

August 2019

imha
independent
mental health
advocacy

SELF-ADVOCACY FOR THE NDIS (MENTAL HEALTH)

Resource booklet



Free access to interpreter
Phone 131 450 and ask them to call us



ACKNOWLEDGEMENTS



The Independent Mental Health Advocacy (IMHA) acknowledges the traditional Aboriginal owners of country, recognises their continuing connection to land, water and community and pays respect to Elders past, present and emerging.

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MODULE 1: LEARNING HOW TO SELF-ADVOCATE

What is the purpose of this document?

To provide self-advocacy information and identify rights and strategies that support people to speak up for themselves.

Self-advocacy involves speaking up for yourself and knowing your rights about the things that matter to you. Independent Mental Health Advocacy (IMHA) have developed a self-advocacy model to assist you to be able to speak up for yourself. The model was co-produced with people who have experienced compulsory mental health treatment or have used mental health services.

When do we need to advocate for ourselves?

When there is something in your life that you want to change, you may need to do some advocacy. You can ask someone to do this advocacy for you, or you can do it yourself. If you do it yourself, we call this self-advocacy.

What are some of the things affecting your life that you wish you could speak up about? They may be big things or even small things.



Start writing your ideas down on the bricks...

What are the steps I take to advocate for myself?

There are many ways that you can do self-advocacy. IMHA's self-advocacy model suggests 6 steps:

1. Identify the issue
2. Know your rights
3. Identify your solutions
4. Make a plan
5. Enact the plan
6. Review what happened

We can go through these below.

Step 1: Identifying the issue

To identify an issue, you will need to describe it and look over it. Think about an issue you may have, it might even be something from your list above.

Defining the issue

What is the issue? Describe it.

The following questions will help define the issue:

- Why is it an issue to me?
- Is it part of a bigger issue?
- What is causing the issue for me right now?

How urgent is the issue?

Now think about the urgency of the issue. Is it something that will need a solution straight away or is it something that can wait?

What do I want to change?

Part of identifying an issue is also knowing what you want instead.

- What do you want to change?
- If there are a few things you want to change, what is the most important to you?

Who is the decision-maker and who can help me?

Think about who is the decision-maker. That is, who is the person you will need to speak to who can make the changes? The answers to these questions will help in identifying and being clear about the issue.

Step 2: Knowing your rights

Rights can protect you against unfair treatment. Knowing your rights can help you to speak up when you are concerned about unfair treatment.

Finding your rights

The easiest way to find information on specific rights is to ask someone from an advocacy organisation or to look for their resources. These can include their website, videos, fact sheets or resources that relate to your issue. If they are unable to help, they will give you the contact for someone that can.

See the 'Resources' section at the end of this module for a list of useful contacts.

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

In 2008 the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) stated that people with a disability (including psychosocial disability) were able to make decisions about their life and had the right to be an active member of society.

You have the right to make decisions about your own life.



Supported decision making and your rights

UNCRPD went on to say support must be provided to assist people in making their own decisions. This is known as supported decision making – having support if you need it, to make your own decisions.

The underpinning principles of supported decision making are:

- Everyone has the right to make decisions about the things that affect them.
- Every effort should be made to support people to make their own decisions.
- People have the right to learn from experience.
- People have the right to change their mind.
- People have the right to make decisions others might not agree with.

(Supported Decision Making fact sheet endorsed by Victorian Mental Illness Awareness Council (VMIA), Independent Mental Health Advocacy (IMHA) and the Centre for Psychiatric Nursing (CPN).)

You have the right to be given support to make your own decisions.



Supported decision making ensures that you can make choices about your life and have access to support. What does **support** look like in practice? It includes:

<p>Gathering the information</p>	<ul style="list-style-type: none"> • your supports helping you get the information needed • having the information explained to you in a way that makes sense • having the time to think about the information • having the chance to get other information and ask further questions.
<p>Looking at your choices</p>	<ul style="list-style-type: none"> • being informed of all your options, not just some • using this information as well as your past experiences and what you like and don't like, to make your decision • you being aware of the consequences and being responsible for the decision you make.
<p>Making a decision</p>	<ul style="list-style-type: none"> • you making the decision • it may not be the decision others would have made but it is still yours to make • having time to reflect on your decision and learn from the decision you made and the outcomes.



Did you know?

Some Acts recognise your rights to nominate a support person.
Some decision-making forms to nominate a support person are:

- Nominated person
- Plan Nominee
- Correspondence Nominee
- Medical Support Person
- Supportive Attorney.

See the 'Resources' section at the end of this module for further information.

Activity: Making decisions

Think about a time you had to make difficult decision. How did it go, and what did you need to make that decision?
Ask yourself...

What was the choice I had to make?

Did I know I had options? How did I find out my options?

Did I need support? If so, what kind of support?

Did I need to make the decision immediately, or did I have some time?

Did I reflect on my decision?

Step 3: Identifying solutions

Now you know what you want to change, you need to think of what you want it to change **to**. You can start by writing down all your ideas. You can even ask someone you trust for their ideas.

To help identify a solution, you will need to think about:

- What solution will solve the issue I have?
- Do I need more information to find a solution?
- Do I have the pros and cons of the solution/s I am considering?
- Do I have an ideal solution?
- Am I willing to compromise? If so, where and how?

Step 4: Develop a plan

This next step looks at developing a plan of action using the information you have gathered. You know what the issue is, who the decision-maker is, you know your rights and you know what your preferred solution will be.

Your message

You will need to think about developing a message to express your views. In other words – how will you communicate your point? Your message can include:

- what your issue is
- what is causing the issue
- (you may include an example if you want)
- what your rights are
- what you want instead (what you want to achieve)
- your preferred solution.

Write your message down and read over it a number of times. Practice what you will say aloud. You may even ask another person if they could help you practice, like a role-play.

Delivering your message

Think about the person you will need to talk to – the decision-maker. What you have to say is important and you want the decision-maker to give you their full attention. The best way to get a person's full attention is to make a specific time with them to meet. If you already have a meeting time planned, that can work too.

If you are taking someone with you as a support to the meeting, if possible, let the 'decision-maker' know that you will be doing this.

Developing your self-advocacy skills

Self-advocacy requires some skills. Things you need to consider are:

- negotiating and compromising on the issue and solutions
- identifying and overcoming the barriers to your self-advocacy and solutions
- managing conflict.

In the 'Resources' section, we provide information and advice on how you can do these. You can read up on these now, or you can read through once you have gone through the steps.

Step 5: Enact the plan

This is the meeting where you express your concerns and hopefully reach an outcome you are able to accept.

Remember:

- To take your notes (written plan) with you – use them as a guide or ask a support person to read them out.
- You can ask someone to advocate for you, this means they can speak on your behalf to help – express what you want to communicate.
- You can take notes of what is said and agreed.
- You can ask your support person to take notes on your behalf.
- You can ask for copy of what has been agreed (*make sure you read it and question anything that doesn't seem right*).
- You can ask for the agreement to be signed.

If you feel like it is all becoming too much, you can ask for a break or to end the conversation and make another time.

If you disagree with the outcome, you can ask for a second opinion; or a review and/or make a complaint.

Did you know?

Asking another person to advocate on your behalf is also an act of self-advocacy.



Step 6: Review

Part of advocating for yourself includes reflecting on what has happened. This means thinking about what you did well and what you could do differently next time. If there were things that didn't go so well, talk it over with someone you trust for suggestions on what you could try next time.

Self-care

The self-advocacy process may bring difficult feelings and thoughts. You can put things in place to support you with this. Speak to someone you trust, be gentle on yourself and take care.

IMHA's 6-Step Guide to Self-Advocacy and a blank Advocacy Plan is located in the 'Resources' section at the end of the module.

Self-advocacy does not guarantee that you will get what you want but it will let people know what you need and how you feel and give you the best chance of getting what you need to achieve your goal.



Remember: You can make a complaint

If you are unhappy or concerned about something that has happened to you, you can make a complaint. Complaints are an opportunity to address your concerns and improve the service more broadly. You should not be treated unfairly for making a complaint.

It is up to you how you make a complaint, but some things you might consider are:

- What is the issue I am complaining about?
- What are my rights?
- What are the details of what happened?
- What does a resolution look like for me – what do I want?

Different services will have different complaints processes, so you may need to ask them. Sometimes there are organisations that handle complaints and regulate mental health services. You can make complaints to them too.

A list of these organisations is located in the 'Resources' section at the end of this module.

Tips for making complaints

- Say what has happened, why you are not happy and what would you like to happen instead.
- **Decide whether the complaint should be formal or informal, depending upon how you may be feeling or how serious the situation is to you.**
- Make the complaint to the service or an external complaint body – this is your decision.
- Keep a diary or record of your complaint if you make it to the service. This will be important if you want to take your complaint further. It will show that you have tried to sort out the issue:
 - Include who you spoke to.
 - Write down the date (and time) you spoke to the person.
 - Photocopy any letters you sent and the date you sent them.
 - Write down what your complaint was.
 - Make notes about what they said to you (their response).
 - Keep a copy of any letters (and envelopes)/emails they send to you.

If you want to write a complaint letter, an outline is included in the 'Resources' section.

RESOURCES

1. IMHA's 6-Step Guide to Self-Advocacy including a blank advocacy plan
2. Description of decision-making forms to nominate a support person
3. Advocacy organisations
4. Organisations that handle complaints
5. Complaint letter outline
6. Self-advocacy skills
 - Negotiating and compromising
 - Managing conflict
 - Practicing self-advocacy
 - Barriers
7. Barrier breakthrough: Worksheet



Know your rights: Self-advocacy plan

IMHA's 6-Step Guide to Self-Advocacy may assist you in developing a self-advocacy plan. This 6-step guide provides a great foundation to build your plan in preparation for self-advocacy. Remember, self-advocacy can be used before there is an issue (as a preventative measure) or once an issue has arisen. A blank self-advocacy plan follows this 6-step guide for your personal use.

- | | | |
|----------------|---------------------------|---|
| STEP 01 | Identify the issue | <ul style="list-style-type: none"> a. Write down the issues – What do you want to change about your treatment? Make a list if there is more than one. b. Which is most important? c. Who is the decision-maker? Remember, staff have specific roles. |
| STEP 02 | Know your rights | <ul style="list-style-type: none"> a. What rights do you have? b. What do you need to advocate for yourself? c. Who is able to help if you want? |
| STEP 03 | Identify solutions | <ul style="list-style-type: none"> a. What is your preferred solution? It's OK not to know – you might ask someone you trust about your options. b. Are you willing to compromise? Where? c. How will you know when you have achieved what you want? |
| STEP 04 | Develop plan | <ul style="list-style-type: none"> a. How will you communicate your point? To whom, and when? b. Write it down & practice what you will say. c. Who will support you (if you wish)? d. What are the next steps if you do not get what you wanted? |
| STEP 05 | Enact Plan | <ul style="list-style-type: none"> a. Communicate your concerns. b. Take notes. c. Have the meeting. d. Continue with your plan. |
| STEP 06 | Review | <ul style="list-style-type: none"> a. What happened? b. What went well? What didn't go well? c. What would you like to be different? d. Follow the next steps in your plan if necessary. |



1. Identify the problem

Write the problem – what do you want to change?

Who is the decision-maker?

2. Know your rights

What resources and who could help? A resource might be a fact sheet, video, or a conversation with a support person. This can also include evidence such as documentation

Your rights – learn about your rights and write them below

3. Think about solutions

Write down your ideal solution – you may want to talk with a peer, family, staff or an advocate about your options

Your (possible) alternative solutions

How you measure success

4. Make a plan

How will you express your views?

To who and when?

Who may support (if needed)?

What are the next steps if you don't achieve your goal?

5. Enact the plan

(Here you may want to write your notes about what happens during the meeting)

6. Review

What happened?

What went well?

What didn't go well?

What would you like to be different?

What next?



Decision-making forms to nominate a support person

A description of what each of these supports mean and links to some great resources follows:

<p>Supportive Attorney</p>	<p>Can support you to make decisions in financial and personal matters.</p> <p>For example:</p> <ul style="list-style-type: none"> • paying bills • services you need • where you live. <p>Can get personal information about you from utility companies or banks (if you have given permission for these things) and can be a representative of your decisions.</p> <p>You decide which areas you would like the support in (it may be some and not others if you choose).</p>	<p>The Office of the Public Advocate have released an informative booklet called <i>Side by Side: A guide for people wanting support to make decisions</i>.</p> <p>Included in this booklet are forms to appoint a:</p> <ul style="list-style-type: none"> • Supportive Attorney • Medical Support Person. <p>www.publicadvocate.vic.gov.au/our-services/publications-forms/supported-decision-making-1/side-by-side-a-guide-to-appointing-supportive-attorneys</p>
<p>Medical Support Person</p>	<p>Has authority to access your health information if needed.</p> <p>Helps you talk with health practitioners about what you want or don't want.</p> <p>Can represent your views to health professionals if you are unable to do so.</p> <p>They cannot make any medical treatment decisions for you.</p>	<p>See above.</p>
<p>Nominated Person</p>	<p>Can receive information and support you while you are receiving compulsory medical treatment.</p> <p>Can help represent your views and preferences.</p> <p>Can be consulted about their own views regarding your treatment.</p> <p>Can help you to exercise any of your rights under the <i>Mental Health Act 2014</i>.</p>	<p>The Independent Mental Health Advocacy have loads of information about nominating a person to support you.</p> <p>A Nominated Person template is also available to download from the IMHA website.</p> <p>www.imha.vic.gov.au/know-your-rights/having-more-say-over-your-treatment/nominating-person-to-support-you</p>

Plan Nominee

Once you have been accepted into the NDIS (become a participant), the Plan Nominee can do all the things that you would have to do in preparing for your plan (such as a statement of goals and aspirations), request a review or replacement of a plan.

Can manage the funding for the supports in your plan.

Can only do the things you nominate them for when requesting a Plan Nominee (specific functions).

You would need to contact the NDIA and request for your support person to become a Plan Nominee.

www.ndis.gov.au/operational-guideline/nominees

Correspondence Nominee

Can only manage paperwork regarding your NDIS plan including making requests on your behalf and receiving any letters and notices from the NDIA (agency which oversees the NDIS).

You would need to contact the NDIA and request for your support person to become a Plan Nominee.

www.ndis.gov.au/operational-guideline/nominees#7.3

Advocacy organisations

Independent Mental Health Advocacy (IMHA)

Supports people who are receiving or at risk of compulsory mental health treatment to make decisions and have as much say as possible about their assessment, treatment and recovery.

Advocates are based in Melbourne, Geelong, Bendigo and Dandenong, but support people across Victoria.

The service is independent, free and confidential.

Tel: 1300 947 820

Monday to Friday, 9.30 am to 4.30 pm

Email: contact@imha.vic.gov.au

Website: www.imha.vic.gov.au

Victorian Mental Illness Awareness Council (VMIAC)

The peak Victorian non-government organisation for people with lived experience of mental health or emotional issues.

Services include:

- advocacy – general
- NDIS information and support
- NDIS appeals and review advocacy.

Tel: 9380 3900

Monday to Friday, 9.30 am to 4.00 pm

Website: www.vmiac.org.au

Tandem Inc.

Tandem is the Victorian peak body representing family and friends supporting people living with mental health issues.

Services include:

- advocacy
- NDIS information and support.

Tel: 8803 5555

Carer Advocate: (03) 8803 5501

Website: www.tandemcarers.org.au

Office of the Public Advocate

The Office of the Public Advocate offers an information service and advocacy for people with disabilities.

Tel: 1300 309 337

Monday to Friday

National Disability Advocacy Finder

Website: <https://disabilityadvocacyfinder.dss.gov.au/disability/ndap>

Organisations that handle complaints

The Victorian Equal Opportunities And Human Rights Commission

Handles complaints about discrimination, sexual harassment, victimisation and vilification.

Enquiry line: 1300 292 153

9.00 am to 12.30 pm, 1.30 pm to 4.30 pm

Website: www.humanrightscommission.vic.gov.au/home/the-law

Mental Health Complaints Commissioner (MHCC)

Handles complaints about publicly funded mental health services.

Tel: 1800 246 054 or (03) 9032 3328

Website: www.mhcc.vic.gov.au

Health Complaints Commissioner

Handles complaints about private health services including private mental health services.

Tel: 1300 582 113

Website: <https://hcc.vic.gov.au>

Australian Health Practitioner Regulation Agency (AHPRA)

Handles complaints about individual clinicians and their actions.

Tel: 1300 419 495

Website: www.ahpra.gov.au

The NDIS Quality and Safeguards Commission

Handles complaints about the quality of service they receive from an NDIS provider.

Tel: 1800 035 544

The NDIA Fraud Reporting

For NDIS participants with concerns about potential fraudulent activity and price gouging.

Hotline: 1800 650 717

Email: fraudreporting@ndis.gov.au

Complaint letter outline – Writing a complaint for the first time

(Your name)

(Your address)

(Your best contact details)

(Who you are writing to)

(Program/Service name)

(Service address)

(Date you wrote the letter)

Dear (who you address the letter to (if you know their name – use it))

(A sentence saying you are writing to complain)

(Write down what you are not happy with and what you have done to try and 'fix' it. This may include:

- what arrangements are meant to be happening
- what has/has not happened
- who you have spoken with from the service about the complaint (informal complaint)
- when you spoke with that person and what they said they would do
- what has happened since they said they would do something)

(Write down how this has made you feel and how it is affecting you. Write what you want to have happen)

(Ask them to follow up this complaint and let you know the results. Let them know how to contact you (your best method of contact))

Yours sincerely (or regards)

(Sign your name)

Self-advocacy skills

When a person is advocating for change, they may be faced with questions, differences of opinions and barriers. Being able to compromise is needed at times also. You will need to think about and plan how you will respond to these situations:

Negotiating and compromising

Negotiation is an important skill in order to reach agreements. It's about looking at all the different suggestions and ideas raised, by both the other person and you, and looking for the similarities or even common solutions raised that you can both agree upon.

Sometimes compromise may be needed, this means both people giving up some things. An example of this could be Geoff needing to be picked up from a party that finishes at 1 am. Geoff asks Jane to pick him up. The issue is that Jane has work at 7 am the next morning and needs to get a good sleep. A good outcome from negotiation could be Jane agreeing to pick up Geoff at no later than 11 pm. In this case, Geoff still gets to go to the party and leave a bit earlier while Jane will do the pick-up and still get enough sleep.

There will be times when some really important needs and decisions are non-negotiable. This means you are not willing to make any changes to what you want. Let people know what these are.

Managing conflict

Conflict means there is a difference in ideas and opinions. If you are doing self-advocacy, this is probably what is happening. Conflict is common and many people find it difficult to know what to do. It is okay to have different views and ideas, to listen to each other and learn from each other. It can also provide a wonderful opportunity for learning and understanding differences. The best solution is often to try and resolve conflict, here are some suggestions:

- **Listening** – Listen to what the other person says without interrupting. It helps to understand what their concerns are. You can then respond to their concerns and they will feel that they have been heard.
- **Clarify** – You can ask the person if they understand what you are saying and get them to explain back to you what they think you said. Sometimes people interpret things differently
- **Focus** – Focus on the issue (what it is that you want) rather than how you think it 'should' happen. There may be more than one way to get what you want.
- **Accept and respect** – Accept and respect that individual opinions may differ. Look at the areas that you can both agree on instead of the areas that you disagree about.
- **Be aware** – A raised voice or angry body language can come across as aggressive and this will stop the other person from listening to what you are actually saying.
- **Ownership** – Use the word 'I' rather than 'you' when talking about how you feel, what you think will work for you and what you want.

Practicing self-advocacy

Start practicing on smaller things so that you can notice what works and doesn't work. Notice how people respond to you – you can even ask for their feedback on what they were thinking when you were negotiating. This will assist you to make changes to how you might say things to achieve what you want.

Barriers

Examples of common barriers that can make self-advocacy difficult include:

This barrier...	Can lead to...	But you have these options...
Don't know your rights (and choices)	<p>Believing you don't have any rights in situations</p> <p>Not questioning decisions being made about to you</p> <p>Believing you have no say in what happens to you</p>	<p>Find out what your rights and choices are because you will have them. You can:</p> <ul style="list-style-type: none"> • ask directly • research • ring an advocacy service. <p>Ask another person to help you find the information.</p>
Feeling confused	<p>Thinking it's all too hard and 'giving-up'</p> <p>Letting others make decisions for you</p>	<p>Ask questions – remember, there are no silly questions. It is OK to keep asking until you get answers that make sense to you.</p>
Things affecting your memory	<p>Forgetting information that can help with decision making</p> <p>Missing opportunities to have your say and speak up for yourself</p>	<p>Write down information.</p> <p>Use a diary or calendar for dates and times so you can remember them later.</p>
Finding it hard to express yourself	<p>Just agreeing with the other persons story of what you were really trying to say</p> <p>Not giving your views or thoughts due to past experiences of not being listened to</p> <p>Feelings of frustration</p>	<p>Remind yourself – what you have to say is important because you are the expert on your life. Your input is valuable.</p> <p>Prepare – prepare for meetings and appointments by writing things down.</p> <p>Practice – spend some time with someone you trust working out what message you want to get out.</p> <p>Explain you are having difficulties – if you are in a situation that you haven't been able to prepare for and the other person really isn't understanding what you are trying to say, let them know that isn't what you meant and that you are struggling to find the right words to say.</p> <p>Take some time and a breath – if you feel yourself starting to get upset, you can take some time to breathe, refocus your message, ask for a break, and if you need, ask for another time to have the meeting.</p>
Being treated unfairly because of your mental health issues	<p>Feeling they disregard anything you might say</p>	<p>Explain what you need, why you need it and how this connects to your rights.</p>

This barrier...	Can lead to...	But you have these options...
Not being listened to	Feeling that you are not being listened to	<p>Repeating back – you can repeat back to the person what they are saying. This shows you are listening to them and trying to understand what they are saying.</p> <p>Clarify – if you are being misunderstood, you can explain that it is not what you were saying and repeat what you said (you may even point out the differences if you choose).</p> <p>Ask for another time – if you believe they are still not listening – tell them. Let them know, that you don't feel like they are listening to you and ask them if they would like to meet at another time when they are able to listen.</p> <p>Ask them for solutions – if they don't want to do this, ask them what would help them to listen to what you are saying.</p>
Staff say they do not have the resources or are not the decision-maker	Feeling dismissed Not having your needs or concerns addressed	<p>Ask for the decision-maker – if the person is unable to make the decision on what you are needing, ask them who the best person to talk with would be.</p> <p>Be clear with the decision-maker – when meeting with the 'decision maker', let them know that you were told they could make the decision/s.</p> <p>Ask them to help – if the organisation/program doesn't provide what you need, ask what they can do to help you. You could also ask them for ideas and contacts to organisations that may be of assistance to you.</p>
There is a power-imbalance	Feel like you have no rights Feel powerless to do anything	<p>This is where it is really important to know your rights, particularly in regards to decision making.</p> <ul style="list-style-type: none"> • Rights and consequences – you can begin by stating what you need and what you understand you have a right to. You can also add what you believe the consequences of your decision will be. (This shows you have thought through your choice and will accept responsibility for your choice). • You could also take a support person to any appointment or meeting. • If the other person refuses to consider what you are saying, you have a choice to make a complaint. You might even ask the person what the complaint process is for the service.

This list isn't complete, so you can start making your own list on the worksheet below:



Barrier breakthrough: Worksheet

1. Write down something that has stopped you from speaking up for yourself (Barrier)
2. How has this 'barrier' affected your thoughts and behaviour? (Can lead to)
3. Brainstorm things that may help you get around the barriers (Options)

Barrier	Can lead to	Options

MODULE 2: MENTAL HEALTH SERVICES, THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS) AND ME

What is the purpose of this document?

To look at changes to mental health services with the introduction of the NDIS and how it affects people experiencing mental health issues.

Why is this information needed?

The introduction of the NDIS changed the way certain mental health services are delivered. Many people with a lived experience of mental health issues have been affected by this change. Since the NDIS started rolling out in 2016, there continues to be lots of confusion and uncertainty felt by both people who work for mental health service providers and for the people that use these services. People who can advocate for themselves have a greater chance at getting the supports they need.

You are the expert of your life, you know what will work for you and what you need. This resource module is designed to assist you in working your way through the NDIS and to advocate for what you need. It was co-designed which means that the topics and content were identified by family and friends supporting people living with mental health issues and people who have a lived experience of mental health issues or emotional distress.

How have mental health services changed?

Before the NDIS, community organisations who provided services to people with mental health issues were funded directly by both the state and federal governments. This meant that they were given money from the government to provide support for people who needed it.

Some people with mental health issues were referred to these organisations (also known as service providers) for support. They had to meet certain conditions before they were accepted into a program. Based on these conditions the organisations decided who received support, what the support was and how often that person received support.

The Australian government decided that the way services were provided to people with disabilities and mental health issues was 'hit and miss'. Sometimes people got the supports they needed and sometimes they didn't. There was also some worry about the limited range of services and support offered.

A fairer way of providing useful supports was needed.

The NDIS was introduced as a new way of funding and providing services.



Funding has now been transferred from state and federal programs to the NDIS. People who are accepted into the NDIS now receive an individual support package (NDIS plan).

This means that a person who has an NDIS plan will be able to choose which services they want, who they want to provide them and when they want them. The NDIS calls this 'choice and control'.

Below is a list of some things that have changed with the introduction of the NDIS:

What the changes mean for service providers	What the changes mean for you (the consumer)
<p>They have had to become more like businesses.</p> <p>Some service providers have closed down.</p> <p>Some have changed what services and supports they offer.</p> <p>Some people who have been employed by service providers will lose their jobs.</p>	<p>You can no longer access some services and supports if you are not a participant of the NDIS.</p> <p>If you have a plan with the NDIS, you will be employing/hiring the service to provide support for you.</p> <p>You will need to understand about the NDIS and what is needed to be accepted as a participant.</p> <p>You will need to do some work to demonstrate you meet the NDIS eligibility requirements and prepare for the planning meeting.</p> <p>You will need to be able to self-advocate to get the supports and services you need.</p>

Why is this important for me?

The NDIS may be able to provide you with supports on your recovery journey. It is one part of many things that you can use as you navigate your way. Friends, family and your local community may also have a part to play in providing you with support, along with other government services. If you are eligible to become a participant of the NDIS, the NDIS will fund supports that may help to increase your participation into your community.

Understanding the NDIS, its eligibility requirements and support planning has been a bit tricky for many people with mental health issues and at times it's hard to understand how the NDIS fits with your recovery journey. Your health and wellbeing are what is important, and you will need to decide if the NDIS is something that could help.

How does the NDIS fit in with my recovery journey?

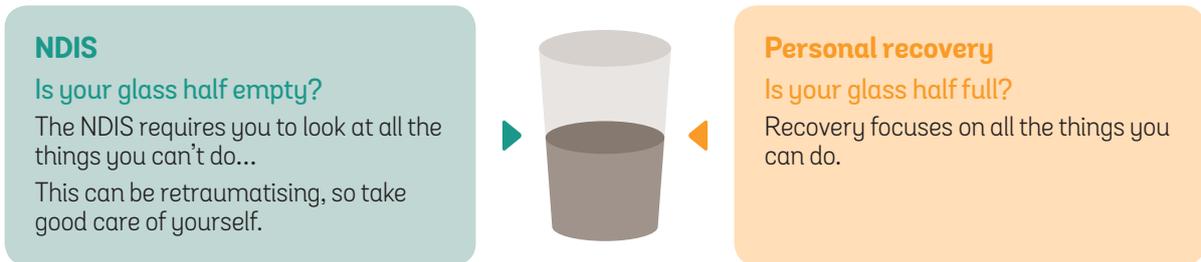
My recovery journey

- Hope and possibilities can provide the inspiration and drive to begin the journey.
- Each person's journey will be unique (no better or worse – just different).
- There will be ups and downs, times when things go fast and go slow and this is OK, it's all an experience to build upon and celebrate.
- Recovery is about '*the adventure you undertake*' to reach a point where you feel good about your life and have a sense of purpose in all areas; personal, social and emotional wellbeing – despite the impact of your mental health condition.

My recovery and the NDIS

The NDIS eligibility criteria initially focuses on whether there is a ‘remedy’ to your mental health condition, that is if your mental health condition is permanent, and on how the things you can’t do impacts on your life.

Keep in mind though, even though the NDIS uses this language and has this focus, you can still be heading towards your personal recovery.



If it feels slightly confusing, don’t worry – you are not alone. Health practitioners and support workers are still trying to understand the NDIS and learning to write reports the ‘NDIS way’.

So where do the NDIS and Recovery Focus join paths?

When it comes to your goals, dreams and plans...

Life changing opportunities can happen when you least expect it. We all experience feelings of insecurity and vulnerability and it takes great strength to identify and acknowledge them. Sometimes we need support to reach our goals and the NDIS may be the avenue which allows you to gather the supports you need. The NDIS provides a lifetime commitment and as you experience different life changes, the NDIS funded supports can also change to meet your needs.

‘Recovery is about being resourceful and patient and having the right supports in place that provide you with the impetus and support to take on the great journeys in life.’

Neil Turton-Lane



Working with change and uncertainty

When change happens, it can make people feel uncomfortable and uncertain. When new large systems are introduced, like the NDIS – it effects many people and in many different ways. Workplaces are changing and workers are having to adapt, supports are changing, health professionals are having to present information in a way they are not familiar with and you are being asked to do a lot more things to get the supports you need.

We can’t stop the change from happening, we have no control over this – but what we can have control over, is how we respond to the change. The following are some tips you may want to think about when deciding how you are going to respond to the change:

Be gentle on yourself

Change can bring on many feelings, thoughts and a sense of loss. Each person will deal with this in their own way and in their own time. Take extra care of yourself and let those close to you know that you may need some understanding and support.

Don’t fight it

Try to learn as much as possible about what the change is and what your options are.

Rethink what change can mean to you

Does it set up the opportunity for you make decisions for yourself, such as deciding what supports you need and where to get the supports? In other-words, does it increase your self-determination? Is it an opportunity to set new challenges for yourself? One change can lead to another opening new possibilities.

You would have faced changes in the past. Reflecting back can sometimes help you face the challenge of new changes:

Think of a time you had to face a change?

How did you feel?

What were your thoughts?

How did you move through it?

What worked well for you?

Would you have done anything differently? If so, what?

MODULE 3: BEGINNING WITH THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

What is the purpose of this document?

To provide an overview of the NDIS, its eligibility criteria and psychosocial disability.

What is the NDIS?

The NDIS is a government run scheme which is changing the way disability services for people with permanent functional impairment are funded and provided.

What does this mean for you?

- **The NDIS is a voluntary scheme**

It is worth noting that the NDIS is an insurance scheme with the aim to 'invest' in your life now in the hope of minimising the need for long-term, ongoing services.

If the NDIS were to have disclaimers – as do insurance schemes, they may look something like this:

It is not a pension or a welfare payment and it will not affect your pension if you get one although your transport allowance will be removed.

It will not replace services and support you receive from other service areas such as medical, schools, community groups or even from friends or family who may assist at times.

- **The National Disability Insurance Agency (NDIA) is the government body that is responsible for the NDIS**

The NDIA are the decision-makers. When dealing with government departments, people have often found that there are layers of things they have to do in order to get something with long waiting times. Be prepared – dealing with the NDIA is no different.

- **It has strict eligibility criteria**

Government agencies sometimes use specific language, labels and criteria in assessments as this makes it easier for them to make decisions. The problem is, for many of us, we don't fit the box they are trying to squeeze us into. This can result in some of us giving up on applying for something as it is too confusing, or maybe even thinking that what is being offered isn't meant for us. We will look at eligibility criteria and evidence in more detail later in this module because if you are eligible, being an NDIS participant could assist you.

- **NDIS participants receive an individual support plan package (NDIS plan) that is linked to their goals**

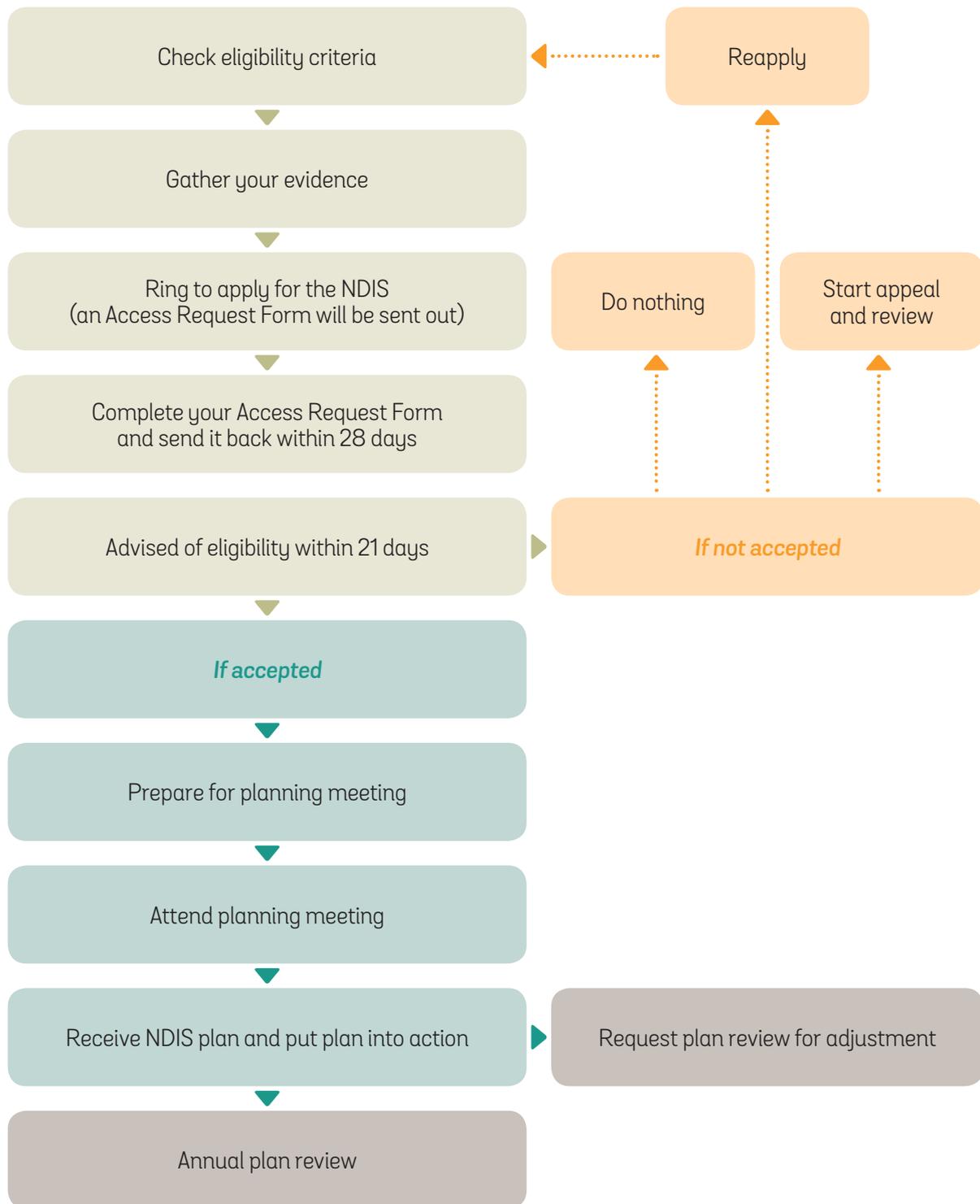
If accepted, you get to say what is important for you and what supports you would need to work towards your goals. There will be a case plan, or what the NDIS refers to as a NDIS plan, developed with you and this will be relooked at periodically to see if your goals have changed or you need different sorts of support. This is quite involved so we have developed a couple of modules specifically looking at plans. The NDIA will have the final say on what supports you can have and have guidelines that need to be met when spending the funding in your plan. If approved, you get to choose who will provide the supports.

- **If accepted, it will be for life (if you choose)**

You will not need to reapply if you remain living in Australia. When you turn 65 years old, you will have the choice of remaining in the NDIS or you can transfer over to the My Aged Care scheme.

The NDIS process overview

There are a number of stages involved in the NDIS and we will explore each one throughout the modules. Below is a basic overview from beginning to end so you can see where everything fits:



Am I eligible?

The NDIS has certain eligibility requirements which you must meet in order to be accepted into the scheme. You will not need evidence of these requirements when you call the NDIA to initially apply however proof (or evidence) will be required when you put in your Access Request Form.

The NDIS eligibility criteria is as follows:

Eligibility criteria	Tips
You need to be under the age of 65 years old	<p>If it is close to your birthday and you are turning 65 years of age, make sure you apply quickly. If you are under 65 years old at the date of the initial application this means that you have started the process and met this criterion – it then won't matter if you turn 65 years old during the process.</p> <p>If you are 65 years of age or over, look at the packages provided by My Aged Care – Home Care Packages by the Australian government.</p>
<p>You need to be an Australian citizen</p> <p>or</p> <p>Hold a Visa to live in Australia permanently</p> <p>or</p> <p>A New Zealand citizen who is a Protected Special Category Visa (SCV) holder</p>	<p>You will need to be residing in Australia and remain an Australian resident (The NDIS will be stopped if you are no longer living in Australia).</p> <p>You are a protected SCV holder if you arrived in Australia on a New Zealand passport and were:</p> <ul style="list-style-type: none"> • in Australia on 26 February 2001 • in Australia for 12 months in the 2 years immediately before this date, or • assessed as a protected SCV holder before 26 February 2004.
You must have a permanent and significant disability	See below.

What does the NDIA mean by 'permanent and significant disability'?

You have a mental health issue that affects your ability to function on a daily basis.

The NDIA use their own language to describe things. The NDIS says that for a person to be eligible, they must have a disability that results in a substantially reduced functional capacity as a result of a likely psychiatric condition affecting the person on a daily basis. They also say that the disability needs to be permanent or likely to be permanent.

In regard to the NDIS however, it is important to look beyond the language and the labels and instead focus on what they mean. Below is an explanation of keywords to assist in this process:

NDIS language...	What they mean...	Did you know...
Psychiatric condition	Mental health issues	There does not need to be a diagnosis however there needs to be some identification of how the mental health issues impact your life.
Disability (also known as psychosocial impairment)	Impacts and restricts your ability to do everyday things	The NDIS is for people who experience severe and long-term disability.
Psychosocial disability	A disability related to your mental health issues	Some people will have mental health issues without experiencing any life impacts or restriction.
Permanent	Likely to be with you for life	The NDIA says that all treatment has to have been explored to be permanent.
Significant (also known as substantially reduced)	Your mental health issues significantly effects your ability to take part in everyday activities	The NDIA are saying it needs to impact you every day.
Functional capacity	Ability to function in different life activities	The activity domains the NDIS look at are: <ul style="list-style-type: none"> • communication • social interaction • learning • mobility • self-care • self-management.
No remedy	No cure	Medical practitioners can misunderstand what the NDIA mean by 'remedy'. It is important that you let them know that it means 'cure' – is there something your doctor can give you right now to cure you?

Note: 'Psychosocial disability' is the term the NDIS mostly uses. The use of this term throughout the modules, is a reflection of that. Further information on 'what is psychosocial disability?' is looked at later on in this module.

Did you know?

You can still apply for the NDIS if you need assistance in only one of the activity domains.



How do I apply for the NDIS?

If you believe you meet the eligibility criteria and want to apply for the NDIS you can:

- call **1800 800 110** and ask to apply
- contact your local NDIA office
- visit your NDIS Local Area Coordinator.

If you need help with English, call the Translating and Interpreting Service (TIS) on **131 450**.

If you have hearing or speech loss, call a TTY service on **1800 555 677**. For Speak and Listen, call **1800 555 727**, or for Internet relay services, visit the Relay Service webpage (www.relayservice.gov.au).

A web link to the contact details is given in the 'Resources' section of this module.

In some cases, the NDIA might offer to complete the Access Request Form over the phone with you. It is your choice and before deciding to do this, think about whether you are in a position to provide all the information (evidence) needed?

Some people find that phone interviews don't give them a lot of time to think about what they want to say, and it can feel rushed. Some questions may even be a bit confusing and often people will give automatic answers to them without understanding what the question really means. For example:

'Do you need assistance to shower?' or 'Can you shower without assistance?'

'Do you need assistance to cook?' or 'Can you cook without assistance?'

'Do you need assistance to clean the house?' or 'Can you clean without assistance?'

These questions are more targeted at physical disabilities and yet they can also apply to people with psychosocial disability. Many people with mental health issues would answer these questions by saying they can shower, cook and clean. And they can! But do they? While people know how to do these things, sometimes the psychosocial disability prevents them from doing these things – they just can't.

It is okay to say you want the Access Request Form sent out to you instead.

Depending upon how you contacted the NDIA to let them know you want to apply, you will either be posted or handed an Access Request Form (also known as an ARF). This form will be registered against your name and the date it was sent or you received it. You will only have 28 days to gather the information that can be used as evidence and return the ARF. You can ask for an extension but try to do it before the deadline.

What is included in the Access Request Form?

You will need to complete some sections of the Access Request Form (ARF) and get your health practitioner (doctor, psychiatrist, occupational therapist) to complete some sections.

The ARF includes:

- your personal details (full name, date of birth, gender, country of birth, citizenship, and residence)
If you are currently homeless, there are some community organisations that will let you use their postal address – you just need to ask them
- your permission for them to collect your personal information from third parties (other people, organisations)
- your consent to obtain information regarding your personal details from Centrelink (if you receiving a Centrelink benefit)

This is probably the easiest way to 'prove' your personal details. Another way is to provide 'certified copies' of paperwork; proof of citizenship, proof of age, proof of residence

A 'certified copy' is a photocopy of a document (for example: your birth certificate) that has been stamped as a 'true copy of the original', signed and dated by an authorised person. (Pharmacists, police and Justice of the Peace officers can all sign the copy). When getting a certified copy – you will need to take the original document and a photocopy of the original document so they can be compared.



- best contact details
- parent, legal guardian, representative details (if applicable)
- your carers and family members (if applicable)
- information about your disability.

Collecting evidence about your disability can take some time. You will also need to make sure the evidence demonstrates your 'functional capacity'.

Evidence (and supporting evidence) can include...

- The completed Access Request Form.
- Medical reports, tests and assessments.
- Functional assessments – within 6 months prior to applying
 - The Life Skill Profile (LSP) 16
 - HONOS
 - WHODAS 2.0.
- Letter from your GP or psychiatrist stating your disability is permanent or likely to be permanent.
- Supporting letters from schools, service providers etc.
- Psychologist reports.
- Occupational therapy reports.
- Hospital reports (including admission dates).
- Mental Health Plan.
- Carer statements can also be used as supporting evidence
Tandem Carers have some great online tips for writing carer evidence.

Tip: Start gathering your evidence before you apply.



Be aware...

The information will need to be written with an NDIS focus, looking at the things you find difficult to do. Documentation before the NDIS may have been written from a 'recovery' perspective focussing on your strengths. The difference in focus can be distressing to people at times. Sometimes reading over the information can bring up past trauma and emotions can resurface. Keep this in mind when collecting evidence. Give yourself as much time as you need, let people who support you know that this may be a difficult time for you and put things in place that will provide you with support. Be gentle with yourself.

Possible emotional barriers to think about...

The Victorian Mental Illness Awareness Council (VMIAC) has identified a number of emotional barriers that people may experience when applying for the NDIS. (*Supporting people with mental health needs to access the NDIS: Detailed information for medical and allied health professionals*, page 4). These include:

'Anxiety and fearfulness' Many people are fearful of being rejected, of losing supports they've had in the past, or of being judged by assessors. Some people liken the NDIS assessment experience to past experiences with Centrelink, where highly personal information has to be shared with strangers, and the power rests with a big bureaucracy. Some people are already fearful of using the telephone or opening mail—and this can present a very practical barrier to the NDIS application process.

Frustration and anger Some people may feel frustrated at having to go through a lengthy process to get support, especially if they are used to older service models where there was little, if any, bureaucracy. Others may feel frustrated about having to focus on deficits and disability, or having to justify their needs, or having to repeat their very personal struggles over and over again.

Shame and self-criticism Many people with a psychosocial disability struggle with feelings of shame, and this can lead to low self-esteem, self-criticism, and feeling unworthy of assistance... These feelings can all create barriers to expressing what the person needs.

Despair and hopelessness Many people already feel a sense of hopelessness, which may be a part of their mental health experiences, or of having been given poor prognoses, or of having spent many years already in distress, isolation and poverty. People with these feelings may find it difficult to imagine the better life that could come from having disability supports, or they may find it difficult to believe that they will be approved for the NDIS.

Feeling overwhelmed Some people can feel overwhelmed by the many steps, detail and time involved in applying for the NDIS. This is a more complicated process than many people are used to, and people's ability to cope with the complexity can be impacted by mental health symptoms and by medication side effects...

There are lots of obstacles, however you will have a better chance if you **understand** what they are and **prepare**.



Tips for gathering evidence for your disability

- Use the self-advocacy model.

You will need to self-advocate during this stage to let people know what it is that you want.

- Make sure you book in longer appointments with your health practitioner/s to complete the Access Request Form.
- You may need to inform your practitioner of the NDIS eligibility requirements, what information is needed and that it does include mental health issues. *Some doctors, like many others, do not see mental health issues as a disability.*
- Let your health practitioner know that the question about 'primary and secondary disabilities' is relating to you being impacted as a result of a mental health issue or your diagnosis (or likely diagnosis).

They may want to write something like:

'..... (your name) lives with a diagnosis of (diagnosis) There is a substantial impact to (what it is you find difficult to do; i.e. to perform tasks) on a daily basis and it is likely to be permanent.'

This only needs to be a statement focussing on the impairment that impacts your life the most on a daily basis.

- You will need to let your health practitioner know that when responding to the Access Request Form question about 'current treatment' that they will also need to **write about previous treatment tried and that other treatment options had been looked at but were deemed unsuitable** (if that is the case).
- The NDIA view refusal or irregular taking of medication to be 'not all treatment has been tried'. They do not understand that sometimes medication can create further difficulties or that irregular taking of medication can be a result of a psychosocial disability. It is better to not even mention it.
- You will need to let your health practitioner know that the word 'remedy' means cure to the NDIA. *If your doctor says there is a remedy – fantastic. Ask them to provide it for you.*
- There are questions on the ARF about the 6 areas of activity domains that the NDIS includes; mobility, communication, social interaction, learning, self-care and self-management.

These questions are related to your 'functional capacity'. Make sure that the person filling out the form **focuses on what you are unable to do or need assistance to do rather than the emotional or psychological reason.**

The response might be written like this (example only):

'..... (your name) requires assistance to perform daily living tasks, prompting to manage personal finances, and supervision to self-manage medications.'

Note: The 'mobility' domain now applies specifically to physical needs. *If you need assistance to leave the house due to your psychosocial disability, catch public transport, etc., you will need to include this in the self-management activity section.*

- You will need to let your health practitioner know how your life is impacted.

We will look at what this means further on in this module.

- Think about getting supporting evidence from an Occupational Therapist. They write their assessments in a way that the NDIA like.
Ask your doctor about getting a *Chronic Disease Management Plan*, this may cover the cost of an Occupational Therapist appointment.
- You can use past reports from health professionals, hospitals, schools, community service providers that support and demonstrate your psychosocial disability. Read over them and make sure they don't include phrases like 'on a good day'. These phrases can be misinterpreted by the NDIA as meaning you are not substantially impacted by your mental health issues on a daily basis. Don't use them if they have been written from a 'recovery' focus. Remember, the focus is on 'substantial functional impairment'; the things you struggle to do or need support to do.
- The NDIA do not recognise drug and alcohol addiction as a mental health issue. If you mention drug and alcohol addiction, the NDIA will require you to be drug/alcohol free for some months and then undergo tests to see if you are still requiring assistance to do some things or struggle to do some things.
- Keep copies of everything you send to the NDIA and also keep any mail (including the envelopes) you receive from the NDIA.
- Let your health professionals know that Department of Health and Human Services Victoria have released a new website called NDIS for Mental Health Clinicians. It has loads of information, resources and templates that they can use to support you in applying for the NDIS.

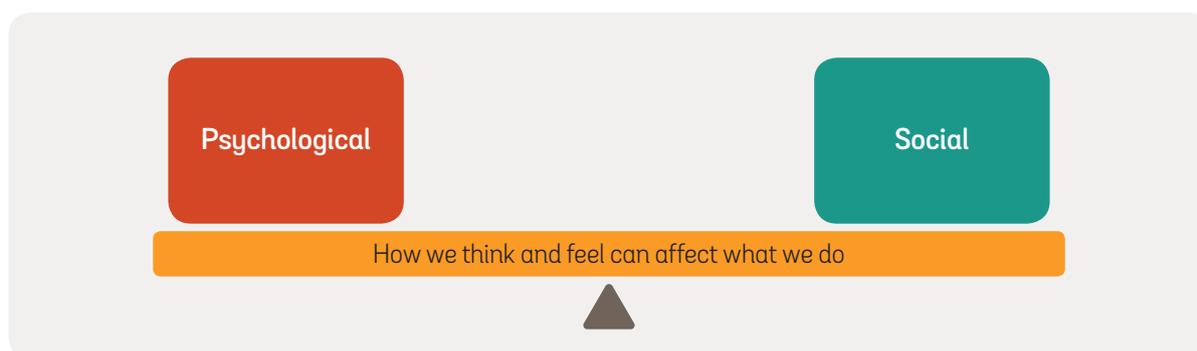
Report templates for clinicians and psychiatrist and a link to this website are located in the 'Resources' section of this module.

Tandem tip: Focusing on your strengths will not be really helpful.



What is psychosocial disability and how does it affect me?

Psychosocial disability are the limitations and restrictions impacting someone's activities due to their mental health issues. When someone is talking about psychosocial – they are talking about the combination of psychological and social behaviours. An example of this may be someone who feels that everyone is looking at them and judging them when out in public, so they don't leave their house.



Psychosocial disability is often considered to be a 'hidden' disability. To other people, it can look as if everything is okay. They don't see the thoughts racing through our minds, the anxiety we may be feeling, the confusion we experience, the weight of depression and so on. They don't see that it might have taken two weeks of self-talk and pushing through anxiety just to make a phone call or open the mail. Sometimes the effects of living with a psychosocial disability become so normal to us that we don't even realise the limitations and restrictions on activities, we just don't do the activities.

To access the NDIS and identify the supports that can assist you, you will need to think about how your life is impacted by your mental health issues on a daily basis. A good way to do this is to keep a record of what you do, find difficult to do and what support you get to do things on a day-to-day basis, over a period of time.

Look at the reimagine today website: Mental Health, My Recovery and the NDIS. They have a workbook that will help you prepare for the NDIS (details in 'Resources' section).



Some of the things the NDIA might be interested in include:

- Whether you can express your needs and wants.
- Can you remember to do things?
- Do you take care of yourself (personal care, physical health, managing medication etc.)?
- Are you able to manage household responsibilities (like cooking, cleaning, shopping, laundry)?
- Are you able to manage a budget and problem solve?
- Can you make and keep friends?
- Do you have social contact?
- Can you follow and respond to a conversation?
- Is your interaction with others affected by your behaviours?
- Do you have a sense of purpose in life?
- Can you plan?

These are just some things to think about as you start to explore the effects of psychosocial disability in your life.

How do those that support me understand my psychosocial disability?

As you start to spend some time thinking about how your life is impacted by your mental health issues, it would be a good time to ask people you trust, what they notice. Whether these people are family members, people that support you or friends – they will see things that you don't. They can be little things or big things but it will help to create the picture of your day-to-day life.

Think about the support you get from them...

- Do they cook your meals and make sure you eat healthy?
- Do they clean the house and do your laundry for you?
- Do they prompt you to have a shower?
- Do they take you to appointments?
- Do they sit in on appointments and help explain what is being said?
- Do they remind you to do things, like take your medication and pay bills?
- Do they help you manage your budget and money?
- Do they fill out all your forms for you?

Think about whether you could do these things without their support...

What they have to say can be important information to include in your NDIS evidence and it will be useful when it comes time for preparing for your NDIS plan. There may be some things they do that you would prefer someone else to do. In an NDIS psychosocial information session, a 40-year-old man spoke about his aging mother still coming to his home and doing the housework. He didn't want his mum to come and clean his house, he would rather spend time with her as a son. Under the NDIS, he could ask for support to clean his house and pay for someone else to do it.

We will expand upon this in the planning module and also look at some things you can ask for to assist your support people.

Let your health practitioners know how psychosocial disability impacts your life

It is really important to let your health practitioners know how your psychosocial disability is affecting your life so they can support you in accessing the NDIS.

VMIAC developed a booklet and pamphlet for people to give their health practitioners explaining how they can support someone applying for the NDIS (see 'Resources' section for website details).



'Some people will be very clear about their issues and needs, but others may not disclose much information.

Here are some considerations:

'I don't deserve anything better.' Some people with psychosocial disability have very low self-esteem, and this may have been reinforced by experiencing many challenges in life.

'But I'm so used to that.' Some people may take impairments for granted, particularly if they have lived with them for many years. However, the NDIS was established because people with disability are entitled to supports that help them to fully participate in life.

Not realising that impairments can be overcome. Some people may not realise that there are strategies to overcome or adapt to impairments, particularly if they've never accessed disability support services before.

'Others are worse off than me.' Some people may worry that others deserve help more than they do and may think that others will miss out if they apply for support.

Memory or cognitive impairments. Some people, particularly those on long-term antipsychotic medication or long term electroconvulsive therapy, may have cognitive impairments, including memory loss. This might make it difficult to recall impairments in their day-to-day life, or to think of types of assistance that might be helpful. Cognitive impairments may make it more difficult to complete paperwork as well.'

Supporting people with mental health needs to access the NDIS: Detailed information for medical and allied health professionals, VMIAC, 2018.

Receiving your NDIS eligibility decision

After you have sent off your Access Request Form and supporting evidence to the NDIA, they are required to provide you with their decision within 21 days.

They may contact you earlier than this to say they need more evidence. Ask them what sort of evidence they would need to help them make the decision. Write it down or ask them to send you an email or text with the information they need.

The NDIA may contact you by phone to let you know the outcome and they have to send you a written decision of the outcome as well.

If you have been accepted into the NDIS, you will now be referred to as a 'participant'.

If your application to the NDIS was denied, it may be because there was not enough evidence for them to make their decision. All their decisions need to be made in accordance with the *National Disability Insurance Scheme Act 2013* (NDIS Act 2013). Please read the module on Appeals and Reviews to inform your decision about your next step.

RESOURCES

1. NDIS: What is considered permanent and significant?
2. Online resources
3. Clinician report template
4. Psychiatrist letter template



What is considered permanent and significant?

Excerpt taken from: *National Disability Insurance Scheme (Becoming a Participant) Rules 2016*
www.legislation.gov.au/Details/F2018C00165

Part 5 When does a person meet the disability requirements?

- 5.1 The Act sets out when a person *meets the disability requirements*. The requirements are met if:
- the person has a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments, or to one or more impairments attributable to a psychiatric condition; and
 - the person's impairment or impairments are, or are likely to be, permanent (*see* paragraphs 5.4 to 5.7); and
 - the impairment or impairments result in substantially reduced functional capacity to undertake, or psychosocial functioning in undertaking, one or more of the following activities: communication, social interaction, learning, mobility, self-care, self-management (*see* paragraph 5.8); and
 - the impairment or impairments affect the person's capacity for social and economic participation; and
 - the person is likely to require support under the NDIS for the person's lifetime.
- 5.2 In relation to the above, an impairment that varies in intensity (for example because the impairment is of a chronic episodic nature) may be permanent, and the person is likely to require support under the NDIS for the person's lifetime, despite the variation.

Paragraphs 5.1 and 5.2 summarise section 24 of the Act.

- 5.3 This Part sets out rules relating to some of the elements in paragraph 5.1 above, however, in order to meet the disability requirements, all of the requirements in that paragraph need to be satisfied.

When is an impairment permanent or likely to be permanent for the disability requirements?

- 5.4 An impairment is, or is likely to be, permanent (*see* paragraph 5.1(b)) only if there are no known, available and appropriate evidence-based clinical, medical or other treatments that would be likely to remedy the impairment.
- 5.5 An impairment may be permanent notwithstanding that the severity of its impact on the functional capacity of the person may fluctuate or there are prospects that the severity of the impact of the impairment on the person's functional capacity, including their psychosocial functioning, may improve.
- 5.6 An impairment may require medical treatment and review before a determination can be made about whether the impairment is permanent or likely to be permanent. The impairment is, or is likely to be, permanent only if the impairment does not require further medical treatment or review in order for its permanency or likely permanency to be demonstrated (even though the impairment may continue to be treated and reviewed after this has been demonstrated).
- 5.7 If an impairment is of a degenerative nature, the impairment is, or is likely to be, permanent if medical or other treatment would not, or would be unlikely to, improve the condition.

Paragraphs 5.4 to 5.7 are made for the purposes of paragraph 27(a) of the Act.

When does an impairment result in substantially reduced functional capacity to undertake relevant activities?

- 5.8 An impairment results in substantially reduced functional capacity of a person to undertake one or more of the relevant activities—communication, social interaction, learning, mobility, self-care, self-management (*see* paragraph 5.1(c))—if its result is that:
- the person is unable to participate effectively or completely in the activity, or to perform tasks or actions required to undertake or participate effectively or completely in the activity, without assistive technology, equipment (other than commonly used items such as glasses) or home modifications; or
 - the person usually requires assistance (including physical assistance, guidance, supervision or prompting) from other people to participate in the activity or to perform tasks or actions required to undertake or participate in the activity; or
 - the person is unable to participate in the activity or to perform tasks or actions required to undertake or participate in the activity, even with assistive technology, equipment, home modifications or assistance from another person.

Paragraph 5.8 is made for the purposes of paragraph 27(b) of the Act.

Online resources

NDIA office locations and Local Area Coordinator offices and contact numbers

www.ndis.gov.au/contact/locations

Mental Health, My Recovery and the NDIS

<http://reimagine.today>

Tandem Carers

www.tandemcarers.org.au/gathering-evidence.php

NDIS for Mental Health Clinicians

www.ndisforclinicians.com

VMIAC NDIS resources

www.vmiac.org.au/services/ndis

Clinician report template

Sourced from the NDIS for Mental Health Clinicians website

(insert letterhead)

(insert date)

To: National Disability Insurance Agency (NDIA)

Re: (insert name and date of birth) of (insert address)

This report is in support of the above-named person's application for the National Disability Insurance Scheme (NDIS).

(insert name) is diagnosed with (insert diagnosis), has been a registered client of (treating service) since (insert date) and is currently treated by;

Consultant Psychiatrist: (insert name)

Psychiatric Registrar: (insert name)

Key Clinician: (insert name)

(Provide brief context to clinical service delivery e.g. bed-based, community, outreach and, if appropriate, frequency of contact.)

I can confirm (insert name), experiences significant impairments in the following life areas as a result of his/her mental illness. Although the impact of the mental illness and impairments can vary over time the following assessment reflects functional capacity on an average day.

1. Mobility (delete section or text if not applicable. Provide examples to illustrate where relevant)

Due to

- side effects of treatment (dizziness, tremor, weight gain, shortness of breath involuntary movements affecting trunk, arms or legs, impaired balance, coordination and/or physical health)
- slowed movements or reaction time due to symptoms

(insert name) is unable or has difficulty

- transferring in and out of bed or chair
- using public transport
- shopping
- preparing meals – walking with hot food or drink, using knives/food preparation equipment, cutlery
- using more than (indicate maximum number) stairs
- standing more than 30 minutes
- walking more than 100 metres
- crossing roads

and requires this type of assistance to independently mobilise

- aids/equipment to overcome movement difficulties
- Mobility Allowance (current recipient)
- equipment to assist meal preparation
- adapted cutlery.

2. Communication (delete section or text if not applicable. Provide examples to illustrate where relevant)

Due to

- side effects of treatment (slurred speech, involuntary movements affecting the mouth and tongue)
- difficulties interpreting communication, concentrating, reading nuances of verbal and non-verbal cues

(*insert name*) is unable or has difficulty

- being understood
- following instructions, conversations and/or directions
- asking for help when needed
- understanding others
- expressing needs
- communicating with various professionals regarding health and social support needs
- using phone, email, mail

and requires this type of assistance

- support to attend appointments, assist with interactions, to help communicate everyday activity needs
- support to develop skills, implement strategies to organise thinking and behaviour and provide coaching and feedback/behavioural support
- aids equipment to overcome communication difficulties.

3. Social interaction (*delete section or text if not applicable. Provide examples to illustrate where relevant*)

Due to

- difficulties initiating and responding to conversations, establishing, trust
- social avoidance, withdrawal or isolation
- sensitivity to particular environments and stimulus (e.g. crowds, excessive noise)
- unusual behaviours, intrusiveness, thoughts or conversation that may attract negative attention or be inappropriate to the situation
- severely disturbed behaviour which may include unprovoked aggression towards others
- side effects of treatment (extreme restlessness, hypersensitivity to light)

(*insert name*) is unable or has difficulty

- accessing the community (*e.g. does not leave house, cannot drive/use public transport*)
- talking to strangers or particular people
- making and keeping friendships
- sustaining relationships (including family)
- coping with feelings and emotions, interacting with other people – friction, avoidance
- connecting with faith/spirituality/volunteering/community
- attending social or recreational activities (*no social contacts and involvement unless these are organised for the person*)
- with vulnerability to the influence of others
- attending work, education or training (*provide details of last work/training if relevant*)
- engaging when attending social or recreational activities
- using public transport
- travelling alone to unfamiliar environments
- feeling safe
- engaging with support providers and/health professionals

and requires this type of assistance

- community access and transport assistance. Support to accompany when attending social activities for a period of time/until trust and relationships established
- encouragement through guided supervision and promoting participation in social and community activities and to build natural/informal supports
- support to engage in social interactions and provide feedback
- support to develop skills, provide motivation, accompany to build confidence, provide feedback

- behavioural support, weekly relationship coaching or mentoring
- equipment to assist person to cope with symptoms
- provision of assisted transport/low stimulus options.

4. Self-management (delete section or text if not applicable. Provide examples to illustrate where relevant)

Due to

- impaired concentration, organisation, memory, motivation, judgement
- mood disturbances
- difficulty coping with situations involving stress, pressure or performance demands
- impulsivity
- slowed or racing thoughts
- side effects of treatment (lethargy, restlessness, sedation/drowsiness)

(insert name) is unable or has difficulty (areas of need)

- organising, planning
- making decisions
- managing emotional health – including use of joint wellness plan, coping strategies, recognising when becoming unwell, implementing strategies when becoming unwell
- concentrating for 10 minutes or more
- managing day to day activities
- having a regular routine – getting done what was planned
- attending appointments
- solving problems that arise
- attending to responsibilities
 - household responsibilities (e.g. laundry, paying bills, housecleaning)
 - managing money (include history of bankruptcy if relevant)
 - shopping/cooking
- behaving safely/responsibly
- keeping safe in home environment (food storage, use of stove etc.)
- maintaining tenancy/managing tenancy issues
- self-advocacy
- with vulnerability to exploitation

and requires this type of assistance

- support to supervise, prompt, support with care of house, managing money, getting services, problem solving, develop new skills, support coordination
- support to make decisions (Guardianship order in place)
- support with managing finances (Administration order in place), financial counselling
- support to develop and implement budget
- support to develop skills to maintain tenancy
- devices that can assist with cognitive problems.

5. Self-care (delete section or text if not applicable. Provide examples to illustrate where relevant)

Due to

- side effects of treatment (sedation, dizziness, tremor, weight gain, shortness of breath involuntary movements affecting trunk, arms or legs, impaired balance, coordination and/or physical health)
- impaired concentration, organisation, memory, motivation, judgement
- cognitive impairments impacting on skill development and maintenance

(*insert name*) is unable or has difficulty

- maintaining adequate diet/nutrition
- showering/bathing regularly
- grooming, toileting, dental hygiene
- caring for own health needs – including maintaining physical health, dental health, sexual health and wellbeing
- managing medication
- shopping, cooking, cleaning and laundry
- learning new tasks
- exercising regularly
- identifying and implementing activities promote health and wellbeing
- establishing a routine that supports health and wellbeing – including a balance of ‘work, rest and play’

and requires this type of assistance

- assistive equipment to enable self-care activities (*see* also ‘Mobility’)
- access to healthy lifestyle/health promoting activities including nutritionist/dietitian, exercise physiologist/personal trainer, food preparation/cooking lessons
- support to provide prompts/cues, supervise (e.g. for safety), assist (e.g. work alongside), encourage and provide feedback
- devices to assist with cognitive problems e.g. electronic reminders, monitors/feedback devices, visual cues and prompts

6. Learning (*delete section or text if not applicable. Provide examples to illustrate where relevant*)

Due to

- impaired concentration, organisation, memory, motivation, judgement
- difficulty coping with situations involving stress, pressure or performance demands
- impulsivity
- slowed or racing thoughts
- side effects of treatment (lethargy, restlessness, sedation/drowsiness)

(*insert name*) is unable or has difficulty

- learning new things
- understanding and remembering information
- practicing, mastering and using new skills
- following instructions and paying attention
- completing tasks

and requires this type of assistance

- equipment that assists with recording and organising
- support to assist with learning and engaging in new activities, develop required skill and provide feedback/behavioural support
- devices that can assist with cognitive problems.

If you wish to contact me about (*insert name*)’s application for the NDIS please do not hesitate to contact me on (*insert phone number/email*).

Yours sincerely,

(*Full name*)

(*Professional qualification*)

Psychiatrist letter template

Sourced from the NDIS for Mental Health Clinicians website

(insert letterhead)

(insert date)

To: National Disability Insurance Agency (NDIA)

Re: *(insert name and date of birth)* of *(insert address)*

This letter is in support of the above-named person's application for the National Disability Insurance Scheme (NDIS).

I am the Doctor currently treating them for a psychiatric condition. I can confirm that *(insert name)* has impairments resulting from their psychiatric condition that result in substantially reduced capacity to carry out daily activities. They have been diagnosed with *(insert psychiatric diagnosis)* which they have had for approximately *(number of years)*. This condition was first diagnosed in *(year)*. They also have a secondary diagnosis of *(secondary diagnosis if available)*.

They have had *(insert number)* of psychiatric inpatient admission/s between *(years i.e. 2010–2016)*. Their most recent admission was *(insert date)* at *(name of hospital)* lasting approximately *(length of stay)*.

Past treatments/interventions undertaken: *(insert type of treatment i.e. medication name and/or psychological treatment, and summary of outcomes)*.

They are currently receiving treatment in the form of *(insert type of treatment, i.e. such as medication name/ pharmacotherapy and/or psychological treatment)*.

(delete this sentence if not applicable) Although *(insert type of treatment)* is a commonly known treatment for this condition this has not been undertaken due to *(insert clinical rationale)*.

I can confirm that

- all appropriate and available treatment/intervention options have been explored and the impairment is likely to be permanent
- the impairment is assessed as permanent because, although it may vary in intensity due to the episodic nature of their psychiatric condition, *(insert clinical rationale to support likeliness of impairment remaining across the person's lifetime e.g. clinical course that has been lengthy or chronic; no known, available and appropriate evidence-based clinical, medical or other treatments that would remedy the impairment)*
- ongoing treatment and intervention is aimed at maintenance and personal recovery i.e. the impairment is likely to remain regardless of ongoing treatment/interventions.

If you wish to contact me about this person's application for the NDIS please do not hesitate to contact me on *(insert phone number/email)*.

Yours sincerely,

(Insert name)

(Consultant Psychiatrist/Psychiatry Registrar)

(Insert name of service)

Provider No: *(Provider number)*

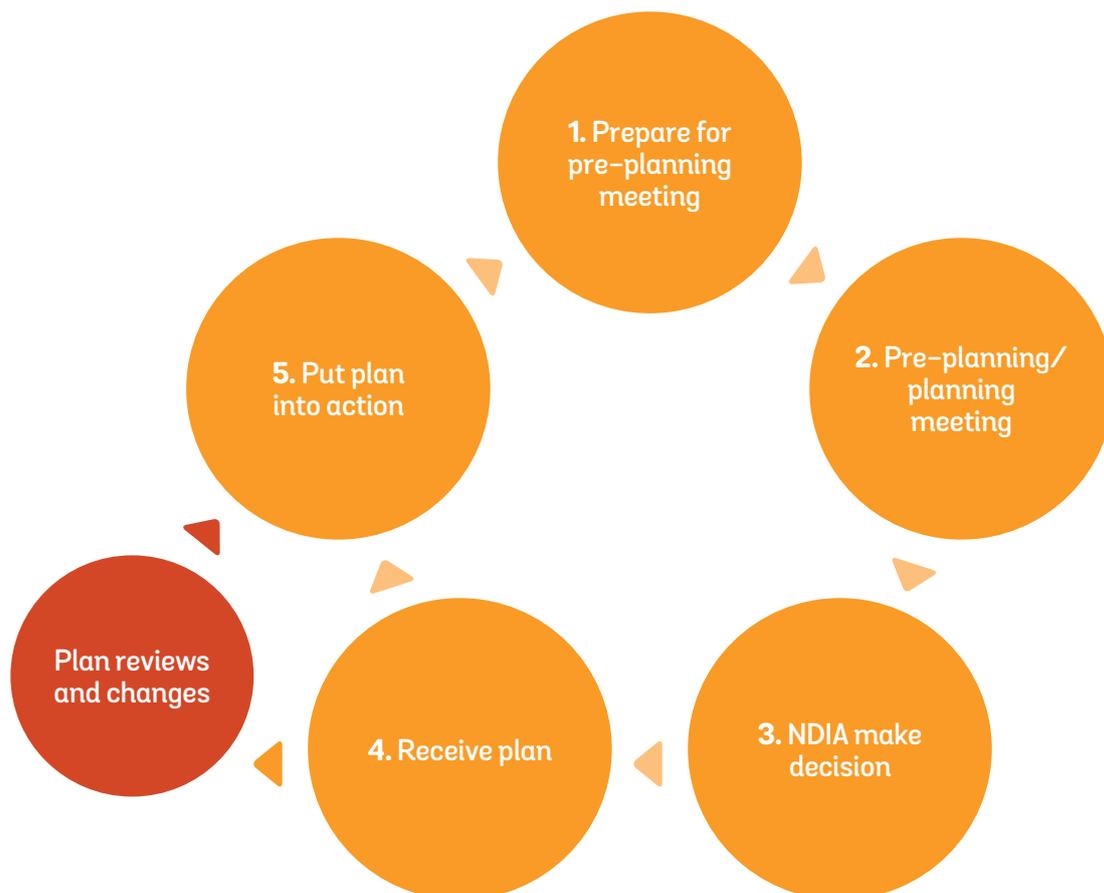
MODULE 4: NDIS PLAN PREPARATION: WHAT'S IMPORTANT TO ME?

What is the purpose of this document?

To provide information to assist in the preparation of NDIS plans.

Congratulations. If you are ready to look at preparing for your planning meeting, you have been accepted as an NDIS participant. The next few modules will be looking at NDIS planning. This stage of your NDIS journey is one that will keep repeating over and over. Plans have a finishing date and will need to be reloked at to see if they still suit you. Your plans can be changed to reflect what it is that you want to do. An overview of NDIS planning are presented in a circle to show how one thing will lead to another.

Overview of NDIS plan stages



What things do I need to do to prepare for a planning meeting?

Your individual plan will include information about you, your goals and your supports. The information you provide about yourself and your goals are sometimes called a 'Participant Statement'. The information you give about yourself along with your goals will help the planner decide what supports you can get. The NDIS have released a work booklet to help with preparing for a planning meeting. (See 'Resources' section of this module for the link.)

What information about me do I give?

The information you provide tells the story about what your life is currently like and what supports you have. The information the planner will be wanting includes:

- **Your personal details**

This includes your name and age. You will also need to say what your condition or disability is and how it affects your life day-to-day.

Tips:

- You don't have to provide them with your diagnosis – you can say mental health condition or psychosocial disability – they are not asking for anything more than that.
- You can keep your answers simple and short, just remember to include if you need any help or support to do things currently.
- Keep the focus of your answer on 'how' it affects your life and not on 'why'.

For example:

Instead of saying: 'I get anxious, so I don't leave the house'

Say: 'I can't leave the house unless I have someone supporting me', or
'I need help to leave the house'.

- **Your current support network**

This includes all people who help you that are not paid support workers. You will be asked what their relationship is to you and how they help you.

- **Information about yourself such as where you live, who you live with and what people or things are important to you**

Tips:

- What you say is important to you, is the beginning of letting the NDIA know why you will want certain supports.
- Think about your previous answer on your support network. Is someone doing something to support you that makes you feel 'dependent' on them? If being 'independent' is important to you, then you may be able to get your own supports instead of having to relying on someone (like a family member).
- When thinking about 'what things are important to you', it doesn't have to be about possessions or items. It can include things such as activities, personal needs and personal values.
- Write down all the things that are important to you. A 'What is important to me?' worksheet can be found in the 'Resources' section of this module. You can continue to add to the list as you think about things.

- **Your daily life such as what you do each day and what your interests are**

Be honest. If you go to work a couple of days a week, or catch-up with friends on the weekend – that's fantastic. For some people with mental health issues, this question might be uncomfortable:

- It's okay to say you spend a lot of the day in bed, or that you don't leave the house. It's okay to say you avoid answering the phone. It's okay to say you do 'nothing'. There can be a temptation to try and make our daily life appear more 'active' than it is and this can be for a number of reasons resulting from being judged; such as feeling guilty 'that we aren't doing more' to 'pretending that things are good' so that we are not a 'burden' on anyone – you won't be judged on your answers.
- It's okay not to know what your interests are – perhaps that can become a 'goal'; to find out what might interest you.

- **Information about your involvement with any other government or community groups and how they provide support**

There are many different ways you can gather and present your information...

- workbooks
- guides
- worksheets
- Participant statement.

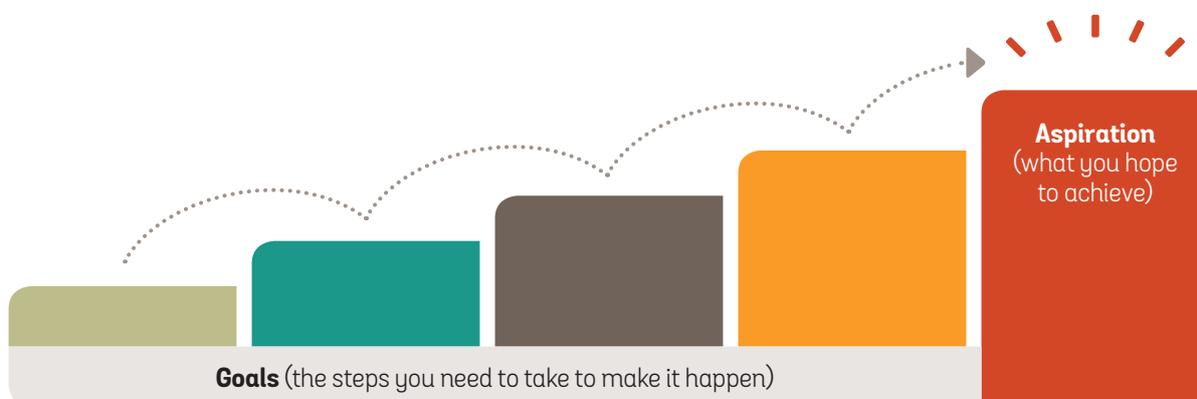
See 'Resources' section for examples.

Choose what works best for you.



Goals and aspirations

NDIS supports are directly linked to a person's 'goals and aspirations'. The NDIS uses the words 'goals and aspirations' so it's important to understand what they mean. An 'aspiration' is basically something you want to achieve and a goal is the way to make it happen. For example, perhaps my 'aspiration' was to open a door – the goals may include; walking to the door, turning the doorknob and pulling the door towards me.



For some people, the thought of 'goals' reminds them of times they have tried to do something different and it produced some unwanted emotion and reactions; others may come up totally blank.

Change, no matter what it is, can make a person feel a bit uncomfortable and even anxious. Trying new things can also be considered 'change'. Experiencing new things can also be exciting for some people. Having a go at doing new things or working towards something may open up new future possibilities and grow your confidence in what you are able to achieve.

Start with hopes and dreams...

Start thinking about things that may interest you. It's okay if nothing comes to your mind immediately. As you go about your day, be on the lookout for things that could possibly interest you. It may be something you have heard on the radio or television; it may be something you overheard someone talking about; it might be something you read about; it may be something you have dreamed of doing or it may be something you hope to do:

- Write them down (or cut out a picture).
- Start gathering them together as a collection.
- You might want to display them on something like your bathroom mirror, a big sheet of paper, a corkboard or even your refrigerator.

At this stage you are just looking for possibilities. It is sort of like your very own personal 'brainstorm session'. Nothing is right or wrong and they can be big or small.

Look over the collection of interests, hopes and dreams you have put together. Think about each one and if there is something that no longer interests you, remove it.

What would I like to achieve?

With the list of remaining hopes, dreams and interests you have identified, choose the top four that mean the most to you.

Now decide whether they are long-term plans, short-term plans or things you want to achieve now – write them down:

Now	Short-term (One year)	Long-term (Five years)
▼	▼	▼

These four things are your personal aspirations (using NDIS speak).

Making goals to achieve your personal aspirations

Remember, goals are the steps you need to take that lead to you what you want to achieve. The goals become the things you want to achieve in the short-term. There will be some things that you can do by yourself, some with the help of others and some may need specific supports provided by the NDIS.

Look at each thing you want to achieve separately and start to write down what you will need to do to make it happen. It's sort of like following a road map to reach your destination.

Tips for making goals:

- Try and be as clear as you can about what you will need to do.
- What timelines are needed?
 - Is it something you need to do every day or week-to-week?
- Think about your immediate needs.
- How are you going to do these things?
 - Do you need to get more information?
 - Will you need money to do this?
 - What resources will you need?
- Think about what supports you already have in place.
- Think about what supports you might need.
- Who can provide these supports?
 - Personal network (family and friends)?
 - Are the supports your family provide 'reasonable' or is it 'beyond reasonable expectation'?
 - Things to think about include do they work full time, have responsibilities for others, their age, what sort of support they are providing, and can they continue to provide support?
 - Your local community services?
 - Other government departments?
 - The NDIS?
- Some bigger goals can be broken down into smaller goals (steps).

Talk it over with someone you trust. Do they have any other ideas that could help?



There are many ways you can write down and present the information. An example of one way to write down your goals is...

Goal 1:

My goal is:

I want to do this because:

I want to be able to do this by (give a date):

The supports I will need are:

Type of support:	Support can be provided by:	How often?
1.		
2.		
3.		
4.		
5.		

Note: Does your support person need any assistance to support you? Let the NDIS planner know so this can also be included. Ask your support person what supports they need.

What supports will the NDIS provide?

The supports the NDIS provides have very strict criteria attached to them.

‘The NDIS funds a range of supports and services which may include education, employment, social participation, independence, living arrangements and health and wellbeing. In order to be considered **reasonable and necessary**, a support or service:

- must be related to a participant’s disability
- must not include day-to-day living costs not related to your disability support needs, such as groceries
- should represent value for money
- must be likely to be effective and work for the participant; and
- should take into account support given to you by other government services, your family, carers, networks and the community.’

Booklet 1 – Understanding the NDIS, page 10 (NDIS resource)

Check the supports you identify against each point of the ‘reasonable and necessary’ criteria. The reason most supports get refused is that they do not meet with what the NDIA say is ‘reasonable and necessary’.



To assist you further in understanding what supports the NDIS may provide, look in the 'Resources' section of this module to find:

- an overview of the types of services and supports that are included in the NDIS (see NDIS Quality and Safeguards Commission List of specified services and supports)
- a 'Table of guidance on whether a support is most appropriately funded by the NDIS' (taken from the NDIS *Operational Guidelines*).

Tip: If you are interested in anything specifically – do a web search to see which organisations provide an NDIS service. For example; NDIS holidays, NDIS driving lessons, NDIS art therapy – just put an 'NDIS' in front of the activity.



You can contact the provider to get information on how to include the service/activity in your plan – at this stage you are just getting information – don't sign up or agree to anything.

Examples of what the NDIS may fund

The NDIS will look at providing funds for supports that focus on things you have difficulty doing as a result of your psychosocial disability. The supports will be linked to your goals and as each person will have different goals and needs, it is difficult to come up with a comprehensive list.

Tandem Carers have produced some great practical information on the NDIS written from a Carers perspective (which can be found on their website). The information is useful for everyone, such as:

'Examples of supports individuals may receive within the NDIS include, but are not limited to:

- Assistance with planning or decision making and household tasks.
- Transport assistance to medical or social activities (e.g. music or cultural event, or a sporting game).
- A companion to assist with grocery shopping.
- Assistance to build capacity in maintaining a budget and managing their tenancy.
- Camps and group activities, to reduce social isolation (may have a co-payment e.g. for food).
- Therapy such as occupational therapy, or psychology.
- In-home cleaning or gardening assistance.
- Meal preparation or laundry assistance.'

The NDIS can also fund:

- **a Support Coordinator** – can assist you to find services that can meet your goals and needs
- **a Plan Manager** – to help 'keep the books' for you; making the claims for services and paying the bills for the supports agreed in your NDIS plan.

These supports do not need to be linked to your goals. They are additional and extra funds are provided for these services. *These will be discussed further in the 'NDIS planning meeting' module.*

How do I find the NDIS list of supports?

The NDIS does not have a list of supports, what they do have is a *Price Guide for Service Providers* (see 'Resources' section). The *Price Guide for Service Providers* can provide some hints as to what types of services and supports are provided. It is not very easy to read and make sense of but we will look at how to do this in the 'Making the plan work for you' module. What may be useful is to look at the words used to describe supports and perhaps you could use those words when requesting supports.



Look at the Support Calculator website...

- It can help identify what NDIS services and supports are available.
- It's simple and easy to use.

Details in 'Resources' section.

Tips for my plan preparation

- Make sure all your information is written down. It will make it easier for you and the Planner and will also ensure that nothing gets left out. Use a guide or workbook to assist you with this (see 'Resources' section).
- Take any assessments and reports (evidence) that can back up your request for support (remember to keep copies for yourself):
 - If you are already receiving support from a service provider and you want to continue receiving their support – get them to write a letter explaining how their supports are benefiting you. Make sure to remind them that the letter will need to be written to the NDIS criteria of 'reasonable and necessary'.
 - Look at the different sorts of evidence in the 'Beginning with the NDIS' module – they can be used and updated for your planning meeting.
 - A Carer's Statement can also be used as supporting evidence.
- Think about including supports that can help you prepare for your following plan. For example, you may want to request an Occupational Therapist assessment to help identify future supports.
- Identify someone you trust and ask if they could attend the planning meeting with you. Explain your goals and what you need them to do so they can support you in the meeting.
- Think about how you will 'tell your story' to the Planner:
 - Your story is the information you have put together.
 - When talking about your information, keep your focus on why the supports you want are needed – link the supports to functional needs rather than emotional.
- Link your supports to the relevant NDIS activity domains:
 - Communication
 - Social interaction
 - Mobility
 - Self-care
 - Self-management
 - Learning.

If possible, link a support to more than one domain, for example:

If you have identified a fitness class as a support you need – it could be linked in with increasing your opportunity to practice your communication skills, providing an opportunity for you to be involved in the community and to make friends (social interaction) and also to build up your strength and resilience (self-care) to start working towards whatever your goal is... such as 'getting a job, doing a course'.

- Keep your request for different supports fairly general as this will give you more options when you receive your plan.
- If you do want something specific, talk to the service provider to find out the best way to include your request for support.
- If you are requesting therapy, such as psychology, make sure it is for a specific reason, is time limited and linked to one of your goals.
- Look at the type of supports and services the NDIS funds and see how they can fit in with your goals.
- Think creatively when looking at supports to meet your goals.

- Remember to think about your personal needs and include them in your supports, such as culture, sexuality and identity.
- Be aware that some NDIS supports will require a co-contribution from you. For example, they may provide someone to accompany you on a holiday however you may have to pay for your own holiday, or they may pay for your holiday but you will need to pay any personal expenses. You can contact the service provider to find out what the NDIS covers and what you would be expected to pay for.
- Make sure you work out how many hours a week you will need various supports. It's safer to over-estimate than under-estimate. Some services will charge for administration time, like phone calls with you – allow extra hours for the administration time.
- You can contact your Local Area Coordinator if you have any queries or need further guidance.

'The role of the Local Area Coordinator (LAC) is to assist people to navigate the NDIS



Get ready for your plan:

- Pre-planning workshops – held at all Brotherhood LAC offices.
- Pre-planning packs – can be sent out prior to the planning conversation meeting.

Develop your plan:

Help you to work out your goals and identify the supports you need to help reach those goals. The information gathered will help to develop a plan that meets your needs based on your identified goals.

Get your plan going:

Once your plan has been approved, your Local Area Coordinator will work with you to help you get your supports set up and working. They might help you to set up your myGov and NDIA portal account and show you how to set up a service booking.

Keep in touch with you, if you need help with your plan:

Your LAC will keep in touch with you and check in to see how things are going once your plan is implemented.

For further information on how your Local Area Coordinator can assist you, visit the NDIS website.'

Information from the Brotherhood of St Laurence

<https://ndis.bsl.org.au/local-area-coordination/what-is-local-area-coordination/>

- Think about whether you want to request a meeting with an NDIA planner instead of a Local Area Coordinator – the planner can make decisions on the spot.

An NDIS planner will explore your needs, goals and aspirations, make decisions on what supports you will be funded for based on legislated principles of 'reasonable and necessary' and develop your plan.



- Make sure you have a face-to-face planning meeting.
- Think about where you want the planning meeting to be held – it can even be in your home.
- Read the module on 'NDIS plans' to find out about planning meetings and things you will need to know.
- Think about alternate supports available to you other than the NDIS.
- You can start looking for a Support Coordinator.

You will need to self-advocate for your plan. Use the IMHA Self-Advocacy Plan found in Module 1 to guide you.



Preparing for an Annual Plan Review? Look at VMIAC's Annual Plan Review Guide and Video.



RESOURCES

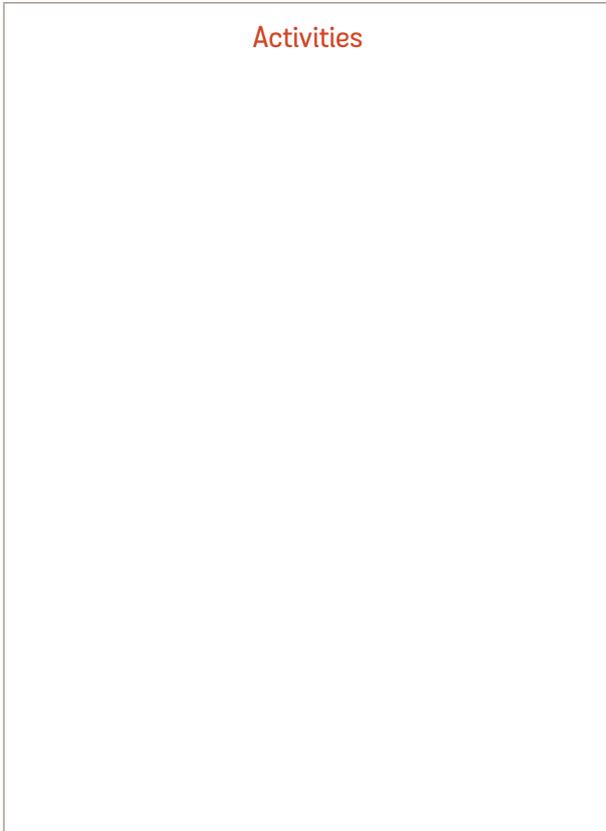
1. Worksheet – What is important to me?
2. Online resources
 - Clickability: Australian Disability Services: rated, reviewed and reliable
 - NDIS Quality and Safeguards Commission
 - NDIS Price Guide
 - Support Calculator – identifying supports
 - NDIS Participant Booklets – Look for *Booklet 2 – Planning*
 - Reimagine Planning Workbook
 - VMIAC Annual Plan Review Guide
3. Pre-planning template
4. List of specified services and supports (*NDIS Rules 2018*)
5. Table of guidance on whether a support is most appropriately funded by the NDIS (taken from the *NDIS Operational Guidelines*)



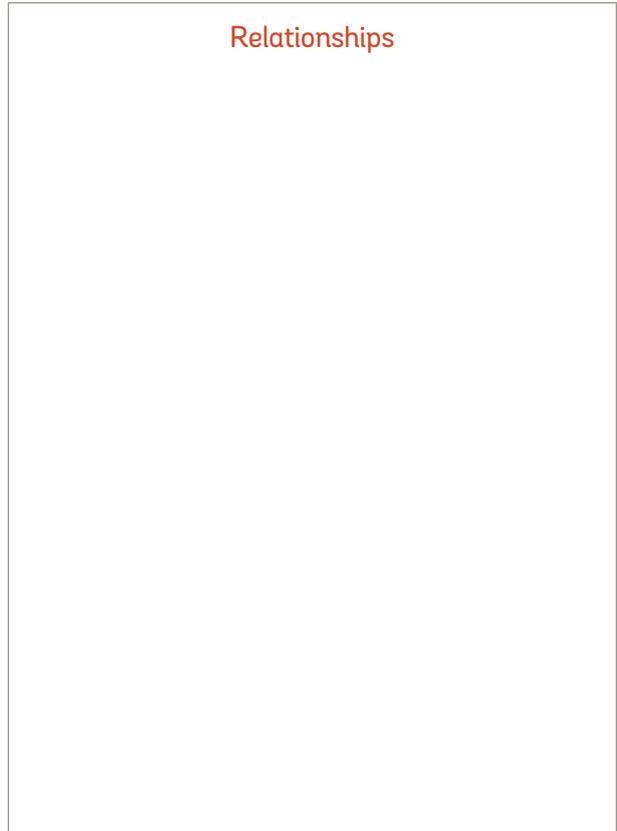
Worksheet – What is important to me?

Write down some things that are important to you under each heading. They may be things you have or do already, things that you value and things you cannot do unless you have support.

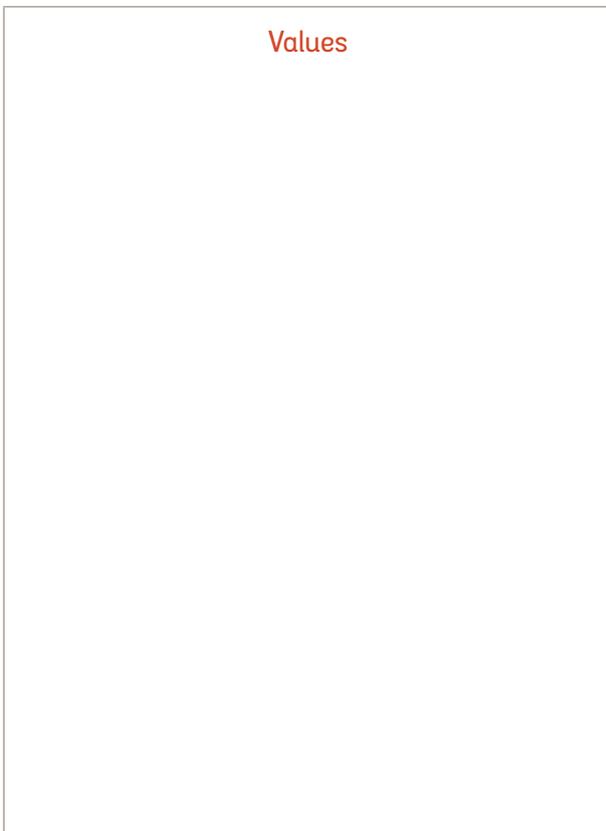
Activities



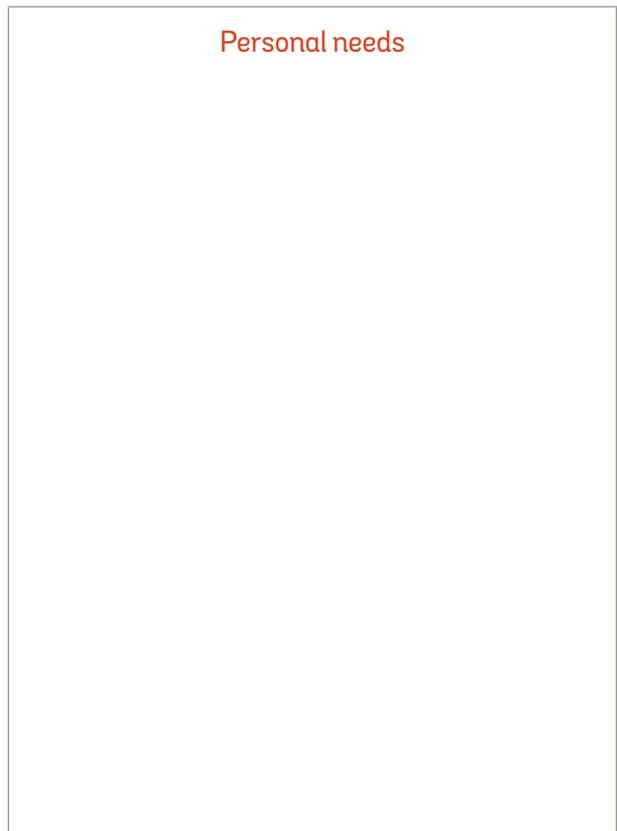
Relationships



Values



Personal needs



Online resources

Clickability. Australian Disability Services: rated, reviewed and reliable

<https://clickability.com.au>

NDIS Quality and Safeguards Commission

www.ndiscommission.gov.au/document/891

NDIS Price Guide

www.ndis.gov.au/providers/price-guides-and-information

Support Calculator – identifying supports

www.supportcalculator.com.au

NDIS Participant Booklets – look for *Booklet 2 – Planning*

www.ndis.gov.au/about-us/publications/booklets-and-factsheets#participant-booklets

VMIAC Annual Plan Review Guide

www.vmiac.org.au/services/ndis

Reimagine Planning Workbook

<http://reimagine.today/resources>

Pre-planning template

Sourced from the NDIS for Mental Health Clinicians website

Name:

Date of birth:

Home life

Where you live.

I live in (type of home)	Who I live with	To make things easier at home I need

Support network

Important people in your life and how they support you.

Important person* Family, friends, paid support people	Relationship to me	How they help or support me	How often they help me

* Include formal guardians, carers, persons responsible, or other nominated representatives.

Equipment

Special equipment you have or need e.g. home/vehicle modifications, wheelchair, special clothing, walking frame, assistance dog, equipment repairs, assistive technology.

Aid, equipment or modification I have	Aid, equipment or modification I need

Everyday life

What you do now.

Social/community	Work/study

Future life

Things you would like to do but are not doing yet.

Social/community (e.g. supported holidays, recreation activities, sporting clubs, social groups, supported outings)	Work/study (e.g. TAFE, Uni, Independent Living Skills program, Study skills training, cooking classes)

Other activities

I am particularly good at or enjoy:

Weekly routine

Regular and occasional activities.

	Morning	Afternoon	Evening/overnight
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			



Important information about me *(delete if not needed)*

What must people supporting you know to help you stay safe and well?

Other health or medical concerns	Safety	I require behaviour support for:	I have the following plans that help me stay safe and well:
		<input type="checkbox"/> Aggression to self <input type="checkbox"/> Aggression to others <input type="checkbox"/> Damaging property <input type="checkbox"/> General impulsivity <input type="checkbox"/> Verbal outbursts <input type="checkbox"/> Problems starting or completing things <input type="checkbox"/> Sexual impulsivity <input type="checkbox"/> Social impulsivity <input type="checkbox"/> Wandering/absconding <input type="checkbox"/> Other:	<input type="checkbox"/> Epilepsy Management Plan <input type="checkbox"/> Nutrition and Swallowing Plan <input type="checkbox"/> Mental Health Care Plan <input type="checkbox"/> Restrictive Practice Authorisation <input type="checkbox"/> Positive Behaviour Support Plan <input type="checkbox"/> Safety Plan (violence, suicide, self-harm) <input type="checkbox"/> Anger Management Plan <input type="checkbox"/> Other health plan:

Current supports

What type of supports do you receive now or need?

Type of support	Hours per day/week/month/year	Service provider	Don't have it but need it
Assistance with daily personal activities or personal care			<input type="checkbox"/>
Assistance with domestic or household tasks			<input type="checkbox"/>
Assistance with community access			<input type="checkbox"/>
Case management or support coordination			<input type="checkbox"/>
Behaviour support e.g. ABI Behaviour Consultancy			<input type="checkbox"/>
Therapeutic/allied health supports e.g. neuropsychology, OT, speech			<input type="checkbox"/>
Mental health care e.g. psychologist, psychiatrist, nurse			<input type="checkbox"/>
Health e.g. exercise program, sports, yoga, dietary controlled meals			<input type="checkbox"/>
Employment agency or supported employment			<input type="checkbox"/>
Assistance to communicate (in essential activities) e.g. interpreting, translation, alternative communication, signers			<input type="checkbox"/>
Transport/travel e.g. PT, taxi vouchers			<input type="checkbox"/>
Supported group activities			<input type="checkbox"/>
Centre based activities/day program			<input type="checkbox"/>
Respite e.g. home, community, residential, holiday			<input type="checkbox"/>
Culturally specific services			<input type="checkbox"/>
Alcohol and other drug services			<input type="checkbox"/>
Other:			<input type="checkbox"/>

Reflection

What is working and what is not working in your life right now.

Activity	What's working	What's not working	How I would like things to change
Daily living			
Relationships			
Living arrangements and home			
Social and community participation			
Work			
Lifelong learning			
Health and wellbeing			
Choice and control			

Therapeutic supports recommended (optional)

To be completed or informed by current therapists if available.

Therapy	Support need	Hours per week/ fortnight/month/year
Neuropsychology/behaviour support		
Speech Pathology		
Occupational Therapy		
Physiotherapy/exercise physiology		
Other:		

Goals

Three to four things you want to achieve in the short and longer term (these need to link to NDIS supports).

Goals	Main steps to take and required supports	What stops me or could stop me achieving my goals*
Social participation e.g. would you like to be more able to attend events, see your friends or make new friends?		
Independence e.g. would you like to get around the house or community on your own or with less assistance?		
Employment e.g. would you like to get a job, volunteer or change your work hours?		
Education e.g. would you like to attend school, university or a course?		
Health and wellbeing e.g. would you like to be more active or take up a sport?		
Living arrangements e.g. would you like to modify your home or live somewhere different?		

* e.g. anger management problems, difficulty remembering things, anxiety, seizure risk, reduced initiation, social difficulties, impulsivity, communication issues etc.

Planning meeting date:

List of specified services and supports for the purposes of the *National Disability Insurance Scheme (Practice Standards – Worker Screening) Rules 2018*

1. The following classes of supports and services are specified in their entirety with effect from 1 July 2018:

Table 1

Item number ¹	Descriptor
2	assistance to access and maintain employment or higher education
4	high intensity daily personal activities
6	assistance in coordinating or managing life stages, transitions and supports
7	assistance with daily personal activities
10	specialist positive behaviour support
14	community nursing care
15	assistance with daily life tasks in a group or shared living arrangement
16	innovative community participation
17	development of daily living and life skills
18	early intervention supports for early childhood
19	specialised hearing services
21	interpreting and translating
25	participation in community, social and civic activities
26	exercise physiology and personal training
27	management of funding for supports in participant plans
28	therapeutic supports
29	specialised driver training
33	specialised support coordination
34	specialised supported employment
35	hearing services
36	customised prosthetics
37	group and centre-based activities

¹ Item number refers to the Item number for the class of supports in the table at subsection 20(3) of the *National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018*.

The following classes of supports and services are specified in part only with effect from 1 July 2018:

Table 2

Item number	Descriptor
8 ² (in part)	assistance with travel/transport arrangements, but only if the services are with respect to specialised transport to school/educational facility/employment/community

Note 1: The services specified in Table 2 would include things like a bus service which is available only to children with disability on a school route.

Note 2: The services specified in Table 2 do not include things like taxi, bus and train services available to the public at large, even if they involve vehicles, which have specific modifications to better facilitate their use by people with disability.

² Item number refers to the Item number for the class of supports in the table at subsection 20(3) of the *National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018*.

Table of guidance on whether a support is most appropriately funded by the NDIS (taken from the NDIS Operational Guidelines)

Mental health

Supports generally funded by NDIS	Supports which, dependent on their purpose, may be funded by the NDIS or other parties	Supports generally funded by other parties
<p>Assistance to coordinate supports and assistance with daily personal activities – assistance for community (re)integration and day to day living including assistance with planning, decision-making, personal hygiene, household tasks, social relationships and financial management.</p> <p>Development of daily living and life skills – to increase the participant's ability to live as autonomously as possible, including skills in daily life activities, communication and social skills, problem solving and managing funding of supports.</p> <p>Assistance with accommodation and tenancy obligations – to guide, prompt, or undertake activities to ensure the participant obtains/retains appropriate accommodation, including specialist tenancy support services where no other tenancy support option is available.</p> <p>Assistance with daily life tasks in a group or shared living arrangement (non-clinical) – where residential accommodation is provided as an integral part of non-clinical care.</p> <p>Assistance with transport – specialist transport to and from health appointments required as a result of a participant's disability (where no other transport option is appropriate and not substituting for parental responsibility).</p>	<p>Assistance in managing life stages, transitions and supports, can be funded by the NDIS or by the health/mental health system. In determining which system is more appropriate, the system that is delivering the majority of supports is usually more appropriate to assist in the coordination of these supports:</p> <ul style="list-style-type: none"> • NDIS: assistance where the majority of the coordination and transition supports relate to supports funded by NDIS, or to non-clinical supports. • Other parties: assistance where the majority of the coordination and transition supports relate to supports funded by the health/mental health system. <p>Therapeutic support, including counselling and social work services:</p> <ul style="list-style-type: none"> • NDIS: where the support is provided as a non-clinical standalone service aimed at managing and/or reducing the functional impact of a participant's psychiatric condition on undertaking activities of daily living or social and economic participation, including social and communication skills development, and behavioural and cognitive interventions. • Other support systems: where the support is integrally connected to a package of clinical supported provided by the health or mental health system. 	<p>Diagnosis of psychiatric conditions.</p> <p>Clinical treatment – general practitioner, psychiatry, pharmaceuticals, clinical care in the community, residential services, mental health crisis assessment services, post-acute services, hospital avoidance services and post-acute care services.</p> <p>Early interventions related to mental health, including clinical support for child and adolescent developmental needs.</p> <p>Residential care (clinical), where the primary purpose is for inpatient treatment or clinical rehabilitation, where the service model primarily employs clinical staff.</p> <p>Mental health crisis services.</p>

Specific guidance is also available on:

- Child protection and family support
- Higher education, vocational education and training
- Employment
- Housing and community infrastructure
- Transport
- Justice.

For more information, follow the web link: www.ndis.gov.au/about-us/operational-guidelines/planning-og/appendix-1-table-guidance-whether-support-most

MODULE 5: NDIS PLANNING MEETING

What is the purpose of this document?

To provide information on the planning meeting, what to expect and the review of plans.

You have been informed that you have been accepted into the NDIS and are now a participant of the scheme. The NDIA or Local Area Coordinator will contact you by phone at some stage to organise a planning meeting. It could take many months for you to be contacted and a planning meeting organised. The NDIA have a 'priority list' that they follow (see 'Planning Timelines' in the 'Resources' section of this module). If you do not meet any of the circumstances which are considered a priority, then you will generally have a long wait. Give the NDIA a ring after three months to find out what is happening.

Organising a planning meeting

When contacted by the NDIA to organise a planning meeting, there are a couple of things to be aware of and requests you can make. These are:

NDIS speak

The NDIA might refer to the planning meeting as a pre-planning meeting. They mean the same thing to you – this will be your opportunity to present your story, goals and aspirations and request supports (as detailed in Module 4). The differences are:

Planning meeting

Includes:

- NDIA planner
- you
- support person (if you choose).

And may also include:

- Local Area Coordinator (LAC).

Outcome:

Plan decision – a plan is developed.

Pre-planning meeting

Includes:

- Local Area Coordinator (LAC)
- you
- support person (if you choose).

Outcome:

A **proposed** plan is developed.

Plan decision

The NDIA planner will develop the plan taking into account your proposed plan.

The plan **may** be different from the one you and the LAC proposed – generally with less supports.

Be aware...

You may be told that you can have a pre-planning meeting with your Local Area Coordinator and you don't need to do any preparation as they will assist you in the preparation.

- This is your planning meeting, you will not have another one – this is the only opportunity to give your input.
- If they offer to do it over the phone with you, request a face-to-face meeting.
- Some LACs and NDIA planners are great and really helpful – others do not understand mental health issues and you may find yourself needing to inform them.
- It is your choice, you don't need to prepare if you don't want, however keep in mind – experiences from others who have gone through this suggest a better outcome if you do your preparation. Some people have gone to their pre-planning meeting and come away with a \$1 plan. This means that they have not been given any NDIS support.

What requests can I make?

You can request:

- to have a LAC with mental health experience
- to have an NDIS planner with mental health experience at your meeting
- to have a face-to-face meeting
- to have the meeting at a location that you feel most comfortable with (for example; your home, a coffee shop, LAC office, NDIA office...).

Keep a record of:

- any requests made
- who you spoke with (including the date and time)
- who you will be meeting with
- the contact details of the person you are meeting with
- when the meeting will be
- where the meeting will be.



Gather together all your prepared information and go over your self-advocacy plan. You will also need to take your: myGov login and password
bank account details.



What happens at the planning meeting?

The planning meeting can be quite casual, like having a chat with someone. You will be able to give the LAC or NDIA Planner the information you have prepared and present the message you want to give them. They will ask specific questions and record them in their own words. You can ask the LAC or NDIA Planner to repeat back to you what you have said so you can know if they have really understood what you were saying.

For a list of questions you may be asked, see the 'Resources' section at the end of this module.

You can also ask them questions. If something they say doesn't make sense to you or you don't understand something they say – let them know and ask them to explain it a different way. You can also request an interpreter.

Even though the feel of the meeting can be casual, it is an **assessment**. The planning meeting is about your goals and the supports you need. The LAC or NDIA Planner will be trying to gather the information they need to identify if the supports are directly linked to your goals and aspirations and whether they meet the 'reasonable and necessary' criteria (see 'Module 4: NDIS plan preparation'). They will also be working out which category the supports fit in. The meeting is a practical administrative process for the NDIA and LAC.

The meeting will last for approximately 1.5 hours. If at any stage you are feeling overwhelmed and need a break, you can ask for the meeting to be rescheduled or to have a break. If this happens, talk with someone you trust to help with processing the information and emotions – sort of like a debrief. If the LAC or NDIA Planner finish the meeting quickly and you feel that there are more things to be said and discussed, let them know that you think this. Request a continuation of the meeting at a later date. If your meeting is with a LAC, you can ask them for a copy of the plan before it is submitted to the NDIA. It is up to them whether they want to do this, they can if they choose to.

What are the support categories?

The NDIS has 15 support categories that they will look at when developing your plan. Only the support categories that relate to your goals will end up being included in the plan. The support categories included will then be put under one of the NDIS support budget areas. *These budget areas have different purposes and rules attached as to how they can be managed and will be explained in more detail in 'Module 6: Making your plan work for you.'* They are also sometimes referred to as 'Support Purpose Areas'.

NDIS support budget areas	Purpose
Capital	Investment in assistive technology and home modifications
Core	Ongoing long term supports with everyday life
Capacity	Gaining new skills, resources and confidence so that as your capacity (skill set) grows, it will slowly reduce your need for assistance in these areas

It can seem confusing as there has been a shift from looking at your goals and the supports you need to achieve them, to looking at how they will be funded. The support categories and support budget areas are used for the purposes of funding; how funds can be spent and how to identify what the funds are being spent on within the NDIS funding categories.

This is an overview of how it all fits together:



You will be asked how you want your plan managed

There are three different ways your plan can be managed, and you will be asked in the planning meeting for a decision on how you want to manage your plan. You can even have a combination of how you want things managed within your plan. The *NDIS Booklet 2 – Planning* covers this in more depth (see ‘Resources’ section of this module for website link). Your choices are:

Agency Managed

This means that the NDIA will manage your plan and that only NDIS registered providers will be able to provide the supports you need. The price lists (costs) for these supports can be found on the NDIS website (google ‘NDIS Price Guide’).

If you choose an Agency Managed plan, the NDIA will have complete control and responsibility for this.

Plan-Managed

Your plan manager will basically help ‘keep the books’ for you; making the claims for services and paying the bills for the supports agreed in your NDIS plan. A plan manager can be chosen from a list of registered Plan Management Providers (list is available from the NDIS) or it may be a ‘financial intermediary’ such as you nominating a trusted person (third party). If you want to choose a registered plan management provider, make sure that the cost of this support is also included in your plan.

The plan managed option allows you much more flexibility; as you can choose your support providers from all that are available, not just NDIS registered providers as long as their costs are within the NDIS Price Guide.

Self-Managed

This means that you will manage the funds for your NDIS plan. You will need to understand budgeting and record keeping. If you have a Plan Nominee (as discussed in 'Module 1: Learning how to self-advocate'), they can also manage the funds with you. The NDIS has a great guide and information on Self-Management (web links to this guide are provided in the 'Resources' section of this module).

A self-managed plan offers the greatest flexibility but more responsibility. To do this, you will need a myGov account set up to manage your plan.

The plan-managed or self-managed options make it easier to obtain services; especially if you are living in a regional area.



What are some extra supports that you can discuss at the Planning Meeting?

Support Coordination

A Support Coordinator can help with finding services and supports that can help you to achieve your goals. They can engage the providers and develop service agreements, help you to use the participant portal that you will need for your plan (discussed in the next module, 'Making your plan work for you'), link you in with community activities and help to resolve any issues or queries that come up. They can even help you with preparing for your next plan.

Tip: If you have already identified a support coordinator, you can provide the details in the meeting. If you haven't identified a support coordinator – you can ask the LAC to help you find one.



Support Coordination is allocated to the 'Capacity' budget area. This means the NDIA will expect that the Support Coordinator will be able to demonstrate to you how to do all these things for yourself in the future, so eventually you will not need this type of support. Starting your NDIS plan can be really confusing the first few times and support coordination can help with this.

Funding for support coordination is provided in your budget in addition to the supports you are requesting to meet your goals.

There are three different levels of support coordination including Specialist Support Coordination. The NDIA explain Specialist Support Coordination as:

'Specialist Support Coordination is time limited and focuses on addressing barriers and reducing complexity in the support environment, while assisting the participant to connect with supports and build capacity and resilience' (NDIS, *Coordination of Supports, Information for providers*, page 5)

If you are involved with any other governments service systems or believe your circumstances are complex, such as being homeless – speak with the LAC or NDIA Planner about this.

Information on Support Coordination is provided in the 'Resources' section of this module.

You will need to request Support Coordination and explain why you need it.



Plan Management

If you want a Plan Manager to take responsibility for the budget side of your plan, it will be of no extra cost to you. The funds for a Plan Manager will be in addition to your plan and will not take away from any funds from your plan budget.

Specialist Disability Accommodation

Some people may require Specialist Disability Accommodation (this is also known as SDA). If you have very high support needs or an extreme functional impairment (using NDIS language), then this may be something you could request.

Housing Victoria provides further information on this. The website link is provided in the 'Resources' section of this module.

The National Disability Insurance Scheme (Specialist Disability Accommodation) Rules 2016 sets out the eligibility for this type of support.

Supports for your carer (Support People)

The NDIS will look at funding some supports that maintain a family member's (carer) health and wellbeing. These may be direct supports for them but more often will be supports for you which in turn supports your carer. A Carer's Statement would be good to demonstrate both their needs and yours (see Carer's NDIS comprehensive checklist website link in the 'Resources' section of this module).

You will need to ask for these supports to be included in your plan.

Supports for preparing you for your next plan

You can ask for supports to be included that will assist you with future goal and support planning, such as an occupational therapy assessment.

Did you know?

Your LAC will also meet with you to help you start your plan. This is called a **plan implementation meeting**. Let your LAC know that you want a plan implementation meeting.



Plan reviews

A plan cannot be varied or amended unless it is reviewed by the NDIA. Whenever a review takes place and the plan is changed, it will be considered a new plan.

The NDIS has 3 different plan review processes:

1. Scheduled review

This is a normal part of the planning cycle and will take place before the end date given on your plan.

It is generally every 12 months however can be shorter or longer depending upon what is discussed at your planning meeting.

2. Unscheduled review

- You can request an unscheduled review if your circumstances change or you want to change your plan management. If your circumstances have changed, you will need to complete a 'Change of Circumstances Form' (see 'Resources' section for web link to a Change of Circumstances Form and additional information). The NDIA have 14 days to decide if they will hold an unscheduled review and 14 days to commence the review from the time of their decision. If you have not been told their decision within the 14 days, then their decision is that they will not review your plan. (See 'Appeals and review' module if you want to take this further). Look in the 'Resources' section at the list of reasons that will not be accepted as a reason for a plan review.
- The NDIA can decide to conduct their own unscheduled review of your plan. This may be because they have been told your circumstances have changed and you haven't asked for a review.

Did you know?

The NDIA can also do a 'light touch' review. This is used for changes to small details such as an administrative mistake, the NDIS planner has forgotten to include a support or you want to change how your plan is managed.

**3. Review of Decisions**

This is a review of a decision you are unhappy with.

Look at 'Module 7: Appeals and Review'.

RESOURCES

1. Online resources
 - NDIA and LAC contacts
 - NDIS Booklets (*Planning and Using your Plan*)
 - NDIS Guide to Self-Management
 - Support Coordination information
 - Specialist Disability Accommodation information
 - NDIS Rules for Specialist Disability Accommodation
 - NDIS Carer Planning Checklist
 - NDIS Change of circumstances form and information
 - NDIS Planning Review Guidelines
2. NDIS Planning Timelines
3. Questions that may be asked at a Planning Meeting
4. Support Coordination
5. Reviewing and changing a participant's plan



Online resources

NDIA office locations and Local Area Coordinator offices and contact numbers

www.ndis.gov.au/contact/locations

NDIS Booklets – *Planning (Booklet 2)* and *Using your Plan (Booklet 3)*

www.ndis.gov.au/about-us/publications/booklets-and-factsheets

NDIS *Guide to Self-Management*

www.ndis.gov.au/participants/using-your-plan/self-management

Support Coordination information

www.ndis.gov.au/participants/using-your-plan/who-can-help-start-your-plan/support-coordination

Specialist Disability Accommodation information

www.housing.vic.gov.au/supported-accommodation

National Disability Insurance Scheme (Specialist Disability Accommodation) Rules 2016

www.legislation.gov.au/Details/F2018C00401/Html/Text

Carer NDIS Planning Checklist

www.carersact.org.au/wp-content/uploads/2017/09/Carer-Checklist-NDIS-Planning.pdf

NDIS Change of circumstances form and information

www.ndis.gov.au/participants/using-your-plan/changing-your-plan/change-circumstances

NDIS Planning Review Guidelines

www.ndis.gov.au/about-us/operational-guidelines/planning-og/planning-reviewing-and-changing-participants-plan

NDIS Planning Timelines

www.ndis.gov.au/about-us/operational-guidelines/planning-og/planning-timeframes-preparing-participants-plan

If a participant does not fall within one of the classes in the rules, the NDIA will commence preparing the participant's plan as soon as is reasonably practicable having regard to the NDIA's obligations to commence preparing other participant plans.

6.2 Prioritising participants with urgent circumstances

In urgent circumstances, the NDIA may:

- commence preparing a participant's plan sooner than the timeframe set out in the phasing rules (section 32A(3)(a)) (on this page); and
- where necessary, delay commencing the preparation of plans for one or more other participants, so far as is reasonably necessary (section 32A(3)(b)).

As an indication, the NDIA will prioritise the preparation of plans as follows:

- **immediate priority** for participants who are at risk of harm, or whose stability of accommodation or care arrangements have broken down;
- **within 2 weeks** of deciding that a person meets the access criteria for participants whose stability of accommodation or care arrangements are unsustainable, fragile or at risk of breakdown;
- **within 6 weeks** of deciding that a person meets the access criteria for:
 - (i) participants in, or returning to, a community setting who:
 - have no, or very few, supports in place where delay is likely to result in higher scheme costs, poorer longer-term outcomes or a further reduction in functioning; or
 - need to have appropriate support arrangements in place to be able to return to the community, for example participants returning home after an admission for acute mental health treatment or participants being released from prison or custody; and

The NDIA will advise participants of their priority and the effect of any decision on when their plan will be prepared. Participants waiting for the NDIA to prepare their plan may be referred to a Local Area Coordinator for connection with mainstream supports.

A participant's priority may change when their disability support needs change, or when persons with higher priority meet the access criteria and enter the NDIS.

A decision in relation to when a plan will be prepared by the NDIA is **not** a reviewable decision.

Questions that may be asked at a Planning Meeting

Taken from 'Practice advice for mental health clinicians. What is asked in an NDIS planning meeting?'

NDIS for Mental Health Clinicians

www.ndisforclinicians.com

The questions outlined in this document are examples drawn from the NDIS *Outcomes Framework Pilot Study: summary report* (https://ndis.gov.au/document/outcomes-framework-pilot.html#_ftnref1) and the experiences of consumers and staff who have participated in NDIS planning meetings.

By understanding the types of questions that may be asked, and their relevance to the NDIS Outcome Domains clinicians will be able to:

- help consumers prepare for what may be covered in the planning meeting discussion; and
- identify and justify consumers' support needs in a language that aligns with the Outcome Domains and Planners' questions.

Domain 1: Choice and control

Exercising choice, decision making, and whether the participant would like to have more choice and control in their life. Questions that address this domain and could be asked in a planning meeting include:

- Are you able to choose who helps you?
- Are you able to choose what you want to do?
- Do you choose who supports you?
- Do you choose what you do each day?
- Who makes most decisions in/about your life?
- Do you feel able to advocate (stand-up) for yourself? i.e. do you feel able to speak up if you have issues or problems accessing supports?
- Have you ever participated in a self-advocacy group meeting, conference or event?
- Do you want more choice and control over your life?
- Has the NDIS helped you have more choices and more control over your life?

Domain 2: Daily living

Level of independence in the activities of daily living listed below. Questions that could be asked in a planning meeting include do you need support; do you get support and does the support you receive enable you to be as **independent as possible**?

1. Domestic and community tasks: shopping, cooking, cleaning and meal preparation
2. Personal care: washing yourself, dressing
3. Problem solving
4. Travel and transport
5. Communicating with others
6. Getting out of the house
7. Finances or money
8. Reading or writing
9. Accessing and using technology
10. Self-advocacy and participation
11. Increasing activities of daily living

Domain 3: Relationships

Contact with family and friends, caring roles and support networks. Questions that could be asked in a planning meeting include:

- Do you have someone to call on for practical or emotional assistance, or in a crisis?
- Do you provide care/support for others?
- Do you have friends other than family or paid staff?
- Are you happy with how often you see family/friends?
- Do you feel lonely?

Domain 4: Home

Questions that could be asked in a planning meeting to address this domain include:

- Are you happy with your home environment?
- Where do you see yourself living in 5 years' time?
- Do you feel safe where you currently live?

Domain 5: Health and wellbeing

Questions that could be asked in a planning meeting to address this domain include:

- How would you describe your health? (*Excellent/Good/Fair/Poor*)
- Do you have a regular GP?
- Do you experience problems accessing health care services?
- Reasons for problems accessing services (*Access issues/The attitudes and/or expertise of health professionals/I don't have transport/I can't afford it/I don't have support*)
- Have you been in hospital in the last 12 months? How often?
- Thinking about my life in general now and in the future I feel (*delighted/pleased/mostly satisfied/mixed/mostly dissatisfied/unhappy/terrible/don't know*).

Domain 6: Lifelong learning

School, learning and training. Questions that could be asked in a planning meeting to address this domain include:

- Do you get the opportunity to learn new things? (*Yes/No but I would like to learn new things/No and that's OK*)
- Do you currently participate in education, training or skill development?
- Are you in a class for students with a disability?
- Is it what you want?
- In the last 12 months, is there any course or training that you wanted to do but couldn't? Do you have the opportunities to learn new things?
- Do you want to access education, training or develop new skills?

Domain 7: Work

Experiences in the workforce and goals for employment. Questions that could be asked in a planning meeting include:

- Are you currently working in an unpaid job?
- Are you currently working in a paid job? (*Yes/No but I would like one/No and I don't want one*)
- What type of employment is it? (*Open employment/Australian Disability Enterprise/Supported Wage System*)
- Do you get the support you need to do your job?
- What is the main reason you do not have a job? (*Can't find one/Don't have support/Travel was difficult*)
- Has your involvement with the NDIS helped you find a job that's right for you?

Domain 8: Social and community participation

Hobbies, volunteering, involvement in community groups, feelings of safety, voting, leisure activities, feeling able to have a say. Questions that could be asked in a planning meeting include:

- Do you spend your free time doing the things you want?
- Do you volunteer anywhere or have any community connections (cultural, religious, disability)?
- In the past 12 months, is there anything that you wanted to do but couldn't?
- Have you been actively involved with a community cultural or religious group in the past 12 months?
- Do you know people in your community?
- How often do you feel you are able to have a say with the service that provide support for you?
- Have you had negative experiences in the community in the last 12 months?
- Has the NDIS helped you to become more involved?

In addition to these Outcome Domain questions, planners may also ask general questions about the participants' background, risks, safety, decision making and financial management.

Background information questions

Education level, type of housing, living arrangements, current/past employment, income, daily routine. Questions that could be asked in a planning meeting include:

- What time do you get up? Do you go out? Where do you go? With whom? How do you get there?
- Do you have any trouble
 - standing for 30 minutes
 - attending to house responsibilities
 - learning new tasks
 - attending community activities
 - with your emotional health
 - concentrating for 10 minutes or more
 - walking 1km or more
 - washing/bathing yourself
 - speaking with people you don't know
 - maintaining friends
 - managing day to day activities
 - managing day to day activities in the last 30 days (how many)?
- Are you receiving help now? Who are you receiving it from?
- Is there anything you couldn't do in the last 30 days?
- Is your current disability the result of an accident or event?
- When did you first notice your disability started to effect activities you do in your everyday life?
- Do you currently use aids or equipment?
- Do you think you might need assistance aids in the future?
- Do you use any continence products?
- Are you a recent school leaver?

Risks, safety, decision making and financial management questions

Questions that could be asked in a planning meeting include:

- Are there times when you don't feel safe?
- What do you do when you don't feel safe? (*Call someone/Manage it myself*)
- Does that usually solve the problem?
- Do you have any concerns about any area in your life about disability?
- What areas of your life do you have concerns about? (*Health/Home and/or where I live/Safety when I'm out/Money*)
- Do you have any worries with anger?
- If you need help in an emergency, do you have anyone you can depend on for help?
- How many people do you think you could contact for help in an emergency?
- Do you make your own decisions? Do you have a Guardian?
- Are you able to make decisions about things, like what you like to do or which companies you want to help you?
- Who helps you with this? (*Family and/or friends/Guardian and/or Nominee/Unsure*)
- Do you need help with your planning and getting your supports? Who would you like to help you? (*Support coordination and plan management options*)
- On a scale of 1 to 5, where 1 is low and 5 is high, what level of help do you think you need?
- Do you worry about people taking money from you?
- Has this ever happened?
- Do you feel you have enough help with your day to day finances?
- Who helps you with your finances? (*Family/Friends/No one/Unsure*)
- Do you want some help with your finances?
- Do you need help managing money?
- Do you receive a mobility allowance?
- Have you ever declared bankruptcy?
- If you choose to self-manage can you anticipate any problems that may arise?
- Do you agree to sharing your plan online with providers (personal details, NDIS number)?
- Who would you like to share it with?



Support Coordination

Taken from the NDIS website

www.ndis.gov.au/participants/using-your-plan/who-can-help-start-your-plan/support-coordination

What is support coordination?

There are three levels of support coordination that can be included in your plan:

1. **Support connection** – This support is to build your ability to connect with informal, community and funded supports enabling you to get the most out of your plan and achieve your goals.
2. **Support coordination** – coordination of supports: This support will assist you to build the skills you need to understand, implement and use your plan. A support coordinator will work with you to ensure a mix of supports are used to increase your capacity to maintain relationships, manage service delivery tasks, live more independently and be included in your community.
3. **Specialist support coordination** – This is a higher level of support coordination. It is for people whose situations are more complex and who need specialist support. A specialist Support Coordinator will assist you to manage challenges in your support environment and ensuring consistent delivery of service.

Depending on your individual goals, plan objectives and aspirations you may receive funding for these supports in your plan.

How can a Support Coordinator help me?

A Support Coordinator will support you to understand and implement the funded supports in your plan and link you to community, mainstream and other government services. A Support Coordinator will focus on supporting you to build skills and direct your life as well as connect you to providers.

Your Support Coordinator will assist you to negotiate with providers about what they will offer you and how much it will cost out of your plan. Support coordinators will ensure service agreements and service bookings are completed. They will help build your ability to exercise choice and control, to coordinate supports and access your local community.

They can also assist you in planning ahead to prepare for your plan review.

Support coordinators will assist you to 'optimise' your plan ensuring that you are getting the most out of your funded supports.

What's the difference between support coordination and specialist support coordination?

A Support Coordinator and a Specialist Support Coordinator are very similar however there are some key differences.

A Specialist Support Coordinator will be funded where there are additional high or complex needs in your situation and will be a qualified and experienced practitioner such as an Occupational Therapist, Psychologist or Social Worker.

Specialist support coordinators will support you to manage challenges in your support environment which may include health, education, or justice services. Specialist support coordination aims to reduce barriers to implementing or using your NDIS plan.

Where do I get a Support Coordinator from?

You can look up registered support coordination providers using the Provider Finder tool in myplace. The Provider Finder will let you search for support coordination providers that are located near you. Every three months the NDIA publishes a list of registered providers in your state on the NDIS website.

Your Local Area Coordinator (LAC), or Early Childhood Early Intervention (ECEI) Partner may assist you to find and connect with a support coordinator. The planner, LAC or ECEI partner will provide plan information to your support coordinator so they can understand your plan and assist you in achieving your goals.

Is there a difference between self-managing and support coordination?

Yes. Self-management is a plan management type and support coordination is a reasonable and necessary funded support.

Self-managing your NDIS plan means the NDIS will pay you directly for the supports you claim under your plan's budgets. Being self-managed also allows you to choose from a broader range of providers. We have developed a guide to self-management for people who are self-managing or interested in self-managing their NDIS funding. This guide helps people understand the benefits of self-management, roles and responsibilities and how to self-manage effectively.

If I self-manage or plan manage my plan, will I still be able to receive funding for support coordination?

Yes. The decision for a plan to be self-managed, plan-managed or NDIA-managed has no effect on funding support coordination. Funding support coordination is decided by what is considered reasonable and necessary.

When creating your plan, you can discuss with your planner, LAC, or ECEI Coordinator what your plan management options are and the differences between them.

Can I change to a different provider if I'm not happy with the support I am receiving?

Yes. You remain in control of your plan and have choice and control over who your providers are. If you wish to change providers, you should discuss it with your provider and review your service agreement. Depending on your service agreement, you may have agreed to give some notice before you change.

I am developing a service agreement with a support coordinator, what questions should I ask before signing anything?

Just like starting with any new provider, you can ask them questions that will help you make a decision on whether you will use them as a provider or not. Below are a few examples of questions you may want to ask the provider:

- How will they help you to achieve your goals?
- What is their experience delivering supports?
- What are their prices? What is included? How will they charge you?
- Do they wish to discuss a notice period for ending an agreement?

Remember, you have choice and control in the supports you receive. This means you have the choice over who provides your supports and how they are provided.

Reviewing and changing a participant's plan

Taken from NDIS *Operational Guidelines*

Generally, participant's request for a review of their plan will **not** be accepted where:

- a participant is unable to demonstrate their circumstances have changed to the extent required to warrant a change to their statement of participant supports. For example:
 - i. there is minimal or no change to a participant's informal supports, living arrangements, disability or functional capacity; or
 - ii. a change to a participant's financial circumstances alone does not warrant a review – e.g. a participant has sustained a large gambling loss, one of their parents has ceased employment, a taxi subsidy has been removed or their car has broken down and needs repairs
- there is no new information available likely to affect the NDIA's assessment of a participant's needs. For example:
 - i. there is no evidence from a therapeutic assessment warranting increased supports;
 - ii. the participant has had a change of mind, regarding their desired supports following plan approval – For example, a participant wanting to attend a camp a provider has started advertising and organizing after the start of their plan
 - iii. the participant advises they have been diagnosed with an additional disability but have not provided sufficient evidence of this disability; or
 - iv. the participant has not provided sufficient evidence to increase therapy supports, or to fund the purchase of additional assistive technology equipment;
- the request for review simply reflects the participant's desire to have increased supports or supports of a nature similar to other participants. For example:
 - i. the participant is requesting additional funding as they have exhausted their budget on other flexible support categories in their plan;
 - ii. the participant is requesting new equipment such as an iPad or a new therapy because they have become aware another participant has been funded for these supports;
 - iii. the participant has requested funding for activity costs, such as swimming lessons added to their plan, without providing appropriate reasonable and necessary supporting evidence; or
 - iv. the participant's requested funded supports do not relate to their goals
- the request could be met by existing informal, community or mainstream supports. For example:
 - i. a participant request to include funding for the cost of medical treatment, school fees or childcare; or
 - ii. there is a short-term interruption to a participant's informal support arrangements due to a carer's illness, but the participant's support needs can be met via an alternative informal support person.

A decision by the NDIA **not** to review a participant's plan is a reviewable decision (section 99(f)).

MODULE 6: MAKING YOUR PLAN WORK FOR YOU

What is the purpose of this document?

To provide information on your NDIS plan and how to use it.

What does an NDIS plan look like?

When you receive your approved NDIS plan, it will have a letter with it saying that your plan has been approved. It should have a date when the letter was written (*keep the envelope – the postdate stamp may be important if the date on the letter is weeks earlier than you received it*) and will include information such as:

- Reminding you that for a support to be funded, it needs to meet the 'reasonable and necessary' criteria.
- They will state: 'Funds in your core budget are flexible, which means you can choose how to spend this funding to meet your support needs. Please remember that funding received through the NDIS must be used for your support needs.'
- They will say how they developed your plan using information that they previously had (from applying for the NDIS) and from the information given to them at the planning conversations.
- They talk about any plan management requests and what they took into consideration.
- They will then talk about the 'next steps' for you to take.
- You will be given information on how to request a review if you disagree with the decision.
- You will be informed of what to do if your circumstances change.
- You will be provided with contact details.

Reminder: Plan management and core budget were discussed in 'Module 5: NDIS Planning Meeting'.

Your actual NDIS Plan follows the letter and looks like this:

Note: *The NDIA can change the plan format, however the structure (what the plan is made up of) will be similar. This plan is from 2019. All wording is what the NDIA write – anything in ‘italics’ has been added.*

(Your name) NDIS plan

NDIS number:

My NDIS contact: *(Name of contact)*

Local Area Coordinator

Organisation

Phone:

Email:

NDIS plan start date:

NDIS plan review due date:

A National Disability Insurance Agency (NDIA) representative will contact me about my plan review before my plan review due date.

(Your first name) profile

What I want people to know about me

Date of birth:

Current contact details:

About me:

This will be a short statement from you (similar to what was discussed in Module 4)

Family and friends:

Services and community involvement:

(Your first name) goals

This is what I want to achieve

Short-term goal

This will be a statement of what your goal is

How will I achieve this goal

These will be the steps you will take

How will I be supported

This will list what the supports will be

Note: *This step will be repeated for all your goals including your medium to long term goals.*

(Your first name) funded supports

My funded supports can help me achieve my goals

Managing my NDIS funding

There are 3 different ways my plan funding can be managed:

- **Self-managed:** I will claim funding from my NDIS plan to pay providers myself or my plan nominee or child representative may do this on my behalf. Providers will invoice me directly for supports I have agreed they will provide.
- **Plan-managed:** My plan management provider will make claims and pay providers on my behalf for supports I have agreed they will provide.
- **NDIA-managed:** Providers will claim payment directly from my NDIS plan based on active service bookings. Where supports are NDIA-managed, I can only use an NDIS registered provider.

My funding may be managed in one or more of these ways and will be included in the breakdown of my funding on the following pages.

Stated supports

Where a support is listed as 'stated' in my plan, I must purchase this support as described in my plan. I cannot swap 'stated' supports for any other supports.

In-kind supports

Where a support is listed as 'in-kind' in my plan, I must continue with my existing service provider as they have been pre-paid to deliver this service. However, if I have a concern about using my in-kind service provider, I can raise my concerns with my NDIS contact.

Quote required

Where a support is listed as 'quote required' additional information such as quotes and/or specialist reports will be required. Once the quote is approved, the funding will be made available in my plan.

Please note, where in-kind, compensation or specialised accommodation supports are included in my funded supports, these may not be included in the breakdown of how my funds are managed, for example: NDIA managed, Self-managed, Plan-managed. If needed, my NDIS contact can provide me with more information about these funded supports.

Total funded supports \$ *This will show how much the NDIS will pay*

For (date of plan) (e.g. 01 January 2019 – 01 January 2020)

Core Supports

Core supports help with my everyday activities, my current disability related needs and to work towards my goals.

My Core Supports funding can be used flexibly across the following sub categories:

- **Assistance with daily life (Daily Activities)**

For example, assistance with everyday needs, household cleaning and/or yard maintenance.

- **Consumables**

For example, continence products or low-cost assistive technology and equipment to improve independence and/or mobility.

- **Assistance with Social and Community Participation**

For example, a support worker to assist you to participate in social and community activities.

- **Transport**

For example, helps you to travel to work or other places that will help you achieve the goals in your plan. There may be instances where you do not have flexibility in your transport funding (your NDIS Contact can explain how you can use this funding).

Note: Any \$ values that display in brackets, for example (\$1,200.00), are stated supports. These values have already been included in the core support amount in the budget column.

Goal/s my Core Supports funding can help me achieve:

- A list of your goals will be included here

-
-

Core Supports	Budget
<p>Core supports are to assist with undertaking activities of daily living. This typically includes self-care and community participation.</p> <p>Funding in this budget also includes, if required, assistance with domestic activities/supports to sustain informal networks/group or individual community access supports. The supports are flexible and allow you to allocate your funding to purchase services that will assist you to meet your plan goals.</p> <p>Daily Activities: This funding would assist you... <i>This will be linked to your goals</i></p> <p>My Core Supports funding will be: \$ (amount given and how it will be managed) <i>(i.e. self-managed, plan-managed, NDIA managed)</i></p> <p>Consumables:</p> <p>Social and Community Participation:</p> <p>Transport:</p> <p><i>This will detail what the funding arrangements are; such as, receiving this funding over the 12 months of the plan, with money being paid into your nominated bank account on a fortnightly basis</i></p> <p>Total Core Supports</p>	<p>\$ (amount given)</p> <p>\$ (amount given)</p> <p>\$ (amount given)</p>

Capacity Building Supports

My Capacity Building supports are intended to build my independence and reduce my need for the same level of support in the future. My progress and outcomes from these supports will be shared at each plan review.

Unlike my Core Supports budget, my Capacity Building supports budget cannot be moved from one support category to another. Funding can only be used to purchase approved **individual** supports that fall within that Capacity Building category.

Goal/s my Capacity Building Supports funding can help me achieve:

- A list of your goals will be included here
-
-

My Capacity Building funding can be spent in the following ways:

Capacity Building Supports	Budget
<p>Improved life choices (CB Choice and Control)</p> <p>Stated support: <i>The service will be described (e.g. Plan Management)</i></p> <p>My \$ (amount given) stated support funding will be: (how it will be managed)</p> <p>My Improved life choices funding will be: (how it will be managed)</p> <p>Improved daily living (CB Daily Activity)</p> <p>Improved living arrangements</p> <p>Increased social and community participation</p> <p>Finding a job and keeping a job</p> <p>Improved relationships</p> <p>Improved health and wellbeing</p> <p>Improved learning</p>	<p>\$ (amount given)</p>
<p>Support coordination (if you are given this)</p> <p>Stated support: Coordination of Supports</p> <p>My \$ (amount given) stated support funding will be: (how it will be managed)</p> <p>Support coordination to assist you achieve the goals in this plan through providing assistance to choose and coordinate providers, develop service agreements, manage the funding in this plan, use the participant portal, find and link with appropriate services, organisations and activities in the community, resolve queries or concerns that may arise and develop goals for future plans.</p> <p>This funding includes <i>(how many hours)</i> of support coordination To assist you <i>(the reason you have given for needing Support Coordination)</i> in your NDIS plan.</p> <p>My Support coordination funding will be: (how it will be managed)</p>	<p>\$ (amount given)</p>
<p>Total Capacity Building Supports</p>	<p>\$ (amount given)</p>

Only the support categories linked with your goals will be included



Capital Supports

- Assistive Technology
- Home Modifications and Specialised Disability Accommodation (SDA)

Note: Only the support budget areas linked with your goals will be included. For example, Capital Supports may not even appear in your NDIS plan.

Find out more

Who to contact if I need information or help with my plan

My NDIS contact:

Details will be provided

My next plan review date:

Details will be provided

Booklet 3 – Using your NDIS plan

I can refer to Booklet 3 to help me understand my NDIS plan and how to use funding, arrange supports and services and work towards my goals. It will also help me review my goals and prepare for my plan to be reviewed. If I do not have a copy, I can ask my NDIS contact or visit the NDIS website.

Important changes

If something important changes or is going to change (for example, I move to a new house, start work or school, if I get or may get compensation relating to an injury, or if my goals change) I will notify my NDIS contact.

I have my plan, what now?

You now have a physical copy of your plan and there are a few things you will have to do. We will look at each one separately, but before we do, this is an overview of the steps you will take:



Accessing my plan on myGov account

Your plan will also be available on your myGov account. There is a specific NDIS portal called the ‘myplace portal’.

An activation code should be sent to you with your letter and plan. If it isn’t, you will need to get the activation code for this portal from your NDIS contact, which will be your Local Area Coordinator (LAC). Your LAC will explain what you need to do. Once you receive the activation code, you will only have a number of days to set up the portal. It is similar to other government portals you may have on your myGov account, such as Centrelink and Medicare. It will be a place where your NDIS information is kept, you can upload new information and you can receive notifications from the NDIA.

If you have chosen to self-manage your NDIS budget, you will need to use the portal to create and manage service bookings and put in payment claims. There is also a ‘provider finder’ application available for use. An NDIS myplace Step-by-Step Guide is available, ([see the link to the website in the ‘Resources’ section](#)).

If you are having problems with the myplace portal, some troubleshooting tips are available in the ‘Resources’ section.

How do I read my plan – what does it mean?

Look for the date when your plan starts and finishes. The time length of your plan is how long your budget is for. For instance, if you have a 12-month plan, the funds in your plan are meant to cover the full 12 months.

Look at what budget areas are included in your plan:

- Core
- Capital
- Capacity.

Under the heading of each budget area will be money allocated to a specific NDIS Support Category (remember the 15 different NDIS Support Categories in ‘Module 5: NDIS Planning Meeting’?)

The support categories in your plan are the ones that are linked to your goals.

Your plan will tell you what each budget area means and how you can spend your funds for each budget area.

For example:

- Funds in the **Core** budget can be used for any one of the four support categories in that budget.
- Funds in the **Capacity** budget can only be used for the support category it is attached to.

Your plan will tell you if you have a:

- ‘**Stated**’ support – meaning the funds can only be used for that specific thing
- ‘**In-kind**’ support – meaning the service has already been paid for.

Tip: The NDIS has produced a couple of guides that will really help you to understand and use your plan:

- *Booklet 3 – Using your NDIS Plan*
- *NDIS Guide to Self-Management*

These can be downloaded from the NDIS website (web links provided in ‘Resources’ section – ‘Module 5: NDIS Planning Meeting’).



Ask your LAC for paper copies of:

- *Booklet 3 – Using your NDIS Plan*
- *NDIS Guide to Self-Management.*



Think about what supports or services you need

Your plan will say what your goals are and what the funding in your plan can help you achieve. They may even make suggestions about what the funding can be used for.

Make a list:

- on what goals you have
- what your immediate needs are
- what sort of support you want, to achieve the goals and meet your needs
- how often you will need the support and for how long.

Tip: If you prepared written goals for the Planning Meeting (‘Module 4: NDIS plan preparation’), you can use those.



Ask your LAC for suggestions on how to get supports for your goals that have not been given funding through your NDIS plan...



Make a budget for each support

Before you start 'shopping' around for your supports, you will need to know how much the supports will cost (approximately) and if your funds will cover the costs of your support. When it is written down, it becomes your budget. This budget is a guide for you. If there is something you really want, but will cost more than you have available, you can:

- if the funding for your support is self-managed or plan-managed you can try and negotiate a better price for the service/support
- use some of the funds from another support that isn't as important (**remember:** if it is in your Capacity Budget – the funds can only be used within the same support category)
- rethink how often you will need the support
- think about other ways you might be able to get different supports to free up more funds.

A simple way of working out support costs is to use the Support Calculator:
www.supportcalculator.com.au



To use the Support Calculator:

1. Choose the support category (that is in your plan).
2. Choose the type of support you want (click on 'select support item' and a list of supports will be shown with how much they cost per hour).
3. Select how many hours a week you want the support for (you can also select how many hours every fortnight or month).
4. Press 'add row'.
5. This creates a list that will be added to for each support you select.

The list will provide information on each support:

- Item name
- Item number (NDIS code which links a support to the NDIS funding)
- Unit price (how much it costs per hour)
- Hours per week
- Total cost for the support for a year.

This list can be printed off and be used as your budget.

Note: The Support Calculator webpage has lots of information on how to use the calculator and uses the '2018/2019 VIC/NSW/QLD/TAS Price Guide for NDIS service providers'. For links to the Price Guide, see the 'Resources' section of this module.

Thinking creatively with the NDIS 'support item'

A 'support item' is like a title or a heading for a support that comes under a support category. For example:

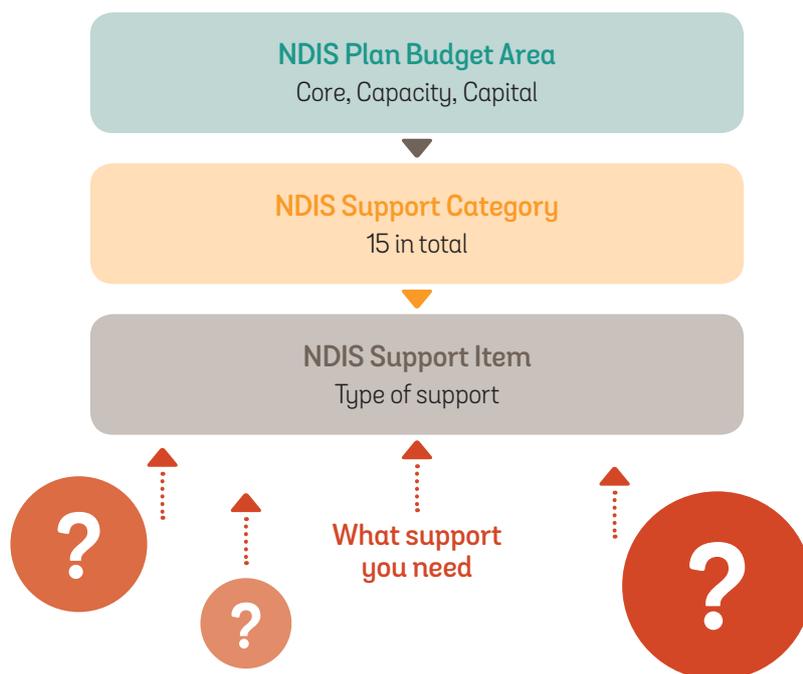
Support Category Name: **Increased social and community participation**
Type of support (Support Item): **Skills development in a group**

There is also an item number attached to each 'support item'. This item number is often called a 'line item'. It is what service providers and the NDIS use to identify the support against the funding the NDIS provides. For example:

Skills development in a group 09_007_0117_6_3 (line item number)

Remember the 15 Support Categories in 'Module 5: NDIS Planning Meeting'? Each one was numbered 1–15. The first 2 numbers of a line item represent the support category it comes under.

Not all types of supports are listed as a 'support item' and given a 'line item number'. If there is a type of support you identify and it is not listed – think about which 'support item' it is most like. The NDIA call this a 'best-fit' approach.



Getting started with your plan

You know what supports you want, you have an idea of your budget – now you can start searching for services or people that can provide you support. The NDIS Booklet 3 – *Using Your NDIS Plan* has an exercise called 'Finding the right provider for you' on page 11. This could help in identifying providers that you can interview, to see if they can provide the support you want. That's right – you get to interview them because you will be employing them to provide you with support.

You can speak with your LAC, use your myplace portal, do an internet search, contact your local council and ask people around you about what services are out there that could provide the supports you need. If you need some assistance in doing a web search, you could ask at your local library. You could also go to your local community neighbourhood house to see if they can help. If you get stuck, you can always ring the Victorian Mental Illness Awareness NDIS team and they may be able to help you. (Refer to contact details in the 'Resources' section.) When you start interviewing and engaging services (hiring them), you will need to be clear about what you want and need them to do. If you have a Support Coordinator, they will be able to do all these things for you and show you how to do it as well.

Use the IMHA self-advocacy plan.



Interviewing support services

The NDIS provides a list of questions you may want to ask. When ‘interviewing’ the support services, keep in mind what your preferences are and what support you want provided.

‘How do you choose providers to deliver your services?’

You may already have used some service providers before you joined the NDIS and you may choose to work with them again. You may also want to try new providers when you become an NDIS participant. When considering a service provider, talk to them about your goals and discuss how they can help you work towards them. Here are some questions you may ask:

- Are you an NDIS registered provider?
- How will you help me achieve my goals?
- How much does your service cost?
- Can I choose which staff will work with me?
- Can you provide the service at a time that suits me? How can I make a complaint or resolve a payment issue?

The NDIS Booklet 3 – Using Your NDIS Plan, page 10 (NDIS resource)

You may also want to ask questions such as:

- Are you willing to sign a service agreement?
- Will you be able to provide me with a progress report? *(This will be useful for your next planning meeting)*
- Do you charge administration fees? If so, what are they? *(This will need to be taken into consideration as it will mean less funds for the support)*
- Do you charge a ‘sign-up’ fee and a ‘exit’ fee? If so, how much? *(Service providers should not charge exit fees)*
- Are these extra fees (if any) negotiable? *In other words, can they be removed or reduced*
- Will the staff member be experienced in mental health issues? *(What training have they had, are they provided with ongoing training?)*
- What happens when the staff member is sick or goes on holidays?
- Do you have an ABN? (Australian Business Number). *All services and people you employ must have an ABN*

Note: A Service Provider Interview Sheet is provided in the ‘Resources’ section of this module.

The questions you ask might be different for different supports. For example, if you are hiring a person to do your housework or mow your lawn – you wouldn’t need to ask them how they could help you achieve your goals or if they would sign a service agreement. You would just need to find out if they had an ABN number, how much they charge, how they want to be paid and when they could do it. (Just make sure you keep all receipts from them).

Look at ‘Clickability’ to see if they have had any reviews.
Australian Disability Services: rated, reviewed and reliable
<https://clickability.com.au>



Hiring a service

When you have decided which service provider you want to use (it might be more than one depending on what supports you are wanting), you can ask them to develop a Service Agreement with you.

A Service Agreement is like a contract between the service provider and you.

Read ‘Making a service agreement’ on page 12 of the NDIS Booklet 3 – Using your NDIS Plan to see the sorts of things that should be in a Service Agreement.

Remember, to read the service agreement before you sign. You can ask for changes and additional information to be included if you want. When you are happy with the agreement, then you can sign. Make sure you keep a copy of the agreement.

The next thing you will need to do depends on how your plan is being managed.

Beware

There will be lots of new service providers – some will be great, some not so great. Like anything you want to purchase, feel free to 'shop around' to make sure it will suit you.

**Who is managing my plan?**

Look to see if your plan is being self-managed, plan-managed or NDIA managed. It may even be a combination of management.

Booking a service is done differently depending on how your plan is managed. To book a service:

- **Self-Managed:** You can make the arrangements straight away. When you need to pay them, you can either:
 1. Use your own money and claim it back from the NDIA through your myplace portal.
 2. Send a payment request to the NDIA through your myplace portal and wait for the money to be put in your bank account. If you are doing this, let the service provider know it might be a few days before you can pay them.
- **NDIA managed:** You will need to give your NDIA Registered Provider:
 - your NDIS number
 - date of birth
 - the support categories that you have been funded for.

They will make a 'Service Booking' on your behalf in their myplace portal.

- **Plan-Managed:** Your Plan Manager will organise any payments that need to be made for you. You will need to send a copy of all invoices or receipts to your Plan Manager.

A 'Service Booking' is the way the NDIS pays for services and supports you receive if you are Plan-Managed or NDIA Managed.

These steps are looked at in:

- *Booklet 3 – Using your NDIS Plan*
- *NDIS Guide to Self-Management.*

**What happens if I want to change a service provider?**

There might be a reason that you need to change from your current service provider to another one. It's okay to do this – remember, the NDIS is about giving you choice and control.

This is another stage where you will need to self-advocate.

Some reasons you might want to change providers could include:

- your needs are not being met by the support being provided
- you are not happy with services provided, such as:
 - not turning up
 - cutting your hours short
 - not responding to your requests
 - never returning your phone calls
 - not providing you with information you may need
 - charging you for things you don't get
 - not doing the things they said they would do
- you are not happy with the way your supports are being delivered.

You can:

- make a complaint to the service provider
- make a complaint to the NDIS Quality and Safeguards Commission ([contact details in 'Resources' section](#))
- change service providers.

Or if you think that the service provider is conducting fraudulent activity (cheating) or price gouging (raising the **price** of services to an unreasonable or unfair level), you can contact the NDIA Fraud Reporting line ([contact details in 'Resources' section](#)).

Relook at 'Making Complaints' in 'Module 1: Learning how to self-advocate'.
Contact numbers are in the 'Resources' section, module 1.



If you do need to change service providers...

- let the NDIA know
- let your Plan Manager know (if you have one)
- be aware that there might be a gap in time before you start receiving supports from the new service
- be aware of hidden costs – such as start-up fees and exit fees.

Make sure you keep records...

It is really important that you keep records of everything. Keeping records can:

- be used for evidence in future planning
- be used for evidence in making complaints
- will be needed for accountability and are requirements of the NDIS funding provided to you (you may get audited if you are self-managing).

What sort of things can I keep as records?

- service contracts and agreements
- invoices for services
- receipts for services (including services like lawn mowing, house cleaning etc.)
- reports from services (such as progress reports and recommendations)
- assessments (such as an Occupational Therapy assessment)
- record of when services are provided (you might want to write this on a calendar or diary)
- record of phone contact (include date, length of time, who you spoke with and what the call was about).
Some services charge for phone calls... this will be handy to check that you are not being overcharged
- write down any blocks of time you were unable to use your NDIS supports (it may be because you were in hospital or you were on a holiday)
- keep any supporting documents for the reason you did not use NDIS supports during a particular time (such as hospital discharge papers). These can be used as evidence in your future planning meeting.

Tips for record keeping:

- take copies of anything that has to be sent in to the NDIS
- keep all your records together – make a file
- keep your invoices and receipts for 5 years (this is the law under the Australian Tax Office)
- write everything in a diary.



RESOURCES

1. Online resources
 - NDIS Booklet 3 – Using your NDIS Plan
 - NDIS myplace portal step-by-step guide
 - NDIS Change of circumstances form and information
 - NDIS Price Guides
 - Support Calculator
 - Clickability
2. Contact numbers
 - VMIAC
 - NDIS Quality and Safeguards Commission
 - NDIA Fraud Reporting Line
3. Troubleshooting the NDIS 'myplace' portal
4. Service Provider Interview Sheet

Online resources

NDIS Booklet 3 – Using your NDIS Plan

www.ndis.gov.au/about-us/publications/booklets-and-factsheets

NDIS myplace portal step-by-step guide

www.ndis.gov.au/participants/using-your-plan/managing-your-plan/how-use-myplace-portal

NDIS Change of circumstances form and information

www.ndis.gov.au/participants/using-your-plan/changing-your-plan/change-circumstances

NDIS Price Guides

www.ndis.gov.au/providers/price-guides-and-information

Support Calculator

www.supportcalculator.com.au

Clickability. Australian Disability Services: rated, reviewed and reliable

<https://clickability.com.au>

Contact numbers

VMIAC

Tel: 9380 3900

NDIS Quality and Safeguards Commission

Tel: 1800 035 544

NDIA Fraud Reporting Line

Hotline: 1800 650 717

Troubleshooting the NDIS 'myplace' portal

I can't get myplace to work!

If you have been having trouble accessing the online portal, request a new activation code, as this seems to have worked for many people. You have to sign into myGov, click on the services button, click the red 'unlink' button next to NDIS. A screen should then pop up asking for the new activation code. Make sure you do this as soon as possible after receiving your new activation code, as they only last a week.

If you are still receiving error messages, it might be because your bank details have not been recorded. Apparently, all participants have to have their bank details recorded, even if they are agency managed. If you haven't put your bank details in through the portal, ask your LAC for a Bank Detail form and where to email it.

One last thing to try is a different browser, for example Internet Explorer, Mozilla Firefox or Google Chrome.

If none of these are working, then you are left with only one option: to harass NDIS until someone is able to fix it. First contact your LAC and ask for IT support, and if that does not provide a solution then they will probably suggest a plan review, as that should resolve all the issues.

I can only link one child!

It is often the case that people with multiple children accessing NDIS have trouble linking their myGov account to two or more NDIS accounts. The best thing to do is link one child, and once that is working successfully, unlink that child and link the next child. Then unlink that child and link the first child, then link the second child.

I can get into the portal, but then...

If your online portal is working, but when you go to 'provider finder' you are having issues, ensure you do not have a 'pop-up blocker' installed. A window should pop up asking you to set your location. If this does not work, send NDIS an email via their portal feedback form. Meanwhile try using some of the new search engines for service providers out there now like espyconnect, and carenavigator.

Written by Sophie Luiker

www.ein.net.au/troubleshooting-the-ndis-myplace-portal

Service Provider Interview Sheet: questions you can ask possible Service Providers

1. Are you an NDIS registered provider?
2. Tell them your goals. How will you help me achieve my goals?
3. How much does your service cost?
4. Can I choose which staff will work with me?
5. Will the staff member be experienced in mental health issues?
6. What happens when the staff member is sick or goes on holidays?
7. Can you provide the service at a time that suits me? Give some times that you would want the service/support.
8. How can I make a complaint or resolve a payment issue?
9. Are you willing to sign a service agreement?
10. Will you be able to provide me with a progress report? How often?
11. Do you charge administration fees? If so, what are they?
12. Do you charge a 'sign-up' fee and a 'exit' fee? If so, how much? (Service providers should not charge exit fees)
13. Are these extra fees (if any) negotiable? In other words, can they be removed or made less
14. Do you have an ABN?

Add any other questions you want to ask...

MODULE 7: APPEALS AND REVIEWS

What is the purpose of this document?

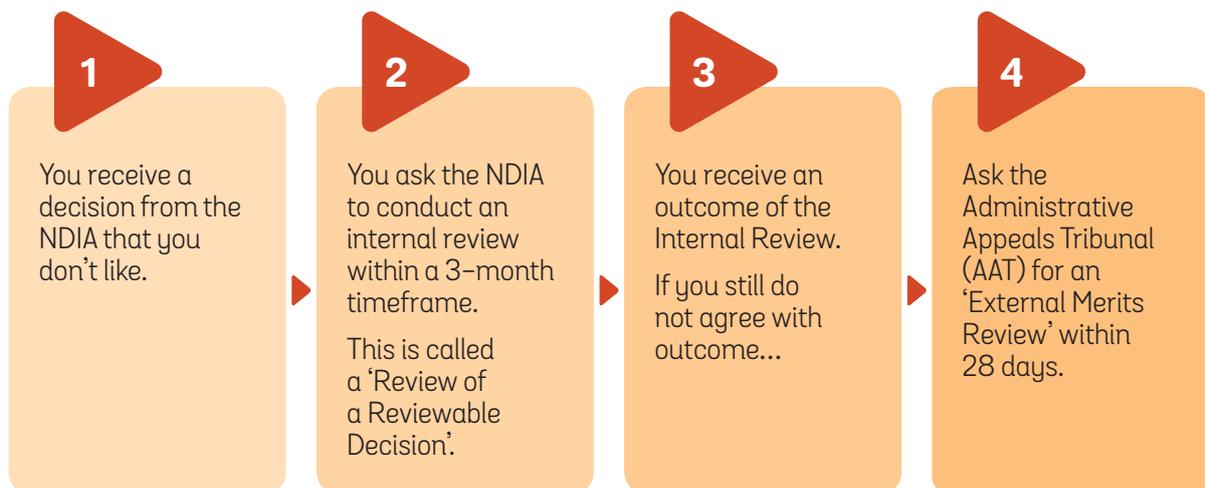
To provide information to guide a person through the NDIS appeals and review process.

The National Disability Insurance Agency (NDIA) recognises that there may be some decisions they make that you will not agree with. There are a number of decisions they make that can be reviewed (see 'Resources' section at end of module for reviewable decisions). They are required to provide a way for you to disagree with their decision and ask for it to be relooked at. It is like getting a second opinion.

The appeals and review process is the pathway for you to officially request that the decision made by the NDIA to be relooked at by a different person.

What is the 'appeals and review' pathway?

An overview of the appeals and review pathway looks like this:



Now let's look at this step-by-step because while this may look fairly simple, there are many things you need to know and do to prepare for this process. It is a very long process and there are things that need to be done within a certain time, however you will have choices at each stage. The most important thing in this whole process is you and your wellbeing – it can be an extremely distressing time for you. If you have supports, use them. Let people know that you are starting this process and will need assistance along the way. You can also speak to an NDIS Appeals and Review Advocate for advice and support.

Note: A list of NDIS Appeals and Review Advocates can be found at the end of this module.

Keeping records

A record of your contact with the NDIA and Local Area Coordinator (LAC) will show what has been said and done in relation to your NDIS journey; it basically tells the story of what has happened. Records can also be used as 'evidence' to back up your story. Here are some suggestions of things you can keep as records:

- **Any written material you have received from the NDIA or LAC** including letters and NDIS plans.
- **Envelopes that the letters came in.**

The NDIA sometimes puts a date on your letter that is much earlier than when you received it. The date stamp on the envelope can show when you finally got the correspondence (letter). The difference in time can be an important factor in the Appeals and Review process as there are strict timelines for when things need to be done.

- **Copies of documents you have sent or given to the NDIA or LAC** such as reports and your Access Request Form.

The NDIA will not always give you back copies of anything you have sent off to them so make sure you keep a copy of everything you send.

- **Phone conversation records.**

Write down any conversations you have with the NDIA or LAC, whether you rang or visited them or they rang you. It may be useful to have a diary or an exercise book to keep everything together. Things to include are:

- date and time
- who you spoke with
- what the call was about
- what the outcome was – what had been decided or requested.

- **Attempts to contact the NDIA or LAC.**

There may be times where you have rung up the NDIA or LAC and not been able to get through or have left a message. Write down the date and time you made these attempts because it will show you have tried to make contact.

- **Any correspondence you receive from the AAT or lawyers (if you have them).**

Tip: Start a file to keep all your information together.



Appeals and Review Pathway

Step 1: You receive a decision from the NDIA you don't like

Most people start down the appeals and review pathway because of NDIA decisions on their eligibility or NDIS plan.

You don't like the NDIA decision on your eligibility...

If you have been refused access to the NDIS, the NDIA must send you written notification of this decision. They will send you a letter saying you have been denied access (not accepted into the NDIS) and they have to give you reasons why they made this decision.

When people receive a letter saying they haven't been accepted, they can have feelings of helplessness and confusion. If this happens to you, know that it can be a normal response to a rejection of help. You know what you experience each day and how your mental health issues impact your life. The evidence you have collected from health practitioners such as doctors, psychiatrists and occupational therapists has highlighted your psychosocial disability. It has been a time where you have had to focus on all the things you find difficult to do. It is amongst all this emotional upheaval that you receive the NDIS letter denying access and it can feel so wrong.

The decision makers at the NDIA haven't walked in your shoes or experienced the emotions you have been dealing with. The only way they can make their decision is on the written information you have provided them with and most decisions to deny access result from a lack of evidence or the evidence hasn't been worded in a way that the NDIA need. The letter can seem incredibly impersonal and cold as it focuses on facts only.

The letter will say that you (meaning your evidence) have not met the requirements of NDIS eligibility. The NDIA will reference their decision making to the:

- NDIS Act 2013
- NDIS (Becoming a participant) Rules 2016
- NDIS Operational Guidelines.

Put on your detective hat... The reasons given in the letter will provide clues as to what you will do next.



Remember, most decisions are made because:

1. there has not been enough evidence provided
2. the evidence provided has not been written in a way that demonstrates that your psychosocial disability is permanent and significant
3. there is no evidence to suggest that all treatment has been tried.

This stage is important as the NDIA will allow further information (also known as evidence) to be provided before you request a formal internal review. It's like getting a second chance and hopefully, with new evidence provided, you will not have to go down the path of a review and appeal. If this is what you are going to do, then you need to let them know and act quickly.



What to do next...

- look at the reasons the NDIA have given for denying access
- look at the evidence you had already provided them.

Did your health practitioner write that there was no 'remedy' (meaning cure)?

This used to be a question on the Access Request Form but it has now been removed. The NDIA still assess against it though, so your health practitioner will need to physically write it.

Did your health practitioner write that you have substantially reduced functional capacity?

This means that your psychosocial disability affects you being able to do things on a daily basis.

Did your health practitioner give examples of how your functional capacity is substantially reduced on a daily basis?

It is more important to focus on your functional capacity rather than your emotional state.

When your health practitioner wrote about your treatment, did they also say that this was the most appropriate treatment for you and that other treatments were not appropriate?

They could even write why other treatments were not appropriate for you.

Was there any mention of you having a 'good' day or 'when you are well'?

If these sorts of phrases have been used in your reports, the NDIA may believe that your functional capacity does not affect you on a daily basis. Health professionals and service providers are still getting used to NDIS speak; focussing on what you can't do rather than what you can do. This is where 'recovery' language and the NDIS clash.

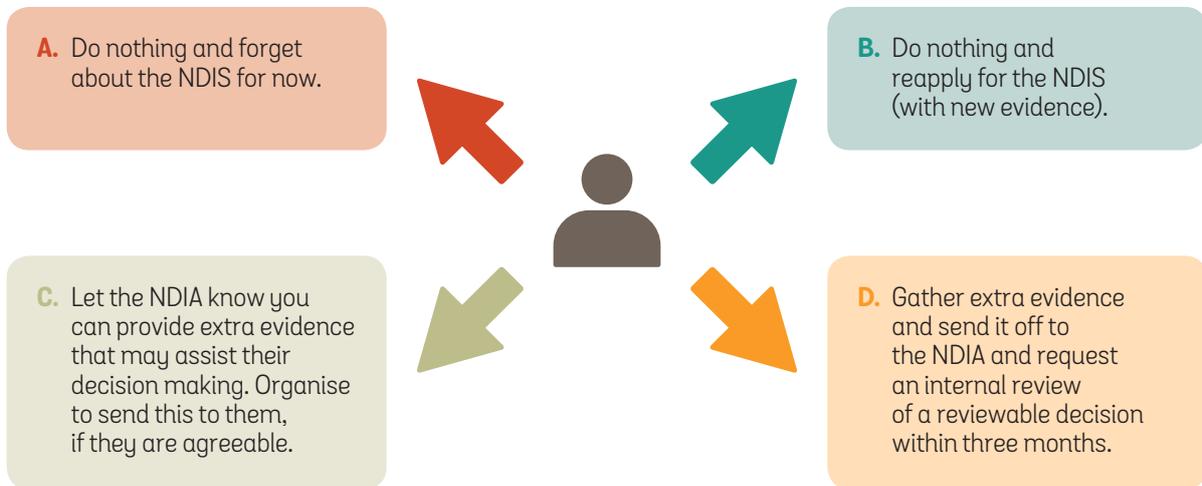
Was there any mention of not taking your medication on a regular basis?

The NDIA views this as 'not all treatment being explored'. They do not take into consideration the many reasons this may be happening.

Was there any mention of drug or alcohol addiction?

The NDIA does not recognise alcohol or drug addiction as being a mental health issue. They want to make sure your ‘disability’ is not due to alcohol or drugs. This means that you would have to stop taking drugs and alcohol for some months and then be tested for functional impairment.

You’ve received your letter, looked at the evidence and **now you have a choice to make:**



You don’t like the NDIA decision on your NDIS plan...

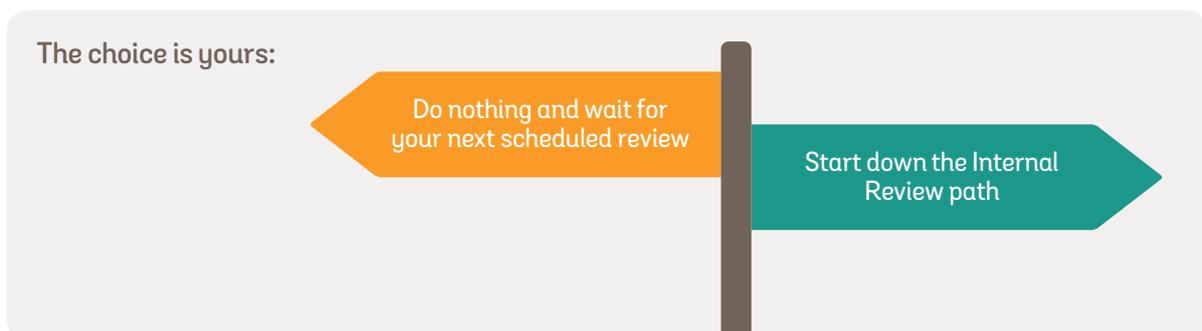
There are different sorts of reviews that can be requested for your NDIS plan. *These are covered in ‘Module 5: NDIS Planning Meeting’.* You have the option to request an Internal Review of decisions made on your NDIS Plan. You can even request an Internal Review if your request for a different type of plan review was denied.

Most Internal Reviews for an NDIS Plan are around the lack of supports being given. When the NDIA planners make decisions on what supports to provide, they will complete a ‘Support Needs Assessment’ for you and then will look at what is ‘reasonable and necessary’ as described by the *NDIS Act 2013*:

- assisting your ‘goals and aspirations’ (help to meet your goals)
- enables you to do activities to benefit your social and economic participation
- be value for money
- likely to be effective and beneficial to you
- won’t replace any reasonable informal supports you already have from family, carers, friends and the community
- cannot be provided by another government department or service.

In identifying your support needs, the NDIA will have looked over any information they already had (like your Access Request Form and any reports previously provided). They will have also looked at your ‘Statement of Goals and Aspirations’.

If you didn’t get the funding for the supports you requested, it was because the NDIA did not have the evidence they needed to back-up your request for support or your requested supports did not meet the ‘reasonable and necessary’ requirements.



Step 2: The Internal Review (a review of a reviewable decision)

The internal review is the NDIA relooking at the decision they made. A reviewer will be given the job to look over the decision-making process and to decide whether a different decision needs to be made. You can withdraw your application for an Internal Review at any stage by letting the NDIA know in writing.

Do I need to get additional evidence?

You can request an Internal Review without providing additional evidence. The reviewer will look at the decisions made against the evidence the NDIA had been given. Without additional evidence, the result may be the same. Providing extra information will increase your chance of getting a different result.

Tip: You can always talk with an NDIS Appeals and Review Advocate regarding your evidence.



NDIS Appeals and Review Advocates provide free information, advocacy and support for self-advocacy for people. A list of organisations that have been funded to provide this support to you for free, are listed in the 'Resources' section of this module.

Preparing for an Internal Review

This is a good opportunity to use the Independent Mental Health Advocacy (IMHA) Self-Advocacy model. Some ideas and prompts have been provided, however it is up to you what to include:

1. Identify the problem

- Write down what the problem is.
- What NDIA decision are you not happy about?
- Why is this a problem to you?
- What do you want to change?
- Who is the person that can make the decision?
- Is it part of a bigger problem for you?

2. Know your rights

- Right to choose what you want to do (i.e. accept the decision or request an internal review).
- Right to get support to help your decision making.

3. Identify solutions

- The NDIA will have identified the areas that didn't have enough evidence. You will need to focus on these areas and think about what sort of evidence would satisfy their decision-making criteria.
- Who can help you with identifying what type of evidence you may need? (Advocate, support person, health professional?)
- Can you get the support you need anywhere else?
- Are there any barriers?
- Are you willing to compromise on anything?

4. Develop the IMHA self-advocacy plan

- Develop your 'message' – complete the Application form for a reviewable decision following the prompts (this is discussed under 'Requesting an Internal Review of a Decision' below).
- Gather your evidence – make sure it demonstrates what is needed against the NDIS criteria. Documents could be from people such as your doctor, psychologist or an occupational therapist.

Did you know?

Occupational Therapists are really good at writing in NDIS style.



- What resources will you need to assist? (Victorian Mental Illness Awareness Council (VMIAC) has some great resources including an outline for medical reports. [VMIAC website link is provided in the 'Resources' section.](#))
- Do you want someone to advocate for you?
- How can you take care of yourself during this process?

5. Enact the IMHA self-advocacy plan

- Make the request for an Internal Review (*if that's what you had decided*).
- Provide extra evidence.
- Be ready to answer phone calls from the NDIA reviewer (*have your written self-advocacy plan easily available*).

6. Review

- What worked?
- What could have you done differently?
- Did you get the result you wanted? If not – what are your options?

Requesting an Internal Review of a decision

To request an Internal Review (also known as a Review of a Reviewable Decision) you will need to:

- contact the NDIA to tell them you want them to review a decision they made
- tell them why you think their decision is wrong
- make the request within 3 months of receiving the NDIA decision you disagree with (remember to mark the deadline date in your diary or on a calendar). If time is running out, you can always ask for an extension of time – just make sure you do it before the deadline
- provide the NDIA with any extra written information (evidence) that you have put together to support your request.

The NDIA prioritises Internal Review cases

To prioritise cases, they consider the following information:

- risk of harm to the health or well-being of a person
- instability in the accommodation arrangements of a person, including the risk of homelessness
- instability in the care arrangements of a person, including the risk of a primary carer not being able to provide care; and
- risk associated with the nature of the person's disability, including the risk of rapid deterioration or progression.

Let them know if this applies to you.

The NDIA have an 'Application for a review of a reviewable decision' form which can be completed. You do not have to use this application form to ask for a review of a decision however it does provide a good guide for what information will be needed. If you do use it, remember to keep a copy – it will provide a record of your request.

Note: The application form and a link to downloading the form are included in the 'Resources' section at the end of this module.

VMIAC tip: When asked the question 'Why do you want the decision reviewed?' in the application form, you can just make a statement like: 'Decision-maker did not take due consideration of medical evidence', or even 'The decision is incorrect'.



You can make your request by:

- calling **1800 800 110**
- talking to someone at an NDIA office
- sending an email to enquiries@ndis.gov.au
- mail – send your written request (Application Form or letter) to:
Chief Executive Officer
National Disability Insurance Agency
GPO Box 700
Canberra ACT 2601

Sometimes the NDIA change their focus and requirements on evidence. Speak to an NDIS Appeals and Review Advocate to find out the most recent trends...



What happens after I request an Internal Review?

The NDIA will get a different person to look over the decision that had been made. They will look at the information that was used to make the decision. They will also look at any new information that you provide.

The reviewer may contact you to give you the opportunity to say why you think there should be a review and why you think a different decision should be made. You can also let them know about additional evidence you have got that will support your viewpoint. They may even schedule a meeting with you to discuss the Internal Review application. You are able to bring along a support person or even ask an advocate to represent you at this meeting.

It is difficult to say how long the NDIA will take to review the decision, it may take months.

The reviewer may contact you again, nearing the end of the process, to let you know what the decision will likely be. This is another opportunity for you to add any extra information you may have.

Step 3: Receiving the outcome of the Internal Review

You will be notified by mail about the result of the Internal Review. This letter will include the decision made, how the decision was made (for example, looking at the evidence provided) and why the decision was made. The decision will either:

1. confirm the reviewable decision (the original decision is not changed)
2. vary the reviewable decision (part of the decision has been changed)
3. set aside the reviewable decision and substitute a new decision (remove the original decision and make a new decision).

If you do not like the decision made from the Internal Review, you will now have the option to either do nothing and accept the outcome or take it further by requesting an external review of the decision. This will be conducted by the Administrative Appeals Tribunal.

Note: If you were not happy with the decision-making process or the way you were dealt with during the process, you can make a complaint (complaint links are provided in the 'Resources' section at the end of the module). You can complain to the NDIA, the Commonwealth Ombudsman and even your local Member of Parliament. You can even complain to all three.

You will only have 28 days to apply for an Administrative Appeals Review from the time you first receive notification of the Internal Review outcome (remember to keep your envelope).



Step 4: The External Review (External Merits Review)

The External Merits Review is an independent review of the NDIA decision carried out by the Administrative Appeals Tribunal (AAT). The AAT will not carry out an independent review until the NDIA has completed the Internal Review. The AAT is not a court but its decisions can be reviewed by the Federal Court of Australia.

How do I apply for an AAT External Merit Review?

You can apply for the AAT External Review one of 3 ways:

- online: www.aat.gov.au/apply-for-a-review/national-disability-insurance-scheme-ndis-/how-to-apply (link also in 'Resources' section)
- by filling out an 'Application for review of decision (individual)' form and delivering it personally to a registry office or sending it by post, email or fax
- by writing a letter and delivering it personally to a registry office or sending it by post, email or fax.

Contact details for the AAT are:

Deliver by hand: Melbourne Registry Office
Level 4
15 William Street
Melbourne VIC 3000

Email: generalreviews@aat.gov.au

Fax: (03) 9454 6998

Postal address: Administrative Appeals Tribunal
GPO Box 9955
Melbourne VIC 3000

Tel: 1800 228 333

Non-English speakers can call the Translating and Interpreting Service on **131 450** and ask them to call the AAT.

If you are deaf or have a hearing or speech impairment, contact the AAT through the National Relay Service. For more information visit www.relayservice.gov.au

A 'Guide To Applying For Review' is attached to the application form which will help when you fill it out.



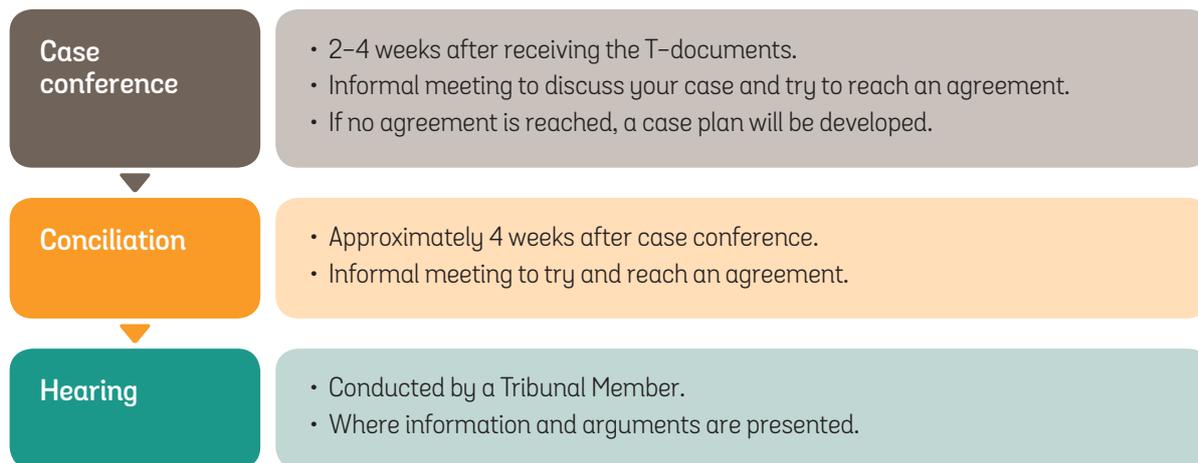
What happens after I apply for an External Review?

- You will be contacted by an AAT officer within 3 days of receiving your application to talk about your application. If you have any questions, ask the AAT officer.
- The AAT will let the NDIA know that you have put in an application.
- The NDIA will need to send copies of all the documents they have that are relevant to your application to the AAT **and** to you. They have 28 days to do this from the time they are notified. **These documents are known as T-documents.**

When you get the documents from the NDIA, look over them. See if all the evidence that you provided them with has been included. The T-documents that you (and the AAT) receive will be the ones the NDIA used to make their decision. Think about what other evidence you can provide – remember, you can always discuss your case with an NDIS Appeals and Review Advocate for their ideas.

The AAT should contact you when they receive the T-documents from the NDIA – let them know if you haven't received your copies of the T-documents.

Basic overview of the AAT External Merit Review



In some cases, the AAT might decide to miss the Conciliation step and go straight to a Hearing.

If an agreement hasn't been reached between you and the NDIA before the Hearing, the AAT will make a decision based on the information and arguments presented at the Hearing. You may be given the decision at the end of a Hearing or you may be notified by mail in the following weeks.

The AAT has developed some great information sheets to let you know about each of these steps. In the 'Resources' section of this module, you will find links for:

- AAT Conference
- AAT Conciliation
- AAT Hearing
- AAT Decision.

Did you know?

The AAT also have a *Practice Direction for Review of National Disability Insurance Scheme Decisions*. A copy of this is provided in the 'Resources' section of this module.

The Practice Direction will guide you through each stage of the External Merit Review and highlight what **they will do**, what **you need to do** and what the **NDIA is required to do**.



Things to consider for supporting your self-advocacy are...

Watching out for 'legal speak'

While the AAT is not part of a Court system, much of the language you hear will be 'legal talk'. It may seem like people are talking in a different language. You are not expected to know this language and it is okay to ask for things to be put in a way that you will understand.

If evidence is requested, question why the evidence is needed. For example: you may be asked to provide all of your medical records. You can query this request as it could be considered a breach of privacy. You can ask what information the NDIA lawyers are specifically looking for and offer to provide that information only.

If you don't understand something – let them know. Keep asking until it is put in a way that makes sense to you.



You may find that people will refer to, and quote from, *The National Disability Insurance Scheme Act 2013 (NDIS Act 2013)*. You don't have to know everything written in the Act, but [if you are interested in knowing how to access and read the NDIS Act 2013, information is provided in the 'Resources' section.](#)

[The National Disability Insurance Scheme \(Becoming a Participant\) Rules 2016](#) may also be referred to – a link to these are also available in the 'Resources' section.

AAT Outreach Program

The AAT offers people who are representing themselves an Outreach Program. They will have someone who can answer your questions and guide you through the process. The program operates every Friday and you can make a time to meet with them in person or speak with them over the phone. When the AAT first contact you, ask them about the Outreach Program.

Lawyers

The NDIA uses lawyers to represent them in the AAT External Reviews. Their aim is to prove that the decision made by the NDIA was right. The person from the AAT facilitating the case conference and conciliation meeting knows that you are not a lawyer and should take this into account during the mediation.

You do not need to have a lawyer but can choose to have one represent you if you want.

[If you want to talk with someone about this, links to Victoria Legal Aid, Justice Connect and Community Legal Centres websites are provided in the 'Resources' section.](#)

Advocates

NDIS Appeals and Review Advocates can provide support free of charge to:

- help you understand the process
- assist with preparing review documents
- attend conferences and hearings with you
- help you put your case forward
- assist you to apply for legal assistance if the review raises complex or new issues.

[A list of all Victorian Appeals and Review Advocates is provided in the 'Resources' section.](#)

Did you know?

If you engage a lawyer and advocate to represent you, they will both take their instructions from you. If you want your lawyer to provide all information to your advocate, let them know.



RESOURCES

1. NDIS Appeals and Review Support Advocates in Victoria
2. Online resources
 - General advocacy
 - NDIA material
 - Complaints
 - Administrative Appeals Tribunal information
 - Legal assistance
3. AAT Practice Direction for Review of NDIS Decisions
4. How to read the *NDIS Act 2013*



NDIS Appeals and Review Support Advocates in Victoria

Victorian Mental Illness Awareness Council

1/22 Aintree Street

Brunswick East VIC 3057

Tel: (03) 9380 3900

Website: www.vmiac.org.au

Email: reception@vmiac.org.au

The remaining Appeals and Review Support Advocates may be able to assist you depending upon your dual disabilities and/or circumstance.

AMIDA (Action for More Independence & Dignity in Accommodation)

1st floor, Suite 1.11, Ross House

247 Flinders Lane

Melbourne VIC 3000

Tel: (03) 9650 2722

Website: www.amida.org.au

Email: appeals@amida.org.au

ADEC (Action on Disability within Ethnic Communities)

175 Plenty Road

Preston VIC 3072

Tel: (03) 9480 7000 or 1800 626 078

Website: www.adec.org.au

Email: info@adec.org.au

AED Legal

Suite 4, Level 9, 276 Flinders Street

Melbourne VIC 3000

Tel: (03) 9639 4333

Website: www.aed.org.au

Email: noni.lord@aed.org.au

Disability Justice Advocacy

Unit 2, 28A Albert Street

Preston VIC 3072

Tel: (03) 9474 0077

Website: www.justadvocacy.com

Email: info@justadvocacy.com

Grampians Disability Advocacy

Shop 2, 32 Tuson Street

Ararat VIC 3377

Tel: 1800 552 272

Website: www.grampiansadvocacy.org.au

Email: asas@netconnect.com.au

Leadership Plus

Milton House
25 Flinders Lane
Melbourne VIC 3000
Tel: (03) 9489 2999

Website: www.leadershipplus.com

Email: admin@leadershipplus.com

riac (Rights Information and Advocacy Centre)

72 Wyndham Street
Shepparton VIC 3630
Tel: (03) 5822 1944 or 1800 221944

Website: www.riac.org.au

Email: enquiry@riac.org.au

Villamanta Disability Rights Legal Service

Deakin University, Geelong Waterfront Campus
Building ad, Level 2, 1 Gheringhap Street
Geelong VIC 3220
Tel: (03) 5227 3338 or 1800 014 111

Website: www.villamanta.org.au

Email: legal@villamanta.org.au

Online resources

General advocacy

National Disability Advocacy Finder

<https://disabilityadvocacyfinder.dss.gov.au/disability/ndap>

NDIA material

NDIS Application for Review of a Reviewable Decision

www.ndis.gov.au/applying-access-ndis/how-apply/receiving-your-access-decision/internal-review-decision

NDIS Planning – deciding to include supports in a participant’s plan

www.ndis.gov.au/about-us/operational-guidelines/planning-og/planning-deciding-include-supports-participants-plan

NDIS Act 2013

www.legislation.gov.au/Details/C2013A00020

National Disability Insurance Scheme (Becoming a Participant) Rules 2016

www.legislation.gov.au/Details/F2016C00730

Complaints

NDIS Complaint Form and Instructions

www.ndis.gov.au/contact/feedback-and-complaints

Commonwealth Ombudsman Complaint Form and Instructions

www.ombudsman.gov.au/making-a-complaint

Administrative Appeals Tribunal information

AAT Application Form and Guide to making an application

www.aat.gov.au/apply-for-a-review/national-disability-insurance-scheme-ndis-/how-to-apply

AAT Case Conference Information

www.aat.gov.au/steps-in-a-review/national-disability-insurance-scheme-ndis/case-conferences

AAT Conciliation Information

www.aat.gov.au/steps-in-a-review/national-disability-insurance-scheme-ndis/conciliation

AAT Hearing Information

www.aat.gov.au/steps-in-a-review/national-disability-insurance-scheme-ndis/hearing

AAT Decision

www.aat.gov.au/steps-in-a-review/national-disability-insurance-scheme-ndis/decision

Legal assistance

Victoria Legal Aid

Legal services and advice

www.legalaid.vic.gov.au/get-legal-services-and-advice

NDIS Appeals Legal Services form and Guidelines for Assessment

www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-appeals-information

Justice Connect

<https://justiceconnect.org.au>

Community Legal Centres

Mental Health Legal Centre

<https://mhlc.org.au>

Villamanta Disability Rights Legal Service Inc.

www.villamanta.org.au

Disability Discrimination Legal Service

www.ddls.org.au

Attorney General Department – *Legal Financial Assistance Information Sheet*

www.ag.gov.au/LegalSystem/Legalaidprogrammes/Commonwealthlegalfinancialassistance/Documents/Legalfinancialassistanceinformationsheet.pdf

Attorney General Department – *Disbursement Support information*

www.ag.gov.au/LegalSystem/Legalaidprogrammes/Commonwealthlegalfinancialassistance/Pages/DisbursementSupportScheme.aspx



Review of National Disability Insurance Scheme Decisions

This Direction is given under section 18B of the *Administrative Appeals Tribunal Act 1975* (AAT Act).

About this Direction

- 1.1 This Direction explains what we will do when we review a decision made by the National Disability Insurance Agency (the Agency) under the *National Disability Insurance Scheme Act 2013* (NDIS Act). It also explains what an applicant and the Agency must do. These procedures apply to all kinds of decisions that we review under the NDIS Act.¹
- 1.2 This Direction has effect from 1 July 2015.
- 1.3 When this Direction refers to “you” it means the applicant, his or her nominee, representative or support person. When it refers to “we” or “us” it means the Administrative Appeals Tribunal (AAT).

When we receive an application

What we will do

- 2.1 We will write to you confirming we have received your application
- 2.2 We will assign a Contact Officer who will be your AAT contact throughout the review. The Contact Officer will contact you within 3 working days to discuss:
 - what will happen with your application;
 - your contact details and how you would like us to communicate with you;
 - who is helping you with your application;
 - any assistance you will need to participate in the review process including assistive technology, interpreters or other access requirements;
 - the most suitable times and places for you to attend a Case Conference, Conciliation or Hearing.
- 2.3 We will tell the Agency we have received your application and ask them to send us all the documents they have that are relevant to your application. (These are called the T-documents.)

What you must do

- 2.4 You do not have to do anything at this stage but you can contact your Contact Officer at any time for information about your application.

What the Agency must do

- 2.5 As soon as possible after being notified that we have received your application, the Agency must send a copy of the T-documents to you and to us.

When we receive the T-documents

What we will do

- 3.1 We will consider the best way to process your application. In most cases, we will ask you and a representative of the Agency to attend a Case Conference which will be held 2 to 4 weeks after we receive the T-documents.
- 3.2 If we think there are special circumstances why your application should proceed directly to a Hearing, we will refer your application to an AAT Member and arrange a Directions Hearing to discuss with you and the Agency how your application will proceed.
- 3.3 We will tell you and the Agency the date, time and place of the next step in the review and what you need to do before then.

¹ These procedures may be altered to suit individual cases but only by a specific direction of an AAT Member or Conference Registrar.

What you must do

3.4 You must prepare for the next step in the review. (See below for how to prepare for a Case Conference, Conciliation and a Hearing.)

What the Agency must do

3.5 The Agency must prepare for the next step in the review.

The case conference

4.1 A Case Conference is an informal meeting to discuss whether you and the Agency can reach agreement and, if agreement is not possible, to plan how your application will proceed.

PREPARING FOR THE CONFERENCE**What we will do**

4.2 Your Contact Officer will discuss with you the date, time and place of the Case Conference, what will happen at the Case Conference and how you can prepare for it.

What you must do

4.3 You must:

- read the T-documents and identify any further information you think is relevant to your application and, where possible, obtain that information and send it to us and to the Agency;
- think about what outcome you want from your application;
- be ready to tell us the dates that are suitable to you for any future Conciliation or Hearing;
- decide whether you want to ask for a Fast-Track Hearing (see below).

What the Agency must do

4.4 The Agency must:

- review the T-documents, identify any further material they think is relevant to your application and, where possible, gather and send that information to us and to you;
- consider how your application might be resolved;
- consider the dates that will be suitable for any future Conciliation or Hearing;
- tell us if your case raises any novel or complex issues which may require a specially constituted tribunal;
- ensure that their representative at the Case Conference will have full authority to settle the case if agreement is reached.

AT THE CASE CONFERENCE**What we will do**

4.5 An AAT Conference Registrar or Member will help you and the Agency reach agreement if that is possible. If you reach agreement, we will record your agreement in writing.

4.6 If there is no agreement, we will discuss with you and the Agency whether your application should be listed for Conciliation and a Hearing, or proceed straight to a Hearing. We will prepare a written Case Plan setting out:

- any issues that have been resolved and any issues that remain in dispute;
- what will happen next;
- the dates and places of the Conciliation or Hearing;
- any additional material that you or the Agency must give us;
- who will be attending the Conciliation or Hearing;
- what information you and the Agency will present at a Hearing and whether there are other persons, such as family members, carers or doctors, who you will want us to hear from;
- any accessibility and communication needs you have;
- anything else that will ensure the process is as fair and as quick as possible.

What you must do

- 4.7 You must come prepared, and willing to reach agreement with the Agency if at all possible, and:
- bring any relevant documents that you have not already given us or are not already in the T-documents;
 - be ready to discuss what you want to include in your Case Plan if you do not reach agreement;
 - decide if you want a Fast-Track Hearing ([see below](#)).

What the Agency must do

- 4.8 The Agency must come prepared, and willing to reach agreement with you if at all possible, and:
- bring any relevant documents they have not already given us or are not already in the T-documents;
 - be ready to discuss how the matter should proceed if agreement is not reached.

Requesting a fast-track hearing

What we will do

- 5.1 We will give you a Fast-Track Hearing if you ask for it and if:
- you will have all the relevant information necessary for a decision to be made about your application by the date of the Hearing; and
 - we are satisfied that a Fast-Track Hearing would not disadvantage you or the Agency.
- 5.2 We will schedule a Fast-Track Hearing within 6 weeks after the Case Conference.
- 5.3 If we schedule a Fast-Track Hearing, we will expect you and the Agency to be ready on the day set for the Hearing. We will not ordinarily adjourn a Fast-Track Hearing unless there are very good reasons.

What you must do

- 5.4 You must give us any further information or evidence you want us to consider no later than 14 days before the Hearing. We will not ordinarily allow you to submit evidence after that time unless there are very good reasons.
- 5.5 To help us to understand what decision you want us to make, you may send us a written summary of your position no later than 7 days before the Hearing.
- 5.6 If you send us any further information or evidence, or a summary of your position, you must also send a copy to the Agency. If you need help to send documents to the Agency, your Contact Officer can help you.

What the Agency must do

- 5.7 The Agency must give us any further relevant information or evidence no later than 14 days before the Hearing. We will only allow the Agency to submit material after that time if the material was not previously in its possession or if there are very good reasons. The Agency must send you and us, as soon as practicable, any relevant documents that come into its possession before our decision is made.
- 5.8 The Agency may send us and you a written summary of its position no later than 7 days before the Hearing.

Conciliation

- 6.1 If your Case Plan includes Conciliation, it will usually be scheduled within 4 weeks after you Case Conference. Conciliation is a form of alternative dispute resolution that will be used when we review National Disability Insurance Scheme decisions.

What we will do

- 6.2 Your Contact Officer will confirm the date, time and place of the Conciliation and will discuss what you need to do to be ready.
- 6.3 At the Conciliation, an AAT Conference Registrar or Member will work with you and the Agency to help you reach agreement if possible.
- 6.4 If you and the Agency reach agreement, we will record your agreement in writing.
- 6.5 If you do not reach agreement, or only reach agreement about some parts of your application, we will confirm the date and place of the Hearing. We will record this on your Case Plan and send you a copy.

What you must do

- 6.6 You must do all of the things that the Case Plan requires you to do before the Conciliation, and come to the Conciliation willing and prepared to reach agreement with the Agency if possible.
- 6.7 If there is any information you have not already given us about your application, you must bring it to the Conciliation.

What the Agency must do

- 6.8 The Agency must do all of the things that the Case Plan requires them to do before the Conciliation and come to the Conciliation willing and prepared to reach agreement with you if possible.
- 6.9 The Agency must ensure that their representative at the Conciliation will have full authority to settle the case if agreement is reached.

The hearing

- 7.1 The hearing is an opportunity for you and the Agency to tell your sides of the case to an AAT Member who will make a decision.

What we will do

- 7.2 Your Contact Officer will contact you between 7 and 14 days before the Hearing to confirm the date, time and place of the Hearing and discuss what will happen at the Hearing. At the Hearing, the Member will ask you about your application and what decision you want. The Member will ask the Agency to do the same.
- 7.3 The Member will consider all of the information that you and the Agency present. Generally, this will mean the documents you and the Agency have provided about your case. You and the Agency have the right to call witnesses but often that will be unnecessary. The Member will usually only hear from other persons such as family members, carers, doctors or other experts if you or the Agency want and ask for that.
- 7.4 The Member will control the procedure in the Hearing, which will be as informal as possible. We will not allow the formalities that usually apply in courts. The rules of evidence that apply in courts do not apply in the AAT. We will consider all the evidence that is relevant to the issues to be determined unless there is a legal reason why we cannot consider it.
- 7.5 If there are expert witnesses, such as specialist doctors, we will expect them to give their evidence at the same time. For more information about this, see the Use of Concurrent Evidence in the AAT Guideline.
- 7.6 The Member will give you a decision at the end of the Hearing if that is possible. If he or she cannot make a decision immediately, the Member will write his or her decision and we will send it to you as soon as possible. Even if your case involves novel or complex issues, we will give you our decision no later than 60 days after the Hearing.

What you must do

- 7.7 You must do everything that the Case Plan requires you to do before the Hearing and be ready to proceed on the day of the Hearing.
- 7.8 You must give us any further documents or evidence you want us to consider no later than 14 days before the Hearing. We will only allow you to submit documents after this time if there are very good reasons.
- 7.9 If you wish to send us a written summary of your position, you should do so no later than 7 days before the Hearing.
- 7.10 You must make sure any witnesses who will give evidence at the Hearing on your behalf will be available on the day and at the time of the Hearing.
- 7.11 If you send us any additional material, or a summary of your position, you must send a copy to the Agency as well. If you need help to send documents to the Agency, your Contact Officer can help you.

What the Agency must do

7.12 The Agency must:

- do all of the things that the Case Plan requires to be done before the Hearing;
- be ready to proceed on the day of the Hearing;
- send you and us any further documents or evidence in the Agency's possession at least 14 days before the Hearing. We will only allow the Agency to submit documents already in its possession after this time if there are very good reasons;
- send you and us any relevant documents that come into the Agency's possession after this time, as soon as practicable, up until our decision is made;
- send you and us a copy of a summary of their position no later than 7 days before the Hearing;
- send you and us a list of any cases they will refer to during the Hearing at least 2 days before the Hearing; and
- make sure any witnesses who will give evidence at the Hearing are going to be available on the day and at the time of the Hearing.

Other matters

Adjournments

8.1 You and the Agency must be ready to proceed on the day of the Case Conference, Conciliation or Hearing. We will only grant an adjournment if there are very good reasons to do so.

If you do not attend, or do not comply with directions

8.2 If you fail to attend a Case Conference, Conciliation or Hearing, or do not do something we have directed you to do, and you do not have a good reason, we may dismiss your application.

Directions hearings

8.3 Sometimes we will need to have a Directions Hearing to discuss with you and the Agency how best to proceed. If this happens, we will contact you and the Agency to tell you why we think a Directions Hearing is needed and to arrange a suitable time.

8.4 You or the Agency may request a Directions Hearing at any time. A request for a Directions Hearing should be in writing and explain why a Directions Hearing is necessary. Directions Hearings are normally held by telephone.

Consent decisions

8.5 You and the Agency can come to an agreement about your application at any stage of the review. If this happens, the Agency will record your agreement in writing and send you a copy to sign. If we are satisfied with the agreement, we will make written orders and send you a copy. If we think there is a problem with the agreement, we will contact you and the Agency to discuss the problem.

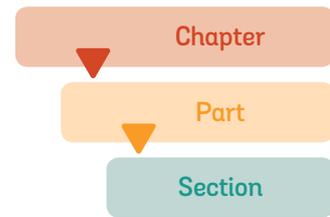
Justice Duncan Kerr

President

30 June 2015

How to read the NDIS Act 2013

The NDIS Act is set out in a certain way and just in case you wanted to look at the Act for yourself, you will need to know how it is organised. The Act has a contents at the beginning which helps you to find the section you may want to look up and it gives you the page number. There are Chapters (like in a book) and each chapter can then be broken down further into ‘Parts’ – these are like sub-headings. Each Part is then broken down into specific sections and these sections are recognised by a number.



Look for the  in the example following. They will point out the Chapter, Part and Section and where you can find the page number.

The following is an example taken from the NDIS Act 2013:

Contents		Chapter
Chapter 1—Introduction		
Part 1—Preliminary		Part
	Short title	
	Commencement	
Part 2—Objectives and principles		Section
3	Objects of Act	
4	General principles guiding actions under this Act	6
5	General principles guiding actions of people who may do acts or things on behalf of others	
6	Agency may provide support and assistance	
7	Provision of notice, approved form or information under this Act etc.	
Part 3—Simplified outline		
8	Simplified outline	
Part 4—Definitions		
9	Definitions	
10	Definition of host jurisdiction	
11	Definitions relating to compensation	
Part 5—Ministerial Council		
12	Ministerial Council functions etc.	
Chapter 2—Assistance for people with disability and others		
13	Agency may provide coordination, strategic and referral services etc. to people with disability	
14	Agency may provide funding to persons or entities	
15	Agency may provide information	
16	Agency may assist in relation to doing things under Chapter	
17	National Disability Insurance Scheme rules	
Chapter 3—Participants and their plans		

Let's say for instance you wanted to know more about the 'principles guiding the actions' under this Act. You would find it under Chapter 1, Part 2, Section 4 which is found on page 6 (look for the highlights in the example above). When you open page 6, it would look like this:

4 General principles guiding actions under this Act

- (1) People with disability have the same right as other members of Australian society to realise their potential for physical, social, emotional and intellectual development.
- (2) People with disability should be supported to participate in and contribute to social and economic life to the extent of their ability.
- (3) People with disability and their families and carers should have certainty that people with disability will receive the care and support they need over their lifetime.
- (4) People with disability should be supported to exercise choice, including in relation to taking reasonable risks, in the pursuit of their goals and the planning and delivery of their supports.

This is only a sample of the principles – there are many more. You will notice each statement (it can be either a sentence or a paragraph) has a number beside it. These are known as 'points'.

When people quote from an Act, they don't worry about the Chapter or Part – they just say the Section and the point that is relevant.

In this instance it would be Sec 4 (1).

Below is a step-by-step guide for looking at the NDIS Act 2013. Perhaps you want to know more about the disability requirements for the NDIS. This is how you would do it:

1



National Disability Insurance Scheme Act 2013

No. 20, 2013

An Act to establish the National Disability Insurance Scheme, and for related purposes

You would **look at the relevant Act**.

2

Chapter 3—Participants and their plans

Part 1A—Principles

17A Principles relating to the participation of people with disability

Part 1—Becoming a participant

18 Person may make a request to become a participant

19 Matters relating to access requests

20 CEO must consider and decide access requests

21 When a person meets the access criteria

22 Age requirements

23 Residence requirements

24 Disability requirements 28

25 Early intervention requirements

Look at the contents to find which section you are looking for.

In this example, disability requirements can be found under Chapter 3, Part 1, Section 24 – on page 28.

3

24 Disability requirements

- (1) A person meets the disability requirements if:
- (a) the person has a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments or to one or more impairments attributable to a psychiatric condition; and
 - (b) the impairment or impairments are, or are likely to be, permanent; and
 - (c) the impairment or impairments result in substantially reduced functional capacity to undertake, or psychosocial functioning in undertaking, one or more of the following activities:
 - (i) communication;
 - (ii) social interaction;
 - (iii) learning;
 - (iv) mobility;
 - (v) self care;
 - (vi) self management; and
 - (d) the impairment or impairments affect the person's capacity for social and economic participation; and
 - (e) the person is likely to require support under the National Disability Insurance Scheme for the person's lifetime.

Turn to the page and read what the law says.

MODULE 8: BEYOND THE NDIS

What is the purpose of this document?

To provide information on different supports available for those not with the NDIS.

If you have found yourself ineligible for the NDIS or you are uncertain about applying, you might want to think of some other ways you can find supports.

Victorian State Government

The Victorian State Government are spending \$50 million on providing services for people who are clients of clinical mental health services who have not obtained supports and assistance from the NDIS. The name of the initiative is the 'Early Intervention Psychosocial Support Response'.

Clinical mental health services will run these support programs with community mental health providers and each service will probably give these programs different names. The names haven't been decided at the writing this module. Contact your local mental health service provider to find out what programs are offered.

The services will provide short to medium term support in building skills to better manage your mental health issues, such as:

- developing practical life skills for independent living
- developing skills to help you connect with people and your community
- support to achieve a healthy and functional life
- assisting you to transition to the NDIS.

Basically, these services will help you work towards your own recovery goals.

Did you know?

Albury Wodonga Health have a Recovery Hub online. There is heaps of information for self-help available to everyone www.recovery.awh.org.au/recovery/recovery-a-our-services/adult-community-mental-health-services



Information, Linkages and Capacity Building – NDIS

The National Disability Insurance Scheme (NDIS) make money available, through their 'Information, Linkages and Capacity Building' program, for organisations and groups to provide information and services to 'create connections between people with disability and the communities they live in.' This money is given as grants – so be on the look-out for any groups, supports and additional information in your community.

Your NDIA Planner and LAC can also help with linking you into community services and supports. You don't have to be a participant of the NDIS to get their assistance.



Local councils and other organisations

You can ring and speak to someone in your local council and ask for someone who works in their mental health or disability section or the community services section. There are people who may be able to assist you and let you know what services and supports your local council offers. They will all have different titles so it's better to ask for a particular section – they will transfer you to the person you need to be speaking with.

You can also look up their website to give you some ideas.

- Services such as your local library offer much more than just borrowing books. Drop in there and see what else they offer.
- Some councils run pools and gyms – many of these will provide very cheap fees for people with disabilities or mental health issues. Ask.
- Check out your local neighbourhood house. They also offer a range of things and some have a place where you can just come in and have a coffee. Some even have free meditation and yoga sessions and some even offer free psychology sessions.

If there is something you think they could be running that could be helpful for you and many others in the community – speak to the manager or coordinator from the centre and suggest it.

Community Information and Support Services

Most council areas have a Community Information and Support Service. They are independent services that can provide a range of supports. Many people go to them when they are experiencing financial stress and may need assistance with food and paying bills.

They are also a wealth of information about what services are out in the community and they can help you to fill out forms and advocate on your behalf. They all have different names. Community Information and Support (Victoria) is the peak body for all these support services. You can look at their website to find the closest one to you and find out what they offer: www.cisvic.org.au

Thinking outside the box...

It's time to get creative and search the web and ask people you know.

- There are loads of different types of support groups that meet.
- TAFEs are offering free Certificate IV courses in a wide range of subjects (and they will provide educational support if you need it – ***you just need to let them know you have mental health issues and will need the special consideration and support***).
- Check out different Facebook groups – you will be amazed at how many specific groups there are.
- There are University level courses (and short courses) that you can do for free online. They are often called MOOCs – 'Massive Open Online Courses'. You can also just google 'free university courses'.
- Think about your interests – are there any clubs in your community that you can join?
- You may be interested in using your lived experience of mental health issues to work with others. These roles have different names. They get paid to give their thoughts on different things from a mental health consumer perspective. You can speak with someone at Victorian Mental Illness Awareness Council (VMIAC) and ask about doing this.
- Join VMIAC, it's free. They have an art/craft group on Wednesdays and a writing group on Mondays. They provide free information and training sessions on a range of topics and will keep you up to date on what's happening in the mental health space.

MODULE 9: SUPPORTING SOMEONE TO SELF-ADVOCATE

SUPPORT PERSON MODULE

What is the purpose of this document?

To provide information on supporting a family member or friend to self-advocate through the National Disability Insurance Scheme (NDIS) process and identify information that a support person may need to think about.

'Tell me and I forget. Teach me and I remember. Involve me and I learn.'

Benjamin Franklin



With the changing landscape of mental health services and the introduction of the National Disability Insurance Scheme (NDIS), now more than ever, your family member or friend needs to have a voice and be heard to make a difference in their life. The way to do this is through self-advocacy.

Why is self-advocacy needed for the NDIS?

The NDIS operates from a consumer-directed support model. This means that the NDIS and any resulting supports will target the consumer specifically. This model type is aimed at giving choice and control to the consumer over what services and supports they want. The flip side of this model is that the onus is on the consumer (the recipient of the NDIS funds and supports) to navigate their way through the process. As support people, you will need to find effective ways to assist those you support to be able to identify their own needs, goals and aspirations and be able to communicate these to the NDIA and Local Area Coordinators.

The NDIS is proving to be a complex, bureaucratic system that people sometimes find difficult to understand; this also includes health professionals and service providers. People with mental health issues (psychosocial disability is the word used by the NDIS) were a late inclusion into the scheme and this has resulted in many of the NDIS requirements and processes being aimed at other disability types. It has been highlighted that people who are able to advocate for themselves in this process are more likely to get better outcomes.

There are specific points throughout the process where your family member or friend will need to self-advocate:

- gathering evidence for eligibility for the NDIS
- the planning meeting
- engaging services and supports
- maintaining/changing services and supports (if not meeting their needs)
- appeals and review process (if needed).

Why is a program on self-advocacy important?

The NDIS deals directly with the person experiencing mental health issues. They are the ones that need to apply for access, they are the ones that need to identify their goals and what supports they need and they are the ones that attend planning meetings. The focus is on them. For people experiencing mental health issues, the ability to self-advocate is a valuable skill that will not only help them with the NDIS, but with life. The more they do it, the easier it will become and their confidence will grow.

More than anyone, as a support person for your family member or friend, you have walked by their side, been there for them when every 'professional support' has left and when they have experienced anguish or despair – you hurt for them. You have experienced joy over their achievements and want the very best for them. You probably know them better than anyone else but remember, you don't know them better than they know themselves.

A person living with mental health issues will not always tell you everything they are thinking or feeling. Sometimes they will just settle for, or agree to things because they don't want to cause 'any more problems.' They can experience shame and feelings of failure when things need to be done for them. They can lose their 'voice' because they think they don't deserve one. They have often experienced having their ideas, thoughts and wishes ignored in society and been treated as being incapable of making decisions and choices affecting their lives – particularly in the mental health field. For some, keeping quiet and being told what to do has become a learned behaviour.

As their support person, you can encourage them to speak up and start reinforcing with them that what they say matters. You can ask their preferences, give them choices, explain the likely outcome of each choice and accept their decisions. This is something that can be practiced and reinforced on a daily basis – it can be a very time consuming and slow process. It is something you will need to consciously do and be committed to, accepting that we all learn from the decisions we make and even the ones others don't agree with may be in our best interests. Generally, support people are time-poor, have a multitude of competing needs, they are exhausted, and many suffer their own mental health issues. Consider it as an 'investment' – supporting them now to make choices (valuing what they have said) and to self-advocate (speaking up for themselves and knowing their rights) will lead to better outcomes for them. Supporting your family member or friend to self-advocate can also be seen as an 'investment' in your life. How many times have you tried to advocate on their behalf only to be questioned regarding your motives? How many times have unrealistic responsibilities and expectations been dumped on you by government agencies and mental health practitioners?

If a person is able to self-advocate through the NDIS process, the supports funded could result in new opportunities for them – funding linked to achieving their goals and aspirations. The supports provided can increase their independence, meet their changing needs, help with life transitions, provide age appropriate activities and socialisation.

There can also be some positive ripple effects of these new opportunities – as your family member or friend grows more in confidence and gains more independence, there may be less reliance on you to support them. One participant of the NDIS explained that his relationship with his mother improved because she no longer had to check up on him and clean his house. This shift of support responsibility removed feelings of powerlessness and a sense of debt towards his mum which allowed him to just enjoy time with her (without her doing things).

How can I support my family member or friend to self-advocate?

Generally

- If they haven't thought about self-advocacy, you can talk to them about their right to make decisions for themselves in things relating to them and there will be times in their life where they will need to be able to self-advocate.
- You can let them know about supported decision making and what that means for them (see 'Module 1: Learning how to self-advocate' for information and helpful web links).
- You can suggest using the supported decision-making process together.
- You can give them the module on self-advocacy (Module 1) to read and perhaps go over it with them.
- You can help them practice self-advocacy on little things; listening to their 'messaging' – how they ask for what they need.
- You can give them feedback on their 'messaging'.
- If they have a decision to make and ask you for information, provide it to them or let them know where they can find it.
- When looking at options, include all related options (even the ones that you might disagree with).
- Explain to them the likely consequence of each option and support them to identify them.
- Practice negotiating with them and how to reach a compromise.
- Support them to prepare for self-advocacy.

For the NDIS

Gathering evidence of eligibility for the NDIS

- Be aware of the functional impairment focus of the NDIS, the shift away from recovery focus and the need for all information (evidence) to be written in a way that highlights what a person can't do, struggles to do, or can only do with assistance.
- Discuss the type of evidence that may be needed with your family member or friend and remind them that their health practitioner may need to be informed of how to write for the NDIS.
- Ask if they would like your support in attending appointments with them relating to requesting and gathering evidence from mental health practitioners.
- If they want you to attend meetings or appointments with them, discuss with them what sort of support they are after. Do they want you to speak on their behalf if they find themselves 'shutting down'?
- If they want you to be able to represent them, discuss with them what it is they want you to say – write it down with them.
- Ask if it's okay to share some past conversations you have had with them relating to the impact their mental health issues on their life and what they would like to happen – these could also be written down so your family member or friend can be informed of what will be said before giving their consent.
- If you need to present their information or requests, show the practitioner the written 'instructions' and say 'this is what your family member or friend' wanted you to say.
- Have a discussion with them about everyday supports you provide and that their health practitioner will need to know about these things to include them in the evidence being written on their behalf. Let them know it is not about who provides the support but rather they need the support to do things.
- You can write a Carers Statement to show the health practitioner and this can also be used as supporting evidence for NDIS eligibility (this will be looked at further in this module).
- In the appointment, clarify if your family member or friend understands what the health practitioner is saying. If they don't – ask the health practitioner to put it in another way or you can explain it to them in a way they will understand. You can insist on an interpreter.
- You can help gather information that can be used as evidence and keep it all together in a file. (This evidence can also be used in the Planning Meeting.)
- Make copies of anything sent to the NDIS.

Preparation for the Pre-planning Meeting/Planning Meeting

- Be a sounding board for their ideas for goals and aspirations, brainstorm with them around things they like, have talked about doing and preferences they have demonstrated.
- Assist them to identify any additional supports they may need to reach their goals.
- Have a conversation with them about immediate needs and look at the supports already in place.
- Look at the areas you provide support and go through each one asking if this is something they would prefer another paid support to do (can be linked with independence and transitions).
- Discuss what is considered as appropriate and reasonable expectations for the role of you as a support person (this will be looked at further on in this module).
- Assist in getting all the information required written down.
- Discuss the need for a Support Coordinator.

Tandem tip: Identify and make contact with the preferred Support Coordinator before the Planning Meeting (with your family member or friend's consent). Give the NDIA Planner their details. The Support Coordinator may also assist in plan preparation or attend the Planning Meeting.



- Relook at your Carer Statement – does it need to be altered to fit with your family member or friend's goals and aspirations?
- Discuss what type of plan management they want or can manage. If it is 'self-managed' and they require your support to do this – think about whether you are able to take on this extra role or whether they will need to identify a support that can teach them to self-manage their budget for the NDIS.
- Discuss whether they would like a Plan Nominee or a Correspondence Nominee (details 'Module 1: Learning how to self-advocate', 'Resources' section). If they do, ask is this something they would like you to be? They will need to complete the relevant form and give it to the NDIA planner or LAC. The NDIA will need to approve this.
- Role-play with them the 'message' they want to give in the planning meeting.
- Ask if they want you to attend the planning meeting with them and what role they want you to play.
- Ask if they would also like an advocate to attend the planning meeting or support them to self-advocate. (*Note: This is not always possible due to advocates limited time, but can happen.*)
- If needed, present their information in the Planning Meeting. Use words to the effect of, your family member or friend had discussed what they wanted to say with you and this is their information...

Engaging services and supports

- Help identify what services could provide supports they want.
- Go through the questions they will need to ask and think about when looking at hiring a service.
- If you are a Plan Nominee or a Correspondence Nominee, discuss everything with your family member or friend – you could use the supported decision-making process.
- Encourage having a Service Agreement and looking over it with them (if they want) to see if any alterations or inclusions need to be made.
- Help them draw up a schedule of supports so they can see visually when things are going to happen.

Maintaining/changing services and supports

- Naming when supports fall down – giving them your observations (i.e. difficulty in finding workers, support needs not being met, unprofessional practice).
- Going through their options when the supports are failing them (i.e. complaints process, changing services).
- Discussing the possibility of changing their Plan Management if things aren't working out well.

Appeals and Review process

- Helping to complete paperwork required.
- Brainstorming what extra evidence is needed.
- Linking them in with an advocate.

Download the Carer Checklist for NDIS Planning and fill it in. The comprehensive checklist will provide a great insight into:

- what you do
- time taken to provide support.

(See the link to Carer ACT in the 'Resources' section of this module.)



Is my support 'appropriate and reasonable'?

This question is a bit tricky and at the end of the day it is between you and your family member or friend to decide on the support you provide and the support they are happy for you to provide. There may be supports you provide that they are not even aware of, you may not even be aware of how much you do because it has just become a part of your everyday life. You do it because you care and you may even feel it's your responsibility. It's ok to check-in and reflect about the amount of care you provide periodically. What has suited in the past may not suit your family member or friend in the future, and the same goes for you. Everybody's health and well-being is important in this situation. At the end of the day, it is your relationship as a family member or friend that is important – care is additional to that and at times, better suited to be provided by someone else (if possible).

After filling out the Carer Checklist, there are some things you will need to think about. These include:

- Your competing needs; such as – employment, your health, other family member relationships and responsibilities, community involvement, friendships.
- Changing needs – many of these are the same as above and you will need to be aware that circumstances change and start planning for this. Think about your age and your needs. Also think about the age of your family member or friend – what types of support and who provides the support will benefit them the most? Are other supports more appropriate? One support person talked about it not being okay for their young adult child to get their 'socialisation' with their parent – they need to be socialising with people of a similar age.
- Which things you can support? The NDIS doesn't replace supports that are considered to be reasonably provided by family members. What are the supports you consider reasonable?
- If the person you are supporting doesn't want someone else to provide their support – how will you be able to make it work? These are discussions you will need to have with them and perhaps set up the idea of transitioning some supports.
- Explore setting up some supports for yourself to enable you to continue your support. The NDIS doesn't always provide respite care in packages. It is more about presenting 'respite' in a different way – from your family member or friend's perspective. Can they go on a holiday or to a camp? Can overnight support be offered in the home to give them a break from you or to develop skills in managing change, communication and socialisation? It could even be seen as a transition to independence. This would need to fit in with their goals.
- Expectations. When writing your Carer Statement, include your concerns about sustainability and changing/competing needs.
- Sustainability – how long can you keep doing this? You may be able to continue to provide some supports, if other supports are provided by someone else. Think about your age and the appropriateness.
- Take note of the level of NDIS administration that you may have to do by default or as a Plan/Correspondence Nominee. Think about if this is also something you can sustain and discuss options with your family member or friend before the next plan.

Note: The National Disability Insurance Scheme (Supports for Participants) Rules 2013 provide information on – Reasonable family, carer and other support. They use this when looking at what supports they fund. See the 'Resources' section for a copy of these Rules.

Carer Statements

Generally Carer Statements are a summary of your observations. This can include what you see, hear and notice in regards to what works for your family member or friend and what can hinder them. You can also include your concerns around the sustainability/appropriateness of your support and the detrimental impact this may have on your family member or friend. Ideally Carer Statements should be 1–1½ pages in length. Things you can include could be:

- identifying your family member or friend’s achievements, what worked well for them
- identifying things that haven’t gone so well and the reasons for this; for example – not enough time, unexpected change, unfamiliar environment, what you see, hear, notice regarding what works and hinders your family member or friend
- types of support you have been providing
- concerns about the sustainability/appropriateness of the supports.

Tandem have a great resource on Carer Statements and a sample statement as guidance. Carer ACT also cover this in their resources. See ‘Resources’ section for web links.



Where to go when I get stuck or need support

Any change in relationship dynamics can surface strong emotions. Many of these emotions can be attributed to grief and loss and both you and your family member or friend may experience this. These are normal emotions; remember that each person can express their grief and loss in different ways. It will help if you are aware that any changes taking place (such as role changes, support changes, accommodation changes) may bring on an emotional response and think about ways that you can take care of yourself and encourage your family member or friend to do the same. You may even find your family member or friend start to thrive with a new sense of independence. This can amplify your feelings of loss. Focus on the relationship you have with them rather than anything that has been ‘lost’. It’s an opportunity to build upon your relationship allowing it to evolve.

As a support person you may have been juggling the role of parent, friend and carer. Where does one role start and another finish? All the different roles may become blurred into one and typical developmental behaviours (young people) or life transition stages (adults) and responses from your family member or friend are seen as a by-product of their mental health issues. Sometimes it has nothing to do with their mental health issues and it is just normal for their developmental stage. It doesn’t make the concern or worry (or even impact) any less, but it can help to take a step back and think about the stages they are at and their changing needs and desires.

If you get stuck or need support, you can:

- contact Tandem
- look at the Carers Act website for ideas and information
- look at the Australian Government Carer Gateway website – information and support dedicated to carers (details in ‘Resources’ section)
- look at the list of resources, information and supports provided by Healthtalk Australia (complete list available in ‘Resources’ section)
- the Department of Health and Human Services in Victoria are investing in carer support services. At the time of writing, these supports are unknown – listen out for any announcements as it is meant to be happening sooner rather than later. (You may want to think about becoming a Tandem member, it’s free – and they can let you know when the new services become available).

The NDIS is a stressful and lengthy process. Make sure you implement strategies around your self-care.

‘Self-care is not about self-indulgence, it’s about self-preservation.’

Audre Lorde



RESOURCES

1. Online resources
 - Tandem
 - Carers ACT
 - Australian Government Carer Gateway
2. NDIS (Rules) – Reasonable family, carer and other support
3. Healthtalk Australia – Carer resources and information



Online resources

Tandem

www.tandemcarers.org.au

Carers ACT

Information – carer checklist NDIS planning, carer statements and examples, nominee information

www.carersact.org.au/national-disability-insurance-scheme-ndis

Australian Government Carer Gateway

Information website

www.carergateway.gov.au

National Disability Insurance Scheme (Supports for Participants) Rules 2013

Part 3 Assessing proposed supports

Reasonable family, carer and other support

- 3.4 In deciding whether funding or provision of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide, the CEO is to consider the following matters:
- (a) for a participant who is a **child**:
 - (i) that it is normal for parents to provide substantial care and support for children; and
 - (ii) whether, because of the child's disability, the child's care needs are substantially greater than those of other children of a similar age; and
 - (iii) the extent of any risks to the wellbeing of the participant's family members or carer or carers; and
 - (iv) whether the funding or provision of the support for a family would improve the child's capacity or future capacity, or would reduce any risk to the child's wellbeing;
 - (b) for other participants:
 - (i) the extent of any risks to the wellbeing of the participant arising from the participant's reliance on the support of family members, carers, informal networks and the community; and
 - (ii) the suitability of family members, carers, informal networks and the community to provide the supports that the participant requires, including such factors as:
 - (A) the age and capacity of the participant's family members and carers, including the extent to which family and community supports are available to sustain them in their caring role; and
 - (B) the intensity and type of support that is required and whether it is age and gender appropriate for a particular family member or carer to be providing that care; and
 - (C) the extent of any risks to the long-term wellbeing of any of the family members or carers (for example, a child should not be expected to provide care for their parents, siblings or other relatives or be required to limit their educational opportunities); and
 - (iii) the extent to which informal supports contribute to or reduce a participant's level of independence and other outcomes;
 - (c) for all participants—the desirability of supporting and developing the potential contributions of informal supports and networks within their communities.

Healthtalk Australia – Carer resources and information

<http://research.healthtalkaustralia.org/carers/resources-and-information>

On this page you can find links to resources relevant for carers of people diagnosed with severe mental health problems. The information includes telephone helplines, carer support organisations and peak bodies, information about government assistance available to carers (respite care, payments and allowances), therapy and counselling services, information about specific mental health problems, crisis and suicide support services, information about recovery, links to public services such as health and mental health complaints commissions and offices of the public advocate, and finally some information on supported decision making. Please note that while a number of the resources listed are specific to Victoria, we have included national resources wherever possible. Many of these include links to state and territory-specific services.

Telephone helplines

- **Lifeline** – 13 11 14
- **Carers Australia** – 1800 242 636
- **Mind** – Carer Helpline 1300 554 660
- **Carer Gateway** – 1800 422 737
- **Centrelink** – information for carers 13 27 17

Downloadable resources on Mental Health and Supported Decision-Making

Please find below some downloadable resources (in PDF format) on Mental Health and Supported Decision-Making that were developed as a result of the research underpinning this online resource.

For people with lived experience of mental illness, family carers and mental health practitioners:

- An introduction to the Supported Decision Making project and suite of resources
- Fact Sheet 1 – What is Supported Decision-Making?
- Fact Sheet 2 – Supported Decision-Making: Legal Mechanisms
- Fact Sheet 3 – Practices to Improve Supported Decision-Making in Mental Health Services
- Fact Sheet 4 – Resources for Supported Decision-Making

For mental health practitioners:

- Guidelines for Supported Decision-Making for Mental Health Services

Carer support organisations and peak bodies

Carer support organisations

ARAFEMI

Website: www.arafemi.org.au

Carer helpline: 1300 550 265

ARAFEMI Australia is a collective of organisations whose members are carers of people with a mental illness. It presents the views and perspectives of carers, advocates for changes and services to improve the lives and wellbeing of people affected by mental illness, and offers advice and information to carers. As of December 2013, ARAFEMI Victoria merged with Mind Australia and all ARAFEMI services now come under Mind.

Mind Australia

Website: www.mindaustralia.org.au

Carer helpline: 1300 554 660

Mind is a leading provider of community mental health services to support people with a mental illness, their carers and families in Victoria, South Australia and Queensland. Mind offers many resources including helplines, online forums, psychological counselling and therapy, group programs, workshops, and residential services.

Mental Health Carers Arafmi Australia (MHCAA)

Website: www.arafmiaustralia.asn.au

Mental Health Carers Arafmi Australia's mission is to represent at a national level the interests and concerns of families and others voluntarily caring for people with mental illness throughout Australia.

Tandem (Victoria)

Website: <http://tandemcarers.org.au>

Tandem is the peak Victorian organisation for carers of people with mental health problems. Its aim is to ensure that the importance of the contribution, expertise, experiences and needs of families and other carers is recognised and that these needs are addressed. Tandem offers its members training and education programs, information for carers, and carer forums.

Mental Illness Fellowship of Australia

Website: www.mifa.org.au

Tel: 1800 985 944

The Mental Illness Fellowship of Australia represents at the national level the interests of its member organisations and people affected by mental illness. MIFA offers support and information about mental illnesses with a holistic approach to people with mental illness, their carers and families. Its website hosts a carers' forum.

SANE Australia

Website: www.sane.org/families-carers

Tel: 1800 187 263

SANE is a major charity that aims to help all Australians affected by mental illness, as well as their families and friends. It offers information about mental health and illness, getting help for mental illness, how to improve wellbeing, and guides and resources for carers.

Grow

Website: www.grow.org.au/carer-program

Grow is a community-based organisation which aims to help people recover from mental illness through its program of mutual support and personal development. Its 'Grow Better Together' program encourages and supports caregivers of people experiencing mental illness.

Carer peak bodies

Carers Australia

Website: www.carersaustralia.com.au

Tel: 1800 242 636

Carers Australia is the national peak body representing Australia's carers, advocating on behalf of Australia's carers to influence policies and services at a national level. The program offers the opportunity for carers to talk to someone about the caring role with short term counselling, emotional and psychological support services for carers in need of support. NCCP is delivered through Carers Australia's network of Carer Associations in each state and territory.

Mental Health Australia

Website: <http://mhaustralia.org>

MHA is an Australian non-government organisation which represents and promotes the interests of the national mental health sector and is committed to improve mental health for Australians. It represents mental health consumers, carers, special needs groups, clinical service providers, public and private mental health service providers, researchers and state/territory community mental health peak bodies.

Mental Health in Multicultural Australia

Website: www.mhima.org.au

MHIMA is an organisation which aims to assist in building the capacity of Australia's multiculturally and linguistically diverse communities and to make strategic-level contributions to national, state and territory governments regarding mental health reform strategies and research and evaluation. Its website contains information and resources including mental health organisations and translated information and language services.

Government assistance for carers: Respite services, payments and allowances

Mental Health Respite: Carer Support

Website: www.dss.gov.au/our-responsibilities/mental-health/programs-services/mental-health-respite-carer-support

Tel: 1800 052 222 (Commonwealth Respite and Carelink Centres)

Mental Health Respite: Carer Support provides carers with relief from the caring role, through in-home or out-of-home respite or social and recreational activities; carer support, including counselling, practical assistance, social inclusion activities, case management; and education, information and access including community mental health promotion.

Centrelink

Tel: 132 717

- **Carer Payment**

Website: www.dss.gov.au/disability-and-carers/benefits-payments/carers-payment or www.humanservices.gov.au/customer/services/centrelink/carers-payment

Carer Payment provides income support to people who, because of the demands of their caring role, are unable to support themselves through substantial paid employment. Carer Payment is income and assets tested and paid at the same rate as other social security pensions.

- **Carer Allowance**

Website: www.dss.gov.au/disability-and-carers/benefits-payments/carers-allowance or www.humanservices.gov.au/customer/services/centrelink/carers-allowance?utm_id=7

Carer Allowance is an income supplement available to people who provide daily care and attention in a private home to a person with disability or a severe medical condition. Carer Allowance is not taxable or income and assets tested. It can be paid in addition to a social security income support payment.

- **Carer Supplement**

Website: www.dss.gov.au/about-the-department/benefits-payments

Carer Supplement is an annual \$600 payment and is paid in July each year to recipients of the Carer Allowance for each person being cared for.

Therapy and Counselling

Relationships Australia

Website: www.relationships.org.au

Relationships Australia provides relationship support services across the nation to enhance human and family relationships. It provides counselling, family and relationship courses, and professional training and development. It offers relationship advice topics, publications and crisis help and support.

Australian Counselling Association

Website: www.theaca.net.au

ACA is Australia's largest single registration body for Counsellors and Psychotherapists with over 3,500 members. ACA serves a crucial role in advocating and advancing the profession of counselling and psychotherapy. Its website provides a search option for counsellors.

Australian Psychological Society

Website: www.psychology.org.au

APS is the leading organisation for psychologists in Australia and represents over 22,000 members. Its website offers a search option for psychology services.

MoodGYM Training Program

Website: moodgym.anu.edu.au

Mood GYM is an internet-based therapy program designed to enable people to learn cognitive behaviour therapy skills for preventing and coping with depression.

Resources about specific mental health problems or for specific groups

Australian Borderline Personality Disorder Foundation – Families and Carers

Website: www.bpdfoundation.org.au/page_14

ABPDF is a group of 'consumers', carers and clinicians who support, promote and advocate for people living with borderline personality disorder.

beyondblue – Supporting someone experiencing depression and/or anxiety

Website: www.beyondblue.org.au/family-and-friends

Tel: 1300 22 4636

beyondblue is an independent, not-for-profit organisation working to increase awareness and understanding of anxiety, depression and suicide in Australia. It offers information and support, a telephone helpline, and online forums.

Bipolar Australia

Website: www.bipolaraustralia.org.au

Bipolar Australia is an organisation created by people with bipolar disorder, their carers and family members which aims to assist people looking for support in the treatment and recovery from bipolar disorder.

Black Dog Institute

Website: www.blackdoginstitute.org.au

The Black Dog Institute is a not-for-profit, educational, research, clinical and community-oriented facility offering specialist expertise in depression, bipolar disorder and suicide in Australia, as well as support groups.

Hearing Voices Network Australia

Website: <http://hvna.net.au>

HVNA raises awareness and understanding about the phenomenon of hearing voices. It offers a number of resources including strategies for coping with voices, information about state-based hearing voices networks, and groups for voice hearers.

Orygen: The National Centre of Excellence in Youth Mental Health

Website: <https://orygen.org.au>

Orygen is a research and knowledge translation organisation focusing on mental ill-health in young people. Its work has created a new, more positive approach to the prevention and treatment of mental disorders, and has developed new models of care for young people with emerging disorders.

Orygen Campus

Website: <https://orygen.org.au/Campus>

Orygen Campus is an online community for everyone who works with or wants to help young people experiencing mental ill-health. It has news, expert advice, research bulletins, summaries and professional networks that form a national and international gateway to the latest evidence-informed resources, training and qualifications.

Youthbeyondblue

Website: www.youthbeyondblue.com

Youthbeyondblue is a website aimed at serving young people who feel down, are anxious or feel sad. It offers a range of information and services as well as apps and online chat.

Crisis and suicide support

State crisis numbers

- **NSW** – 1800 011 511 – Mental Health Line
- **VIC** – 1300 651 251 – Suicide Helpline
- **QLD** – 13 43 25 84 – 13 HEALTH
- **TAS** – 1800 332 388 – Mental Health Services Helpline
- **SA** – 13 14 65 – Mental Health Assessment and Crisis Intervention Service
- **WA** – 1800 676 822 – Mental Health Emergency Response Line
- **NT** – 08 8999 4988 – Top End Mental Health Service
- **ACT** – 1800 629 354 – Mental Health Triage Service

General crisis and suicide support

Lifeline

Website: www.lifeline.org.au

Tel: 13 11 14

Lifeline connects people in Australia with care by providing services in suicide prevention, 24-hour crisis support and mental health support. The website offers online chat and information resources.

Suicide Call Back Service

Website: www.suicidecallbackservice.org.au/concerned-about-someone

Tel: 1300 695 467

The Suicide Call Back Service provides crisis counselling across Australia 24 hours a day, seven days a week for people at risk of suicide, carers for someone who is suicidal, and those bereaved by suicide.

Living is For Everyone (LIFE)

Website: www.livingisforeveryone.com.au

LIFE is a resource designed to reduce the rate of suicide and self-harming through providing the best available evidence and resources to guide activities including community projects. It offers information and guides for individuals and health professionals.

Suicide Prevention Australia

Website: <http://suicidepreventionaust.org>

SPA provides national leadership for the suicide prevention sector in Australia. It builds and facilitates partnerships to reduce the stigma around mental illness and suicide, and to assist the healing for people with lived experience of suicide attempts and suicide.

Recovery resources

While there are no Australian websites specifically about recovery from a mental health problem, some Australian mental health community support services offer information about recovery and recovery-oriented practice. Also listed are two UK websites and an Australian government policy statement on recovery-oriented mental health services.

Mind Australia

Website: www.mindaustralia.org.au/resources/recovery-and-well-being

Mind supports recovery from mental health problems and has a number of recovery-related resources including its Recovery College, which offers courses run by people with lived experience of mental illness as well as offering professional learning and development skills, and has its own website: www.recoverycollege.org.au

Mind Australia (2012) 'Model of Recovery Oriented Practice'

<https://www.mindaustralia.org.au/assets/docs/Model-of-Recovery-Oriented-Practice-2012.pdf>

Neami National

Website: www.neaminational.org.au/our-approach/mental-health-recovery

Mental Health Foundation (UK)

Website: www.mentalhealth.org.uk/help-information/mental-health-a-z/r/recovery

This UK-based organisation offers information about recovery including the recovery process, supports for recovery, and tools to help service users and mental health services.

Rethink Mental Illness (UK)

Website: www.rethink.org/living-with-mental-illness/recovery

Also a UK-based organisation, Rethink Mental Health (UK) provides information about recovery and the kind of challenges to recovery that people with mental health problems can face.

Australian Health Ministers' Advisory Council (2012) 'National Framework for Recovery Oriented Mental Health Services document: Guide for practitioners and providers'

[https://www.health.gov.au/internet/main/publishing.nsf/content/67D17065514CF8E8CA257C1D00017A90/\\$File/recovgde.pdf](https://www.health.gov.au/internet/main/publishing.nsf/content/67D17065514CF8E8CA257C1D00017A90/$File/recovgde.pdf)

Complaints Commissions (Health and Mental Health) and Public Advocates

Complaints Commissions (Health and Mental Health)

Mental Health Complaints Commissioner (Victoria)

Website: www.mhcc.vic.gov.au

Tel: 1800 246 054

The Mental Health Complaints Commissioner encourages service users to consider making a complaint where necessary in order to improve services and experiences. Every person has the right to be heard, including people experiencing mental health problems, carers, family members, friends, advocates, staff and any other person who has concerns about a person's experience with a public mental health service.

Health Complaints Commissions (all states and territories)

Website: www.mentalhealthcommission.gov.au/1318

- **ACT** – Health Services Commissioner: (02) 6205 2222
- **NSW** – Health Care Complaints Commission: 1800 043 159
- **NT** – Health and Community Services Complaints Commission: 1800 806 380
- **QLD** – Health Quality and Complaints Commission: 1800 077 308
- **SA** – Health and Community Services Complaints Commissioner: (08) 8226 8666 or 1800 232 007
- **TAS** – Health Care Complaints Commission: 1800 001 170 or 1300 766 725
- **VIC** – Health Services Commissioner: 1800 136 066
- **WA** – Health and Disability Services Complaints Office: contactus@mentalhealth.wa.gov.au

Offices of the Public Advocate (selected states and territories)

The Office of the Public Advocate is an organisation empowered by law to promote and protect the rights and interests of people in the community who suffer from a condition or situation that makes them potentially vulnerable to abuse, exploitation or neglect, and also aims to eliminate such abuse, exploitation and neglect. The Office offers an advice service, community education, opportunities to volunteer, and information about guardianship and administration, powers of attorney and medical consent.

- **ACT** – www.publicadvocate.act.gov.au
- **QLD** – www.justice.qld.gov.au/public-advocate
- **SA** – www.opa.sa.gov.au
- **VIC** – www.publicadvocate.vic.gov.au
- **WA** – www.publicadvocate.wa.gov.au

Supported Decision Making information

Following the introduction of its new Mental Health Act in 2014, Victoria became the first jurisdiction in Australia to make supported decision making the centrepiece of its mental health legislation. As a result, the following resources on supported decision making are from Victoria, except for the last which comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the US Department of Health and Human Services.

New Victorian Mental Health Act (2014)

Department of Health and Human Services Victoria *'Mental Health Act 2014 Handbook'*

www2.health.vic.gov.au/mental-health/practice-and-service-quality/mental-health-act-2014-handbook

Legal Aid Victoria *'Introduction to the Mental Health Act 2014'*

www.legalaid.vic.gov.au/information-for-lawyers/practice-resources/mental-health-law/introduction-to-mental-health-act-2014

Supported decision making mechanisms and related agencies

Advance statements

www2.health.vic.gov.au/mental-health/practice-and-service-quality/mental-health-act-2014-handbook/recovery-and-supported-decision-making/advance-statements

Nominated persons

www2.health.vic.gov.au/mental-health/practice-and-service-quality/mental-health-act-2014-handbook/recovery-and-supported-decision-making/nominated-persons

Statement of rights

www2.health.vic.gov.au/mental-health/rights-and-advocacy/rights/rights-statements-of-rights

Second psychiatric opinion

www2.health.vic.gov.au/mental-health/practice-and-service-quality/mental-health-act-2014-handbook/recovery-and-supported-decision-making/second-psychiatric-opinions

Compulsory Treatment Orders

www2.health.vic.gov.au/about/publications/factsheets/Mental%20Health%20Act%202014%20-%20Compulsory%20Treatment%20Orders%20factsheet

Independent Mental Health Advocacy

Website: www.imha.vic.gov.au

Tel: 1300 947 820 (9:30 am – 4:30 pm, Mon – Fri except on public holidays)

IMHA is a free, independent and confidential advocacy service for people on compulsory treatment orders under the *Mental Health Act 2014* (Vic). IMHA can assist people to make decisions about their mental health assessment, treatment and recovery and to express their views and preferences to their treating team or other services.

IMHA advocates are guided by what a person wants rather than what others may consider to be in their best interests and will arrange a qualified interpreter to assist, if requested.

Mental Health Tribunal

Website: www.mht.vic.gov.au

Substance Abuse and Mental Health Services Administration (SAMHSA) resource – Shared Decision Making in Mental Health Decision Aid Free CD Rom (2012)

<http://store.samhsa.gov/product/Shared-Decision-Making-in-Mental-Health-Decision-Aid/SMA12-4696>

Independent Mental Health Advocacy

Call us on **1300 947 820** between 9.30 am and 4.30 pm, Monday to Friday
Call **1800 959 353** to hear a free recording of your rights

Email contact@imha.vic.gov.au

Visit our website www.imha.vic.gov.au