Understanding and Supporting People with a Neurocognitive Disability
Overview
This Workbook accompanies the Understanding and Supporting People with a Neurocognitive Disability Workshop and is intended as a ready reference for participants during and post-completion of the Workshop.

Anticipated outcomes:
It is expected that, upon completion of the Workshop, participants will:

- have knowledge about Neurocognitive disability (NCD), the functions of the brain, impairments associated with NCD and how to positively support a person with a NCD
- have a better understanding of behavioural responses and triggers and be able to differentiate between the Behavioural Escalation Stages
- be able to interpret behavioural responses and develop appropriate strategies to positively support clients
- know the purpose of the NDIS, the types of services available and the processes for accessing the funding for these services.

Welcome to Understanding and Supporting People with a Neurocognitive Disability.

This project is an NDIS Information, Linkages and Capacity Building (ILC) initiative. For more ILC events and resources please visit http://www.disability.wa.gov.au/wa-ndis/wa-ndis/information-linkages-and-capacity-building/resources/.
Definition of Disability
Any continuing condition that restricts everyday activities.
The Disability Services Act (1993) defines disability as meaning a disability:
- Which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments
- Which is permanent or likely to be permanent
- Which may or may not be of a chronic or episodic nature
- Which results in substantially reduced capacity of the person for communication, social interaction, learning or mobility and a need for continuing support services

Definition of Neurocognitive Disability
- Neurocognitive Disability (NCD) refers to any type of brain disorder or neurological disruption which is acquired rather than developmental.
- A NCD can result from acquired brain injury (ABI), traumatic brain injury (TBI), violence, stroke, lack of oxygen the brain, trauma, alcohol or drug use, infections, and Foetal Alcohol Spectrum Disorder (FASD).
- NCD can impact cognitive, physical, emotional, behavioural, and psychosocial functioning.

Why is NCD Important?
- According to the World Health Organisation, TBI will surpass many diseases to become a leading cause of disability by the year 2020, with an estimated 10 million people affected annually
- An estimated 338,700 people in Australia have a brain injury related disability
- ABI rates in 2008/09 - 5.6% for Indigenous vs 3.9% non-Indigenous Australian’s
- ABI a leading cause of death and disability in young adults
- Life expectancy is reduced, and there is an increased risk of dying from other causes
- 1 in 45 Australians are living with an ABI – however, ABI is underreported
- Life expectancy is 9-years shorter after surviving a brain injury
- Risk of dying from seizure, accidental drug poisoning, infections, pneumonia is much higher than people without a traumatic brain injury

Neurocognitive Disability
- People with brain injury may have increased aggression and/or poor impulse control, and often experience impairments with memory, attention, learning, language, perception and social cognition.
- Impairments may be temporary or permanent depending on the severity and cause of the injury.

Neurocognitive Disability is not:
Developmental Disorder:
- Intellectual disability, Autism and Down’s Syndrome are distinct from NCD
- Present at birth
Mental Health Disorder:
- May have similar effects and there is a high level of co-morbidity with NCD and mental health.

Neurocognitive Disability - symptoms
- Brain injury is known as the invisible disability because there may be no outward signs of injury.
- Common symptoms like memory problems, lack of insight, poor impulse control, and limited attention span cannot be physically seen by others, but they significantly impact on how a person functions in all aspects of their lives.
- Every brain injury is unique and the severity and location of the injury affects the impairments the person can have. Pre-injury factors, and access to rehabilitation also affect outcomes.
Functions of the Brain

- The brain is an extremely complex structure, and is the control centre of the body.
- It is made up of billions of neurons and each neuron has thousands of synaptic connections.
- Neurons communicate with each other and are responsible for transporting signals to other parts of the brain or to cells in the body to produce movement and function.

Frontal Lobe

Controls the higher level executive functions such as:

- Concentration and attention
- Thinking and reasoning
- Initiative
- Planning and organising
- Problem solving
- Impulse control
- Control of emotions and behaviours
- Personality
- Self awareness/insight
- Some motor function

Temporal Lobe

Responsible for:

- Speech and hearing
- Identifying sounds, understanding spoken language
- Auditory memory
  - Remembering and using information that has been spoken to you
- Auditory Processing
- Remembering what you have seen
- Identifying smells
- Recognising faces, pictures, words and names
**Occipital Lobe**

Responsible for:
- Vision and visual processing
- Reading and writing
- Identifying colours, shapes, patterns

**Parietal Lobe**

Responsible for:
- Controlling sensations such as touch, pressure, pain, temperature and perception
- Understanding what words mean
- Integrating sensory input
- Finding your way around new or familiar places
- The ability to sense if a surface or object is hot or cold
- Telling left from right
- Writing and drawing
- Understanding and following conversations
- Awareness of every part of the body e.g. Self care
- Making things (construction)

**Cerebellum**

Along with our spinal cord, our brain controls our balance, movements and muscle coordination.

**Brain Stem**

Controls basic functions for survival such as breathing, digestion, swallowing, blinking, heart rate, alertness/wakefulness.
Causes of NCD

- An Acquired Brain Injury (ABI) is an injury or damage to the brain sustained after birth, that causes a deterioration in physical, cognitive, emotional and social function.
- It affects a person's level of independent functioning and can cause temporary or permanent disability.
- No two brain injuries are the same – different effects and outcomes.
- We cannot use the results and journey of one person's brain injury and recovery process to predict the outcome of another person's brain injury and recovery process.

Traumatic Brain Injury

<table>
<thead>
<tr>
<th>Closed Head Injury</th>
<th>Open Head Injury</th>
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<tbody>
<tr>
<td>Head is struck or moved violently back and forth but the skull and/or membrane lining the brain is not broken or penetrated resulting in bruising, bleeding, swelling - pressure on brain</td>
<td>Occurs when the meninges is torn/breaks and/or skull is cracked, fractured or broken and the brain is penetrated by bone/material. The brain is exposed. Chances of infection are high.</td>
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</table>

Commonly caused by vehicle accidents, assaults, falls, violent shaking, sporting accidents.

Non-Traumatic Brain Injury

Any injury to the brain which has not been caused by physical force, but has an internal cause such as:

- Stroke
- Ischemia (restriction of blood supply) or Haemorrhage (bleeding)
- Brain Tumour (restricts blood or puts brain under pressure)
- Infection – Encephalitis or Meningitis (swelling)
- Substance abuse or Poisoning (Korsakoff’s Syndrome)
- Hypoxia (lack of oxygen) – drowning, strangulation, incomplete suicide
- Lack of glucose
- Degenerative Diseases (Alzheimer’s Disease, Parkinson’s Disease, Huntington’s Disease)

Impact of NCD – Physical

- Movement Disorders
  - Changes in Muscle Tone (increased or decreased tone or a combination of both)
  - Balance/Righting Reactions
  - Postural Changes
  - Ataxia – unsteady gait
  - Full/Partial Paralysis
  - Coordination difficulties
- Dysphagia
- Temperature Control
- Incontinence
- Epilepsy / Seizures
- Respiratory Problems
- Elevated Blood Pressure

notes:
Impact of NCD – Perception / Sensory

- No awareness of being touched / Oversensitive to touch
- Change in food likes and dislikes
- Reduced / No awareness of smells
- Reduced visual field / Changes to vision
- Distress in a noisy environment
- No awareness of being spoken to
- Position Sense – self
- Spatial Relations – in relation to objects

Impact of NCD – Communication

Dysphasia - Difficulty in using language and understanding of spoken or written language
Dysarthria - Lack of muscle control in speech which makes it difficult to articulate words and also may include difficulty in controlling saliva
Dyspraxia - Not able to follow through from thought to action
Difficulty with Social Communication (Pragmatics) - Social communication involves being able to understand what others meant to communicate. It also involves being able to express your thoughts and feelings to others in a way they can understand.

Impact of NCD – Cognitive

Thinking
  - Perseveration
  - Concentration
  - Thought processing
  - Problem solving

Organising
  - Orientation to time and place
  - Planning
  - Sequencing

Doing
  - Impulsivity
  - Disinhibition
  - Motivation
  - Initiative
  - Apathy
  - Insight

Memory
  - Short term
  - Long term
  - Working

COGNITIVE IMPACTS
Neurocognitive Disability and Grief

- Grief is an important part of the response to change for individuals and families affected by NCD
- A person may experience changes in their personality, changes in physical, emotional, behavioural, or cognitive function
- This can impact on a person’s, roles and responsibilities, performance of everyday tasks, and on their identity
- Those close to the person affected by NCD may also experience loss and find themselves having to adjust to changes
- There are many emotions involved in the adjustment and grieving process. These can include shock, disbelief, denial, anger, resentment, guilt, despair, hopelessness, depression, sadness and acceptance.
- Individuals affected by NCD or their family may not be seen to have experienced loss at all.
- They are often told that they are lucky to be alive. However, these types of comments can make the person experiencing loss feel all the more alone.

Impact of NCD – Emotions and behaviour

- Anxiety, depression
- Agitation or aggression
- Euphoria
- Mood Swings
- Suicidal and self harm thoughts and behaviours
- Apathy
- Loss of sense of self
- Worry about having another injury or stroke
- Grief and loss

Impact of NCD – Social Effects for Individuals and Families

- Work status
- Role
- Income
- Family life
- Support network
- Quality of life
- Isolation, helplessness and hopelessness

Impact of NCD – Co-morbid Psychiatric Conditions

- 40% of people with neurocognitive disabilities have co-morbid mental health problems
- Profound personality changes
- Depression and anxiety
- Neurological symptoms
- Panic disorder
- Decades-lasting vulnerability to psychiatric disability.
NCD and Grief - Support Strategies

- Normalise feelings of grief.
- Allow for individual differences.
- Allow time for the person to grieve.
- Listen and reflect what the person is saying to you. Try not to project your own feelings onto them.
- There is often no need to offer advise or find a solution. Feeling understood and connected with another person is enough.
- Seek support from organisations that specialise in Neurocognitive Disability.

Approaches

Approaches to working with people who may have NCD can include:

- Take time to explain things – allow for slower cognitive processing
- Keep concepts and instructions clear and concise – don’t use complex language
- No more than two steps per instructions/requests
- Be patient - someone may look like they are being uncooperative, but may not understand what they need to do
- Use memory aids
Definitions

Trigger
A trigger is a stimulus that precedes a behavioural response
- internal (e.g., anxiety)
- external (e.g., loud noise)

Behavioural Response
A behavioural response can be physical or verbal. The resulting response is determined by the individual’s interpretation of the trigger.

Adverse Behavioural Response
Is a response by an individual, which has the potential to result in physical or psychological harm to themselves and/or another person, or damage to property.

Common Triggers for Adverse Behavioural Responses
- Loss and grief
- Change in routine
- Introduction of new situations
- Continual errors/frustration
- Power struggles
- Continual provocation from others
- Lack of control and choices – being told ‘No’
- Inconsistent approaches
- Lack of attention
- Having to wait
- Boredom
- Environmental irritations
- Conflict with others
- Limitations with disabilities and health
- Having to face consequences of behaviour

What pushes YOUR buttons?
Behavioural Escalation Stages

- **Calm**
- **Agitated**
- **Acceleration**
- **Peak**
- **De-escalation**
- **Recovery**

**Calm Stage - Reinforce**

**How the person may present**
- Even mood
- Relaxed posture
- Able to concentrate
- Normal expression / tone of voice
- Even breathing
- Interactive

**What YOU need to do**
- Give attention
- Attend positively
- Give praise
- Promote positive activities
- Provide incentives
- Be aware of situations / triggers that cause tension / distress
- Be proactive not reactive

**Agitation Stage - Responsive**

**How the person may present**
- Change in breathing
- Change in facial expression
- Change in eye contact
- Voice tension
- Resistant
- Withdrawal
- Muttering

**What YOU need to do**
- Give time
- Avoid power struggles
- Lower or change expectations
- Redirect / divert attention
- Give explanations / choices
- Allay fears
- Avoid triggers
- Know when to stop talking

**Behavioural Escalation Stages and Responses**

<table>
<thead>
<tr>
<th>STAGE</th>
<th>RESPONSE</th>
</tr>
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<tbody>
<tr>
<td>Calm</td>
<td>Reinforce</td>
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<tr>
<td>Agitated</td>
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<tr>
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<td>Disengage/Defuse</td>
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<tr>
<td>Peak</td>
<td>Protect</td>
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<tr>
<td>De-escalation</td>
<td>Give space</td>
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<tr>
<td>Recovery</td>
<td>Reconnect</td>
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</table>
**Acceleration - Disengage/Defuse**

*How the person may present*
- Yelling
- Verbal abuse
- Arguing/Provoking
- Defiance
- Racing
- Escape
- Increased movements
- Decreased rational thinking

*What YOU need to do*
- Decrease or stop talking
- Request help
- Respect positioning
- Maintain neutral presence
- Even facial expression
- Safety for both
  - Safeguard others
  - Remove hazards
  - Talk to contain

**De-escalation - Give Space**

*How the person may present*
- Normal breathing
- Confusion
- Remorse
- Embarrassment
- Crying
- Withdrawal
- Denial/blame

*What YOU need to do*
- Minimal interaction
- Calm voice
- Avoid triggers
- Redirect to safe place to calm down
- Offer food/drink/bed
- Avoid over stimulation
- Listen

**Physical Distress Stage - Protect**

*How the person may present*
- Aggressive
- Destructive
- Self-injury

*What YOU need to do*
- Increase distance
- Remove self and others/Get help
- Be prepared to self-protect
- Stop talking
- Keep calm
- Protect person from self injury (if possible) eg make physical environment safe

**Recovery Stage - Reconnect**

*How the person may present*
- Normal breathing/posture
- Resumes regular activities not requiring interaction with others
- Accept staff help
- Subdued in group
- Denial/defensive behaviours

*What YOU need to do*
- Provide reassurance and support
- Calm, quiet voice
- Short sentences
- Don't revisit outburst
- Provide positive closure
- Smile, handshake
- Positive statement
- Reassure others. Check they are OK
Behavioural Responses Are Affected By:
Combination of:
- Neurological/Psychiatric changes
- Physical health status
- Personality
- Background history
- Physical environment
- Social environment

The types of things you might see are:

**ORGANISING**
- Orientation to Time and Place
- Planning
- Sequencing

- No awareness of where they are.
- No awareness of what hour / day / month / year it is.
- Daily tasks don’t get done.
- Expecting to do too many things in a day.
- Can’t prioritise or decide what is and isn’t important
- Always asking “What am I doing today?”
- Tasks or task components done in the wrong order or missed completely.

**THINKING**
- Perseveration
- Concentration
- Thought Processing
- Problem Solving

- Getting stuck on the same idea.
- Being easily distracted.
- Slow processing of the information being discussed
- Inability to make a decision.
- Seeking advice on even the simplest of decisions.
- Changing their mind regularly.
- Becoming easily overloaded and becoming frustrated or withdrawing.

**DOING**
- Impulsivity
- Disinhibition
- Motivation
- Initiative
- Apathy
- Insight

- Doing things without regard to consequences.
- Doing things without regard to the impact on others.
- Not wanting to do anything and always bored.
- Wanting to do something but not doing it.
- Not caring about now or the future.
- Doing something just because somebody else said to do it or is doing it.
- Poor understanding of their disability and why they may not be able to do things they would like to do.
Identifying Possible Triggers Related to Disability - Activity

Considering what we have learnt about Neurocognitive Disability, identify any additional triggers that may impact on a person’s behavioural response:

Identify some possible strategies that you may use to reduce the risk of an adverse behavioural response occurring.

FEELING
- Anxiety
- Agitation
- Emotional Lability
- Depression
- Euphoria
- Irritability
- Aggression

The types of things you might see are:
- Always worrying about what might happen.
- Restlessness.
- Don’t want to do anything or even get out of bed.
- Appears to be ‘too happy’ to the point of being over the top with singing, laughing etc.
- Don’t agree with any suggestions.
- Always unhappy with what is happening.
- Acts out in a verbal or physical way.
- Cries regularly.
- Laughs or smiles inappropriately.

REMEMBERING
- Memory is a complex function that is utilised throughout our day in many ways.
- Short term memory, immediate and recent
- Long term memory
- Working memory

The types of things you might see are:
- No recall of immediate events eg. the conversation you have just had with them.
- No recall of events that happened during the day eg. the conversation you had at the beginning of the day.
- No recall of past life either all or periods of.
- No memory of how to perform tasks.
- No capacity to store information.
Recapping the Strategies

- Reduce distractions
- Use simple one stage instructions
- Check that they have understood
- Be aware of your body language
- Be aware of their body language
- Don't make ‘off the cuff’ comments
- Remember - you are talking to an adult
- Be aware of yourself – how you are feeling
- Understand the person
- Focus on the person
- Plan the day
- Don't overcrowd the day
- Plan the task/activity
- Set clear limits and expectations
- Don't revisit poor behaviour
- Give yourself enough space
- Remove yourself from danger

NDIS - what is it?

The National Disability Insurance Scheme (NDIS) is Australia’s first national Scheme for people with disability. It moves away from the previous system of providing block funding to agencies and community organisations, to direct funding for individuals.

There are around 4.3 million Australians who have a disability. When it is fully rolled out, the NDIS will provide about 460,000 Australians aged under 65, who have permanent and significant disability with funding for supports and services. For many people, it will be the first time they receive the disability support they need.

The NDIS can provide all people with disability with information and connections to services in their communities such as doctors, sporting clubs, support groups, libraries and schools, as well as information about what support is provided by each state and territory government.

NDIS - What does it mean?

N – National
The NDIS is being introduced progressively across all states and territories.

D – Disability
The NDIS provides support to eligible people with intellectual, physical, sensory, cognitive and psychosocial disability. Early intervention supports can also be provided for eligible people with disability or children with developmental delay.

I – Insurance
The NDIS gives all Australians peace of mind that if they, their child or loved one is born with or acquires a permanent and significant disability, they will get the support they need.

S – Scheme
The NDIS is not a welfare system. The NDIS is designed to help people get the support they need so their skills and independence improve over time.

Most times thinking about and planning the approach you will use will help to prevent adverse behavioural responses occurring.
### Three Key Pillars

Three key pillars underpin NDIS design.

<table>
<thead>
<tr>
<th>INSURANCE APPROACH</th>
<th>CHOICE AND CONTROL</th>
<th>COMMUNITY AND MAINSTREAM</th>
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<tbody>
<tr>
<td>Supports economic and social participation.</td>
<td>Participants determine how much control they want over management of their funding, supports and providers.</td>
<td>People are supported to access and coordinate community and funded supports.</td>
</tr>
<tr>
<td>Mobilises funding for early intervention.</td>
<td>Scheme gives effect to certain obligations under the Convention on the Rights of Persons with Disabilities - including respect for their worth, dignity and to live free from abuse, neglect and exploitation.</td>
<td>The scheme will not duplicate or replace mainstream services.</td>
</tr>
<tr>
<td>Estimates and manages resource allocation based on managing long-term costs across the life-course of individuals.</td>
<td>Shares the cost of disability across the community.</td>
<td>Effective interface with mainstream and community supports is central to the sustainability of the Scheme.</td>
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### NDIS Priorities

- Facilitating achievement of participant goals
- Participation and involvement in community life
- Making Reasonable and Necessary (R&N) decisions as quickly as possible
- Maintaining the person in their home or assisting with accessing the right type of accommodation

### Hierarchy of Supports

1. Facilitating the participant’s functional capacity to reduce the need for supports
2. Informal supports
3. Community supports
4. Mainstream supports
5. Funded supports

### Facilitating Increased Capacity

- Aimed at increasing participant’s independence
- Goal of capacity building
- Is the first consideration of the planning process
- Needs to be considered by all stakeholders
Reasonable and Necessary Supports must:
- Assist to pursue identified goals and aspirations
- Facilitate social and economic participation
- Be effective and beneficial with regard to good practice
- Take into account what is reasonably expected of informal supports and the community
- Be most appropriately funded by NDIS

Each criteria has equal value

Facilitating social and economic participation
- Decision-makers must be satisfied that the support will assist the participant to undertake activities, so as to facilitate the participant’s social and economic participation
- Alternatives such as community facilities will be considered when making reasonable and necessary decisions about funding

notes:
What Can be Funded

- Community Access
- Equipment – mobility, communication, IT
- Support Coordination
- Transport
- Help in the home
- Capacity Building – Therapy, skill development
- Behaviourist Support

Choice and Control

- The 'reasonable and necessary' decision about funding is made entirely by the NDIS. The participant does not make this decision
- 'Choice and control' comes after 'reasonable and necessary' and relates to how a participant uses their funds
- It means that the participant has complete control over how they receive and use their supports and they communicate directly with their providers to achieve this.
- They choose their service providers and how their supports are delivered – where, when and by whom

Managing Expectations

- Ensure the participant:
  - knows that final decision lies with NDIS and is subject to the R&N criteria
  - knows that Providers offer recommendations that are subject to approval from the NDIA.
  - It is based on clinical opinion and understanding of the legislation
  - understands that it may take some time for NDIS to review your recommendations and may require some additional information
- If the participant’s circumstances are going to change, ensure NDIA is aware of this.
Recommendations
Ask yourself:
• What are the participant’s goals?
• Do these recommendations help achieve these goals?
• What other options can achieve these?
• Are these viable for this participant?
• What are the different options considered?
• Which is likely to be determined as reasonable and necessary?

7 Step Process to Achieving a Quality NDIS Plan

1. Eligibility
   • Have a permanent disability that significantly affects their ability to take part in everyday activities;
   • Be under 65 years to enter
   • Be an Australian citizen or hold a permanent visa or a Protected Special Category visa; and
   • Live in an NDIS area.

Documents to demonstrate eligibility
   • Age (<65 years)
   • Home address (in NDIS area?)
   • Citizenship or residency
   • Evidence of disability (use Evidence of Disability Form)

Evidence the impact of the disability
   • What is the person not able to do?
   • How does this affect their quality of life?
   • What supports would reduce risk?
   • Highlight absence of ‘informal’ supports
   • Use ‘NDIS language’

Using ‘NDIS’ language for ‘eligibility’
   • NDIS won’t fund recurring health or medical conditions
   • Words that really raise red flags
   • Useful phrases and buzz words:
     - Long term impact/likely to be permanent
     - Limiting ability to achieve functional goals
     - Barriers to economic participation / Social Isolation / Behaviours of concern / Psychosocial Disability

Linking language - functional goals
   • Maximise independence to manage daily routines through improvement of his own ability
   • Increase muscle tone, strength and endurance so mobility can be maintained
   • Maintain a positive sense of motivation to participate in social and community activities
   • Support to engage in meaningful employment or volunteer work of my choosing
2. Accessing the NDIS

Once you have all your evidence you will need to request an ‘Access Request Form’ – you won’t find this online.

Contact NDIS - 1800 800 110
OR visit ndis.gov.au
OR email nationalaccesssteam@ndis.gov.au

You will need to provide copies of evidence you have gathered. Refer to eligibility. NDIS directs all correspondence to the client. You will not be notified.

Complete Access Request Form
- Proof of age, disability and residence
- How should the NDIS contact you?
- Does anyone help you to make decisions?
- Parent, carer or legal guardian details
- Primary Disability and co-morbidities
- Privacy and giving consent
- Submit Access Request Form and supporting documents – by mail or in person.

NDIA, GPO Box 700 Canberra ACT 2601 or your local office.

3. Pre-Planning

- Use a good pre-planning tool
- Work with your client so they can describe:
  - What a typical day looks like now
  - What they would like it to look like?
  - How would this make things better for them?
  - What is stopping them at the moment?
  - Who matters to them and supports them now
  - Are these supports likely to change?
  - If their accommodation is stable or might change
  - What equipment would give more independence?
  - Who will they bring to their planning meeting?
  - Which organisations might be a good match to work with them and provide services?

PRE-PLANNING TIPS
- Remember Reasonable and Necessary
- Commit to a regular time each week to complete the tool
- Add in new medical or allied health reports
- Take a copy to the NDIS Planner. You won’t remember everything on the day.

Good Pre-Planning = Good Outcomes
4. NDIS Face-to-Face Meeting
- Ensure the meeting is face to face not over the phone
- Do you want anyone to help advocate?
- Be on time – it will be about 1.5 hours
- This is the client’s meeting, The NDIA will treat it this way.
- Step in only when necessary
- Bring a copy of your planning tool and full application
- Think of the client on their ‘worst day’

5. Approve Your Plan
Your client will be sent a draft copy to review
- Ensure your client checks everything is included
- Highlight to the planner any incorrect or missing supports
- Sign and return
- Your client’s new NDIS Plan will be mailed or emailed to them (approx 4 weeks)

6. Choose Your Providers
There is support to do this – Support Coordination
- Consider who is best for your client
- Ask to meet them if that’s what the client wants to do
- Ensure everyone knows their role

7. Review Your Plan
- You have a 3 month period after you start your plan to lodge an appeal to have the plan reviewed
- Most plans are reviewed every 12 months
- If there is a significant change in the functional capacity then you can lodge a change of circumstance to have the plan reviewed
- Your Support Coordinator is there to help with this
Resources

Links
About Neurocognitive Disability
https://brightwatergroup.com/

Factsheets

About the NDIS

NDIS - A GP and Allied Health Professional’s Guide

NDIS - Participant Workbooks

NDIS in WA

More NDIS ILS Events and Resources

Tools / Sources

Screening Tools


Sources: