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TO: National Disability Insurance Agency

RE: **Consultation paper: Planning Policy for Personalised Budgets and Plan Flexibility**

As a senior occupational therapist in public mental health services and NDIS organisational portfolio holder, I welcome the opportunity to provide feedback on the aforementioned consultation paper. I applaud NDIA’s commitment to improving NDIS, specifically ensuring equity of funding. It has been noted by mental health clinicians in our service that plan budgets across our service users have varied widely and not been consistent with our assessment of functional impairment. Service users with greater ability to self-advocate or have carers advocating on their behalf have consistently received packages with higher funding levels, whilst service user with complex needs and severe and persistent mental illness and associated disability have often received comparatively smaller budgets. We understand that introduction of Independent Assessments is an attempt to mitigate these inconsistencies and disparities. I acknowledge that individual goal oriented funding allocations alone will result in those with significantly impaired executive functioning in cognitive capacity receiving smaller budgets associated with inability to articulate goals and aspire to full social and economic inclusion. The following feedback is submitted for your consideration. Our primary concerns are centred on the need to ensure quality and safety of Independent Assessments for psychosocial disability participants.

**Consultation paper: Planning Policy for Personalised Budgets and Plan Flexibility** states;

Pp6. *“An independent assessment is an assessment of functional capacity, including environmental and individual circumstances, undertaken by qualified health care professionals for the purposes of NDIS decision making.”*

**Comments:** To date, NDIA has not offered any diagnostic specific streams during the access and planning phases, resulting in delegates who have no diagnostic specific clinical experience, qualifications or knowledge around a particular diagnosis and how it may present within functional impairment. An Independent Assessor who is deemed “a qualified health care professional” must extend beyond someone who has an allied health qualification and is registered with the relevant national body i.e. AHPRA. A health professional who is qualified to conduct an Independent Assessment of somebody’s function where there is significant and permanent impairment should have clinical knowledge; skills and experience in the diagnostic presentation of the participant i.e. psychosocial disability participants are assessed by health professionals with experienced skills and knowledge of clinical mental health.

**Consultation paper: Planning Policy for Personalised Budgets and Plan Flexibility** states;

*Pp20 “Independent assessments will be delivered in a tailored way to overcome barriers, including for participants with complex needs. It is anticipated that most applicants and their nominated support person will be able to fully and safely complete an independent assessment.”*

*Pp21 “The delegate may decide that an applicant does not need to complete an independent assessment where there is a risk to safety or an assessment is deemed inaccessible or invalid.*

*a) Risk and safety: where the process is likely to do more harm than benefit to the individual, and may pose a safety risk to the individual or the assessor (this may include where paranoia is present and severe, there are severe behaviours of concern, or specific trauma related concerns which can’t be alleviated).*

*b) Assessment is inaccessible or invalid: where there may be concerns about the process producing valid information and other sources and/or forms of information are better suited (e.g. a support person can’t be identified to complete relevant components of the independent assessment).”*

*Pp21 “The delegates decision not to grant an exception for an independent assessment will not be a reviewable decision.”* (NB: query typo in the draft policy *exception* or exemption)

**Comments:** It is requested that the NDIA clearly define what they mean by “Independent”. Is the NDIA is seeking assessments to be *financially independent*- that is an assessment that is not influenced by any perceived financial gain from assessment outcome; or *subjectively independent*- that is an assessment where facts are not influenced by personal feelings or opinions (as connoted in the guidelines stating that neither NDIA nor treating clinicians will conduct the Independent Assessment). For a participant with psychosocial disability to be guaranteed safety in the process of assessment, the assessment ought to be conducted with a trauma informed care lens. Principles of trauma informed care warrant an assessor who is known to the participant to ensure safe assessment environments; foster trust that the assessment is sensitive to the participants needs; ensure collaboration is central to the assessment process. An assessor unknown to the participant cannot provide an assessment process that is both person centred, and trauma informed. The consequences of unsafe assessments include increased experience of trauma and deterioration in mental stability requiring acute care that is detrimental to personal recovery. There are instances where a participant’s treating health professional can clearly establish themselves as finically independent of the scheme. In the example of state health departments providing clinical treatment to participants (or potential participants) ether in hospital or community setting, a clinician is known to the participant; they are a qualified and registered allied health professional that has diagnostically specific clinical experience in functional assessment. Clinicians in this position could establish a financial independent assessment by confirming by declaration that:

* They are not a registered NDIS provider
* Their service is not otherwise funded to provide disability support in the absence of NDIS eligibility

This would also enable independent assessments to occur in a timely manner where there are thin markets delaying IA access. This would potentially require some negotiations between NDIA and state health departments to address the cost of independent assessment being conducted by health department clinicians, and further potentially warrant NDIA oversight over when IA’s responsibilities are deferred to health department clinical assessments. However, in light of there being few circumstances that warrant an exemption for an Independent Assessment and delegate decision regarding exemptions are not a reviewable decision, creating alternate pathways for assessment could be an opportunity to guarantee person centred and safe (trauma informed) engagement with NDIS .

**Consultation paper: Planning Policy for Personalised Budgets and Plan Flexibility** states;

Pp.7 “*The framework has provided the foundation for the selection of assessment tools to be used in independent assessments. These tools are used to assess functional capacity in the activity domains.”*

**Independent Assessments Pilot learnings and ongoing evaluation** states;

Pp. i. *“The pilots provided evidence that the use of standardised assessments can support better decision-making by the NDIA. Of the 202 pilot one participants whose IA was undertaken prior to their scheduled plan review, 71% of pilot participants have a high level of function, 16% have a medium level of function and 13% have a low level of function.”*

 Pp. 23 Appendix B: Characteristics of pilot applicants and participants

|  | **Pilot 1** | **Pilot 2** |
| --- | --- | --- |
| **Total Assessments** | **513[[1]](#footnote-1)** | **99** |
| **Primary Disability Type** |  |  |
| Autism Spectrum Disorder | 66% | 29% |
| Intellectual Disability | 27% | 28% |
| Psychosocial Disability | 7% | 9% |
| Other | - | 34% |
| **Age** |  |  |
| 7 to 14 | 62% | 33% |
| 15 to 24 | 24% | 19% |
| 25 to 64 | 14% | 42% |
| 65 and over | - | 5% |
| **Gender** |  |  |
| Male | 71% | 64% |
| Female | 29% | 36% |
| **Cultural Status** |  |  |
| CALD | 7% | 11% |
| Indigenous | 1% | 4% |

**Comments:**

The pilot trial did not have evenly representative samples across major diagnostic cohorts and therefore results cannot be generalised across all participant groupings. Only 7-9% of trial participants had a psychosocial disability and were volunteers who self-selected indicating greater ability to self-advocate and cooperatively engage in an Independent Assessment. A participant with High level functioning autism (which made up the majority of pilot test studies) will experience less difficulties engaging in Independent Assessments than someone with chronic and persistent mental illness who experiences significant psychosocial disability. Prior to proceeding with Independent Assessment implementation pilot study’s should ensure positive, safe and equitable outcomes for people who have complex needs associated with psychosocial disability.

**Priority concerns: coercion of participants in IA trial**

I would also like to express my concern over the current Independent Assessment trial offering $150 payments to participants who agree to an Independent Assessment. Payment to participants who are significantly functionally impaired as a result of psychosocial disability are at risk of being coerced into an Independent Assessment for financial gain and potentially unaware that an Independent Assessment may result in a reduction of their plan budget if an assessor is unable to adequately assess in the absence of speciality functional assessment skills in mental health. If Independent Assessments are to be mandatory and non-reviewable decisions then payment for participation warrants serious ethical review; furthermore, a pilot trial that offers financial reward for participation will skew results and not give an accurate analysis of the impact of implementing, mandatory Independent Assessments.

1. [↑](#footnote-ref-1)