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# SUBMISSION

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Joint Standing Committee on the National Disability Insurance Scheme  
Independent Assessments

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Sent to:

**PO Box 6100**  
**Parliament House**  
**Canberra ACT 2600**



**Lived Experience**  
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Lived Experience Australia (LEA) is a representative organisation for Australian mental health consumers AND carers, was formed in 2002 and has 3,000 members and friends. Our core business is to advocate for systemic change, empowerment of consumers and carers in their own care, promoting engagement and inclusion of consumers and carers within system design, planning, and evaluation and most importantly, advocating for consumer choice and family and carer inclusion.

LEA welcomes the opportunity to provide this Submission to inform discussions of the Joint Standing Committee on the National Disability Insurance Scheme regarding independent assessments. We will address most but not of the terms of reference relevant to our perspectives.

- a) the development, modelling, reasons, and justifications for the introduction of independent assessments into the NDIS; and
- g) the implications of independent assessments for NDIS planning, including decisions related to funding reasonable and necessary supports.

LEA understands that this is improve the flexibility of participants funding/budget within the various categories within their plan to better identify via the independent assessment (IA) of their functional capacity. This will assist in defining which categories require more or less funding as needed. Recovery required a broad mix of services and having the right elements of the participants budget is critical.

Currently the budgets relate to 6 categories:

1. Assistance with daily life
2. Consumables
3. Assistance with social and community participation
4. Increased social and community participation
5. Improved life choices
6. Improved daily living skills

LEA supports more flexibility around budgets within plans and understands the IA approach will support this. This will assist participants to make choices best for them.

LEA notes that two pilots have been undertaken to best inform the process of independent assessments. LEA also understands the process is for potential new and existing participants.

LEA's position is that we broadly support IA along the following lines.

- b) The human and financial resources needed to effectively implement independent assessments.
  - 1) The time allocation is 3 hours maximum for the IA. Many people with psychosocial disability find it hard at the best of times to be able to concentrate for a long period. LEA understands that multiple interviews can be offered for completion of the IA.
  - 2) The IA is just one of several ways in which potential or existing NDIS participants will be assessed; (it should not be the only assessment) and other assessments should be given due consideration in any final decisions, especially from those with established trusted relationships with the person and those from a practitioner close to the participant who knows of their history.

- 3) The IA will cover functional capacity giving mind to the episodic nature, including crises within a person's life affected by psychosocial disability. These periods can render a participant as 'non-functional' for significant periods of time and can completely disrupt the patterns of psychosocial support and relationships for the person that the person has worked hard to build to support them. We would expect this to be taken into consideration by the practitioner undertaking the IA.

d) the independence, qualifications, training, expertise, and quality assurance of assessors.

The practitioner undertaking IA for people with psychosocial disability will be psychologists, social workers etc who would understand the nature of psychosocial disability.

e) the appropriateness of the assessment tools selected for use in independent assessments to determine plan funding.

LEA agrees that an outcome measure would assist as one tool in determining a person's functional capacity. LEA also understands that any outcome measure needs to be consistent across all disabilities, not just psychosocial. LEA notes currently the self-rated WHODAS 2.0; **38 question** measure has been identified for use.

LEA would ask that serious consideration is given to the use of the shorter version of the WHODAS 12 item version, for those with **psychosocial disability**, where the domains are consistent across all versions. It is possible that for many participants, the ability to complete a form containing 38 questions will be difficult and furthermore, toward the middle to end of the measure, the quality of the responses will decline, if they are answered at all. We also know that completion of paperwork is one area that people with more significant psychosocial disability struggle with and therefore are likely to draw upon others such as family or other trusted supporters (if available) to read, understand and complete.

i. opportunities to review or challenge the outcomes of independent assessments.

LEA understands that part of the technical difficulty in coming to a final decision, will be the interpretation of the range of the score from the self-rated measure (WHODAS) i.e., what score will a participant need to attain to be accepted into the NDIS.

Given the variability that certainly comes into play in the assessment process, LEA believes that all potential or current participants undertaking an IA **MUST** have the opportunity to review and challenge the outcomes. Should there be missing material relevant to the decision made, participants must have the **RIGHT** to provide further evidence that would be taken into consideration against a decision to not accept or extend the participant's plan.

l. any other related matters

LEA considers the following, critical in the acceptance of IAs.

- 1) A participant can have a carer or supporter of their own choosing with them during the IA.
- 4) Independent assessments can be undertaken in a person's home if, because of their disability, they cannot travel or other related reason. In LEA's opinion, this would be the preferred way that all IAs are undertaken, which would give the best context in which to

understand the person's situation, where they live and how they are managing their daily lives and their psychosocial disability.

- 2) The time allocation is 3 hours maximum for the IA. Many people with psychosocial disability find it hard at the best of times to be able to concentrate for a long period. LEA understands that multiple interviews can be offered for completion of the IA.
- 3) LEA is also keen to see each participant provided with a form articulating their **Rights and Responsibilities**. As within the mental health system currently, a hard copy is provided to the person, they sign as having it verbally explained to them as well as evidence, they have received the hard copy, with it then filed within their record. LEA would be keen to assist the NDIA with this task.

In concluding, LEA supports independent assessments if they are in line with all the points above and would ask the Committee to consider our additional comments related to other matters above.

LEA would be very happy to be involved further to assist and support the Committee and the NDIA in providing the best possible processes for people with psychosocial disability.

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