



Local Coordination Operational Policy – Support Needs Assessment

Purpose

This Policy outlines how the support needs of a person accessing Local Coordination are assessed to inform the planning process.

Scope

This Policy applies to all Local Coordination areas and is applicable to people with disability accessing Local Coordination support.

Definitions

Term	Definition
Planning and Assessment Tool	The Planning and Assessment tool is a computer-based recording tool, into which the Local Coordinator enters information from a range of sources about a person's capacity across 13 domains. The tool charts indicate levels of support required across ten domains. This approach is consistent with the NDIS Rules regarding assessment tools referencing the World Health Organisation's International Classification of Functioning, Disability and Health.

Principles

The principles that underpin this Policy are:

- People with disability have the same rights and responsibilities as all other people to participate and contribute to the life of the community.
- Services provided by Local Coordination are complementary to, not a replacement for nor duplicate of, existing supports and people should be assisted to coordinate all available supports.

- People with disability can exercise choice and control in the selection, design and implementation of their supports and services.
- Planning may identify a requirement for formal supports and services; these are most effective when they are complementary to, and strengthening of, informal natural relationships and connections in the person's life.
- Investment in the capacity of eligible people with disability aims to minimise lifetime support costs.
- All citizens have equal access to supports from the service system most appropriate to their needs.
- Activities and services are to be designed and administered so as to be sensitive and responsive to the person and the diverse needs of all people with disability taking into account age, gender, religion, Aboriginality, cultural or linguistically diverse backgrounds, developmental needs, and geographic location.
- Local Coordination is responsive to the changing needs of people, whether as a result of unforeseen variations in a person's circumstances or foreseeable life transition points.

Introduction

Planning is central to the Local Coordination approach. Plans provide direction to enable people with disability to work towards their individual goals for a good life. A needs assessment helps the person and their family to look at different parts of their life to identify goals, with the Local Coordinator. This informs the strategies in the plan to achieve these goals.

A Support Needs Assessment gathers information to help with planning and provides an understanding of the person's strengths and abilities and the barriers that may prevent achievement of their goals. Best practice recommends that a needs assessment is conducted in the early stages of planning with each person and their family.

Implementation

This Policy will be implemented in Local Coordination areas.

The information required to complete a needs assessment can mostly be gathered by the Local Coordinator during conversations with the person, their family or carer, or relevant stakeholders. The assessment will be conducted in a responsive and non-intrusive way and can be completed over a period of time.

Local Coordinators are expected to use their judgement (drawing upon their skills, experience and expertise) in determining the depth and pace of these discussions, how this information is gathered and the manner of engagement with the person. They will be sensitive to the person's needs and circumstances. For example, some people may find the needs assessment highly beneficial and others may find it overly intrusive.

The assessment will be of appropriate rigour reflecting a balance between the information a person provides, the complexity of presenting needs and level of supports, and the funding which may be required.

Information to complete the Planning and Assessment tool may be sought from a range of other sources, for example existing files, medical reports, information and assessments. A Local Coordinator may require assistance to understand the information available and may seek the expertise of other staff and/or professionals, including an Allied Health Consultant and the Neurodevelopmental Disability Assessment Services team.

The needs assessment completed in the development of the person's first plan may not need updating for subsequent plans. However, it may become evident during planning conversations between the person and the Local Coordinator that there has been a change in needs and a new needs assessment would inform a new plan. The needs assessment should be updated at least:

- every three (3) years for adults
- every two (2) years for children aged between 7 and 18 years old
- annually for children under 7 years of age.

Planning and Assessment Tool

There are two versions of the Planning and Assessment tool. One has been developed for use with adults (aged 18 years and over) and one is for use with children (aged 0 to 17 years). The Planning and Assessment tool evaluates the area and nature of support needs across 13 domains.

The Planning and Assessment tool allows a more detailed consideration of needs where any one of the domains, or core areas of functional capacity, is significantly and permanently impaired and is identified by the person as presenting specific challenges that would need to be addressed to enable them to achieve their individual goals.

The Planning and Assessment tool covers any difficulties experienced by the person and the impact of their disability in the domains of:

- **Learning and applying knowledge** - for example understanding and remembering information, learning new things, practicing and using new skills and ideas.
- **General tasks and demands** - for example doing daily tasks, managing daily routine, handling problems or making decisions.
- **Communication** - for example being understood, in their preferred language (spoken, written or sign language), and understanding others (includes difficulties with hearing).
- **Mobility** - for example moving around the home, moving about in the community (including using public transport or a motor vehicle), getting in or out of bed or a chair. This includes difficulty due to visual impairment.
- **Self-care and special health care needs** - for example showering/bathing, dressing, eating, toileting, caring for own health or special health care needs.
- **Domestic life** - for example preparing meals, cleaning, housekeeping, shopping, home maintenance or caring for others.

- **Interpersonal interactions and relationships** - for example making and keeping friends and relationships, behaving within limits accepted by others, coping with feelings and emotions.
- **Community, social and civic life** - for example community activities, recreation and leisure, religion and spirituality, human rights, political life and citizenship, play and participation in community activities as appropriate for their age.
- **Education and training** - for example undertaking activities and participating at school, college or any other educational setting.
- **Employment (paid or voluntary work) (pre-employment for adolescents)** - for example looking for work, work preparation and sustaining employment.
- **Support needs for sustaining informal care** – for example supporting the carer to maintain their caring where the carer may be a family member, partner or friend who provides unpaid care in the person's home.
- **Assistive technology, equipment and home modifications**
- **Individual empowerment and vulnerability** - for example safeguards and impending risks to health, safety or wellbeing of the person or of others.

Scoring matrix

The scoring matrix and chart are automatically generated within the spreadsheet based on information entered into the Tool.

The scoring matrix element of the Planning and Assessment Tool complements the qualitative information collected and supports the process of assessing the level of need and reasonable and necessary funding required by the person.

The supports identified in the plan, both funded and informal, should be generally reflective of the pattern of needs as represented in the matrix and chart.

These are considered with all other assessment information gathered to inform decision-making in relation to individual support needs and any funding allocation.

Other related documents

Local Coordination Planning Framework

Local Coordination Operational Policy – Funded supports in the plan – Reasonable and Necessary

Local Coordination Operational Policy - Individualised Funding

Planning and Assessment Tool (adult/child)

Document control

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1 Amendments

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1	6 May 2016	Program Support	Review by 6 May 2018
2	1 May 2018	Program Support	Review by 30 April 2020
3	January 2021	Program Support, State-wide Services, Community Services Division	Review by January 2022