



Independent assessment pilot 2

What we learnt from the pilot

July 2021

Easy Read report



ndis

[ndis.gov.au](https://www.ndis.gov.au)

How to use this report



The National Disability Insurance Agency (NDIA) wrote this report. When you see the word 'we', it means the NDIA.



This report is written in an easy to read way. We use pictures to explain some ideas.

Bold

We have written some words in **bold**.

Not bold

This means the letters are thicker and darker.



We explain what these words mean.

There is a list of these words on page 46.



This Easy Read report is a summary of another report.



You can find the other report on our website at www.ndis.gov.au



You can ask for help to read this report.

A friend, family member or support person may be able to help you.

What's in this report?

What is this report about?	4
What are independent assessments?	8
How did the pilot work?	11
Why did we do a second pilot?	13
Participant experience	17
Independent assessors	26
Independent assessment tools	35
More information	44
Word list	46

What is this report about?

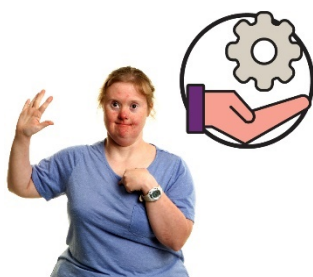


Participants are people with disability who take part in the NDIS.

At the moment participants need to collect information about:



- their disability



- what support they need.



But this information isn't always the same.



Participants might not get the right **funding**.



Funding is the money from your plan that pays for the supports and services you need.



We want to change the NDIS.

We want to make sure it:



- is fair



- lasts for a long time.



We wanted to start using independent assessments when we change the NDIS.



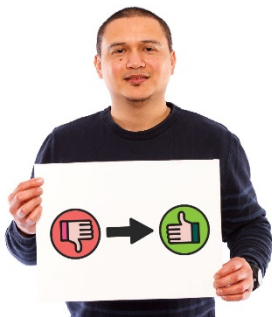
Before we use independent assessments, we want to test them.

We call this a **pilot**.

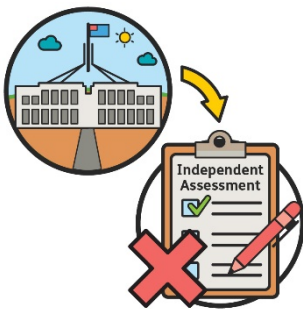
We want to work out what:



- works well



- needs to be better.



After we did the pilot, the government decided that we will not use independent assessments.

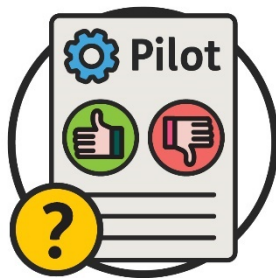


But we still wanted to tell everyone what we learned from the pilot.

In this guide we talk about:



- how we wanted independent assessments to work



- how the pilot worked



- what we learned from the pilot.

What are independent assessments?

Assessments are how we work out:



- how your disability affects your life



- what funding you need from the NDIS.



An assessment is **independent** when it is done by someone who:



- doesn't already know you
- isn't the healthcare worker you usually go to for treatment.



In this report, we call independent assessments IAs.



We wanted to use IAs when we:

- work out who can take part in the NDIS
- look at NDIS plans.



We wanted to choose a group of people who can do IAs.

We call them **independent assessors**.

Independent assessors:



- work for different organisations



- don't work for the NDIA



- have experience working with people with disability.



In the pilot, all independent assessors asked questions from the same assessment tools.



They focused on participants' **functional capacity**.



Functional capacity is:

- your ability to do something
- the skills you have and how you use them
- how you manage everyday life.



We sometimes call it your capacity.

We also wanted to use IAs to focus on your day-to-day life, such as:



- where you live



- what support you already have.

How did the pilot work?



First, we asked participants to have an IA.

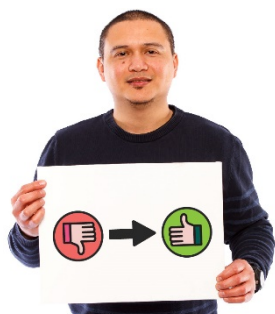


Then we asked for **feedback** about their IA experience.

When you give feedback, you tell someone what:



- works well



- needs to be better.



Later, we shared their IA report with them.



Then we asked for feedback on their IA report.

We asked for feedback from:



- participants



- people who went with them for support



- assessors.

Why did we do a second pilot?



Our first pilot finished in 2019.

It focused on participants with:

- **autism**



This affects how well you can:

- think
- feel
- communicate
- deal with others

- **intellectual disability**



This affects how well you can:

- learn new things
- solve problems
- communicate
- do things on your own



- a disability that affects their mental health.

In the second pilot, we wanted to include:



- 4,000 NDIS participants



- all types of NDIS participants



- NDIS participants from across Australia.



We wanted to understand what type of experience participants had during their assessment.

This included what they thought about:



- the information they got before their IA



- the IA meeting



- their assessor.



We wanted to understand what people thought about the IA reports.

This included if reports:



- said the same thing as the participant
- had the right information about their capacity.



We wanted to understand more about how assessors do assessments.



This included if they thought the process worked well.



We also wanted to get feedback on the assessment tools.



By the end of May 2021, 3,759 participants had taken part in the second pilot.

But there weren't many participants:



- from the Northern Territory



- with a disability that affects their mental health.

Participant experience



Many participants liked having their IA in person.



But some participants liked doing their IA online.



We learned if a participant needs to have their assessment online, we should make sure it is the right way for assessors to look at their capacity.

We also need to make sure participants have the right:



- technology – a device they can connect to the internet



- skills to use their device



- support to use their device.

Length



Most IAs went for 3 hours and 22 minutes.



60% of people told us their IA went for the right amount of time.



But 35% of people said their IA was too long.



Assessors also told us:

- assessments were too long
- participants had to focus for too long.



We learned that an IA shouldn't go for more than 3 hours.



But if participants need more time, they could have their IA over a few days.

Collecting information



People told us we could give participants some questions to answer before their IA.



This could give participants more time to:

- answer the questions
- give the right information.



It could also help make sure participants get the right assessor.



People also told us we might be able to make IAs shorter if we make the assessment tools simpler.



At the moment, assessors must fill out the tools during the IA.

But some assessors said this made it harder to talk with participants about their:



- capacity



- day-to-day life.

So some assessors:



- took notes



- filled out the tools later.



We learned we should set up a way for assessors to decide the best way to talk to participants.

This might include writing notes instead of filling out the tools.



But we need to make sure assessors still collect the right information.

Information before the assessment

Some people told us they wanted more information before their IA about:



- what questions assessors will ask



- how we would use their assessment information.

We learned we should share more information about:



- what IAs are
- how IAs work
- how we use the information from the IAs.

We should also provide this information in other ways, such as in:



- languages other than English



- Easy Read.

Information after the assessment

Most people said their report had the right information about their:



- IA meeting



- functional capacity.



But some people said their report did not have the right information about their capacity.



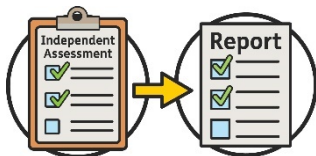
People said they wanted their report to focus more on their:

- needs
- life.

Some people said their report:



- was too general



- really only had the answers from their IA



- should include ideas about what to do.

People said reports could be better if they:



- focused more on each individual participant



- were easier to understand



- didn't use words that are hard to understand



- explained the hard words they used.

Overall experience

46%



46% of participants said their experience of the assessment was:

- excellent
- very good.



24% of participants said their experience was good.



We learned participants were more likely to have a good experience if 3 things happened:



1. If participants thought their assessor understood:

- their disability
- how it affects their life.



2. If participants thought their assessment:

- covered all the areas they thought were important
- gave the right information about their capacity.



3. If participants got enough information before their IA about what to expect.

Independent assessors

Experience of assessors



Over 200 independent assessors took part in the second pilot.

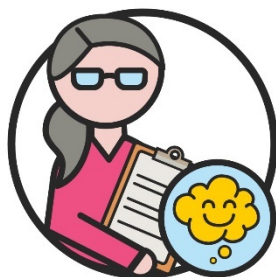
They included healthcare workers like:



- occupational therapists – people who help you move and use your body to get tasks done



- physiotherapists – people who help you with ways to move your body



- psychologists – people who help you with how you think and feel



- speech pathologists – people who help you with talking and communicating.



Occupational therapists did 45% of the IAs.



Physiotherapists did 39% of the IAs.



To become assessors, healthcare workers had to have worked with people with disability before.

Most assessors had worked with people:



- who had a **stroke**



- with a physical disability.



A stroke is when blood clots in someone's brain.

When blood clots, it gets thick.



The blood clot stops the other blood getting to your brain.

Only some assessors had worked with people with:



- autism



- an intellectual disability



- a disability that affects their mental health.



But 63% of participants have one of these disabilities.

Training assessors



Assessors work for different organisations.



These organisations had to train their assessors about IAs.



Assessors said they wanted less training on the research about:

- IAs
- assessment tools.

They wanted to know more about how:



- to make sure they all collected information in the same way



- to work well with people with different disabilities.

They also wanted to:



- know how we will use information from IAs



- learn more about how to work with people with disability.

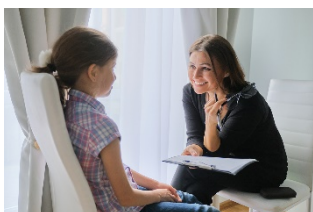


We learned we should include people with disability when we create training information.

We learned training should focus on skills assessors need to:

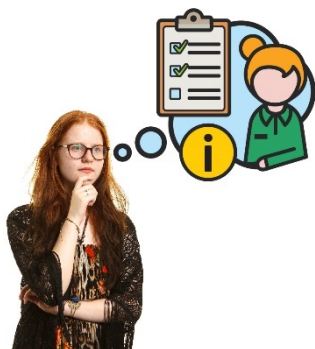


- work with people with disability



- do IAs.

Participant experience



We learned that participants think their experience was affected by how much the assessor knew about their disability.



Almost half of assessors said they did IAs for people with a type of disability they had experience with.



Just over half of participants said their assessor knew a lot about their disability.

This was true for many psychologists who did IAs for people with:



- autism



- a disability that affects their senses, such as their sight or hearing.

But this was less true for occupational therapists who did IAs for people with disabilities that affect their:



- mental health



- brain.



We learned we must look at how the assessors' amount of experience in their job affects the experience the participant has in their IA.

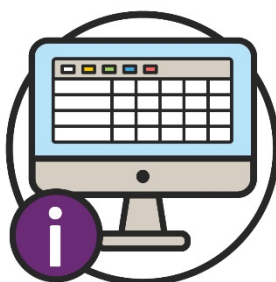


We can use this information to decide how much experience healthcare workers need to become assessors.

Collecting information



For the second pilot we provided the assessment tools in Excel documents.



Excel is a computer program that people use to look at:

- information
- research.

Assessors told us it was hard to:



- skip questions they didn't need to answer



- fill out answers.



When we checked some of the IAs, some of the questions were:

- missing information
- not answered in the right way.



We sent some assessments back to assessors if they didn't answer questions in the right way.

We learned we need to check if some:



- assessors are not doing IAs the right way



- questions don't work well.



We also learned we need to keep checking IAs in the future to make sure they work well.

Independent assessment tools

What tools worked well?



Assessors told us some tools worked well.

- Ages and Stages Questionnaires (ASQ-3)
- Ages and Stages Questionnaires – Talking About Raising Aboriginal Kids (ASQ-TRAK)
- Care and Needs Scale (CANS)
- Craig Hospital Inventory of Environmental Factors (CHIEF)
- Paediatric Evaluation of Disability Inventory computer adaptive test (PEDICAT)
- Lower Extremity Functional Scale assessment instrument (LEFS).

What tools didn't work very well?



Assessors told us other tools didn't work very well.

- World Health Organization Disability Assessment Schedule assessment instrument (WHODAS)
- Vineland
- Participation and Environment Measure for Children and Youth (PEM-CY)
- Young Children's Participation and Environment Measure (YC-PEM).



Assessors thought these tools were hard for participants to:

- understand
- follow.

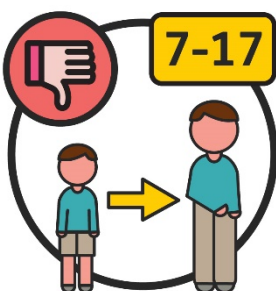
Packages



Packages are groups of tools based on age groups.



Assessors said the package for children aged 0–6 years had tools that were not right for children that age.



Assessors said it was hard to use the package for children aged 7–17 years because young children and teenagers have different needs.

Assessors said the packages for adults over 18 years were not right for participants who:



- have some disabilities



- use **assistive technology**.



Assistive technology can:

- make it easier to do things
- keep you safe.



Assistive technology might be:

- an aid or piece of equipment
- a system to use.

Other parts of the IA



Part of the IA asks for extra information about what support a participant needs.

This includes how many:



- hours a week they need support



- times a week they get support.



Some people said we should make sure participants know what information to collect before their IA.

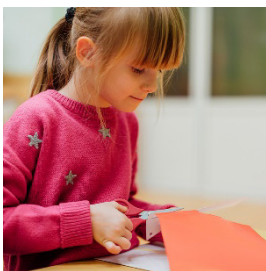


The IA includes an **interaction activity**.

This is an activity that you would do in your day-to-day life, such as:



- making a cup of tea



- doing a craft activity.

The activity should:



- be as active as possible



- go for around 20 minutes.

This activity helps the assessor:



- see you in action



- learn a bit about you.

Some people said the interaction activity:



- felt silly



- wasn't explained well



- wasn't something they would do in their day-to-day life.



Some assessors said the interaction activity shouldn't be done at the start of the IA.

Instead they could:



- use it as a break from asking questions



- find out more about the participant before they give them the interaction activity.



Some assessors said watching a participant during a coffee break would be more natural.



Assessors also said the activity they choose could be affected by their job.



For example, an occupational therapist might pick a different activity to a psychologist.

We learned we need to:



- give assessors more training on the interaction activity



- include people with disability in the training.



We also learned that assessors should write down what they see during the IA.



This means the IA would focus more on the participant.

More information

For more information about this guide,
please contact us.



www.ndis.gov.au



1800 800 110



Follow us on Facebook.

www.facebook.com/NDISAus



Follow us on Twitter.

@NDIS

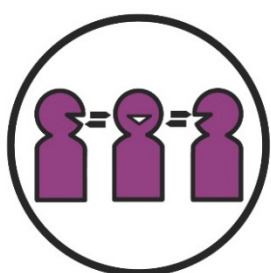
Support to talk to us



You can talk to us online using our webchat feature.

www.ndis.gov.au/webchat/start

If you speak a language other than English, you can call:



Translating and Interpreting Service (TIS)

131 450

If you have a speech or hearing impairment, you can call:



TTY

1800 555 677



Speak and Listen

1800 555 727



National Relay Service

133 677

www.relayservice.gov.au

Word list



Assistive technology

Assistive technology can:

- make it easier to do things
- keep you safe.

Assistive technology might be:

- an aid or piece of equipment
- a system to use.

Autism

Autism affects how well you can:



- think
- feel
- communicate
- deal with others.

Feedback

When you give feedback, you tell someone what:



- works well
- needs to be better.

Functional capacity

Your functional capacity is:



- your ability to do something
- the skills you have and how you use them
- how you manage everyday life.

We sometimes call it your capacity.



Funding

Funding is the money from your plan that pays for the supports and services you need.



Independent assessment

Assessments are how we work out:

- how your disability affects your life
- what funding you need from the NDIS.

An assessment is independent when it is done by someone who:

- doesn't already know you
- isn't the healthcare worker you usually go to for treatment.

Independent assessor

Independent assessors:

- work for different organisations
- don't work for the NDIA
- have lots of experience working with people with disability.



Intellectual disability

An intellectual disability affects how well you can:

- learn new things
- solve problems
- communicate
- do things on your own.



Interaction activity



This is an activity that you would do in your day-to-day life, such as:

- making a cup of tea
- doing a craft activity.



Package

Packages are groups of tools based on age groups.



Pilot

Before we use independent assessments, we want to test them. We call this a pilot.



Stroke

A stroke is when blood clots in someone's brain. When blood clots, it gets thick.

The blood clot stops the other blood getting to your brain.



The Information Access Group created this Easy Read document using stock photography and custom images. The images may not be reused without permission. For any enquiries about the images, please visit www.informationaccessgroup.com. Quote job number 4211.

ndis

ndis.gov.au