

Your Side

**NDIS: Participant,
Patient & Carer Journey**

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About Your Side

Your Side are a leading provider of support services for older people and people living with a disability or mental illness. We also support unpaid carers. We are an NDIS and Aged Care Registered Provider based in Sydney.

Your Side services:

- Carer Gateway
- Commonwealth Home Support Program
- Home Care Packages / Support at Home
- National Disability Insurance Scheme
- Private Fee for Service



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About the NDIS

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What is the NDIS?

The **National Disability Insurance Scheme (NDIS)** is the way the government funds support that has been deemed as ***Reasonable and Necessary*** for **eligible** people with a **significant, permanent** disability that has a **substantial impact** of their daily living.

The NDIS gives these people the opportunity to have **choice and control** about how they use their **funded supports**, including:

- which provider they purchase support from,
- the type of support they want, and
- How they want that support **delivered** and **managed**.



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Key Objectives of the NDIS



Ordinary Life

People with disability should have the same opportunities as others to pursue their goals and aspirations.



Community Participation

The NDIS aims to deliver high quality, innovative supports that maximise independent lifestyles and full inclusion in society by way of social and economic participation to their extent of their ability.



Choice & Control

People can exercise Choice and Control over planning, purchase, delivery and management of support services.



Capacity Building

The NDIS aims to develop and support the capacity of people to undertake activities as independently as possible to improve life stage outcomes.

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The Eligibility Criteria

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Who is eligible to access the NDIS?

- People aged under 65 at the time of applying and
- Are Australian Citizens, Permanent Residents or Protected Special Category Visa holders and
- Who meet **either** the **disability** or **early intervention** requirements of the NDIS Act.

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Types of Access

- **Full Disability Access:** children and adults. The person's impairment is permanent, and they will continue to have a substantial reduction in their functional capacity for life despite any variances in severity.
- **Early Intervention:** children and adults. The person's impairment is permanent and it is likely that by providing Early Intervention it will benefit the person, their carers and support networks and reduce future need for supports. Children aged 0 – 6 (soon to be 9) with Developmental Delay are assessed under early intervention.
- ALL children 0-6 are supported in Early Intervention even if they meet full disability access

What are the Disability requirements?

The NDIS Act **legislates** the Access Criteria to determine if a person is eligible to be a participant in the Scheme.

A person will meet the disability requirement if they meet each of the following:

- 1.** Has a disability attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments *or* impairment/s attributable to a psychiatric condition.
- 2.** Those impairment/s are, or are likely to be, permanent.
- 3.** Those impairment/s result in substantially reduced functional capacity to undertake one or more of the following activities: Communication; Social interaction; Learning; Mobility; Self-care; or Self-Management.
- 4.** This impairment impacts ability to participate socially or economically.
- 5.** There is evidence that it is likely that support under the NDIS is required for their lifetime.

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Access Criteria 1 & 4

Disability and affects on participation

NDIS Act
Section 24.1 a & d

Criteria 1:

s24.1.a - the person has a disability that is attributable to:

- one or more intellectual, cognitive, neurological, sensory or physical impairments, or to
- one or more impairments attributable to a psychiatric condition.

To meet this criteria evidence is required from the specialist/discipline most closely aligned with the impairment. GPs will likely have this information on file as a result of referral to and correspondence with other disciplines.

Criteria 4:

s24.1.d - the impairment or impairments **affect** the person's capacity for social and economic participation.

NB: is just says "affect" – there is no range of impact or severity requirement or threshold.

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Access Criteria 2

The impairment
or impairments
are, or are likely to
be, **permanent**

- There are no known, available and appropriate evidence-based treatments that would be likely to **remedy or substantially alleviate** the impairment.
- An impairment that varies in intensity may be permanent despite variation or potential improvement.
- It does not require further medical treatment or review for its permanency to be demonstrated.
- If an impairment is of a degenerative nature, medical or other treatment would be unlikely to improve the condition.
- If a prospective participant has **multiple impairments**, the NDIA will **consider each impairment separately** and determine whether each impairment is, or is likely to be, permanent.

However, the **NDIA only needs to be satisfied that at least one** of a prospective participant's impairments are permanent for this criteria to be met.

Access Criteria 3

Substantially reduced functional capacity to undertake one or more of the following activities:

- (i) Communication
- (ii) Social interaction
- (iii) Learning
- (iv) Mobility
- (v) Self-care
- (vi) Self-management

NDIS Act
Section 24.1.c

Substantially Reduced Functional Capacity to undertake activities is when:

- The person is **unable to participate** effectively or completely in an activity **without assistive technology, equipment** (other than commonly used items) **or home modifications**.

OR

- The person **usually requires assistance** (including physical assistance, guidance, supervision or prompting) **from others** to participate in the activity

OR

- The person is **unable to participate** in the activity **even with assistive technology, equipment, home modifications or assistance from another person.**

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Access Criteria 5

The person is likely to require support **under the National Disability Insurance Scheme** for the person's **lifetime**.

NDIS Act
Section 24.1.e

This criteria is key.

It looks not only at the person's impairment, and if it's permanent BUT also at the responsibilities of other systems such as Education, Health, and Justice that may overlap.

The NDIA looks at the overall circumstances to determine if a person will require support **under the NDIS** for their lifetime.

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Early Intervention

- People are first assessed against the Disability Requirements.
- If they do not meet them the NDIA looks at the Early Intervention Requirements.

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The NDIA must be satisfied that:

- Early Intervention is likely to benefit the person by **reducing future need** for disability supports.
AND
- Early Intervention is likely to benefit the person by:
 - (i) mitigating or **alleviating impact of the impairment** on person's functional capacity with communication, social interaction, learning, mobility, self-care or self-management;
OR
 - (ii) **prevent deterioration** functional capacity;
OR
 - (iii) **improve** function;
OR
 - (iv) **strengthen informal supports** available to the person, including their delivery of care.

The impairment must still be permanent, but the NDIS may also consider access in a case of developmental delay for young children aged 0 – 6.

How do people apply?

- Call **1800 800 110** and ask for an Access Request Form (ARF) to be posted or emailed.
- Email enquiries@ndis.gov.au and request an ARF.
- Download an ARF from www.ndis.gov.au complete and return to nat@ndis.gov.au

The person then gathers the appropriate evidence and sends this form to the NDIA.

- Children aged 0 – 6 will be referred to an NDIS Early Childhood Partner in the Community who will assist with interim supports, assessment, make required mainstream referrals and facilitate the NDIS access process for the family.

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The Access Request Form (ARF)

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Remember

Clarify what you and your patient are trying to achieve without raising doubts about the extent of the applicant's disability and the effort they put into managing it. Remember to emphasise the permanency of the impairment and substantially reduced functional capacity.

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Part B | Evidence of Disability

Applicant's disability

1. What is the applicant's main disability?

The main disability is the one that has the most impact on the applicant's life.

The applicant's primary disability is the one that has the most significant impact on their daily function, it is not necessarily the most obvious or the first one diagnosed. If the condition/conditions are uncommon write a short explanation including diagnostic criteria and prognosis with an emphasis on permanency.

2. Does the applicant have any other disabilities?

No

Yes – provide details below

Disability 2: _____

Disability 3: _____

If the applicant has more than three disabilities consider adding a shared health summary to the supporting documentation, this should outline all diagnoses (please make sure these are up to date) and a record of any hospitalisations and what diagnoses they were linked to.

Part B | Evidence of Disability

3. How long has the applicant's functional capacity been affected by their disability?

This does not mean how long has the applicant been diagnosed with the condition, it means when did the applicant first begin feeling the effects of their condition. Therefore, if it was six months for the applicant to receive a diagnosis then the date to record is six months prior to diagnosis. Remember to record the dates as specifically and accurately as possible. The NDIA may use the timeline to help determine the permanency of the disability.

4. Is the impairment time limited and/or degenerative in nature?

- No
- Yes – time limited
- Yes – degenerative

Ongoing episodic conditions do not count as time limited. Time limited only refers to conditions that are temporary such as gestational diabetes or a broken leg and these are not eligible for NDIS.

Part B | Evidence of Disability

5. Is the impairment currently being treated?

No

Yes – provide details about current treatments/interventions being implemented below

If more space is required, please attach a separate document with details or use the space in **Part F**.

a) Description of current treatments:

b) Duration/frequency of current treatments:

c) Expected results of current treatments:

Consult with your patient regarding their current management plan, keep in mind that they may be getting treatment from a variety of sources and may have multiple practitioners putting together supporting documents for them. This section is to summarise the entire treatment with reference to the supporting documents.

Part B | Evidence of Disability

6. Provide details about previous treatments/interventions:

If more space is required, please attach a separate document with details or use the space in **Part F**.

a) Description of previous treatments:

b) Duration/frequency of previous treatments:

c) Results of previous treatments:

Where you have mentioned the progress the treatments were making, you should also write about why they were discontinued.

7. Are there any available, evidence-based treatments/interventions that are likely to substantially relieve the applicant's impairment?

Note: If any commonly known treatments are yet to be pursued, please attach a separate document with your clinical rationale.

If more space is required, please attach a separate document with details or use the space in **Part F**.

No

Yes – provide details below

a) Description of available treatments:

b) Duration/frequency of available treatments:

c) Expected results of available treatments:

NDIS do not care if a treatment is not financially accessible. All available treatments need to be explored. Effectively the condition needs to be fully diagnosed, treated and stabilised or as close to being so as possible.

Part C

Early Intervention

Early intervention support is available to both children and adults who meet the requirements. The intention of early intervention is to alleviate the impact of a person's impairment upon their functional capacity by providing support at the earliest possible stage. Early intervention support is also intended to benefit a person by reducing their future needs for supports.

Applicant's Early Intervention support needs

1. Are Early Intervention supports likely to reduce the applicant's future support needs?

No – Go to Part D

Yes – Go to Question 2

Think about preventative measures that can be taken to reduce the effects of the applicant's disability on their everyday life. If there are any, the answer to this question is YES.

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Part C | Early Intervention

2. The provision of early supports will:

- Alleviate the impact on functional capacity
- Prevent deterioration of functional capacity
- Improve functional capacity
- Strengthen existing supports

You can tick more than one box if more than one statement is true.

3. Provide details of your recommendations for early intervention support:

If more space is required, please attach a separate document with details or use **Part F**.

a) Description of recommended interventions:

b) Duration/frequency of recommended interventions:

c) Expected results of recommended intervention:

Best practice: create a management plan for early interventions and attach as supporting document, summarise in this section.

Have any of the following assessments been completed with the applicant?

Yes – Provide details below

No – Go to Part E

Providing copies of existing assessments helps the applicant to get a quick and accurate eligibility decision and reduces delays for the person when they have to provide more information.

Assessment Type	Date:	Result:	Attached?
Care and Needs Scale (CANS)			<input type="checkbox"/> Yes
Gross Motor Functional Classification Scale (GMFCS)			<input type="checkbox"/> Yes
Hearing Acuity Score			<input type="checkbox"/> Yes
Diagnostic & Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)			<input type="checkbox"/> Yes
Visual Acuity Score			<input type="checkbox"/> Yes
Communication Function Classification System (CFCS)			<input type="checkbox"/> Yes
Vineland Adaptive Behaviour Scale (Vineland-II)			<input type="checkbox"/> Yes
Modified Rankin Scale (mRS)			<input type="checkbox"/> Yes
Manual Ability Classification Scale (MACS)			<input type="checkbox"/> Yes
American Spinal Injury Association Impairment Scale (ASIA/AIS)			<input type="checkbox"/> Yes
Disease Steps			<input type="checkbox"/> Yes
Expanded Disability Status Scale (EDSS)			<input type="checkbox"/> Yes
Health of the Nation Outcome Scales (HoNOS)			<input type="checkbox"/> Yes
Life Skills Profile 16 (LSP-16)			<input type="checkbox"/> Yes
Other:			<input type="checkbox"/> Yes

Part D

Existing Assessments

For this section if the answer is NO, consider completing some assessments before submitting the application. The CANS scale and LSP-16 are relevant to many disabilities. Without one of these specific severity indicators, the NDIS will use a more generic tool which may impact participant outcomes.

You can also find measures more relevant to the disability of the applicant by checking the relevant societies. Make sure all assessments are up to date and attach as supporting documents.

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Part E

Evidence of Functional Capacity

It is recommended that you fill in every section with the applicant present, this is especially important for this section. If the applicant has a carer it is also recommended that they be present. Remember that you are filling this out for the applicant on a **'bad day'** for them, so keep in mind how severely their condition can affect them even if it is not doing so right now. The applicant may bring-up limitations that you were not previously aware of, be sure to discuss these in depth and amend any of the previous treatment plans if necessary. Provide detail - simply writing "needs prompting" or "needs supervision" is not sufficient.

This area has two sections, one for describing the impact a condition has on the applicant and one for explaining the types and frequency of assistance they use.

Part E

Evidence of Functional Capacity

1. Impact on Functional Capacity

Key Domains

Mobility

(or moving around) involves using limbs for physical activities such as standing, walking, freely getting in and out of bed, and leaving the home.

If indicated, also complete **Question 2.1**

Communication

involves expressing wants and needs through spoken, written and/or non-verbal methods, and understanding others.

If indicated, also complete **Question 2.2**

This refers to the ability of a person to move around the home to undertake ordinary activities of daily living, getting in and out of bed or a chair, leaving the home, moving about in the community and performing other tasks requiring the use of limbs.

Includes being understood in spoken, written or sign language, understanding others and expressing needs and wants by gesture, speech or context appropriate to age. This includes psychosocial impairments and how they can affect communication.

Part E

Evidence of Functional Capacity 1. Impact of Functional Capacity

Socialising

involves making and keeping friends, interacting with the community, and behaving within reasonable limits.

If indicated, also complete **Question 2.3**

Includes making and keeping friends (or engaging in social play), interacting with the community, behaving within limits accepted by others, coping with feelings, emotions in a social context, and ability to overcome psychosocial barriers.

Self Care

involves meeting personal needs, such as hygiene, grooming, feeding and health. (not required for Applicants aged 0–2 years).

If indicated, also complete **Question 2.5**

Refers to physical, cognitive, or social activities related to personal care, hygiene, grooming and feeding oneself, including showering, bathing, dressing, eating, toileting, grooming, caring for own health care needs.

Learning

involves understanding and remembering information, and using new skills.

If indicated, also complete **Question 2.4**

Includes understanding and remembering information, learning new things, practicing and using new skills.

Self-Management

involves organising life, such as making decisions, problem-solving, and managing finances. (not required for Applicants aged 0–8 years).

If indicated, also complete **Question 2.6**

Refers to the cognitive/psychosocial capacity to organise one's life, to plan and make decisions, and to take responsibility for oneself, including completing daily tasks, making decisions, problem solving and managing finances.

Part E | Evidence of Functional Capacity

2. Type and Frequency of Assistance

What type(s) of mobility assistance does the applicant need to participate in the life activities listed above?

Home and/or environment modifications

Specify type and frequency of assistance required:

Assistive equipment and technology

Specify type and frequency of assistance required:

Assistance from other persons

Specify type and frequency of assistance required:

2.1 Mobility, 2.2 Communication, 2.3 Socialising, 2.4 Learning, 2.5 Self Care, 2.6 Self-Management

If you listed any affects to regular functioning in Section 1 now elaborate on how they are able to manage them in Section 2.

Environment modifications can include moving or altering furniture, adding ramps or ensuring that passageways are wide enough for a wheelchair in the case of mobility or adding bath rails for self-care.

Assistive technology can include wheelchairs, a shower chair, crutches, or canes for mobility or the use of a screen reader for reading and socialising online. Assistance from other persons includes a friend or family member helping to prepare food for self-care, or any work a carer does across all categories.

TIPS: Evidence of Disability

Solid evidence of disability will be:

- **Recent** – from a professional who treated in the last 6 months when addressing current function. However, long standing evidence also assists greatly with regards to permanency.
- **Relevant** – from a professional who is relevant to the primary disability.*
- **Standardised** – confirm primary disability using standardised assessment tools where required.
- **Impact related** – confirms the functional impact of the disability across life domains as per the Access Criteria.
- **Treatment aware** – describes previous treatments and outcomes; describes future treatment options and expected outcomes to be delivered by Health.

**Primary disability refers to the impairment that has the most significant functional impact.*



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Who can provide evidence?

- General Practitioner
- Paediatrician
- Orthopaedic Surgeon
- Allied Health Professional
- Neurologist
- Psychiatrist / Psychologist
- Behaviour Support Practitioner
- NDIS Early Childhood Partners
- NSW Health Child and Family Services
- Family or Appointed Guardian

This list is **by no means** exhaustive and supplementary evidence, particularly regarding function **can come from** Carer Impact Statements, School Counsellors, Social Workers, Out of Home Care Case Managers or NSW Department Communities & Justice.

For extra help...

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- **Refer** children 0 – 6 years with disability or Developmental Delay to their local **NDIS Early Childhood Partner in the Community** for interim supports, assessment and **facilitated Access** to the NDIS.
- **Refer** carers to the free **Carer Gateway** where coaching services can provide some support to Access the NDIS as well as support the carer in their ongoing role.
Call: **1800 422 737**
- **Refer** to **NDIS Local Area Coordination Partners in the Community** for people aged 7 – 64 if they have been deemed **ineligible** for NDIS. LACs can assist with additional mainstream and community linkages for support for free.
- **Refer** to the **NDIA's Aged Care Advisory Team** if you have a patient who has just entered or is at risk of entering Residential Aged Care as a Younger Person – under 65years or under 50 years for Indigenous Australians. This branch can **facilitate Access** to the NDIS for this cohort and prioritise planning with a view to diversion from Aged Care. Hospital Discharge Coordinators are likely to be connected to **NDIA's Health Liaison Officers** to support this also.
- **Refer** those with Hearing and Vision loss to **Hearing Australia** and **Vision Australia** for pre-NDIS support. This is particularly key to young children. Under the **NDIS Pathway Hearing Stream** – Hearing Australia can **facilitate DIRECT Access** to the NDIS at a child's first appointment and they are prioritised for planning with the NDIS Early Childhood Partner.

Getting a Plan

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What happens once an Access Request is submitted?

1



- The person checks the NDIA received the ARF and supporting documents

2



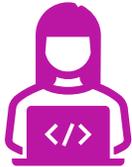
- The NDIA Access Delegate may ask to speak with health professionals

3



- The person may be contacted to provide more information

4



- The Delegate will make an Access Decision against the legislation

5



- The person will receive a letter advising if they have met Access and with Next Steps

6



- If Access has been met the NDIA will contact to arrange a First Plan Meeting

*If a person has NOT met Access they have legislated **RIGHTS** to a review of the decision.*

- Ask **NDIA** to **conduct an internal review** of the decision **within 3 months**.
- If unsuccessful, proceed to **Administrative Appeals Tribunal (AAT)** **within 28 days** of the **NDIA internal review decision date**. **AAT will consider all evidence against legislation and their decision is documented as an ORDER**.

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NDIS Plans

Once approved for the NDIS, every NDIS participant then creates an individual plan that lists their goals and funding. The NDIS will fund a support only if it contributes to a Participant reaching at least one of their goals.

NDIS participants use their funding to purchase supports and services to help them achieve their goals. Everyone has different goals.

Goals might include things like living independently, getting and keeping a job, learning a new skill or participating in a local community activity.



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Planning Meeting

A participant will have their **planning meeting** with either their Early Childhood Partner, Local Area Coordinator or NDIS Planner.

This will depend on several internal factors applied by NDIA, mostly the complexity level of the participant. The participant cannot choose.

ALL draft plans will be submitted to the NDIA for approval.

In a planning meeting a participant will be asked to share information about their daily life, how their disability impacts them, who provides support, what areas of need are unmet, what goals they have and how they would like to achieve them as well as how they would like the funds in their plan to be managed.



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An approved NDIS Plan

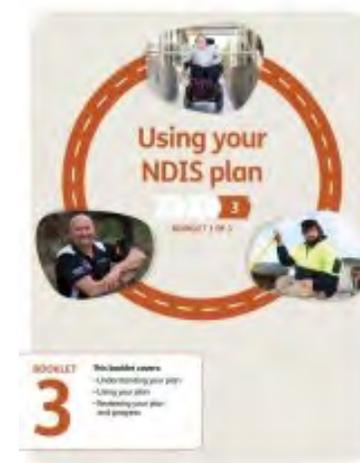
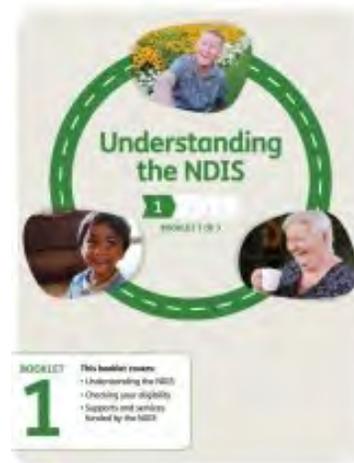
A range of *Reasonable and Necessary* Supports will be funded in a plan. These supports will assist a participant to reach their goals and address unmet needs. **The supports will be across 3 main categories:**

CORE : Consumable Items, Personal Care, Respite, Supported Accommodation, Home & Yard Maintenance, Supports in Employment, Social and Community and a Transport Allowance.

CAPACITY BUILDING : Allied Health, Behaviour Support, Recovery Coaching, Support Coordination, Specific Skill Building for Employment, Learning, and Social Participation.

CAPITAL : Assistive Technology (Aids and Equipment) and including Specialist Disability Accommodation and Home Modifications.

Additional Resources



- mycarespace.com.au
- everyaustraliancounts.com.au
- disabilityadvocacyfinder.dss.gov.au
- ndis.gov.au/participants

NDIS Services

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Your Side and the NDIS

- Your Side is a registered NDIS provider
- We provide services across Sydney
- Our participants are diverse and access our services for a range of reasons
- We do not currently provide services for people under the age of 18
- We do not provide services that are considered 'high need supports' (e.g. PEG feeding, stoma care, wound management, nursing supports)



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NDIS Services available through Your Side

Depending on their funding, NDIS participants can access:



- **Community Access**
Support Workers assistance to attend activities of choice



- **Cleaning and Domestic Assistance**
House cleaning, washing clothes, household tasks



- **Personal care**
Help with showering or dressing, prompting medication, meal prep



- **Gardening**
Mowing, weeding, pruning, pot plant care



- **Allied Health**
OT, physio, psychology & more

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To contact the
Your Side NDIS
Team:



1300 134 332



ndis@yourside.org.au



yourside.org.au



**Lvl 10, 10 Help St
Chatswood NSW 2076**

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Support for Carers



In partnership with *YourSide*



Carer Gateway

Carer Gateway – is a National Carers Service funded by the Australian Government. The vision is to improve carer wellbeing, increase their capacity and support their participation both socially and economically.

- **Website** – with information and advice.
- **Phone and online services.**
- **Face to Face services** – implemented by local Regional Delivery Partners in the community.

Phone: 1800 422 737

Hours: Mon – Fri 8am – 6pm

Web: www.carergateway.gov.au

**Includes call-back request top right of each page*

Who can access Carer Gateway?

Carers are people who look after someone who needs additional assistance with their activities of daily living.

Carers can be any age. Children and young adults (under 25 years of age) are called Young Carers.

The definition of a **Carer** (under the Australian Government Recognition Act 2010) is someone who provides ongoing personal care, support and assistance to someone who:

- Is a person with a disability
- Has a medical condition including chronic or terminal illness
- Is a person who is experiencing mental illness, or
- Is frail and aged

You are not considered to be a carer if you are employed to look after someone, if you work as a volunteer for an organisation, or if you are doing work experience as part of a course.

What is the Carer Gateway?

Carer Gateway website:



Carer Gateway services:





Emergency Respite

Designed to offer support to carers who are experiencing an **urgent, unplanned and imminent event** that temporarily restricts their ability to continue caring when no other services are available, for example:

- An unplanned situation that prevents the carer from providing care required by the care recipient;
- An unplanned event that threatens the health and safety of the care recipient; or,
- An unplanned event that threatens the health and safety of the carer (including extremely high levels of strain and anxiety).

The Benevolent Society and Your Side will broker emergency respite care (on behalf of the carer) to secure **interim** replacement care for the care recipient.

Carer Directed Support

Carer Directed Support is a consumer directed approach to supporting carers in their caring role. It gives carers a greater say and more control over the type of support provided to them and the person or people they care for.

This support may be offered in two forms:

- **One-off practical support** – up to an amount of \$1,500 (e.g. may include the purchase of a laptop or a training course for carer)
- **Carer Directed Package** – a range of practical supports to assist carers in their role, such as cleaning and planned respite. The total value of the package is \$3,000 over a 12 month period.





In-Person Peer Support

- Free facilitated support forum designed to assist carers to:
 - Connect with people in similar circumstances;
 - Learn from their peers through the sharing of lived experiences; and,
 - Aid in decreasing carer strain through the connection and sharing of personal stories and experiences.
- Peer support groups located throughout Australia that are organised and coordinated locally
- The groups meet regularly and provide carers with access to a community of carers that is moderated by a trained facilitator.



In-Person Counselling

- High quality counselling that is functional, meaningful and specifically focussed on the carer and is provided across up to 6 sessions of one hour each.
- Designed to be a short-term counselling service for carers who may be experiencing difficulties with anxiety, stress and low mood ahead of linkage to longer term support in the community.
- Assist carers to manage their own health in order to effectively sustain them in their caring role and avoid crisis events.
- Your Side has a well established and highly experienced team of counsellors who deliver this service to carers.

Facilitated Coaching

Facilitated coaching provides carers the opportunity to:

- Identify areas of their life they would like to change or improve.
- Create a plan and goals that will facilitate that change.
- Identify helpful resources and strategies to assist.
- Create time and space to focus on themselves and discover what their personal needs are.

Coaches work with carers' strengths, knowledge and experience to create long term sustainable change and solutions acknowledging that the carer is the expert in their own life.

Coaching is present and future focused.

This service is not a crisis or counselling service.

Young Carers

- Young Carers aged 14-25
- Practical support such as tutoring, driving lessons, laptops, school uniforms & respite.
- Referral to Mentoring programs.
- Virtual Hang – Topics include setting boundaries; time management; building confidence; creative outlets; digital age; getting a job.
- Young Carer Peer Group – Time out program includes overnight trips away and regular outings to connect with other Young Carers.





How to refer to Carer Gateway

- Head to the **Your Side** to complete a referral for yourself or on behalf of a carer with their consent: www.yourside.org.au/carergateway-intake
- Call Carer Gateway on **1800 422 737** to complete a phone based referral and registration process
- Go to the Carer Gateway website and request a call back www.carergateway.gov.au
- In NSPHN ONLY – use the integrated referral form for practice software:



carergateway.gov.au



Referral Form

sydneynorthhealthnetwork.org.au/resources/practice-support/

A Resource Manual for General Practice

Desktop guide to chronic disease management & medicare benefits schedule (MBS) item numbers

45-49 year old Health Assessment poster for general practice.

All templates

	PDF	Word	Best Practice	Medical Director
Acute/Post Acute Care				
Acute/Post Acute Care	Click here	-	-	-
Aged Care				
Advance Care Planning Screening Interview	PDF Click here	Word	Best Practice 	Medical Director 
Carers				
Carer Gateway	PDF Click here	Word Click here	Best Practice 	Medical Director 
Childhood Disability				
GPMP 721 childhood disability	-	-	Best Practice 	Medical Director 
Lifestyle				
	PDF	Word	Best Practice	Medical Director

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Every **life**
can be a good one

1300 134 332 | yourside.org.au