

# Disability Services Access Policy

An implementation guide

Disability Services Division July 2009





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2009

## Accessibility

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## Purpose of the guide

### The *Implementation guide* aims to promote consistent practice

This *Implementation guide* has been designed for use by Department of Human Services (the department) staff, and staff from community service organisations (CSOs) that are involved in making decisions regarding access to disability services under the *Disability Act 2006* (the Act).

This *Implementation guide* aims to provide a foundation for shared practice amongst departmental and CSO staff and supplements the Access policy which is available through the Disability Services Division website.\*

This *Implementation guide* is divided into two parts:

### Part one

This section provides detailed guidance and practice advice in relation to specific issues contained within the *Access policy*.

Detailed information will support disability service providers in their practice to ensure people with a disability experience a simple and consistent process when requesting access to disability supports from any disability service provider.

### Part two

This section of the guide has been designed to assist disability service providers to gather the information they require to determine if:

- A person has a **sensory, physical or neurological impairment** or an **acquired brain injury**; and whether this impairment creates an impact such that it is considered a disability; and/or
- A person has an **intellectual disability**; and/or
- A person has a **developmental delay**

as defined by the Act.

The guide does not describe the information a disability service provider would gather to identify a person's needs in relation to the support they may require.

\* All documents referenced as available through the Disability Services Division website can be obtained from <http://nps718.dhs.vic.gov.au/ds/disabilitysite.nsf>



# Part one



## 1. Making a request for disability services

### A person with a disability or a person acting on their behalf can request disability services

A person with a disability or a person acting on behalf of a person with a disability may request disability services from a disability service provider.

The person who requests services on behalf of a person with a disability can include a family member, friend, advocate or service provider. A person does not need to be a legal guardian to make a request on behalf of a person with a disability.

In circumstances where a person other than the person with a disability makes the request, the disability service provider should, where possible, make contact with the person for whom the request has been made to determine their wishes in relation to the request.

A request can be written or verbal and in some circumstances the disability service provider may need to confirm if a person is making a request for service or just seeking information.

Where a disability service provider does provide the service being requested, this **must** be interpreted as a request.

Where a disability service provider does not provide the service being requested, they can redirect the person as appropriate without it being considered a formal request.

## 2. Communicating decisions regarding access to disability services

**Contact must be made with the person requesting support to inform them of the decision prior to any written notification being given**

In determining whether a person is able to access disability services, a disability service provider will be required to make a number of decisions.

In some circumstances, a meeting may be required. In all circumstances, a disability service provider **must** provide written notification within 14 days of making a decision.

The *Access policy* contains sample letters for a disability service provider to communicate:

- Acceptance of a request for disability services
- Refusal of a request for disability services based on the person not being a priority for access to disability services
- Refusal of a request for disability services based on the person not having a disability as defined by the Act; and
- Request for additional information.

This *Implementation guide* also includes sample letters for a disability service provider to communicate:

- Formal assessments as required by the Secretary; and
- Priority of access decisions
- Statement of intellectual disability
- Decisions by the Secretary

### 3. Timelines for making a decision regarding access to disability services

**Disability service providers have a maximum of six weeks to make a decision regarding a person's access to disability services**

Access to disability services includes both the decision about whether a person has a disability **and** whether the person is a priority for access to services. Consideration is also given to the suitability of the disability service system to provide a response.

For a person making a request for access to disability services, or a person on their behalf, it is in their best interests that the disability service provider deals with their request in a timely way, and that all decisions are communicated clearly.

Disability service providers **must** (unless exceptional circumstances exist) make a decision as to whether or not a person can access disability services within four weeks of the request being made.

Circumstances where a disability service provider may not be able to make a decision within four weeks include:

- Where a formal assessment is required and the person who is to undertake the assessment or the person being assessed is not available within the four weeks
- Where requests for information from other sources are not provided within the four week timeframe; or
- Where a person's health is unstable and it would be difficult to determine whether they have a disability.

Following a decision being made regarding access to disability services, a disability service provider **must** notify a person within 14 days of making the decision.

For a disability service provider, this represents a **maximum** of six weeks from when a person makes a request for access to disability services to notify them of the decision.

Where it is anticipated that making the decision regarding access to disability services will take longer than six weeks, the disability service provider should make contact with the person who made the request, to notify them of the time frame for the decision. This contact should take place within the six-week time frame and the disability service provider and the person making the request should agree on a schedule for further contact until a decision is made.

Disability service providers must be aware that decisions, communication and correspondence may become subject to review by the Secretary or Victorian Civil and Administrative Tribunal (VCAT), or the Disability Services Commissioner.

## 4. Supporting community service organisations in making decisions about whether a person has a disability

**For CSOs making decisions regarding access to disability services as a new task, support and guidance is provided**

For CSOs who are making a decision regarding whether a person has a disability (particularly intellectual disability) **under** the Act, support and guidance may be required.

Staff from regional departmental offices are available to support staff from CSO's to undertake this task. Contact can be made through the Intake and Response team on 1800 783 783

## 5. Collecting information to determine whether a person has a disability

**Disability service providers should gather only the minimum information required to make a decision about disability**

The collection of information needs to be considered from both the perspective of making a decision regarding whether a person has a disability, and determining their priority for access to disability services.

When making a decision about whether a person has a disability, the focus should be on the collection of the **minimum information** required to make this decision. Disability service providers need to be mindful not to request multiple assessments or excessive documented evidence that is not required.

In gathering any information, a disability service provider needs to be aware of any privacy issues involved in the collection of personal information.

Where a disability service provider is satisfied that a person has a disability as defined by the Act, they are not required to undertake any additional assessments. This is particularly important for people with an intellectual disability. Where a disability service provider is satisfied that a person has an intellectual disability, by obtaining information or reports that already exist, no further assessments are required.

In gathering information to make a priority of access decision, disability service providers need to consider the type and level of information required to make this decision. In some circumstances this may represent more than the minimum information that was required to make a decision about whether a person has a disability.

*Part two of this Implementation guide provides additional information on the different types of disability under the Act and the information that can be collected to assist a disability service provider to make a decision as to whether a person has a disability.*

**In determining if a person has a disability, some specific considerations may require additional information**

### Specific considerations

In some circumstances, the decision regarding whether a person has a disability may require additional information gathering due to the presence of other factors that may impact on the decision.

These considerations include:

### **Mental health**

Where a person is referred to disability services for support and presents with a known or suspected mental health issue, this must be taken into consideration when making a decision whether a person has a disability.

Testing in relation to cognitive skills may vary according to the current mental health of the person. When undertaking standardised cognitive testing, the results and decision-making process may be complicated as it can be difficult to distinguish between mental health and disability related issues. As part of the determination process it is advisable to include at least one practitioner with expertise in mental health related areas.

Where a person may be experiencing an acute mental health episode, consideration should be given to deferring the decision regarding the request for access to disability services until the person's condition has stabilised.

### **Chronic health**

There are an increasing number of requests to access disability services from people who have a chronic illness. While a person with chronic illness may have a range of support needs, they may not meet the criteria of having a disability as defined by the Act.

In making a decision about whether a person has a disability where the nature of the person's support needs results from a health condition, service providers are advised to develop collaborative relationships with any health professionals involved. A disability service provider must ensure that a person's health condition has stabilised prior to making any decision regarding whether the person has a disability.

Key decision points that relate to decisions regarding target group status for people with a disability relate to gathering information related to:

- Episodic or long-term nature of the condition
- Permanency of the condition
- Type of treatment a person is receiving
- Date of onset
- Stability of health

Further information is available in a fact sheet as per Appendix 1

### **Ageing**

When a request to access disability services is made by, or on behalf of, a person who is aged 65 or above, it is important to determine if the person has a disability as defined by the Act, or if their support needs are a direct result of their age.

There is no upper age limit that precludes people from accessing disability services. However, where a person aged over 65 years requests access to disability services, particularly for the first time, disability service providers must consider whether the person is presenting with a condition/s that are generally related to the person's age. The development of collaborative relationships with relevant health care service providers will assist disability service providers to make decisions.

### **Criminal justice**

There are a number of potential pathways for a person with a disability involved in the criminal justice system to be referred to a disability service provider.

These include:

- self-referral (or by their legal representative)
- referral from another organisation
- through the Victorian court system (both children and adults)
- while in custody (with consent)
- through involvement with the police (with consent); or
- through the Adult Parole Board, Youth Parole Board or Youth Residential Board.

The information collected to determine whether a person has a disability needs to be carefully considered. This is particularly important as people within the criminal justice system who have an intellectual disability are accorded additional rights and sentencing options under a number of pieces of Victorian legislation. These include the *Sentencing Act 1991*, the *Children, Youth and Families Act 2005*, and the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*.

The Disability Services Criminal Justice Practice Manual provides additional information for disability service providers. This manual is available through the Disability Services Division website.

## 6. Making a decision as to whether a person has a disability

**Following information gathering, a disability service provider can form the view that a person:**

- has a disability
- does not have a disability
- it is unclear whether or not they have a disability

Using the *Access policy* and part two of this *Implementation guide*, a disability service provider **must** form a view whether a person has a disability, as defined by the Act, for the purpose of determining access to disability services. The disability service provider may form a view that:

### **The person does have a disability**

In this situation, the disability service provider **must** consider whether the services they provide can meet the needs of the person. Some additional information gathering may be required at this time.

Where the disability service provider is satisfied that the person has a disability (as defined by the Act), they must then consider the request for access to disability services.

If the disability service provider:

- Does provide the service being requested, they **must** then consider whether or not the person is considered a priority for access to services. (Refer to ‘Determining priority of access’ section)
- Does not provide the service being requested, this is not considered a refusal. The disability service provider must notify the person making the request of this, and discuss other service providers that may be able to provide the requested support. In some cases, a referral may need to be arranged.

### **The person does not have a disability**

The disability service provider must consider the needs of the person and in agreement with the person, consider possible referrals to generic supports available in the community.

The disability service provider must also notify the person of their right to ask the Secretary of the Department of Human Services to make a decision as to whether they have a disability.

### **It is unclear if the person has a disability**

Following a review of the supporting evidence, where a disability service provider remains unclear about whether the person has a disability, or there is some dispute about this, an assessment will need to be arranged.

In agreement with the person making the request, where:

- The disability service provider has both the skill and capacity, they should undertake the assessment.
- The disability service provider has the capacity to continue to gather information but does not have the skill to undertake the appropriate formal assessment. In this case the disability service provider can make a referral to have an assessment undertaken by a suitable professional once they have gained the consent of the person or their guardian while they continue to gather information.

In this circumstance, it is the assessment, and not the decision regarding access to disability services that has been referred to another provider. The disability service provider to whom the assessment has been referred must provide the assessment information to the referring provider who will then make a decision regarding whether the person has a disability.

- The disability service provider does not have the capacity to undertake any information gathering or further assessment and the person requesting the disability service will be referred to an alternative provider such as Disability Services Intake & Response.

In this circumstance, both the assessment and decision regarding whether a person has a disability becomes the responsibility of the provider to whom the person has been referred.

Where a disability service provider makes a referral for an assessment, or an assessment and decision, they must ensure they provide clear instructions and information to the disability service provider to whom the referral is being made.

*The 'Communicating decisions regarding access to disability services' section of this Implementation guide **must** be considered prior to a disability service provider informing a person of the outcome of their request for service.*

## 7. Decisions by the Secretary regarding whether a person has a disability

**Where a disability service provider does not believe a person has a disability, the person may ask the Secretary to make a decision**

Where a disability service provider notifies a person that they do not believe the person has a disability, the person may ask the Secretary to make a decision as to whether they have a disability.

Where the Secretary has been asked to make this decision, the region **must** notify Disability Services Division within three working days of the request being made to the Secretary.

**Appendix 2** provides an outline of the information to be provided to Disability Services Division. Notification should be forwarded to the Manager – Access, Planning & Pathways within the Disability Services Division.

Regions must consider the internal structures required to support this process, including:

- how requests to the Secretary will be received and recorded
- ensuring this information is recorded on Client Record Information System (CRIS)
- identifying the person responsible for notifying Disability Services Division and providing all relevant information; and
- identifying an appropriately qualified worker who was not involved in the original decision making process to support the Secretary's delegate to undertake a review of the relevant information.

Where the initial decision was made by a community service organisation, the recommendation of the review **must** be considered and endorsed by the Regional Disability Client Services Manager, as the approved delegate of the Secretary.

Where the initial decision was made by Disability Client Services, the recommendation of the review should be considered by the regional Disability Client Services Manager and **must** be endorsed by the Regional Disability Services Manager, as the approved delegate of the Secretary.

In reviewing the decision, the Secretary's delegate:

- May require a person to undergo a formal assessment to determine if they have a disability.

Where this is the case, the Secretary's delegate must ensure this has been commenced within 30 days of receiving the request.

- Despite the above, the Secretary's delegate may, where he or she believes on reasonable grounds that any formal assessment completed before the period of deferral is unlikely to establish reliably that the person has a disability:
  - prior to the commencement of a formal assessment, defer the assessment for up to three months after receiving the request; or
  - discontinue any formal assessment which is underway and defer any further assessment for up to three months after the discontinuance.

The decision to defer can be made prior to the commencement of the assessment or any time during the assessment process.

For an assessment to be deferred, there must be reasonable grounds for believing that unless the formal assessment is deferred, it cannot be reasonably established that the person has a disability.

Some reasons why deferral may be appropriate include:

- The person may be undergoing a rehabilitation or skill development program; or
- The person may be experiencing an acute medical or mental health episode.

If it is believed that the individual would still not be reliably assessed after three months, the person, or the person making the request on their behalf should be encouraged to withdraw their request until a more suitable time.

In **all** circumstances, where the Secretary's delegate:

- determines that a formal assessment is required
- defers the commencement of a formal assessment; or
- discontinues an uncompleted assessment

the Secretary's delegate **must** make contact with the person to discuss the decision prior to forwarding any written notification. In some circumstances, a meeting may be required.

**Appendix 3 - 5** provides sample letters for use by the Secretary's delegate for each of these situations.

Where the Secretary's delegate does not believe a person has a disability, the Disability Services Division must be informed prior to the decision being communicated to the person making the request. Contact must be made with the Manager – Access, Planning & Pathways. This will enable support and guidance to be provided to the region making the decision and will also support consistent decision making, particularly with regard to decisions that may have an impact on the target group for disability services.

Following the decision by the Secretary's delegate, contact **must** be made with the person to discuss the decision prior to forwarding written notification. In some circumstances, a meeting may be required.

The Secretary's delegate must notify the person in writing within 14 days of making a decision. The notification **must** include:

- the decision and the reasons for the decision
- that the person can apply to VCAT for a review of the decision; and
- that the person must lodge an appeal with VCAT within 28 days of receiving the notification.

Written notification should include sufficient detail to enable the person to contact VCAT to lodge an application for a review of the decision.

(The *Access policy* provides sample letters for notifying people of the decision of the Secretary.)

## 8. Issuing a Statement of intellectual disability

### **A statement of intellectual disability can be issued by the Secretary where required**

The Act states that if the Secretary is satisfied that a person has an intellectual disability, the Secretary may, for the purposes of any Act or regulation, provide a statement that the person has an intellectual disability as defined by the Act.

*This function is the responsibility of the Secretary only. Community service organisations are unable to issue a statement of intellectual disability.*

It is important to note that under the Act, a statement of intellectual disability should only be issued in response to a request from a court or tribunal.

Part two of this Implementation guide provides detailed information regarding making a decision regarding whether a person has an intellectual disability.

The Access policy contains the prescribed form to be used when issuing a Statement of intellectual disability. Where required, this form should be attached to a person's target group record in CRIS.

When a statement of intellectual disability is issued by the Secretary, this indicates that a person is considered to be within target group for disability services as defined by the Act. A person must still be considered a priority for access for disability funded services.

## 9. VCAT reviews regarding whether a person has a disability

**Where the Secretary does not believe a person has a disability, the person is able to ask VCAT to review the decision**

Where a region is advised by VCAT of a hearing date in relation to a decision regarding whether a person has a disability, the region must notify Disability Services Division within three working days of being notified. The Disability Services Division will provide guidance and support to regions, including consideration of the need for any expert and/or legal representation or support.

Regions must consider the internal structures required to support this process, including:

- how notifications will be received and recorded
- ensuring this information is recorded on CRIS
- identifying a person responsible for notifying Disability Services Division and providing all relevant information.

Regions should consider a suitably experienced and senior staff member to support the Secretary's delegate during any VCAT hearing.

**Appendix 12** provides an outline of the information to be provided to Disability Services. Notification should be forwarded to the Manager – Access, Planning & Pathways within the Disability Services Division.

## 10. Determining priority of access

### **Disability service providers responsible for allocating resources must determine the priority of access for people requesting services**

Following a decision by a disability service provider, the Secretary, or VCAT, that a person has a disability as defined by the Act, a disability service provider that is responsible for the allocation of resources (such as respite and case management providers and providers of flexible support packages) must consider whether a person is a priority for access to services.

Where a service is allocated through the Disability Support Register (DSR) such as residential, day programs or individual support packages, it is the responsibility of the department's Regional Priority for Access Panel to determine priority of access.

Some disability service providers such as residential or day service providers will be required to be part of the Regional Priority for Access Panel. While they may not be responsible for directly allocating resources, they must still be familiar with the Priority of Access indicators. The Access to Ongoing Disability Support Guidelines provides updated further information on the DSR Priority of Access Panel. These guidelines are available through the Disability Services Division website.

In determining priority of access, a disability service provider needs to consider:

- the suitability of the disability service system
- the priority of access indicators; and
- any program specific criteria in place.

Regions must consider which disability service providers are responsible for directly allocating their own resources and Disability Partnerships and Service Planning (DPASP) staff must ensure that these disability service providers are aware of the priority of access process.

### **Suitability of the disability service system**

When determining whether or not a person is a priority for access to services, the disability service provider should discuss with the person their goals and needs, and consider their current circumstances.

This should include a discussion about the current supports that may be in place for the person through generic services or informal networks, and options that could be explored to further develop these informal networks and generic supports.

Through this discussion, a disability service provider may believe, even though a person has a disability, that their needs could best be met with a response from outside the disability service system, for example:

### **Children and young people**

In supporting children and young people, a disability service provider should consider:

- Early Childhood Intervention Services (children aged under six)
- local government services such as family day care, occasional child care, crèche, kindergarten school holiday programs and activities. Pre School Field Officers (PSFOs), and Community Services Resource and Development Officers (CSRDOs) can provide a range of supports which promote effective inclusion practices in early childhood settings
- the Department of Education and Early Childhood Development; and
- local sporting and youth clubs.

The focus of supporting children and young people includes promoting their natural roles and opportunities for development alongside peers.

### **Mental health**

For people with a disability and coexisting mental health issues, consideration should be given to their primary need and how this can best be met. For example, while a person may have a mild intellectual disability, if they have a mental illness and are experiencing an acute mental health episode, the most suitable support for this person will be from within the mental health service system.

As part of making a decision regarding how the needs of a person with a disability and a mental health condition can best be met, it is advisable to establish a relationship with a professional who has expertise in mental health.

### **Chronic health**

For people with a disability and a chronic health need, a disability service provider must identify the person's primary need and how this can best be supported. They must also ensure the person's health issues have stabilized prior to making a decision regarding access to disability services.

In making a decision regarding whether a person is a priority for access to disability services, consideration must be given to any medical interventions, treatments or equipment that will support the person. These options should be fully considered as part of the decision making process in relation to priority of access to disability services. Collaborative relationships should also be developed with primary health providers and community health services.

Further information regarding the considerations to be undertaken by disability service providers when distinguishing between chronic health issues and disability are found in part two of this document.

### Ageing

For a person with a disability who is aged 65 years or over, and may have a number of issues associated with ageing, it is important to consider what the person's primary need is and how this can best be met.

While there is no upper age limit that precludes people from accessing disability services, where a person aged over 65 years requests access to disability services, particularly for the first time, a disability service provider must consider whether aged care service options are more appropriate to meet the support needs of a person.

The *Disability Services - Aged Care Assessment protocol: younger people with a disability* can assist in providing more information and advice in relation to the interface between aged care and disability services. This protocol is available through the Disability Services Division website.

### Criminal justice

For people with a disability who are part of the criminal justice system, consideration must be given to how their needs can best be supported.

The provision of support to people with a disability who are part of the criminal justice can be mandated under legislation.

In considering whether a person is a priority for access to services, disability service providers should review both the *Disability Services Criminal Justice Practice Manual* and the *Protocol between Disability Services and Youth Justice and guidelines for workers*. (These documents are available from the Disability Services Division website).

### Application of priority of access indicators

To assist all disability service providers in making decisions about who gets access to disability services, priority indicators have been developed.

These indicators must be used by **all** disability service providers in determining who is a priority for access to services.

In all circumstances, resource allocation decisions will balance the needs of the person with a disability and their family or carer in relation to the needs of others seeking support and in particular, those with similar needs or circumstances.

Given their finite nature, the allocation of resources must be efficient, equitable and maximise options for people with a disability to create independence and promote their participation in the community.

### Examples of how disability service providers can use the priority of access indicators

In **all** circumstances, disability services are provided:

- **To address the identified needs of a person that are directly related to their disability**

*An example may be a person requesting support to go on a holiday to Queensland. It would be appropriate to consider providing support to ensure the person has the right level of personal care and support to go out into the community while they are away, however, it may not be reasonable to consider funding for entry to theme parks or other activities.*

- **In response to needs identified through an individualised planning process**

Resources should only be allocated where the disability service provider is satisfied that the request for support is a result of an individualised planning process. While the individualised planning process will differ in its depth and breadth depending on the needs and wishes of the person, (refer to the Planning Policy available through the Disability Services Division website) the disability service provider must be satisfied that both informal and generic supports have been explored alongside the request for disability funded supports.

- **To enable a person with a disability to participate in their community**

*An example may be a person who is wishing to have only one to one support for community access activities rather than a person who may require assistance with transport to enable them to participate in a program at the local community centre.*

(It is important to note that a person may require some personal care support to prepare them for going out and participating in their community. In applying this criterion, disability service providers should consider this personal care support to be a necessary part of a person's ability to participate in the community.)

- **When the identified support required is beyond what is available and accessible in the wider community.**

*An example may be where a person requires assistance for meal preparation. If the local Meals on Wheels service can provide four meals per week, support from the disability services system should be considered to provide only what the person requires beyond what is available through the Meals on Wheels service.*

Following consideration of these factors, the following **priority indicators** assist in further determining who is a priority for access to services:

Indicators	Practice guidance
<ul style="list-style-type: none"> <li>The need to strengthen or support the role of the family, carer or person's support network</li> </ul>	<p>The allocation of supports will maintain the family care giving relationship and will enable a person to continue to live within a family environment.</p> <p>The individual and/or their family have limited support networks. For example a person who is within the target group for disability services has recently moved to Victoria, lives in an area of rural isolation or has a very small family and/ or friendship network available to provide support.</p> <p>Families who are providing considerable support already require disability services in order to maintain this level of support. This should be viewed as a proactive intervention that will support existing arrangements so that less support is required long term and current supports can be maintained. The provision of supports at critical times will ensure that the family is able to maintain their care-giving relationship.</p>
<ul style="list-style-type: none"> <li>The need to provide support to ensure the safety and well being of the person with a disability, their family or carer or the wider community</li> </ul>	<p>The person is at risk of harming themselves or members of the community without disability supports.</p> <p>Intervention required may be long term or episodic in nature and related to a particular change in circumstances.</p> <p>Supports may be required to mitigate an immediate risk and to develop a longer term strategy to ensure safety issues are addressed.</p> <p><i>For example a person may need to move from their current accommodation or receive intensive behavior support for a discrete period of time or person with autism is exhibiting a significant change in their behavior as they move through adolescence.</i></p>
<ul style="list-style-type: none"> <li>The existence of multiple disadvantage within the person with a disability's personal, social or community context</li> </ul>	<p>The person's circumstances deem that they would be considered to be experiencing multiple disadvantage: for example involvement with mental health, criminal justice or child protection service system or a person from a CALD, indigenous background or supported by elderly carers.</p> <p>Multiple disadvantage is also considered when families have more than one family member with a disability.</p> <p><i>For example a person living in a family with a sibling with a disability or a carer who has a disability themselves.</i></p>

Indicators	Practice guidance
<ul style="list-style-type: none"> <li>The immediate and potential benefit of the support to reduce the likelihood for more intensive assistance in the future</li> </ul>	<p>Support is required of an episodic nature that will result in less supports being required in the long term. This type of support provides an early intervention approach to the management of the person's needs.</p> <p>The person is at a key transition time within their life cycle and as a result support is required at this specific point in time, such as the transition from adolescence to adulthood. Key transition times have been identified as times of additional stress for some families with a member with a disability. Supports provided at this time will increase family resilience..</p> <p><i>For example accessing the Signposts program to reduce the need for long term behaviors supports.</i></p> <p>The provision of supports enables a person to live independently or to move to independent living.</p>
<ul style="list-style-type: none"> <li>The impact on the individual's well-being, living situation and quality of life should the disability service be unavailable</li> </ul>	<p>Generic and community supports have been explored and there are no services available that can support a person.</p> <p>Medical evidence has been collected that demonstrates a person's health and well-being will be impacted without either long term or episodic disability supports.</p> <p><i>For example a person requires overnight support for turning to avoid pressure sores or a person requires disability supports to get out of bed in the morning or to ensure the administration of medication.</i></p>
<ul style="list-style-type: none"> <li>The presence and availability of informal and generic supports to complement the disability service</li> </ul>	<p>Request made by the person with a disability to support the maintenance of generic and community supports. This may include such things as secondary consultation to providers to allow people with a disability to be included in non disability funded services or</p> <p><i>For example a small amount of support such as respite may enable informal networks to continue their caring role.</i></p> <p>A generic or community service provider requires short term assistance to ensure the inclusion of people with a disability within a program.</p>
<ul style="list-style-type: none"> <li>The provision of support is a mandatory requirement (eg: as part of a justice plan or condition of an order)</li> </ul>	<p>For people within the criminal justice system where provision of support is mandatory.</p> <p><i>The Children Youth and Families Act 2005, the Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 and the Sentencing Act 1991 all contain provisions that may direct support to disability services.</i></p> <p><i>The Disability Services Criminal Justice Practice Manual and the Disability Services and Youth Justice protocol and guidelines for workers provide additional information. Both of these documents are available through the Disability Services Division website.</i></p>

### Program Specific Criteria

Disability Services funds all disability service providers to provide one or a number of activities in accordance with specific program guidelines.

In addition to the priority indicators above, disability service providers who directly allocate resources may also need to consider any program specific criteria for access to the disability services they are funded to provide.

Some examples of program or activity guidelines that contain specific criteria or principles about who is most appropriate to access their service include:

- a respite provider that is funded to provide support to children and young people. If a request is made to them by an adult, they can reasonably say that the person is not a priority for their service, and
- the Disability Support Register (DSR) which registers people for accommodation supports, day activities and support packages contains specific criteria for the allocation of these supports.

Disability service providers who determine priority in accordance with specific program related guidelines must make information about these readily available to all people making a request for services.

#### **Making a decision regarding priority of access**

Following consideration of the suitability of the disability service system, the application of the priority of access indicators, and where required, the program specific criteria, a disability service provider may:

- Accept the request and provide the service
- Accept the request and inform the person of when they can expect to receive the service (this may include registering a person on a list); or
- Refuse the request for service.

**Appendix 13** provides a sample letter for disability service providers to communicate this decision.

The 'Communicating the decision' section of this *Implementation guide* **must** be considered prior to a disability service provider informing a person of the outcome of their request for service.



# Part two



## 1. Definition of disability

### The Act provides a definition of disability

Disability is defined as:

- (a) a sensory, physical or neurological impairment or acquired brain injury or combination thereof which –
  - (i) is, or is likely to be permanent; **and**
  - (ii) causes a substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication; **and**
  - (iii) requires significant ongoing or long term episodic support; **and**
  - (iv) is not related to ageing; **or**
- (b) an intellectual disability; **or**
- (c) a developmental delay.

It is important to note that while an individual may present with a sensory, physical or neurological impairment or an acquired brain injury, they must also satisfy the impact criteria (as listed above) in order to be considered to have a disability as defined by the *Disability Act 2006*.

## 2. Information to assist a disability service provider to determine whether a person has an impairment or an acquired brain injury and the impact on the person's life

**Information regarding whether or not a person has an impairment or acquired brain injury and the impact of this on the person's life can be obtained from a number of sources**

- This can be a **self report** – the person may talk about a particular condition and may provide some of their personal history. This may include places they went to school, have lived or worked, any supports or services they currently receive or have received in the past, and difficulties or challenges that they face as a result of their impairment or acquired brain injury.
- The report of a **family member or friend** – information that can be gained from a family member or friend can be very valuable in determining if a person has an impairment or acquired brain injury and the impact of this on their daily life. Individuals may often be reluctant to talk about their difficulties and in some cases, may lack the insight to understand some of their behaviours and actions. Talking with people who know the person well can assist in developing a more comprehensive understanding of the person and their needs.
- A **medical report** – medical reports will be most useful in terms of providing a diagnosis and prognosis of a particular impairment or acquired brain injury. Medical reports can be obtained from a number of general and specialist medical professionals including (but not limited to): general practitioners, paediatricians, neurologists, rehabilitation physicians.
- Reports obtained from another **service provider** working with the person – for example, allied health or educational reports. These reports will be most useful in determining the impact of the impairment or acquired brain injury on the person and how this affects their daily life. Many of these reports will detail information about the person, their functional abilities and may also provide a range of treatment, strategies and supports to enable people gain maximum independence.
- **Direct observation** or experience by the disability service provider. This can include things such as whether the person uses sign language, if they require a wheelchair for mobility, have difficulty communicating (both being understood and understanding others) and how they behave in a social context.

**Whenever information is being obtained regarding a person, disability workers must ensure they have obtained the consent of the person or their guardian.**

**Appendix 14** – provides a list of general and specialist medical professionals, and allied health professionals who can assist in providing information and supporting evidence.

### 3. Information to assist a disability service provider to determine if a person has a sensory impairment

A **sensory impairment** may be a hearing or a visual impairment or a combination of both.

#### Types of hearing impairment

- **Conductive deafness** – is caused by the failure of the three bones inside the middle ear to pass along sound waves to the inner ear.
- **Nerve deafness** – is caused by disease, trauma or some disruptive event targeting the cochlear nerve.
- **Auditory neuropathy** – a rare type of hearing loss that is caused by an abnormality in the transmission of nerve impulses from the inner ear to the brain. Both ears are usually affected.

#### Types of visual impairment

- **Macular degeneration** – central vision is distorted or affected, although peripheral (side) vision usually remains normal.
- **Glaucoma** – nerve cells that transmit information from the eye to the brain are damaged. Excessive fluid build-up causes pressure and damage to the optic nerve which may result in the edge of the field to fade and vision to narrow, or blank areas to develop closer to the centre of vision.
- **Diabetic retinopathy** – blurred vision resulting from the body's incapacity to use and store glucose as a consequence of diabetes.
- **Cataracts** – cloudiness or opacity of the lens of the eye.

#### Deafblindness

- People who are deafblind experience a severe degree of combined visual and auditory impairment that may have been present from birth or developed later in life.
- People who are deafblind usually have difficulty in communicating. While a lot of deafblind people do have some sight and some hearing, communicating is often their biggest challenge.

#### Key characteristics of sensory impairments

##### Hearing

Hearing can be lost in several different ways and to varying degrees:

- Some people are deaf from birth.
- Some people gradually lose their hearing as they get older.
- Others lose their hearing suddenly through illness or accident.

Hearing loss can be due to excessive noise exposure which is usually gradual, whereas hearing loss that is caused by illness or accident can have a quicker onset. Hearing loss can affect an individual at any age.

Hearing loss can be:

- mild – with trouble in hearing ordinary conversation
- moderate – where voices must be raised to be heard
- severe – where people must shout to be heard.

In some cases, hearing aids can greatly improve the level of sound available to a hearing-impaired person. Some profoundly deaf people who cannot hear sounds even with a hearing aid may benefit from a cochlear implant.

## **Vision**

There are many types of eye problems and visual disturbances. These include blurred vision, halos, blind spots, floaters, and other symptoms. Blurred vision is the loss of sharpness of vision and the inability to see small details. Blind spots (scotomas) are dark holes in the visual field in which nothing can be seen.

The following describes a number of visual problems:

- Blindness – total vision loss and for conditions where individuals have to rely predominantly on vision substitution skills.
- Low vision – lesser degrees of vision loss, where individuals can be helped significantly by vision enhancement aids and devices.
- Vision loss – a general term, including both total loss (blindness) and partial loss (low vision), characterised either on the basis of visual impairment or by a loss of functional vision.

Blindness can cause difficulty with performing everyday tasks such as cooking, dressing, reading and writing, shopping and moving about in the community.

## 4. Information to assist a disability service provider to determine if a person has a physical impairment

A **physical impairment** affects the ability to move or to coordinate and control movement when performing tasks. A physical impairment may also affect the ability to use or feel certain parts of the body.

### Types of physical impairment

- **Spina bifida** - A developmental birth defect involving the neural tube: incomplete closure of the embryonic neural tube results in an incompletely formed spinal cord. In addition, the bones of the spine (vertebrae) overlying the open portion of the spinal cord do not fully form and remain unfused and open. This allows the abnormal portion of the spinal cord to protrude through the opening in the bones.
- **Cerebral palsy** - An umbrella term encompassing a group of non-progressive, non-contagious disorders that cause physical disability in human development, specifically human movement and posture.
- **Amputee** - The removal of a body extremity by trauma or surgery. A special case is congenital amputation, a congenital disorder, where foetal limbs have been cut off by constrictive bands.
- **Paraplegia** - A condition in which the lower part of a person's body is paralysed and cannot wilfully function. It is usually the result of spinal cord injury or a congenital condition such as spina bifida.
- **Quadraplegia** - Also known as tetraplegia, is a symptom in which a human experiences paralysis affecting all four limbs. Paralysis is not necessarily total or complete.
- **Hemiplegia** - A paralysis in the vertical half of a person's body. It can be congenital or acquired (as from illness or stroke). It is usually the result of a stroke, although disease processes affecting the spinal cord and other diseases affecting the hemispheres are equally capable of producing this clinical state.

### Key characteristics of physical impairments

- **Mobility** - people may require more time, space or physical support to move around.
- **Gross motor skills** - involve large muscle groups. Muscle tone, strength and endurance can impact on a person's coordination and control as well as activities such as sitting, standing, walking and running.
- **Fine motor skills** - are controlled by small muscle groups and involve the coordination of hands and the awareness of touch and movement sensations. Limitations in fine motor skills can affect activities such as the ability to reach, grasp and manipulate objects.
- **Speech** - for some people with a physical impairment, the muscles affected may be those that control the motor functions for speech. These people may have difficulty speaking clearly and other people, particularly unfamiliar listeners, may find them difficult to understand.
- **Fatigue** - some aspects of physical impairment can cause fatigue. Some conditions may reduce stamina, or people may tire more easily because of the large amount of energy required to move around and perform everyday tasks.

## 5. Information to assist a disability service provider to determine if a person has a neurological or neuromuscular impairment

A **neurological or neuromuscular disorder** is a disturbance in structure or function of the nervous system resulting from developmental abnormality, disease, injury, or toxin.

### Types of neurological or neuromuscular disorders

- **Epilepsy** – Epilepsy is a common neurological condition affecting up to 1-2 per cent of the population. Epilepsy is a disruption of the normal electrical activity of the brain that results in seizures. Although it is more likely to be diagnosed in childhood or senior years, it is not confined to any age group, sex, or race and can be diagnosed at any age
- **Spinal muscular atrophy** – spinal muscular atrophy (SMA) is a motor neurone disease. The motor neurones affect the voluntary muscles that are used for activities such as crawling, walking, head and neck control, and swallowing. It is a relatively common ‘rare disorder’: approximately one in 6000 babies born are affected, and about one in 40 people are genetic carriers.
- **Multiple sclerosis** – affects neurones, the cells of the brain and spinal cord that carry information, create thought and perception, and allow the brain to control the body. Surrounding and protecting some of these neurons is a fatty layer known as the myelin sheath, which helps neurons carry electrical signals. MS is a chronic, inflammatory, demyelinating disease that affects the central nervous system (CNS) and can cause a variety of symptoms, including changes in sensation, visual problems, muscle weakness, depression, difficulties with coordination and speech, severe fatigue, cognitive impairment, problems with balance, overheating, and pain.
- **Motor neurone disease** – A group of progressive neurological disorders that destroy motor neurones, the cells that control voluntary muscle activity such as speaking, walking, breathing, and swallowing.
- **Parkinson’s disease** – A degenerative disorder of the central nervous system that often impairs the person’s motor skills and speech. Parkinson's disease belongs to a group of conditions called movement disorders. It is characterised by muscle rigidity, tremor, a slowing of physical movement (bradykinesia) and, in extreme cases, a loss of physical movement (akinesia). Parkinson’s disease is both chronic and progressive.
- **Huntington’s disease** – A rare inherited neurological disorder. Huntington's disease is a genetic condition which results in neuronal cell death in select areas of the brain and is a terminal illness. The most obvious symptoms of Huntington’s disease are abnormal body movements called chorea and a lack of coordination, but it also affects a number of mental abilities and some aspects of personality. These physical symptoms commonly become noticeable in a person's 40s but can occur at any age.

- **Fredreich's ataxia** - An inherited disease that causes progressive damage to the nervous system resulting in symptoms ranging from gait disturbance and speech problems to heart disease. Ataxia, referring to coordination problems such as clumsy or awkward movements and unsteadiness, occurs in many different diseases and conditions. The condition of Friedreich's ataxia results from the degeneration of nerve tissue in the spinal cord and of nerves that control muscle movement in the arms and legs. The spinal cord becomes thinner and nerve cells lose some of their myelin sheath (the insular covering on all nerve cells that helps conduct nerve impulses).
- **Muscular dystrophy** - Refers to a group of genetic, hereditary muscle diseases that cause progressive muscle weakness. Muscular dystrophies are characterized by progressive skeletal and muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue. In some forms of muscular dystrophy, cardiac and smooth muscles are affected. There are over 100 different forms of muscular dystrophy.
- **Autism Spectrum Disorder** - autism spectrum disorder (ASD) is considered to be a neurodevelopmental disability. The areas most affected are communication, social interaction and behaviour. Detailed multidisciplinary assessment should ensure a proper diagnosis. A diagnosis of ASD is made by either a psychiatrist or paediatrician with assistance from a range of paramedical professionals including a psychologists and a speech pathologist. Some children show signs of autism by the age of two, but a firm diagnosis may not be possible until three or older.
- **Other** - Other types of neurological or neuromuscular conditions can also be considered.

### Key characteristics of neurological and neuromuscular disorders

The number and type of neurological and neuromuscular disorders will result in people experiencing difficulties in a wide range of areas, some of which may be specific to a particular disorder.

Generally however, people with neurological and neuromuscular disorders will experience difficulties in the following areas:

- **Muscular weakness** - a reduction in the strength of one or more muscles. Weakness may be subjective (the person feels weak but has no measurable loss of strength) or objective (measurable loss of strength) as noted in a physical exam. Weakness may be generalised (total body weakness) or localised to a specific area, side of the body, limb or muscle. Weakness is more apparent when it occurs in only one area of the body (localised or focal weakness). Localised weakness may follow a stroke, exacerbation of multiple sclerosis or trauma to a motor nerve root or peripheral nerve.
- **Muscle wastage** - is also known as muscle atrophy and is considered to be generalised decrease in size and bulk of muscle.

- Muscle cramps – sudden, involuntary contractions or spasms in one or more muscles. They often occur after exercise or at night, lasting a few seconds to several minutes. Muscle cramps can be caused by nerves that malfunction. This is sometimes due to a health problem, such a spinal cord injury or a pinched nerve in the neck or back.
- Muscle spasticity – a state of increased tone of a muscle (an increase in the deep tendon reflexes). For example, with spasticity of the legs (spastic paraplegia) there is an increase in tone of the leg muscles so they feel tight and rigid and the knee jerk reflex is exaggerated. Prolonged spasticity can cause joint and skeletal deformities.
- Muscle pain – muscle aches and pains are common and can involve more than one muscle. Muscle pain can also involve ligaments, tendons and fascia (the soft tissues that connect muscles, bones and organs). Muscle pain is most frequently related to tension, overuse, or muscle injury from exercise or physically demanding work. In these situations, the pain tends to involve specific muscles and starts during or just after the activity. It is usually obvious which activity is causing the pain. Muscle pain can also be a sign of conditions affecting the whole body such as infections or disorders that affect connective tissues throughout the body.

## 6. Information to assist a disability service provider to determine if a person has an acquired brain injury

An **acquired brain injury** is damage to the brain that occurs after birth and is not related to a congenital or degenerative disease. Damage may be caused by a traumatic head injury or by a non-traumatic cause.

### Types of acquired brain injury

- **Traumatic brain injury** - injury to the brain caused by a blow to the head or by the head being forced to move rapidly forward or backward, usually with some loss of consciousness. This may be the result of a motor vehicle accident, a fall, an assault, a sports accident, a gunshot wound or violent shaking (particularly of a young child).

As a result of this blow or rapid movement, the brain may be torn, stretched, penetrated, bruised or become swollen. Oxygen may not be able to get through to brain cells and there may be bleeding.

- **Non traumatic brain injury** - Usually the result of a stroke, alcohol or drug abuse, tumours, poisoning, infection and disease, near-drowning or haemorrhage. There may also be other causes.

### Characteristics of acquired brain injury

The largest part of the brain is divided into two halves which are joined in the middle. These are called the left and right hemispheres.

The left hemisphere is involved in speech and language and the right hemisphere is involved in visual information, drawing and musical appreciation. The brain is divided into a number of segments:

- **frontal lobes** - used for problem-solving, planning, making judgments and abstract thinking, and for controlling emotions, impulses and aggression.
- **temporal lobes** - look after memory and new learning, auditory information, enjoying music, and understanding speech and how things are ordered.
- **parietal lobes** - are involved in monitoring sensation and body position, understanding time, recognising faces, reading and judging objects in space.
- **occipital lobes** - receive and interpret visual information, colour, shape, distance.
- **the cerebellum** - located at the back and below the main hemispheres. Controls muscle coordination needed for talking, walking, writing, etc.
- **the brain stem** - leads into the spinal cord. Regulates wakefulness, breathing, temperature and heart activity.

The outcome of a brain injury will be different for each person, depending on how much injury has occurred and what part of the brain has been injured.

There are five areas in which people may experience long-term changes:

- **Medical** – this can include hydrocephalus (an accumulation of fluid on the brain), epilepsy, swallowing problems and incontinence.
- **Physical and sensory** – this can include changes to senses, changes to muscle tone, coordination and balance problems, fatigue and general weakness.
- **Thinking and learning (cognition)** – this can include loss of insight, memory difficulties, poor concentration, slowed responses, poor planning and problem solving, lack of initiative and lack of flexibility.
- **Behaviour and personality (psychological)** – this can include impulsiveness, irritability, temper outbursts, talking excessively, socially inappropriate behaviour, self-centeredness, emotional lability and depression.
- **Communication** – this can include both speech and language problems which can be related to physical (motor) difficulties or cognitive difficulties.

#### **Post traumatic amnesia**

This is a critical issue when making a decision about a person's access to disability services. PTA is part of a gradual process of a person regaining consciousness, particularly after a traumatic brain injury.

People in PTA are partially or fully awake, but are confused about the day and time, where they are, what is happening, and sometimes about who they are. They may be afraid, physically and verbally aggressive (for example hitting out and swearing), disinhibited (exhibiting sexually inappropriate behaviour), agitated and restless. If physically able they may wander. They may hallucinate and be delusional (for example, an adult may be convinced they are a child). Too much stimulation during this time can compound the person's confusion and distress.

The length of PTA is frequently used as a guide to the severity of brain injury. If this stage lasts for more than one week, ongoing cognitive problems may be expected.

It is important to ensure that any decision regarding whether or not a person has an acquired brain injury in order to access disability services is made **after** a person has recovered from their PTA.

## 7. Information to assist a disability service provider to determine the impact of the impairment or acquired brain injury on the person's life

Where it has been determined that a person has an impairment or acquired brain injury, the disability service provider must consider the impact of this impairment on their daily life to determine if it is significant enough to be considered a disability.

This section of the guide provides questions and prompts to assist disability service providers in determining:

- the permanence or likely permanence
- if the person experiences a substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication
- if the person has a need for significant ongoing or long-term episodic support; and
- whether or it is not related to ageing.

### Determining permanence or likely permanence

#### Permanence or likely permanence

- How long has the person experienced the impairment?
  - Was it present from birth, early childhood, adolescence, young adulthood, middle age or old age?
- When considering a person with an impairment acquired after birth, or a person with an acquired brain injury:
  - How long ago was it acquired?
  - Did the person undergo any rehabilitation?
  - Has the rehabilitation finished? If yes, how long ago?
  - Is the person's impairment or acquired brain injury considered stable?
- Has the level or severity of impairment or acquired brain injury changed over time?
- When was the last time the person experienced a major change in their level or severity of impairment or acquired brain injury? Was this an improvement or a decline?
- Does the person have any medical or other reports that detail the prognosis of the impairment or acquired brain injury?
- Where a person has an acquired brain injury, have they recovered from their post traumatic amnesia?

### **Determining the impact on a person's capacity for self-care**

#### **Impact on self-care**

Self-care can include eating, bathing, showering, dressing, personal hygiene and toileting etc.

- Is the person able to complete these activities without assistance?
- If the person requires assistance, what type of assistance do they require?  
This can include:
  - equipment
  - environmental adaptations
  - a support person to prompt the person
  - a support person to complete some of the self-care tasks for the person;
  - a support person to complete all of the self-care tasks.
- Does the person currently use any equipment to support them in self-care?  
This can include things such as a hoist, commode, pick up stick, or adapted cutlery.
  - If yes, what equipment do they use and does this increase their level of independence in self care?
  - If no, is there any equipment that could assist? Would this assist in increasing the person's level of assistance in self-care?
- If the person were to receive no assistance in self-care tasks, would they be able to complete any of the tasks – minimally, partially or fully?

### **Determining the impact on a person's capacity for self- management**

#### **Impact on self-management**

Self-management can include being in control of your emotions, behaviour, insight, memory, decision making etc

- What adjustments has the person had to make to their life as a result of their impairment or acquired brain injury? For example, have they had to give up work, driving or a favourite hobby? How have they coped with these adjustments?
- Can the person complete activities they were previously responsible for? This can include paying bills, studying or managing the household.
- Is the person able to be self reliant in managing new situations?
- How does the person cope with unexpected changes in their routine or plans? Is the person able to control their feelings if things do not go their way?
- Is the person able to independently weigh the consequences of their actions before making decisions?
- To what extent is the person able to control their impulses in order to adapt to the situation they are in? Is the person able to consider the repercussions of their actions?
- Is the person able to independently make decisions? Is the person able to make decisions with medium to long term implications (ie. months or years ahead)?
- Is the person able to make medium to long term plans (ie. months or years ahead)?

### **Determining the impact on a person's mobility**

#### **Impact on mobility**

This can include moving about inside the home, out in the community, and in familiar and unfamiliar settings.

General

- Can the person walk independently? How far?
- Is the person able to weight bear or transfer?
- Does the person use any equipment to aid their mobility (for example, a cane, wheelchair or crutches)?

Around the home

- Has the person's home been adapted to support them to move around? This can include improved lighting, rails, ramps, wider doorways or lowered benches?
- Can the person safely move about within their home?

In the community

- Is the person able to drive?
- Is the person able to catch public transport?
- Can the person move about safely out in the community?
  - If not, why not? For example, are they unable to cross the street safely or read signs, or walk for long distances?
  - What type of support is required? Who provides this support and at what level?

### **Determining the impact on a person's communication**

#### **Impact on communication**

This can include both expressive and receptive language and with people who are both familiar and unfamiliar with the person.

- Does the person use and understand speech? If yes, to what level?
  - The person can participate in conversation without any difficulty or need for additional assistance.
  - The person is able to converse with familiar people who understand their needs (for example, speaking slowly, having 1:1 conversations or using simple language)
  - The person is able to communicate using a combination of simple words and gestures.
  - The person can use and understand gesture only.
- Does the person use an alternative method of communication such as sign language?
- Does the person use or require augmentive support for communication? This can include large print communication devices or picture boards?

### Determining a person's need for significant long-term or ongoing episodic support

#### Significant long-term or ongoing episodic support

- Is the person currently receiving support?
- If yes:
  - Who is providing this support (family, friends, generic or other services?)
  - How much support is currently being provided? Is this meeting the person's needs?
  - How long has the person been receiving this support?
- If no:
  - Has the person requested support from any other provider? (For example HACC or local government)
- Compared with this time six months, 12 months, two years and five years ago, have the person's support needs changed?
- Does their current level of support compromise the person's safety?
- Would the provision of equipment or short term assistance (such as orientation and mobility training) reduce the person's need for ongoing support?

### Determining the impact of a person's age

#### Impact of a person's age

- Is the impairment or acquired brain injury related to the person's age?
- At what age did the person first develop the impairment or acquired brain injury?
- Is the diagnosis related to something that is common to people that are ageing?
- Is there anyone in the person's family who has the same or similar impairment? If yes, at what age did this commence?

#### Age related hearing impairments

As people age, structures of the ear can become less responsive to sound waves, contributing to hearing loss. Symptoms of naturally ageing hearing loss include:

- difficulty hearing doorbells, car horns, and alarms
- difficulty understanding and following conversations
- initial loss of ability to hear the highest pitches, followed by inability to hear lower pitches
- lower volume and less clarity in hearing sounds including mumbled or slurred speech by others.

### **Age related visual impairments**

For people who are ageing, some level of vision loss is normal. Normal symptoms of the naturally ageing eye include:

- difficulty reading newsprint or books
- increased need for light
- difficulty adapting to changes in light and dark environments
- difficulty with glare
- reduced depth perception
- reduced ability to see colors
- eye dryness; and
- floaters (tiny specks, usually noticeable in bright sunlight).

### **Determining the impact on the person's social/interpersonal skills**

#### **Impact on social/interpersonal skills**

- Does the person participate appropriately in social situations?
- Does the person participate in conversations? Are they able to respond to hints and indirect cues in conversation?
- Does the person relate to unfamiliar people appropriately?
- How aware is the person of social rules and conventions? Are they able to abide by these without guidance, if they choose to?
- Does the person have friendships and other meaningful relationships? Do they have a stable group of friends?
- Does the person independently plan to meet and socialise with friends?
- Does the person independently participate in extracurricular activities?
- Does the person offer assistance to other people? Do they listen to family members or friends who need to talk about problems?
- To what extent is the person able to recognise and label emotions in themselves and others?
- To what extent is the person able to empathise with the experience of other people?

## 8. Information to assist a disability service provider to determine if a person has an intellectual disability

The Act defines:

- intellectual disability – in relation to a person over the age of five years, means the concurrent existence of-
  - (a) significant sub-average general intellectual functioning; and
  - (b) significant deficits in adaptive behaviour-
 each of which became manifest before the age of 18 years.

**A formal assessment will not be required in most circumstances**

The *Access policy* encourages disability service providers to gather only the **minimum** information they require in order to make a decision about whether a person has a disability.

Where a person has an intellectual disability, disability service providers can often ascertain this through direct observation or the use of existing reports and information without the need for formal testing.

**Considering a person's developmental history**

### **Developmental history**

- Is the person over the age of five years?
- What is the person's pre-natal and ante-natal history? For example:
  - Were there any problems during pregnancy such as haemorrhage, infectious diseases, nutritional difficulties, distress or prematurity?
  - Were there any problems during birth such as prolonged labour or forceps delivery?
  - Were there any problems immediately following birth such as low birth weight, breathing, feeding or sleeping difficulties?
- What is the person's developmental history compared with their siblings or peers? For example:
  - **Communication** – when did they first smile, speak, use phrases and sentences?
  - **Motor skills** – when did they first sit, crawl, walk, and grasp objects?
  - **Self care** – when did they begin feeding themselves, assist with dressing or dress themselves, or were toilet trained?

## Considering a person's cognitive and adaptive skills

In making a decision about whether a person has an intellectual disability, disability service providers may also consider cognitive and adaptive skills including:

### **Educational/vocational**

- Did the person attend any early intervention programs?
- Did the person attend kindergarten or pre-school?
- What primary school did they attend?
- What secondary school did they attend?
- Did they attend any post-school options?
- What is the highest educational level the person attained?
- Is the person employed or part of an employment or pre-vocational program?

### **Personal care and independence skills**

Compared with other people their age:

- Can the person prepare their own meals?
- Can the person feed themselves?
- Can the person bath and shower themselves?
- Can the person attend to personal grooming and hygiene needs?
- Can the person dress appropriately?
- Can the person perform domestic duties such as cleaning, laundry and grocery shopping?

Consideration should be given as to whether the person requires no support, minimal support, regular support or substantial support to complete personal care tasks.

### **Communication and language skills**

Compared with other people their age:

- Does the person have a reliable yes/no response?
- Can the person articulate clearly?
- Can the person understand everyday conversations?
- Can the person initiate conversations?
- Can the person participate in conversations?
- Can the person speak in sentences?
- Can the person follow instructions?

**Cognitive skills**

Compared with other people their own age:

- Can the person recount their name, date of birth and address, days of the week, etc?
- Can the person tell time, understand the concept of time, discriminate between night and day, understands before and after etc?
- Can the person read their own name, community or common signs, magazines, newspapers or age appropriate books?
- Can the person write their own name, write short notes, address envelopes, fill out application forms or write short stories?
- Can the person understand the difference between one and many, count up to 10, recognise numbers up to 10, add and subtract small numbers?

**Social/interpersonal skills**

- Does the person have friends or other meaningful relationships?
- Does the person relate well to familiar people?
- Does the person relate well to unfamiliar people?
- Does the person participate appropriately in social situations?

**Decision making and adaptive abilities**

Compared with other people their own age:

- Can the person make appointments, make personal phone calls, use a public phone?
- Can the person recognise notes and coins, can they make small purchases, work out change, budget, save money and do banking?

**Community access and leisure**

Compared with other people their age:

- Can the person use public transport independently?
- Can the person move about safely in the community?
- Can the person travel to familiar and unfamiliar places?
- Does the person have a good knowledge of their local area?
- Does the person choose and participate in leisure activities?

Consideration should be given as to whether the person requires no support, minimal support, regular support or substantial support to participate in the community.

**Where a formal assessment is required to determine if a person has an intellectual disability**

**Undertaking a formal assessment**

Where a disability service provider has gathered and considered information in relation to a person, however, is unable to determine if they have an intellectual disability, a disability service provider may consider a formal assessment.

**Significant sub-average general intellectual functioning** is defined as more than two standard deviations below the population average, as measured by a standardised intelligence test. In determining whether an IQ score is more than two standard deviations below the mean, the standard error should be taken into account at the 95 per cent confidence level.

**Significant deficits in adaptive behaviour** means a score at or below the second percentile of people of the same age and cultural group on a standardised assessment of adaptive behaviour. ‘Adaptive behaviour’ refers to personal skills, such as self-care and communication. This means that, if a standardised measure of adaptive behaviour is used, the person’s score must fall in the bottom two per cent of people of the same age and cultural group in order for them to meet this criterion.

**Each of which become manifest before the age of 18 years** means that deficits in both intellectual functioning and adaptive behaviour must occur before the person’s eighteenth birthday.

This is particularly important when assessing people who have had no prior contact with any service typically used by people with an intellectual disability, and who show significant deficits in both adaptive behaviour and intellectual functioning. Such deficits appear in certain degenerative neurological disorders, chronic psychiatric disorders or through acquired brain injury, which often manifest after the age of 18 years.

A formal assessment can only be undertaken by a psychologist. Where a formal assessment is required, a disability service provider may wish to contact Intake & Response in their region.

## 9. Information to assist a disability service provider to determine if a child has a developmental delay

### Developmental delay

A developmental delay means a delay in the development of a child under the age of six years which –

- (a) is attributable to a mental or physical impairment or a combination of mental and physical impairments; and
- (b) is manifested before the child attains the age of six years; and
- (c) results in substantial functional limitations in one or more of the following areas of major life activity –
  - (i) self care;
  - (ii) receptive and expressive language;
  - (iii) cognitive development;
  - (iv) motor development; and
- (d) reflects the child’s need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of extended duration and are individually planned and coordinated.

### Determining if a child has a developmental delay

The determination of developmental delay should take place in conjunction with staff from Early Childhood Intervention Services (ECIS). (ECIS contact details can be found in Appendix 5.)

Disability service providers should consider the following information:

- Is the child under six years of age?
- Does the child have a diagnosis? If so, is there any documentation to support this?
- Does the child have a mental or physical impairment or a combination of these impairments?
- What is the child’s prognosis?
- Compared with siblings or children of the same age, how does the impairment affect the child’s capacity in the area of:
  - self-care - for example, eating, bathing, dressing, personal hygiene, toileting
  - receptive and expressive language - for example, responding to yes/no, following simple or more complex instructions, identifying common people or objects (such as mum, dad, drink, car), asking questions or holding a conversation
  - cognitive development (thinking skills) - for example, memory, attention, reasoning, problem solving
  - motor development for example, sitting, crawling, walking, playing.

- Does the child use any aides, equipment or assistive devices because of their impairment?
- Is the child or family accessing support from Early Childhood Intervention Services (ECIS)?
- Is the child or family accessing any community based supports that relate to the child's impairment? Which services, how often and are they helping to provide support?
- Is the child or family receiving support from extended family, friends or other informal networks? What type of support is being provided? By whom?

### **Collecting supporting information**

Supporting information can be collected from a number of allied health and medical professionals and should contain a description or diagnosis of the impairment and the impact. This should be complimented with a detailed description or assessment report in relation to one or more of the following areas:

- gross motor/fine motor
- speech/understanding of language
- behaviour
- cognitive thinking skills
- eating
- social/emotional
- play skills
- toileting/personal care.

This information may be obtained from a number of sources including:

- medical professionals including doctors and nurses
- audiologists
- speech therapists
- physiotherapists
- psychologists and neuropsychologists
- neurologists
- special education and generalist teachers.

# Appendices



## Appendix 1: Chronic medical condition

### Background

There are increasing numbers of people who may request assistance from disability services who have a chronic illness. In these circumstances disability service providers will need to gather detailed information to determine if a person is within target group for disability services as defined under the *Disability Act 2006* (the Act).

Prior to any decision being made regarding whether a person is within target group, disability service providers will need to consider if the disability service system is the most appropriate to meet the person's needs.

All decisions regarding target group and access to disability services need to be made in accordance with the Disability Services Access policy and the Access implementation guide for disability service providers.

If a decision is made that a person is within target group as defined by the Act, then further consideration will need to be undertaken to determine if the person meets the priority of access criteria. A decision that a person is within target group, as defined by the Act, does not itself result in the provision of disability services.

The following information has been developed to assist disability service providers to guide them in the decision making process when determining if a person is within target group as defined under the Act, particularly for those who are presenting with significant health issues.

### Definition of chronic illness

*A chronic medical condition is one that has been (or is likely to be) present for six months or longer. It includes conditions such as asthma, cancer, heart disease, diabetes, arthritis and stroke.*

**Australian Government, Department of Health and Ageing, 2008.**

As part of the decision making process, disability service providers will need to consider if the disability service system is the most appropriate support system to meet the person's identified needs. In order to determine this service providers will need to gather information about the:

- person's current needs and circumstances
- current supports that the person is accessing and
- the supports that are available for a person to access through the community and generic service system e.g. hospitals, HACC, support groups, family.

Establishing cooperative relationships with medical, paramedical staff and people within a person's key support network can also assist in gathering the information required to make a decision.

### Deciding if a person is within target group

Following a request to access disability services, disability service providers are required to gather the minimum information they require to make a determination as to whether a person has a disability. In some circumstances sufficient information may be gathered during an initial conversation, however, disability service providers will often gather additional information through a series of conversations with the person, their family or key support networks, as well as any other providers that may be working with the person such as GPs allied health staff or other service providers.

The following information can be used to guide staff as they gather additional information to determine if the person supports needs are a result of a chronic illness or a disability as defined by the Act. Some points to consider include the following:

### Episodic or long-term nature of the condition

In order to be within target group as defined by the Act, the person with a disability must require significant ongoing or long term episodic support.

If a condition is episodic in nature then the person is not considered within target group.

### Permanency of the condition

A person must suffer from the condition permanently for it to be considered to meet the impact criteria. Information regarding the permanency of a condition can be obtained from medical professionals.

### Type of Treatment

A condition that is managed and responds to treatment (such as a course of medication) is more likely to be of a medical nature. Outcomes of treatment need to be realised prior to a decision being made about the nature of support required (long-term or episodic), or the permanency of the condition.

### Date of Onset

Consideration needs to be given to the date of onset of the condition. The onset of the condition must not be related to the process of ageing.

### Stability of health

Disability service providers must make a decision regarding a person's target group status when a person's health is considered to be stable. History regarding the stability of the person's health can be obtained from health professionals and other key support people. The nature of support required (long-term or episodic) or the permanency of the condition can only be determined when a person's health is stable.

### Information from service providers

Staff will need to gather information from other service providers who support the person. Information can be obtained from medical professionals about the cause, onset, impact on person, response to treatment and the permanency of condition. In many instances the information gathering process may need to take place over a period of time to determine the outcomes of treatment and the permanency of the condition.

### Generic and community supports

The other types of services available through the generic and community service system will need to be explored. There may be other providers who are more appropriate provide support to the person and their family.

### Communicating the decision

Access to disability services includes both the decision about whether a person has a disability and whether the person is a priority to access services.

**The *Access policy* and *Access policy implementation guide* provide information about the process and timelines for communicating a decision that relates to a request for disability services. The *Access policy* and *Access policy implementation guide* provide guidance to assist in the decision making process and outline the process for individuals and families to request a review of a decision regarding access to disability services.**

## Appendix 2: Information collection – Enquiries from community service organisations

<b>DCS Worker:</b>	<b>Date:</b>
<b>Community service organisation making enquiry:</b> Name of organisation: Name of worker: Phone:	
<b>Nature of enquiry:</b>	
<b>Enquiry description:</b>	<b>Follow up action/ outcome</b>
<b>Time taken</b>	

### Appendix 3: Information to be provided to Disability Services within three working days of a person asking the Secretary to make a decision regarding whether or not a person has a disability

Name of individual	
Date of original request	
Name of agency to which original request was made	
Name of agency which made the decision (if different from above)	
Name and title of worker who made decision	
Disability type under consideration	
Details of decision – including information gathered, formal assessments (if undertaken) and reason for decision	
Date individual was notified (personal contact)	
Date individual was notified in writing	
Date region was notified of individual's intention to request a decision by the Secretary	

## Appendix 4: Sample letter – Formal assessment by the Secretary

Dear [name]

I am writing to confirm the outcome of your request made on [insert date] for the Secretary of the Department of Human Services to make a decision as to whether you have a disability.

The *Disability Act 2006* provides definitions of disability related to:

- sensory, physical or neurological impairment or acquired brain injury
- intellectual disability
- developmental delay.

These definitions are used to assist disability service providers to determine who can access disability services.

As discussed, the information provided to the Secretary (and any assessments if applicable), does not provide sufficient detail for a decision to be reached, and as a result, you are required to undergo a formal assessment prior to a decision being made by the Secretary.

To assist the Secretary to make a decision, we would like to arrange an assessment with [insert name]. To arrange a time for this assessment, [insert name of worker] will contact you to further discuss the details.

If you would like to discuss this further, please contact [insert name of worker] on [insert phone number].

Yours sincerely

## Appendix 5: Sample letter – Defer formal assessment by the Secretary

Dear [name]

I am writing to confirm the outcome of your request made on [insert date] for the Secretary of the Department of Human Services to make a decision as to whether you have a disability.

The *Disability Act 2006* provides definitions of disability related to:

- sensory, physical or neurological impairment or acquired brain injury
- intellectual disability
- developmental delay.

These definitions are used to assist disability service providers to determine who can access disability services.

The information provided to the Secretary (and any assessments if applicable), does not provide sufficient detail for a decision to be reached at this time.

As we discussed [insert date/occasion], you are required to undergo a formal assessment prior to a decision being made by the Secretary, however given [insert reasons], an assessment at this time is unlikely to provide sufficient information to enable the Secretary to make a decision.

To ensure that any assessment provides reliable information, a decision has been reached to delay the assessment for [insert time but no longer than three months].

Prior to this time, [insert name of worker] will make contact with you to further discuss the details of your assessment.

If you would like to discuss this further, please contact [insert name of worker] on [insert phone number].

Yours sincerely

## Appendix 6: Sample letter – Discontinue formal assessment by the Secretary

Dear [insert name]

I am writing following our recent discussion and your referral to [insert name of assessor] for an assessment to assist the Secretary to determine if you have a disability.

As we discussed, following information provided by [insert name of assessor], a decision has been made to discontinue the assessment at this time.

Given [insert reasons], continuing an assessment at this time would not provide reliable information to enable the Secretary to make a decision.

It is the belief of the Secretary that to discontinue the assessment for [insert time but no longer than three months] would provide more reliable information to enable a decision to be made.

Prior to this time, [insert name of worker] will make contact with you to further discuss the details of your assessment.

If you would like to discuss this further, please contact [insert name of worker] on [insert phone number].

Yours sincerely

## Appendix 7: Letter to request assessment or additional information

Dear [name]

I am writing to confirm the outcome of your request for [insert type of support] made on [insert date].

The *Disability Act 2006* provides definitions of disability related to:

- sensory, physical or neurological impairment or acquired brain injury
- intellectual disability
- developmental delay.

These definitions are used to assist disability service providers to determine who can access disability services.

Based on our discussions and the information provided, we have not been able to determine whether or not you have a disability as defined in the Act, therefore, additional information is required before a decision can be reached.

As we discussed at our meeting [insert date], to obtain additional information we would like to arrange an assessment with [insert name].

To arrange a time for this assessment, [insert name (worker)] will contact you to further discuss the details.

If you would like to discuss this further, please contact [insert name (worker)] on [insert phone number].

Yours sincerely

## Appendix 8: Statement of Intellectual Disability

### Disability Act 2006

#### Statement of Intellectual Disability

I am satisfied that [person's name] has an intellectual disability within the meaning of the *Disability Act 2006* as [he/she] is over the age of five years and has the concurrent existence of:

- Significant sub-average general intellectual functioning, and
- Significant deficits in adaptive behaviour
- Each of which became manifest before the age of 18 years.

Signed:

Name:

Position:

(Delegate of the Secretary of the Department of Human Services)

Date:

## Appendix 9: Refusal: not considered to have a disability by DSP

Dear [name]

I am writing to confirm the outcome of your request for [insert type of support] made on [insert date].

The *Disability Act 2006* provides definitions of disability related to:

- sensory, physical or neurological impairment or acquired brain injury
- intellectual disability
- developmental delay.

These definitions are used to assist disability service providers to determine who can access disability services.

Based on our discussions and the information provided, it is considered that you do not have a disability as defined in the Act therefore your request for disability support has been declined.

As we discussed at our meeting [insert date] this decision was reached due to [insert reasons].

We also discussed the range of other support options that would be suitable for you and could meet your needs at the present time. These include [insert names/details/contact numbers].

The Act states that you are able to ask the Secretary to the Department of Human Services to decide whether or not you have a disability. To arrange this, the Intake and Response Team at the Department of Human Services regional office can be contacted on [insert phone number].

Yours sincerely

## Appendix 10: Decision by the Secretary: Yes

Dear [name]

I am writing to confirm the outcome of the request you made on [insert date] to have the Secretary of the Department of Human Services decide whether or not you have a disability.

Based on the information provided, (and any assessments if applicable) the Secretary has determined that you do have a disability as defined in the *Disability Act 2006*.

As we have discussed, your original request for support was made to [insert provider name]. The Disability Services Intake and Response Team from [insert Region] has been in contact with [insert provider name] to inform them of the decision of the Secretary.

You may wish to contact them once again to discuss your support needs or you may wish to consider an alternative provider. The Intake and Response Team at [insert Region] can be contacted to support you to make contact with your original provider, or assist you in identifying an alternative provider.

The Intake and Response Team can be contacted on [insert contact number].

Yours sincerely

## Appendix 11: Decision by the Secretary: No

Dear [name]

I am writing to confirm the outcome of your request made on [insert date] for the Secretary of the Department of Human Services to make a decision as to whether or not you have a disability.

The *Disability Act 2006* provides definitions of disability related to:

- sensory, physical or neurological impairment or acquired brain injury
- intellectual disability
- developmental delay.

These definitions are used to assist disability service providers to determine who can access disability services.

Based on the information provided to the Secretary (and any assessments if applicable), it is not considered that you have a disability as defined in the Act, and therefore your request for disability support has been declined.

As we discussed at our meeting [insert date] this decision was reached due to [insert reasons].

We also discussed a range of other support options that would be suitable for you and could meet your needs at the present time including [insert names/details/contact numbers]. Should you require any support to contact these providers, the Intake and Response Team at [insert Region] can be contacted on [insert contact number].

The Act states that you may apply to the Victorian Civil and Administrative Tribunal (VCAT) for a review of this decision. If you choose to do so, you must lodge an application with VCAT within 28 days of receiving this letter.

[insert where to obtain an application]

Yours sincerely

## Appendix 12: Refusal of service

Dear [name]

Following our discussion, I am writing to confirm the outcome of your request for [insert type of support] made on [insert date].

When you contacted our organisation, we discussed your current situation and need for assistance. While it is acknowledged that you have a disability as defined in the *Disability Act 2006*, regrettably we are unable to provide the requested support at this time.

As we discussed, this decision was reached due to [insert reasons].

We also discussed a range of other support options that would be suitable for you and could meet your needs at the present time including [insert names/details/contact numbers]. Should you require support to contact any of these providers you are encouraged to contact [insert organisation or the Intake and Response team].

The Act states that you are entitled to have the Disability Services Commissioner review this decision about access to services. To arrange this you can contact the Disability Services Commissioner at [www.dsc.vic.gov.au](http://www.dsc.vic.gov.au) or on **1800 677 342** (free call)

Yours sincerely

## Appendix 13: Information to be provided to Disability Services within three working days of the region being notified that a person has lodged a review with VCAT regarding access

Name of individual	
Date of request to Secretary	
Name of Secretary's delegate	
Disability type under consideration	
Details of any formal assessment (if undertaken)	
Details of decision	
Date individual was notified (personal contact)	
Date individual was notified in writing	
Date region was notified of individual's intention to appeal to VCAT	

## Appendix 14: Letter to communicate priority of access decision

Dear [name]

I am writing to confirm the outcome of your request for [insert type of support] made on [insert date].

The *Disability Act 2006* provides definitions of disability related to:

- sensory, physical or neurological impairment or acquired brain injury
- intellectual disability
- developmental delay.

In addition to meeting this definition of disability, to access disability services, a person must also be considered a priority for access to services.

The priority of access criteria have been developed and published by the Secretary and are used by disability service providers in determining who receives access to services.

As we discussed, your request for [insert service/support] has been considered, however, at this time [insert name of agency] is unable to meet your request.

We also discussed a range of other support options that would be suitable for you and could meet your needs at the present time. These include [insert names/details/contact numbers].

You may wish to contact these providers or consider further assistance that can be provided by the Intake and Response Team at [insert Region]. The Intake and Response Team can be contacted on [insert contact number].

The details of your request will continue to be reviewed by [insert name of agency] as resources become available and your details will be [insert waiting list management/other].

You are encouraged to contact [insert name of agency] on [insert contact number] if you experience a significant change in your needs or circumstances, or to further discuss this letter.

Yours sincerely

## Appendix 15: Role of professionals who may provide supporting evidence

<p><b>Medical professionals</b></p>	<p><b>Otolaryngologist</b> Diagnose and evaluate hearing loss.</p> <p><b>Ear Nose and Throat (ENT) Specialist</b> Treat a variety of ear nose and throat conditions.</p> <p><b>Neurologists</b> Trained in the diagnosis and treatment of disorders of the nervous system. Neurologists also perform medical tests to diagnose acquired brain injury.</p> <p><b>Ophthalmologists</b> Diagnose and treat diseases that affect the eyes</p>
<p><b>Audiologists</b></p>	<p>Tests hearing and perform hearing evaluation tests that measure the degree of hearing loss and the particular sound frequencies that are impaired.</p>
<p><b>Optometrists</b></p>	<p>Perform eye exams and may diagnose eye problems. They prescribe glasses and contact lenses. In some states they prescribe eye drops to treat diseases.</p>
<p><b>Optician</b></p>	<p>Dispense glasses but do not diagnose eye problems.</p>
<p><b>Physiotherapists</b></p>	<p>Provide a holistic approach to the prevention, diagnosis, and therapeutic management of disorders of movement or optimisation of function, to enhance the health and welfare of the person.</p>
<p><b>Occupational therapists</b></p>	<p>Promote health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation.</p>
<p><b>Speech therapists</b></p>	<p>Diagnose, manage and treat individuals who are unable to communicate effectively, or who have difficulty with feeding and swallowing.</p>
<p><b>Psychologists</b></p>	<p>Are experts in human behaviour. Most psychologists help mentally healthy people to find ways of functioning better. For example, they assist people to handle stress and family problems.</p>
<p><b>Neuropsychologists</b></p>	<p>A neuropsychologist is a psychologist specially trained in assessment of people with neurological conditions such as acquired brain injury. A neuropsychologist can make recommendations about an individual's rehabilitation and behaviour management needs.</p>

<b>Social workers</b>	Work to achieve the goals of social justice, the enhancement of the quality of life of citizens, and the development of the full potential of each individual, family and group in society. Social workers work as case-managers, clinicians and therapists with individuals, couples, families and groups
<b>Education professionals</b>	<p>Where a request for disability services is for a child, education professionals (such as teachers or special education teachers) can assist in providing information in relation to the child, their impairment and the impact on their daily life, particularly their learning and educational experiences.</p> <p>Education professionals will have valuable information about how well the child is developing and learning particularly when compared with their peers. Key information about whether they are keeping up with learning tasks and social activities can assist in understanding the impact of the impairment on the child.</p> <p>Education professionals also provide strategies and supports to maximise a child's independence and learning.</p>

## Appendix 16: Obtaining additional information and assistance

Regional Department of Human Services Disability Intake and Response services are available between 9am and 5pm, Monday to Friday (excluding public holidays).

To be directly connected to your local regional Intake and Response services, call 1800 783 783 from within Victoria. Alternatively, you can contact your local Intake and Response service through the relevant regional office:

### Eastern Metropolitan Region

(P) 9843 6312  
(F) 9843 6575  
(TTY) 9843 6638

### North West Metropolitan Region

(P) 9412 2741  
(F) 9412 5466  
(TTY) 9412 2647

### Southern Metropolitan Region

(P) 1300 131 076  
(F) 8585 6005  
(TTY) 1800 008 149

### Barwon South West Region

(P) 1800 675 132  
(F) 5226 4566  
(TTY) 5226 4062

### Gippsland Region

(P) 5136 2474  
(F) 5136 2520  
(TTY) 5136 2494

### Grampians Region

(P) 1800 670 143  
(F) 5333 6505  
(TTY) 5333 6815

### Hume Region

(P) 1300 650 152  
(F) 5722 0541  
(TTY) 5722 0623

### Loddon Mallee

(P) 5434 5888  
(F) 5434 5890  
(TTY) 5434 5669

Additional information and support is also available from a range of organisations.

Impairment	Specialist Organisations	Websites
<b>Sensory impairments</b>	<ul style="list-style-type: none"> <li>• Vicdeaf</li> <li>• Victorian Council of the Deaf</li> <li>• Better Hearing Australia</li> <li>• Vision Australia</li> <li>• Royal Victorian Institute for the Blind</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.vicdeaf.com.au">www.vicdeaf.com.au</a></li> <li>• <a href="http://www.vcod.com.au">www.vcod.com.au</a></li> <li>• <a href="http://www.betterhearing.org.au">www.betterhearing.org.au</a></li> <li>• <a href="http://www.betterhealth.vic.gov.au">www.betterhealth.vic.gov.au</a></li> <li>• <a href="http://www.disability.vic.gov.au">www.disability.vic.gov.au</a></li> <li>• <a href="http://www.deafness.org.au">www.deafness.org.au</a></li> <li>• <a href="http://www.visionaustralia.org.au">www.visionaustralia.org.au</a></li> <li>• <a href="http://www.betterhealth.vic.gov.au">www.betterhealth.vic.gov.au</a></li> <li>• <a href="http://www.disability.vic.gov.au">www.disability.vic.gov.au</a></li> </ul>
<b>Physical impairments</b>	<ul style="list-style-type: none"> <li>• Yooralla Society of Victoria</li> <li>• Scope</li> <li>• Paraquad Victoria</li> <li>• Spina Bifida Association of Victoria</li> <li>• Australian Quadriplegia Association – Victoria</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.betterhealth.vic.gov.au">www.betterhealth.vic.gov.au</a></li> <li>• <a href="http://www.disability.vic.gov.au">www.disability.vic.gov.au</a></li> <li>• <a href="http://www.scope.org.au">www.scope.org.au</a></li> <li>• <a href="http://www.yooralla.com.au">www.yooralla.com.au</a></li> <li>• <a href="http://www.paraquad.org.au">www.paraquad.org.au</a></li> <li>• <a href="http://www.sbfv.org.au">www.sbfv.org.au</a></li> <li>• <a href="http://www.scia.org.au">www.scia.org.au</a></li> </ul>
<b>Neurological or neuro-muscular disorders</b>	<ul style="list-style-type: none"> <li>• Muscular Dystrophy Association of Victoria</li> <li>• Multiple Sclerosis Limited</li> <li>• Motor Neurone Disease Association of Victoria</li> <li>• Parkinson’s Victoria Inc</li> <li>• Huntington’s Association of Victoria</li> <li>• Friedreich’s Ataxia Association of Victoria</li> <li>• Epilepsy Foundation</li> <li>• Autism Victoria</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.betterhealth.vic.gov.au">www.betterhealth.vic.gov.au</a></li> <li>• <a href="http://www.disability.vic.gov.au">www.disability.vic.gov.au</a></li> <li>• <a href="http://www.mda.org.au">www.mda.org.au</a></li> <li>• <a href="http://www.msaustralia.org.au/">www.msaustralia.org.au/</a></li> <li>• <a href="http://www.mnd.asn.au">www.mnd.asn.au</a></li> <li>• <a href="http://www.parkinsonsvic.org.au">www.parkinsonsvic.org.au</a></li> <li>• <a href="http://www.ahda.com.au">www.ahda.com.au</a></li> <li>• <a href="http://www.epinet.org.au">www.epinet.org.au</a></li> <li>• <a href="http://www.autismvictoria.org.au/home/">www.autismvictoria.org.au/home/</a></li> </ul>
<b>Acquired brain injury</b>	<ul style="list-style-type: none"> <li>• Brainlink</li> <li>• Melbourne CityMission</li> <li>• Headway Victoria</li> <li>• Bear in Mind</li> <li>• ARBIAS Victoria (for people with alcohol related brain injury).</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.betterhealth.vic.gov.au">www.betterhealth.vic.gov.au</a></li> <li>• <a href="http://www.disability.vic.gov.au">www.disability.vic.gov.au</a></li> <li>• <a href="http://www.brainlink.org.au">www.brainlink.org.au</a></li> <li>• <a href="http://www.headwayvictoria.org.au">www.headwayvictoria.org.au</a></li> <li>• <a href="http://www.melbournecitymission.org.au">www.melbournecitymission.org.au</a></li> <li>• <a href="http://www.arbias.org.au">www.arbias.org.au</a></li> </ul>
<b>Intellectual disability</b>	<ul style="list-style-type: none"> <li>• Centre for Developmental Disability and Health</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.cddh.monash.org/">www.cddh.monash.org/</a></li> </ul>

## Developmental Delay - Early Childhood Intervention Services

Early Childhood Intervention Services (ECIS) support children with a disability or developmental delay from birth to school entry and their families. ECIS provides special education, therapy, counselling, service planning and coordination, assistance and support to access services such as kindergarten and child care.

Services are tailored to meet the individual needs of the child and focused on supporting the child in their natural environments, in their everyday experiences and activities. These services are funded through the Department of Education and Early Childhood Development (DEECD) and provided by Specialist Children's Services teams and Early Childhood Intervention agencies.

The overall aim of these services is to provide parents and families with the knowledge, skills and support to meet the needs of their child and to optimise the child's development and ability to participate in family and community life. All services are provided using a family centred approach, recognising the importance of working in partnership with the family.

### ECIS Central Intake

1800 783 783

### Eastern Metropolitan Region

1300 662 655

### Southern Metropolitan Region

1300 720 151

### Gippsland Region

5136 2400

### Hume Region

1300 650 152

### North West Metropolitan Region

9479 0578

### Barwon South West Region

Geelong - 5226 4540

Warrnambool - 5561 9444

### Grampians Region

1800 783 783

### Loddon Mallee

1300 363 514







