

Submission to consultation paper: **Access and Eligibility Policy with independent assessments**

**Background:**

Guardian Living Australia (GLA) is a leading provider in the Specialist Disability Accommodation (SDA) sector with a strong reputation. The entire Guardian Living team has extensive experience in working with people with disabilities, the disability and housing sectors. This is supported by:

- Representation on the SDA Reference Group
- Founding member of the SDA Alliance (SDAA)
- Pilot project collaboration with the NDIA with respect to process improvement
- Summer Foundation 2020 Annual Public Forum (SDA) Panel Member

Our work at GLA in offering innovative housing and support options, primarily focuses on supporting people with disability with high and complex support needs, who are eligible and suitable for SDA accommodation under the Scheme. A key feature of that group is the complex nature of their disability/ies, frequently compounded by other life factors. Often their experience prior to the NDIS has meant their support needs have not been well understood or addressed. The development of relationship and trust with practitioners is fundamental to adequately understand their support needs.

**NDIS Eligibility:**

Assessing this group's functional levels, for eligibility to the Scheme, or to determine (or review) the supports that meet their goals and needs, requires a high level of skill and experience. It also requires adequate time to communicate effectively. The current resources proposed for the introduction of independent assessments does not seem to adequately account for these factors. It risks giving many people with complex disability, poor access decisions and inadequate funding levels to address their support needs and goals.

Australia's OT association has expressed a high degree of concerns about the roll-out of proposed independent assessments, concerns that Guardian shares. In particular, the process outlined limits the time and resources for these assessments to a degree that is very concerning:

*the assessments will be perfunctory, with the focus on throughput rather than clinical decision making. By all means, facilitate the process of determining eligibility for the scheme, but not by means of a flawed tool*

GLA also agrees with the OT Association's perspective about:

*... the need to improve access to the scheme, and understands that this is the ultimate driver for the development of the eligibility screening model.... [and] easier access to the scheme.... too often, a potential participant's socio-economic status plays a big part in whether or not they make it onto the NDIS. One of the commendable features of the proposed Independent*

*Assessments is the fact that, for the first time, eligibility screening will be free of charge – something that will address one of the real injustices of existing arrangements.*

**Exemptions:**

The cohort of people with disability that Guardian meets in our work, come from varied backgrounds (i.e. no substantive pattern of socio-economic, age or cultural background). Characteristically they have acquired disabilities such as spinal and brain injuries from traumatic events, or late onset neurological disease, or substantial physical and cognitive disability from birth.

Many currently live in Residential Aged Care, where their financial and personal resources have become depleted, even if they were previously relatively well-off. Others with complex lifelong disability such as Cerebral Palsy have not had the chance to build up their own resources that could pay for their own assessments and have relied upon the public sector's health system, which often has long wait lists.

This group typically would not need much investigation to deem them eligible for the Scheme. Reports from their medical or allied health providers should be sufficient to mean an independent assessment would be unnecessary. This is a group that should be exempted from having to undergo additional independent assessment for eligibility to the Scheme.

Case study: exemptions

Jim was a resident of aged care for 5 years, after experiencing a catastrophic stroke at age 45, and being minimally responsive in a trauma unit. There was nowhere else available to live when he was ready for discharge after acute medical treatment stabilised his condition. In RAC he required full time support with all ADLs but over time he re-developed capability to respond consistently and direct his care and was able to access the NDIS and transfer to SDA accommodation. Jim uses a power wheelchair and requires a ceiling hoist for all transfers, and support for all community access activity. He was clearly eligible for the NDIS because of his extreme functional impairments.

**Information provision:**

The type and level of supports that are required to meet the goals and needs of this group, is highly individualised. Ignoring or overlooking the professional insights that can be provided by their own practitioners, who have had to clinically assess functional capacity, often navigating complex communication and behavioural support needs, is simply wasteful of NDIS resources.

The expectation that an 'independent' assessor can correctly understand and interpret the goals and needs of this group with the limited resources for assessments that are indicated with the current

proposal, risks costing the Scheme more in the long term. Poor or incorrect assessments generate the need for expensive reviews, and often involve legal costs that are unnecessary. Review processes often also delay timely interventions that can stop the deterioration of functional capacities, which will then require additional supports over a life-time to correct.

There has been a lot of work done over the last few years, to improve the interface between the Health and NDIS systems. Specialist services have been set up for people with complex disability who need the support of the NDIS to successfully transition from inpatient and rehabilitation services to SDA dwellings. They have been set up to improve timeliness in the discharge process. Many in this group have already been deemed eligible for SDA housing through the Scheme and have required specialty assessments of their extreme functional impairments and very high support needs, to be considered.

There are an increasing number of OTs (in particular – but not limited to that professional alone) who have now developed the specialist skills to provide reports that address the particular requirements for SDA eligibility. ‘Independent assessments’ for this group would at best simply duplicate resources unnecessarily, and it is also unlikely that those assessors will have the experience and specialist skills to achieve the level of expertise required, given the complexity of individual participants’ presentations and the costs associated with an SDA outcome.

### Case study: information provision

Katie is a single mother of three teenage children and was diagnosed with Multiple Sclerosis at age 52 after collapsing at home and found by her daughter hours later after her return from school. An acute admission to a neurological ward indicated she would require full time support with all ADLs, and she would need a fully accessible dwelling to return to the community. Both Katie and her children were keen to continue living as a family unit and this required a purpose built solution as their existing home was unsuitable. She was assessed by the OT in the acute ward, and quickly deemed eligible for the NDIS because of her extreme functional impairments, and qualified for High Physical Support SDA.

### **Reassessments**

Participants with extreme functional impairment and very high support needs require the same degree of expertise for plan reviews, that eligibility and planning assessments require in the first instance. Given the functional trajectory people with acquired disability are generally on (e.g. SCI and ABI on a recovery pathways, and people with neurological disease often expecting an increasing need over time), reassessments over time are important to ensure plans keep pace with the level of functional impairment.

An understanding of the interface between disability and health supports are particularly important in review processes. People we work with are generally reluctant to disclose deterioration in their functional capacity to strangers, preferring to emphasise the positives. This disclosure can be detrimental to their psychological health and well-being. Real functional deterioration may also be complicated by each individual's need to avoid feelings of shame, loss of face or grieving.

A personal relationship with therapists re-assessing their level of functional impairment can overcome these issues, and consequent inaccuracies in assessments. Introducing an 'independent' assessor would be counter-productive in gaining accurate information on functional level and indicating appropriate supports to address goals and needs.

### Case study: reassessments

Althea has an acquired brain injury resulting from a drug overdose at age 25, and has been living in SDA accommodation for two years, after moving from her family home at age 35. Her parents visit weekly and provide casual support, but she relies heavily on her formal SIL support and a separate provider for community access. Althea has a continuing need for behaviour support as her insight remains severely impaired and she has full left sided neglect. Her support team needs ongoing input from her OT and Neuropsychologist to keep her support program on track and to keep her safe. She is slowly recovering capacity to manage more time alone but does not easily trust new people. Regular review and revision of Althea's NDIS plan is essential to ensure efficient use of resources, but this needs to be done by her existing providers to avoid inaccurate understanding of her needs.

#### **Summary:**

Given the above points, GLA recommends a strategy that maintains individualised assessments using professionals already familiar with this cohort, would be more efficient and effective than a 'one-size-fits-all' approach to independent assessments as outlined in the current proposed.