The needs assessor is filling this out with the client or after the interview?

- Some will complete the OBIR directly into the computer with the person, others will complete after the interview. Largely this is based on the current practice of the NASCs. Several NASCs have been directly entering information into the computer during interviews for some time, others still use paper based.

How will NASCS go about ensuring moderation across each other, to ensure fairness, equity and consistency across the region and country

- All the OBIR assessments are going to a dedicated team who evaluate the details in the OBIR and generate an indicative range. This enables a quality and consistency check. The learnings from these will be shared with all NASCs

If diff models are being used for NA how do we get consistency ?

- The consistency is in the information that is being collected. For the first time, ever NASC and ELG site will collect the same information about the disabled person and their whanau

How well does the mind map model relate to the BAT? It doesn't look like its asking for the critical information consumed by the BAT?

- The BAT also has a mind map basis, but the OBIR is a separate tool.

Is this process being used for people already receiving 24 hr support?

- If the person needs 24/7 care they would generally be in residential support, so the BAT would be completed. For CiCL, the OBIR is used.

Who decides if the persons info is going into the OBIR or the BAT?

- Same process as currently occurs to decide if someone is heading to residential or community based services.

How can a person get a copy of what is written into the OBIR before it is confirmed into the system. If people can not confirm the data before it is entered into the system then they could be significantly impacted down the track.

- As happens currently, everyone will be sent a copy of the OBIR and asked to confirm it reflects their needs, or make any changes to what it written

This does not seem to support adults with complex needs. It seems to all be on assuming what the person can and wants to do without consideration for the support needs to achieve this. It seems to be aimed at those more able to communicate needs

- I do not agree with this statement. If anything, I think the OBIR is more catered for people with more complex needs than the previous model

Hi Simone/Debbie, this session is very useful, could we please have a similar information session for BAT tool? Thanks

- Happy to do that

From what I have seen so far the BAT doesn't ask questions about will and preference, choice and control , opportunities like my peers … this risks people who receive community residential support having less access to a good life than people supported in other models

- The OBIR asks specific questions regarding will and preference and so does the BAT

It would be very helpful if providers could see the BAT, then we can ensure that we are prepared alongside the disabled person.

- Providers can see the mind map of the OBIR or the BAT. The assessment belongs to the disabled person, they can share it with whoever they like.

Seems to me it would be good to have a consistent assessment process prior to decisions re BAT or OBIR.

- People are unique. The way we engage with people should be based on what is meaningful for them. The information we collect is consistent, the manner in which we collect it will be person-centred and mana-enhancing, not dictated by system process.

I can't understand how the calculation part gets filled in by the assessor. How does this tool check what kind of support the person wants e.g. if CS or IF respite is better, or HCSS?

- The calculation of the indicative range is completed by a centralized process at this stage so we can be confident about the consistency of the range generation and use of the tool

For children, Is the question "How can we raise our skills, knowledge, ..." where a parent would indicate that they would like their child to learn skills (ie through speech therapy)?

- The OBIR for children is very different to the adult one I demonstrated

People and their whanau don't always know what is relevant to disclose so support needs often get missed

- Part of the new process is a preassessment stage. Every person due to under go an initial or reassessment will be sent information and a letter explaining the process, how to prepare for it and what to consider.

It's the breadth and depth of the information gathered to complete the OBIR, it comes once again to the quality of information gathering, and the collector's competency.

- All the questions are mandatory, so must be answered and then it is sent to the disabled person to verify

Can the disabled person/their whanau get a copy of a completed OBIR?

- Yes – this is standard practice now and will continue to be

Have any test assessments been done which ascertain whether different needs assessors who have assessed the same person, get the same funding outcome in the OBIR?

- Yes, this was part of the testing process that happened before Christmas and also the centeralised model of indicative range generation will also allow that comparison

When a referral is made to a provider, what information will be provided by NASCs from the OBIR or BAT?

- The narrative of the assessment will be shared (if the disabled person consents) with providers

Does DSS think that $86/day will pay for a support worker for 8 hours?

- I am not DSS, I am unable to comment on this

Just wanting to be very clear: The information OBIR determines the indicative range? Is that correct?

- yes

For people who have never done an assessment before (which is the cohort you are starting with), how do they know what might be available, e.g. in the questions What things build and maintain your wellbeing, and how could they be more available in their week questions? Have Needs assessors undergone additional training on what else is out there that is not a funding support.

- NASC and EGL sites already link people to non-funded supports. Talking through those options with people will continue to be a core part of NASC practice