Assistance Animals

Guidance on appropriate supports for NDIS participant plans

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This information for NDIS participants, providers and the disability sector provides updated guidance on the National Disability Insurance Agency’s (NDIA) approach to assistance animals (AA) within the NDIS.

Background

Some Australians with disability currently use AAs as a disability support. For example AAs have assisted people with severe vision impairment to successfully navigate through their communities for decades.

More recently, AAs have been used by people to manage a range of other types of need.

When considering the appropriate supports to include in a participant’s plan, the National Disability Insurance Agency (the Agency) is required to determine if, ‘the support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice’ (NDIS Act 2013, s34.1 (d)).

Further, the Agency is required to determine if, ‘the support represents value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support’ (NDIS Act 2013, s34.1 (c)).

In March 2016 the NDIA commissioned a group of experts from La Trobe University to review the effectiveness of AAs and clarify the acknowledged evidence base to further inform decisions made around assistant animals and ensure those decisions are based on the latest available scientific evidence.

The existing evidence base supporting use of dogs to assist vision and hearing impaired individuals is considered established, so this study focused on AAs in other roles.

La Trobe University Review of Assistance Animal Effectiveness

AA users and AA training organisations contributed to the study.

The La Trobe University Report found:

a) The current evidence base for AAs is limited. To date only dogs have been reported on in the literature. Where current research does exist, it has limitations in the research methods used. However, these broader studies do claim that AAs have a positive impact for some users.

b) A key conclusion from the scientific evidence was that AAs provide their owners with companionship and emotional support.

c) There are disadvantages to owning an AA, including the demands of caring for a living creature, and undesirable behaviours expressed by the AA.

d) There are other potential benefits that need further investigation including greater independence, quality of life, self-esteem, and community participation.

e) Some therapy animal studies offer a model of well conducted studies that could help build suitable AA evidence.
AA users who participated in focus groups and interviews to inform the study, identified similar advantages of AA ownership to the reports in the literature, including companionship and assistance with specific impairment related tasks. Users also described a range of economic benefits associated with participation in education, employment and a reduced need of medical or personal care.

Unfortunately there is currently little formal economic evidence of the cost-effectiveness of AAs.

In addition to participant input, 42 Australian and international AA training organisations contributed to a survey on AA training, noting two prime focal areas in training for public access rights, and specific tasks to assist an individual's needs. A range of approaches were identified to achieve this training, and recommendations on standards (including animal welfare) were proposed.

The La Trobe University Report made recommendations for the Agency, AA training organisations, researchers and the general community.

**National Disability Insurance Agency’s Response**

The Agency has accepted all of the La Trobe University Report’s recommendations, except for the financial hardship provision within recommendation three, as the Agency does not apply any participant financial test when making reasonable and necessary decisions about supports.

As a result the Agency will apply the following principles to support reasonable and necessary decisions for supports for AAs:

- a) The effectiveness of suitably trained dogs as guide dogs (vision) or hearing dogs, is accepted for consideration as reasonable and necessary support for participants;
- b) The effectiveness of other AAs is currently not established at a cohort or disability specific level and would need to be considered based on the lived experience, goals, identified benefits (above those arising from a companion animal or pet) and cost of alternative supports for each individual participant;
- c) This means that any consideration of an AA would need to be recommended through the appropriate validated evidence and in the context of value for money consideration;
- d) Outside of an approved behavioural support plan, the use of an AA to restrain a person (whether for behavioural or other reasons) is not considered a reasonable and necessary support and further would be considered ‘likely to cause harm to the participant’ based on the NDIS Rules, irrespective of state/territory exemptions for assistance animals; and
- e) For an approved AA, funding for the extra maintenance costs would be considered to reflect the higher costs of an AA over those of an equivalent companion animal/pet.

The NDIA is incorporating advice from the Scheme Actuary to support reasonable and necessary decision making for AA. The Agency will also continue to monitor the outcomes and research evidence relating to AAs and their benefits for people with disability.
Regulation of AA trainers

Currently the Agency recognises training organisations that are registered under the requirements in the state and/or territory in which the participant wishes to use their AA. Arrangements for co-training (by participants) of an AA currently need oversight by a registered AA training organisation to ensure regulatory requirements are met.

The Australian Government continues to discuss the appropriate regulation for AAs for public access rights authorisation. The Agency will actively contribute to this process and, when a national approach is finalised, the Agency will adjust its approach to funding AAs as necessary.

Issues for use of assistance animals with children

The Agency recognises that timely access to best-practice early childhood intervention is vital for children to ensure that they achieve the best possible outcomes throughout their life course (as reflected in the NDIS Early Childhood Early Intervention approach).

For many (particularly those with complex disabilities), this involves a multidisciplinary approach with each individual family. Any consideration of an AA would need to be recommended through the appropriate validated evidence as part of the reasonable and necessary plan submitted by the ECEI partner.

The use of ‘safety’ dogs was specifically noted in the La Trobe University Report where this includes the use of practices that are restrictive in the form of tethering the child to the dog. As noted above, such practice is not considered reasonable and necessary, but may be agreed for an AA demonstrating other benefits that make it reasonable and necessary providing safeguarding requirements applied by states and territories to authorise such practice (including documenting in a positive behaviour plan) are in place.

More information

For more information please see the NDIA Operational Guidelines on the NDIS website.

Contact Us

If you have any further questions about the information outlined within this document, please talk to your Support Coordinator, Local Area Coordinator, Plan Manager, if you have one, or contact us:

- By phone 1800 800 110 or if you are a TTY user, phone 1800 555 677 and then ask for 1800 800 110.
- By writing to us through our website form available on our website
- By emailing us at enquiries@ndis.gov.au
- For other ways to contact us, visit our website
The Agency defines a therapy animal as an animal which is part of a goal oriented, planned and structured therapeutic intervention directed and/or delivered by health, education and human service professionals focused on enhancing physical, cognitive, behavioural and/or socio-emotional functioning of the particular human client.