

Holistic Assessment and Reporting

The importance of holistic assessment and reporting in the NDIS



FUTURE ALLIES

Developing tomorrow's NDIS Allied Health professionals

Holistic Assessment and Reporting

Provision of services

The changes to the provision of services with the NDIS aims to empower people with a disability. It provides each individual with the freedom of choice and control over the services and supports they need to fully participate in the community..

This shift from prescribed services to a person-centred approach invites each participant to contribute in the way they wish to and are comfortable with contributing to the planning conversation.



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Holistic Assessment

Prospective NDIS Participants undertake an holistic assessment through the NDIA which considers whether a prospective participant meets the access criteria for the NDIS.

The NDIA develop a comprehensive view of the prospective participant's circumstances by:

- examining all relevant information provided by the prospective participant (such as the information provided on the access request form and any diagnostic or assessment information provided).

- considering information and evidence from a range of different sources, including from the prospective participant, family members, carers, medical and allied health practitioners and/or service providers.
- talking with the prospective participant and, with the prospective participant's consent, their family and/or carers.
- in some circumstances, judgments about the weight or value of particular pieces of evidence will often need to be made. The source of the evidence and the purposes for which it is being used will have an impact on the value of the evidence. For example, evidence from a doctor on a specific medical matter would be given considerable weight.

<https://www.ndis.gov.au/operational-guideline/access/determining-access-criteria>



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As an Allied Health professional you may be required to contribute assessments and documentation as part of the NDIA assessment of a prospective participant's eligibility to be a part of the NDIS.

Once a prospective participant is approved then a participant's plan needs to be prepared. The plan is then monitored and reviewed regularly.

https://www.openlearning.com/courses/ndis/plans_and_funding_activity.



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An important part of developing a participant's plan is the planning and assessment conversation that the NDIA delegate will have with the participant and, if required, their supporters. This will ensure that the plan is developed to the fullest extent possible by the participant.

The Allied Health professional may have already provided an assessment and recommendations that have been included in the information provided as part of the original assessment but can also be contacted to provide further specialist assessments.



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As an Allied Health student on placement in an NDIS service some of the documentation you complete may form part of an assessment or record of an ongoing plan.

Information you collect and document needs to be detailed and accurate as it forms part of the larger, detailed picture of the participant, their disability and their support.



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10 Steps to excellent NDIS therapy reports

Victorian Advocacy League for Individuals with Disability [VALID] have produced 10 Steps to excellent NDIS therapy reports (2018), a good practice guide for Allied Health professionals preparing reports for NDIS participants. This guide is helpful for both assessment and progress reports.

The following is based on their guide.

<https://www.valid.org.au/sites/default/files/10-steps-to-excellent-National-Disability-Insurance-Scheme-NDIS-therapy-reports-v1.pdf>



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10 Steps to excellent NDIS therapy reports

The 10 steps are:

1. Understand that the NDIS is different
2. Start with plain language
3. Provide evidence for everything
4. Make clear, strong recommendations
5. Understand 'reasonable & necessary'
6. Explicitly respond to the reasonable & necessary criteria
7. Therapies must achieve outcomes
8. Stay within scope
9. Focus on readability
10. Be appeal ready



Holistic Assessment and Reporting

10 Steps to excellent NDIS therapy reports

Step 1: Understand that the NDIS is different

The NDIS is different to historical disability support systems. It aims to build the capacity and independence of people with disability. Therefore the reports required may be different in scope, content, and level of details than other reports allied health and other professionals are used to providing.



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10 Steps to excellent NDIS therapy reports

Step 2: Start with plain language

All reports should be written in plain language, which is language designed to make sure the reader understands it as quickly, easily, and completely as possible, so that people without specialist expertise can understand key points and recommendations. Do not use jargon or long, complex sentences. Use active sentences.

For example, say 'Joe can choose between two activities by pointing at a picture of the activity' rather than 'Binary choices between activities can be made by Joe with visual supports' or 'Joe was observed to make a choice between activities using symbol cards and gestures'.

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Step 3: Provide evidence for everything

This should be second nature to allied health students, who are very familiar with the need for evidence-based practice

<https://guides.mclibrary.duke.edu/c.php?g=158201&p=1036021>.

Link the therapy goal/s that you are either planning (for an assessment report) or have worked on (for a progress report) to the participant's NDIS goal.

Report the quantifiable progress made against goals. To do this you will need to ensure you are keeping accurate progress notes.



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Step 3: Provide evidence for everything

Detail methods of service delivery. These will vary from site to site and participant to participant.

Present a view on the likelihood of the recommended supports improving the participant's capacity and how you determined this.



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Step 4: Make clear, strong recommendations

Effective reports directly link the recommended NDIS funded supports with the NDIS goals of the participant. Be explicit in linking these.



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Step 5: Understand 'reasonable & necessary'

The NDIS only funds supports for NDIS participants that are 'reasonable and necessary'

- Reasonable means what's fair and sensible.
- Necessary means that participants need to have it because of their disability.
- Support means something participants need to help them attain their goals.

For more information view the following <https://youtu.be/TAMD1S-gorM>



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Step 6: Explicitly respond to the reasonable & necessary criteria

Your reports should detail how the recommended supports, whether therapy or equipment, will help the NDIS participant to achieve their NDIS plan goals. Progress reports should provide objective results of the therapy provided.

The report should contain information on how the therapy is value for money. For example, not providing a specialised chair may lead to injury and loss of function.



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Step 7: Therapies must achieve outcomes

Reports must specify the anticipated quantifiable outcomes of the interventions recommended. Different organisations may use particular systems for outcome measures.

Reports should detail the risk of not providing the recommended supports.

Good reports will include a 'success statement' for each therapy goal. It is often helpful to word your therapy goals as success statements, e.g. 'Joe will consistently choose his desired leisure activity or food and drink when given two picture options', rather than 'To improve Joe's ability to make choices'.



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Step 8: Stay within scope

Providers should avoid undertaking assessments or making assertions that are outside their field of expertise. Working within a multidisciplinary team will help you develop a sense of where your skills and knowledge about participants' needs fit within their wider goals.

Report recommendations made should be specific to the profession of the therapist submitting the report. If part of a multidiscipline team, discuss recommendations as a team.

Ensure that all recommendations are based on valid, reliable and rigorous tests/tools and that the supports/items recommended are generally considered good practice in your field.



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Step 9: Focus on readability

The NDIS needs to be able to quickly identify the key information in your reports – the recommendations and their evidence – to assist their funding decisions.

Reports written in a way that assists decision-makers are the most helpful to the NDIS participant. Clearly written, well reasoned, objective and evidence-based reports are essential.



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Step 9: Focus on readability

Use headings to help make the report easy to read. If appropriate, produce a version of your report in Easy English (https://www.scopeaust.org.au/wp-content/uploads/2014/12/Easy-English-fact-sheet_Accessible.pdf) so that it is accessible to both the participant and NDIA planner.

Many Allied Health professions have specific report writing standards, and/or guidance for therapists on how to write reports. Make sure that you ask your placement educator if there is an organisation specific format or even proforma that can guide you in writing NDIS funding reports.



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Step 10: Be appeal ready

If a support is not approved in a plan, or an NDIS participant does not believe they have been provided with adequate support, the participant can request to have their plan reviewed.

If an internal review does not resolve the claimed gap in support, participants can then appeal the decision at the Administrative Appeals Tribunal (AAT).

In these situations, the NDIS participant may then use the therapy report as part of their evidence when requesting a review with the NDIS, or appealing a decision made by the NDIS at the Administrative Appeals Tribunal.



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Records

Information (such as existing reports or reports commissioned by the NDIA) provided by clinicians and used to support the planning process must be recorded accurately and completely. These must also be stored safely because all decisions and reviews of participant plans are reviewable by the Administrative Appeals Tribunal .



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References

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