

# Accessing the NDIS

Assisting people with psychosocial disability to access the NDIS:  
a guide for Commonwealth-funded  
community mental health service providers



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Copies of this guide are available from:

[www.dss.gov.au](http://www.dss.gov.au)

and the Transition Support Project web portal:

[www.transitionsupport.com.au](http://www.transitionsupport.com.au)

## Glossary

ADL	Activities of daily living
ARF	Access Request Form
CALD	Culturally and linguistically diverse
CANSAS	Camberwell Assessment of Need Short Appraisal Schedule
COS	Continuity of support
D2DL	Support for Day to Day Living in the Community
DoH	Department of Health
DSS	Department of Social Services
EST	Eligibility Screening Tool (for PHaMs)
HONOS	Health of the Nation Outcome Scale
IADL	Instrumental activities of daily living
ISP	Individual support packages
ILC	Information, Linkages and Capacity Building
LAC	Local Area Coordination
LSP	Life Skills Profile
MHCC	Mental Health Coordinating Council
MHR:CS	Mental Health Respite: Carer Support
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NMHCCF	National Mental Health Consumer and Carer Forum
NMHSRG	National Mental Health Sector Reference Group
PC	Productivity Commission
PHaMs	Personal Helpers and Mentors
PIR	Partners in Recovery
PHN	Primary Health Network
WHODAS	World Health Organisation Disability Assessment Schedule



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# Contents

<b>Foreword</b>	<b>1</b>	<b>Part D: Access tips from service providers</b>	<b>12</b>
Purpose	1	Raise awareness	12
Assisting people with psychosocial disability to access the NDIS	1	Engage program participants in conversations about the NDIS	12
<b>Part A: Guide to access</b>	<b>2</b>	Prepare for the section 55 request	12
Introduction	2	Prepare program participants for NDIA contact	13
Psychosocial disability and the NDIS	2	Access before planning	13
Disability support needs, mental health and the NDIS	3	Consider dedicated ‘access’ staff	13
Recovery and psychosocial disability	3	Use a checklist	13
Relevant law and rules	4	Determine who will take the lead role	13
Disability requirements	4	Focus on the NDIS disability requirements	14
Unpacking the disability requirements	4	Gather evidence of a likely to be permanent impairment	14
A definition of disability	4	Gather evidence of functional impairment	14
A definition of psychosocial disability	4	Assist program participants who are reluctant to engage with the NDIS	14
Attributable to a psychiatric condition	5	<b>Part E: Assisting people who experience cultural, language and other barriers to access the NDIS</b>	<b>16</b>
Likely to be permanent	5	Outreach to engage potential NDIS participants	16
Substantially reduced functional capacity	5	Assertive outreach for excluded groups	16
Affects capacity for social or economic participation	6	Engaging Aboriginal and Torres Strait Islander communities	17
Likely to require support under the NDIS for their lifetime	6	Engaging with people from culturally and linguistically diverse backgrounds	17
Providing evidence of psychosocial disability	6	Sector initiatives	17
Disability type and treatment	6	<b>Part F: Access resources</b>	<b>18</b>
Functional impact	6	Templates	18
Defined programs	7	Guidance	18
<b>Part B: Appealing a decision about access</b>	<b>8</b>	NDIS resources developed by organisations	18
Appealing a decision about access	8	<b>Summary of key points</b>	<b>20</b>
Further information about an Administrative Appeals Tribunal (AAT) review	8	<b>Appendix: Defined programs</b>	<b>22</b>
Access to support when seeking AAT review	9	Victoria	22
Provider experience of the NDIS review process	9	Queensland	22
<b>Part C: Continuity of support</b>	<b>10</b>	Northern Territory	22
Continuity of support for those who do not meet the access criteria for the NDIS	10	South Australia	22
Budget measure 2017–18	10	Tasmania	22
Supports for program participants who choose not to access the NDIS	10	New South Wales	22
		Australian Capital Territory	22
		Commonwealth	22
		<b>Endnotes</b>	<b>23</b>



# Foreword

## **Purpose**

The practice guide has been developed to assist Commonwealth-funded community mental health and carer respite program providers in supporting participants to access the National Disability Insurance Scheme (NDIS).

Mental health conditions can impact many aspects of daily living and this guide will assist program staff to assess and document the barriers to an ordinary life experienced by people with psychosocial disability.

The guide has been developed in collaboration with the National Disability Insurance Agency (NDIA), and Department of Social Services (DSS) representatives and providers. The document draws on information from a number of sources to provide a readily accessible document tailored to the needs of Commonwealth-funded community mental health and carer program providers.

Resources developed by the NDIA and community mental health providers to support people with psychosocial disability to access to the NDIS are included.

## **Assisting people with psychosocial disability to access the NDIS**

Community mental health providers have an important role in ensuring that current service users are best placed to transition to the NDIS when it is available in their regions.

Funding for four Commonwealth community-based mental health programs is transferring to the NDIS because of the close alignment of program and NDIS goals. The programs are:

- Mental Health Respite: Carer Support (MHR:CS)
- Partners in Recovery (PIR)
- Personal Helpers and Mentors (PHaMs)
- Support for Day to Day Living in the Community (D2DL).

# Part A: Guide to access

## Introduction

The NDIS represents a major reform in the way disability services are provided in Australia. As an insurance scheme, the NDIS takes a lifetime approach to support costs, assisting people with disability to achieve their individual goals and to participate in the community and employment.<sup>1</sup>

The NDIS provides assistance for people with disability to develop skills to optimise their ability to live an ordinary life and to exercise choice about the support they receive. Once fully rolled out, the NDIS will support approximately 460,000 people with significant and permanent disability.

Major work is underway to enhance the participant and provider experience of the NDIS while maintaining financial sustainability. Given the pace of change within the NDIA, program providers are encouraged to link with their local NDIS engagement team so they can be updated on NDIA processes.

## Psychosocial disability and the NDIS

Based on initial modelling by the Productivity Commission (PC)<sup>2</sup>, it is projected that at full scheme, there will be approximately 64,000 NDIS participants with a primary psychosocial disability who will meet the access criteria for an individual support package (ISP). This equates to approximately 13.9% of the total estimated ISP population.<sup>3</sup>

To date, data from across Australia, including trial sites, indicates that the proportion of individuals with a primary psychosocial disability who are accessing ISPs through the NDIS has increased over time and is tracking close to the PC estimate of 13.9%.<sup>4</sup>

People affected by psychosocial disability may find it difficult to set goals and make plans, and engage in education, training and employment and other social and cultural activities. They may also experience challenges in communicating needs, finding suitable housing, maintaining a tenancy, keeping appointments and maintaining their physical health.<sup>5</sup>

The PC indicates those anticipated to be included in the scheme are individuals who:

- have a severe and enduring mental health condition (usually psychosis)
- have significant impairments in social, personal and occupational functioning that require intensive, ongoing support
- require extensive health and community supports to maintain their lives outside of institutional care.<sup>6</sup>

*Across Australia and all NDIS trial sites, as at 31 December 2016, 81% of participants with a psychosocial disability submitting an access request were found to meet the access requirements for the scheme. This varies between states and is higher in Queensland and Victoria at 89% and 86% respectively.<sup>7</sup>*

## Disability support needs, mental health and the NDIS

The PC report on disability care and support noted that the community mental health system shares similar approaches and philosophies to the NDIS. The PC further noted similarities in the support needs underpinning the community mental health system and disability offerings generally<sup>8</sup>, anticipating that services would be ‘strengthened by the extra resources provided by the NDIS’.<sup>9</sup>

In addition to estimating the number of people with psychosocial disability who were likely to meet the access criteria for an ISP, the PC examined the distribution of disability support needs. Based on discussions with experts in mental health planning, the PC estimated that 10 per cent of ISP recipients could be characterised as having ‘intensive’ support needs, a further 25 per cent as having ‘high’ disability support needs, and the majority of individuals as having ‘low’ support needs (Table 1). It is important to note that the descriptions of intensive, high and low support needs in Table 1 are neither complete nor definitive.<sup>10</sup>

**Table 1** Distribution of support needs within the estimated population of people with psychosocial disability who are likely to meet the access criteria for the NDIS

Level and estimate of the proportion of the ISP population	Support needs
Intensive 10%	<ul style="list-style-type: none"> <li>• Require intensive assistance with daily living</li> <li>• Require accommodation-based supports</li> <li>• May live in ‘group’ homes / supervised accommodation</li> <li>• May have been long-term patients within psychiatric hospitals in the past</li> </ul>
High 25%	<ul style="list-style-type: none"> <li>• History of long-term hospitalisation</li> <li>• History of tenancy instability</li> <li>• Limited family and social networks</li> <li>• Very low levels of community participation</li> <li>• In the absence of support, struggle to live in the community and are at high risk of hospitalisation or homelessness</li> </ul>
Low	<ul style="list-style-type: none"> <li>• May require assistance to access community activities, budgeting, shopping, or similar activities</li> </ul>

## Recovery and psychosocial disability

The concept of recovery has grown out of the mental health consumer movement.<sup>11</sup> When people talk about mental health recovery, they are actively seeking to re-establish self-esteem and create a contributing life<sup>12</sup>, despite their mental health condition.

In the context of the NDIS, recovery is about maximising the potential of individuals with a psychosocial disability to participate in the community. Recovery approaches acknowledge that the effects of mental health conditions and subsequent psychosocial disability may or may not diminish over time. This means that while some people may recover to the point they do not require any mental health or disability supports, others will always require supports to assist and maintain their recovery, ongoing community participation and social inclusion.<sup>13</sup>

## Relevant law and rules

Key legislation regarding access to the NDIS includes:

- *National Disability Insurance Scheme Act 2013*
- *National Disability Insurance Scheme (Becoming a Participant) Rules 2016*

To access the NDIS a person must live in Australia and meet all of the following criteria. They must be:

- an Australian citizen, or a permanent resident, or hold a protected special category visa\*
- aged under 65 years when his/her access request is received by the NDIA
- live in an area where the NDIS is available
- meet the disability requirements, i.e. section 24 of the NDIS Act (see below).

### Disability requirements

A prospective participant will meet the disability requirements if he or she meets each of the following requirements:

- the prospective participant has a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments or to one or more impairments attributable to a psychiatric condition (section 24(1)(a))
- the prospective participant's impairment/s are, or are likely to be, permanent (section 24(1)(b))
- the prospective participant's impairment/s result in substantially reduced functional capacity to undertake, or psychosocial functioning in undertaking, one or more of the following relevant activities:
  - o communication
  - o social interaction
  - o learning
  - o mobility
  - o self-care
  - o self-management (section 24(1)(c))
- the prospective participant's impairment/s affect their capacity for social or economic participation (section 24(1)(d))
- the prospective participant is likely to require support under the NDIS for their lifetime (section 24(1)(e)).

Impairments that vary in intensity (for example, because the impairment is of a chronic episodic nature) may be permanent and a prospective participant may still require support under the NDIS for their lifetime despite the variation (section 24(2)).<sup>14</sup>

\* Please note: where certain criteria are met, some prospective participants who reside in NSW who are not Australian citizens, holders of a permanent visa or protected SCV holders may still become participants in the NDIS (see Clients of specified NSW disability programs on the NDIS website).

## Unpacking the disability requirements

The terms disability and psychosocial disability are commonly used but may be interpreted in slightly different ways depending on the context. Understanding how the terms are defined in the NDIS legislation and interpreted in the NDIS (Becoming a Participant) Rules, can assist providers to support program participants to access the NDIS.

### A definition of disability

The *United Nations Convention on the Rights of Persons with Disabilities* (2006) describes **disability** as resulting from the interaction of impairments and barriers (which may be attitudinal or environmental).

*Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.<sup>15</sup>*

The term **impairment** commonly refers to a loss of, or damage to, a physical, sensory or mental function. For the purposes of becoming a participant in the NDIS the focus of **disability** is on *the reduction or loss of an ability to perform an activity* which results from an impairment.

This narrower definition of disability employed by the NDIS seeks to pinpoint those people with disability who have a significant impairment to their functional capacity. This functional definition of disability focuses on outcomes for people with disability who are in the most need.

### A definition of psychosocial disability

Although the terms **psychosocial disability** and **mental health condition** are sometimes used interchangeably, it is important to recognise that not all individuals with a mental health condition will experience psychosocial disability.

*Psychosocial disability is the term used to describe disabilities that may arise from mental health conditions. Whilst not everyone who has a mental health issue will experience psychosocial disability, those that do can experience severe effects and social disadvantage. People with a significant disability that is likely to be permanent may qualify for NDIS support.<sup>16</sup>*

Psychosocial impairments may range from mild to severe, and commonly include difficulties with communication, cognition, planning, goal setting and task management, and an inability to recognise one's own impaired functioning.<sup>17,18</sup>

### Attributable to a psychiatric condition

A diagnosis is not a requirement to access the NDIS and the word diagnosis does not appear in section 24 of the NDIS Act. The NDIA does not expect a person with a longstanding and substantial impairment to see a psychiatrist for the purpose of obtaining a mental health diagnosis.

The NDIA respects a person's right not to be labelled and as such a diagnosis is not essential to access the NDIS, although extremely helpful if available. Instead the NDIA requires confirmation that a person has a likely **permanent** mental health condition (that treatment will not remedy)<sup>19</sup> resulting in substantially reduced functional capacity to carry out activities in at least one of the six legislative domains listed at section 24(1) of the NDIS Act (mobility, communication, social interaction, learning, self-care or self-management).

#### Did you know?

Access to the NDIS is not contingent upon a psychiatric diagnosis; what is required is confirmation of likely permanence of psychiatric impairment resulting in substantially reduced capacity to carry out day-to-day activities in at least one of the six legislative domains.

### Likely to be permanent

The NDIA requires confirmation that a person has a likely permanent psychiatric condition that treatment will not remedy. For this reason, it is important that information about past and current treatment is provided as part of the access request.

A GP may be reluctant to complete the relevant questions in the Access Request Form (ARF) for a person experiencing homelessness and for whom they have limited, if any, medical history. The GP may not be able to confirm whether or not there is a likely permanent psychiatric impairment resulting in substantially reduced psychosocial functioning for a person so disengaged from services/treatment options, because the GP does not know what the results of engagement with treatment/services would be.

If the GP is able to demonstrate permanent impairment resulting in substantially reduced functioning in one of the six domains (without the need for further medical review) then access requirements are more likely to be met.

#### Don't forget

The NDIA requires information about the extent to which treatment options have been explored. This includes information about previous treatment, current treatment and treatment options in the future.

The primary treating clinician is often the appropriate person to provide evidence of impairment for a person with a psychosocial disability, as well as information about past and present treatment as well as future treatment options.

### Substantially reduced functional capacity

The NDIA must be satisfied that a prospective participant's impairment results in substantially reduced functional capacity to undertake one or more relevant activities. For people with a primary psychosocial disability\*, this means the person usually requires assistance (including physical assistance, guidance, supervision or prompting) from other people to participate in the activity or to perform tasks or actions required to undertake or participate in the activity.

#### Did you know?

Access to the NDIS is based on a functional, practical assessment of what a person can and cannot do.<sup>20</sup>

The NDIA does not need to be satisfied that a person's impairment is 'serious', or more serious than another person's. When considering whether a fluctuating or episodic impairment results in substantially reduced functional capacity to undertake relevant activities, the NDIA will consider the impact on the person's ability to function in the periods between acute episodes.<sup>21</sup> If a person can usually effectively perform activities except when they are having an acute episode then they will likely not satisfy the access requirement of substantially reduced capacity (because they do not usually require support).

#### Did you know?

It is sufficient for a prospective participant to have substantially reduced functional capacity in relation to one of the six legislative domains – mobility, communication, learning, social interaction, self-care or self-management.

\* People for whom a mental health condition is recorded as the primary disability for the purpose of access to the NDIS. Some people with physical, intellectual or sensory impairments may also have a mental health condition. The condition that has the most substantial impact on day-to-day functioning should be recorded as the primary disability for the purpose of access to the NDIS.

† In very limited circumstances, this can also be a psychologist.

## Affects capacity for social or economic participation

The NDIA requires confirmation that the person's permanent impairment affects his or her capacity to find and retain paid work or participate in social activities. If a social or economic impact is listed in the evidence then this criterion is met.

## Likely to require support under the NDIS for their lifetime

The NDIA will consider whether NDIS support is likely required for the rest of the person's life and that such support is not more appropriately provided by mainstream services (as per the COAG Principles<sup>22</sup>). If an impairment varies in intensity (e.g. because of the episodic nature of the condition), the person may still be assessed as likely to require lifetime support under the NDIS, despite the variation.

## Providing evidence of psychosocial disability

### Disability type and treatment

Potential NDIS participants may be asked to provide evidence that they have or are likely to have a permanent impairment resulting in disability. This needs to be documented by a health professional and in the case of psychosocial disability, this will most likely be a treating GP or treating psychiatrist.<sup>23</sup>

This information is collected on the ARF, or the potential participant can provide other written evidence of disability from their primary treating clinician or other health professional. Information may be collected over the telephone or potential NDIS participants can request that an ARF is mailed to them. The ARF is not available online and can only be accessed through the NDIS.

### Functional impact

A potential NDIS participant can nominate a mental health provider, other health professional or individual to provide information about their disability and its functional impact. This information can be collected on an NDIS 'Supporting evidence form'. The nominated individual or organisation may choose to provide a previously completed functional assessment and a summary of their observations.

For the purposes of understanding the extent of functional impact and psychosocial disability, an allied health professional, such as an occupational therapist, psychologist, nurse or social worker can complete functional assessments.<sup>24</sup> These assessments can be beneficial in the access and planning phases.

If there is a current assessment that addresses functioning (e.g. occupational therapy assessment, neuropsychological assessment) the support worker should ensure that the participant or their representative has a copy of the report or can advise the NDIA representative where this information can be sourced. Additional assessment information can also be provided to support the functional assessment and/or impact.

Additional assessment information could include but is not limited to:

- pre-existing assessment reports from specialist clinicians  
These could include Health of the Nation Outcome Scale (HONOS), Life Skills Profile 16 (LSP16) or WHO Disability Assessment Schedule (WHODAS 2.0), preferably completed within the last 12 months. AMHOCN trained\* support workers can administer the HONOS and LSP16. All users are required to read the WHODAS manual<sup>26</sup> prior to administering the tool.
- assessment information provided by the participant and/or the participant's carer to Australian Government agencies such as Centrelink (e.g. for the purposes of Carer Allowance, Carer Payment or Disability Support Pension)
- assessment information provided to state/territory government agencies
- assessment information provided to or prepared by the participant's existing service providers, e.g. PIR assessment or recently completed (within six months)<sup>27</sup> PHaMs Eligibility Screening Tool (EST)<sup>†</sup>
- other assessment-related information the participant considers is relevant and useful in describing his/her support needs.

Occupational therapists and psychologists are familiar with the language and constructs of functional impairment and can assist support workers to understand specific functional issues that a person with psychosocial disability may experience.



The NDIA looks for information on day-to-day functioning between acute episodes.

Support workers may also find it helpful to discuss referrals for access to the NDIS with other members of their team, or the NDIA Access Team. Some providers may have a dedicated staff member with specific NDIS knowledge.<sup>28</sup> The prospective NDIS participant may also receive services from a multidisciplinary team of health professionals that can contribute relevant expertise.



Information substantiated by a health professional will assist in access decision making.<sup>25</sup>

\* Training in rating the HONOS and LSP is available from the Australian Mental Health Outcomes and Classification Network (AMHOCN) web portal at: <http://www.amhocn.org/how-use/online-training-portal>

† The PHaMs program uses a functional assessment rather than clinical diagnosis to determine eligibility for the service and to assess the impact of a mental health condition on the participant's life. The EST looks at nine life areas including: interpersonal relationships, learning, applying knowledge and general demands, communication, working and employment, education, social and community activities, domestic activities, transportation and mobility, and self-care. A score of three or more is generally consistent with the NDIS disability requirements set out in section 24 of the NDIS Act.

*It is critical that there is a comprehensive assessment of the individual's functional capacity performed by people who understand mental illness and psychosocial disabilities ... mental health assessments of people with a psychosocial disability often fail to identify disability support needs.<sup>29</sup>*

Although many health professionals will recognise the way that mental health can impact day-to-day life, they may find it challenging to describe the impacts using the NDIS functional domains. The following questions may help.

#### **Mobility**

Does the person find it difficult to leave the house, use public transport, go to shopping centres, attend recreational or vocational activities, or experience mobility difficulties as a result of side effects of treatment (e.g. tremor)?

#### **Communication**

Does the person experience difficulty in initiating or maintaining a conversation, communicating their needs or wants, or in following instructions, conversations or directions?

#### **Social interactions**

What is the person's level of trust in other people? Does the person experience difficulty in social interactions and maintaining relationships with family, peers or in the workplace?

#### **Learning**

Does the person's mental health condition impact on his or her planning, memory, concentration or ability to learn new information or participate in group learning (e.g. tutorials)?

#### **Self-management**

Does the person's mental health condition impact on his or her ability to manage personal finances, maintain accommodation (e.g. are there tenancy issues) and meet his or her responsibilities? Does the mental health condition impact the person's motivation, interest in life, or ability to concentrate or prioritise tasks?

#### **Self-care**

Does the person's mental health condition impact how well he or she manages his or her physical wellbeing (diet, exercise, personal care/ grooming), medications or sexual health, or does it result in non-accidental self-injury?<sup>30, 31</sup>

The tables on pages 7 and 8 of the NDIA resource *Completing the access process for the NDIS: tips for communicating about psychosocial disability*<sup>32</sup> demonstrate the links between symptoms of mental health conditions, the functional impact of those symptoms and the types of support that may be available through the NDIS. The resource may assist other health professionals relate mental health diagnoses or disorders with 'disability' and provide relevant documentation for the NDIS.

### **Defined programs**

The vast majority of community mental health program participants will need to provide evidence that they meet NDIS age, residence and disability requirements. A small number of PHaMs, PIR, MHR:CS and D2DL program participants may also receive services from a 'defined program'. Most defined programs are state/territory programs, although there are also a small number of Commonwealth-funded defined programs. A list of these programs is provided as an appendix.

Participants of defined programs will generally be considered to satisfy the NDIS disability requirements without further evidence of disability being required. Participants of defined programs transferring to the NDIS will still need to complete the access process which involves giving consent and providing proof of age and residence. The NDIA will attempt to contact participants or their representatives by telephone to seek consent and ask for permission to view the person's Centrelink details to verify age and residency status.



**Familiarise yourself with the 'defined' programs in your state or territory as the access requirements will differ.**

# Part B:

## Appealing a decision about access

This section describes how to appeal a decision about access. Program providers' experiences of the NDIS review process are also described.

### Appealing a decision about access

An NDIA decision that a person does not meet the access criteria carries formal rights of review under the NDIS Act. The following avenues of review are available:

- The person directly affected may request that the decision be reviewed by the NDIA. This is the first avenue of review available, and is known as internal review (section 100(2) of the NDIS Act).
- If the person whose interests are affected still disagrees with a decision following the outcome of an internal review, he/she may make an application to the Administrative Appeals Tribunal (AAT) requesting a further review. An application for an AAT review must be made within 28 days after the person receives the decision from the NDIA, but extensions can be granted by the AAT<sup>33</sup>. This is the second avenue of review available which is known as external review (section 103).
- If the person or the NDIA disagrees with the outcome of an external review, they may appeal to the Federal Court of Australia on a question of law. This is the final avenue of review available, and is known as an appeal on a question of law (section 44(1) of the *Administrative Appeals Tribunal Act 1975*).

These avenues of review must be exercised in sequence. That is, a person affected by a decision must first request an internal review before proceeding to external review. Similarly, an appeal on a question of law arising from an external review decision can only be initiated after a person has been through both internal and external reviews.<sup>34</sup>

### Further information about an Administrative Appeals Tribunal (AAT) review

The person requesting an external review can complete an application form or write a letter to the AAT. The review process will usually comprise a number of steps.

1. An AAT contact officer will contact the applicant within three days of receiving the application to acknowledge the application, talk about what happens next and answer any process questions. The contact officer will generally not be trained to discuss anything specific to the application.
2. The AAT will inform the NDIA of receipt of the application. The NDIA will forward a copy of all the documents they have that are relevant to the application to the applicant and the AAT.
3. In most cases, the AAT will hold a case conference to discuss whether the case can be resolved by agreement and, if not, to prepare a case plan about how the application will proceed.

4. If considered appropriate, the AAT will list the application for a conciliation. The AAT will work with the applicant and the NDIA to try to help the parties reach agreement about how the case should be resolved.
5. If the case is not resolved by agreement, the AAT will hold a hearing and make a decision. At the case conference, the applicant can request the hearing be fast-tracked if he or she believes all the relevant information necessary for a decision to be made is available, does not want to attend a conciliation and wants primarily to get a formal decision quickly.<sup>35</sup>

### Access to support when seeking AAT review

NDIS Appeals has been set up to ensure that all people with a disability, and others affected by reviewable decisions of the NDIA, have access to support when they are seeking review of those decisions in the AAT.

There are two main types of assistance available via NDIS Appeals:

- access to a skilled advocate who acts as a support person
- access to legal services – where a case raises complex or novel legal issues.

The services of a skilled advocate are provided by National Disability Advocacy Program (NDAP) agencies located in every NDIS site.

A support person can help by:

- explaining the review process, including what is involved in pursuing an appeal to the AAT
- assisting with the preparation of the required documents
- providing advice and skills so the person who is lodging the appeal can better represent himself or herself
- attending AAT conferences and hearings to help the person to put his or her case to the AAT.<sup>36</sup>

All services provided under NDIS Appeals are free of charge.

### Provider experience of the NDIS review process

Service providers who presented at the NDIS access workshop in November 2016<sup>37</sup> reported that applications are often successful on appeal. If a person who you believe is suitable for the NDIS is not granted access, the advice is to gather more evidence about the functional impact of his or her disability and to re-apply.<sup>38</sup> It is a good idea to talk to the NDIA delegate who made the decision in the first instance as they will be able to explain the reasons for the decision. This is likely to be of assistance with the review as well as providing guidance for future access requests.

*Richmond Wellbeing currently has 72 NDIS participants, with a further 28 pending applications. Of the 72, 11 applications were initially found not to meet the access criteria, but 8 were successful on appeal when they provided more evidence – essentially a success rate of 96%. The 3 unsuccessful on appeal were not able to demonstrate functional impairment or the likelihood of a lifelong mental health condition.<sup>39</sup>*

It is critical that health professionals involved in providing evidence of functional impairment clearly state what a person's mental health condition prevents them from doing. It is also helpful to build strong relationships with the NDIA in your region and to seek clarification, advice or assistance when required.<sup>40</sup>

# Part C:

## Continuity of support

This section describes continuity of support for program participants who do not meet the NDIS access criteria, or choose not to access the NDIS.

### Continuity of support for those who do not meet the access criteria for the NDIS

Through the Intergovernmental Agreement for the NDIS Launch, signed on 7 December 2012, the Council of Australian Governments (COAG) committed to continuity of support to existing service users. The agreement states that people with disability currently receiving support but who do not meet the definitions of eligibility (where funding for this support is attributed to a program/service – or part of a program/service – that has been or will be transferred or phased out with funding redirected to the NDIS), will continue to receive support consistent with their current arrangements.

The four mental health service providers (PHaMs, MHR:CS, PIR and D2DL) have funding for service continuity up until 30 June 2019. Formal continuity of support arrangements post-full scheme are still to be determined.

### Budget measure 2017–18

The Australian Government has announced \$80 million over four years for psychosocial support services to assist people with severe mental health conditions who do not meet the access criteria for the NDIS.<sup>41</sup> Program arrangements, including eligibility and access arrangements, are yet to be confirmed.

### Supports for program participants who choose not to access the NDIS

Providers should encourage program participants to access the NDIS; however, the decision to apply for NDIS supports lies with each individual. The NDIS provides a higher level of funded supports for program participants and greater business opportunities for providers. DSS, DoH, and the NDIA will continue to work with providers who have program participants that may require more support to engage with the NDIS.

Providers have funding for service continuity up until 30 June 2019, and the focus of PHaMs, MHR:CS, PIR and D2DL providers is on providing service continuity until full scheme by supporting program participants to access the NDIS, and until they have an approved NDIS plan in place.

If the provider feels the person is likely to consider seeking NDIS support in the future, or if the person is at a stage where he or she only needs short-term support to reach goals in his or her recovery plan, then the service can continue to support the person until he or she transitions to the NDIS or exits the program naturally.

PIR providers should continue to provide supports and services to PIR program participants who do not access NDIS supports, unless PIR exit criteria are met.<sup>42</sup>



# Part D:

## Access tips from service providers

This section describes the access process and providers' experiences of assisting people with psychosocial disability to access the NDIS.

### Raise awareness

The first step in preparing for the rollout of NDIS in your area is to increase awareness of the NDIS. The NDIS has made available an NDIS Ready communications toolkit, promotional posters and other resources that will help raise current service user awareness of the NDIS.

### Engage program participants in conversations about the NDIS

Participants of PHaMs, PIR and D2DL programs, and MHR:CS care recipients, will need to apply to access the NDIS. Support workers should aim to ensure that program participants have enough information to make informed decisions as to whether or not to apply for the scheme. This should include advice that transitioning programs will cease once the NDIS reaches full scheme. Support workers will need to consider carefully the language that they use to accurately represent the NDIS, but also to fit with a strengths-based, recovery framework.<sup>43</sup>

Some people with psychosocial disability may have difficulties in cognitive processing and feel overwhelmed by large volumes of written and web-based information. Others may require support with decision making regarding NDIS access, through a practice called supported decision making.<sup>44</sup>

### Prepare for the section 55 request

Under section 55 of the NDIS Act, providers of PHaMs, PIR and D2DL programs may be asked to provide information about participants who meet NDIS age and residency requirements. Information collected under s55 includes the participant's contact details to ensure he or she is able to access the NDIS in a timely and appropriate manner, and the total number of hours of support that a participant is expected to receive in a 12-month period. It is important that this information is up to date.

The disclosure and collection of information is authorised and required by law, and data transmission is requested to occur via a secure file transfer protocol administered by the NDIA. If program participants express privacy concerns, please refer them to the NDIS privacy fact sheet which explains how the NDIA will use personal information and the measures in place to ensure this information is protected.

## Prepare program participants for NDIA contact

Program participants will receive a letter, then a phone call from an NDIA representative when it is time to transition to the NDIS.<sup>45</sup> During the telephone call, program participants may be asked questions that help to determine if they meet the access criteria for the NDIS. It is important that program participants are aware of the process and of their right to request that the phone call is re-scheduled to a time when their support person can be present.

*When contacted, program participants can ask for their phone call to be postponed to a time when a support person can be present, if desired. Program participants may also indicate that they would prefer to complete an Access Request Form in their own time.<sup>46</sup>*

## Access before planning

Jude Markland from Gold Coast PHN<sup>47</sup> shares a cautionary tale about the need to focus on access to the NDIS before moving ahead to prepare program participants for planning conversations. Jude described this as one of the important lessons that she learnt while on a road trip to learn how other providers had tackled helping people to access the NDIS.

*One provider focused on preparing program participants for planning conversations, with the expectation that program participants would meet the access criteria for an NDIS package. When half were subsequently deemed ineligible due to insufficient clinical evidence, the team had to go back and collect evidence to support NDIS review. The provider shared that, looking back, by focusing on readiness for the planning meeting instead of assisting the service user to gather evidence of disability prior to contact with the NDIS, many people with severe and complex mental health conditions had been found not to meet the access criteria for the NDIS.*

*That lesson shaped the way we do things at the Gold Coast PHN. When we checked our records, we found that about 20% of program participants had readily accessible information including diagnosis and information about hospital admissions. Some people with mental health issues move from one place to another and many don't have a narrative of hospital admissions. We made a decision to dedicate the six months prior to rollout in our region to gathering the evidence to support our program participants.<sup>48</sup>*



A person may meet the access requirements up to six months prior to NDIS rollout transition in their region. Providers should use this period to assist program participants to gather evidence to meet the access criteria for the NDIS.

## Consider dedicated 'access' staff

For people with severe and persistent mental health conditions, intensive support is a key factor in achieving access to the NDIS. Language is also important in communicating the functional impact of psychosocial disability, including the impact on social and economic participation and the potential to reduce the lifetime costs of disability.<sup>49</sup> For Richmond Wellbeing, having dedicated 'access' staff has significantly improved access to the NDIS. Staff familiar with NDIA processes and language can apply these skills in working with GPs and other health professionals to provide evidence of disability.<sup>50</sup>

## Use a checklist

Nepean Blue Mountains PIR has developed an NDIS application checklist that enables staff to track progress in assisting program participants to access the NDIS. The checklist helps staff to work through the process in a systematic way, first checking that the service user meets the basic NDIS access criteria (age, residency and region) before initiating a conversation with the service user about the NDIS and confirming that the person is happy for the worker to assist with the request to access the NDIS.

## Determine who will take the lead role

Program participants may access supports from more than one program or provider and it is important to identify who is taking the lead in supporting the request to access the NDIS. Hunter D2DL found that developing relationships with staff from other programs was helpful in gathering evidence of the person's service history and ongoing support needs.

*I think it always helped to have PIR involved; the more evidence that you could put forward for a person the more likely they were to get accepted.<sup>51</sup>*

## Focus on the NDIS disability requirements

A summary of the NDIS access workshop in Melbourne held on 30 November 2016 concluded:

*At an individual level, the most likely predictor of success is whether a person can clearly evidence the presence of a disability that is likely to be lifelong, and impacts his or her daily life and social and economic participation.<sup>52</sup>*

Individuals most likely to meet the NDIS disability requirements are those that are able to demonstrate that there are no treatment options available that will remedy their impairment and that their impairment has resulted in substantially reduced psychosocial functioning in at least one of the six domains: mobility, communication, social interaction, learning, self-care and self-management.

*Gaining access is easier for people with links to clinical mental health services, those with a history of repeated hospital admissions and people with mental health conditions and physical impairments. It is more difficult for people with post-traumatic stress disorder, where the impact of the condition is considered likely to be reduced by treatment, and those with limited history of engagement with services, where response to treatment has not been established.<sup>53</sup>*

## Gather evidence of a likely to be permanent impairment

Several providers discussed the benefits of having a mental health worker accompany a program participant to an appointment with his or her GP to complete the relevant section of the ARF. Hannah Kirkwood from Hunter PIR explained that she offered this support to program participants who were less confident in communicating their needs.

*I encourage the person to book a longer appointment with their GP so there is time to explain the form, describe the types of support that the service user is currently receiving and explain the transition to the NDIS. Many GPs aren't aware of the supports that the person is currently receiving or what the NDIS can provide. I can ask for discharge summaries or other evidence that a busy GP may not think of.<sup>54</sup>*

Aftercare has developed an information resource and support tool to assist GPs understand their role in relation to NDIS access and provide evidence of psychosocial disability.<sup>55</sup> In addition to printed resources, Aftercare offer to accompany the person to the appointment and share a supplementary evidence report completed by the provider, illustrating the impact of mental health conditions on everyday living.

## Gather evidence of functional impairment

Mental health services use a range of functional assessment tools to assess eligibility for services, inform care planning and to measure outcomes.<sup>56</sup> Commonly used functional assessments include the HONOS, LSP-16 and WHODAS 2.0. A functional assessment completed within the past 12 months can provide additional evidence of psychosocial disability to support a request to access the NDIS.

The *Guidance Pack for PIR Organisations* advises that the following assessments may be useful in supporting participants to gain access to the NDIS and recommends that organisations endeavour to access existing reports or obtain new assessments:

- HoNoS assessments for NDIS access requests
- LSP-16 assessments for NDIA planning process and plan development.<sup>57</sup>

Assessment information provided to – or prepared by – participants' existing service providers can also be included as supporting information, so the CANSAS may be useful, as would PHaMs assessments, OT assessments or psychological assessments of functional impact.<sup>58</sup>

PIR providers in Western Sydney describe using flexible funds to purchase functional assessments by occupational therapists (OTs) for program participants who do not have access to existing evidence of functional impairment. Program providers should check with their funding agency to determine if grant funding may be used to purchase functional assessments, as this type of expenditure is not a permissible use of DSS grant funding for PHaMs or MHR:CS programs.

## Assist program participants who are reluctant to engage with the NDIS

People with psychosocial disability may not identify as having a disability, nor perceive that the NDIS can assist them in their recovery journey. They may also be wary of engaging with a new system of supports which appears complex and bound by administrative rules and procedures. Your skills in connecting with people 'where they are at', describing how the NDIS may assist them to achieve their personal goals, and assisting program participants to complete the access process may be critical to a successful transition.

*Many people did not cope with NDIS access and planning processes and chose to exit, while expressing increased dissatisfaction/anxiety related to the mental health system.<sup>59</sup>*

Several providers, including Richmond Wellbeing, have identified a need to further explore how to assist people who have difficulty in developing trusting relationships to positively engage with the NDIS.<sup>60</sup> It is generally accepted that for people with psychosocial disability who may have difficulty advocating for their needs, pre-access and pre-planning support can improve engagement with the NDIS and help achieve better outcomes for participants.

Kate Rea from the ACT Disability and Aged Care Advocacy Service presented at the Annual NDIS Transition National Workshop in Brisbane on 30–31 March 2017. Kate's presentation, 'Supported decision making in the NDIS',<sup>61</sup> includes useful insights for working with individuals who may exhibit signs of distress about the transition to the NDIS:

- The NDIS is new and evolving and this creates uncertainty.
- Individuals may feel disempowered about changes to the way they access supports.
- It is very common to speak to other people who we trust and who have relevant experience or expertise, when making decisions. Social isolation can prevent people from making decisions when they are well.
- Decisions keep us moving forward in our lives.
- Individuals may require support to exercise choice and control in relation to participation in the NDIS.
- Supported decision making (SDM) increases confidence and skills for future decision making and can be included in a person's NDIS plan.

At a practical level, Kate suggests that a mental health worker can support a person to engage with the NDIS by exploring three questions:

1. Do you want to access the NDIS?
2. Do you want support to access the NDIS?
3. Who would you like to support you?

The NDIS is a voluntary scheme for which a person needs to choose to seek access.\* In acknowledging that access to the NDIS is a choice, the person can be supported in exploring the potential benefits of the NDIS as well as their concerns about the changes. The support worker has an important role in providing the person with information about the transition of PHaMS, PIR, MHR:CS and D2DL program funding to the NDIS, and the cessation of programs when the NDIS reaches full scheme.

SDM builds the person's expectation (and identity) to be a decision maker. Staff who are enthusiastic about the potential of the NDIS to change the relationship between program participants and providers, and who practice SDM, can make a difference in the way people approach transition. Dianne Carson from Flourish Australia expressed a similar view about the significance of the way that workers speak about the NDIS:

*It is important to use recovery language and to give people hope that the NDIS will bring something positive into their future.<sup>62</sup>*

Sally Regan from Hunter PIR described the advantage of being a trial site for the NDIS in that new program participants often had a friend or family member who was a NDIS participant and 'could see the NDIS happening in their lives and wanted a piece of the action'.<sup>63</sup> Similarly, Neil Guard reported that most of Richmond Wellbeing's PHaMs participants were happy with their NDIS plan.

*The vast majority of NDIS participants are happy with their plan, which gives them the hours they feel they need to live a meaningful and contributing life. Many PHaMs participants now receive more hours on NDIS.<sup>64</sup>*

While some program participants are hesitant to apply for the NDIS, the consensus from the NDIS Access Workshop in Melbourne on 30 November 2016 was that support workers with appropriate knowledge, experience, confidence and positivity, can help alleviate concerns.<sup>65,66</sup>

\* An access request needs to be made by the person with disability, or a person who is legally authorised to act on behalf of the person (e.g. a guardian, trustee or person with power of attorney). The NDIA has guidelines to determine when a nominee should be appointed to act on behalf of, or make decisions on behalf of, a participant for the purposes of the NDIS Act. Further information is available at <https://www.ndis.gov.au/operational-guideline/nominees.html>

# Part E: Assisting people who experience cultural, language and other barriers to access the NDIS

In mental health service delivery, encouraging people who experience challenges in engaging with services to access the NDIS can be quite intensive. Insecure housing, poor literacy and drug and alcohol dependence can increase the need for support, while some groups may face barriers in accessing the NDIS related to culture, language, sexual preference and gender identity. This section describes the experience of community mental health programs providers in working with people with psychosocial disability who experience additional barriers to accessing the NDIS.

## **Outreach to engage potential NDIS participants**

Many PHaMs, MHR:CS, PIR and D2DL providers are registered providers of NDIS supports. The business model underpinning the community mental health sector is changing and NDIS participants are able to choose providers that best meet their individual needs. In a competitive market, engaging people with psychosocial disability who are likely to meet the access criteria for the NDIS is an important part of maintaining and building the viability of an organisation.

There has been a lot of discussion about the NDIS in the media. However, staff who work in hospitals, GP clinics, drug and alcohol services or services for homeless people may not have sufficient knowledge of the NDIS to refer people with psychosocial disability to

an 'NDIS ready' organisation for assistance.<sup>67</sup> Connecting with other organisations can enhance awareness of the services you provide and increase the likelihood of new referrals. Workforce diversity can help engage people from a range of cultural and linguistic backgrounds and peer workers can build trust and rapport through shared experience of mental health issues.<sup>68</sup>

## **Assertive outreach for excluded groups**

The 2015 review of NSW PIR services indicated assertive outreach strategies were successfully able to connect with excluded cohorts, including people experiencing homelessness and Aboriginal and Torres Strait Islander people.<sup>69</sup> Assertive outreach involves devoting time and resources to actively seeking out people in the community (e.g. rough sleepers), and building trust and engagement with people prior to their entering formal service. Being 'person-led' and focusing on the concerns of the individual helps to build trust in a relationship.

Assertive outreach also involves having resources available for people with mental health conditions to connect with services in an unplanned way, for example through connecting to support workers via telephone, having face-to-face drop-in centres available, and after-hours supports. These services need to be integrated with other kinds of supports, so that people with mental health conditions feel safe connecting to known providers, rather than connecting with completely different services.

Joanna Quilty from Flourish Australia used the term 'respectful persistence' to describe how trust develops through a series of everyday interactions and the importance of transparent and clear communications. Relationships with housing, emergency accommodation and other services for homeless people as well as police, family services, drug and alcohol services, corrections and human services were viewed as critical in working with people with psychosocial disability related to mental health conditions<sup>70</sup> who potentially have the most to gain from coordination of supports through the NDIS.

## Engaging Aboriginal and Torres Strait Islander communities

The NDIA has funded several initiatives to develop culturally appropriate ways to engage Aboriginal and Torres Strait Islander (ATSI) communities in accessing NDIS supports.<sup>71</sup> The NDIA Aboriginal and Torres Strait Islander engagement strategy<sup>72</sup> was launched in February 2017 and outlines how the NDIA will work with Aboriginal people with a disability. Key commitments include cultural competency for NDIA staff and partners in the community, cultural leadership, local solutions, participant-focused design and culturally appropriate communication. Richmond Wellbeing echoes these commitments:

*Building relationships with community leaders and elders and awareness of cultural protocols in relation to community leaders and elders are key. It takes time to build relationships and our staff in the Bentley Armadale area are fortunate to have had an opportunity to develop these relationships with Aboriginal and Torres Strait Islander communities.<sup>73</sup>*

NDIS fact sheets, a poster and a planning resource have been developed for Aboriginal people and can be downloaded from the New South Wales NDIS website. The resources are designed to support Aboriginal people and communities to begin conversations around disability and what the NDIS may mean to them and their families.

The following fact sheets are available:

1. *NDIS for Aboriginal people with disability in NSW*
2. *Yarnin' about disability*
3. *What is the NDIS?*
4. *Getting ready for the NDIS*
5. *Accessing the NDIS*
6. *Carers and the NDIS*
7. *Yarnin' about mental health*

Poster: *NSW National Disability Insurance Scheme*

Planning resource: *My dreamin' circles*

## Engaging with people from culturally and linguistically diverse backgrounds

People with psychosocial disability from culturally and linguistically diverse (CALD) backgrounds may experience increased stigma and may have limited experience of accessing mainstream services. Cultural and language differences can impact GP understanding of impairment associated with mental health conditions and familiarity with communicating psychosocial disability in relation to mobility, communication, learning, social interaction, self-care and self-management.<sup>74</sup>

Lee-Ann Boyle from St Mary's House of Welcome (Victoria) provides the following tips to assist people from CALD backgrounds to access the NDIS:

- Build relationships with Local Area Coordinators (LAC).
- Collaborate with LACs and other services that host 'NDIS information sessions' and offer to translate the session.
- Schedule sessions for CALD program participants to step through the access process; this creates a network of information and support for participants.
- Use bilingual staff where possible to improve access.
- Create an open door policy to outreach; a homeless person with psychosocial disability will require intensive support to access the NDIS and may be too unwell to even start the process.

Cory Haugh from Wellways (formerly MI Fellowship) describes an approach to working with CALD communities that resonates with best practice in working with Indigenous communities.

*There is no fast-forward button for engaging with culturally and linguistically diverse communities. You need to ask your community how it wishes to engage with you: you can't assume you know what people want. Engagement is reliant on cultural awareness, patience and being responsive to the unexpected outcomes that can (sometimes) make all the difference.<sup>75</sup>*

## Sector initiatives

The Commonwealth has invested over \$50.5 million in state and territory initiatives to support market, sector and workforce transition, through the Sector Development Fund (SDF). Among numerous projects to build the evidence base and the capacity of providers, projects are occurring in states and territories to build the capacity of vulnerable people with disability, such as those who are at risk of falling through the gaps because their needs are complex, challenging, and they themselves may be resistant to support. This is in addition to capacity building projects in rural and remote, culturally and linguistically diverse and Indigenous communities. More information on the SDF projects is available on the NDIS website.

# Part F:

## Access resources

Developing skills and processes to support program participants to access the NDIS takes time. Opportunities to learn from peers and to share resources are invaluable and this is where the Transition Support Project team can be of assistance.

The Transition Support Project web portal provides access to resources relevant to community mental health programs that are transitioning to the NDIS. Providers are invited to share resources that they have developed to assist staff to successfully transition program participants to the NDIS.

Go to the 'Resources' tab and select 'Resources toolkit' from the menu. The following resources are available.

### Templates

- Template letter for GP or psychiatrist to provide confirmation of a mental health condition and statement that the condition is likely to be permanent. This resource is an attachment to PHaMs and PIR operational guidelines.
- NDIS application checklist developed by Nepean Blue Mountains PIR
- Cover letter template developed by Hunter PIR
- Example cover letter developed by Hunter PIR

### Guidance

- Completing the Access Process: *Tips for Communicating about Psychosocial Disability* Released by NDIA, August 2016
- *Guide for SFs: how to document evidence for the NDIS*  
Developed by Hunter PIR
- *Guide for NDIS applications: supporting evidence*  
Developed by Hunter PIR, June 2017

### NDIS resources developed by organisations

- *Navigating the transition of PIR to NDIS*  
Developed by PHN Eastern Melbourne
- Suite of NDIS video resources for people with mental health conditions, providers and GPs, developed by PHN Eastern Melbourne
- *Navigating the National Disability Insurance Scheme (NDIS): Supporting you on your wellbeing journey*  
An information kit for people living with severe mental illness developed by Primary and Community Care Services Limited, June 2016
- *Reimagine.Today*  
Reimagine.Today is a dedicated NDIS psychosocial disability website developed by the Mental Health Coordinating Council (MHCC), June 2017



# Summary of key points

Don't forget

Familiarise yourself with the 'defined' programs in your state or territory as the access requirements will differ.

Did you know?

Access to the NDIS is not contingent upon a psychiatric diagnosis; what is required is confirmation of likely permanence of psychiatric impairment resulting in substantially reduced capacity to carry out day-to-day activities in at least one of the six legislative domains.

Don't forget

The NDIA Access Team requires information about the extent to which treatment options have been explored. This includes information about previous treatment, current treatment and treatment options in the future.

Don't forget

Information substantiated by a health professional will assist in access decision making.<sup>76</sup>

Don't forget

NDIA is looking for information on day-to-day functioning between acute episodes.

Did you know?

Access to the NDIS is based on a functional, practical assessment of what a person can and cannot do.<sup>77</sup>

Did you know?

It is sufficient for a prospective participant to have substantially reduced functional capacity in relation to one domain – mobility, communication, learning, social interaction, self-care or self-management.

Don't forget

A person may meet the access requirements up to six months prior to NDIS commencing in their region. Providers should use this period to assist people to gather evidence to meet the disability requirements.



# Appendix: Defined programs

Participants of the following state/territory or Commonwealth schemes will generally be considered to satisfy the disability requirements without further evidence being required:

## Victoria

- Individual Support Package (ISP)
- Disability Support Register (DSR)
- Futures for Young Adults
- Supported Accommodation
- Residential Institutions
- Community Respite
- Facility Based Respite
- Therapy (complex therapy meeting guidelines under the Disability Act 2006 (Vic))
- Behaviour Intervention Services
- Flexible Support Packages
- Outreach Support
- Independent Living Training
- Case Management (where this meets the guidelines of the Disability Act 2006 (Vic))
- ECIS
- ECIS Waitlist
- MHCSS – Adult Residential Rehab Services
- MHCSS – Individualised Client Support Packages
- MHCSS – Supported Accommodation Services
- Program for Students with Disability (PSD) – Vision Impairment
- Program for Students with Disability (PSD) – Students enrolled in special schools for students with moderate to profound intellectual disability

## Queensland

- Service Access Team Assessed
- Individual Funding
- AS and RS (Accommodation Support and Respite Support)
- Supported Accommodation (large/small residential, group homes, attendant care/personal care, in home accommodation support and other accommodation support)
- Centre Based Respite
- Registration of Need Database
- Housing and Support Program (HASP)

## Northern Territory

- Supported Accommodation
- Respite
- Accommodation Support
- Community Access
- LAC Case program

## South Australia

- SA Child and Youth Services
- Country Children's Services
- Individual Support Packages RCR Stage 1
- Individual Support Packages RCR Stage 2
- Individual Support Packages RCR Stage 3
- Individual Support Packages RCR Stage 3 – Sensory
- Supported Residential Facilities (SRF)

- Unmet Needs Register
- Supported Accommodation – Residential Institutions
- Supported Accommodation – Group Homes
- Therapy Services – Therapy Support
- Positive Behaviour Support
- Community Access

## Tasmania

- Individual Support Program
- Young People in Residential Aged Care
- Self-directed funding
- Accommodation Support – Group Home
- Accommodation Support – Small/Large Residential/Hostel
- Centre Based Respite
- Community Access (including Recreation Programs)
- Disability Assessment Advisory Teams
- Severe Disability Register (Department of Education)

## New South Wales

- Large Residential / Institution
- Small Residential / Institution
- Group Homes
- Hostels
- Attendant Care
- In-home Accommodation Support
- Alternative Family Placement
- Other Accommodation Support
- Therapy Services for Individuals
- Early Childhood Intervention
- Behaviour / Specialist Intervention
- Counselling
- Regional Resource and Support Teams
- Case Management, Local Coordination and Development
- Other Community Support
- Learning and Life Skills Development
- Recreation / Holiday Programs
- Other Community Access
- Own Home Respite
- Centre-based Respite/Respite Homes
- Host Family Respite/Peer Support Respite
- Flexible / Combination Respite

## Australian Capital Territory

- Supported Accommodation
- Cranleigh Specialist School
- Malkara Specialist School
- ACT Artificial Limb Scheme

## Commonwealth

- Disability Employment Assistance: Australian Disability Enterprises
- Younger Onset Dementia Key Worker Program
- Outside School Hours Care for Teenagers with Disability
- Remote Vision and Hearing Services

# Endnotes

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the 1990s, the number of people in the world who are illiterate has increased from 1.1 billion to 1.5 billion.

There are many reasons for this. One is that the population of the world is growing so fast that the number of children who are illiterate is increasing. Another reason is that the number of people who are illiterate is increasing in many countries, especially in the developing world. This is because many of these countries do not have enough schools or teachers to educate all their children.

There are also many people who are illiterate because they do not have enough money to go to school. In many countries, the cost of education is very high, and many families cannot afford it. This is especially true in the developing world, where the cost of education is often a significant portion of a family's income.

There are also many people who are illiterate because they do not have enough time to go to school. In many countries, children have to work to help support their families. This is especially true in the developing world, where children often have to work in agriculture or other labor-intensive jobs.

There are also many people who are illiterate because they do not have enough motivation to go to school. In many countries, the quality of education is very poor, and many children do not see the value of going to school. This is especially true in the developing world, where the quality of education is often very low.

There are also many people who are illiterate because they do not have enough access to schools. In many countries, schools are located in urban areas, and many people live in rural areas. This makes it difficult for them to get to school.

There are also many people who are illiterate because they do not have enough access to books and other educational materials. In many countries, books and other educational materials are very expensive, and many people cannot afford them.

There are also many people who are illiterate because they do not have enough access to teachers. In many countries, there are not enough teachers to teach all the children.

There are also many people who are illiterate because they do not have enough access to learning materials. In many countries, there are not enough learning materials, such as textbooks and workbooks, for all the children.

There are also many people who are illiterate because they do not have enough access to learning opportunities. In many countries, there are not enough learning opportunities, such as libraries and community centers, for all the children.

There are also many people who are illiterate because they do not have enough access to learning resources. In many countries, there are not enough learning resources, such as computers and the internet, for all the children.

There are also many people who are illiterate because they do not have enough access to learning environments. In many countries, there are not enough learning environments, such as classrooms and libraries, for all the children.

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