

I can HELP

people access the **NDIS**

**Introducing the process,
barriers and opportunities**
for people who are homeless
and experiencing a psychosocial
disability, and wish to access the
National Disability Insurance
Scheme (NDIS).

Embark improves access to the NDIS
for adults experiencing homelessness
and mental illness.



Purpose of this guide

Understanding how to access the NDIS can be difficult for many people, but for individuals with a psychosocial disability who are experiencing homelessness, accessing the NDIS presents a unique set of challenges and benefits.

This guide has been developed to assist service providers in supporting individuals who are experiencing homelessness and a psychosocial disability to understand and access the NDIS. It complements a series of brief videos, pamphlets and workbooks designed for someone considering applying for the NDIS or their family members, friends, carers, clinicians or other support people.

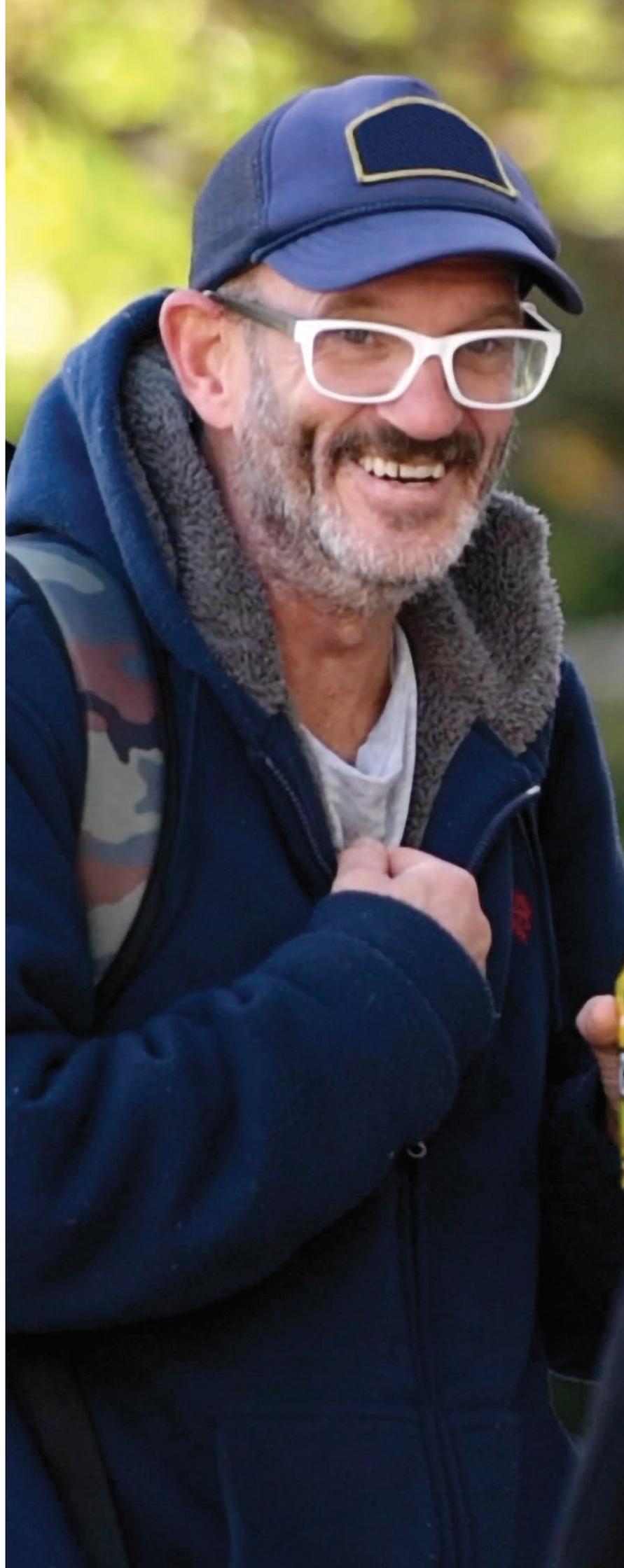
Based on the real-world experiences of consumers and service providers obtained through Project Embark, this guide identifies the key issues affecting this vulnerable population and outlines both the barriers and the opportunities for these individuals.

This guide has been developed by Independent Community Living Australia (ICLA) with support from the NSW Ministry of Health.



Established in 1987, ICLA is a community organisation that provides NDIS services and supported accommodation options for people living with a mental illness, as well as psychosocial and other disabilities.

ICLA supports people to achieve their personal goals, increase their confidence, build independence, and receive opportunities for social and community connection. We believe that everyone has the right to the best care and support possible, and we are guided by the principles of trauma-informed, person-centred and recovery-oriented practice. Find out more at www.icla.org.au.



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Glossary

ARF: Access Request Form

ICLA: Independent Community Living Australia

LAC: Local Area Coordinator

NDIA: National Disability Insurance Agency

NDIS: National Disability Insurance Scheme

NSW: New South Wales

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Project Embark

Project Embark was an NDIS and mental health engagement, information provision and skill-building project to improve access for people with a psychosocial disability who are experiencing homelessness.

ICLA received funding from the National Disability Insurance Agency (NDIA) through the NSW Ministry of Health under an Information, Linkages and Capacity Building (ILC) grant to deliver Project Embark in 2019. Project Embark consulted with stakeholders across NSW to identify and address the barriers and challenges that prevent people experiencing psychosocial disability and homelessness from accessing the NDIS.

Activities delivered under Project Embark

- The Project Embark team consulted with mental health and homelessness service providers and individuals from the target group across NSW to map the barriers and challenges preventing people who are experiencing homelessness and psychosocial disability from accessing the NDIS.
- NDIS Navigators from the Project Embark team engaged directly with people experiencing homelessness and psychosocial disability to generate awareness and understanding of the NDIS and where to get support in applying. Some people were directly assisted to commence the access process.
- Based on the experience of directly engaging with the target group, Project Embark developed guidance on appropriate and effective strategies to support this target group to access the NDIS.
- Project Embark translated the knowledge gained through the project into a suite of resources, tools and videos to help people understand and navigate the NDIS or support someone from the target group to access the NDIS.
- Project Embark delivered workshops in the target regions to share the resources and knowledge gained through the project with homelessness, health and other service providers. The workshops aimed to help build capacity (defined as knowledge, confidence and skills) among those service providers to continue to support people to access the NDIS.



These activities were carried out across eight Local Health Districts in NSW which were targeted due to having the highest rates of homelessness in the state.

These were:

1. Sydney Local Health District
2. Western Sydney Local Health District
3. South West Sydney Local Health District
4. South East Sydney Local Health District
5. Central Coast Local Health District
6. Illawarra Shoalhaven Local Health District
7. Hunter New England Local Health District
8. Northern NSW Local Health District

Project Embark engaged with 369 people experiencing homelessness and psychosocial disability and 70 other stakeholder organisations. Individuals from the target group would not have been effectively engaged without the use of the following strategies:

- Genuine and assertive outreach activities—these activities involved seeking out people who are homeless at places where they were likely to be.
- Employing a team of experienced and qualified mental health support workers and peer workers as ‘NDIS Navigators’ to directly engage with people experiencing homelessness; this ensured that discussions about the NDIS were based on real-world experience of delivering psychosocial disability support under the scheme.
- Provision of incentives, including free food and gift cards, and an informal style and approach, which encouraged conversations about the NDIS.

Key findings from Project Embark

Many people who are homeless reported feeling disenfranchised and having been let down by government services in the past. As a result, they often carry a strong distrust of services.

I have DSP [Disability Support Pension], I know I'm probably eligible [for NDIS funding], but I don't know where to start... My life is erratic and unstable – Interview participant, Wayside Chapel in Kings Cross, Sydney.

Of the people experiencing homelessness/mental health issues that were consulted through Project Embark:

- **77%** were not confident completing an NDIS application on their own
- **76%** had not tried to access the NDIS
- **40%** had never heard of the NDIS before
- **76%** had experienced homelessness
- **73%** have been homeless for over 6 months.



Most homeless people won't go to services because they get judged, don't meet criteria and don't want to get locked up.

**Interview participant
Shoalhaven Homeless Hub, Nowra**



Key themes from **Project Embark** consultations



Working with primary and allied health practitioners

- A common theme identified in all regions was that GPs require ongoing support to understand their role in the NDIS application process.
- It is often difficult to obtain supporting medical evidence due to low levels of engagement with medical professionals and lack of a regular GP for the target group.

The application process

- The application process was found to be prohibitive for this target group. It can be expensive (for example, due to the costs involved in obtaining medical records, occupational therapists and other specialist reports), time consuming and complex.
- Poor literacy, computer skills or computer access among people experiencing homelessness and psychosocial disability can make completing an Access Request Form (ARF) challenging.

Engaging with people who are homeless and experiencing a mental illness

- Services supporting people experiencing homelessness and mental illness reported that limited opportunities for engagement and distrust of services among this group were a significant barrier to them in applying for the NDIS.
- Following up with individuals in this cohort (during the lengthy process to gather supporting evidence) was particularly difficult due to a lack of a fixed address or telephone, and the transient nature of this group.

Language used throughout the process of applying to access the NDIS

- Deficit-based language can be triggering and distressing for individuals, particularly for people with a history of homelessness and mental illness who have experienced trauma.
- Deficit-based language and the use of words that are not commonly understood inhibits people seeking to access the NDIS and the service providers encouraging them to do so.

Knowledge of the NDIS application process outside of NDIS registered providers was limited

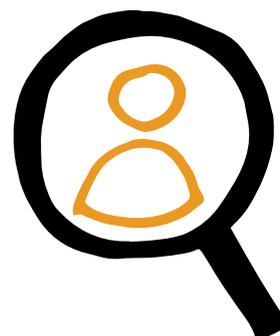
- Homelessness services and other support providers not directly involved in delivering NDIS supports are less familiar with the scheme and how it functions for people with psychosocial disabilities.
- People working in support roles, particularly in the homelessness sector, reported that they didn't understand the NDIS eligibility criteria or the scheme's relevance to the target group.
- Support workers reported feeling confused about how to make an application more successful, including what language to use, what information is needed, and what documentation is required.

Cultural competency

- Indigenous groups and service providers felt that the NDIS itself could improve on cultural competency for Aboriginal and Torres Strait Islander people in terms of language and process. Many Indigenous Australians do not identify as having a disability or mental illness, meaning the language used by the NDIS prevents engagement.
- Regions consulted were concerned about a lack of culturally competent NDIS service providers.

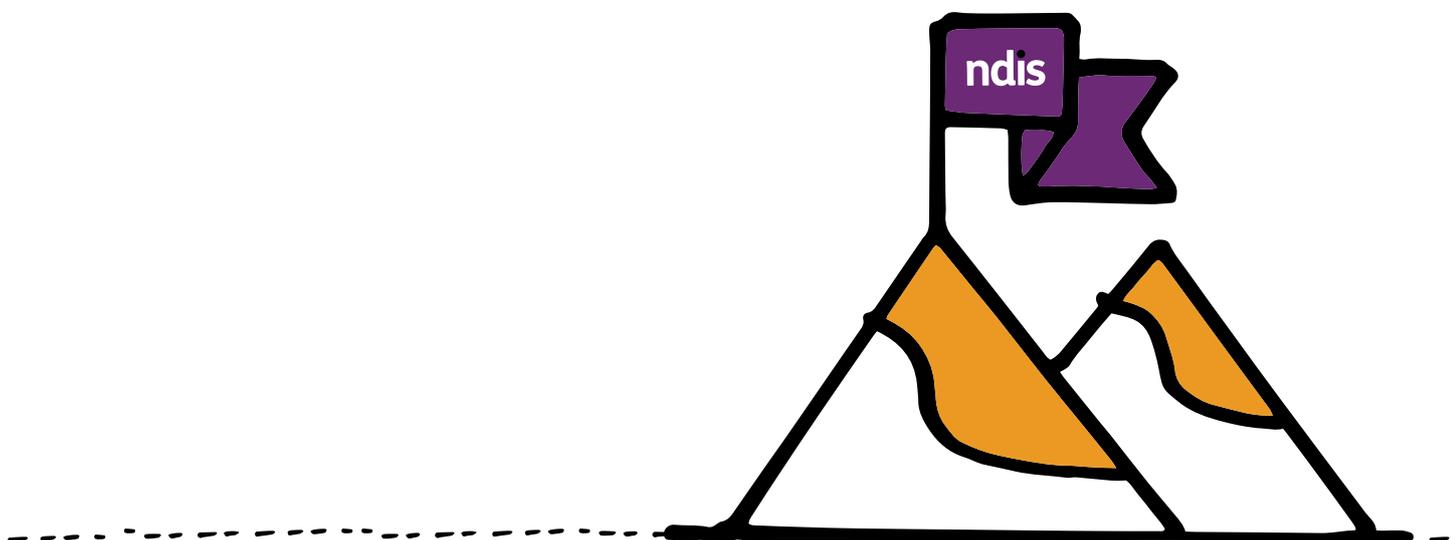
Support during the NDIS application process

- All of the service providers consulted through the Project said they lacked the staff, time and resources needed to support people throughout the NDIS application process.
- Service providers were also unsure who to refer consumers to for this support.



Recommendations to improve access to the NDIS

1. The NDIS could support increased understanding of the scheme by engaging with homelessness services in regional network meetings and by continuing to provide access to relevant resources about the NDIS, particularly as elements of the scheme evolve and previously produced resources potentially become out of date.
2. Providing hard copies of the ARF to service providers working with people who are homeless would help streamline the process for this vulnerable population.
3. Access could be improved through the implementation of a centralised online platform for submitting an ARF. The ability to edit applications in progress, and store and edit supporting evidence would assist in overcoming a key barrier for people without a fixed address.
4. Financial resourcing for skilled providers to deliver genuine assertive outreach activities to effectively engage the target audience and assist them to apply would improve rates of access requests being submitted for the target group.
5. Improved access to Local Area Coordinators (LACs) for organisations working with people experiencing homelessness would help build capacity and increase rates of access. LACs could also play a role in ensuring that people experiencing homelessness get support to meet their immediate needs during the process of gathering evidence and applying for access to the NDIS.
6. Ongoing capacity building for clinicians, service providers, consumers and their informal support networks could be achieved by funding further free workshops, regional coordinators and/or communities of practice.
7. Culturally competent assertive outreach services for Aboriginal and Torres Strait Islander peoples led by Aboriginal and Torres Strait Islander service providers would help improve access.
8. Automatic inclusion of support coordination in first NDIS plans for individuals at risk of or experiencing homelessness and psychosocial disability would help to ensure that plans are used.



Based on these findings, Project Embark developed a suite of resources to share information, build capacity and enhance understanding of the NDIS for individuals experiencing homelessness and psychosocial disability and the people supporting them.

These resources are available on the Embark website (embark.icla.org.au).



I can prepare to access the NDIS

A workbook for people considering accessing the NDIS

I can access the NDIS

A pamphlet providing a roadmap of the steps required to access the NDIS

Sample support letters

Sample letters which can be used as a guide when writing a supporting letter for an NDIS application

I can help people understand the NDIS

A pamphlet explaining what the NDIS can do for someone with a psychosocial disability

Project Embark webinar

Introduces the findings from Project Embark, explains how to effectively use the resources and addresses some of the barriers identified throughout the project

Case studies

Three case studies to show real examples of who the NDIS can support and how

Life Skills Profile 16

The Life Skills Profile is a tool that can be completed to support a person's NDIS application

Homelessness, psychosocial disability and the NDIS

A video introducing the relevance of the NDIS to people experiencing homelessness and psychosocial disability

What does NDIS support look like?

A video explaining how the NDIS can support a person experiencing homelessness and psychosocial disability

How to speak NDIS

A video explaining the language used by the NDIS

Tips and tricks to accessing the NDIS

A video sharing useful tips for an NDIS application

Mythbusting

A video addressing common myths and misconceptions about the NDIS

Homelessness, psychosocial disability and the NDIS

Individuals experiencing homelessness and psychosocial disability are a cohort who could benefit greatly from the NDIS. However, effectively supporting this cohort to understand and access the NDIS requires an understanding of the many additional challenges they face due to their circumstances, co-existing needs and the social determinants of homelessness.

What is homelessness?

Homelessness is a complex problem with no single definition. Moving away from the outdated concept of mere rooflessness, the Australian Bureau of Statistics (2012) defines homelessness as occurring when someone does not have suitable accommodation alternatives and they:

- are living in a dwelling that is inadequate
- have no tenure, or short tenure that is not extendable
- do not have control of, or access to, space for social relations.

Homelessness can result from many social, economic and health-related factors. People may become homeless after many years of experiencing poverty, poor relationships and drug, alcohol or mental health issues. Sometimes homelessness affects people who have been managing well in life but are thrown off course by a stressful episode like a relationship break-up, job loss or the death of a loved one. This can trigger a chain of events that leads to a person being without a place to live.

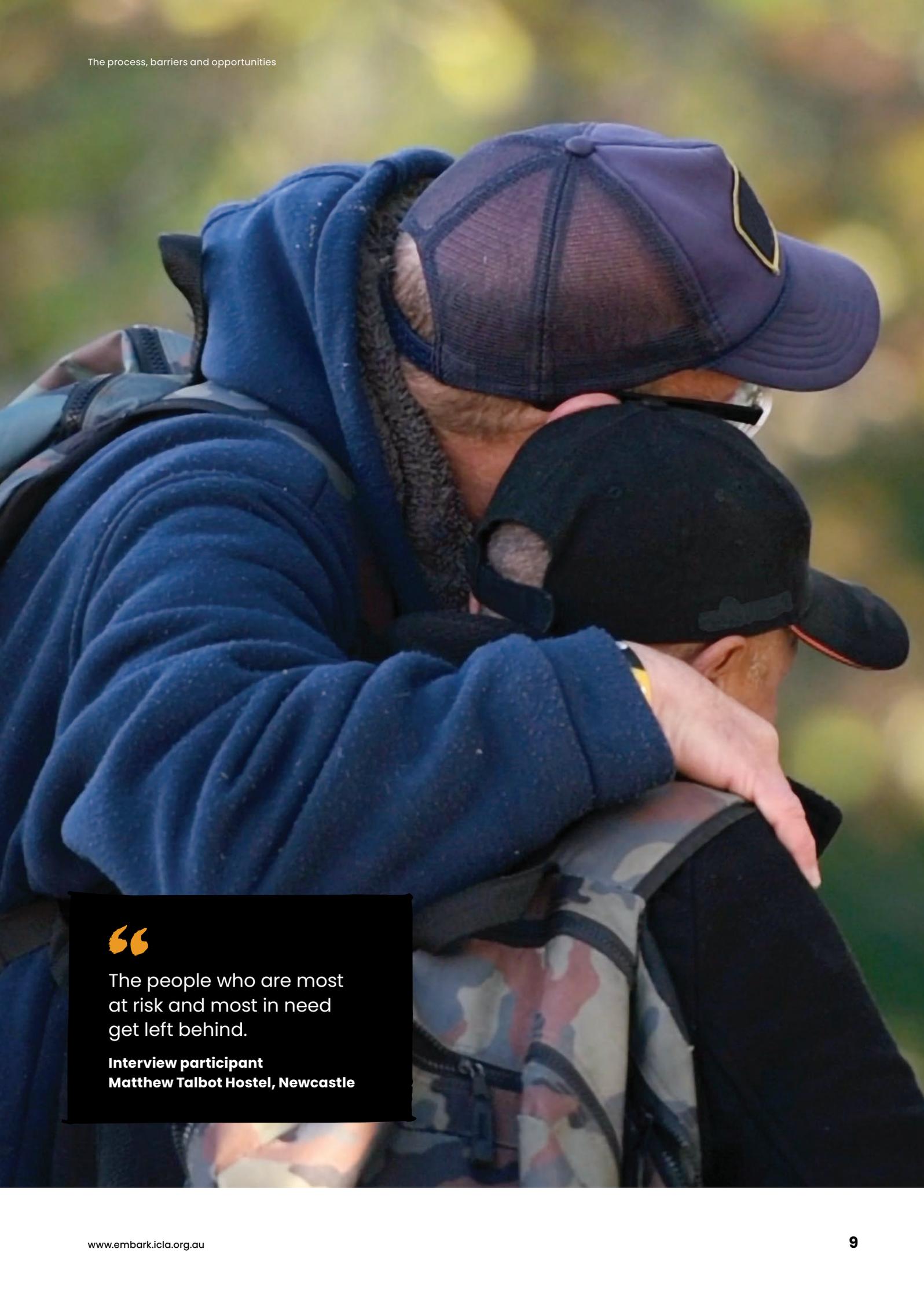
Critically, 5% of homeless persons in 2016 had a significant disability, which is defined as those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication.

People who are homeless may be:

- 'sleeping rough' or living in improvised dwellings or tents
- living in supported accommodation for the homeless
- temporarily staying with other households
- living in boarding houses
- living in other temporary lodgings
- living in severely crowded dwellings.

Homelessness in Australia:

- In 2016, there were 116,427 people classified as being homeless.
- Nearly 60% of homeless people were aged under 35 years.
- The number of homeless persons aged 55 years and above has steadily increased since 2011, from 14,581 in 2011 to 18,625 in 2016 (a 28% increase).
- Aboriginal and Torres Strait Islander peoples accounted for 20% of all homeless persons, despite making up only 3% of the entire Australian population.



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The people who are most at risk and most in need get left behind.

**Interview participant
Matthew Talbot Hostel, Newcastle**

What is psychosocial disability?

Psychosocial disability is an internationally recognised term under the United Nations Convention on the Rights of Persons with Disabilities (The United Nations, 2006, art. 18), used to describe the experience of people with impairments and participation restrictions related to mental health conditions. These impairments can include a loss of ability to function, think clearly, experience full physical health, and manage the social and emotional aspects of their lives.

Psychosocial disability relates to the 'social consequences of disability'—the effects on someone's ability to participate fully in life because of mental ill-health (World Health Organization, 2014). Those affected are prevented from engaging in opportunities such as education, training, cultural activities, and achieving their goals and aspirations. Not everyone with a mental illness will have a level of impairment that will result in a psychosocial disability.

Psychosocial disability and the NDIS

Not everyone who has a mental health condition will have a psychosocial disability, but for people who do, it can be severe, longstanding and impact on their recovery.

People with a disability because of their mental health condition may qualify for the NDIS.

To be eligible for NDIS funding, a person with a psychosocial disability must:

- be under the age of 65 when they make their application
- be an Australian citizen, permanent resident or hold a Protected Special Category visa
- meet the disability requirement.

To meet the disability requirement, a person must provide evidence that they have an impairment that is likely to be permanent that substantially affects a person's ability to take part in everyday activities. This includes conditions that can vary in intensity, such as mental illness. The important part is that the impact stops someone from doing everyday things by themselves and is likely to be lifelong.





Initial contact

Establishing and maintaining effective engagement

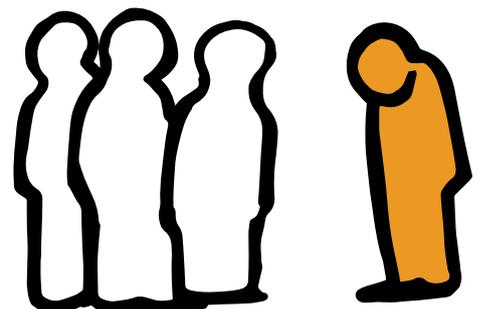
It can be extremely challenging for people with a psychosocial disability who are experiencing homelessness to engage with the NDIS and service providers. Project Embark used NDIS Navigators and Peer Navigators, who were experienced in mental health and disability support, to engage people for this Project and seek their views on the barriers and opportunities for them around the NDIS.

One of the most significant challenges for people with a long-term experience of homelessness and psychosocial disability is the need for appropriate, permanent, safe and secure housing. People often spoke to Project Embark of their hierarchy of needs, with a need to find a home more pressing than engaging with the NDIS to seek support to manage their psychosocial disability. In addition, a long-term distrust of services made it difficult for people to engage generally with support organisations, which presents a substantial barrier to the relatively complex and lengthy process of seeking access to the NDIS.



The attitude and socialisation that someone might have developed to keep themselves safe on the street might be very appropriate to that context but can make engaging with services all the more difficult. We find that a lot of the people who most need support have been refused service from organisations that could assist them, simply for being too difficult and too complex.

**Health Professional Focus Group participant
Langton Centre**



Barriers

- The NDIS process is difficult to navigate and many people require intensive and ongoing support in accessing the NDIS.
- It is difficult for individuals and service providers to make and maintain contact due to people having no fixed address and limited access to the internet or a telephone. There are also issues with a lack of safe and secure environments in which to hold confidential discussions.
- NDIS Navigators during Project Embark encountered a strong stigma and lack of knowledge about psychosocial disability. Many individuals were unwilling or reluctant to disclose or discuss mental illness and how it affects them. Others were unaware of what psychosocial disability is and what help is available to them.
- Through consultation, a significant difference was identified in how disability is viewed across cultures. A lack of culturally competent information, services and outreach throughout NSW makes it particularly challenging for Aboriginal and Torres Strait Islander peoples in this cohort to understand, access or take interest in the NDIS.
- Individuals may be experiencing substance use issues, a crisis or the adverse effects of a mental health condition, impeding their capacity for engagement when they present to homelessness service providers.
- Psychosocial disability can affect a person's capacity or willingness to communicate in a number of ways.
- It may be difficult to engage people in this cohort who have more immediate co-existing needs, such as housing, safety and food.
- Survivors of trauma are disproportionately represented amongst this cohort. Trauma survivors may find certain environments, people or topics triggering.

Opportunities

- **Directly engage with people.** People consulted in this cohort felt disenfranchised and reported having been let down in the past by service providers. Project Embark found that engaging with this cohort was most effective when conversations around the NDIS were held informally as part of free community BBQ events where people could chat, work through some simple resource pamphlets over a lunch and have the resources explained in a relevant context. The focus on going to people in the places that they felt comfortable rather than waiting for them to reach out was critical. It was also critical to directly and informally engage with people in these locations, rather than simply set up a stall and hope they would come and seek information.
- **Peer Workers can help build trust and rapport.** Peer Workers are people who may have a lived experience of psychosocial disability, homelessness, or both. They may be people who have experienced these first-hand, or they have supported a loved one through mental illness and/or homelessness. Peer Workers can provide unique support through empathy, understanding and knowledge of the issues facing consumers.
- **Provide immediate incentives.** For a cohort with many urgent needs, such as housing, food and safety, the NDIS may be perceived as an unnecessarily long process that does not directly meet any of these needs or offer any immediate help. Providing an incentive in the way of gift cards, food or warm clothing can make a big impact on how engagement is perceived.
- **Leverage rapport through existing providers.** Establishing and maintaining effective engagement with this cohort requires rapport and trust, which can take a long time to establish. By working collaboratively with service providers such as the Wayside Chapel, Newtown Neighbourhood Centre and Ozanam, the Project Embark team were able to leverage the rapport and trust that had already been established with consumers to create a safe and approachable platform for effective engagement.
- **Access available resources.** Project Embark has produced a number of resources for service providers and consumers, including videos, webinars, pamphlets, USB drives and a guide on how to access the NDIS. See the Resources section of this document for more information.
- **Build local capacity of providers that do not specialise in the NDIS.** Local working groups can identify, outline and further develop the capacity of service providers by sharing resources and facilitating knowledge exchange.
- **Work safely and effectively.** Conduct all engagement within a culturally competent and trauma-informed framework.

Understanding and explaining psychosocial disability

'Psychosocial disability' is not a common term for most people. While there is a definition for it, the reality is that each person living with a psychosocial disability will experience and describe it differently.

Of the people consulted through Project Embark:

- **56%** did not know what a psychosocial disability was
- **52%** stated that they were not aware that the NDIS could help people with mental illness.

Barriers

- Psychosocial disability is a complex and unfamiliar term to many people. Some people who have been diagnosed with a mental health condition may not identify as having a "disability", while others may report having a mental health condition but do not have a formal diagnosis. Psychosocial disability must be explained in the context of the NDIS.
- Mental illness remains heavily stigmatised, and is also understood and viewed differently across cultures, which can influence people's attitudes towards getting support. Some people may fear judgement or scrutiny from others and be reluctant to seek help.
- With limited access to support, enduring the day-to-day challenges of living with a psychosocial disability can be incredibly demanding. Some people may have never considered what they would like to achieve or what their life could be like if they had the support that they require.
- Some people experiencing psychosocial disability may distrust others or feel unsafe in unfamiliar environments, particularly if they have previously had negative experiences when trying to access support.
- Communication can be significantly impacted by cognitive impairment, delusional or derailed thought, paranoia, anxiety or other symptoms of mental illness. Not only can these factors significantly limit a person's capacity to identify and seek effective support, they can also make maintaining a dialogue about their support needs challenging and time consuming, even when assertively approached.
- There may be additional barriers particular to a person's circumstances, such as linguistic or cultural barriers, or a history of trauma.

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I won't apply for the NDIS because I don't want to take money away from people who need it. Just because someone feels 'sad' or 'depressed' that doesn't make them disabled.

**Interview participant,
Ozanam Learning Centre**



Opportunities

- **Mirror language used by the individual.** When an individual is discussing their mental illness, it is important to mirror the language they use to describe it. This ensures that the individual feels heard and understood by removing the subjectivity of terms used to describe feelings and symptoms.
- **Use goal-oriented language.** Focus on support needs rather than deficits when engaging with people, but also support them to understand that when developing evidence this will need to be translated into deficit-based language in order to meet the criteria of the NDIS.
- **Provide access to a safe and appropriate setting.** Everyone has their own definition of what a safe environment looks like. This could be indoors or outside, one to one or in a group, in an office or on the street, with a stranger or with a friend. By beginning each interaction by asking consumers where they would feel most comfortable talking and offering a range of environments and staff member demographics, Project Embark was able to provide opportunities for consumers to feel safe.

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The people in our service view disability very differently. When you start talking about someone using words like ‘psycho’ or ‘disability’, they will immediately tell you ‘that’s not me’.

Aboriginal people may identify with needing help but very few will identify as being disabled. It’s not part of our language, it’s not part of our culture.

**Interview participant,
Specialist Homelessness Service,
Jali Local Aboriginal Land Council**

Understanding and explaining the NDIS

For individuals looking to access the NDIS, understanding what it is, what it can offer and how it works can be overwhelming. Service providers play a valuable role in supporting individuals to understand and navigate their way through this process and helping to ensure that they get the funding they need.

Myths and misconceptions

Some of the common myths and misconceptions about the NDIS that were heard during direct engagement through Project Embark include:



The NDIS is only for people with a physical disability.



The NDIS doesn't offer me any money, so I don't need or want it.



The NDIS will take away my pension.



There are no supports that the NDIS can offer me.



The NDIS will take away my choice about who supports me.



If I get on the NDIS, everyone will try and take my money or think that there is something wrong with me.

“
After giving people a brief summary of what the NDIS is, the question that often followed was: ‘What’s in it for me?’
**NDIS Peer Navigator,
Project Embark**

Barriers

- Many people who have a history of homelessness may have a strong distrust of government services, based on their past experiences.
- As a complex scheme governed by legislation, understanding what the NDIS is, how it works and what it can provide can be difficult, especially in relation to psychosocial disability. Due to the complexity of the NDIS, many people who may be eligible may also be reluctant to discuss or express their interest.
- For many people, a lack of understanding of the NDIS and not having support coordination as part of their plan is a barrier to accessing relevant support, even once they have an NDIS plan. It is important that support coordination is included in an NDIS plan for this cohort.
- There is a lot of stigma around disability and mental illness. People may be reluctant to discuss their mental health using the language of disability, the functional impact that it has on their day-to-day life, the supports that they require and sensitive themes such as insurance or funding.

Opportunities

- **Be open, honest and transparent.** While it is important to address the misunderstandings about the NDIS, it is also important to be clear about what the NDIS cannot provide. The NDIS provides “funding for supports”, not money in the bank (with the exception of transport allowance). This funding will cover the cost of supports that are “reasonable and necessary”, are directly related to the individual’s disability and are not already offered by other services such as Medicare.
- **Make it relevant.** It is important to address the relevance of the NDIS to an individual’s specific needs and understanding. Establish what the person’s goals and incentives are, then address the relevance of these to the NDIS. This will help to avoid information overload, confusion, misinformation and distrust.
- **Ensure resources are accessible.** It is a good idea to provide targeted resources in a range of accessible digital and hardcopy formats. Guides with simplified language, subtitles on video resources, and digital resources that are compatible with screen readers will help to ensure that resources are accessible and meaningful for all service providers and consumers.
- **Identify how the NDIS can fill the gaps.** When explaining the NDIS and its relevance to a potential participant, it helps to begin by finding out about their everyday life, what supports they already receive, what their goals are and any challenges they have in achieving them. If someone is already accessing support, but continues to experience significant difficulty in their day-to-day life or in achieving their goals because of their disability, the NDIS may offer supports to fill these gaps.





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If someone is feeling unwell and needs to see a doctor, they can take their Medicare card along to any bulk billing medical practice to be seen by a GP of their choice and the cost of their visit to the doctor will be covered by Medicare.

But sometimes people need support with something that medication or a visit to the doctor can't fix.

Perhaps, because of their disability, someone may need help with the task of getting to the doctor or booking an appointment.

There could be a number of challenges caused by someone's disability that prevent them from achieving their goals. When someone requires a different type of support to overcome these challenges, the NDIS may provide funding to make sure that they can access the supports they need.

**NDIS Navigator,
Project Embark Workshop for Service Providers**

Applying to access the NDIS

Nine steps in applying to the NDIS



- Step 1:** Understanding what the NDIS is.
- Step 2:** Checking eligibility.
- Step 3:** Considering readiness to apply to access the NDIS.
- Step 4:** Understanding goals, functional impacts, and reasonable and necessary supports.
- Step 5:** Gathering supporting evidence.
- Step 6:** Obtaining an Access Request Form.
- Step 7:** Completing an Access Request Form.
- Step 8:** Submitting an Access Request Form.
- Step 9:** Ongoing engagement.





Step 1

Understanding what the NDIS is

The NDIS is an Australia-wide scheme that aims to improve the lives of people with disability, including psychosocial disability. The NDIS does not pay for housing; however, some packages are provided within supported accommodation services. Typically, NDIS funds assistance from support workers, modifications, transport and assistive technology.

To help understand what the NDIS is it is helpful to know that:

- it does not affect the pension
- people who receive a plan through the NDIS will have choice and control about the supports they receive
- mental illness is included where it is likely to be lifelong and substantially impacts an individual's ability to participate in day-to-day life.

The NDIS may fund reasonable and necessary supports to:

- assist with the activities of daily living (e.g. cooking meals, attending appointments and staying healthy)
- help people to achieve their goals.



Step 2

Checking eligibility

Eligibility for the NDIS for psychosocial disability is based on meeting all of the following criteria:

- aged under 65
- an Australian citizen, permanent resident or protected special category visa holder
- living in Australia
- living with a mental illness that is likely to be lifelong (permanent) and results in a substantially reduced functional capacity to participate in day-to-day life.



Step 3

Considering readiness to apply for the NDIS

The journey to access the NDIS can be time consuming, is sometimes challenging and might bring up difficult issues.

- Consider what support may be available to someone to help them through this process.
- Consider what practical support might assist someone to prepare and be realistic about what can be provided to avoid over-promising.
- Consider discussing at the outset the fact that the process will take time and that it may not be successful.



Step 4

Understanding goals, functional impacts and reasonable and necessary supports



It is helpful to have a broad understanding of goals, functional impacts and potential supports for someone considering accessing the NDIS because:

- it will enable those supporting someone to access the NDIS to make it relevant and assist them to create a vision of how it could improve their life. This can be beneficial in maintaining motivation throughout the process
- it will help to form an understanding of whether the person has a “substantially reduced functional capacity to participate in day-to-day life”, which is one of the criteria to get into the scheme
- it will help guide the kinds of evidence that may be useful to gather in support of an application.

Understanding goals

Setting goals is a key part of the planning stage which occurs after an Access Request Form (ARF) has been approved. It isn’t necessary to set goals prior to having the ARF approved, and it’s important not to limit the future planning discussion. However, Project Embark found that talking about goals during the early stages can help engage potential participants and motivate them to embark on the journey of an NDIS application.

A person’s goals might include becoming more independent, obtaining or keeping a job, learning new skills, enrolling in education, becoming more active in their community, or improving their relationships and making friends. Goals can be short-term (under 12 months) or long-term (over 12 months) and should be as specific as possible.

The process can be broken down into three key steps:

1. Establish goals.
2. Identify the barriers, caused by the functional impact of disability, that are preventing these goals from being achieved.
3. Identify the supports that would allow these goals to be achieved.

“

I am on the NDIS and it does nothing for me.

**Interview participant,
Wayside Chapel in
Kings Cross, Sydney**

Barriers

- With limited access to support, the day-to-day challenges of living with a psychosocial disability can be incredibly demanding. Some people may have never considered what they would like to achieve or what their life could be like if they had the support they require.
- There can be stigma or embarrassment surrounding disability and personal goals. Some people may fear judgment from others or feel embarrassed that they have not yet been able to achieve goals, particularly if they perceive them as being easy for others to accomplish.
- Depression, anxiety, a history of trauma or a diminished sense of self can make it particularly difficult for some people to consider and talk about their goals.

Opportunities

- **Motivate through conversation.**
When supporting an individual to consider applying for the NDIS it may be helpful to have some early conversations about their goals, both to build a rapport with them and motivate them to begin the process. To put this into practice, encourage them to first consider what they would like to learn, achieve or accomplish, regardless of how difficult or unattainable it may seem.
- **Try to identify goals in specific domains.**
Broad questions like “What are your goals?” may be easy for some people to answer, but for others, such an open-ended question may be challenging to process. Encouraging someone to consider specific goals in relation to different areas, such as social interactions and relationships, education, health and fitness, living environment and employment can be a good way of making the process less daunting.

Identifying functional impacts

The impact of psychosocial disability varies from person to person, impacting people at different points in their lives and with varying severity. It is important for the support worker to help identify impacts specific to the individual they are assisting; this should be done prior to submitting the application. This will help to form an understanding of whether the person is likely to be eligible for the NDIS.

A strong understanding of functional impacts and how they relate to a person's psychosocial disability prior to gathering supporting evidence will be beneficial in guiding health care professionals and other providers of supporting documentation to prepare consistent evidence.

Rapport plays a valuable role in supporting people to prepare for and access the NDIS. It is not unusual for support workers and service providers to have a better understanding of the day-to-day functional impacts of a person's disability than their GP or other clinicians.



A question from the WHO Disability Assessment Schedule (WHODAS) about difficulty standing for periods of 30 minutes or more might initially seem less relevant to a psychosocial disability and more targeted to a physical disability.

When using this tool as part of direct engagement, a number of people identified that while they could physically stand, standing for periods longer than 30 minutes could be problematic due to their anxiety in situations such as waiting in queues.

It helped to make sense of functional impacts and illustrate the type of support that could be provided through the NDIS (such as having funding for a support worker to attend appointments) in a way that was relevant to the people we engaged with.

NDIS Navigator, Project Embark

Barriers

- Some of the impacts of psychosocial disability can be easily overlooked, not only by the person experiencing them but also by their friends, family, carers and other members of the community. Over time, it can become increasingly difficult for people living with a psychosocial disability to identify some of these challenges, as living with them becomes just another part of their daily routine.
- Many people have difficulty communicating thoughts, feelings, emotions and symptoms. The challenges caused by psychosocial disability can be extremely complex and many of these challenges can be as difficult to explain as they are to understand.
- For most people, discussing strengths and what they can do is much easier than detailing the things that they cannot do and the reasons why. Nevertheless, identifying, understanding and evidencing all of these challenges is necessary to ensure that the person you are supporting receives the funding for the supports they require to overcome these challenges.
- People experiencing homelessness and psychosocial disability may face a range of other issues, such as domestic violence, a history of trauma and drug or alcohol use. The NDIS is only interested in the impact of the person's disability, including psychosocial disability. It can be tricky to isolate this from the impact of the range of other issues that may be present in a person's life.

Opportunities

- **Think about life without support.** Encourage the person you are supporting to consider what their life would look like without any supports. If the person you are supporting is successful in accessing the NDIS, it is important that they can access the supports they need.
- **Utilise tools and resources.** The World Health Organisation Disability Assessment Schedule (WHODAS) is a useful tool to gather information on functional capacity and to develop a better understanding of how a person's mental-health-related disability affects their day-to-day life. This is a self-reporting tool that an applicant can complete on their own or with a support person. It can also be useful to help understand the less obvious impacts of a psychosocial disability

The Life Skills Profile (LSP-16) is another useful tool for identifying the functional impacts of a person's disability. This tool can be completed by a support worker without the applicant present. The NDIA only views the LSP-16 as valid when completed by someone who has completed training relevant to the LSP-16. This training can be completed online. See the Resources section of this document for more information.
- **Focus on the impact of the disability.** The NDIA will only consider the functional impairment caused by a person's disability, including psychosocial disability. It is not necessary to include information about other life circumstances, such as domestic violence, a history of trauma or drug and alcohol use. While the impact of these can be significant, for the NDIS it is important to focus on the impact that the person's disability has on their ability to live their life their way.
- **Provide support and offer to assist where possible.** As this can be a difficult and potentially triggering process for some people, you can support someone by gathering this information from other providers on their behalf (with their written consent) and providing supporting evidence yourself. Remember to always check in with the person you are supporting about how and when they want to be supported.
- **Be conscious of people's needs.** If a person you are supporting is unable or unwilling to disclose or identify their goals or challenges, they may not be ready to apply to the NDIS or they may need more support to do so. Make note of how you have tried to support them, what has worked and what has not worked. Being patient, person-centred and trauma-informed is essential at every stage.

Identifying reasonable and necessary supports

Once someone has identified their goals and the functional impacts that make the achievement of their goals challenging, it can be helpful to identify the reasonable and necessary supports needed to achieve their goals and participate in their day-to-day life.

If someone is successful in accessing the NDIS, these supports will be discussed in their planning meeting with an LAC or NDIA planner, so identifying required supports is not essential at the application stage. However, having a clear understanding of what the NDIS can provide, what supports are needed, and what evidence is required can be very helpful in obtaining access to the NDIS.

Barriers

- Supports must be reasonable and necessary, and specifically support the impairments caused by the person’s disability, including psychosocial disability.
- The NDIS will not provide funding for supports that are already available through other government-funded services such as Medicare or TAFE.

Opportunities

- **Be honest, open and realistic.** Take care to avoid over-promising what the NDIS may be able to deliver for someone.
- **Personalise the process.** Ensure you focus on the potential for the individual.
- **Make sure you have the evidence.** Evidence all support requests, use objective language, and avoid comparisons and anecdotes.







Step 5

Gathering supporting evidence

Gathering supporting evidence is the most important part of successfully accessing the NDIS.

What does the supporting evidence need to show?

It is important that the supporting evidence focusses on the specific criteria for accessing the NDIS.

In particular, for someone to be found eligible for the NDIS they will need to show:

- that their disability is likely to be permanent
- that the disability results in a substantially reduced functional capacity in at least one of the following areas of everyday life: communication, social interaction, learning, mobility, self-care and self-management.

Who can contribute supporting letters and evidence in support of an access request?

The NDIS will accept supporting letters from a variety of people, including:

- psychiatrist
- GP
- psychologist
- mental health nurse
- occupational therapist
- social worker
- support workers
- carers, family and friends
- the person themselves.

However, Part F of the ARF should be completed by a doctor. Even if someone does not put in an ARF, they should include a supporting letter from a doctor. Through Project Embark, we found that it is important that this letter lists a diagnosis, and clearly states that the condition is permanent or likely to be permanent. If the doctor is in a position to provide information on the functional impact of the psychosocial disability this should also be included.

Support workers can also provide invaluable evidence about the functional impact of someone’s disability, particularly if the person has not had a regular doctor. Support workers, including homelessness support service staff who have been working with someone for an extended period, are often in a great position to provide a support letter.

Barriers

- The costs associated with accessing allied health professionals and obtaining medical documents can be prohibitive for many people experiencing homelessness.
- Many people experiencing homelessness do not have a regular doctor, and some doctors may be reluctant or unable to provide the information required by the NDIS for new patients.
- Due to the factors listed above, many people experiencing homelessness have not received a formal diagnosis.
- Many doctors are not familiar with the NDIS, the eligibility criteria or the kinds of information the NDIA requires.
- Limited access to email or computer facilities will also restrict a person's ability to collect and store documents during the process of gathering evidence.
- Many providers do not have sufficient capacity or resources to provide support with gathering evidence for people seeking to access the NDIS.
- The deficit-based language of the NDIS must be understood and used in supporting evidence for someone to be able to access the NDIS. However, most people find this language difficult to understand, intimidating and/or triggering.

“

I am meant to be seeing my doctor to get treatment; however, I end up spending my time educating him about the NDIS.

Interview participant Newtown Neighbourhood Centre



Opportunities

- **Liaise with the doctor before the appointment.** If the person gives their consent, liaise with the doctor before the appointment to explain its purpose. This allows the doctor more time to prepare and ensures that a long appointment can be booked so there is enough time.
- **Gather supporting evidence before completing an ARF.** Ask the doctor completing the ARF to directly reference the points included in the other supporting documents. If the person does not have a regular doctor, engage with the local Primary Health Network to recommend a GP who is familiar with the NDIS.
- **Use deficit-based language.** Unfortunately, the NDIS needs to know about the negative impacts of someone's disability. This means supporting evidence needs to focus on deficits, rather than strengths. It is important to let the people providing supporting evidence know this. It is also important to talk to the person you are supporting about the deficit-based language and what support they need when hearing or reading it.
- **Ensure information is consistent and avoid conflicting information.** While each supporting evidence document obtained will contain different information from different perspectives, it helps to have each piece of evidence pointing in the same direction. For example, to be eligible it needs to be clear that the disability is likely to be permanent. If this is the case, it is important that the supporting documents make it clear that all appropriate treatments have been tried. It is also important to avoid including evidence that may falsely suggest otherwise. For example, a hospital discharge summary might say a treatment is going to be tried when it is not appropriate or has already not worked. This kind of evidence can confuse the NDIA.
- **More is not better.** It is common to want to include as much individual history as possible with an ARF. However, it is better to avoid this and just focus on ensuring that the documents provided are consistent and prove the person meets the eligibility criteria.
- **Consider a chronic disease management plan.** Allied health professionals, particularly occupational therapists, can provide strong supporting evidence but, for most people, these services are not accessible or are too expensive. However, some people may be able to access these services for free under Medicare by obtaining a chronic disease management plan. If the eligibility criteria are met (most people who can access the NDIS meet the eligibility criteria), a person can access up to five allied health sessions. This includes occupational therapy and physiotherapy, as well as access to dieticians, psychologists and mental health workers.
- **Provide assistance with information storage where possible.** Support participants by storing their documents on a USB or other storage device and, with consent, requesting documentation from other providers on the person's behalf. This can save participants valuable time and money related to travelling to various service providers to obtain their documents.
- **Monitor NDIS timeframes.** After applying to the NDIS, they will sometimes request for additional supporting evidence to be submitted within a set timeframe. If one piece of supporting evidence is supplied within this timeframe, the NDIA may allow additional time to submit further evidence.

Writing a strong supporting letter

If you are writing a supporting letter, it is important to clearly outline the following information:

- Describe your relationship to the person and how long you have known them.
- Provide detail about what their diagnosis is, if they have one (referencing any specific assessments or reports that relate to diagnosis).
- Describe how the person meets the criteria of having a “substantially reduced functional capacity” as a result of their psychosocial disability.
- Make reference to whichever of the six areas of daily living (mobility, communication, social interaction, learning, self-management and self-care) where the person has a substantially reduced functional capacity.
- Under a heading for each relevant area, clearly state the person’s need and provide specific examples.
- State the factors that cause this need and how they relate to the person’s diagnosis, associated treatment and/or associated psychosocial disability.
- State the functional implications of these factors and how they make the participant unable to achieve their goals, ensure their safety and/or participate in the community.
- Where applicable, state how this impacts others, such as members of the community, family members, carers or mainstream services.
- If possible, outline the frequency and type of support that is reasonably and necessarily required, what this support will allow the participant to achieve and the negative impacts resulting from the current lack of access to this support.

It is also useful to gather any financial administration, guardianship and community treatment orders that are relevant, as they can help show the impact of the psychosocial disability. These reports and letters can be useful to provide to the doctor to help them when they are filling in Part F of the ARF.

Translating information into supporting evidence

Below is an example case study for Maria, a woman you are supporting in your role as a homeless service support worker:



Maria has a diagnosis of schizophrenia. You have noted that Maria experiences anxiety and paranoia when other people are around. You know that, at times, Maria's paranoia is so bad that she is unable to leave the temporary accommodation she currently resides at for doctor's appointments or the support group meeting that she normally attends every week. Maria has expressed that when she has someone to reassure or accompany her, she is able to overcome her paranoia and always feels better after leaving the accommodation. Unfortunately, at the moment, Maria rarely has access to this support. On the next page are two examples of how this knowledge could be translated into supporting documentation for Maria's application to access the NDIS.

Weak evidence:

Maria's diagnosis of schizophrenia causes her anxiety, which makes it difficult for her to engage socially or leave the house. This has resulted in Maria missing out on appointments and social gatherings. Having a support person to reassure or accompany her would help Maria in being more engaged in the community and attending appointments.

→ Note how the example above does not make clear the functional impact of Maria's psychosocial disability or the significance of the impact. Support sounds more like a 'nice to have' rather than reasonable and necessary to address a functional impairment that cannot be overcome without appropriate support.

Strong evidence:

Maria is unable to freely access the community and attend important medical appointments due to the anxiety and paranoia that directly results from her diagnosis of schizophrenia. Maria's schizophrenia is treated with Clozapine. This medication requires strict compliance and regular reviews by a Clozapine clinic.

While this medication assists in managing some symptoms of schizophrenia, it also causes Maria to experience chronic tiredness and increased appetite, and does not manage the significant functional impact of Maria's paranoia and anxiety.

To freely access the community, and maintain her mental health, Maria requires a support person for 3 hours per week to accompany her to medical appointments, manage her medication and provide reassurance when accessing the community.

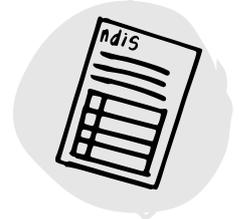
The absence of this type of support has exacerbated Maria's social isolation and previously resulted in multiple instances of hospitalisation for extended periods (provide dates and length). Maria reasonably and necessarily requires this support to allow her to achieve her goal of freely accessing and participating in the community and accessing the mainstream supports required to ensure her wellbeing.

→ In this example, it is clear that Maria's psychosocial disability substantially reduces her ability to live her life and outlines the potential consequences of not having this type of support.

TIP: The NDIA need to know what the person is unable to do. Language is important. Key words and phrases to use include:

- substantial functional impact
- lifelong
- unable to
- cannot do X without Y
- does not currently have access to X, therefore is unable to do Y
- cannot achieve goals or be an active participant in their own life without X supports
- this is evidenced by (reference relevant medical documents or the ARF)
- reasonable and necessary supports.

Step 6 Obtaining an Access Request Form



A request to access the NDIS can be lodged by filling out a paper ARF or by making a Verbal Access Request (VAR).

An ARF can only be obtained by contacting the NDIA (1800 800 110) and asking them to send one out to you.

A VAR is completed by ringing the NDIA (1800 800 110) with the person applying present. The NDIA representative will then talk you through the process and get you to provide the person's basic details (such as name, date of birth, etc.) and information on their disability (including primary diagnosis, the year they were diagnosed and any other disabilities). They will also provide information about how and where to send supporting documentation, which will need to be done within 28 days.



Step 7 Completing an Access Request Form

Once the ARF has been received, it will need to be completed by filling out personal details. If the person you are supporting does not have consistent accommodation, consider using the address of a family member or organisational contact details from a support provider for the application form.

A medical professional should complete Part F of the form. If a GP is going to fill in Part F, it is important to book a long appointment for this. You can contact your local Primary Health Network for suggested GPs who offer bulk billing services.

The applicant will need to sign and date the form when it is completed.

These are a number of factors that can make this process difficult for individuals and service providers, and a number of ways in which service providers can provide support.



Barriers

- The processes around applying to the NDIS often require access to a computer or a phone. This can be difficult for people experiencing homelessness. Even with access, low levels of computer literacy may hinder the process. These logistical issues also impact the ability to print and store information
- Some people with a psychosocial disability have a reduced capacity for communication and/or low literacy skills. A strong application requires a fairly high level of competency and familiarity with the ARF and NDIS. This can be challenging for people who have limited knowledge of the NDIS and who lack support during the application process.
- Receiving, understanding and responding to follow-up correspondence is challenging if an individual does not have a residential address to include on their forms.

Opportunities

- **Use a trauma-informed approach that grants voice, choice and control to the person.** Explain the application process and discuss with the person directly whether being involved in this process is likely to empower them, or whether it will trigger them.
- **Identify a contact person.** Register a contact person on the ARF who can receive and send communication on the person's behalf. This could be a support worker, case manager, service provider, friend, family member or guardian.
- **Help the applicant to create a free email account.** Service providers can help applicants to store NDIS information from a range of sources in an email account, which they can access via services or libraries.
- **Provide USBs for people to collect documents.** A USB is a good place to store NDIS related information. You can assist the person to scan and save their information to the USB.



Step 8

Submitting the Access Request Form

Once the ARF has been completed, it should be submitted to the NDIA, along with the supporting documents.

This can be done by:

Email: nat@ndis.gov.au

Post: GPO Box 700, Canberra ACT 2601

Or in person at your nearest NDIA office.

Make sure you keep a copy of the ARF and supporting documents. It is also a good idea for support providers and health professionals to keep a copy of their supporting letters or reports on file (with permission).

Make a note of the date you submit your ARF. Generally, the NDIA aims to respond to each ARF within 21 days.



Step 9

Ongoing engagement

Staying in touch and staying motivated.

Accessing the NDIS is a time-consuming process which requires input from multiple people and organisations. The person will need to provide and receive information from their support providers and the NDIA throughout this process. The various challenges faced during the NDIS access process can make it difficult for individuals who are experiencing psychosocial disability and homelessness to stay motivated and engaged in their NDIS application process.

If the ARF is not approved, do not be disheartened—applicants have the option to resubmit their application with further information. Sometimes it can take a couple of attempts to pull all the required information together in a way that is consistent.



Barriers

- Planning and applying for the NDIS is a long and sometimes difficult process. For a cohort with a number of immediate needs (food, housing, safety), there is no immediate incentive to invest significant amounts of time, money and effort to complete forms, gather evidence and navigate the deficit-based application process.
- The deficit-based application process can be demotivating and demoralising.
- Gathering supporting evidence can be expensive if it requires visits to GPs or other clinicians.
- It can be difficult to promote optimism while remaining realistic and not over-selling.
- People may have high expectations for their access request to be approved. If this doesn't happen, they may be very disappointed and may feel discouraged from applying again.

Opportunities

- **Manage expectations.** Be clear from the outset about the fact that the process can be long and difficult, and be upfront about what support you are able to provide. Also discuss upfront the possibility that the NDIS may ask for more information.
- **Reinforce benefits.** Continuously remind and orientate the person you are supporting to the reasons why each step in the process is necessary and the positive changes that NDIS supports could make in their life.
- **Consider other options.** It may be a good idea to explore other pathways of support while you are waiting to hear from the NDIA.

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Project Embark would like to acknowledge the people, organisations and service providers we consulted throughout the project who shared their experiences and helped us to map the barriers and challenges in supporting people living with psychosocial disability and experiencing homelessness to access the NDIS.

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Ability Links	Hunter Primary Care	Our Backyard
Anglicare	Hunter New England Local Health District	Ozanam Learning Centre
Awabakal	Hunter New England Central Coast Primary Health Network	Paramatta Mission
Baptist Care Mayfield Community Centre	Illawarra Homelessness Coordination Services	Rainbow Lodge
B Miles Women's Foundation	Illawarra Shoalhaven Local Health District	Shoalhaven Homeless Hub
Carrie's Place	Jali Local Aboriginal Land Council	Social Futures
Central Coast Community Council	Legal Aid	South Eastern NSW Primary Health Network
Central Coast Local Health District	Liverpool Community Kitchen & Hub	South Eastern Sydney Local Health District
Central Coast Primary Care	Liverpool Men's Centre	South Western Sydney Local Health District
Central Coast Outreach Service	Lou's Place	South Western Sydney Primary Health Network
Central and Eastern Sydney Primary Health Network	Mathew Talbot	St Vincent de Paul Society
Coast Shelter	Ministry of Health	Supported Accommodation & Homelessness Services
Cognitive Disability Services for Justice Health and Forensic Health Network	Mission Australia	Shoalhaven Illawarra
Cumberland Women's Health Centre INC	Mental Health Coordinating Council	Sydney Local Health District
Doorways	Momentum Collective	The Station
Enable	National Disability Insurance Agency	Wayside Chapel
Exodus Foundation	Newtown Neighbourhood Centre	Wayside Chapel (Aboriginal contact)
Fred's Place	North Coast Primary Health Network	Weave
Gilimbaa	Northern NSW Local Health District	Western Sydney Single Men's Homelessness Services
Harris Park Community Hub	Northern Rivers Community Gateway	Western Sydney Local Health District
Haymarket Foundation	Nova for Women and ChildrenOne Door	Western Sydney Primary Health Network
Homelessness NSW		Winsome Hotel Soup Kitchen
Homeless Outreach Prevention and Rapid Rehousing Service		
Hope Street		

Resources



Links to these resources and the videos and tools produced by Project Embark are available on embark.icla.org.au

UNDERSTANDING AND EXPLAINING THE NDIS

- *Assisting people with psychosocial disability to access the NDIS: A guide for Commonwealth-funded community mental health service providers*
Department of Social Services, Australian Government (2017)
www.dss.gov.au

WRITING A STRONG SUPPORTING LETTER

- *A quick guide to the NDIS for GPs and allied health professionals*
Central and Eastern Sydney PHN (2017)
www.cesphn.org.au
- *Information about obtaining a chronic disease management plan*
Department of Health, Australian Government (2014)
www.health.gov.au

OBTAINING AND COMPLETING AN ACCESS REQUEST FORM

- *What is an Access Request Form?*
National Disability Insurance Agency (2019)
www.ndis.gov.au
- *How to complete an Access Request Form*
Summer Foundation (2018)
www.summerfoundation.org.au

IDENTIFYING FUNCTIONAL IMPACTS

- *Providing Evidence of Functional Impacts for Psychosocial Disability Aftercare* (2017)
www.aftercare.com.au/wp-content/uploads/2017/07/Defining-Functional-Impacts-Tool.pdf
- *WHO Disability Assessment Schedule 2.0 (WHODAS 2.0)*
World Health Organization (2018)
www.who.int
- *Life Skills Profile – 16*
Australian Mental Health Outcomes and Classification Network (AMHOCN)
<https://www.amhocn.org/publications/life-skills-profile-lsp-16>

Online training to complete the tool is also available from AMHOCN

References



Australian Bureau of Statistics, 2012, Information Paper

A Statistical Definition of Homelessness, cat. no. 4922.0, viewed 12 July 2019, <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Latest-products/4922.0Main%20Features22012?opendocument&tabname=Summary&prodno=4922.0&issue=2012&num=&view=>

Australian Bureau of Statistics, 2016, Census of Population and Housing, Australia

Estimating Homelessness, cat. no. 2049.0, viewed 26 June 2019, <https://www.abs.gov.au/ausstats/abs@.nsf/Latest-products/2049.0Main%20Features12016?opendocument&tabname=Summary&prodno=2049.0&issue=2016&num=&view=>

Dobson, M. & Montoya, D. (2018, number 4).

Homelessness in NSW: Electorate Statistics. NSW Parliamentary Research Service, viewed 26 July 2019, <https://www.parliament.nsw.gov.au/researchpapers/Documents/NSW%20Homelessness%20by%20SED%20-%20Key%20Statistics.pdf>

The United Nations. (2006).

Convention on the Rights of Persons with Disabilities. Treaty Series, 2515, 3.

World Health Organization and Calouste Gulbenkian Foundation (2014)

Social determinants of mental health. Geneva, World Health Organization.



Project Embark is funded by the National Disability Insurance Scheme (NDIS).

Visit the NDIS website for more information www.ndis.gov.au

For information, support and advice about the NDIS:

Visit the NDIS website, contact
your local NDIA office or call
the 1800 number directly



www.ndis.gov.au

The NDIA: 1800 800 110



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information www.ndis.gov.au*