



National Disability Insurance Scheme

You said, we heard: access and eligibility policy with independent assessments

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1. CEO introduction

The National Disability Insurance Scheme (NDIS) was born from the idea that Australians with disability should have greater choice and control over their own lives.

Its purpose is to support individuals with a significant and permanent disability to be more independent, and engage more socially and economically, while building genuinely connected and engaged communities and stakeholders.

We are now over 7 years on from the first trial of the Scheme, and in August 2020, we announced a major Scheme Reform program that will deliver a better NDIS – one that is simpler, fairer and more flexible for participants

These reforms also deliver on the [Australian Government's plan for the NDIS](#) and aligns with Government's [response to the 2019 independent review of the NDIS Act](#) (known as the Tune Review) which agreed, or agreed in principle, to all 29 recommendations from the review. As part of those major reforms, the National Disability Insurance Agency (NDIA) announced the [Participant Service Charter](#), where we committed to empowering participants by asking people with disability and the community to help us develop and test our processes.

We have actively sought feedback on reform proposals through a continued, comprehensive consultation program. In November 2020 we released 3 consultation papers, and encouraged participants, families, carers and the wider sector to respond to questions on:

1. [Access and eligibility policy for independent assessments](#)
2. [Planning policy for personalised budgets and plan flexibility](#)
3. [Supporting young children and their families early, to reach their full potential.](#)

I want to thank everyone for taking the time to make a submission providing us with your views on the questions we have asked and contributing to making the NDIS simpler, fairer and faster for participants. Over the last 3 months we have collected feedback from participants, family members, carers, providers and other stakeholders.

These consultation papers sought feedback on how we can best deliver new policies and processes to support the roll out of independent assessments – which will deliver more consistent access and planning decisions - and more flexible personalised budgets for participants.

The access and eligibility paper asked for feedback about what people applying to the NDIS need to know about independent assessments, how we can best remove the use of access lists and clarify evidence requirements at access. We also asked about what needs to be considered in how we deliver independent assessments, who should be exempt from independent assessments and how we can best monitor the quality of assessments.

With the input of participants, families and carers, we will reform the NDIS to be a Scheme that Australians can trust and rely on now and into the future. One that gives a participant:

- more control over their supports and who delivers them
- increased transparency over how and why decisions are made
- a more flexible budget to use as needed
- clarity about what the NDIS covers
- a smooth and easy experience

The feedback received through this consultation process will inform how these reforms are delivered and the support, resources and information provided to participants, planners and Local Area Coordinators. The consultation submissions are currently being considered and your feedback will be used to adapt our current ways of working and plans for the future.

From here we will:

1. Incorporate feedback into our design and implementation plans.
2. Undertake further targeted consultation on specific topics, such as how to best deliver independent assessments in rural and remote, culturally and linguistically diverse and Aboriginal and Torres Strait Islander communities.
3. Actively participate in legislative processes and parliamentary processes, including the Joint Standing Committee on the NDIS inquiry into independent assessments.

Before the policy is introduced, we will develop and release information, tools and resources, host information sessions and workshops that explain the new access process so prospective participants and the wider community know exactly how it will work for people with disability applying to access the NDIS.

I want to acknowledge the feedback some of you have provided us on independent assessments through the consultation period. It's important we provide clear communication to ensure understanding of the reforms we are undertaking and I want to reassure you that the introduction of independent assessments is fundamental to delivering fairer, more accurate and more consistent decisions on access and planning.

The rollout of independent assessments is critical to informing a new way of building personalised budgets for participants – budgets that will be more consistent and accurate and in turn provide participants with more choice and control over how they spend their budgets on the supports best for them.

Participants will continue to receive funding for the disability supports they need and the overall NDIS budget will continue to grow sustainably.

We need to not only deliver on the disability supports participants now to participate both socially and economically in the community, but look forward to ensure the NDIS will be here for them throughout their life, and for people who may need the Scheme in the future. We continually monitor and publicly report on this growth to ensure the future of the Scheme is secure and in place to support future generations of Australians.

This paper provides an overview of the consultation activities delivered over the last 3 months, the feedback we received about how access and eligibility processes will work in the future and offers some further information on topics that might have been misunderstood. Further information on the progress of NDIS reforms, changes to planning and introduction of independent assessments will be released separately.

Regards

Martin Hoffman
Chief Executive Officer

2. How we received your feedback

You shared your thoughts with us in different ways, including through:

- online submissions, including audio and video files
- consultation events online and in person right across Australia
- direct conversations with sector representatives and peak bodies.

2.1 Consultation events

We hosted **57 public information sessions for communities across Australia, with over 1,000 attendees**. This included 29 sessions specifically discussing the access and planning policies, 10 of which were for rural and remote communities.

During this period, we faced the challenge of navigating restrictions on travel and public gatherings due to the Coronavirus (COVID-19) pandemic – so most of our events were held online. Seventy-four per cent of respondents reported that virtual sessions enabled them to learn more about the NDIS and share their views.

Our community engagement teams also held **over 150 local information sessions** targeting specific groups of stakeholders including the health and allied health, mental health, education, justice, Aboriginal and Torres Strait Islander communities, rural and remote communities, and culturally and linguistically diverse communities.

We hosted **6 virtual sessions specifically for providers which attracted over 300 registrations**.

We consulted with participants through the monthly Participant Reference Group and the fortnightly Independent Assessment Participant Working Group. Targeted consultations were also held through 14 workshops with participants, their families and carers.

We actively engaged with the Independent Advisory Council, various sub groups and reference groups to seek input on the proposed changes. More than **112 discussions** occurred with the Independent Advisory Council, national peak bodies, sector representatives, state and territory governments', academic experts and other relevant stakeholders.

2.2 Online submissions

When submissions closed on 23 February 2021 we had received **769 unique online submissions** (noting submissions can respond to more than one paper).

- **450 responses to Access**
- 293 responses to Planning
- 192 responses to ECEI reset

Who responded*	Number	Percentage of total
NDIS participant, family or carer	157	34.8%
Advocacy, community, sector, peak body	121	26.8%
Health/allied health professional/service	67	14.8%
Provider	65	14.4%
State & territory government/mainstream	32	7.1%
Person with disability (non-participant)	12	2.6%
Partners & connectors	10	2.2%
Agency-assisted submissions	7	1.5%
Researcher	4	Less than 1%
General public	4	Less than 1%

*Respondents may identify as more than one

3. What we asked for your feedback on

We proposed a new Access and Eligibility Policy with Independent Assessments. We hope this will deliver a more consistent and fair experience for people with disability applying to access the NDIS.

We asked for your views about:

1. What will people who apply for the NDIS need to know about the independent assessments process? How this information is best provided?
2. What should we consider in removing the access lists?
3. How can we clarify evidence requirements from health professionals about a person's disability and whether or not it is, or is likely to be, permanent and life long?
4. How should we make the distinction between disability and chronic, acute or palliative health conditions clearer?
5. What are the traits and skills that you most want in an assessor?
6. What makes this process the most accessible that it can be? For example, is it by holding the assessment in your home?
7. How can we ensure independent assessments are delivered in a way that considers and promotes cultural safety and inclusion?
8. What are the limited circumstances which may lead to a person not needing to complete an independent assessment?
9. How can we best monitor the quality of independent assessments being delivered and ensure the process is meeting participant expectations?
10. How should we provide the assessment results to the person applying for the NDIS?

4. What you told us

The feedback we received has been mixed. While many respondents recognised and supported the need for a more equitable approach to determining access and eligibility to the NDIS, we also heard concerns as well as the uncertainty that these changes raise.

We have heard that people with disability are anxious with how assessments will be carried out as well as how that information will be used to determine their access to, and ongoing eligibility for the NDIS.

A parent of an NDIS participant has said:

“I agree with this approach if services and assessments are made available to everyone at the same time regardless of where they live and regardless of their income level and employment status. At the moment the level of services people are offered, and when these services are offered, seems to depend on where they live and on whether they are familiar with the system and how to access support and communicate effectively with government agencies. Using validated international assessment tools is also important to make sure that everyone has equal access, rather than the current system where families with better means and resources are able to access services while others are not.”

An allied health peak body has said:

“[We are] cautiously supportive of proposed reforms to the access process, based on a more equitable and nationally consistent assessment process.”

A public advocacy organisation has said:

“By implementing the proposed system of independent assessment, the NDIA appears to be moving away from the fundamental principles of participant choice and control.”

We can group the feedback we received on the consultation questions into 8 themes:

- Information and resources for people applying to access the NDIS
- Access lists
- Evidence requirements
- Assessor skills
- Delivering accessible, inclusive and culturally safe independent assessments
- Independent assessment exemptions
- Quality of independent assessments
- Providing assessment results

4.1 In response to our consultation questions

Information and resources for people applying to access the NDIS

Respondents have told us they would like more time to understand the proposed changes, and that we can help by better explaining key concepts and making processes as simple and as easy to follow as possible.

Information should be clear and in the right format to support people to understand this change, how it impacts them and what to do. A particular focus was language, including the use of plain English, no jargon, languages other than English including Auslan and culturally safe ways of communicating with and informing people including training assessors.

At our consultation events, diversity in disability was highlighted with the need for information in a variety of formats such as visual and video resources and the importance of providing stories to explain what is changing.

A legal organisation has said:

“Information about assessments should be available in community languages, in plain language formats and accessible to people with hearing and vision impairments. Education and training should be offered to support organisations working with vulnerable applicants, including people in custody, people from culturally and linguistically diverse backgrounds, people who identify as Aboriginal and/or Torres Strait Island and people with cognitive disabilities and psychosocial disabilities. This is also in keeping with the concerns expressed in the Tune Review about disengagement from the process and from the NDIS in general.”

Some submissions talked about equipping advocates and community organisations to be able to explain the NDIS access process. There are organisations set up and working in communities all over Australia – we should be working with them to explain the NDIS to people with disability, their families and carers. This advice was particularly relevant to Aboriginal and Torres Strait, remote and culturally and linguistically diverse communities.

Access lists

People expressed a variety of views about the use of lists for access decisions. Some people wanted the lists to remain as part of the access process, while others thought the use of diagnostic lists was too technical, restrictive and inaccessible. Many people expressed support for streamlined processes and even suggested that immediate supports be provided to reduce the impact of possible delays to accessing the NDIS.

Some peak bodies asked if we could continue to use the lists in order to ensure the access process is easier and quicker for people with disability covered by these lists. Others provided advice about the risks involved with removing the lists, including the impact on the health and wellbeing of people with disability waiting for NDIS support.

Organisations representing people with progressive or degenerative conditions expressed concern about possible delays in accessing support if the access lists are removed.

A peak body for people with disability has said:

“[We are] concerned that the removal of lists as part of the access process may have unintended consequences. List-D has been used to assist in determining whether someone’s condition met the early intervention requirement. For children...List D has been essential to facilitate an easy and early entry into NDIS.”

A provider has said:

“[We] think this may actually make things a lot less confusing but there will need to be something in place that ensures that people are able to easily and quickly seek evidence regarding whether their disability is permanent and lifelong. Particularly if this needs to be clearly proven before proceeding to Independent Assessment. Having someone complete a functional assessment might alleviate the stress regarding meeting all of the access list requirements.”

Respondents have told us that any future access process should reduce the need for repeat assessments, particularly for people with deteriorating conditions and for those that may need to complete assessments to receive a disability diagnosis. Currently, access lists mean multiple assessments are not required. Similar submissions advised us that we must not unintentionally limit access to the NDIS for people with a permanent and lifelong disability who happen to present greater levels of functional capacity at a particular point in time – especially for people with degenerative conditions.

The access lists are seen as providing streamlined access to the NDIS for people with urgent needs, awaiting discharge from hospital following injuries resulting in significant functional impairments or people with a disability who are homeless and unsafe. The decision about which service system is responsible for which support is complex and requires negotiation. Respondents have told us that lists provided guidance on what was considered a disability and made this process easier and helped people make informed choices about whether to apply.

A participant, family member or carer has said:

“It is important to consider that participants on the access lists arrived there in a variety of different ways. Some have medically diagnosed disabilities, but many others may not. The priority for NDIS funding should be to support those with diagnosed permanent disabilities and those whose conditions are still evolving and may be permanent or regressive in nature (e.g, children and those with regressive disorders which may require increasing rather than decreasing levels of support over time).”

A peak body has said:

“The removal of the access lists means that people on Access List A who were previously deemed automatically eligible for the scheme would now require an assessment process. For people who are legally blind, this is an unnecessary requirement as a) other government processes will likely have already established the degree of their disability, and b) at the point a person is legally blind they will absolutely require a level of support under the NDIS to address the functional impacts of their vision loss: the issue is mainly how much.”

Evidence requirements

Submissions provided a range of suggestions on how to be clear about the evidence we need from health professionals about a person’s impairment and whether or not that impairment is likely to be permanent and life-long.

This included the need to provide specific details about the information required, the formats this information needs to be in and to make sure we work with health professionals during this process.

There was strong input about the need to make the process simple and easy for health practitioners, trust their evidence and opinion and to recognise that those with specialist skills may not be available across Australia.

Submissions asked us to engage with health professionals to promote their understanding of the NDIS and access requirements. They suggested we provide simpler forms to complete for an NDIS access request – available on our website and from Local Area Coordinators. Others suggested we provide health practitioner training on the NDIS and examples of what needs to be provided as evidence of a person’s lifelong and permanent impairment.

Many people raised concerns about the ongoing cost and time it would take to find appropriate health professionals to provide the evidence of disability needed before the independent assessment process. Submissions said the requirement to prove disability should not require involvement of specialists or reports which would put undue costs or delays for participants. If an individual is required to procure a specialist report, we should pay for it. In addition, there is a practical challenge for people in remote communities to have access to specialists, which should be considered in evidence requirements and future access processes.

Submissions also pointed out that a lot of the evidence gathered by health professionals at this point could be used to determine functional capacity. Many participants would have a functional assessment done as part of determining if their disability is permanent and lifelong, and some respondents suggested that they shouldn’t also have to complete an independent assessment.

Many of the submissions argued that drawing a line between disability, chronic, acute and palliative conditions is difficult given they all have an impact on functional capacity and are often experienced at the same time. Some submissions argued that this distinction shouldn't be made at all. Others recommended we provide clearer advice about what conditions are in scope for the NDIS and which should be supported and treated by the health system. There was a suggestion that we create a list of disability and chronic health conditions that would likely be able to access the NDIS and which would not be able to access the NDIS to prevent any confusion.

A participant, family member or carer has said:

“This should be done in consultation with senior medical professionals in these fields. Only they will be able to provide clear guidelines on differential diagnosis and whether disabilities are permanent or temporary.”

A health organisation has said:

“The distinction between disability and chronic issues is not always a simple distinction to make, functional impacts can and do overlap for many people, particularly with psychosocial impairments.”

An advocacy organisation has said:

“Rather than making a distinction, we would like to see the NDIA provide further guidance on when a chronic health condition should receive access to the NDIS.”

A provider has said:

“Requests for further evidence can be met successfully by a health professional providing a specific statement which summaries and ratifies this evidence. This method should be communicated to health professionals as current communications don't state this specifically.

Case study examples of documents which health professionals can provide to meet access should be developed. Examples of wording which describes the concepts of permanency and treatment being exhausted should be provided to health professionals so they can adapt them to their participants' circumstances. Often health professionals provide evidence which describes their client's circumstances but does not communicate in the kind of language the NDIA requires for access.”

Assessor skills

Many submissions reflected concerns about the accessibility, experience, background and knowledge of the assessors conducting the independent assessment.

We've heard the apprehensions from respondents about the assessors administering the independent assessments. Respondents tell us they are worried that basing decisions on an assessment conducted by an independent assessor who does not know the individual may result in an incorrect evaluation of individual's capacity.

Many submissions called for assessors to have specific skills and extensive experience with specific disabilities. The soft skills they need were also highlighted – the independent assessment process was recognised as requiring a sensitive conversation where an assessor would need to pick up on subtle clues, prompt for more information and read between the lines.

Many submissions questioned which disability cohorts would be assessed by which allied health disciplines and called for this decision process to be made clear.

We have also heard it is crucial that assessors are provided with adequate training and possess the appropriate expertise and experience to undertake independent assessments, including knowledge of certain disability types.

Many people expressed a strong preference for having their treating health professionals completing assessments, rather than being referred to an assessor with whom they are not familiar.

An NDIS participant has said:

“I have spent many years finding the specialists that are the experts I need, who understand my individual requirements. The prospect of having to attend compulsory assessments with healthcare professionals I don't know for up to 4 hours (but possibly much less) to prove to them my complex needs is very distressing.”

An advocacy organisation for people with disability has said:

“What we need is qualified assessors who understand that all people are different and it's not one size fits all. Assessments should start with meeting the client's needs, wants and aspirations.”

A health provider peak body has said:

“We share concerns with disability advocates that [independent] assessments will be conducted by people who are unfamiliar with the individual, taking away participant choice with the potential to create further trauma and distress for people with disability.”

Submissions raised the difficulties people with disability and NDIS participants already face in finding treating professionals with experience and skills to work with people with disability. Availability of assessors in rural and remote communities is a particular concern.

Submissions also included advice on the impact of this independent assessment policy on the allied health provider market.

An advocacy organisation for people with disability has said:

“People were worried they would lose trusted professionals from the treating practitioner pool. They were particularly worried about this for rural or remote areas.”

Further information on assessors

Through the open and competitive tender process, we’ve chosen 8 independent assessment organisations who employ a wide range of qualified health care professionals. Assessors will be people like occupational therapists, physiotherapists and psychologists.

It’s important to remember the assessment tools we’ve selected are disability-neutral, and focus on understanding a person’s functional capacity. This means all of the assessors can complete all of the assessment tools.

We’ll also give the assessors extensive training to use the assessment tools across a wide range of disabilities. All assessors are required to undertake cultural competence training, as part of their appointment.

We’re working with participants, professional organisations and the disability sector, to develop a skill matching process for participants and assessors.

If you have a particular preference for cultural reasons, please tell us when we contact you to refer you to an independent assessment.

Independent assessors, and the assessment tools do not replace the relationship a person has with their treating medical or allied health professional. The assessment tools provide a reliable and consistent assessment of how a person functions in their daily life. For example, the activities a person can do independently, as well as the activities where they might need assistance. The assessment does not indicate what supports or services you may need.

For more information on assessors visit [our website](#).

Delivering accessible, inclusive and culturally safe independent assessments

Respondents are apprehensive about the ability of assessors to relate to different cultural groups and the cultural appropriateness of assessments for people with disability from Aboriginal and Torres Strait Islander, culturally and linguistically diverse, and the lesbian, gay, bisexual, transgender, intersex, queer and asexual (LGBTIQA+) community.

People are concerned about the cultural competency of assessors and the cultural appropriateness of assessments for people with disability from diverse communities.

An advocacy organisation for people with disability has said:

“[We believe] assessors need special skills in understanding and assessing people from culturally or linguistically diverse (CALD) backgrounds, First Nations people, or LGBTIQA+ people. We’re worried independent assessments will not meet people’s cultural needs in a safe way.”

Mental health providers have said:

“There is insufficient consideration of how a person’s cultural context (including their beliefs, values, life experiences, opportunities, language and literacy) will be considered. Cultural context can impact, how they ‘perform’ or respond to assessments, as well as the assessment process and how assessment results are interpreted.”

The practicality of completing independent assessments was also raised in both our consultation events and submissions. People asked how assessments would be completed in rural and remote communities, in places where there are very few allied health professionals and where internet and phone reception is unreliable.

We have heard that people want to have assessments undertaken in a variety of ways including at home, via telehealth and/or in an assessor’s office. Many respondents agreed family and friends should be involved in assessment process but also felt that independent assessments should also involve providers, or professionals known to the family if requested by the person with disability. Many people also raised the issue of informed consent – about making sure the prospective participant understands the process, consents to their information being used, knows what the information will be used for and who will have access to it.

An allied health peak body has said:

“We are deeply concerned that the person’s first experience of the NDIS will be based on the use of predetermined self-report measurement tools, implemented in an impersonal way by an assessor who may not know the client...they are of particular concern to vulnerable client groups.”

Further information on the participant experience

No matter where you live across Australia, if you are a new or existing participant aged 7 years and over; you, your family member, or carer will be able to choose the organisation your independent assessor comes from.

Across 90% of Local Government Areas (LGAs), you can choose from at least three organisations for an in-person independent assessment.

Across the remaining 10% of LGAs, you can choose from at least two organisations for an in-person independent assessment.

You also have the option to do your independent assessment by video call. You can choose:

- where and when your assessment happens
- if your assessor is male or female
- if you'd like your assessment done in one session, or over a number of days.

Participants in remote and very remote areas of Australia will have access to independent assessments from two or more panel organisations, either in person or by video call.

To conduct independent assessments fairly and consistently, regardless of where a person lives, we have also created a pricing structure which reflects the higher cost of delivering services in remote and very remote areas.

We're talking to participants, their families and carers, and the disability community, to provide more information about independent assessments before they start in 2021.

There is still work to do to design and implement these changes. We are working to deliver information on the new access process in clear and accessible formats.

For more information on the independent assessment experience visit [our website](#).

Independent assessment exemptions

Submissions asked for clarity about the circumstances an exemption to independent assessments would be granted.

Some suggested that when a participant has sufficient evidence of capacity, or has a functional assessment completed by their treating health professionals, they should not be required to complete an independent assessment. Others suggested where there is a risk to the health of a participant or potential for the assessment to cause trauma, particularly around mental health they should be exempted.

Concerns for children, particularly where a child didn't have a comprehension about their reduced capacity were also raised.

Submissions also suggested for disabilities that were permanent, lifelong, and either constant (would not improve with treatment or supports) or degenerative, should not need to go through multiple independent assessments.

Many who attended our consultation events and made a submission wanted to know what happens when someone disagrees with the assessment or the outcome, whether that is a decision about joining the NDIS or funding. Some respondents commented about wanting the results of the independent assessment to be a reviewable decision.

We have received feedback on the need for a clear appeals and/or complaints process, and transparency about how decisions on exemptions to independent assessments will be made.

We also received feedback about the importance of having strong safeguards around the independent assessment process.

An advocacy organisation has said:

“It is not clear from the documentation which parts of the access decision would be reviewable especially given the independent assessment (which is a major part of this decision) is not reviewable. This seems a very unfair process given the difficulty in understanding the nuances and complexities of this type of disability. For some it will be straight forward but for many it will not.”

An advocacy organisation for people with disability has said:

“The consultation papers do not detail safeguards for these changes that uphold people’s rights, recognise the risks, and protect people with intellectual disability from disadvantage and harm. There is no evidence that NDIS has prioritised safeguards throughout the independent assessment process or understood the vulnerability of people completely reliant on informants, particularly for people who do not have any unpaid people in their lives. The lack of an appeal process profoundly underestimates the probability of unintended outcomes.”

An anonymous person has said:

“The proposed process does not provide participants with a right to challenge the results of an assessment, ability to undertake a second assessment or seek some form of arbitration.

I would like to see a robust appeals process if the independent assessment one meeting snapshot does not factor in all the client complexity in the first instance, so that supports can be reviewed and clients able to speak up for their needs.”

An advocacy organisation has said:

“[We are] deeply troubled by the proposal that people will not be given a copy of the full assessment report unless they specifically apply to see it, and that assessments will not be reviewable by the Administrative Appeals Tribunal, despite the significant impact they will have on access and plan budget decisions.”

Further information on exemptions, reviews and appeals

We will not be changing the review process. The access decision remains a reviewable decision and the applicant can request an internal review and then appeal the decision at the Administrative Appeals Tribunal (AAT).

Independent assessment results themselves will not be directly reviewable by the AAT. This is because independent assessments are not a decision the delegate makes under the NDIS Act. Instead, the delegate will request that an applicant has an independent assessment for the purposes of informing an access decision under the NDIS Act.

Disagreeing with the results of an otherwise sound and robust independent assessment won't mean you get another assessment. A second assessment may be provided where the assessment was not consistent with the independent assessment framework, or if you have had a significant change to your functional capacity or circumstances.

We are developing a quality assurance framework for the delivery of independent assessments. This will ensure assessments meet the standards under relevant professional and regulatory frameworks.

Independent assessor organisations will also be:

- subject to the NDIS Code of Conduct
- required to meet the engagement principles and service standards in the Participant Service Guarantee.

We will establish a robust monitoring framework to ensure the way independent assessments are delivered is consistent and reliable, including across different parts of the country and by different assessor organisations.

A complaints process will be available for applicants who are dissatisfied with an independent assessment, their assessor, or the assessor organisation.

Quality of independent assessments

Respondents told us they wanted a clear process for feedback, complaints and appeals for the independent assessment process. Some also offered suggestions on establishing independent evaluation, quality and audit processes.

Submissions requested a strong governance framework be developed using co-design principles, alongside a charter and code of conduct for assessment organisations. Specific recommendations included:

- establishing a feedback and complaints mechanism
- creating an appeals or review process
- conducting regular qualitative and quantitative research on the appropriateness of independent assessments, published publically
- monitoring and evaluating the independent assessment process, with data published publically
- co-designing a comprehensive quality assurance framework
- establishing an independent assessment expert advisory group, consisting of participants and health professionals
- delivering a transparent and independent audit process for assessments and the assessor organisations.

Respondents were clear that any quality and assurance processes be transparent and open to the public, with information shared publically on the outcomes of reviews, pilots and audits. Some submissions also suggested that the quality frameworks and processes be developed and informed by recovery and trauma informed practice.

Other submissions suggested assessment organisations be registered providers and therefore accountable to the NDIS Quality and Safeguards Commission (the Commission). As the Commission has a complaints and feedback process already, this could be used to monitor and evaluate the delivery of independent assessments.

Majority of submissions requested a robust and easy-to-use feedback process for all parties involved in the assessment, with the ability to offer feedback at multiple points in the assessment process and in multiple ways (e.g. by phone, email, in planning meetings, forums and feedback surveys). A number of submissions agreed for the need of an option to provide anonymous feedback. For all feedback and complaints processes, these should be accessible to all who need to use them.

Most people wanted a transparent, robust and meaningful appeals or review process for the outcomes of an independent assessment. Many of the submissions requested that the current appeals process be redesigned so that it is easier to request a new assessment. Or have the conditions around requesting a new assessment more clearly defined. Within the appeals process, there should be an independent review panel, separate to the NDIA.

Participants, their family members and carer have said:

“Invite applicants to participate in a feedback or evaluation process after the [independent assessment] has occurred. Give them channels to submit complaints if needed.

Have the [independent assessments] reviewed on a regular basis, by performing spot checks of completed assessments. Have a reviewer attend the assessment so that they can monitor the assessor, if the applicant is willing to allow this.

I am concerned about not being able to challenge an assessor decision, that is unacceptable. There should always be an avenue to review decision, people make mistakes...mistakes happen, well that means there needs to be an accessible authority to review a decision, mistakes do occur. When an assessor completes the capacity assessment, there will be some grey areas, again this means there can be bias involved, between and across the assessment, with this format where there is personal interpretation, the ability to review and query any finding needs to be provided.

People should be asked to rate the accuracy of their assessments, complaints and reviews of decisions based on decisions should be monitored and random samples of participants/prospective participants should be asked to complete a second [independent assessment] to compare results. The [Independent Advisory Council] should be able to design and conduct studies to monitor this rather than relying on NDIA to do so. Results should be also compared with reports from the person's own treating health professionals and where large discrepancies occur further information should be sought and no decision based on the [independent assessment].”

Providing assessment results

Respondents suggested to provide assessment results in multiple formats, provide support to understand the results and make sure people with disability who are not able to access the NDIS are directed to supports and services that can help them.

Many of the submissions suggested we ask people applying to access the NDIS how they would like to receive their assessment results. Suggested formats included:

- online or via the post in written or letter format
- audio/over the phone
- video call
- in person.

All formats should be accessible and meet the person's communication needs. We should provide an Easy English option and the ability to have the results translated into a variety languages including Aboriginal and Torres Strait Islander languages. It was also suggested that for certain contexts the results must be provided orally by workers on the ground who are trusted and with the culturally appropriate people present.

Submissions requested that people applying to access the NDIS have the opportunity to seek clarification, advice and feedback regarding the outcome of their independent assessment.

A legal organisation has said:

“Results in full should be easily accessible for the participant and all methods of communicating results should be made available.”

The submissions identified that the information provided with the assessment results should contain:

- a summary of the assessment report
- a copy of their full assessment report that is to be provided to the NDIS
- an explanation and rationale of the assessment outcome
- an explanation of how the assessment outcome impacts the Plan Budget (if applicable)
- an explanation of how the Plan Budget was determined (if applicable)
- a clear outline of next steps and actions.

The majority of submissions suggested that all of the results provided be clear and easy to understand. Explaining decisions in a manner that can be clearly understood and not to use jargon where possible.

The majority of submissions stated that the full copy of the assessment report and findings should be provided to participants or potential participants. However, some submissions argued that as the information could potentially be distressing, what is to be provided to the participant or potential participant should be identified by the participant or potential participant during the independent assessment.

A provider peak body has said:

“Providing a summary of the result of the [independent assessment] in an easy-read format is essential for accessibility. However, providing summaries of [independent assessments] alone will likely erode transparency and confidence in the system as the full basis for decision making about funded supports will not be available.

Recommendation: The NDIA provide both an easy-read summary of the result of the [independent assessment], as well as providing the full, formal [independent assessment] report (incorporating the full, formal results of each individual assessment) and all budget calculations and inputs used to arrive at the draft budget.”

Many submissions advocated to provide the assessment results to participants or potential participants with ample time for them to understand and prepare for either a planning meeting or for a response to us.

There was strong support that we provide an opportunity to all participants or potential participants to ask questions and understand decision reasons. Submissions suggested that the participant or potential participant be given the opportunity to discuss the outcome of their results with the Independent Assessor and the NDIA delegate.

A mental health peak body has said:

“The results should be provided in person with the assessor clearly explaining the reasons for the recommendations made. The participant should have a support person/s of their choice with them.”

Some submissions suggested the need for the results to be provided to families/carers/support teams of the participants or potential participants. This need should be determined during the independent assessment, to reduce delays or loss of information.

Participants and carers have said:

“Send a hard copy, but also upload a copy to the app or portal, and perhaps email a copy or email a link. Digital copies are very useful, but some people don’t have access to computers / smart phones.

You should provide the results by both email and letter in the participant’s language.

Any assessment results should be discussed personally with the participant, along with an advocate, which then ensures that the participant receives the information in a safe and inclusive manner, so as they are not distressed by the results (especially if they are negative).”

4.2 Other issues you raised

We heard respondents thought the policy change announcements were unexpected and the consultation process was lacking and felt rushed, which has eroded the confidence and trust in these reforms.

Respondents are also concerned that the introduction of independent assessments will result in the loss of trusted relationships built over time with their health professionals.

Participant experience

Many submissions were concerned the independent assessment process will trigger additional stress and anxiety in the lives of people with disability applying to access the NDIS, current participants, their families and carers. There is a sentiment that the NDIS has slowly built a sense of individuality and certainty for participants but that this is now at risk.

Assessment tools

We heard concerns about the assessment tools and time allowed to complete independent assessments. Respondents said they need assurance that the tools will capture each individual's breadth and experience of disability. Many raised concerns at the appropriateness of such an approach for people with complex needs, such as mental health and psychosocial considerations.

Some submissions questioned whether the assessment tools used as part of the independent assessment process are a reliable method of assessing disability, including in culturally diverse communities.

For those who have paid for a range of practitioners' advice and have received appropriate plans and budgets, some are worried that undertaking an independent assessment will lead to inaccurate reports on their functional capacity. There is a sentiment that a time-limited process won't provide a true picture of the person's disability or the complexity of an individual's situation.

We heard concerns about the time allocated to complete assessments. There was clear feedback that assessments will need to be designed and delivered in a way that allows for adequate time for an assessor to get a true reflection of a person's functional capacity and personal circumstances.

Further information on the assessment tools

There is no single assessment tool which would cover both the World Health Organization International Classification of Functioning, Disability and Health and the NDIS Act and would meet the needs and situations of all NDIS participants. That's why through research and testing we have identified 6 different tools for independent assessments, to be used where appropriate, to gather reliable information on a person's functional capacity across all areas of their life.

The assessment tools have been selected to support decision making as outlined in the NDIS Act 2013, demonstrate strong evidence for reliability and validity, are practical to administer, and work together to describe the person's functioning including capacity, performance and environmental factors in a holistic way.

The tools assess how a person functions in their daily life and are therefore disability neutral.

Independent assessments do not have minimum or maximum time limits.

Depending on their age and disability, new and existing NDIS participants will undertake 3 or 4 of these tools as part of their independent assessment. Depending on how many assessments you need, your assessment will probably take around 3 hours. It can also take place over a number of days. It isn't something we want to rush.

We spoke to academics, allied health professionals and the disability community to understand the kinds of assessment tools that would work best for the NDIS.

As part of this process, we looked at and assessed more than 100 recognised and standardised tools for independent assessments. We needed to make sure the tools met certain criteria and they:

- were disability-neutral, so could be used across all disability-types
- assessed function, rather than impairment
- were questionnaire-based, to avoid capturing a person's moment-in-time function, for example on a 'good day', or with an unfamiliar assessor
- are accurate and reliable.

We will continue to review the assessment tools we use to ensure they are working for participants and are the best fit for the NDIS.

For more information on the assessment tools visit [our website](#).

Loss of support and funding

Many submissions expressed agreement that the access process needs to be less difficult for people with disability to complete. Other submissions also had concerns about how independent assessments will be used to review eligibility to the NDIS on an ongoing basis. There are concerns this may lead to a reduction in the number of people supported by the NDIS or the amount of funding people may receive for their disability-related support needs.

Feedback showed a level of suspicion exists around the reasons behind the introduction of independent assessments.

Further information on concerns over loss of support and funding

The NDIS supports people to reach their potential and live an ordinary life. The process we will use for eligibility reassessments is in line with the insurance principles of the NDIS, supporting capacity building of people with disability to live as part of the community.

If the time comes that people do not need NDIS supports anymore, and they no longer meet the residence, disability or early intervention requirements, then the CEO or their delegate may revoke their status as a participant in the NDIS in accordance with section 30 of the NDIS Act.

Where an independent assessment indicates a significant improvement in functional capacity, a participant may be referred for an eligibility reassessment, consistent with the current provisions of the NDIS Act. The information from the independent assessment may then be used to inform an eligibility reassessment decision.

A participant will be supported to transition out of the NDIS if they no longer meet the residence, disability or early intervention requirements of the NDIS. This is not new. Support to transition out will include general supports, such as Local Area Coordination and activities funded through Information Linkages and Capacity Building, to continue connecting with their community and mainstream services.

5. What we will do with this feedback

We are working towards a future NDIS that is simpler and fairer. We've heard that the experience of being a person with disability or carer in navigating systems can be difficult. We intend utilise this feedback to look at opportunities to refine our reforms to consider situations of individual hardship.

The feedback collected over the last 3 months is being used to inform draft changes to legislation, policy, implementation approaches and guidance for participants, staff and partners – ensuring we can deliver these significant reforms to the NDIS in a way that works best for NDIS participants.

In our communications and engagement throughout the implementation of the reforms we will let you know when and how we have incorporated feedback from the submissions.

We will also conduct further engagement and consultation activities over the next 6 months on the improvements we are making to the NDIS. This includes:

- Working with health professionals to understand what evidence should be provided as part of the access request process in order to make this process easier for health professionals and people with disability and facilitate consistent and timely decisions.
- Publishing findings of the second independent assessment pilot which highlights key themes for improvement and real life participant experiences.
- Establishing an evaluation framework which aims to regularly review and evaluate the participant experience and overall quality of independent assessments.
- Using the information in your submissions – including your answers to questions – to make the access process as accessible and inclusive as possible.