



NDIS Guidelines for Homelessness Services



VincentCare
Engage. Enable. Empower.



Funded by the National Disability Insurance Agency

This project is funded by the National Disability Insurance Scheme (NDIS) Information, Linkages and Capacity Building (ILC) Program



Contents

Practice Guidelines for Homelessness Support Services working with the National Disability Insurance Scheme.....	2	5.2.9 Resources to support access and application.....	11
Acknowledgements	2	5.3 Planning	11
1.0 PURPOSE	2	5.3.1 Preparing for the initial planning meeting.....	11
2.0 SCOPE	2	5.3.2 At the planning meeting	12
3.0 THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS)	2	5.3.3 Key considerations in the planning process.....	13
4.0 HOMELESSNESS SERVICES	3	5.3.4 What to ask for (the client).....	13
5.0 THE NDIS AND HOMELESSNESS SERVICE INTERSECTIONALITY	3	5.3.5 Choosing how the plan is managed.....	13
5.1 Engagement with clients	4	5.3.6 Reviews	14
5.1.1. Initial conversations.....	4	5.3.7 Best practice.....	14
5.1.2 Reflect and encourage.....	4	5.3.8 Planning <i>Case study 1</i>	14
5.1.3 Share your understanding	4	5.3.9 Planning <i>Case study 2</i>	15
5.1.4 How, when and if to have the 'tough conversations'?.....	5	5.3.10 Resources for plan implementation and review.....	16
5.1.5 Best practice.....	5	5.4 Accessing services / Spending the package	16
5.1.6 Engagement case study.....	6	5.4.1 Implementation meetings.....	16
5.1.7 Resources to support engagement with clients	7	5.4.2 Support coordination.....	17
5.2 Application process	7	5.4.3 Choice and control.....	17
5.2.1. Defined/Transitioning clients	7	5.4.4 Accessing services <i>Case Study 1</i>	18
5.2.2. Non-defined clients	7	5.4.5 Accessing services <i>Case Study 2</i>	18
5.2.3 The right advocacy for access.....	8	5.4.6 Resources for plan implementation	19
5.2.4. What is good evidence?.....	8	5.5 Children and the NDIS	19
5.2.5. Getting feedback.....	9	5.5.1 Resources for early childhood early intervention.....	19
5.2.6. Helping clients manage wait times.....	9	Other resources.....	20
5.2.7. Best practice.....	10	Client forms.....	21-28
5.2.8 Application case study.....	10		

ACKNOWLEDGEMENTS

VincentCare wishes to thank and acknowledge the participation of its clients in the pilot project 'Brick by Brick'. Their lived experience and knowledge has helped to inform the development of these guidelines.

VincentCare would also like to acknowledge the contribution of the Victorian Department of Health and Human Services through the publication - "Practice Guidelines for Victorian Homelessness Services and their interface with the National Disability Insurance Scheme".

1.0 Purpose

The National Disability Insurance Scheme (NDIS) is premised on people with a disability being able to access mainstream services, consistent with the National Disability Strategy. These guidelines have been developed as a result of a pilot project "Brick By Brick", conducted by VincentCare Victoria and funded by an Information, Linkages, and Capacity Building (ILC) Grant through the NDIS.

These Guidelines are for homelessness support service workers and case managers; and provide:

- A practice model for better engaging people with disability, who are experiencing homelessness or are at risk of homelessness – and who are not engaged with specialist or mainstream services.
- Directions on how best to unpack and work with the NDIS to get the best outcomes for our clients.

In undertaking this pilot project, a desk top literature review was conducted to inform our approach. This identified a range of existing information sources regarding how to connect people to NDIS services when presenting to homelessness services. This varied by state and territory. These guidelines complement existing information with a specific focus on supporting homeless people with a disability.

2.0 Scope

All information about the National Disability Insurance Agency (NDIA) and its partners in these guidelines reflect published policy and standards. These should be read in conjunction with the NDIS operational guidelines. (www.ndis.gov.au)

Homelessness support services will find the information regarding the pathway for people with psychosocial disability of particular interest. Homelessness support services are also encouraged to keep in contact with their Local Area Coordinator

(LAC) to identify any changes that might impact on future practice or that might better assist their clients to access the scheme.

(Local Area Coordinators are employed through NDIS providers to assist clients to access NDIS, plan and implement support packages and review client's circumstances.)

These guidelines have been written through the lens of homelessness case managers, for other workers in the homelessness sector. The narrative style of these guidelines encourages a flexible approach to clients to enable their individual needs to be considered, while still being instructive.

The sequence of these guidelines follows the steps required to support people with a disability to access the NDIS. Each section has one or two case studies incorporated into it. These case studies (except one) are written in the client voice, with a comment by the homelessness service worker following each one.

VincentCare is committed to the principles of social justice and aims to ensure every individual is treated with dignity and respect regardless of their cultural background, disability, ethnicity, gender identity, sexual orientation or religion.

3.0 The National Disability Insurance Scheme (NDIS)

The NDIS provides information and referral for all people with a disability and their carers; and invests in improving the capacity of the mainstream environment to improve accessibility. However, its core offering is providing access to individualised support. It replaces a plethora of disparate, inequitable and underfunded disability programs

with a single, individualised and equitable disability support system across Australia.

The NDIS is administered by the NDIA with support from its partner agencies – Local Area Coordinators (LAC) and Early Childhood Partners (ECP). LACs build capacity in community and mainstream services, provide information, referral and support to access the NDIS, and assist in plan development and implementation. ECPs provide early childhood early intervention and support. The LAC or ECP will usually be the main point of contact with the NDIS for clients. For more information: www.ndis.gov.au/communities/local-area-coordination#lac

4.0 Homelessness Services

Homelessness Support Services work within a case management framework to provide transitional support and a range of related support services linked to housing in order to help people who are homeless or at imminent risk of homelessness to achieve the maximum possible degree of self-reliance and independence.

Homelessness Support Services have always responded to people with a range of complex needs and assisted them to link with and access a range of health and community support services. This now includes the NDIS.

The workers within the pilot "Brick By Brick" Project ensured clients were supported in every step of NDIS processes no matter how long it took, from preparing initial applications and gathering evidence through to developing their plans, receiving services and troubleshooting any delays. They were the primary contact for NDIS for 43% of their clients. The workers also spent time building capacity across the homelessness services both internally within VincentCare and with external agencies by facilitating workshops and acting as secondary consultants.

This level of intense support created positive outcomes for clients, but required a co-ordinated approach to case load allocation, excellent time management and advanced skills in networking and rapport building with local support agencies and the NDIS Local Area Coordinators.

There is a compelling argument for specialist NDIS workers to be allocated to homelessness

services to support clients through the application process up to the point where they are connected with NDIS funded support coordinators and are receiving services. This is due to the complex structure of the NDIS, the language used not being accessible to clients and the high burden of proof placed on clients to meet criteria for support. These issues are compounded by the situational and health and wellbeing difficulties of clients.

5.0 The NDIS and Homelessness Service Intersectionality

Research and experience across the homelessness sector tells us there are a range of scenarios in which Homelessness Support Services will interface with the NDIS. This includes with people who:

- Are transitioning into the NDIS (from an existing disability support program). Homelessness services may be a current support provider and can support their client to remain connected with the access and planning processes.
- May not have accessed disability services before and/or are not yet registered with the NDIA. They may need assistance to engage with, access and participate in the NDIS.
- Are registered for the NDIS but are not accessing support. They may need assistance to re-engage with the NDIS and activate their plan, or to seek a review if it is no longer meeting their needs.
- Have an active NDIS plan but are accessing homelessness services, including because of a housing crisis. It may be necessary to coordinate between NDIS and other mainstream supports (eg: health).
- Are not likely to meet the NDIS access requirements. They may require support from a LAC to link them into other mainstream and community services. Additionally, homelessness services are likely to identify children who may be eligible and/or are receiving NDIS support. This includes children under the age of six who may be eligible for support through the early childhood early intervention requirements.

5.1 ENGAGEMENT WITH CLIENTS

5.1.1. Initial conversations

Having discussions with clients about the NDIS can be difficult. There are different levels of knowledge about the NDIS in the community.

- If a client discloses what is possibly a significant and ongoing disability or severe mental illness, and they wish to discuss their options for support, the homelessness service workers need to have foundational knowledge of the NDIS.
- It is important that homelessness service workers understand what the NDIS is and what it can provide for clients. It is also helpful if homelessness service workers have a basic understanding of eligibility criteria for a client to be able to successfully apply for a NDIS package.
- Many clients have limited knowledge about what the NDIS does and what it can provide. This creates barriers to them initiating an application. Clients may also know other people who have been approved for the NDIS and have expectations about what supports they can receive. Because NDIS supports are broad, it is necessary to link conversations back to a client's individual support needs and goals.
- Often the conversation leans toward outcomes and supports and not toward a client's eligibility. This can be a good opportunity to build rapport with a client but will not ultimately be the conversation that determines whether you support them to pursue NDIS.

5.1.2 Reflect and encourage

- There are many reasons why clients may not want to engage with the NDIS and/or may not have heard about it. They may have had negative experiences with services in the past and may find the thought (and actual doing) of engaging with the NDIS difficult and stressful.
- For those with a psychosocial disability, the very nature of the disability can mean difficulties in communicating and engaging with others, and particularly those with whom they do not have a relationship.
- Additionally, some people may not identify their condition as being a disability, while for others the idea of a permanent disability may be difficult to reconcile with their own perceptions of recovery.
- Those people who find it difficult to identify they might have a disability are likely to include people living in private boarding houses or

Supported Residential Services, residents in social housing, including rooming houses, and rough sleepers. For many of these people, their disability may be contributing to less than optimal living situations as well as putting their accommodation at risk.

- Often identified as hard to reach by the NDIA, the people who find it difficult to reconcile they may have a disability, are often known to homelessness service providers but can be difficult to engage in formal support. Rapport building in these circumstances is important. The individual homelessness services support worker will need to utilise exceptional interpersonal skills to ensure a continuum of care for these clients.

TOP TIP ⓘ

Using a trauma informed lens throughout discussions is recommended.

5.1.3 Share your understanding

Before delving further into the process of applying for NDIS support for a client, it is recommended that you explore the eligibility criteria that may make a client ineligible for the scheme.

- It first needs to be confirmed that the person meets the residency and age requirements. From there, a conversation is needed to determine if the client has a disability that is 'permanent and significant'. It is important to remember that not everyone with a disability will qualify for the NDIS. It is only for those who are significantly impacted by their disability.
- The NDIS states a permanent disability means your disability is likely to be lifelong. A significant disability has a substantial impact on your ability to complete everyday activities.
- Whilst your client's disability may be significant it may not be deemed permanent if; there are treatment options still available and it can be supported through a mainstream service such as the health, mental health or AOD systems. For example, a first episode of psychosis may be treated by a hospital and or psychologist/psychiatrist.
- Conversely, your client's disability may be permanent but not significant; for example they have schizophrenia but are supported by public mental health, have a good GP and can manage their daily lives independently. For these reasons, this person's disability does not significantly impact their daily life and this person would not be eligible.

TOP TIP ⓘ

If an initial application is not successful and a person's support needs to change to the extent they are no longer able to manage independently they will then likely be eligible.

5.1.4 How, when and if to have the 'tough conversations'?

To determine eligibility it is important to assess the impact of a client's disability on their day-to-day life. This conversation can be difficult as it is deficit based and can be triggering to the client if the focus is only on what they cannot do.

- It is important to consider the information already known e.g. if the client is known to the service or is linked with other services. If this is the case, information can be obtained from these avenues and does not necessarily have to be discussed directly with the client. For example, if a client lacks insight into their condition.
- If a client does not have these links or is not well known to the service this information will need to be obtained to determine eligibility and guide further lines of enquiry. It is important to consider the timing of this discussion and to remain 'client centred' at all times, ensuring that you are able to check in with the client after the discussion.
- If a client presents in crisis it is recommended that this discussion is delayed until a more appropriate time. As a way to support the client settlement process, the NDIS can be very beneficial when a client is moving in to a long-term housing situation. The clients are, however, able to apply for the NDIS at any stage, as supports can be adjusted if there is a change in circumstance.
- When discussing the impact of the disability it is recommended that you also discuss a client's strengths and capabilities.

TOP TIP ⓘ

Despite the deficit information needed, remain strengths based in your contact with the client.

- Some clients will not identify with the language the NDIS uses and do not identify as having a disability. As psychosocial supports are a later edition to the disability sector, the language of labelling a mental illness as a disability may also be new, confusing and confronting to some clients who have worked with external services in a recovery framework. It is important to have an understanding of the eligibility criteria and the

contradiction of having to provide evidence that their mental illness is permanent and lifelong.

TOP TIPS ⓘ

If your client is having difficulty with the language the NDIS uses you can frame questions around if the client thinks they would benefit from/require lifelong support e.g. "Do you think having support to access the community would be helpful to you?"

NDIS recognises that psychosocial disability is episodic in nature and that it is likely to require varying levels of support across a lifetime.

Consider the way questions are phrased - "Tell me what you can't do?" vs. "What does your case manager help you with?" - The latter allows for the client to talk about the support they require without having to name that it is a weakness.

- Evidence shows that clients find the NDIS access process intensive and time consuming. It is important to be honest with your client about these facets of the process so that you can work through them together.
- It is also important to acknowledge that clients can sometimes have a mistrust of government services or may find the process too difficult to continue. It is integral that you remain client focussed and respect a client's decision if they do not wish to apply for the NDIS at this time. Reassure them that you will continue to provide support to them if they change their mind.
- If a person continues to not want to engage or provide consent to access the NDIS, and clearly needs high-level disability support, you can consider options such as the need for a Guardianship or Administration order (these can be explored with the Office of the Public Advocate Advice Service). Also, talk with the LAC about your client's circumstance and how they may be able to assist.

5.1.5 Best practice for engaging with clients

- Understanding the NDIS access requirements and the support the NDIS can provide will give you confidence.
- Being able to identify those who are likely to be eligible (as part of normal intake and assessment processes) will allow clients better access to support.

- If appropriate, providing copies of fact sheets about the NDIS and information about the LAC.
- Consulting with the LAC as required.
- Continuing to provide appropriate support if the person is not ready/or is unwilling to engage with the NDIS.
- Ensuring the client has the appropriate supports to remain in contact with the NDIA.
- Supporting and encouraging engagement compassionately and with patience.
- Identifying possible client mental health issues and referring appropriately or encouraging clients to remain connected to existing mental health services.
- Identifying services that may be able to assist your client if they want to make an application; such as a case manager at a mental health service, GP or allied health professional.
- Introducing clients to LACs. This could include asking the LAC to make contact with your client at your service and provide a 'face' to the NDIS.
- Using professional judgement to identify when a client needs their hand held or when they can stand alongside a worker and make fully informed decisions.

TOP TIP !

It is important for all workers to understand the difference between the NDIS and the Disability Support Pension (DSP) and that not all clients will qualify for both. Two frequently asked questions that were identified include:

"Because I'm on the Disability Support Pension does that mean I will get the NDIS?" – No, there is no guarantee that because you receive the DSP that you will get the NDIS – they have different criteria and you will still have to apply for the NDIS.

"Will I get my DSP taken off me if I get onto the NDIS?" – No, the DSP will not be affected if you are accepted onto the NDIS. The DSP provides financial support that assists with your disability and the NDIS provides funding for functional support with your disability.

5.1.6 Engagement Case Study

The following is a case study from the pilot Brick by Brick project written by the client with a disability who was considering support from the NDIS.

It is followed by their case worker's assessment. It provides a real-life example of a client and homelessness support worker's engagement.

"I am a 52-year-old man that is currently homeless and I have been deaf in both ears since I was born. I'm staying in a caravan in someone's backyard who has been kind enough to let me stay for the past two years. Unfortunately, in two weeks this will no longer be an option. Just last week I had someone break in and take my phone and wallet with money and identification.

I was previously living in office of housing but was assaulted and left for my own safety and have been homeless since then. I sometimes go to the Ozanam Homelessness Resource Centre and check my mail and have some food. When I go there, I can only communicate via writing on a piece of paper as I am only able to communicate with sign language – this can sometimes be hard for me as I'm not the best with my reading and writing. I sometimes don't understand text messages and go to appointments at the wrong time. This is hard because there isn't an interpreter there to help me.

I've never received any disability support and I didn't know what the NDIS was. My worker explained and it seems like it could help me. Because I can't hear and I don't feel confident with my reading and writing, getting an Access Request Form is more difficult for me. They told my worker that a family member would have to call up – I don't have anyone that can do this for me. The other option that they suggested was that my worker could become a Power of Attorney. This also is not a good option for me as I am quite independent and I am able to make my own decisions.

My main focus is getting a house and recently I have found this to be the only goal that I wish to focus on. My worker has offered to organise a hearing test to provide evidence for me but I feel that because I am quite obviously deaf this should not have to happen. I feel offended that I have to prove something that is evident by just being in the same room as me. It feels like I am being blamed for my disability.

For now I no longer wish to apply for the NDIS. It is something that I might consider again in the future".

Project worker notes re: case study above.

Sensory (Deaf), nil supports, never accessed NDIS The client was originally referred to the NDIS and Homelessness Project by drop-in and has engaged with VincentCare (VCV) through the drop-in service, mainly accessing meals and seeing the nurse. As he

resides approx. 50km away, getting to the center for appointments was often difficult for him. This, in conjunction with possible cognitive issues, made it very difficult to engage with the client as he would often miss appointments and attend the center at times when an interpreter was not present. There were many attempts to assist him in obtaining a hearing aid. A referral fell through due to his lack of engagement. He eventually decided that he no longer wished to apply for the NDIS. He can agree that these supports would assist him and will consider this again in the future once he has managed to obtain stable housing.

5.1.7 Resources to support engagement with clients

NDIS Practical Advice – A practical guide for workers supporting the connection of eligible clients with complex needs and living in supported residential services accommodation with the NDIS.

Developed by the Eastern Supported Residential Services (SRS) Resident Opportunities After Reform (SOAR) Project, SalvoCare Eastern and each, 2018. (www.ehn.org.au/uploads/images/115/Eastern_SRS_ROAR_Project_NDIS_Practice_Advice_Final_16022018.pdf)

5.2 APPLICATION PROCESS

Now that you have discussed eligibility with your client and they have decided that they would like to pursue NDIS support there are two pathways you can go down to test access. Both rely on deficit modelling.

5.2.1. Defined/transitioning clients (terms used by NDIS)

- If your client is part of a Commonwealth, state or territory defined program, generally they will satisfy disability requirements without further evidence. If your client has been linked with any of these programs there is a high chance a contact attempt has been made.
- Due to the transient nature of a high number of clients who access homelessness services it is likely a contact attempt would not have been received. It is recommended as best practice to contact your LAC to see if a client is listed as defined. A current list of the defined programs can be found at (www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/list-c-defined-programs)
- If you received confirmation your client is

defined or transitioning, contact the NDIS call centre to complete access over the phone with the client. Listen carefully to the prompts and it will direct you to the correct option for a new client. For defined clients the phone call will ask several questions and will likely take around 30 minutes.

- NDIS will require information about the person's identity including their name, date of birth and address. They will then obtain the client's consent to become a client of the NDIS, personal information, Centrelink information, residency status, if the client has a disability that is permanent and significant, and consent to the NDIA contacting health professionals, services providers etc. to obtain information and determine eligibility.
- For some defined clients the NDIA will require additional evidence. The call centre will advise you of this and will send out paperwork to be completed.
- If further evidence is required an "Access Request-Supporting Evidence Form" will be posted. Please refer to the ARF guide (www.ndis.gov.au/applying-access-ndis) for comprehensive details of what is best practice when completing an ARF. This form must be completed by a health or education professional and returned within 28 days.
- If no further evidence is required, the client's information will be forwarded on to the appropriate NDIS team for planning.

TOP TIPS !

Always ask for the client's NDIS number (once generated) and keep this saved for future use. With the client's consent, access is a good time to list yourself as a contact on their file so you are able to call the NDIS without the client being present.

Emailing a copy of a consent form to the National Access Team (NAT@ndis.gov.au) as well as verbally listing yourself as a contact is best practice to ensure future contact can be made.

5.2.2. Non-defined clients (term used by NDIS)

For a client who has not previously accessed supports through a defined program and wishes to join the NDIS they are required to contact the call centre to complete access.

- The initial access phone call will be the same as the process above; the call centre will require information about the client's identity including their name, date of birth and address. They will then ask the client to consent to becoming a client of the NDIS. The client will also be asked for personal information, Centrelink information, residency status, and if they have a disability that is permanent and significant. They will also ask your client if they consent to the NDIA contacting health professionals, services providers etc. to obtain information and determine your eligibility.
- By this stage it is accepted the client has consented to engaging and accessing NDIS. It is the right of the client at any point during the process to withdraw consent and choose to engage at a future point in time or not at all. When consent is withdrawn the application process ceases until consent is given again.
- Once the ARF has been completed over the phone or sent via post, the client will need to provide evidence of their disability. Please refer to the ARF guide for comprehensive details of what is best practice when completing an ARF or supporting evidence form.

TOP TIPS !

For clients of non-defined programs best practice is not to complete the ARF over the phone and request it be sent by post as this initial phone call can often be timely and stressful for clients accessing homelessness services.

5.2.3 The right advocacy for access

- Clients accessing homelessness services will often be linked in with other services including health, mental health, justice, child protection, AOD services (including rehab) etc. These services may or may not already be exploring NDIS with the client.
- If the client has services directly supporting their disability then the homelessness service workers can advocate for that service to facilitate the NDIS process. This is because they will likely have the most knowledge and understanding of what supports will be required. However, it should be noted that some clients may not always have positive relationships with these services and homelessness service workers may be required to facilitate the process.
- For clients who are not linked in with other services the homelessness service worker will need to drive the evidence gathering process.

- Now that the NDIS is fully rolled out around Australia you may find clients presenting to your service that have an approved NDIS package but are not linked in with services. This could be due to a myriad of reasons including moving locations, periods of homelessness, a client being uncontactable etc. In this instance, best practice is to contact your LAC to identify the person and link them back in with their supports.
- For those already linked in and receiving NDIS supports it's best practice for homelessness service workers to liaise with LAC or support coordinators to ensure that clients receive appropriate support and allow homelessness services to focus on housing supports.
- Where possible, support the client to attend the appointment with the LAC. The LAC may be willing to travel offsite to meet with the person.

5.2.4. What is good evidence?

As a homelessness service worker who is assisting a client with NDIS access, you will need to request information from external services to be used as evidence to prove their disability and support needs. If the person is not linked in with any services, the role of the homelessness service worker is to support the client in finding a new service that can assist with providing evidence.

Evidence can include letters, reports or completing the ARF itself.

TOP TIPS !

For psychosocial disabilities ensure you are completing the evidence in the psychosocial disability form (www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis#new-evidence-of-psychosocial-disability-form)

- The information needs to be provided by the client's treating health professional and should document the following:
 - Diagnosis or confirmation of diagnosis - date of diagnosis if possible;
 - Substantially reduced functional capacity in at least one of the following categories including specific examples such as - communication, social interaction, learning, mobility, self-care, self-management;
 - That treatment options have been exhausted;
 - Shows permanence or likelihood of permanence; and

- Any secondary disability.

If you are unsure of who is best to provide evidence for your client's disability please visit: (www.ndis.gov.au/applying-access-ndis/how-apply/information-support-your-request/types-disability-evidence).

- Previous connection to services/supports can often be a good resource for historical evidence. Reports more than two years old can be used to provide historical evidence that the impairment has been enduring and/or significant.
- Although homelessness service workers are not treating health professionals they sit in a good position to provide supporting evidence around functional capacity. Providing a support letter can be a crucial piece of evidence in showing the link between disability, homelessness and the self-management category.
- An important step of information gathering is identifying information that may disadvantage the client's access request. For example, the NDIS will not provide supports that are covered by mainstream services therefore a drug and alcohol condition will not be deemed as a permanent and significant disability as there are treatment options available in the community. Including this may impact decisions made about a client's psychosocial disability.
- The ARF and evidence provided to test NDIS access is focused on the functional impact of the disability and uses a deficit model. This requires commenting on what the client cannot do or struggles with doing. It can be difficult as our practice comes from a strengths based approach. Client's strengths are better discussed in the planning stage of the NDIS process to be able to obtain the most appropriate supports.
- If you receive historical evidence from a treating professional that you identify does not meet the above criteria, exclude it from the access request.
- If you receive supporting evidence from a treating professional that you identify does not meet the above criteria it is important to advocate on behalf of the client to have that information changed. The NDIS is a relatively new idea to many health professionals and most are willing to take on feedback and make changes where they are able to. Using tools like the WHO:DAS (www.who.int/classifications/icf/more_whodas/en/) and the impact checklists (attached) can corroborate your request to have things added or changed.
- The NDIS and Homelessness Project Workers

have experienced the best outcomes in obtaining evidence by liaising directly with services on the client's behalf or by attending appointments with the client's treating professionals because it can be difficult and stressful for clients to recall what is required and request this information on their own.

TOP TIP !

If you hold a social work degree and are employed in a social work role, you are able to complete the supporting evidence form.

5.2.5. Getting feedback

Once you have collected as much suitable evidence as you can the next step is to present the information to your LAC so that they can look it over and provide their feedback.

- Whilst they cannot give an answer about outcomes related to NDIS access they can suggest if further evidence is required or if they feel you are able to submit what you have obtained to the NDIS.
- Obtained documents can be posted or emailed to the NDIS National Access Team or dropped in to an NDIS office in your area.

TOP TIP !

It is recommend to submit documents via email, however if you must post them remember to keep copies on file just in case they get lost!

5.2.6. Helping clients manage wait times

- NDIS correspondence states that they will let you know if you have met access or are required to submit further information within 21 days of receiving your completed documents. However, NDIS and Homelessness Project Workers found actual wait times for contact varied greatly between clients. Statistical evidence gathered by the project showed that some clients waited more than three months for access decisions.
- Significant wait times can be overwhelming and distressing for clients. Many services have agreements for continuity of support until NDIS can be put in place. For those not accessing disability services they may need to access alternative mainstream supports in the interim. A conversation about wait times and delays should be explored at the beginning of the NDIS access process to alleviate future concerns. It is

helpful to advise clients that these wait times are actually normal and that the time delay will not disadvantage their access request.

TOP TIPS !

It is best practice to follow up submitted ARFs by contacting the call centre and escalate the requests where possible.

5.2.7. Best practice for supporting clients through the application process

- An NDIS access request is only facilitated with the client's consent, however, there is recognition that some people may need additional support and encouragement to do this.
- Ensuring you have all documentation, read the Access Request Forms guide, and have appropriate evidence (defined disability/non-defined).
- Having clear procedures for communication with the client about assessments of disability and functional capacity.
- Managing client expectations and timeframes.
- Reassuring clients they have the right to appeal or reapply at any point and multiple times, if they are not successful in the first and subsequent instance(s).
- Supported Housing applications need to be made by housing support providers, and being in receipt of an NDIS package ensures priority access under this category.

5.2.8 Application Case Study

The following is a case study from the pilot Brick by Brick project written by the mother of a person with disabilities - her son - through the application process to get NDIS support.

It is followed by their case worker's comments on the process.

"I first had contact with the NDIS when they sent me a letter in early 2018 suggesting my son apply. He has a learning disability and bad anxiety. He goes to a special school and has always had an aid to support him. I was worried about what he would do when he left school.

The school didn't really help me the first time I got the letter and I didn't really know what to do to apply for NDIS so I didn't end up doing it. All four of my children have disabilities so it was all a little overwhelming.

The NDIS [project] worker started working with us and started collecting information for my son. She was able to get information from the school psychologist and welfare worker and send it off. That wasn't enough and the NDIS told me we needed more evidence. At the time I was too overwhelmed to take my son to the doctor so I missed the 28 day window to return the form and he was rejected. [The project worker] was able to call them to ask for it to be extended then take my son to the doctor for me, as I was not well at the time.

Even then, they still rejected him saying they needed more information about his disability, which was frustrating as we had already provided so much. [The project worker] said she spoke with someone from the NDIS and they told her what to do next so she wrote a letter for my son and helped me write a letter from me saying all the things I help him do every day. He got approved on the same day we sent all the information off.

He now has a planning meeting on March 22nd. He is doing a work education program that is NDIS funded and they have been nice enough to let him start without funding.

This whole thing has been really stressful and took a really long time, there have been times I haven't been well myself and I haven't been able to deal with the NDIS stuff. If I didn't have someone to help me out I wouldn't have been able to do it and my son would have missed out".

Project worker notes re: case study above.

[The mother] and her family came to VincentCare for support with rent arrears and were supported by HomeConnect. She identified that all four of her children suffer from various disabilities. She received a letter from the NDIA regarding her eldest son who was finishing year 12 in 2018. The school had planned for him to attend a work education program in 2019. This program is NDIS funded so he needed to be on NDIS for him to start.

He was assessed for his disability in 2011, he then moved to a disability school. He has an intellectual disability with an IQ of 60 and suffers from anxiety. I was easily able to collate information from the school records and the welfare worker provided me with a letter discussing his education and life supports.

Initially I had thought this would be enough information for him to meet access however, the NDIA requested further evidence. I took him to the GP and had the supporting evidence form completed but he was rejected.

I called the NDIA call center and requested a call from the National Access Team to discuss his case. Two weeks later I received a call from the assessor who asked me for some more information about his capacity. During this discussion, the assessor stated that if the information I provided her with over the phone was on his access request he would be approved. I then provided a support letter from myself and a carer's statement from his mother confirming his challenges.

I emailed them to the assessor and received an email back the same day confirming access granted. For me this highlighted the need for support worker letters. I previously felt they would [n't] hold much weight with the NDIA however after my recent interaction I now feel differently.

In this case, being able to speak with an Assessor at the National Access Team to confirm the required information was the most important thing. However, it can take two weeks to hear back from them, they only call on a private number and will only leave a voicemail when you have both your first and last name recorded.

5.2.9 Resources to support access & application

Operational Guideline – Access: Includes definitions, lists of disabilities which provide immediate access, what the NDIS must do etc. www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/access-ndis-access-criteria

5.3 PLANNING

Once access is met, the client will officially become a client of the NDIS and they will be contacted by a LAC or NDIA planner to organise a planning meeting. A planning meeting is where an individual's needs are discussed so that a plan is created relevant to the person's needs and interests. Generally, a plan is made for 12 months however it is possible for a client to have a plan approved for six months or more than two years (dependent on circumstances).

TOP TIP !

There is no current timeframe provided by the NDIA from when an Access Request is approved and when contact will be made to book in a planning meeting. Best practice is to contact your LAC to provide your contact details and arrange a planning meeting for your client if possible.

5.3.1 Preparing for the initial planning meeting

Once accepted as eligible for NDIS support, clients are invited to a planning meeting. This is usually with the LAC. Clients may be contacted by mail or by telephone to participate in a planning meeting.

The planning meeting will be used to determine someone's support for the next year and therefore it is critical to adequately prepare the client so that their needs are fully considered. If the client has services directly supporting their disability then the homelessness service workers can advocate for that service to facilitate the planning process.

- The planning meeting will cover the following:
 - Assessment of impact of disability;
 - What a client's day/week looks like;
 - Current supports that the client has – both formal and informal;
 - What equipment the client has/may need to keep them safe at home and in the community;
 - Client goals – long and short term; and
 - Ways to manage the plan.

There are disability specific resources available that you can work through with the client to assist with the pre-planning process. NDIS Booklet 2 (general), reimagine today (psychosocial), deaf society (hearing) www.deafsociety.org.au/documents/documentsNDIS_Planning_Workbook-LR-120416.pdf.

- Go through each of the above topics or resources with the client prior to attending the planning meeting. If the client has multiple services involved it is also important to get their input. This can be done during a care team meeting.
- The NDIS will only fund supports that they consider reasonable and necessary. The NDIS states that in order to be considered reasonable and necessary, a support or service:
 - Must be related to a client's disability;
 - Must not include day-to-day living costs not related to the client's disability support needs, such as groceries;
 - Should represent value for money;
 - Must be likely to be effective and work for the client; and
 - Should take into account support given to you by other government services, a client's family, carers, networks and the community.

- When pre-planning with a client it is important to discuss keeping desired goals broad. This makes it easier for a client to use their plan flexibly. For example, a goal of “I want to go to the gym” may limit the person to a support worker to attend the gym with them. Whereas a goal of “I would like to improve/maintain my health and emotional wellbeing” may mean a client is funded for a series of supports including an Occupational Therapy (OT) assessment, support workers, peer workers, support to develop living skills, strategies to improve self-esteem and confidence.
- Pre-plan with your client to prepare for the planning discussion. This includes:
 - A client can ask for a face-to-face meeting with the NDIA at a place that suits them. This may be particularly important for clients who experience difficulties interpreting communication, following instructions, conversations or directions, reading nuances of verbal and non-verbal cues, and have difficulty communicating their needs/wants.
 - Preparing a brief history and their goals to be read out at the planning meeting by the client.
 - Discussing how their condition impacts their mobility, communication, social interaction and relationships, learning, capacity for self-care and self-management.
 - Supporting the client to think about and write down what they would like to achieve in key life areas, such as health and wellbeing, social interactions, community engagement, independence, education and employment and identify what is working well and what needs to change.
 - If they have a psychosocial disability, thinking about how much support they need when they are unwell, what supports they need to maintain or improve their psychosocial functioning and capacity to self-manage their mental illness.
 - Thinking about how much and what support they might need to maintain a tenancy (particularly if they are not in long-term stable housing at the time of the planning meeting).
 - Checking that your client can articulate their goals, and for each goal their needs and the support requirements.
 - It might be helpful as a homelessness services worker to be able to identify

service providers who you think would be suitable for your client, and suggest that they go and meet them prior to the planning discussion.

- Unfortunately, the focus of preparing for the meeting is on the client’s deficits and worst days. This is in order to get the most suitable supports funded.
- If you are not in a role that can support your client with pre-planning, your LAC may provide workshops that they can attend to prepare for the meeting.
- Ideally, someone, preferably the client knows and trusts attends the meeting with the client. If you as the homelessness support service worker can’t attend; perhaps another service worker involved with the client may be able to attend. This needs to be settled with the client’s consent prior the meeting.

5.3.2 At the planning meeting

Supporting a client to get a planning outcome which responds to their needs and assists them to reach their goals is important. For many clients, access to such support will provide a pathway for them to exit the homelessness service system, and hopefully homelessness.

- A planning meeting can happen in a variety of settings. Most planning meetings occur at the LAC office. If a client has requested a meeting at their home, this can be useful for the planner to see how your client operates in their own environment, as they may notice limitations and opportunities that the client may have difficulty in articulating.
- The NDIS plan provides a statement of the client’s goals and aspirations and a statement of supports, which specifies which supports will be provided or funded by the NDIA.
- Most people have only one planning meeting, but planning can occur over more than one meeting if required. The meeting can involve carers/family or significant others, as well as support workers
- The initial planning discussion identifies needs, goals and current supports (informal and formal). It can be very challenging for some clients, and particularly difficult if they are struggling to have basic needs such as food and shelter met. For this reason, it is important that homelessness services consider ways they can help their clients prepare for their plan discussion.

5.3.3 Key considerations in the planning process

- Ensuring that the client understands the planning process, in particular that they can invite whoever they wish and the types of support that are available (including understanding the concept of reasonable and necessary).
- Supporting the client to organise the planning meeting at a place and time that suits them.
- Assisting the client to be able to articulate the support they are receiving now and how it improves their functional capacity, and what they might need but have not been able to access. This is important in the context of homelessness support being transitional.
- Assisting the client to think about future support needs, including the need for flexibility to provide higher levels of support in response to an episodic condition, such as psychosocial disability, or if their housing situation changes (for example, the support that will be needed to maintain a tenancy).
- Identifying current and potential informal supports, such as family or other carers, with whom your client could involve in the planning discussion.
- If appropriate, take action to continue to support the client’s plan implementation even if they disengage from your homelessness service. This could include obtaining permission for you to inform any relevant others (family, community housing tenancy manager) of the status of the plan and the next steps; assisting the support coordinator or LAC to contact the client.

5.3.4 What to ask for (the client)

- With the client’s permission and/or at the client’s request a support worker can be identified as a correspondence or plan nominee (or both). This can assist in organising and participating in the planning meetings, and allows the NDIA/LAC to directly communicate with the support worker.
- It is important to request support coordination and always have a goal related to housing such as “I want to find safe, stable and long term housing” or “I want to continue living in safe and stable accommodation”. If a client is housed or likely to receive a housing offer after the plan is developed you can specifically request Assistance with Accommodation and Tenancy Obligations support.
- It is recommended that you attempt to identify gaps and replicate the support you provide

to your client. This could include transport, living skills development, support to attend appointments, assistance with accommodation and tenancy obligations, support to help a client speak up for themselves, case conferencing, and crisis support. For example if a client is in temporary accommodation they may need additional hours of funded support to assist with managing their housing situation.

5.3.5 Choosing how the plan is managed:

- During the planning meeting, a client will be asked how they would like to manage their plan.
 - **Plan management:** The NDIA will provide funding in the plan to pay for a Plan Manager who pays the providers on behalf of the client, helps them keep track of funds and takes care of financial reporting. This option provides flexibility to use registered and non-registered providers.
 - **Agency/NDIA managed:** The NDIA pays the providers on the client’s behalf. This option provides the least flexibility as a client is only able to access-registered NDIS providers.
 - **Self-managed:** The NDIA provides the client with funding so they can access the supports that will best help achieve their goals. In some instances, the client may be required to pay for a service out of their own pocket and then claim back the funds from the NDIS. A client who is self-managing will require computer literacy and book keeping skills to use their funds. The NDIS will train and support clients who choose this option.
- Support workers can request clients also use a combination of the three. For example transport funding is often self-managed i.e. it goes directly into a client’s bank account. If a worker believes these funds may not be used to support a client’s goals they can request the funds be agency or plan managed. The client can then be allocated taxi vouchers or the funds can be provided to services who are providing transport. If at any stage a client wants to change how their plan is managed they are able to do so by speaking to their LAC or support coordinator.

TOP TIP !

NDIS and Homelessness Project workers do not recommend suggesting a client self manages their first plan.

5.3.6 Reviews

If the client is unhappy with a decision made by the NDIA in their plan or you identify that supports have not been included a request for an internal review can be made within three months of the plan being approved.

Unscheduled planning review:

- If a client's circumstances change or if, at any point, the client's plan does not meet their needs then an unscheduled plan review can be requested. This is best initiated by the client with support from the LAC or Support Coordinator. Examples of when a plan review should be considered include: change of housing status, significant decline in functional capacity, new disabilities, informal or formal support network may have changed etc.

Scheduled reviews:

- A scheduled plan review usually falls 12 months after the initial plan. If the client hasn't been contacted six weeks prior to schedule a review meeting it's recommended to contact the LAC to ensure one is booked before the plan ends. In circumstances where a review meeting cannot be scheduled prior to the plan ending, the plan can be extended for three months until the review is complete.
- Scheduled reviews will follow the same format as the initial planning meeting where a client will be able to discuss goals, needs etc. Review meetings will also be an opportunity to discuss what is working well in the current supports funded and what gaps and challenges the client has experienced. If a client has not utilised all their funds a conversation will be had as to what barriers may have been experienced for this to occur.

It is at this point the NDIA or LAC may request evidence of these barriers and homelessness services workers may be asked to provide a support letter detailing reasons such as client transience, hospitalisation, wait time for service connections, exclusion from services, appropriate services unable to be located, long wait time for assessments etc.

It is also possible that the planner will request additional evidence of a person's disability at the time of review. There have been cases where clients have entered the scheme on a defined program and have been asked to provide additional evidence of their disability before a plan can be approved.

5.3.7 Best practice when supporting the planning process

- The planning process focuses on the client's autonomy, choice and control.
- The rapport building continues, allowing the client to engage and trust the planner and the planning process.
- The meeting takes place somewhere the client feels safe.
- Clients are well informed about the types of support and services the NDIS funds and what is available via mainstream services.
- Family members or other informal support people are supported to provide the NDIA with a written statement.
- The planner/LAC is provided with the information they need to complete a high quality plan.
- The plan is based on the client's goals, needs and preferences and outlines the reasonable and necessary supports needed to live an ordinary life and achieve their goals.
- The plan has capacity to respond to changes in accommodation settings and/or other expected fluctuations in need for support (eg: due to an episodic illness).

TOP TIP !

If the client does not have support coordination in their plan and appears to be unable to implement the plan without significant assistance, support the client to request a review.

The following are two case studies from the pilot Brick by Brick project written by the clients with a disability who experiencing the planning and review processes with the aim of receiving support from the NDIS. They are followed by their case worker's comments.

5.3.8 Planning Case Study 1

"Life has been very different since my stoma. I'm a 54-year-old male who used to be a very active person who taught self-defense classes. I was staying in crisis accommodation when something happened. I don't remember the night but luckily my friend found me. I was immediately taken to hospital where they removed all of my large intestine and 20cm small intestine. The outcome of this was that I now have a stoma. I hadn't even heard of a stoma before. The impact this has had on me is huge. I've

had to change my diet and I can't lift over 5kg which makes going shopping hard. I have to wake up during the night to change my bag and if I sleep on the wrong side it can mean that I have to change my bedding in the middle of the night.

I avoid public transport and crowded places and I can easily be knocked which means that I have to replace my bag and clean up. I find this really embarrassing when it happens. Because of the fear of this happening combined with my depression I isolate a lot more than I used to.

My worker told me about the NDIS and how it could provide support to help me get back into exercise and the community. My planning meeting was done with a member of the NDIA who provided me a phone number to contact them should any questions come up. Both myself and my worker attempted to call them many times but no contact was made. It was over a month, with no contact, before I knew that my plan was approved. This was a stressful time for me as I had questions and had thought of new things that might be important to my plan.

I have chosen to self-manage my plan as I feel like a lot of things in my life are out of my hands and I want to be able to have control over my NDIS plan. Whilst this is important to me, it is also stressful and overwhelming as I have not had any contact with anyone since my plan has been approved. With many phone calls to a now unknown worker (LAC) to help with setting up my plan this is really stressing me out and I am over it as it has been a month without any contact.

I have now found out who my LAC is and have booked in to do some training to work out how to start to implement my plan".

Project worker notes re: case study above:

Primary disability: Stoma **Secondary:** Psychosocial
The client was referred to NDIS and homelessness project by Case Management services. It was identified that the client should apply for NDIS before becoming part of a defined program. The client was then linked to Home and Community Care (HACC) services and eventually transitioned to NDIS via a defined program. The worker and client decided to wait for transition rather than submit evidence separately. The worker advocated that the Planning meeting occur in the client's home and planning was completed with worker present.

The worker phoned the NDIA and LAC offices on many occasions before being able to obtain and update the client about plan approval. This was a

very frustrating and stressful time for the client. The client has recently been allocated a LAC and has begun to discuss the initial stages of service implementation.

5.3.9 Planning Case Study 2

"My life hasn't really been stable since my dad died. My mum has her own mental health issues and I could never really stay with her for long periods without us getting into fights. I left home when I was really young and went to stay in a refuge. It was ok but I ended up meeting a boy and we moved out together. Through heavy drug use, he became abusive and I had to leave and re-enter the homelessness system.

I've been depressed for a long time and it all started to get too much. I spent a lot of time in and out of hospital and was self-harming as a way to cope. I was diagnosed with Borderline Personality Disorder (which made sense and gave me clarity on my behaviours). One of the refuges I lived in referred me to [name of agency] for help as they thought mental health based housing would suit me best. They told me I could stay for a year and work on my goals for the future while working on my mental health. I did not really find them helpful and they threatened to kick me out all the time telling me they "didn't know how to help me".

When the NDIS started, they had to link me in with the NDIS to allow me to stay at the house. I didn't really know anything about it and wasn't really involved in the process other than signing whatever paperwork they wanted.

I made my first plan with the NDIS in September 2017 while I was at the 'other' property. I was shocked at the amount of money the 'other' agency would be receiving "for my care" as I received little to no help from them. I asked the NDIS about other supports I could access but was told that's what the 'other' agency was being paid for and I should be accessing help through them. I found that frustrating as I didn't feel the 'other' agency was providing anything they were being paid to provide and I'm going to make a complaint as I know other people are getting ripped off.

The NDIS project has been helping me with getting a new NDIS plan as I've finally moved out of the 'other' agency. It has taken a really long time to get the NDIS to do anything, even just to make an appointment I was told to fill out a long form, which I felt unable to do. I was informed they would email someone with my request for a review and I would hear back in about two weeks. Well over a month later, I received a letter stating I had to make

immediate contact, as my plan was a week away from ending.

I contacted my original planner but it took her more than a week to get back to me. There was also no notice of hand over when I was contacted by a different worker unexpectedly. It was mentioned by the new worker that my file/plan had been forwarded to the Western Melbourne services after I moved, something I was not informed of nor did I give permission for.

In September, my plan was extended for 3 more months then another 3 months as I couldn't get an appointment with a new planner until November 27. During that meeting they asked me about why I hadn't used any of my funds. I told them that at the time, I was referred to support coordination I was working Monday to Friday and the service could not meet me outside of those hours. Without that support I didn't know how to use my funds and it wasn't until I moved out of the 'other' agency that I started to follow up what I was funded for and even when I found out I had no idea what I could use the funding on or how to do it.

In January the planner called me to let me know I needed to provide extra evidence about my mental health and a letter from my support worker to confirm again why I didn't use my funds in order for my plan to be approved. We took the documents in to the NDIA office and a week later, my plan was approved.

My mental health has been up and down and when I am down I often isolate myself and do not contact people or follow things up. I know if I had been unwell and unsupported during this time I would have likely lost my NDIS funding”.

Project worker notes re: above case study.

The client was referred to VincentCare by another agency in 2017 to support her to transition out of one of their supported living properties. She is diagnosed with Borderline Personality disorder as well as chronic anxiety and depression. She has had multiple presentations to the Footscray emergency department from 2010-2017 for acute mental health episode and struggles with chronic suicidal ideation and isolation.

At the time of NDIS roll out she was residing at a property managed by the other agency. As the program is defined, her access was approved automatically. She was able to meet with a planner from the [LAC] and receive a plan.

In June 2018, she attained a private rental and was able to move out of the other agency's property. As soon as she had moved out, we

contacted the NDIA to let them know about her change of circumstances. However, it continued to take weeks to get responses back from the NDIA and the previous [LAC] worker. Because of this her plan almost expired and was then extended for three months while she waited for a new planning meeting.

The plan was extended again and her planning meeting was scheduled for November 27. We had no contact from [LAC] or the NDIA until January when they requested further information about her diagnosis and further information about why she had not used her funds.

Once this was provided the NDIA approved her plan and she was referred to a new support coordinator. Unfortunately that service did not have capacity to pick her up for support coordination and she is still waiting to link in with a service.

5.3.10 Resources for plan implementation & review

Starting your plan fact sheets: Fact sheets explaining what to do to start a plan, how to work with a support coordinator and the LAC. www.ndis.gov.au/people-disability/fact-sheets-and-publications

Operational Guideline – Review of Decision www.ndis.gov.au/operational-guideline/review-of-decisions-sitemap.html

5.4 ACCESSING SERVICES / SPENDING THE PACKAGE

Once a plan is approved, the client will receive a copy of their plan in the mail. They will then be contacted by their LAC to discuss connecting to supports.

5.4.1 Implementation meetings

- If a client has support coordination funded their LAC will then ask them to choose a service.
- If a client has not been approved for support coordination the client will be contacted by the LAC. The LAC will then provide service connection to assist the client to link in with funded supports.
- If the client has recommended a Support Coordinator at their planning meeting the plan will go directly to the service for implementation. In some instances, the implementation will be referred back to the NDIA. If a client is self-managing their plan they can begin connecting with services by themselves.

- During the implementation meeting the provider will go through the client's plan and discuss what supports were funded and the steps needed to access them. They will help the client register for MyGov and link them to the NDIS Participant Portal.

The LAC are able to assist clients to:

- Understand their plan and what supports and services can be paid for with the allocated NDIS funding.
- Learn what supports and services are the responsibility of other services, such as the health or education systems, or your state or territory government.
- Connect with community and other government services.
- Find providers who will meet the client's needs and assist them to achieve their goals.
- Arrange service agreements and bookings with your service providers.

5.4.2 Support coordination

Dependant on disability type and location of the client there may be delays in accessing support coordination.

The role of the support coordinator is to support a client through the life of their plan. A key focus of support coordination is helping the client build capacity to make decisions about their support and to coordinate their NDIS and mainstream (non-NDIS) supports.

The support coordinator will assist the client to:

- Register with the “MyGov” website and link to the NDIS participant portal called “myplace”
- Ensure the client knows how to change providers if they want to and to help weigh-up different options
- Support the client to set up service agreements if they choose to
- Make sure that service bookings are completed properly
- Make referrals for assessments the client needs and ensure urgent equipment requests are made
- Find opportunities for the client to access supports and activities in their local community
- Ensure that support workers are following the recommendations made by allied health therapists about how to best support the client
- Send reports to the NDIS about how the plan is going
- Make sure that funding is being spent within the set budget

- Show the client how to coordinate their own supports if they want to do it themselves in the future
- Help the client in a crisis (e.g. homelessness, hospitalisation, involvement with police)
- Make sure that the client is accessing everything they are eligible to receive through other systems (e.g. housing, health, justice, education)
- Help the client to prepare for their next plan review including understanding what has worked and why, what hasn't worked, the supports needed in the next plan, and drafting plan goals
- Prepare the information the client needs for scheduled reviews (i.e. annual review) and for unscheduled reviews (e.g. Change of Circumstances, Review of Reviewable Decision)

5.4.3 Choice and control

Choice and control is a phrase frequently used by the NDIS to describe the changes made to the disability sector. As the new model directly funds the person and their individual needs they can now make choices about their supports that they previously could not.

The idea of choice and control can be empowering to individuals who are now able to make informed decisions about who will support them. Conversely it can be daunting for a client who is new to the NDIS and may have difficulty making life decisions.

Choice and control has its barriers for many people in Australia because the NDIS is still relatively new. Remote and regional areas may find that there may be little or no providers available to meet areas of their plan.

Client specific homelessness services may also have difficulties with connecting to services. Clients may have been excluded from services prior to NDIS roll out and these services may still be unwilling to provide support because of situations specific to your clients i.e. AOD issues, behaviours of concern and unsafe living environments. Services may be reluctant to engage support or may cease services during a plan.

Potential issues for people who are homeless include finding providers who have the expertise and interest to work with someone with significant social disadvantage and/or a range of complex needs. This also includes difficulties in accessing support while experiencing homelessness or living in unstable accommodation and/or in managing the agreement process. They may also be wary of

engaging with the support coordinator and new providers.

The NDIS recognises that there are service gaps for complex clients and is working on how to address these issues through the complex support needs pathway. As this is relatively new there is not much information in the public space at this time but the aim is to better support and respond to issues experienced by this group.

Some service providers will have cancellation/disengagement policies. Whilst it is not necessarily the role of the homelessness service worker to know these, it is important to encourage the client to stay engaged or communicate with their support coordinator if things change.

With the client's consent, it is sometimes necessary to contact their NDIS-funded support coordinator or LAC and ensure that the support coordinator understands your role and your capacity to assist in the implementation.

For clients who are struggling to engage with NDIS or support coordination services and are considered complex. Information available at:

(www.cohealth.org.au/ndis/exceptionally-complex-support-needs-program/)

(www.ndis.gov.au/news/1002-improved-ndis-planning-people-complex-support-needs)

(www.homelessnessnsw.org.au/sites/homelessnessnsw/files/2020-02/NSW%20NDIS%20Practice%20Guidelines%20-%20FINAL%20-%202011%20February%202020_1.pdf)

TOP TIPS ⓘ

Where possible provide a warm handover for any service that may begin working with your client. It is the experience of this pilot project that clients may not access their funded supports in a timely manner, which can mean clients are unsupported for extended periods.

Clients may be unhappy with providers including their support coordination service and may require assistance to advocate for them to link back in with their LAC for support to change.

The following are two case studies from the pilot Brick by Brick project. The first, written by the Project Worker (case manager). The second, written by the client with a disability and followed by the case manager's comments. These case studies talk about the experiences of clients implementing their plans with the NDIS.

5.4.4 Accessing services Case Study 1

Project Worker

The client has been involved with the service system since age two when he was placed in foster care. When he turned 18 and left the foster care system, he briefly returned to live with his father, however this broke down due to violence and regular assaults. The client presents with complex mental ill-health, AOD issues, epilepsy and an Acquired Brain Injury (ABI). The client's complex support needs meant he often struggled with maintaining independent housing and by the age of 28, he was excluded from most housing options in metro Melbourne. He eventually returned to the country area where his dad was living due to a lack of options.

In 2017, the client was living in a rooming house where it was identified by a social worker that he may be eligible for the NDIS. The social worker supported him to apply the NDIS and by December 2017 he had a plan approved. However, his housing situation broke down again in early 2018 and he found himself back in Melbourne prior to receiving any NDIS-funded support.

The client presented to VincentCare in August 2018 where it was identified that he had an NDIS package being managed by an organisation somewhere in the eastern region, however he could not recall who they were and did not know who to contact. By September, the client was able to re-engage with his support coordinator, however it took several weeks and significant follow up and advocacy, as the client had very little understanding or memory of the services previously involved. By September, the client was able to meet with his support coordinator and learn how he could use his funded supports. The client is now housed and has just completed his first NDIS plan review meeting. He was able to identify new goals to work on to help him maintain his tenancy and his health and wellbeing.

5.4.5 Accessing services Case Study 2

"I struggle with many aspects of my life and at times I've not felt my life was worth living. I've spent a lot of time in and out of hospital because of my mental health. When I'm well I live independently in a rooming house and I can manage to get out of the house occasionally. My case manager helps me by taking me grocery shopping and to most of my appointments as I struggle with remembering them because of my ABI. It's also really difficult for me to get around, especially on public transport, due to my scoliosis. I was approved for the NDIS in

September 2018. My case manager referred me for NDIS support with the program because we hadn't heard anything since my planning meeting.

My worker helped me get a copy of my plan and she provided me some options for choosing support coordination. I wanted some time to look into the options because making decisions is difficult for me. Sometimes when life gets a bit much for me I don't return calls or text messages. By the time we met again we were able to pick a support coordinator. Unfortunately the support coordinator that we felt was best for me declined to support me after a month of waiting on their response. We decided to go with our second option.

It was around about this time that I went back into hospital with my first episode of psychosis. I wasn't able to stay as long as I thought I needed and didn't feel like I could go home. At the moment I'm struggling to work out if the voices I'm hearing are real or a symptom of my psychosis. The voices are telling me that my home is unsafe. Because I don't feel like I can go home I'm staying with my parents which puts a lot of strain on our relationship.

It's now June 2019 and I haven't used any of my plan. At the moment my plan is to improve my mental health and hopefully have a stay at a PARC sometime soon. Once I can sort out my mental health and housing I'm hoping to complete intake with my support coordinator".*

**Prevention and Recovery Care - short-term, residential treatment services*

Project worker notes re: above case study

Primary disability: ABI

Secondary: Psychosocial, physical

*Scoliosis, dental, poor nutrition due to severe problem with gastrointestinal system
42 years old*

Client was approved for NDIS and had completed a planning meeting prior to their involvement in the pilot project. Referral made as there was a gap in the planning meeting and service connection. Client's plan was approved September 2018 and client was only picked up for support coordination in April 2019 meaning that services have not yet been connected.

Attempts to link with support coordination have been difficult due to large wait times in the area and delays in services advising that they are at capacity. This included a one-month wait with nil response from a provider.

Referral made to service provider in April for support co-ordination which coincided with client being admitted to hospital re: mental health. Due to mental health presentation and housing issues client has been unable to participate in the intake process for SC as of 4.6.19. MCM checking in monthly for update.

5.4.6 Resources for plan implementation

Starting your plan fact sheets: Fact sheets explaining what to do to start a plan, how to work with a support coordinator and the LAC. (www.ndis.gov.au/people-disability/fact-sheets-and-publications)

The NDIS provides a list of registered providers by state, however, registration does not necessarily mean that the service is being provided. (www.ndis.gov.au/document/finding-and-engaging-providers/find-registered-service-providers.html)

"clickability" is an online site in which consumers review disability services. Searching is limited to type of service, funding type and location (www.clickability.com.au/)

5.5 CHILDREN AND THE NDIS

The NDIS has a different pathway for children under the age of seven years with developmental delay or disability and who would benefit from early intervention.

A family unit who is homeless or at imminent risk of homelessness that presents with a child under the age of seven that is not an NDIS participant (client) but appears to have a significant developmental delay will need initial assessment when presenting at a homelessness service. Having a child with a disability is a known risk factor for homelessness.

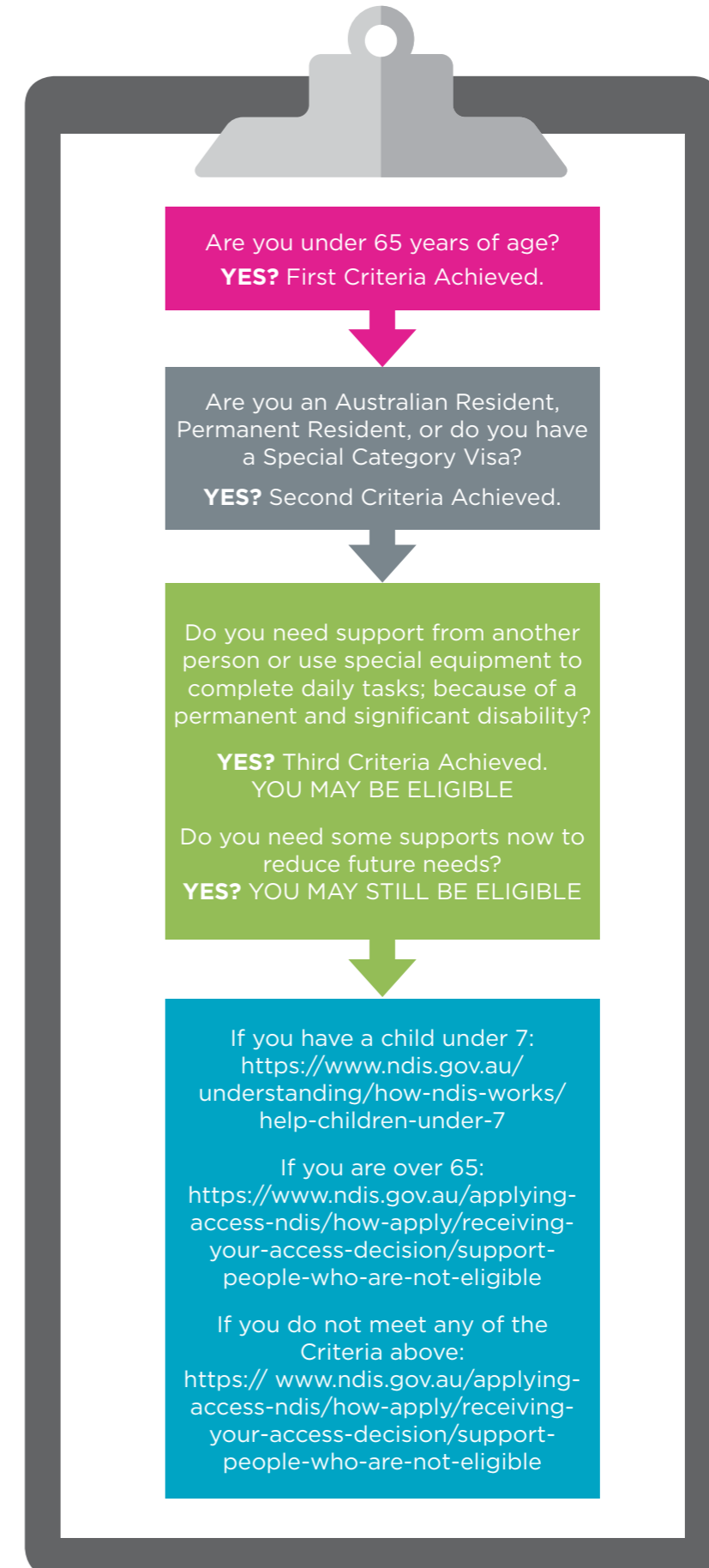
Referral and linkages will be required.

The NDIS has engaged Early Childhood Partners (ECPs) to deliver the Early Childhood Early Intervention approach. ECPs will undertake an assessment of needs, provide assistance to access supports and monitor progress. If the child requires longer term early childhood intervention supports, the ECP will help the family to request NDIS access and develop a plan.

To be eligible under these requirements children aged 0 – 6 years must have a delay which results in:

- Substantially reduced functional capacity in one or more of the areas of self-care, receptive and

Eligibility Checklist



- expressive language, cognitive development or motor development; and
- Results in the need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of extended duration, and are individually planned and coordinated; and
 - Those supports are most appropriately funded through the NDIS, and not through another service system.

5.5.1 Resources for early childhood early intervention

Support for your child NDIS website with general information and factsheets about early childhood early intervention support. (www.ndis.gov.au/ecei.html)

OTHER RESOURCES

- (www.ndis.gov.au/providers/pricing-and-payment)
- **Quarterly Reports:** The NDIA reports quarterly to COAG. They report on progress regarding implementation, including number of clients and expenditure.
- (www.ndis.gov.au/about-us/information-publications-and-reports/quarterly-reports.html)

- Practice Guidelines: National Disability Insurance Scheme and mainstream services (for health and aged care, children youth and families, specialist clinical mental health services) (www.providers.dhhs.vic.gov.au/practice-guidelines-ndis-and-mainstream-services)
- Homelessness and the National Disability Insurance Scheme: Challenges and Solutions, Council to Homeless Persons. This project was commissioned to gain a better understanding of the interface between Specialist Homelessness Services (SHS) and the National Disability Insurance Scheme (NDIS). Additionally, it considers the opportunities the NDIS presents for people who both have a disability and experience homelessness, as well as for the SHS sector itself and how to maximise these opportunities. (www.chp.org.au/wp-content/uploads/2017/05/170525-NDIS-and-homelessness-v.8-long-version-FINAL.pdf)
- **NDIS fact sheets** - the NDIS produces a host of fact sheets for clients and service providers, including around psychosocial disability. (www.ndis.gov.au/people-disability/fact-sheets-and-publications.html)
- **Operational guidelines** - these provide descriptions, rules and processes across all areas of NDIS operation, including access and planning. (www.ndis.gov.au/Operational-Guidelines)
- **Access checker:** Key questions to check whether a person may meet the access requirements. (www.ndis.gov.au/ndis-access-checklist.htm)



Application Steps



How to get the right information for your application*.

WHO CAN HELP ME WITH THE APPLICATION PROCESS?

A Local Area Coordinator can help with

- Determining if you are eligible to apply for the NDIS
- Teaching you about what the NDIS is and how the NDIS can help you
- Answering questions about the application process
- Guiding you through the NDIS process
- Directing you on how to get the best evidence for your application
- Checking your application before you submit it
- Providing you with an Access Request Form

You can drop into your Local Area Coordinator NDIS office or call them for support. Ask your worker for their location and contact number.

WHO SHOULD HELP ME FILL OUT MY ACCESS REQUEST FORM?

If you are a person with a psychosocial (mental health) disability the best people to provide support with the Access Request Forms are:

- Clinical psychiatric staff
- Area Mental Health
- Psychologist
- Occupational Therapist
- Mental Health worker
- GP

If you are a person with a hearing impairment the best people to provide support with the Access Request Forms are:

- Audiologist
- Hearing Australia
- Occupational Therapist
- GP

If you are a person with a vision impairment the best people to provide support with the Access Request Forms are:

- Ophthalmologist
- Vision Australia (can assist with home based assessments)
- Occupational Therapist
- GP

If you are a person with an Acquired Brain Injury (ABI) the best people to provide support with the Access Request Forms are:

- ABI Health professionals
- Neuropsychologist
- GP

If you are a person with Autism the best people to provide support with the Access Request Forms are:

- Psychologist
- Occupational Therapist
- Speech Therapist
- GP
- School social worker

If you are a person with an intellectual disability the best people to provide support with the Access Request Forms are:

- Psychologist
- Occupational Therapist
- Speech Therapist
- GP
- School social worker

! **REMEMBER:** You can submit reports alongside your Access Request Form to support your application

*Australia wide

How to get the right information for your application*.

WHO CAN HELP ME WITH THE APPLICATION PROCESS?

BROTHERHOOD OF ST LAURENCE

A Local Area Coordinator can help with

- Determining if you are eligible to apply for the NDIS
- Teaching you about what the NDIS is and how the NDIS can help you
- Answering questions about the application process
- Guiding you through the NDIS process
- Directing you on how to get the best evidence for your application
- Checking your application before you submit it
- Providing you with an Access Request Form?

You can drop into a Brotherhood of St Laurence NDIS office or call them on **1300 275 634**

WHO SHOULD HELP ME FILL OUT MY ACCESS REQUEST FORM?

If you are a person with a psychosocial (mental health) disability the best people to provide support with the Access Request Forms are

- Clinical psychiatric staff
- Area Mental Health
- Psychologist
- Occupational Therapist
- Mental Health worker
- GP

If you are a person with a hearing impairment the best people to provide support with the Access Request Forms are

- Audiologist
- Hearing Australia
- Occupational Therapist
- GP

If you are a person with a vision impairment the best people to provide support with the Access Request Forms are

- Ophthalmologist
- Vision Australia (can assist with home based assessments)
- Occupational Therapist
- GP

If you are a person with an Acquired Brain Injury (ABI) the best people to provide support with the Access Request Forms are

- ABI Health professionals
- Neuropsychologist
- GP

If you are a person with Autism the best people to provide support with the Access Request Forms are

- Psychologist
- Occupational Therapist
- Speech Therapist
- GP

If you are a person with an intellectual disability the best people to provide support with the Access Request Forms are

- Psychologist
- Occupational Therapist
- Speech Therapist
- GP



REMEMBER: You can submit reports alongside your Access Request Form to support your application

*Melbourne specific

Access request forms guide



1. Fill out personal information sections

2. Complete “impact checklist”

3. Then you can either

- Get your Treating Health professional to complete Part F on the form
- Get your Treating Health professional to provide letters, test results, reports, and discussion of the impact of your disability on daily life.

Who can complete the forms/ provide information?

Any treating health professional

- Specialists (neurology, orthopedics etc)
- GPs
- Psychologists/ Psychiatrists
- Nurses
- Occupational therapists
- Social workers etc.

You need to include

- What your disability is
- Date of diagnosis (if possible)
- Confirmation that it is likely to be permanent
- That you will likely need support your whole life
- Any treatments that you have done/ may still be exploring.

Your treating health professional needs to discuss your “functional capacity” – How your disability affects your everyday life in the following areas, including a description of how each area is impacted:

- mobility/motor skills
- communication
- social interaction
- learning
- self-care
- Self-management.

Things you should know:

- At this stage NDIS is focused on what you cannot do. Discussing your strengths, things you CAN DO could mean that you will be rejected. Mentioning “independence” is best to be left out. If you are able to do tasks from one of the six sections without any support it is best to leave the section blank.
- NDIS does not consider alcohol or drug use issues as a disability. The focus of your application needs to be on the impact of your disability and not about your alcohol and drug use. If it’s included it could disadvantage your access request.

If you have any friends/ family/ Workers/ etc who provide any support ask them to write you a letter talking about what help they provide you.



Before your appointment

Look over the tables provided and write a list of things that you cannot do/ struggle with/ need help with/ avoid etc to help your doctors with filling out the forms. Often they will not know the full extent of what you struggle with and might miss things.



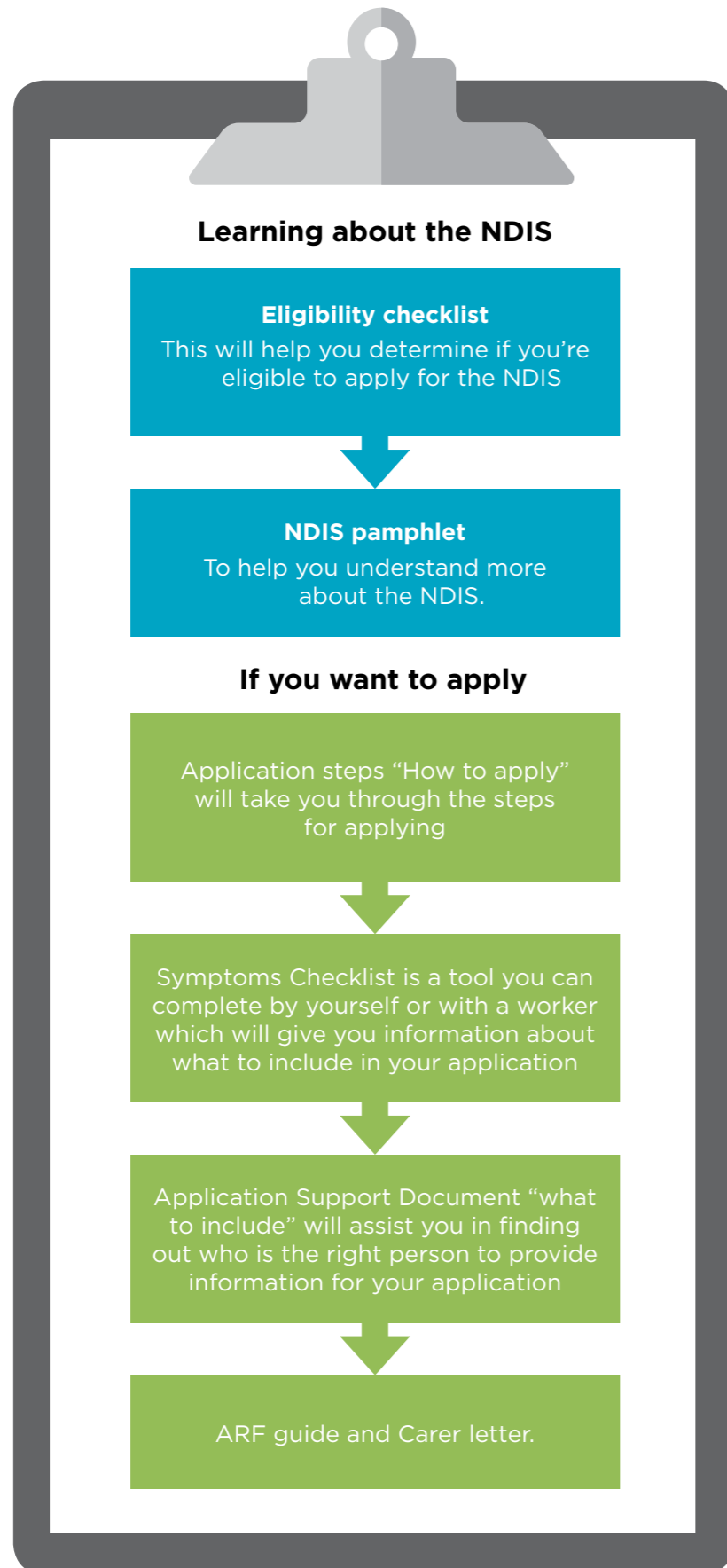
Before you send it off

Ask the Local Area Coordinators, The Brotherhood of St Laurence, in your area to look over it. They can tell you if you have enough information.

Always follow up your forms after they are emailed or posted, as they can get lost. It can take up to 2 weeks for them process your documents after you have sent them.

How to use this information pack

What's included?



Impact checklist

Psychosocial



Because of my condition I struggle with;

MOBILITY

- Using public transport /going to new places on public transport
- Leaving the house
- Attending appointments on my own
- Going to busy public places e.g. shopping centers, the city or trains

COMMUNICATION

- Understanding information
- Asking for help
- Reading verbal and non-verbal cues
- Following instructions
- Sustaining and initiating conversations

LEARNING

- Finding solutions to problems by myself
- Pay attention during appointments
- Remembering appointments
- Organising myself
- Following instructions (e.g. manuals, recipes)
- Learning new things
- *** ABI and cognitive disabilities

SELF MANAGEMENT

- Attending appointments by myself
- Taking care of myself
- Taking care of my house (tenancy)
- Budgeting and saving money
- Grocery shopping
- Managing money by myself
- Coping with stressful situations
- Cleaning
- Doing my laundry
- Paying my bills on time
- Cooking
- Advocating for myself

SELF CARE

- Maintaining hygiene (showering, brushing my teeth)
- Eating well
- Have a regular routine
- Managing medication
- Maintaining my health
- Changing my clothes regularly
- Going to my doctor when I'm sick

SOCIAL INTERACTION

- Making and keeping positive friendships
- Avoiding conflict with others
- Attending groups in the community
- Attending social events
- Controlling my emotions around others
- Keeping in touch with family
- Saying no to others
- Attending work or volunteering
- Getting along with people I don't know
- Trusting new people





Impact checklist

Physical

Because of my condition I struggle with;

MOBILITY

- Safely getting on and off public transport
- Going from sitting to standing
- Attending appointments on my own
- Going to busy public places e.g. shopping centers, the city or trains
- Going from lying down to sitting
- Walking without aids
- Walking for more than a few minutes at a time
- Sitting or standing for long periods of time
- Driving
- Moving around inside my home
- Moving around outside of my home
- Balancing
- Standing

COMMUNICATION

- Understanding written information
- Asking for help
- Reading verbal and non-verbal cues
- Sustaining and initiating conversations (deaf or hearing impairment)
- Filling out forms

LEARNING

- Finding solutions to problems by myself
- Following instructions
- Learning new things e.g. driving
- Attending school or work

SOCIAL INTERACTION

- Making and keeping positive friendships
- Attending groups in the community
- Attending social events
- Keeping in touch with family
- Saying no to others
- Attending work, volunteering or school

SELF MANAGEMENT

- Attending appointments by myself
- Taking care of myself
- Taking care of my house (tenancy)
- Budgeting and saving money
- Grocery shopping
- Managing money by myself
- Coping with stressful situations
- Cleaning
- Doing my laundry
- Paying my bills on time
- Cooking
- Advocating for myself

SELF CARE

- Maintaining hygiene (showering, brushing my teeth)
- Getting dressed by myself
- Eating
- Staying by myself
- Have a regular routine
- Managing medication
- Maintaining my health
- Going to my doctor when I'm sick





VincentCare
Engage. Enable. Empower.

vincentcare.org.au (03) 9611 9200

 vincentcare@vincentcare.org.au  facebook.com/VincentCareVic
 twitter.com/VincentCareVic  linkedin.com/company/vincentcare