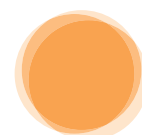


GETTING THE LANGUAGE RIGHT

A HEALTH PRACTITIONERS' GUIDE TO WRITING REPORTS, LETTERS, FORMS AND ASSESSMENTS FOR THE NDIS



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FOUNDATION

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WHY THE WORDS YOU USE MATTER

Communication and mutual understanding are fundamental to working together, but different systems often use different terminology, and come with their own jargon. Knowing how to convey the right information, in the right words, from one system to the other, is essential.

A great example of this is the term 'rehabilitation'. In a health context it means restoring someone's functioning as much as possible to pre-injury abilities through allied health therapy and intervention. In a justice setting it means supporting someone who has been convicted of a crime to re-integrate back into society and to counter any future offending. And in the context of drugs and alcohol, rehabilitation describes the process of medical or psychotherapeutic treatment for someone substance-dependent. So, when you use the term rehabilitation, you need to know your audience and the context so that you convey what you really mean. Writing for the NDIS is exactly the same.

It's important that health practitioners (nurses, doctors, occupational therapists, social workers, discharge planners, physiotherapists, speech pathologists) express necessary information and evidence in a way that feels true and comfortable to them but also meets the NDIS' decision-making criteria.

Knowing how to use the terminology required by the NDIS better equips you to:

- Support a person with disability and complex support needs through hospital and health systems
- Connect people to the NDIS (or enable them to change their existing NDIS plans and funding arrangements)
- Contribute to the development of a successful NDIS plan – one that properly incorporates the person's health condition(s) and disability, the impact these have on their capacity and functioning, and the supports needed for them to meet their goals and live well
- Work cooperatively so that the person and their family's experience of both 'systems' is positive, smooth, supported, and free of delays or obstacles to them getting out of hospital and on with life

WRITING FOR THE NDIS

To write effective supporting documentation for people with disabilities and complex support needs seeking access to the NDIS (or needing to change existing plans), you need to get the words right.

Health practitioners need to write about the person's health condition and the impairment as they always have and that's their area of expertise. When writing to support access to NDIS, the NDIA relies on the information provided about a person to assess eligibility and support accurate NDIS plans.

People with disability seeking access to NDIS funding need to meet criteria of permanent impairment. This requires health practitioners to:

1. Support people with disability through the steps required to gain access to the NDIS
2. Make clear connections between the health condition and the impairment, and the impact these have on the person's ability to undertake tasks or activities (activity limitation) and their ability to participate in life roles (participation).

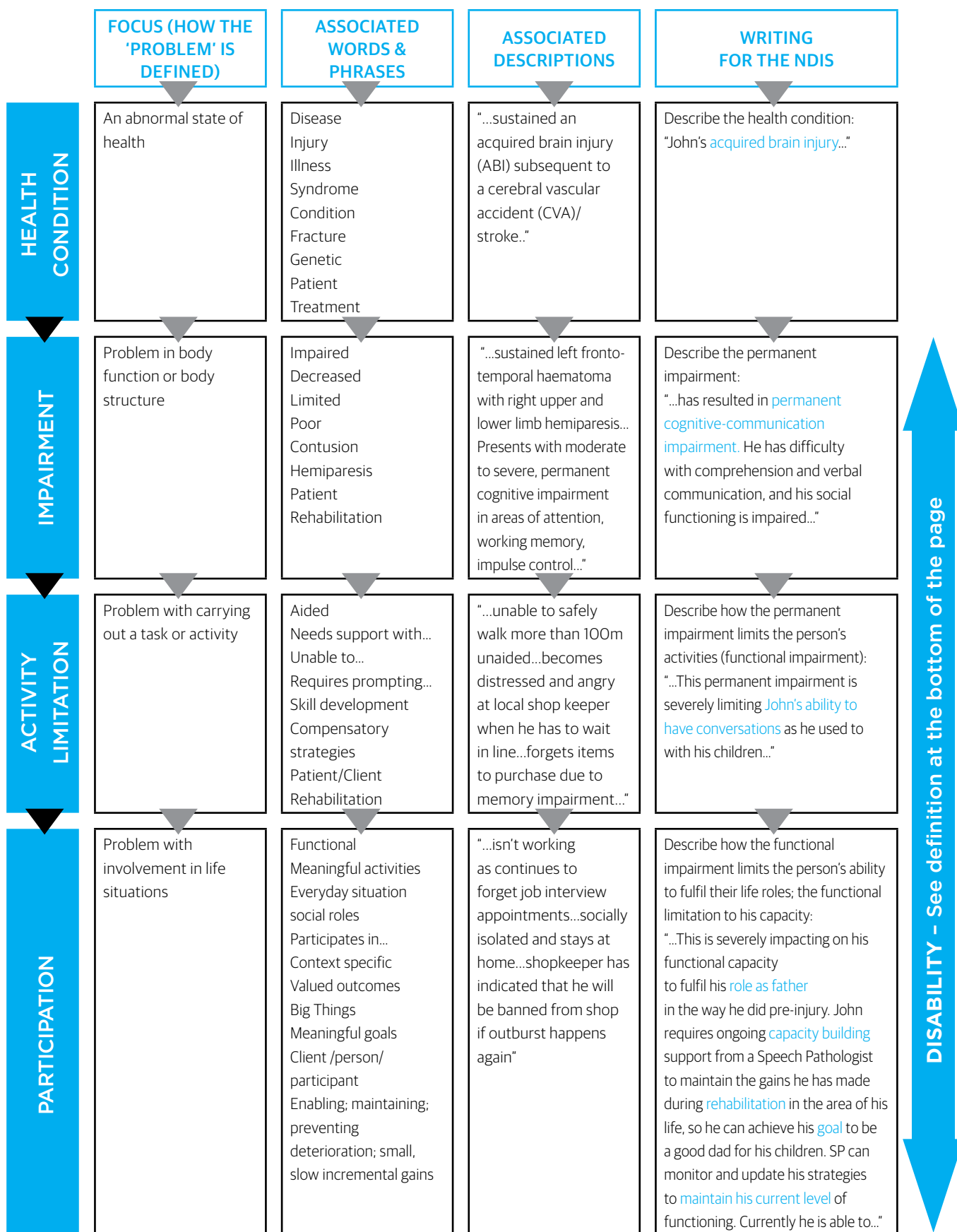
To meet the criteria for disability eligibility, you have to show that the impairment substantially reduces the person's functional capacity. To do this, health practitioners need to:

1. Use the language of diagnosis, treatment and rehabilitation to describe the condition and the impairment
2. Build on this to write about activity limitation, function and participation.

To make this clearer we have developed a diagram to help join the dots between clinical language and what it focusses on, and the words required by NDIS - the language you will need to use in any supporting documentation you provide.

The diagram:

1. Shows the progression from medical or health system language to the language of participation consistent with NDIS criteria and terminology. It is based on the World Health Organisation International Classification of Functioning, Disability and Health, familiar to most allied health professionals.
2. Combines the language of the health system with that of the NDIS Act 2013. It aims to show health practitioners how to write for the NDIS - **how to describe a person's permanent impairment and the related activity limitations which directly affect participation in daily, community and economic life.** This is exactly what the NDIS needs to know.



DISABILITY - See definition at the bottom of the page

DISABILITY: incorporates impairment, activity limitation and participation for a person. The NDIS' focus is at the participation end of the spectrum, which is about the person's goals, life roles, functional capacity. Your documentation, requests and evidence need to include health condition and impairment but should emphasise limitations in their activity and capacity to participate.

Key NDIS terms explained

The NDIS terms used in the diagram above are explained further here and are the most important ones for health practitioners to know about and use.

“Functional impact”, “functional capacity” and “functional impairment”

A person is considered NDIS-eligible if they have:

- A disability that is attributable to an impairment or condition. Impairment is a recognised intellectual, cognitive, neurological, sensory, physical or psychiatric condition identified by a qualified professional as affecting a person. Generally, impairment refers to the loss of, or damage to, a physical, sensory or mental function¹. This is described as “**functional impairment**”.
- A “**lifelong and substantially reduced functional capacity**” to communicate, interact socially, learn, be mobile, care for or manage themselves, as a result of an impairment. This encompasses being less able to function socially or psychologically when doing these things.

Health practitioners need to provide information that enables the NDIS to understand the impact of the condition on the person’s life. The information has to convey:

- The impact of a condition on the broad domains of person’s life such as their cognitive and intellectual abilities, their neurological state, and their sensory, physical or psychiatric function.
- The impact of the condition and impairment on their ‘functional capacity’ – how well a person does, or how much help they might need, completing the important everyday activities of life (eating, dressing, getting around and communicating) so that they can fulfil family, social, community and economic roles.

In your assessment of what supports a person needs, the access request and the evidence you provide should be described in terms of redressing the functional impacts of disability and related health conditions (enabling participation), rather than solely in terms of treatment or diagnosis.

E.g. “John’s brain injury has significantly and permanently affected his cognitive capacity. He has difficulty with comprehension and with verbal communication, and his social functioning is impaired.

“John will continue to require support to **maintain his current level of social functioning** in all aspects of daily exchange and self-management. He requires person to person support from an xxxx to train the disability support workers so that they can maintain and, where possible, build John’s capacity to communicate and to make daily decisions as independently as possible so that he can participate safely and meaningfully in daily activities.”

“Reasonable and necessary”

The NDIS provides funding for supports that are seen as “reasonable and necessary”. The basic rule about a “reasonable and necessary” support is that it must be related to the person’s disability, and it can’t replicate things that family or community already helps them with².

It is vital that your written reports and assessments explicitly and consistently describe:

- How each required support meets all of the NDIS “reasonable and necessary” criteria (write one sentence for each criteria)
- Why you deem each support to be a “reasonable and necessary” response to the functional impairment(s)
- In what way each support will contribute to the person achieving the goals set out in their plan.

The table on page 6, based on health practitioners’ experience, details the NDIS criteria for “reasonable and necessary” and gives examples of how you would write to address each one.

“Rehabilitation”, “building capacity” and “maintenance”

The NDIS term, ‘building capacity’ may be a new term for health practitioners. You may be more familiar with ‘improving a person’s skills’ or ‘supporting someone to reach their potential’, which are effectively the same. In the context of people with disability and their supports, capacity building happens when support roles focus on the person themselves (enabling them to build skills, confidence, abilities, resourcefulness) rather than simply assisting them with tasks.

The NDIS views rehabilitation as the responsibility of the health system so will not fund any supports related to rehabilitation. If you assess that a person needs other support, such as capacity building support, beyond rehabilitation, then **your request for this support and the evidence you provide for it should be written as capacity building and not rehabilitation.**

E.g. “Andrea has made measureable gains during **rehabilitation**. She has worked with each member of the rehab team and is able to prepare her daily meals with assistance from a disability support worker for meal planning and preparation, prompting and some physical assistance due to her left upper limb hemiparesis.

“Andrea will continue to require support to **maintain her current level of functioning** in meal preparation. She requires person to person support as discussed above and monthly reviews from an occupational therapist to train the disability support workers so that they are maintaining and, where possible, **building the capacity** of Andrea to be able to prepare her own meals as independently as possible. Andrea has achieved her rehabilitation goals but should continue to make small, incremental gains over time in this activity.”

NDIS 'REASONABLE AND NECESSARY' CRITERIA	EXAMPLES OF HOW TO ADDRESS THEM
(a) the support will assist the participant to pursue the goals, objectives and aspirations included in the participant's statement of goals and aspirations	Building the capacity of * to prepare her own meals, will assist her to pursue her goal of living independently with fewer formal supports.
(b) the support will assist the participant to undertake activities, so as to facilitate the participant's social and economic participation	Provision of an appropriate mobility aid, such as a power wheelchair, will support * to continue with his studies at the city campus of his university. This will facilitate social participation and increasingly facilitate opportunities for economic participation.
(c) the support represents value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support	Provision of a personal alarm for * is a relatively low cost piece of equipment that will assist * to feel safe, in and around their home. It will also reduce the burden on formal and informal supports.
(d) the support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice	Installation of a permanent ramp at the front entry of the house, in accordance with Australian Standards for Access, will allow * independent and safe access to their home.
(e) the funding or provision of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide	The summary of daily support recommendations provided has taken into consideration the informal support *'s family can provide in completing the food shopping and preparing meals.
<p>(f) the support is most appropriately funded or provided through the National Disability Insurance Scheme, and is not more appropriately funded or provided through other general systems of service delivery or support services offered by a person, agency or body, or systems of service delivery or support services offered:</p> <p>(i) as part of a universal service obligation; or</p> <p>(ii) in accordance with reasonable adjustments required under a law dealing with discrimination on the basis of disability</p>	The speech recognition software and trackball mouse hardware to allow independent control of *'s desktop computer is related to their goal of preparing to return to study. It is therefore most appropriately funded through the NDIS and not other services.

UNDERSTANDING NDIS PHRASES

“Supports”: “Core”, “capital” and “capacity building”; “formal”, “informal” and “mainstream”

The NDIS defines “supports” as things that help the person to undertake daily life activities, participate in the community and reach their goals. It talks about three types of supports:

1. **Capacity building:** A support that enables a person to build their independence and skills. This category is particularly important in identifying supports for people with cognitive and communication disabilities.

Example: For a person with cognitive and communication difficulties, capacity building supports might include funding for a therapist to assess and develop an intervention plan, and a therapy assistant to provide support with practising skills in community situations.

2. **Capital:** An investment, such as assistive technologies, equipment and home or vehicle modifications, or funding for capital costs.

Example: For a person whose care arrangements have changed dramatically and they can no longer live in the home they lived in before hospitalisation, capital supports could include funds to pay for specialist accommodation.

3. **Core:** A support that enables a participant to complete activities of daily living and enables them to work towards their goals and meet their objectives.

Example: For a person with motor neurone disease who requires assistance to carry out personal care routines, core supports would include support such as two hours in the morning, two hours around lunchtime and two hours in the evening for daily activities.

It’s good to be aware of these categories when you describe the various types of supports the person you are working with might need. NDIS also categorises supports according to who provides them, and how: “informal” (where the support is from family, friend, neighbour or carer, and isn’t paid for or from someone in a formal volunteer role) or “formal” (support that is booked and paid for, and that’s arranged by formal agreement or contract).

E.g. Selma receives informal support from her partner with food preparation during weekends. On weekdays a support worker from her local service provider attends her home daily to assist with meal preparation, cleaning and the laundry.

“Attendant carer” vs “support worker”

“Attendant carer” was used to refer to the staff person providing support to someone with disability with daily care and activities. Roles and terminology are new under the NDIS system. Support workers are part of a person's formal supports, and provide support to increase capacity and enable participation in a range of areas of daily life.

“Case manager” vs “support coordinator”

A “case manager” in the previous disability services system coordinated a person's supports and services. This role has been superseded by NDIS “support coordinators”. NDIA describes support coordination as having a dual focus: developing the person's capacity to implement and maintain the plan; and maintaining and strengthening relationships³.

People whose support needs are already high are likely to have a support coordinator funded in their NDIS plans. The support coordinator role can be quite fluid, but is responsible for ensuring services and supports that are in a person's plan are in place, and are connected to their goals.

If you assess that the person will need someone in a formal coordinating role, request that a support coordinator be funded in a person's NDIS plan.

Having a glossary at hand

Many organisations have produced comprehensive glossaries of NDIS terms, the NDIS included. Here's a selection you might find useful:

workingtogether.facs.nsw.gov.au/wp-content/uploads/2014/12/Fact-sheet-glossary-of-key-NDIS-terms.pdf

bayleyhouse.org.au/index.php?CID=293

carersaustralia.com.au/ndis-and-carers/ndis-glossary/ good clear preamble and list

cpl.org.au/ndis/ndis-resources/ndis-glossary-of-terms

everyaustraliancounts.com.au/ndis-dejargonator/

rfq.com.au/wp-content/uploads/2016/12/NDIS-Terms-Definitions.pdf

fams.asn.au/sb_cache/associationnews/id/40/f/NDIS%20Glossary.pdf

hwns.com.au/ndis/resources/terms-and-definitions

ndis.gov.au/medias/documents/hbf/h21/8799946473502/Glossary-Feb-2017.pdf

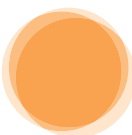
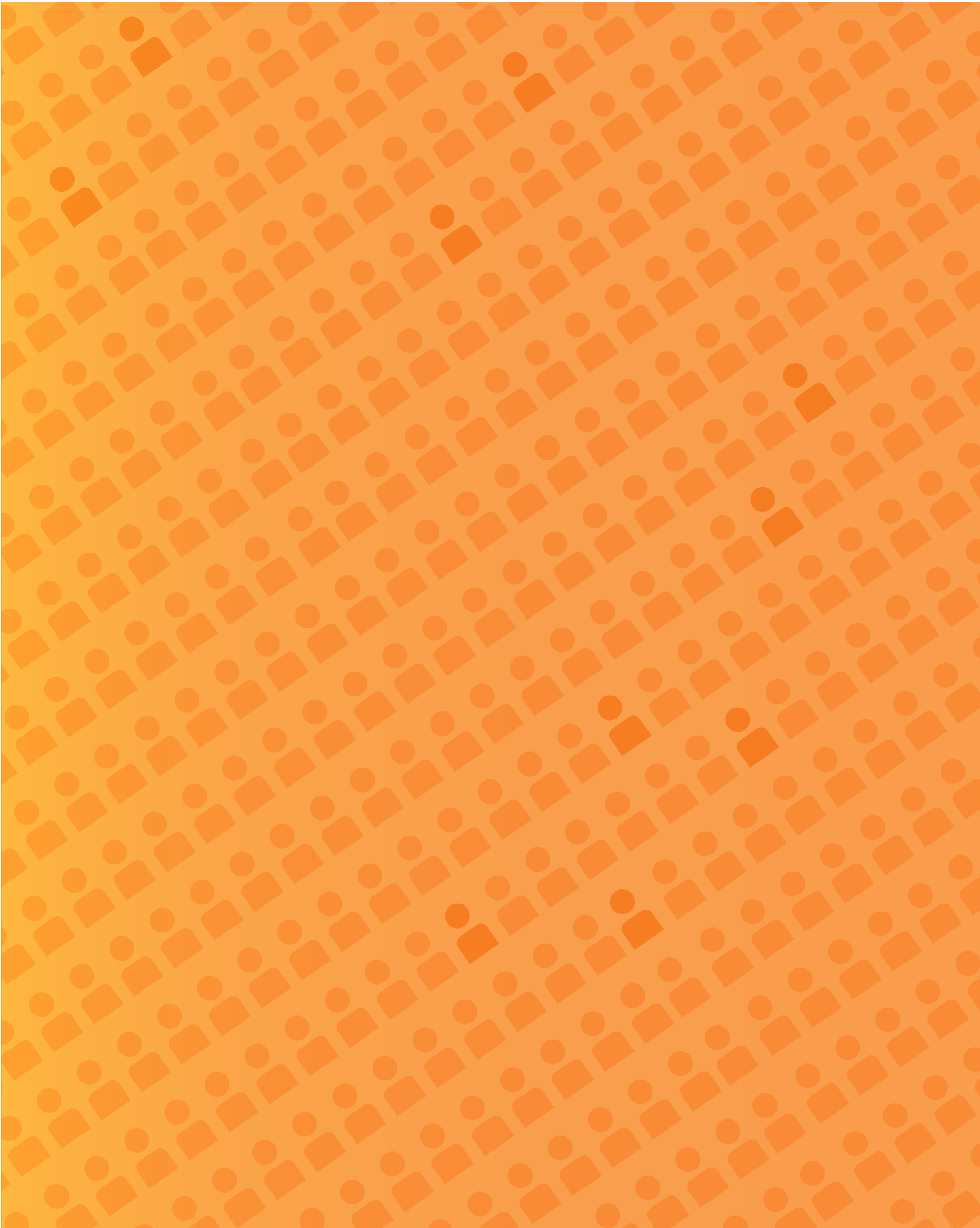
nds.org.au/images/stpvic/ndis_Glossary_Key_Terms_and_Acronyms.pdf

ENDNOTES

1. rfq.com.au/wp-content/uploads/2016/12/NDIS-Terms-Definitions.pdf

2. [An extract from everyaustraliancounts.com.au/ndis-dejargonator/](http://everyaustraliancounts.com.au/ndis-dejargonator/)

3. [Ellis, L., Fulton, K., B'osher, L., \(2017\) Support Coordination – A Changing Landscape. Melbourne: Summer Foundation Ltd., p.9](http://summerfoundation.org.au/resources/support-coordination-a-changing-landscape/)



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