

Homelessness NSW



PRACTICE GUIDELINES FOR
SPECIALIST HOMELESSNESS
SERVICES (SHSS) REGARDING
THEIR INTERFACE WITH THE
NATIONAL DISABILITY
INSURANCE SCHEME (NDIS)

Published: February 2020

Acknowledgements

These guidelines are based on the *Practice Guidelines for Victorian Homelessness Services and their interface with the National Disability Insurance Scheme*. The Victorian guidelines are published by the Victorian Department of Health and Human Services and available at this link: [Practice Guidelines for Victorian Homelessness Services and their interface with the National Disability Insurance Scheme](#). As there are currently no similar government-issued guidelines in NSW, Homelessness NSW has adapted the Victorian guidelines to the NSW context. Homelessness NSW gratefully acknowledges the work of the Victorian Department of Health and Human Services as the basis for this document.

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Contents

Acknowledgements	2
Revision history	2
Contents	3
Purpose	4
Scope of application of these guidelines	4
Background	5
Policy context	5
The National Disability Insurance Scheme (NDIS)	5
SHS providers and the NDIS.....	6
Format of these guidelines	7
Related resources	8
Circumstances where SHS providers interface with the NDIS	9
Circumstance 1: Clients who do not know about or do not want to engage with the NDIS, although they are likely to be eligible	9
Circumstance 2: Clients who need support to access the NDIS	10
Circumstance 3: Clients who need support to prepare for an NDIS plan discussion	15
Circumstance 4: Clients who need support to implement their first NDIS plan	20
Circumstance 5: Clients requiring coordination of SHS and NDIS supports	23
Circumstance 6: Clients who have an NDIS plan but are not receiving NDIS supports.....	25
Circumstance 7: Clients who need support to urgently review their NDIS plan	26
Circumstance 8: Child clients who need support to access the NDIS	28

Purpose

These guidelines assist Specialist Homelessness Services (SHSs) to understand how to:

- support homelessness service system clients to access and participate in the National Disability Insurance Scheme (NDIS)
- work, in a coordinated way, with the agencies and services involved in delivering the NDIS, when assisting their clients with NDIS access and participation.

Scope of application of these guidelines

These guidelines apply specifically to SHSs, which are homelessness services funded under the NSW Department of Communities and Justice (DCJ) 'Specialist Homelessness Services Program'. For more information about this program, please see DCJ's *Specialist Homelessness Services Program Guidelines*, available on the DCJ website at [Practice guidelines and protocols](#).

Homelessness NSW recognises that SHSs do not receive any specific funding to provide homelessness service system clients with NDIS-related support. Therefore, SHSs may find they do not have the resourcing to provide this support, especially since many are already providing a range of unfunded supports to help their clients access and sustain housing. However, at the same time, we know that the outcomes for many people experiencing homelessness with a disability will be greatly improved if they are able to access NDIS supports.

These guidelines explain the role that SHSs can take on, where they are able, to support their clients with NDIS access and participation. In particular, these guidelines outline how SHSs can work with the National Disability Insurance Agency (NDIA) and its partners – Local Area Coordinators (LACs), Support Coordinators and Early Childhood Partners (ECP) – to support good outcomes for prospective or current NDIS participants.

These guidelines also provide general information about the roles and responsibilities of the NDIA and its partners. This aims to assist SHSs to know what they can expect from these services.

These guidelines are general in nature and do not attempt to respond to the needs of specific populations within the homelessness service sector, such as young people, Aboriginal peoples and women and children escaping domestic violence.

These guidelines do not replace any existing policies that apply to SHSs.

Information about the NDIA and its partners' roles and responsibilities, included in these guidelines, reflects published policy and standards. It should be read in conjunction with the relevant NDIS operational guidelines. These are available on the NDIS website at [NDIS](#).

Full roll-out of the NDIS in NSW was achieved by July 2018. However, the NDIA continues to review, pilot and make changes to the scheme in response to identified issues. For example, the new pathways the NDIA is implementing for people with psychosocial disability and people with complex support needs are relevant to people experiencing homelessness and the SHS providers that support them. SHSs are encouraged to keep in contact with their local LAC to identify changes that might assist their clients to access the scheme.

Background

Policy context

The NDIS is premised on people with disability being able to access mainstream services, which are non-disability-specific services. Examples of mainstream services include health, education, justice, child protection, mental health and employment services, as well as housing and homelessness services.

Access to mainstream services is important to the National Disability Strategy, which aims to maximise the potential and participation of people with disability. To this end, the Council of Australian Governments (COAG) developed and agreed to six *Principles to determine the responsibilities of the NDIS and other service systems*. These determine the funding and practice responsibilities between the NDIS and mainstream service systems.

COAG has also developed 'applied principles' and 'tables of support' that further define funding responsibilities between the NDIA and mainstream services across eleven, key mainstream service areas. 'Housing and Community Infrastructure' is one of these areas. The Housing and Community Infrastructure applied principles stipulate:

Housing and homelessness services will continue to be responsible for homelessness-specific services, including through homelessness prevention and through outreach and access to temporary and long-term housing for people who are homeless, or at risk of homelessness; and

The NDIS will be responsible for support to assist individuals with disability to live independently in the community, including by building individual capacity to maintain tenancy and support for appropriate behaviour management where this support need is related to the impact of their impairment/s on their functional capacity.

These guidelines seek to operationalise the COAG principles concerning how the mainstream homelessness sector interfaces with the NDIS in NSW. They aim to promote a more coordinated and effective interface between SHS providers and the NDIS.

The National Disability Insurance Scheme (NDIS)

The NDIS's core function is providing access to individualised, funded support to people with disability. The NDIS replaces state- and territory-based disability programs with a single disability support system across Australia. However, a limited number of people who were receiving a NSW-administered specialist disability services program at the time of the NDIS roll-out, and who were assessed as ineligible for the NDIS, may still be eligible for disability support, outside of the NDIS, through the Commonwealth's 'Continuity of Support' program.

Besides its core function of providing funded support to eligible individuals with disability, the NDIS:

- provides people with disability with information and connections to community services, such as doctors, sporting clubs, support groups, libraries and schools
- provides information about the support available from each state and territory government
- runs an Information Linkages and Capacity Building (ILC) program that provides grants to organisations to undertake activities in the community that benefit the broader population of people with disability.

The NDIA states that, at full scheme, the NDIS will provide about 460,000 Australians under 65, who have a permanent and significant disability, with funding for support and services. For eligibility, the NDIS requires a permanent disability attributable to one or more impairments in intellectual, cognitive, neurological, sensory or physical functioning, or to one or more impairments attributable to a psychiatric condition. The impairment/s must be assessed as likely to be permanent and as significantly impacting on an individual's capacity to participate in daily life and social and economic participation.

The NDIS is administered by the NDIA with support from its partner agencies. These partner agencies include LACs.

Role of LACs

The role of LACs is to:

- provide information to help people understand the NDIS
- provide information, referral and support to help people access the NDIS
- develop, implement and review NDIS plans
- undertake community capacity building regarding the NDIS
- link people to information and support in the community, including linking those who are ineligible for the NDIS or not currently NDIS participants to relevant information and support. Relevant information and supports include:
 - 'mainstream supports' – that is, government-funded supports in areas such as health, housing and social security
 - 'community-based supports' – including not-for-profit and charity-funded support services
 - exploring with the person whether there are any barriers stopping them from accessing relevant mainstream and community-based supports (due to their disability or otherwise) and what can be done to overcome these barriers.

NDIA partner agencies also include Early Childhood Partners (ECPs). These assist children under the age of six with a development delay or disability, with early childhood intervention and support. For children in this cohort, the ECP will usually be the main point of contact to assist with the NDIS, while a LAC will be the main point of contact for adult NDIS participants.

When an individual becomes an NDIS participant, their NDIS supports can be delivered by a range of providers. Participants choose from whom, how and when they receive their NDIS supports. NDIS participants may also access mainstream services for non-disability specific supports.

The amount of funding a person receives for NDIS supports is determined by considering the person's individual needs, goals and aspirations. The NDIA also applies the requirements of the *National Disability Insurance Scheme Act 2013* (Cth) to determine the amount of funding available.

SHS providers and the NDIS

SHSs have always responded to people with a range of complex needs and assisted them to link with and access a range of health and community support services. With the roll-out of the NDIS, this now includes helping people to access and participate in the NDIS.

Role of SHS providers

SHSs supporting their clients to access and participate in the NDIS need to develop organisational capability regarding the NDIS. This organisational capability should include:

- the capability and competency of their staff to identify people who are likely to be eligible for the NDIS and to make NDIS access requests
- building partnerships with their local LACs with the aim of SHSs and LACs working, in a coordinated way, to support people experiencing homelessness to access the NDIS.

There are a range of circumstances in which SHSs will interface with the NDIS, which are described in greater detail throughout these guidelines. These circumstances include an SHS dealing with clients who:

- **have a disability but have not accessed disability services before** and/or are not yet an NDIS participant – these clients may need assistance to engage with the NDIS
- **are not likely to meet the NDIS access requirements**, even though they may wish to access the NDIS – these clients may require referral to a LAC, which can link them into other mainstream and community services (You can find the nearest LAC on this web page [Offices and contacts in your area](#) by typing in a postcode. Once you find the relevant LAC, call the enquiry line of the organisation operating the LAC to arrange a client referral. Many LACs also allow clients to simply drop in to arrange an appointment.)
- **are eligible for the NDIS but are not accessing support through it** – these clients may need assistance to re-engage with the NDIS and implement their plan, or to seek a plan review if the plan is no longer meeting their needs
- **have an active NDIS plan but have only recently accessed an SHS because they have recently become homeless or at risk of homelessness** – these clients may need assistance to apply their NDIS plan flexibly to their new housing circumstances, or to coordinate their NDIS plan with SHS and other mainstream supports (for example, health supports)
- **are children who may be eligible for the NDIS** – children under the age of six, presenting to an SHS with their families, may need assistance to access the NDIS through its early childhood early intervention pathway.

The level of interaction between SHSs and the NDIS will vary depending on the SHS's resourcing to deal with NDIS-related activities, the nature of the services offered by the SHS (for example, whether they are short- or longer-term) and the needs of the client being supported.

The nature of the interaction between SHSs and the NDIS will also vary according to whether clients are seeking NDIS access or are already NDIS participants. SHSs with a longer-term relationship with clients may be able to assist them to maximise their opportunities to access and benefit from the NDIS. Ways of doing this may include the SHS providing evidence to support an NDIS access request and coordinating with NDIS supports.

Format of these guidelines

The guidelines cover eight different circumstances in which SHSs may encounter clients who have already accessed, or who might benefit from accessing, the NDIS. In each circumstance, the guidelines outline how best to support SHS clients to access and/or participate fully in the NDIS. The guidelines also describe good practice regarding the interface between SHS providers and the agencies and services involved in delivering the NDIS (that is, LACs, Support Coordinators, ECPs and NDIS service providers).

Related resources

Homelessness NSW recommends that SHS workers, new to the NDIS, watch the video available [here](#) before reading these guidelines. This video gives SHSs guidance on working with people with disability and navigating the NDIS. It was produced by the Industry Partnership (a collaboration between the three peak bodies for SHS providers – Domestic Violence NSW, Homelessness NSW and Yfoundations), in consultation with SHS workers with expertise in this area. Training for SHSs, regarding people with disability and the NDIS, is also available as part of the Industry Partnership’s SHS Learning and Development Framework. This can be accessed on Homelessness NSW’s website at **Learning and Development**.

The Victorian Department of Health and Human Services guidelines, on which these guidelines are modelled, also include links to a range of other useful resources (the Victorian guidelines are available at this link: [Practice Guidelines for Victorian Homelessness Services and their interface with the National Disability Insurance Scheme](#)). However, due to the frequent changes still being made to the NDIS, there is a risk that links to online resources will quickly become outdated. For this reason, this document contains links to a few key resources but links to other resources have been minimised. The most authoritative and up-to-date resources related to the NDIS can be found on the NDIS website. This website includes fact sheets for participants and service providers, as well as operational guidelines describing the rules and processes used in all areas of the NDIS’s operations. It can be found at: [NDIS](#).

Circumstances where SHS providers interface with the NDIS

Circumstance 1: Clients who do not know about or do not want to engage with the NDIS, although they are likely to be eligible

Situation

SHSs may identify clients who are likely to be eligible for the NDIS and appear to need additional support, but who do not know about the NDIS or are wary of making an access request. This section discusses how SHSs can support these clients to engage with the NDIS.

Context

There are a range of reasons why people may not want to engage with the NDIS and/or may not have heard about it. They may, for example:

- have had negative experiences with services in the past and find the thought and/or the actual process of engaging with the NDIS difficult and stressful
- have a psychosocial disability that causes difficulties in communicating and engaging with others, especially those with whom they do not have a relationship
- not identify as a person with a 'disability'.
- not identify with the idea of having a 'permanent disability' (which is required for NDIS access, as the NDIS does not use strength-based language) because it is difficult to reconcile with their own perceptions of recovery.

People who do not want to engage with the NDIS, and/or who have not heard about it, are likely to include people sleeping rough, people living in crisis accommodation or private boarding houses, and residents in social housing. For many of these people, their disability may be contributing to less than optimal living situations and to putting their accommodation at risk. Identified as 'hard-to-reach' by the NDIA, these people are often known to SHS providers but it may be difficult to engage them in formal support.

Good practice

SHSs' discussions with clients about potential NDIS eligibility and/or making an NDIS access request should be based on recovery-orientated practice principles and be trauma-informed.

Roles and responsibilities

All SHSs:

- understand the NDIS access requirements and the support the NDIS can provide
- understand that the NDIS funds what it considers 'reasonable and necessary supports' and what this means the NDIS will and will not fund
- identify clients who may be eligible for the NDIS (during intake and assessment processes)
- engage with the client and talk with them about the availability of NDIS support that may assist them
- if appropriate, provide copies of fact sheets about the NDIS and information about the LAC to clients (NDIS booklets and factsheets are available [here](#)).

SHSs working with the client short-term:

- support and encourage engagement with the NDIS, while recognising that this may take some time
- identify services that may be able to assist the client should they wish to make an application (for example, a case manager at a mental health service) and consider a referral to one of these services.

SHSs working with the client longer-term:

- support and encourage engagement with the NDIS, while recognising that this may take some time
- use professional judgement to identify opportunities where the client may be ready to consider asking for additional support
- continue to provide appropriate support if the person is not ready or is unwilling to engage with the NDIS, and understand that the NDIS is a voluntary scheme
- consult with the LAC about pathway options for hard-to-reach clients
- if appropriate, introduce the client to the LAC (for example, the LAC could make contact with your client at your service and provide a 'face' to the NDIS)
- if appropriate, support your client to commence the access request process (see 'Circumstance 2')
- request a face-to-face intake meeting with the LAC, with the client's consent.

If an SHS client continues to not want to engage with the NDIS and withholds consent for an NDIS access request, but the client clearly needs high-level, disability support, consider options such as a Guardianship order (these can be explored with the Office of the Public Guardian). You could also talk with the LAC about your client's circumstances and how they may be able to assist.

LAC:

- provide information about the NDIS and the access process
- may be able to visit the client and provide a 'face' for the NDIS
- be a point of contact should the client decide to test their eligibility
- provide information and referral to other government services and local or community-based supports.

NDIA:

- provide information about the NDIS and the access process
- continue to develop (and implement) appropriate pathways into the NDIS for 'hard-to-reach' clients.

Circumstance 2: Clients who need support to access the NDIS

Situation

SHS clients with disability, who are not currently receiving assistance through a disability support program, are likely to need support to understand and prepare for the NDIS access process. The support required may include assistance to collect the evidence the client needs to make an NDIS access request.

Context

To access the NDIS, an applicant must first make an access request to the NDIA. To complete the access process, the applicant will need to provide evidence that they meet the NDIS age, residence and disability or early intervention requirements. Without this evidence the person cannot complete the process.

Evidence of the disability must show that:

- it has a substantial impact on the person's day-to-day life, and
- it is likely to be lifelong.

A general practitioner or medical specialist will need to provide evidence to show that the person meets these criteria. They usually do this by filling in Part F of the NDIS Access Request Form.

Before seeing a general practitioner or medical specialist, the person – or, if they do not have the capacity to, their case worker – should gather the following evidence of the functional impact of the disability:

- a letter or report from an allied health professional (physiotherapist, occupational therapist, speech pathologist, psychologist, social worker or nurse) outlining the impact of the disability on the person's day-to-day life
- a Life Skills Profile (LSP-16), WHODAS or other assessment report
 - the NDIA's preferred form of functional assessment report is the LSP-16
 - such assessment reports may already have been completed by providers such as mental health services or Centrelink, and can be requested from these providers
- any financial administration, guardianship and community treatment orders that apply to the person.

Informal supports can also provide additional information to support a person's NDIS application. For example, it may be helpful to have a support worker, family member, friend or carer write a letter regarding the functional impact of the disability. However, as the NDIA gives greater weight to medical evidence than to information provided by informal supports, a person is unlikely to be successful in their NDIS application without medical evidence.

Hospitals, including clinical mental health services, are expected to assist with providing documents necessary for their patients to make an access request.

For people who do not have established relationships with health service providers who can or will verify their condition and functional limitations, and/or are wary of government and other services, obtaining the evidence to complete the access request form can be challenging. Many people experiencing homelessness are in this cohort.

The capacity of SHSs to support a client through an access pathway will depend on the length of the support period, the nature of the support provided by the service and the service's length and depth of relationship with the client. All SHSs can play a key role in assisting their clients to check their NDIS eligibility. SHSs working with clients longer-term can also lead and coordinate the NDIS access process for their clients. However, SHSs may have limited ability to assist a client either due to insufficient resourcing or because the timeframe for preparing an NDIS application and getting the NDIA's response may be outside the SHS's service response timeframes.

Some people, particularly those with mental health issues, may find making an access request confronting and demoralising because the notion of having a permanent disability conflicts with their beliefs about recovery and hope. SHS workers may also find NDIS access requests challenging because they operate from a recovery-oriented and strengths-based approach that is in tension with the focus of NDIS access requests on deficits in the client's functioning. It is helpful for SHS workers to be aware of this tension and to have strategies for minimising it and its impact on clients. For example, this tension can be reduced if workers understand that confirming the likelihood of a lifelong impairment does not detract from the client's capacity to achieve their best personal and emotional wellbeing. Workers can

play an important role in helping NDIS applicants to understand this. The NDIS appreciates that the symptoms of psychosocial disability can fluctuate and participants are able to plan their services based on their needs at any point in time. It can be helpful for SHS workers to speak about the NDIS as providing support options to meet individual participant needs. These may be increased or decreased as needed.

Good practice

- An NDIS access request should only be facilitated with the client's consent to ensure that the client has ownership and choice in this process. A client can provide either verbal or written consent to the NDIA to enable a service to act on their behalf.
- The process of obtaining evidence, any discussions, and the language used in completing the NDIS access form should be based on recovery-orientated principles and be trauma-informed, as well as made meaningful to the client.
- Clear procedures for communicating with the client about assessments of disability and functional capacity should be established.
- SHS workers should take a long-term view to supporting NDIS access and recognise the value in starting the process, even if support timeframes mean they are unable to complete it with the client.

Roles and responsibilities

All SHSs:

- include, in initial screening and assessment processes, questions to determine whether the client has accessed the NDIS, may be eligible for the NDIS and/or has an NDIS plan
- be familiar with NDIS access criteria, the meanings of permanent disability and functional impairment and the language used to describe these (there are a range of resources to assist with this)
- consider whether a client may be eligible for the NDIS based on the initial assessment
- where appropriate, provide the client with information about the benefits of the NDIS (for example, fact sheets), the access criteria and the access request
- where appropriate, refer the client to the LAC for more information about the access request process
- identify and involve other support providers who can assist the client to make an access request, including social workers, LACs and health professionals.

SHSs working with the client short-term:

- where appropriate, refer the client to other service providers who can assist the client to make an access request, including social workers, LACs and/or health professionals
- where appropriate, support your client to identify how they can manage the access request process themselves
- in the case of the client disengaging from your service, consider how to keep the application process progressing with other services
- where possible, hand over the case to a longer-term support provider who can progress the access request.

The availability of longer-term support providers, which can progress access requests, will vary. In some cases, there may be no SHSs providing longer-term support in the relevant geographical area, or these SHS providers may exist but be at capacity and unable to take on additional clients. However, it may be possible to access relevant supports through the health system. To find out about federally-funded, community mental health supports that are available and how they may assist people with psychosocial disability to access the NDIS, you can contact your Local Primary Health Network (PHN). Your local

PHN can be found at this website: [Primary Health Network map locator](#). For NSW-funded health supports, contact your Local Health District (LHD). The LHD in your area can be found here: [Local health districts and specialty networks](#).

SHSs working with the client longer-term:

- with the client's consent, support the client to make an access request – this may include requesting an access request form on the client's behalf
- ask the client if they would like a staff member/the SHS to be noted as a correspondence or plan nominee and record this on the access request form
- if you/your service are not acting as a correspondence nominee, establish with the client a secure place for NDIA correspondence to be sent
- liaise with the LAC for any assistance required to make the access request
- gather evidence to support the access request process by:
 - coordinating with other service providers to obtain the assessments the client needs to complete the access request form, including to establish the presence of disability and functional impairment
 - assisting the client to establish a relationship with a General Practitioner (GP) or appropriate treating professional, who will be able to provide evidence to support the application
 - assisting the client to identify relevant service providers who may already have evidence or assessments that could be used to support the application
 - providing a statement of evidence of your understanding of the client's functional limitations and the areas of life in which they need support (this may be particularly important if evidence from health professionals is difficult to obtain due to a client not having a pre-existing relationship with a GP)
 - providing copies of relevant assessments or reports to the NDIA with the access request, including any you may have completed for your client
- ask the LAC to check if the application is complete before submission
- if the client disengages from your service or is no longer receiving support from your service before the access request process is complete, ensure that the client knows who to contact for further assistance and, if possible, hand over the case to another support provider
- if access is not granted, and you believe a mistake has been made, support your client to re-apply or to request a review.

LAC:

The LAC can provide some support in the NDIS application process. This includes assisting SHSs and their clients to:

- obtain an access request form.
- understand the information you need to supply and where you can get it, including supporting SHSs to understand the supplementary evidence they can provide where evidence from health practitioners is difficult to obtain
- ensure that the application is complete before it is submitted.

NDIA:

Upon receiving an access request, the NDIA is responsible for:

- notifying the applicant of whether they meet the access criteria within 21 working days
- if insufficient information has been provided to determine whether the applicant meets the access criteria:

- requesting further information within 21 working days
- providing the applicant with at least 28 days to supply this information
- once the final piece of information has been received, notifying the applicant, within 14 working days, if they meet NDIS access criteria
- providing updates on the NDIS access process to the applicant or their nominated contact.

What to do if a client disengages with your service mid-way through an NDIS access request...

At the moment, there is no straightforward answer about what to do if you start working with a client to prepare an NDIS access request, and you have made progress in collecting evidence, but the client disengages from your service.

The best option is likely to make a formal access request early (that is, have an initial conversation with the NDIA or LAC and ask for an access request form). This will inform the NDIA that your client has a disability and wishes to seek access. With the client's consent, you can also have yourself recorded as a correspondence nominee. This means the NDIA will contact you regarding the progress of the application.

While the NDIA will provide a timeframe to provide additional information, the client will not be disadvantaged if this is not met. If it is not possible to provide all the evidence within the timeframe specified, providing some will ensure that this is recorded by the NDIA (and, therefore, not lost) and another service, or the client themselves, can build on this evidence later. Over a period of time, this approach may provide the NDIA with the evidence it needs, including evidence of the consistency of impairment over time.

As correspondence nominee, you can manage NDIA requests for more information or rejections due to a lack of evidence on behalf of your client. You can also handover to another support worker, if appropriate.

Where appropriate, another option is to suggest to your client that they keep the form and any supporting information with them.

Case studies

“My client is in her early 30s, has a diagnosis of Autism Spectrum Disorder (ASD) and no family support. She was declined NDIS access, on several occasions, because the medical evidence she provided did not accurately reflect her degree of functional impairment. The doctors she consulted had either stated that, since she had managed for a long period on her own, she did not need supports or that she had grown out of her autism. With support from our service, the client was able to see a doctor who provided a more accurate assessment of her abilities and needs. We submitted a new NDIS application with this accurate medical evidence to the NDIA and the client was approved for NDIS access. With NDIS supports, the client can participate, to a greater degree, in her community and attend the appointments necessary to meet her needs.”

Case Worker, Women and Girl's Emergency Centre (WAGEC)

“Our client suffered loss of speech as a result of a stroke and was, therefore, unable to complete an NDIS assessment over the phone. We arranged for the client to have a face-to-face assessment and supported them through this process.

The face-to-face assessment ensured that our client could communicate with the assessor, with additional input from their case manager at our service. This enabled the client’s level of functional impairment to be assessed and ensured the plan could best meet these needs.”

Case Manager, Boarding House Outreach Service

Circumstance 3: Clients who need support to prepare for an NDIS plan discussion

Situation

Where the NDIA determines an SHS client is eligible for an NDIS individualised funding package, the client is likely to need support to prepare for, and engage in, their first NDIS plan discussion.

Context

The NDIS plan provides a statement of the participant’s goals and aspirations and a statement of supports. The statement of supports specifies which supports will be funded by the NDIA.

SHS workers can help to ensure that an NDIS plan responds to a client’s needs and assists them to reach their goals. Access to the supports provided under the plan may assist clients to exit homelessness and the homelessness service system.

With the client’s permission and/or at the client’s request, an SHS worker can be identified as a correspondence or plan nominee (or both). This may help the worker to organise and participate in NDIS planning meetings, and it enables the NDIA/LAC to communicate directly with the nominated SHS worker.

Once accepted as eligible for support under the NDIS, participants are invited to a ‘planning meeting’. This is usually with the LAC. Clients may be contacted by mail or by telephone to participate in this meeting.

Most planning meetings occur at a LAC office. However, a participant can ask for a face-to-face meeting with the NDIA at a place that suits them. This may be particularly important for clients who experience difficulties in:

- interpreting communication
- following instructions, conversations or directions
- reading nuances of verbal and non-verbal cues
- communicating their needs/wants.

A meeting where the client is currently living or staying may also be useful in some cases. This would enable the planner to see how your client operates in their own environment and to notice limitations and opportunities that the client has difficulty articulating.

Most people have only one initial planning meeting, but planning can occur over more than one meeting, if required. The number of meetings is up to the participant who attends the planning meeting. The meeting can involve carers, family or significant others, as well as support (including SHS) workers.

The initial planning discussion identifies needs, goals and current supports (informal and formal). It can be very challenging for some clients, particularly if they are struggling to meet basic needs, such as food and shelter. For this reason, it is important that SHSs consider ways they can help their clients prepare for their plan discussion.

SHSs assisting their clients to prepare for a plan discussion should:

- ensure that the client understands:
 - the planning process
 - that they can invite whoever they wish
 - the types of support that are available under an NDIS plan ('reasonable and necessary' supports, and what the NDIS can and cannot fund – information about what the NDIS considers a 'reasonable and necessary' support that will be funded can be found on the NDIS website at **Reasonable and necessary supports**).
- support the client to organise the planning meeting at a place and time that suits them
- assist the client to be able to articulate:
 - the support they are receiving now and how it improves their functional capacity
 - what they might need but have not been able to access (this is particularly important in the context of homelessness support that is temporary or transitional).
- support the client to think beyond current support needs to what skills they might want support to learn (for example, support to attend swimming once a week)
- identify tenancy supports that may be required once SHS providers are no longer involved
- assist the client to think about future support needs, for example:
 - the need for flexibility to provide higher levels of support in response to an episodic condition, such as psychosocial disability
 - the need, if their housing situation changes to one where they do not have SHS workers providing day-to-day supports, for support to maintain a tenancy.
- identify current and potential informal supports, such as family or other carers, who the client could involve in the planning discussion.

SHS workers are most likely to be involved in assisting a client to understand the supports the NDIS can provide ('Circumstance 1') and to make an access request ('Circumstance 2'). However, where SHS workers have a long-term relationship with the client, they may assist the client prepare for their planning meeting and, if requested, accompany them to the meeting. Multiple people in a planning meeting may not be helpful for the client. Therefore, it is important to consider what services can provide reports relevant to the planning meeting.

Good practice

- the planning process upholds the participant's autonomy, choice and control
- the participant is engaged in a way that enables them to trust the planner and the planning process
- the place of the planning meeting is consistent with the participant's preferences

- the NDIA are aware of any occupational health and safety concerns, before meeting with the participant, especially if the planning meeting is occurring where the participant is currently living or staying
- the participant is well-informed about the types of support and services the NDIS funds and those that the NDIS does not fund but that are available via mainstream services
- family members and carers are supported to provide the NDIA with a carer statement during the planning meeting
- the participant's goals and aspirations are thoroughly understood, as these are critical in developing the participant's supports
- the planner / LAC is provided with the information they need to complete the plan, as well as information that supports decisions related to occupational, health and safety obligations.

Roles and responsibilities

SHSs working with the client longer-term:

SHS workers, who have a medium- to long-term relationship with a client being supported to establish an NDIS plan, will have the following roles and responsibilities.

What you need to understand

- the NDIS principles of choice and control and 'reasonable and necessary' supports
- the importance of participant goals and aspirations in NDIS planning, and how these are critical to developing reasonable and necessary supports
- 'functional impact', and how to provide evidence of functional impact
- supports to address homelessness are generally mainstream supports but the NDIS will provide disability-funded supports alongside these mainstream supports
- the role of informal supports, and your client's current informal supports (the client may need assistance to identify these)
- the planner role
- the key aspects of an NDIS plan
- the range of planning resources available.

Assisting the client with the process

- actively support clients (with their consent) who need assistance to:
 - exercise choice
 - express their needs and goals
 - make decisions.
- if not already in place, ask your client if they would like to nominate you as a correspondence and/or plan nominee to assist with organising planning meetings and communicating with the NDIA / LAC and update NDIA records, as appropriate
- check whether your client has heard from the NDIA / LAC regarding their planning meeting and follow up, if appropriate
- inform your client of their options as to when and how the planning meeting will occur
- identify support provided through the LAC, such as pre-planning workshops, and support your client to attend
- assist your client to identify and engage with any informal supports, including carers or family, who could be involved in the planning meeting
- where relevant, support carers or family to provide a carer statement to support the client's planning process.

Pre-planning

'Pre-planning' is the term the NDIA uses to refer to planning what the client and/or their support worker(s) will cover during the planning meeting. To pre-plan, you will need to:

- support your client to prepare a brief history and their goals, which they will read out at the planning meeting
- discuss with your client how their condition impacts their mobility, communication, social interaction and relationships, learning, capacity for self-care and self-management
- support your client to think about and write down what they would like to achieve in key life areas, such as:
 - health and wellbeing
 - social interactions
 - community engagement
 - independence
 - education and employment.
- assist your client to identify what is working well and what needs to change in each key life area
- if the client has a psychosocial disability, discuss with them:
 - how much support they need when they are unwell
 - what supports they need to maintain or improve their psychosocial functioning
 - what supports they need to maintain or improve their capacity to self-manage their mental health issues.
- obtain information / records about the client's clinical diagnosis and supports (with consent)
- support your client to identify how much and what support they might need to maintain a tenancy (particularly if they are not in long-term, stable housing at the time of the planning meeting)
- check that your client can articulate their goals, and for each goal their needs and the support required
- support your client to understand the difference between self- and agency-managed plans so that they may make an informed decision that fits their needs.

The planning meeting

- discuss the option of you participating in the planning meeting (if the client identifies this need)
- where the client chooses to have you participate in the planning meeting:
 - seek your client's permission to talk with the planner about their needs and the support they require, including support to directly address the client's disadvantage due to their disability (for example, supports that will assist a person obtain and maintain housing) and any need for Support Coordination
 - discuss what you will say at the meeting with the client before the NDIA planning discussion.
- request that the NDIA consider Support Coordination as part of your client's NDIS plan, if you have discussed this with your client, explained the difference between Support Coordination and a self-managed NDIS plan, and your client has agreed to you advocating for Support Coordination to be included
- provide a copy of any plan you may have written with your client to take along to the meeting, including any documents about other service providers who may be part of your client's support network
- where transport is required with a support worker, have the LAC explain the different ways this can be managed, and where this may be flexible or not.

Monitoring the progress of the plan

- In the event that the client disengages from your service or is discharged by your service before the plan is finalised:
 - ensure your client knows who to contact in the LAC or at the NDIA to check on the progress of their plan; and/or
 - handover to another support provider.

Where you are not the client's correspondence and/or plan nominee, you should also ensure your client knows who to contact to check on the progress of their plan, since the client will be responsible for any communications that occur between them and the NDIA.

Reviewing the plan

Support your client to request a review of their NDIS plan if the client, or other people involved in their support, feel that:

- key supports have not been included in the plan; and/or
- the amount of supports in the plan are inadequate.

See 'Circumstance 6' for more information about NDIS plan reviews.

NDIA / LAC:

The NDIA and LACs have the following responsibilities:

- ensure that a face-to-face meeting is offered to the participant at a time and place that suits them, and that any information that supports decisions related to occupational, health and safety obligations is requested
- provide information for potential participants and carers to help them understand what supports may be available under the NDIS and prepare for the planning discussion
- coordinate the planning conversation with the participant and their family, friends, carer(s) or other people who are important to the participant
- support the participant to work out goals and identify supports
- support the participant to develop and exercise meaningful choice throughout the planning process
- request information, assessments or reports about the participant's support needs (for example, medical reports and assessments) and collect information about the participant from various sources
- consider what supports are reasonable to expect from carers and families and take into account carers' statements
- communicate the agreed outcomes from the planning discussion to the participant, their family, friends, carer(s) and involved service providers, as appropriate
- provide timely updates on the planning process
- provide a consistent point of contact (if this is desired)
- prepare a participant's plan within six weeks of confirming that a person meets access criteria, pending the individual's circumstances
- specify a review date for a participant's plan
- offer the participant a printed copy of their NDIS plan.

Circumstance 4: Clients who need support to implement their first NDIS plan

Situation

SHS clients, with an approved NDIS plan, are likely to need assistance to implement their first NDIS plan.

Context

NDIS participants are notified when their plan is approved. Plans are available through the 'myplace' portal, which is linked to the 'mygov' website (use this link to access [mygov](#))

Once an NDIS participant receives their approved plan, they will need to choose and engage their support providers. Participants can choose to have the NDIA manage the plan, manage it themselves, or have an intermediary manage it (this is known as a 'plan managed' plan).

'Support Coordination' is funded under an individual's NDIS plan where the NDIA considers this a 'reasonable and necessary' support. Support Coordination involves helping the client to choose which supports they need and putting those supports in place. It is also intended to build a client's capacity to make decisions about, and to manage, their own supports. There are three levels of Support Coordination that may be included in a participant's plan:

- 'Support Connection'
- 'Coordination of Supports'
- 'Specialist Support Coordination'.

The amount of funding available for Support Coordination is determined according to what the NDIA considers 'reasonable and necessary'. This is based on factors specific to the individual NDIS participant, including: the nature of the participant's disability and its functional impact, the complexity of the participant's circumstances, and the existing role of family, carers and other informal supports.

If a participant has Support Coordination in their plan, the LAC or NDIA will support them to connect with a Support Coordinator. The NDIA will send a request for service to the Support Coordinator(s) the participant has chosen. This request will include details of what supports the participant requires. Support Coordination providers then consider the request and inform the NDIS planner whether it is accepted.

Potential issues for people experiencing homelessness include finding Support Coordination providers who have the expertise and interest to work with them. There may not be many providers with expertise in the full range of issues facing this cohort, such as: significant social disadvantage, complex needs, difficulties in accessing support while experiencing homelessness, living in unstable accommodation, and managing the agreement process. Due to past negative experiences with service providers, people experiencing homelessness may also be wary of engaging with a Support Coordinator and with new NDIS providers.

Where Support Coordination is not funded within a participant's NDIS plan, a LAC will assist the participant to implement their plan. However, a LAC will not provide the level of intensive assistance provided through Support Coordination.

For most clients, the plan implementation phase will be the key point at which clients may transition out of homelessness supports and into their NDIS-funded supports. A priority for SHS providers, during this transition phase, should be to assist their clients to link with a Support Coordinator and/or the LAC.

If the client is part of a longer-term, supported accommodation program, this program and its supports will need to be coordinated with NDIS supports. SHS workers will need to be available to discuss the coordination of SHS and NDIS supports with the Support Coordinator. These discussions may also need to address coordination with other types of mainstream supports, such as mental health supports. SHS workers may need to be involved in plan implementation if they are assisting with the coordination of supports into longer-term housing (where long-term housing has been organised by the SHS provider).

An SHS may find that, by the time the plan is approved, they are no longer supporting a client but are still identified as a key contact. In this instance, the SHS may need to consider whether the client needs some support to engage with the Support Coordinator or the LAC, and whether it can provide the support or find an alternative service provider that can provide this support.

Good Practice

- know and respect a client's preferences regarding how and when they will engage with the NDIS
- establish communication guidelines and processes with the client's Support Coordinator or LAC.

Roles and responsibilities

SHSs working with the client short-term:

- if possible, remain in contact with the client until the plan is approved and provide a warm handover to the LAC and/or Support Coordinator, to encourage a smooth transition to the NDIS
- inform the client of whom to contact if they do not hear about their plan and/or have questions.

SHSs working with the client longer-term:

- confirm with the client what support is in their plan and who will assist in implementing it, such as the LAC or Support Coordinator
- provide the client with a warm referral to the LAC and/or Support Coordinator, to encourage a smooth transition to the NDIS
- with the client's consent, speak to their Support Coordinator and/or LAC to ensure they understand your role and any capacity you have to assist with implementation of the NDIS plan
- identify NDIS providers who you think would be suitable for your client, and suggest that the client go and meet them (this can occur, as a scoping exercise, before the NDIS plan is finalised)
- if the client does not have Support Coordination in their plan and appears to be unable to implement the plan without significant assistance, support the client to consider a request for review of the decision not to provide Support Coordination
- if appropriate, take action to continue to support the client's plan implementation even if they disengage from your service through, for example:
 - obtaining the client's consent to inform any relevant others (for example, family members or a community housing tenancy manager) of the status of the plan and the next steps necessary for plan implementation
 - assisting the Support Coordinator or LAC to contact the client.
- if the client is in social housing, encourage the client to inform the tenancy manager that they are in receipt of an NDIS package and to supply a person to contact if issues associated with the client's disability are impacting on their tenancy.

Support Coordinator (if funded in the client's NDIS plan):

Support Coordination helps the client to implement all the supports in their plan, including informal, mainstream, community and NDIS-funded supports. It includes supporting the NDIS participant to:

- register / set up on the **'mygov'** website and link to the NDIS participant portal, 'myplace' (for further information on 'my place', see: **How to use the myplace portal**)
- assess a number of community, mainstream, informal and provider options
- link to mainstream and community services (for example, justice, housing, education, transport and health)
- choose preferred NDIS options or providers
- negotiate NDIS services to be provided and their prices, develop service agreements and create service bookings with preferred providers
- negotiate services and prices as part of any quotable support
- arrange any assessments required to determine the nature and type of funding required (for example, assessment to determine the type of complex home modifications required)
- resolve issues or problems that arise with their NDIS support providers, including assisting the participant to change or end a service agreement
- prepare for a plan review by talking about what is working well, gaps and new goals
- decide on what actions to take to achieve goals in relation to exploring housing options and life transition planning
- contact and coordinate supports with other existing support providers – such as, linking to, or coordinating with, the agency providing community or public housing tenancy management functions
- identify any additional supports that may be required and communicate these during the scheduled plan review, if possible
- decide the budget for each support type and advise any relevant plan manager of the breakdown of funds
- liaise with any plan manager to establish the appropriate claim categories and attribute the correct amount of funds
- communicate with the relevant SHS to, where appropriate, support a smooth transition from the SHS to NDIS-funded and other supports
- strengthen and enhance their capacity to coordinate supports, self-direct and manage supports and participate in the community, including supporting participants to understand their responsibilities under service agreements and to resolve any issues or problems that may arise.

Support Coordinators do not:

- make requests for an unscheduled NDIS plan review on behalf of participants
- provide participant transport, plan administration, plan management, support rostering, advocacy or disability supports (they are not funded for these activities).

However, depending on the nature of the participant's disability, transport, rostering and related activities may be funded under the participant's NDIS plan. The latest NDIS Price Guide, available on the NDIS website [Price guides and pricing](#), sets out the categories of support that may be funded. This includes 'assistance with daily life' (which includes supported independent living) and 'transport' categories.

NDIA / LAC:

- create the NDIS plan
- assist participants to implement their plan
- work with the local community to support the implementation and accessibility of the plan

- if appropriate, respond to requests for urgent reviews for additional supports.
- undertake regular, scheduled reviews.

Circumstance 5: Clients requiring coordination of SHS and NDIS supports

Situation

Where a client is accessing support from both an SHS provider and through the NDIS, there is a need for coordination between SHS and NDIS supports. Situations where this type of coordination will be relevant include where an NDIS participant:

- has a housing crisis, and/or is at imminent risk of homelessness, and is accessing crisis support through an SHS
- engaged with an SHS before accessing the NDIS and remain engaged with that SHS because the SHS is working with them in a medium- to long-term capacity – for example, they could be in supported housing and be receiving case work assistance from an SHS.

Context

If an NDIS participant has a housing crisis and/or is at imminent risk of homelessness, it is likely that they will either access, or be referred to, an SHS service. If they access crisis accommodation, it may be that existing NDIS supports are not relevant or appropriate. The NDIS support provider may also be unwilling or unable to continue to provide support, for example, because:

- the accommodation is in a different area
- the accommodation provides services that would duplicate NDIS services
- staff from the NDIS support provider are not trained to work in the new, crisis accommodation environment.

In these instances, SHSs should coordinate their service provision with the Support Coordinator (where appropriate) or the LAC. This coordination will help to determine whether the client's housing crisis is disability-related and whether the NDIS plan can be used flexibly to address the change in the client's environment. In some circumstances, SHS support will only be necessary as temporary support until the client's housing situation is resolved. However, in other situations, the reason for the client's housing crisis is a lack of supports in the NDIS plan, in which case the SHS provider may need to support the client to access a review of this plan.

It is also possible that SHS drop-in and outreach services may come into contact with NDIS participants. Some people experiencing homelessness can struggle to meet their obligations with their NDIS support providers. For example, they may find it challenging to keep to agreed times to receive support or to advise service providers of cancelled appointments within agreed timeframes. SHS providers may be able to assist clients to meet these obligations. For example, with a client's consent, an SHS may be able to arrange for:

- Support Coordinators or NDIS service providers to notify the SHS if the client has a pattern of not showing up for appointments
- NDIS-related supports to be delivered at the SHS drop-in centre.

SHSs may also be able to provide support by notifying the Support Coordinator or the LAC if the client is experiencing an urgent or rapid increase in their support needs, or if the client's circumstances change in other ways.

In all cases where there is Support Coordination in an NDIS plan, the Support Coordinator is expected to take the lead in assisting the client to integrate their disability support services with their other support services.

Good practice

- all clients can access crisis support to address a housing or homelessness crisis, or to prevent homelessness
- SHSs, NDIS providers and LACs work in partnership to coordinate and integrate their service responses.

Roles and responsibilities

All SHSs, where an NDIS participant accesses the SHS due to a housing / accommodation crisis:

- work with the client and/or Support Coordinator (where available) to ensure that NDIS support providers are aware of the client's circumstances
- identify any current NDIS service agreements which need to be put on hold (for example, if the plan includes housing support arrangements and the client is no longer in their prior housing, this arrangement may need to be put on hold)
- identify, in collaboration with the client, Support Coordinator (if available) and LAC any flexibility within the NDIS plan to adjust NDIS supports to meet the client's changed circumstances
- provide necessary support and assistance to address immediate housing / accommodation issues
- take steps to initiate a plan review if it appears that a reason for accessing homelessness support services was due to the plan no longer meeting the person's needs – for example, through a significant change in the client's circumstances (see circumstance 6 for more information relevant to this issue).

SHSs working with a client longer-term and helping to implement an NDIS plan:

- if appropriate, agree to a process directly with the client to ensure NDIS supports are coordinated with SHS supports, including how the client's NDIS providers will respond when they experience a change in their needs or crises related to their disability
- support the client to understand their obligations under the support agreement with their NDIS support provider and to meet with their support provider
- support the participant to communicate with their Support Coordinator / LAC, if the client experiences:
 - an urgent and/or rapid increase in their support needs
 - any other change of circumstance which may impact on their capacity to meet their NDIS service agreements.
- support the client to notify their Support Coordinator / LAC when they are leaving the SHS program and develop and implement a handover housing plan.

LAC:

- coordinate with SHS and/or Support Coordinator to determine whether the client's circumstances have changed, due to their disability, and whether a plan review is necessary
- identify opportunities to flexibly use NDIS funding, within the client's current funding plan resources, to address a change in the client's circumstances
- refer the client to further mainstream services that can assist with their current circumstances.

Support Coordinator (if funded in the client's NDIS plan):

- support the client to maintain contact with any SHS they have accessed, including SHSs with which the client may not have a formal relationship (for example, drop-in centres or outreach services)
- coordinate any interim support requirements, related to the client's disability, with the SHS worker to improve the client's housing outcomes
- refer the client to support services in addition to the services provided by the SHS (for example, mental health services), if there are concerns about the client's health status or wellbeing
- if additional supports are required, look at options for flexibility within the plan and consider the need for a review (see circumstance 6).

NDIA:

- if required, undertake a plan review in a timely manner
- notify the NDIS participant and LAC of the outcome of a plan review in a timely manner
- ensure the NDIA has the capacity and processes to undertake plan reviews when the situation is complex or urgent
- aim to include the SHS in the review process to ensure that the plan adequately reflects disability-related support necessary to promote a stable tenancy into the future
- undertake regular, scheduled reviews
- undertake a plan review where the individual's circumstances are complex, and the NDIS participant does not already have Support Coordination funding.

Circumstance 6: Clients who have an NDIS plan but are not receiving NDIS supports

Situation

An NDIS participant accesses an SHS but the SHS determines they are not receiving any supports under their NDIS plan. The client will need assistance to start accessing these supports.

Context

Once a person becomes an NDIS participant, the person is likely to receive lifelong support under the NDIS. If a person meets the access criteria for the NDIS and becomes a participant, it is not necessary to reapply for access.

People presenting at an SHS, including because they are homeless or at risk of homelessness, may already be an NDIS participant but not be engaged with their NDIS support providers. Possible reasons for this include that the person:

- does not have the skills, knowledge or capability to connect with NDIS service providers and has not been provided with adequate supports to make these connections
- has not been available for appointments with the service provider, or cancelled these appointments without sufficient notice, resulting in termination of the agreement between the provider and participant
- has moved to a different area where the same supports are not available
- has moved to a different area but does not have the skills, knowledge or capability to connect with new service providers
- has been given supports that are not suitable or appropriate to their needs.

To address situations where an SHS client has an NDIS plan but is not receiving the appropriate NDIS supports, a plan review may be required (see 'Circumstance 7'). Alternatively, a re-activation of the existing plan may be required.

Roles and responsibilities

SHSs:

- to detect situations where an NDIS participant is not receiving supports in their NDIS plan, include in your initial screening questions as to whether the client:
 - is eligible for the NDIS
 - has accessed the NDIS
 - has an NDIS plan.
- refer the client to the LAC for support to re-engage with the NDIS and/or, with the client's permission, contact the LAC and provide the client's contact details.

Support Coordinator (if funded in the client's NDIS plan):

- assist the client to identify appropriate service providers
- identify how to flexibly use the NDIS plan to meet any immediate needs.

NDIA / LAC:

- assist the client to locate an appropriate Support Coordinator, who will assist the client to select and engage with NDIS service providers.

Case study

"A client with psychosocial disability, in the form of chronic schizophrenia, was approved for an NDIS package that included Support Coordination. The Case Manager, from our service, remained involved while the client was transitioning to their NDIS supports. After the initial planning session and allocation of a Support Coordinator, the Case Manager became aware that the client was not receiving any services under their NDIS plan. The Case Manager and client met with the Support Coordinator about this. They discovered the support services had been going to the client's boarding house and knocking on the front door but, when nobody answered, they would leave. After a few missed appointments, the service providers were cancelling the services. The Case Manager explained to the Support Coordinator that support workers and services would need to call the client directly, rather than knocking on the door of the boarding house. The Support Coordinator then arranged for the service providers to make phone contact with the client for each session. This enabled the client to re-engage with the service providers and to start accessing services under their NDIS plan."

Case Manager, Boarding House Outreach Service

Circumstance 7: Clients who need support to urgently review their NDIS plan

Situation

Where a client's circumstances have changed and the supports in their NDIS plan are not meeting their needs, the client will need assistance to request a review of their NDIS plan.

Context

A scheduled plan review generally occurs towards the end of the period for which NDIS supports have been funded. The level and nature of support in an NDIS plan is expected to change from year to year, depending on the participant's needs and goals. NDIS plans also allow for some flexibility to enable participants to prioritise or change supports as required. For example, the participant could ask to increase supports in self-care, and to decrease social activities, to accommodate a temporary decline in health.

In addition to scheduled plan reviews, a review can occur when a plan is not meeting an NDIS participant's needs, due to changed circumstances. For this process to occur, the participant has to submit a plan review request form. This form asks for information about the changes that have affected the participant, why they think their plan needs to change and any other relevant information.

SHSs may identify a need for a review where it becomes evident that a lack of support or flexibility in the NDIS plan has contributed to an SHS client becoming homeless or at risk of homelessness. Sometimes this lack of support or flexibility may be due to the client needing assistance to implement their plan and this support not being included in the plan. If appropriate, SHS providers may advocate for a review, on behalf of clients, to the Support Coordinator or the LAC.

Good Practice

- inform the LAC and/or Support Coordinator of any changes to the client's circumstances, explore opportunities to flexibly use the participant's NDIS funds to address these changes and, if necessary, initiate a review
- where Support Coordination is not part of the client's NDIS plan but changes to the client's circumstances mean that the client requires Support Coordination, inform the LAC and initiate a review to have this added to the client's plan
- support the participant to steer any NDIS plan review process
- undertake reviews in a timely manner.

Roles and responsibilities

SHSs:

- identify any significant, disability-related changes in the client's functioning or changes in the client's circumstances to which current NDIS supports do not adequately respond
- inform, or support your client to inform, the Support Coordinator (where available) of the changes in the client's functioning or circumstances
- if the client's situation is complex and there is no Support Coordination function, inform the LAC of changes in the client's functioning or circumstances
- if working with the client longer-term, provide input into the plan review process regarding the disability-related supports needed to assist the client access and maintain housing.

Support Coordinator (if funded in the client's NDIS plan):

- maintain regular contact with the NDIS participant and identify any significant changes in their functioning or circumstances
- explore opportunities to use the participant's NDIS funding flexibly to address changes in their circumstances and functioning
- identify if additional NDIS supports are required
- if additional supports are required, support the participant to request an urgent plan review with the aim of increasing the level of support provided or adding support services

- refer the participant to their local health services, if there are concerns about their health status or wellbeing.

LAC:

- maintain contact with the NDIS participant and identify any significant changes in their functioning or circumstances
- explore opportunities to use the participant's NDIS funding flexibly to address the changes in their circumstances and functioning
- identify if additional NDIS supports are required
- if the participant requires additional, disability-related supports, escalate the case to the NDIA for an urgent plan review, with the aim of increasing the level of support provided or adding support services
- if the NDIS participant's situation is complex and they do not already have Support Coordination funding, request that the NDIA conduct an emergency NDIS plan review and recommend that the participant requires Support Coordination
- refer the participant to their local health services if there are concerns about their health status or wellbeing.

NDIA:

- if required, undertake an urgent plan review, for an NDIS participant, in a timely manner
- notify the participant and the LAC of the outcome of an NDIS plan review in a timely manner
- aim to include any relevant SHS in the plan review process to ensure that the plan adequately reflects the participant's support needs in relation to promoting a stable tenancy into the future
- undertake regular, scheduled plan reviews
- ensure it has the capacity and processes to undertake emergency plan reviews when the participant's situation is complex or urgent.

Case study

“A client of ours had recently moved into a public housing property, after a significant period spent in and out of boarding houses and psychiatric hospitals. This client was approved for an NDIS plan with Support Coordination.

A change in the client's circumstances put their tenancy at risk. They required Support Coordination to help them to maintain their tenancy. However, they had already spent all the available Support Coordination funds brokering additional services they needed under their NDIS plan. The client's Case Manager arranged an urgent review of their NDIS plan to increase the funds available for Support Coordination. With these additional funds, the client was able to obtain the services required and to maintain their tenancy.”

Case Manager, Newtown Neighbourhood Centre

Circumstance 8: Child clients who need support to access the NDIS

Situation

SHS workers may encounter a child under the age of six, who is not an NDIS participant but appears to have a significant developmental delay or disability. Children in this category may be eligible for the NDIS and need support to access it. They are likely to present as part of a family which is homeless or at imminent risk of homelessness.

Context

The NDIS has a different pathway for children under the age of six years with developmental delay or disability to the pathway available to adults. The pathway for children takes into account the benefit of early intervention for these children.

Having a child with a disability is a known risk factor for homelessness. Some SHSs work with families and/or children and, therefore, may encounter children eligible for the NDIS's early intervention pathway.

To be eligible, children aged 0 – 6 years must have a development delay, meeting the following criteria:

- it results in reduced functional capacity in one or more of the areas of self-care, receptive and expressive language, cognitive development or motor development; and
- it requires a combination of special, interdisciplinary or generic care, treatment or other services, over an extended period of time, and requires this treatment and care to be individually planned, sequenced and coordinated; and
- the supports required are most appropriately funded through the NDIS, and not through another service system.

The NDIS has engaged Early Childhood Partners (ECPs) to deliver the Early Childhood Early Intervention approach. ECPs will undertake an assessment of the child's needs, provide assistance to access supports and monitor progress. If the child requires longer-term, early childhood, early intervention supports, the ECP will help the family request NDIS access and develop an NDIS plan.

Roles and responsibilities

All SHSs:

- understand the supports available for children under the NDIS – that is, the early childhood, early intervention pathway
- at the point of intake, identify and record information about the child's disability or developmental delay and seek information on their current NDIS participant status
- understand how privacy and consent requirements apply to child clients, when making NDIS enquiries
- if a developmental delay is identified in a child presenting with their family, make a warm referral to the ECP
- if it is likely that a child requires early intervention or disability support and is not receiving it, make a referral to the ECP.

SHSs working with the client longer-term:

- assist the ECP to provide support to the child and their family – for example, through facilitating meetings and keeping the ECP informed of changes in the child and/or family's housing situation.

ECP:

- discuss the child's disability, and any concerns about their development, with their family
- coordinate with relevant SHS workers to:
 - understand the impact of the child's housing situation
 - arrange assessments
 - organise service delivery.
- identify supports and services in the community that can address the child's needs

- if appropriate, facilitate the provision of short-term, funded interventions
- If appropriate, support the child and the family/carer to prepare for the NDIS access and planning process.

NDIA:

Upon receiving an access request, the NDIA is responsible for:

- notifying the applicant or nominated contact (this may be the parent or carer of the child) of whether they meet the access criteria within 21 working days
- if insufficient information has been provided to determine whether the applicant meets the access criteria:
 - requesting further information within 21 working days
 - providing the applicant with at least 28 days to supply this information
 - once the final piece of information has been received, notifying the applicant or their nominated contact, within 14 working days, if they meet NDIS access criteria.
- providing updates on the NDIS access process to the applicant or their nominated contact.

Case study

“My client was a mother with two children who was leaving a domestic violence situation. Her four year-old son, who was not verbal, would frequently hit his mother and sister and scream. The mother’s domestically-violent partner had blamed her for her son’s behaviours and told her they were due to her being a bad parent. However, it seemed clear the son’s behaviours were attributable to a disability. We helped the client to contact an ECP as a first step to accessing the NDIS for her son. The ECP was able to arrange a functional assessment for the client’s son, at no financial cost to the client. This assessment showed her son had a disability and gave him a specific diagnosis. The ECP was then able to assist the client to apply for ongoing NDIS support for her son. As a result of this support, the client’s son was able to start regular therapy. This enabled him to use alternative communication strategies and, as a result, he became less violent.”

Case Worker, Women and Girl’s Emergency Centre (WAGEC)