process down across a number of shorter meetings may ensure the participant maintains choice and control throughout the process and is able to advocate for an effective, quality Plan.

- Determine who the Participant wants to be involved in the Planning Meeting and ensure the NDIS Business Administration Support Officer is informed of who will be present.

  A carer, family member or significant other can attend the planning meeting, if the person they support agrees.
  - If they do not agree, a Carer can still provide information to the planner by seeking a face-to-face meeting, a phone call, or by submitting a Carer Statement.

    A Carer Statement should outline the support role, anything the Carer finds difficult in their role, their ability to provide the same level of support into the future, and if there's support they're unable to provide that could be funded through the plan. (See Reading and Resources for a template link).

  - The NDIS will only contact a Carer with the Participants permission.
    If no contact is desired it may still be helpful to guide family members towards NDIS Community Information Sessions and online information.

  - Training for carers/parents may be provided within a participants plan:
    Training for carers in matters relating to caring for a person with a disability
    Support Item Ref No.15_038_0117_1_3.

    - Consider the support that a Peer Worker may provide.

- Is there a need for Translation and Interpreter Services?

- Are there culturally and linguistically diverse or Aboriginal and or Torres Strait Islander community support need considerations?

- Position meeting furniture so that the Participant (and their nominee) and the Planner can sit opposite each other at a table to have their conversation. All other attendees should be seated away from the table and invited to contribute at the appropriate times.

- Ensure Participants speak for themselves ("in their own words") during the meeting/s, where possible.

- Always pace the process to the Participant's needs.

- Take regular meeting breaks at times that suit the Participant.

- Be mindful of the potential impact of NDIS language and Planner questioning.

- Review of a Decision can take months, so it is really important to get the first plan right!

- A Plan needs to fund the support needs of a Participant. Ensure Planners understand the depth of need so that accurate supports are provided in the plan.

  For example:
  Participant: "I need help to do the shopping".
  Planner: "How long does it take you to do the shopping and how many times per week do you go?"
  Participant: "About 2 hours, once a week".
  Planner will probably only include 2 hours of funded support, once per week.

  A more accurate view of the support need might include:
  - Participant requiring support to wake, dress and prepare for the day ahead;
  - Morning meal preparation;
  - Writing a shopping list;
  - Working through issues/anxiety that are posing a barrier to the shopping activity;
  - Responding to issues that may arise during the travel to and from shopping;
  - Undertaking the shopping activity (the original 2 hours);
  - Etc...

- Include support coordination in the plan for all Participants living in a Supported Residential Service.

- Consider the "Suite of Supports" included in hostel resident plans as part of the NDIS Perth Hills Psychiatric Hostels Project (Appendix 1).

- Foster a capacity building focus with the aim of improving Participant independence and community engagement.

- Explore plan management options and choose a level of support that best suits needs.

- Ensure planning decisions comply with Section 33 of the NDIS Act.
  Visit, https://www.legislation.gov.au/Details/C2013A00020

Next Steps

Upon completion of the Planning Meeting process, the Planner's next steps include:
- Finalising data entry of the planning conversation information into the NDIS computer system;
- Consideration of the Participants informal, mainstream and reasonable and necessary supports; and
- Development of a Statement of Supports (including the reasonable and necessary rationale) which is submitted to the NDIA Delegate to support Plan development.

Once the Delegate has completed the Plan a draft copy will be sent to the Participant for review. If in agreement the Plan will be sent to the participant, via the post and implementation can begin.

Caution

Keep an eye on the mailbox until the NDIS Participant receives the Plan
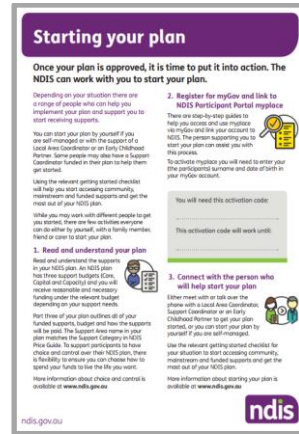
Implementation

The aim of implementation is to connect the Participant with the supports funded in their Plan, as soon as possible.

To commence the process, once again, view helpful information and videos to support the Participants understanding of the journey ahead.
Visit, https://www.youtube.com/watch?v=LLBz_1_TVT8 and
https://www.ndis.gov.au/medias/documents/h3c/he0/8799397969950/Factsheet-Starting-Your-Plan-PDF-11KB-.pdf

Once the Plan is received you may be required to assist in the following implementation activities:

1. Read and understand the Plan

2. Register online for MyGov and link to the NDIS Participant Portal
   Visit, https://www.humanservices.gov.au/individuals/online-help/create-mygov-account

3. Connect with the Participant's chosen Support Person

Additional support work may include:
Assisting the Participant to:
- Share plan with key stakeholders whose support is critical for effective plan implementation
- Collect information from a range of support coordination providers
- Choose a support coordinator and support workers (ensure psychosocial expertise if this is a support need)
  To foster participant capacity to make choices and take control of their lives, consider assisting the Participant to choose their support workers through an interview process.

Assisting support coordination providers to:
- Ensure a quick turn-around from referral to the provider making contact (5 days max.);
- Understand the SRS setting, Participant needs, composition of the plan and the rational for each support and provide access to a list of informal support contacts;
- Develop positive working relationships with SRS Proprietors and Managers;
- Identify the SRS House protocols for entering and exiting the SRS, residents leaving with a provider and booking of meetings with a resident or Proprietor/ Manager;
- Understand their duty of care and to meet with the SRS to discuss their Agency Policy;
- Consider developing/participating in a collaborative community of practice within the SRS so that support coordinators can share effective resident support strategies; SRS communication processes and protocols; effective mainstream community supports; and barriers encountered while implementing plans; discuss niche service areas; promote skill of key workers to NDIA Planners and influence sector development and consolidation.

Maintain regular contact with Supported Residential Service Management during the plan implementation phase

For workers continuing on in a supporting role, practice guidance can be found in the NDIS Operational Guidelines.
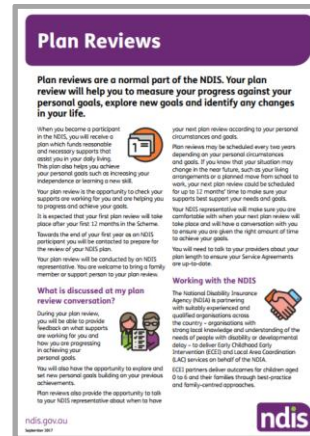Visit, https://www.ndis.gov.au/Operational-Guidelines

Plan Reviews

A reminder that this NDIS Practice Guide does not guarantee access or outcomes but hopes to act as a simple and practical guide to the support journey.

Plan reviews are a normal part of the NDIS and help to measure progress against personal goals, explore new goals and identify any changes in life.

To prepare for a Plan Review, view helpful information and videos to support the Participants understanding of the process.
Visit, https://www.youtube.com/watch?v=zWePI6aZ4zU and
https://www.ndis.gov.au/medias/documents/h7a/h29/8803967467550/Factsheet-PlanReviews.pdf

Things to Consider & Tips

- Plan Review meetings should be held face-to-face in a similar manner to the initial planning meetings.

- Participants should invite their support coordinator and other stakeholders of their choice to the meeting.

- Prior to the Plan Review meeting, support coordinators complete a report on progress made toward goals with Participant input, where possible.

- Support coordinators are contacted for verbal reports if progress and the types of future supports needed are unclear.

- Utilisation of supports during the first year are reviewed in light of:
    - Time taken to connect with support coordinator and feel confident to access supports;
    - The effectiveness of each support to achieve goals and aspirations given the initial plan,
      For example:
        - Have engaged with each support type, have become more independent and do not require as much contact with a support coordinator in their second plan,
        - Require similar support coordination contact as goals are slowly being progressed,
        - Require additional input from a specialist support coordinator or mainstream counsellor before support coordination can enable progress,
        - Some supports may not yet be relevant for a person's life or goals;
    - The sustainability of the Scheme to ensure support packages are not increased unless there is a strong rationale to increase supports to meet goals. Support coordination is being decreased where confidence and competence to access supports independently have been achieved;
    - Other supports that may be required.

A final note to the Reader

It is our sincere hope that this practical advice has been of use to you.
In a changing landscape, such as the NDIS, we understand that processes will be amended and improved.

List, below, any additional useful information or updates to practice that you find along your NDIS support journey and don't forget to share them with your colleagues!

References

Building New Lives: Bringing the NDIS to people living in psychiatric hostels. NDIS Perth Hills Trial Site W.A. July 2017

https://www.ndis.gov.au

http://reimagine.today

http://www.tandemcarers.org.au

http://www.publicadvocate.vic.gov.au

https://www.ndis.gov.au/operational-guideline/nominees.html#4

http://mhcc.org.au/media/86697/access_request_-__form_sample_.pdf

Suite of Supports included in hostel resident plans:
NDIS Perth Hills Psychiatric Hostels Project

Note: This information should be used as a guide only as the NDIS funded support categories may have changed, State Government Funding Agreements differ and Participant's needs vary according to their goals and aspirations.

To view the NDIS Perth Hills Psychiatric Hostels Project document, visit:

http://valuedlives.org.au/wp-content/uploads/2017/09/Bringing-the-NDIS-to-people-living-in-psychiatric-hostels-Final-002.pdf

Support Category	Description
Support Coordination	Each participant plan included 60 hours support coordination funding with eight hours included to assist the resident to establish MY GOV accounts, email accounts, and learn how to access the participant portal.
Transport to Access Daily Activities	Transport funding supported the primary goal for access to community, mainstream supports and to regain or sustain connection to informal supports. A base level of transport funding was included except where residents had regular employment or education.
Community Innovation Funding	A total of $500 was included in all plans to support community access and connection given that residents had very limited access to their own funds and most did not have a bank account.
Community Connection	Up to 10 hours per week funding for individual and/or group support to access community was included in all plans.
Holiday Support	Some residents set goals to reconnect to family and other informal supports located interstate or away from the city.
Occupational Therapy Assessment	An OT assessment was initially included in plans when the resident included a short or longer-term goal to live in the community and wanted assistance to develop life skills. The assessment formed a baseline of current life skills and indicated those needing development to support independent living. In subsequent planning meetings an OT assessment was included where residents wanted to assess their life skills and develop strategies to regain skills.
Futures Planning	Futures Planning was included when residents had a short or long term goal of moving out of their hostel. Specifically it supported the resident to undertake a comprehensive review of their life and to identify the supports they would require to live independently. Some residents who did not currently wish to move out also included Futures Planning in their plan to more fully explore their future.

Support Category	Description
Employment	Around 20 percent of residents included an employment goal in their plan. Residents who wanted to return to work but required capacity building of essential employment skills were funded to receive support from a provider specialising in a customised employment approach. The approach focusses on participants who are early in their employment journey (not able to undertake a Centrelink Job Capacity Assessment) and works with them to identify and work towards getting a job – ranging along a broad continuum of volunteer, social enterprise and traditional employment options. Part of this model includes identifying and approaching community employers who will support people with psycho-social disability transitioning to the workplace.
Mentor	A mentor support item was included for residents who identified the negative impact of hearing voices on their opportunity to create a different life and wanted to better manage the voices.
Plan Management Funding (PMA)	PMA was included in all hostel plans as residents do not generally have their own bank accounts. PMA supported residents to access and monitor expenditure of their community innovation and transport funding.
Exercise Physiology	Exercise Physiology was funded when participants included a goal to improve their health and wellbeing and there was a strong link between their health and psychosocial disability.
Accommodation Funding	Funding for hostel accommodation was provided by the WA Mental Health Commission as part of the WA Government's contribution to fund the NDIS and recorded on resident plans as in-kind funding.
Behaviour Specialist Support	Not funded in initial plans during the project but recommended for future inclusion for some people.

Appendix 2

Visit, http://www.vicserv.org.au/2016-12-12-05-10-13/ndis-engagement/278-ndis-links-and-resources or

Contact the SalvoCare Eastern Project Office on (03) 9890 7144

Psychosocial Disability Evidence Report

This Psychosocial Disability Evidence Report was prepared on behalf of:

[Insert full name of NDIS Applicant]

[Insert Applicant address]

[Insert CRN]

to support their application to the National Disability Insurance Scheme (NDIS).

This Report forms an attachment to the NDIS Access Request Form/Access Request – Supporting Evidence Form.

This Report was compiled by [Insert full service name] on [Insert date].

Enquires Contact

If the NDIA has any queries regarding the Report, the following person should be contacted:

Name:	
Address:	
Telephone:	
Email:	
Professional Qualification:	
Signature:	
Date:	

Reminders:

This Report may be compiled by a Support Worker.

Clinical Reporting Sections of the Report must be completed by the treating Psychiatrist or Psychologist.

A Mental Health Occupational Therapist can support evidence gathering for the functional impact statements.

This Report and the assessment of the person's psychosocial functionality should be checked and reviewed prior to inclusion in an NDIS Access application.

Note: Ensure all information is correct, relevant and a true representation of the person and the impact to daily life on their "worst day".

Report Compilation Contacts

This Report was compiled by:

Name of person who compiled the Report:	
Professional Qualifications:	
Role Title:	
Service/Employer Name:	
Address:	
Telephone:	
Email:	
Signature:	
Date:	

Health Professional Contacts

The Health Professional listed below was consulted in the preparation of this Report.

In signing this Report, the Health Professional:

1. Confirms the person has a psychiatric condition;
   - the presence and duration of symptom;
   - treatment history;
   - need for ongoing clinical treatment (P.3-4 of this Report)
2. Validates the person's primary, secondary and other disability/impairment and
   - confirms that person has, or is likely to have, a disability that is life-long (P.5 of this Report)
3. Provides assessments on person's impairment (if available) (P.5 of this Report)
4. Validates the person's level of psychosocial functioning (P.6-11 of this Report)

Name of Health Professional who was consulted in the preparation of the Report:	
Professional Qualifications:	
Role Title:	
Service/Employer Name:	
Address:	
Telephone:	
Email:	
Signature:	
Date:	

Mental Health & Diagnosis

Primary Diagnosis:	
Secondary Diagnosis:	
Clinician who made the diagnosis: (if known)	
Date formal diagnosis made:	
Person's age when first diagnosed:	

Mental Health History, Treatment and Outcomes

Current clinical mental health provider:	
Letter from current Health Professional attached:	☐ Yes
Details of recent Psychiatric Hospital Admission:	
Date of recent Psychiatric Hospital Admission:	
Current Mental Health Treatment Support:	
Presence of symptoms:	
Duration of symptoms:	
Symptom stability:	
Outcomes:	
Past Mental Health Treatment Support:	
Presence of symptoms:	
Duration of symptoms:	
Symptom stability:	
Outcomes:	

Appendix 2

Details of the person's psychiatric disability and other impairment/s

Details of primary, secondary and other impairment/disability

Primary impairment/disability:	Description:
What is the person's primary impairment/disability? *(i.e. impairment/disability with the most impact on daily life?)*	
How long has the person had this impairment/disability?	
Is the impairment/disability likely to be life-long? *(Despite any potential fluctuation in functional capacity over time) (Despite any potential fluctuation in variation in intensity over time)*	
Brief description of any current relevant treatment undertaken in response to this impairment/disability:	
Brief description of any past relevant treatment undertaken in response to this impairment/disability:	

Other impairment/disability (if relevant):	Description:
What is the person's other impairment/disability?	
How long has the person had this impairment/disability?	
Is the impairment/disability likely to be life-long?	
Brief description of any relevant treatment undertaken in response to this impairment/disability:	

Other impairment/disability (if relevant):	Description:
What is the person's other impairment/disability?	
How long has the person had this impairment/disability?	
Is the impairment/disability likely to be life-long?	
Brief description of any relevant treatment undertaken in response to this impairment/disability:	

Assessments

Assessments undertaken on the person's impairment[s] and attached to this Report:

Assessment Type	Name of Organisation that completed the assessment	Date Completed	Score or rating	Attached?
Health of the Nation Outcome Scale (HoNOS) *(Recommended Access Tool)*				☐ Yes
Life Skills Profile (LSP16) *(Recommended Access Tool)*				☐ Yes
(Others? List)				☐ Yes

Details of the functional impact of psychiatric disability & other impairments

Mobility
(e.g. moving around the home; getting in and out of bed or a chair; mobilising in the community including using public transport or a motor vehicle)

Does the person require assistance to be mobile because of their impairment/s?	☐ No, does not need assistance ☐ Yes, requires assistance
Functional impact:	**Assistance Description:**
Needs special equipment:	 ☐ Not required
Needs assistive technology:	 ☐ Not required
Needs home modification:	 ☐ Not required
Needs assistance from other persons:	 ☐ Not required
Needs help with travel/transport:	 ☐ Not required
Other:	

Communication
(e.g. expressing needs and decisions in spoken or written form; difficulty communicating emotion by gesture, speech or context appropriate for their age; ability to understand language)

Does the person require assistance to communicate because of their impairment/s?	☐ No, does not need assistance ☐ Yes, requires assistance
Functional impact:	**Assistance Description:**
Able to ask for help when needed:	 ☐ Not required
Able to understand others:	 ☐ Not required
Able to make decisions for themselves:	 ☐ Not required
Able to communicate with various professionals regarding health and/or social supports needs:	 ☐ Not required
Other:	

Social interaction
(e.g. ability to control emotions/cope with feelings; making and keeping friends and relationships; maintaining family relationships; behaving within limits accepted by other)

Does the person require assistance to interact socially because of their impairment/s?	☐ No, does not need assistance ☐ Yes, requires assistance
Functional impact:	**Assistance Description:**
Able to control emotions	 ☐ Not required
Able to maintain family relationships	 ☐ Not required
Able to develop and maintain friendships	 ☐ Not required
Happy with the activities that fill time during the week	 ☐ Not required
Able to engage in social and or recreational activities	 ☐ Not required
Employed or undertaking training or volunteer work	 ☐ Not required
Able to drive and/or use public transport to access the community	 ☐ Not required
Other:	

Appendix 2

Learning
(e.g. capacity to pay attention and learn new things; understand and remember new information; practice, master and use new skills)

Does the person require assistance to learn effectively because of their impairment/s?	☐ No, does not need assistance ☐ Yes, requires assistance
Functional impact:	**Assistance Description:**
Capability to pay attention:	☐ Not required
Able to learn new things:	☐ Not required
Able to practice, master and use new skills:	☐ Not required
Able to understand and remember information:	☐ Not required
Other:	

Self-Care
(self-neglect; capacity to prepare food, do housework and laundry and shower; able to care for own physical health)

Does the person require assistance with self-care because of their impairment/s?	☐ No, does not need assistance ☐ Yes, requires assistance
Functional impact:	**Assistance Description:**
Able to maintain a safe living environment:	☐ Not required
Able to manage physical health:	☐ Not required
Eats well/healthy:	☐ Not required
Able to do grocery shopping:	☐ Not required
Able to prepare own meals:	☐ Not required
Shower regularly:	☐ Not required
Have a regular routine:	☐ Not required
Able to do housework and laundry:	☐ Not required
Other:	

Self-management
(aware when they are becoming unwell (i.e. insight); able to use strategies when they are unwell; able to make decisions; manage money)

Does the person require assistance with self-management because of their impairment/s?	☐ No, does not need assistance ☐ Yes, requires assistance
Functional impact:	**Assistance Description:**
Know when becoming unwell:	☐ Not required
Have and use strategies when becoming unwell/are unwell:	☐ Not required
Able to make decisions:	☐ Not required
Need support to make and attend appointments with other providers/find and engage with other providers:	☐ Not required
Supports in place to manage mental health:	☐ Not required
Able to manage own care-plan:	☐ Not required
Able to coordinate various professional supports:	☐ Not required
Able to manage money well:	☐ Not required
Managing to pay bills:	☐ Not required
Other:	

List of Current Supports

Type:	Description:
Formal Supports: (What, when, how often, by who, etc.)	
Informal Supports: (What, when, how often, by who, etc.)	

Appendix 2

List of Current Support Agencies	
Agency Details:	**Support Description:**

NDIS Plan: Example Case Study

*Example plan developed by *Brotherhood of St Laurence Local Area Coordinator* and utilised at a presentation delivered at the *How to make the most of the NDIS: A forum for homelessness services in Metropolitan Melbourne*, 14th of February 2018.

NOTE: This example and person portrayed in this example is not based on a real person.

PARTICIPANT STATEMENT:

Living Arrangements/Supports:

My name is Johnny, I see myself as a resident of Richmond. I have lived here my whole life. I have some friends, but they aren't always a good influence. I am a Tigers supporter and was at the grand final last year when they won. My mum lives in Mildura so it is hard to see her, but I would like to. I am looking for my own home at the moment.

Daily Life:

I try my best to fill my days. I generally go to the Orange Sky Laundry in Fitzroy to do my laundry once a fortnight and use the St Vincent's Soup Van a couple of times a week to get some food. I go to the Richmond Library almost every day and just hang out. When the Richmond Tiger's training days are on at Punt Road Oval, I will go to that. I would like to find out what other things I can do during the week.

Informal Supports:

I am close with my mum, but don't get to see her much because she lives a while away. I would like to see her more than I do. If I really need help I will call my brother who lives in Toorak.

Mainstream Supports:

I get all of my supports through the Clarendon Clinic. I have a psychiatrist who oversees my medication support. I am on a waitlist on the Office of Public Housing for housing support. I have been on the list for a while. My pension is with State Trustees. One day I would like to manage my funds myself.

Community Supports: (Current)

People in the community know my face. Generally I can't go anywhere without someone calling out 'Hey Johnny'. I use my local library, St Vincent's Soup Van, the Orange Sky Laundry which is outside St Mary's House of Welcome. When I do my laundry there is always someone there to talk to.

Community Supports: (New)

I would really like to be a member of the Richmond Football Club but I can't afford a membership.

NDIS Plan: Example Case Study

*Example plan developed by *Brotherhood of St Laurence Local Area Coordinator* and utilised at a presentation delivered at the *How to make the most of the NDIS: A forum for homelessness services in Metropolitan Melbourne*, 14th of February 2018.

NOTE: This example and person portrayed in this example is not based on a real person.

PLAN GOALS:

- To get support to find a place to live and assistance to learn the skills to maintain stable accommodation.

- To see my mum at least four times a year.

MEDIUM TO LONG TERM GOALS:

- To learn how I can manage my current budget so one day I can manage my finances independently.

- To be more active in my community and help other people who have had depression like me.

FUNDED SUPPORTS:

Core Supports:

- $$$$ Funding to assist you to access the community.

- $$$$ Funding to assist with transport related costs incurred during the plan period.

Capacity Building Supports:

- $$$$ Funding for an allied health professional and an individual skill development worker to implement a plan that builds your capacity with finances, sourcing accommodation and maintaining your tenancy.

- $$$$ Funding for a support coordinator to assist you to choose providers and achieve your NDIS goals and link with community and mainstream supports.

Eastern SRS
Resident
Opportunities
After
Reform
Project

SALVOCARE EASTERN | each

Project Contact: Erin Prater - 98907144

NDIS Practice Advice
User Feedback Survey

The ROAR Project aims to improve outcomes for residents living in 18 supported residential services in the Eastern Melbourne Region, specifically targeting people with multiple and complex needs that are not currently linked to appropriate support services. The NDIS Practice Advice which accompanies this User Feedback Survey was developed by The ROAR Project as a practical guide for workers supporting the connection of interested and eligible residents with the National Disability Insurance Scheme.

As an external User of the NDIS Practice Advice resource we ask that you take a moment to **complete, scan and return** this User Feedback Survey. Your feedback may help to guide future resource development and Project activities.

Enquiries to: Erin Prater on (03) 9890 7144.

This survey should take approximately 15 minutes to complete, scan and return.
Thank you for your time and valuable feedback.

Please return completed surveys to: erin.prater@aus.salvationarmy.org

1. **What Sector/s do you work in? List:**

   i.e. Homelessness

2. **What is your role?**

   i.e. Case Manager

3. **How/From whom, did you receive a copy of the NDIS Practice Advice and User Feedback Survey?**

   i.e. From Manager

4. **Why did you use the NDIS Practice Advice?**

   Comments:

5. **Did the NDIS Practice Advice answer your question and/or provide helpful links to appropriate information?**

   Please comment on your User experience:

6. **What, if any, NDIS workforce training have you attended?**

   Please List:

7. **What do you think you might need in the future to support your work practice with clients with a disability?**

   Thoughts:

For the following questions, please place a cross (X) in the box below the statement that best represents your reflection.

8. **Prior to using the NDIS Practice Advice, I felt that I had good knowledge of the NDIS:**

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Not Applicable

9. **After using the NDIS Practice Advice, I feel confident that I have good knowledge of the NDIS:**

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Not Applicable

10. **Prior to using the NDIS Practice Advice, I felt confident that I could explain knowledge/provide a secondary consult about the NDIS :**

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Not Applicable

11. **After using the NDIS Practice Advice, I feel confident that I can explain knowledge/provide a secondary consult about the NDIS :**

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Not Applicable

12. **Prior to using the NDIS Practice Advice, I felt that I could apply skills and knowledge from this topic to my work:**

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Not Applicable

13. **After using the NDIS Practice Advice, I feel confident that I can apply skills and knowledge from this topic to my work:**

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Not Applicable

14. **NDIS Practice Advice content was at an appropriate level (not too basic or too hard):**

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Not Applicable

15. **Overall, did the NDIS Practice Advice/Recommended Links meet your need?** ☐ **Yes** ☐ **No**

Comments:

Thank you for your time and valuable feedback.

Please return completed surveys to: erin.prater@aus.salvationarmy.org