

Submission to the Joint Standing Committee on the National Disability Insurance Scheme: Independent Assessments

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1. Background

The Hutt St Centre is a Specialist Homelessness Organisation located in Adelaide, South Australia that works with people who are homeless or at risk of homelessness to end their experience of homelessness, connect with relevant supports, and sustain their tenancies.

People with a disability are over represented in the homelessness sector and experience disproportionate systemic, environmental and personal barriers to accessing the NDIS and other disability support services. Most clients we work with who have disability also present with other co-morbid conditions (including multiple disabilities), have limited or no informal support networks or advocates, and have difficulty managing themselves or self-advocating for their needs. Part of Hutt St Centre's role as a specialist homelessness service is to provide systemic advocacy for the people we work with so that their unique needs and circumstances can be considered and reflected by the systems and services that they require in order to end their experience of homelessness.

In light of the above the Hutt St Centre wishes to discuss the decision of the National Disability Insurance Agency (NDIA) to introduce compulsory independent assessments (IAs) at the Access stage for prospective NDIS participants and the barriers that IAs are likely to impose on people experiencing or at risk of homelessness.

2. Executive Summary

Hutt St Centre has significant concerns regarding the decision of the NDIA to introduce compulsory independent assessments without sufficient evidence based research and data to demonstrate that they will provide equitable outcomes for people who are homeless who often have complex needs, limited ability to advocate for themselves and/or no access to informal networks to support them through the IA process.

In the homeless sector it has been a common occurrence for prospective NDIS participants to lack collateral evidence of their disability and its impact on their day to day life. Whilst the introduction of financially accessible functional assessments or occupational therapy assessments would benefit people with disability in the homeless sector; the way that they have been proposed as a mandatory assessment is likely to further exacerbate access issues for this cohort of people rather than alleviate them.

The current proposed IA process for NDIS access fails at the most basic level to consider the environmental and personal circumstances and needs of people who are homeless. At the time of

this submission, the NDIA has not produced a homelessness engagement strategy to ensure the needs of people who are homeless are adequately met through both general NDIS processes and the proposed independent assessment process.

Further, it is our experience that people with disability who have complex needs and are homeless require opportunities to build trust and relationships with formal service providers and may require multiple attempts at engagement for them to participate in formalised processes such as standardised assessments. As most of the selected assessment tools for IAs are conversational or interview based, people who have difficulty articulating their needs are likely to be disadvantaged by this process. The current IA process also misrepresents the importance of relationship based and trauma informed service delivery approaches for the vulnerable cohorts of people with whom we work and does not have appropriate safeguards in place to ensure people's rights are upheld by an independent advocate.

As people experiencing homelessness have either been excluded or not considered within the IA pilot, it is highly unlikely that independent assessments will be a process that benefits them or successfully reduces pre-existing barriers to NDIS access.

A discussion on Independent Assessments and the implications for people experiencing homelessness is outlined further below in direct response to the National Disability Insurance Agency: Access and Eligibility Policy with Independent Assessments, November 2020 (referred to as 'the consultation paper' for the rest of the document) and the Independent Assessment Pilot information published on the NDIS website.

3. Independent assessment pilots

The decision to implement independent assessments by the NDIA has been largely based on the results of the first iteration of the Independent Assessment Pilot (IAP), however there is lack of validity and generalisability of the results of the first iteration of the IAP to people with complex needs, or who fall into "priority cohort" groups.

Currently, the publically available IAP demographic data is ambiguous and it remains unclear to what extent that people with complex needs, additional vulnerabilities (e.g. homelessness) or limited support networks were included in the pilot. Reviewing the information available on the NDIS website about the first IAP recruitment process, there is concern that due to participation being on an "opt-in" basis that people with complex needs, or those without personal advocates may have been unlikely to know about, let alone approach the IAP to be included in the study. The NDIS website also reflects that the recruitment process was tailored toward people with Autism Spectrum

Disorder, Intellectual Disability and Psychosocial disability as they were expressed to “comprise 63% of all NDIS participants”, however, the project results show that a relatively small percentage of people with psychosocial disabilities (7%) were actually included in the pilot. Additionally, despite only 5% of participants in the Pilot undertaking an Independent Assessment (IA) in the access stage, the NDIA has still chosen to roll out IAs as a means of determining NDIS access. It is unclear what proportion of the aforementioned 5% who undertook an IA at the access stage also had a psychosocial disability or complex needs.

Further to the above, we would like to highlight that the second iteration of the IA pilot project is recruiting participants “by invitation” using the NDIA’s existing participant database, meaning that all pilot participants will be engaging in IAs in the planning process. Considering that only 5% of participants in the first study undertook an IA at the Access process, and 0% of participants in the 2nd trial will trial an IA to determine NDIS Access, we question the evidence that the NDIA has to suggest that IAs are a viable and person centred approach to addressing access issues that already exist.

Given the above, it seems that the appropriateness or effectiveness of the IA process as a mandatory requirement of NDIS access has not been thoroughly explored enough to ensure that IAs do not become another unnecessary barrier or ‘hoop to jump through’ for people with disability who are homeless or at risk of homelessness.

4. Response to the Consultation Paper: Access and Eligibility Policy with Independent Assessments, November 2020

The following is in direct response to the NDIA’s consultation paper regarding the proposed access and eligibility policy for independent assessments. We have chosen in this submission to focus on independent assessments as part of the NDIS access process, however we wish to note that independent assessments during the planning process may also create unintended barriers for people who experience or are at risk of homelessness.

4.1 Lengthening and making the access process more complex

In section 2.1 of the Consultation Paper, the NDIA states that among other reasons, the Independent Assessments (IAs) have been introduced in response to lengthy wait times and inconsistencies in access decisions by the NDIA. However, later in the document in section 2.2.3 the NDIA outlines how the introduction of IAs will result in a 6 step process for prospective participants. For individuals and client cohorts who already struggle to navigate the current access process (such as those experiencing homelessness), we have grave concerns that this new and lengthier access process will

cause many clients to simply opt out of the process all together or will delay their access to the supports that will allow them to reduce their risk of returning to homelessness, and live safe and independent lives in the community.

To further expand on the above in specific reference to homelessness, people who are experiencing or at risk of homelessness in South Australia have limited access to public and community housing due to a shortage of social housing stock. Housing placements have to be made carefully and this means that often the people who are deemed 'housing ready' are those who have priority access to available tenancies. For people with disability, especially psychosocial disability, their access to housing can be conditional to them having appropriate supports in place to assist the housing placement to succeed and be sustainable. Lengthening the NDIS access process or creating extra steps that people with complex needs are unlikely to be able to engage in (introducing mandatory independent assessments) is likely to further reduce the number of clients who will participate in the NDIS access process and further exacerbate poor housing and support outcomes for people with disability in our sector.

4.2 Planned improvements and consultation

Outlined in section 2.2 in the Consultation Paper are the objectives the NDIA are working towards, two of which include:

1. Replace processes developed during transition with more consistent and fairer approaches to determining NDIS eligibility.
2. Introduce independent assessments to better understand an individual's functional capacity and environment, to support objective and fair access and funding decisions.

While these objectives certainly align with the needs of our clients, the decision by the NDIA to roll out independent assessments at the access stage for prospective participants without consultation with or piloting the process with the people who may be most disadvantaged by it is an oversight on the NDIA's behalf (see section 3, Independent Pilots) and may result in further exacerbation of low uptake rates of our client cohort onto the NDIS.

The NDIA has also not been transparent about how independent assessment will be weighed against other forms of evidence supplied by other treating health professionals and the applicant themselves. Further information regarding weighting of IAs is needed to alleviate concerns that if a person is unable to 'perform' on the day of their independent assessment that they will not be disadvantaged in the access process.

4.3 Inclusive access in theory and practice

In the Consultation paper, section 3.1 on Principles outlines in point a) that the access process will:

- be accessible, holistic and strength-based, recognising each individual's life circumstances and environmental factors

We question how accessible independent assessments will be for the people we work with even at the most basic level. For example, part of the NDIA's proposed process is that Independent Assessors will make contact with the prospective participant to schedule an assessment within 10 days of receiving the referral- how will this be done for many of our clients without a phone, e-mail or home address? How will the independent assessment process take into account the life circumstance of someone who is sleeping rough or in a car, or someone who is staying in inadequate accommodation? These are questions the NDIA has yet to answer in relation to IAs for people who are homeless.

Further, in point d) and e) the IA process is also proposed to:

- acknowledge and respect the role of families, carers and other significant persons in the individual's life where applicable
- be inclusive and have safeguards that ensure the individual's respect and dignity are upheld.

Many of our clients do not have contact with or relationships with family, carers or informal support networks and may have difficulty self-advocating; thus we question if the NDIA has considered how they will safeguard these individuals and ensure equity of access, support and service provision in the Independent Assessment Process?

In the consultation paper the NDIA states that people have a right to choose who else is present for their IA but "Where no support person is nominated, we will initiate a process to help identify an appropriate person or persons **if requested by the applicant**". There is concern that this safeguarding strategy relies heavily on the individual knowing their rights, having an intimate knowledge of the NDIS as a system, and knowing they need to ask for an advocate to access this safeguarding precaution. What procedures will the NDIA have in place to ensure that people who are additionally vulnerable or require an advocate to navigate the IA process are proactively identified and provided with adequate advocacy support?

The Consultation paper also states that the NDIA has developed inclusive strategies to ensure the following groups of people achieve equitable access and outcomes:

- Cultural and Linguistic Diversity Strategy
- Rural and Remote Strategy
- Aboriginal and Torres Strait Islander Strategy
- LGBTIQ+ Strategy

We note people experiencing homelessness are absent from this list. People experiencing homelessness with disability experience their own nuanced and particular set of needs and barriers to access of the NDIS, thus we recommend that the NDIA prioritise people experiencing homelessness as a vulnerable cohort of people. We further recommend that the NDIA develop an engagement and inclusion strategy as a matter of urgency by consulting with organisations and peak bodies who support people with disability who are homeless.

3.4. Exemptions from the IA process

The NDIA has acknowledged that there may be “exceptional circumstances where it may not be appropriate to request an individual to undertake an independent assessment”. The NDIA has stated that in this instance “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”. The NDIA has not elaborated on what circumstances or indicators would allow someone to be exempt stating that “producing an exhaustive list” of what might make someone exempt from the process isn’t possible. Whilst an exhaustive list may not be feasible, we recommend that there are some publicly available guidelines that transparently articulate what situations or circumstances might exempt someone from an Independent Assessment to help clients and their advocates make decisions about when an exemption might be applied for.

5. Recommendations

Recommendation 1:

Functional assessment/ occupational therapy assessments are incorporated into the Medicare schedule and are bulk billed so that they are accessed when a person *needs them* to supply additional evidence of their disability, not as a mandatory process for determining access.

Recommendation 2:

Independent Assessments are trailed with people with complex needs, especially those who are homeless or at risk of homeless (marginally housed) at the Access Point to ensure that they do not further exacerbate existing barriers for the homeless disability community.

Recommendation 3:

People with disability experiencing homelessness are explicitly identified as their own priority cohort by the NDIS and their needs are considered in all future NDIS policies and procedures.

Recommendation 4:

The NDIA urgently consults with homelessness agencies and peak bodies in order to create a homelessness engagement strategy in line with other engagement strategies for priority cohorts in order to rectify general issues and barriers in accessing the NDIS, and explore how IAs can be delivered in a manner that produces equitable outcomes for this cohort of people.

Recommendation 5:

The NDIA creates publicly available guidelines that transparently articulate what situations or circumstances might exempt someone from an Independent Assessment to help clients and their advocates make decisions about when an exemption might be applied for

Recommendation 6:

The NDIA review their safeguarding procedures and strategies for IAs and establish clear procedures about how additionally vulnerable people who require an advocate to navigate the IA process will be proactively identified and provided with adequate advocacy support

Recommendation 7:

The NDIA transparently communicates how independent assessment will be weighed against other forms of evidence supplied by other treating health professionals and the applicant themselves.

Recommendation 8:

While our overall position on Independent Assessments is that they should not be imposed on people who are experiencing homelessness, in the event that the NDIA forges ahead with its decision for mandatory independent assessments we make the following recommendation:

In conjunction with recommendation 3 and 4; The NDIA create a complex needs or homelessness specific team of independent assessors who are well educated on the needs and barriers experienced by people with disability who are homeless or at risk of homelessness.