

# NATIONAL DISABILITY INSURANCE SCHEME (NDIS) PLANNING GUIDE



**This guide has been developed to assist hemispherectomy families to assist in building an NDIS plan to optimise the supports for hemispherectomy children and young people.**

Questions you need to consider before attending a plan meeting for your child are:

What do they like and dislike? What do they need? What are their goals?

The following Plan Guide will help you answer these questions:

<https://www.ndis.gov.au/medias/documents/h68/h80/8798779670558/Checklist-Getting-ready-for-your-child's-planning-conversation-21.10.16-accessible.pdf>

When talking to an NDIS planner, what does a good life for your child look like to you?

Our lives are all built directly from family, community and personal experiences. Right from the day we are born our life's experiences begin. A smile, laughter, frown, tone of voice, quiet, loud, engaging and even silence. These all directly impact on how we grow and perceive the world. There is an engaging web page that looks at these aspects.

<http://thegoodlife.cru.org.au/the-good-life>

## THE GOOD LIFE

- BEING ACCEPTED AND VALUED
- RELATIONSHIPS
- FINDING MY PLACE
- A LIFE IN COMMUNITY
- CHOICE AND CONTROL
- OPPORTUNITY FOR GROWTH

## THE NDIS PLAN

A plan is made up of two parts:

**A.** The statement of goals and aspirations, which is prepared and specifies their goals, objectives, aspirations and personal context (including all informal, community and other mainstream supports already available to the participant).

To maximise choice and control the statement is to be prepared by the participant (with or without support) to the fullest extent possible in the circumstances subject to participant preference. The statement is to specify:

- The goals and aspirations of the participant to enable increased participation,
- The environmental and personal context of the participant's living, including the participant's living arrangements, informal community supports and other community supports, and social and economic participation. See s.33(1) of the NDIS Act and the operational guidelines on Planning and Assessment – Facilitating the Participant's Statement

**B.** The statement of participant supports, which is prepared with the participant and approved by the NDIA, which specifies, among other matters, the supports that will be provided or funded by the NDIS.

The statement is prepared with input from the participant, important others and the available assessments and specifies:

- The general supports (if any) that will be provided to, or in relation to, the participant,
- The reasonable and necessary supports (if any) that will be funded under the NDIS,
- The date by which, or the circumstances in which, the NDIA must review the plan, the arrangements for management of the funding for supports under the plan,
- The management of other aspects of the plan.

See s.33(2) of the NDIS Act and the operational guidelines on Planning and Assessment – Facilitating the Participant's Statement of Goals and Aspirations, Planning and Assessment – Supports in the Plan and Planning and Assessment – The Plan Management Decision.

If a participant has existing supports (either from previous NDIS plans or a Commonwealth, state or territory scheme) it may be appropriate for these to form the basis of their statement of participant's supports if they represent reasonable and necessary supports. The delegate should seek to minimise disruption to the participant's support.

## THE EIGHT DOMAINS

Daily Living, Home, Choice and Control, Social and Community Participation, relationships, Work, Health and Wellbeing, Life Long Learning.

These are the eight domains identified by the NDIS as requiring support for goal setting and planning. The domains can interact with each other according to each individual's needs and aspirations. For example: daily living support might be needed in the home, out in the community, in relationships, to maintain health and well being, learning and or at work. Use these eight domain areas as pointers to start putting together your child's plan prior to meeting with the NDIS. Even before the NDIS arrives these provide a useful foundation to work out what's needed now.

## DAILY LIVING

Will mean many things to everyone. For some it may mean assistance to shower or dress. What does it mean to you? What are the items you would identify in your child's plan under the heading of daily living? – Showering – Washing – Shaving etc. Add more as they come to mind and keep these notes in the one place so you can add in extra material on the other seven domains when we look at these. Keep a diary. Mention how long it takes to complete each task and add to your child's list. These tasks may vary from day to day depending on circumstances. If it varies greatly or often due to the persons disability note this and why. This is the beginning of important information to share with the NDIS planner as it can be factored in to a final document plan that's going to work for the participant.

Also includes assistance to improve daily living skills such as training, development and therapy, to assist a participant to acquire or increase their skills in independence and community participation. Services can be delivered individually or in groups.

**Goal** – I would like my child to be more independent each day. How will I know they have achieved this goal? They will better manage some of the activities of daily living that I currently find difficult.

**Strategies** – Assistance from a support person for showering and dressing, to organise my child's day, cooking a healthy meal, modifications to a vehicle to enable him/her to travel independently or assistance to manage travel on public transport.

**Home** – provides assistance to improve and increase a participant's satisfaction with their living arrangements. Minor to major home modifications. Note: providing a home is not currently the responsibility of the NDIS. Community housing, rental and other options come from other Government Departments. What are the items you might identify in your child's plan under the heading of home?

**Goal** – I would like my child to remain in my home and not be placed with others in a group situation or they would like to move into my own home and live independently. I would like my child to be more independent in my home. I would like him or her to be safe at home.

**Strategies** – Support workers throughout the day and overnight; Modifications on the home to assist my child to use living spaces safely; Assistance for them to learn cooking techniques that are safe and practical.

Daily living also includes assistance with daily life at home, in the community, education and at work.

## CHOICE AND CONTROL

This section comes under Capacity Building. This is intended to lead to improved life choices and strengthens a participant's ability to identify preferred options, exercise control in selection and management of their supports, including engagement and payment of providers, when required. How might Choice and Control assist in your child's planning and future?

**Goal** – I want to be in charge of my life. I would like to employ my own support staff. – I want to support my child's interests. How will I know I have achieved this goal? I will have made important decisions for my child.

**Strategies** – Support to assist me to develop strategies that will empower my decision making; Assisting me to put together a positive team of support workers.

## SOCIAL AND COMMUNITY PARTICIPATION

This comes under Capacity Building and increased social and community participation. It covers development to build skills (individually or in groups), mentoring and peer support to develop capability for community participation.

**Goal** – I would like to my child to become more involved with my community, join a sporting group and make more friends. How will I know I have achieved this goal? He/she will have met and made friends and joined at least one local interest group.

**Strategies** – Assistance from a support worker to attend community events; Assistance from friends or family to attend social events; Assistance from a support person to shop (age appropriate) in the local neighbourhood, join local sport and interest groups to make more friends

## HEALTH AND WELLBEING

Comes under Capacity Building and Improved health and wellbeing. It covers dietetics, personal training and exercise to increase a participant's health, fitness and exercise physiology, personal training, dietician consultation and plan development, dietician group sessions. Living in a good place and having good supports also contribute to a persons health and wellbeing. Whilst one might not be asking for funding for health and well being through an exercise or dietician program its worth mentioning the health and well being psychological benefits that follow with good support etc. Use the eight domains to build up a sound case in your child's plan. Link them together where possible.

**Goal** – I would like to improve my child's health and level of fitness, and encourage them to try new healthy foods. How will I know I have achieved this goal? They will be healthier and better able to manage tasks that currently make them tired or disengage.

**Strategies** – Assistance of support staff to attend the local gym; Provide support staff for attending local sporting or activity groups.

**Relationships** – comes under Capacity Building and Improved relationships. It covers social skills development and behaviour intervention supports, where necessary. Assisting individuals to react appropriately and have meaningful relationship development. What are the things that you see are important in developing and maintaining friendships for your child's child?

**Goal** – I wish my child had better relationships with those close to him/her I would like to him/her to create new relationships and friendships.

**Strategies** – Support staff to enable my child to interact with parents/siblings without them in the role of carer; individual or group therapy sessions to improve social and relationship skills.

## WORK

Support people to develop skills to gain employment and be supported in open employment or supported employment, and valued social roles that demonstrate competence in the area of their choice. This could include literacy, numeracy or task based skills in a selected field of the individuals choosing. Look for the skills the young person has and think how this could be used in other areas. Example: a strong interest in particular areas eg, food, can also be transferred to food preparation, cooking or serving.

**Goal** – I would like my child to find work and keep a job. volunteer with local groups to build new skills.

**Strategies** – Assistance to modify a work space at home or at work so they can work safely and productively; Assistance to find work in my local area, assistance to do the work required.

## LIFE LONG LEARNING

Can include decision making, building skills to promote self sufficiency, travel training. This can be a very creative field with so many choices and options. It is important to think creatively and strategically about the future and the direction where you see the participant's life heading. The learning can be dealing with changes, transitioning from one school to another, from primary to secondary school, or secondary school to tertiary education. .

**Strategies** – Support to enable my child to participate in education. Children can request assistance with getting to and from their school. If they have specific medical (safety) needs that require attention while at school the NDIS can be asked to assist. Note that the NDIS is not responsible for children's education. The school should be approached in the first instance for full education support and to access the school.

## ASSISTIVE TECHNOLOGY

Can also be requested from the NDIS which include Mobility aids , Personal Mobility equipment, Transfer equipment, Prosthetics and orthotics, Equipment related to walking, Specialised seating for wheelchairs or other wheeled mobility equipment. Specialised strollers, Wheelchairs and scooters, Vehicle modifications Recreation, Assistive equipment for recreation.

**Household** – Specialised household furniture; Bathroom and toilet equipment; Home modifications.

## PERSONAL CARE AND SAFETY

Beds and pressure care mattresses and accessories; Continence related equipment, Equipment or aids for dressing or specialised clothing, Equipment for eating or drinking, Communication and information equipment; Hearing/Vision equipment.

The items above are **NOT** goals. Consider them as the means to achieve some of your child's goals. Mention them in the strategies where they link in directly. i.e.

**Strategies** – In servicing of staff, friends and family so they have the skills to support your child. Providing your child's child with a suitable communication device; Speech therapist to access and advise the best device to purchase for my child's needs; Request communication device from the NDIS.

There are natural overlaps between many of the eight domains. Any of these could be combined into a smaller number of goals. For example: You might combine

- Daily Living, Home, Health and Wellbeing.
- Social, Community Participation and Relationships.
- Lifelong Learning and Work.

Here is an example of combining three domains. Daily Living, Home, Health and Wellbeing.

## NDIS SUPPORTS

Supports in NDIS plans are divided into 3 categories

### 1. CORE SUPPORTS

#### Assistance with Daily Life

- Assistance with daily personal activities.
- Assistance with household tasks.
- Preparation and delivery of meals.
- Assistance in shared living arrangements– Supported Independent Living.
- Short Term Accommodation and Assistance (previously respite).
- Specialist Disability Accommodation.

## **Transport**

- Previously mobility allowance – enables participants to access the community for educational, recreational and vocational purposes. The amount of funding aligns with the Mobility Allowance payable by Centrelink and is paid fortnightly in advance.

## **Consumables**

- Interpreting
- Translating.
- Continence Aids.
- Home Enteral Nutrition (HEN).
- Assistance with Social and Community Participation.
- Centre based or community support (previously day services).
- Community and Social Activity costs – can be used for camps, vacations and outside school hours' care, course or membership fees.

## **2. CAPITAL SUPPORTS**

### **Assistive Technology**

- Vehicle Modifications.
- Aids and Equipment.
- Assessments.
- Training Support.

### **Home Modifications**

- Installation of equipment.
- Changes to building structures.
- Fixtures or fittings to enable independence and safety.

## **3. CAPACITY BUILDING SUPPORTS**

### **Coordination of Supports**

- Support Coordination.
- Support Connection.
- Specialist Support Coordination.
- Training in planning and plan management.

### **Improved Living Arrangements**

- Assistance with accommodation and tenancy obligations – Supported independent living – includes personal care and other assistance to enable a participant to live in a secure, more independent environment in the community.

### **Increased Social and Community Participation**

- Innovative Community Participation – designed to encourage new and innovative services
- Community Participation Activities

### **Finding and Keeping a Job**

- Supported Employment (ADE).
- Open Employment Support.
- Employment Related Assessments and counselling.
- School Leaver Employment Supports – may include work experience, travel training, job site training.

### **Improved Relationships**

- Behaviour Support; Social skills/relationship development.

### **Improved Health and Wellbeing**

- Physical wellbeing activities– personal training, exercise physiology assisting with mobility.
- Dietetics.

### **Improved Learning**

- Skills training.
- Assistance with moving from school to further education.

### **Improved Life Choices**

- Planning and plan management – includes building financial skills.
- Financial Intermediary Services – management of funding in plan.

## Improved Daily Living Skills

- Assistance with decision making, daily planning and budgeting.
- Assessment and support by a nurse.
- Allied health or therapist assessments (OT, Speech Pathology, Physiotherapist.)
- Individual skills development, including travel training.
- Training for carers and parents.
- Specialised individual or group early childhood interventions.
- Transdisciplinary early childhood intervention.
- Counselling – group or individual.
- Multidisciplinary teams.
- Specialised driver training.

## Other ideas to consider for your child

Do they require special foot wear, orthotics, braces, Walkers, wheelchairs, lifters, beds, special bathing appliances?

Are they independent when accessing the community?

Do they require supervision in a group setting?

Do they require one on one or can they fit into a group?

Do they require care with toileting, bathing etc?

Do they require special car, van with or without lifters?

Are they able to mount stairs or do they require a ramp / lift?

Do they need massage?

Do they need a podiatrist?

Do they require travel allowance?

Are they able to travel alone?

if not what type of support do they need?

Are they able to eat a normal diet?

if not what diet do they require?

Can they feed themselves

if not do they require a carer who has special skills?

Do they require specially adapted accommodation?

if so what type?

Can they live happily with other people or do they require lots of space / privacy?

What type of lifestyle do they want?

What assistance do they need to live this life?

## The Planning process

Planning meetings can either be conducted by an NDIA Planner or it may be through a Local Area Coordinator (LAC). If it's an NDIA Planner, they will usually be the one who will develop the plan. If it's an LAC, they gather all the information and then send it to an NDIA Planner to finalise. If it's a LAC, ask them to do the participant statement in the FIRST PERSON and it must all be in positive language. So to expand on that they should not be putting in "John has behavioural issues that frequently result in him physically abusing others when he feels frustrated". That kind of information is recorded in other places, NOT the participant statement.

You may be contacted over the phone for a planning meeting, but this is YOUR choice. Some are comfortable doing the meeting over the phone, but the majority much prefer face to face, as they seem to produce better plans.

## What are the actual questions asked in a NDIA Planning meeting?

Usually the first thing that's established in a planning meeting is gaining consent. Once consent is confirmed, the planner is then given the go ahead with the meeting. Bank details may also be requested at this time (if not provided already).

The following questions may go in any order, depending on the planner. Some may use their laptops, others prefer to write notes down on paper the old fashion way.

Describe the disability. When did the disability start? Was it as a result of an accident etc.

Depending on how it is recorded in the NDIA system, they may need to ask some additional questions to make sure the correct funding is generated. If this is the case, they will ask you the following;

How has the disability affected the person emotionally, concentration levels? Learning new tasks? Walking long distances? Maintaining Friendships, Attending to their own personal care. How the disability is impacting on daily activities. Dealing with unknown people.

What are the current living arrangements? (Group home, private home etc...).

How many people live with you? What are the current supports in place? (funded support workers, informal supports, social groups, community groups etc). If funded supports, what is the staff ratio? Is there an active overnight shift? Who is the decision/financial maker?

Is the participant happy with the current living arrangements? Can the participant access all parts of the accommodation safely? Depending on the answers, an OT assessment may be funded for possible home modifications (reasonable and necessary). What's working well?

What isn't working well? What are the likes and dislikes of the Participant? Behaviours? Possible funding for a behavioural assessment. General health? How many days in the last 12 months have you spent in hospital? Risks/Safety? Communication? Mobility? Transport/independent travel? Does the participant receive a mobility allowance? Potential areas for personal development/capacity building. Contenance products (if so, how many a day/night)? Current Equipment? Let the planner know exactly what equipment you have and its condition. For example, how old is the wheelchair? Usually funds are allocated for disability equipment repairs/maintenance. What are the equipment needs of the participant? If the participant does not currently have what is being asked for then funding for an OT assessment should be in the plan to ascertain what is necessary. Therapy assessments required?

**Typical Weekly Schedule** – Make sure you are descriptive and go through each day.

Just go through each day as it applies to your child's child. Make sure you inform the planner about what the current respite arrangements are and if it's working for you. The more descriptive the better.

If the participant is getting state funding, provide the planner with the evidence. If the participant is working at a disability enterprise, then make sure you provide the planner with the DMI level as this may lead to extra funding for the participant.

Has the participant ever received compensation as a result of the disability? If so have that information handy including any solicitor's contact details.

What is the participant goals/aspirations for the next 12 months? Generally for a first plan 2 or 3 goals are fine.

Do you wish to self-manage, part manage or let NDIA manage the plan for you? There may be limitations on this one depending on if the participant or parent (in the case of a child) has been insolvent previously or there are high risk factors (gambling, alcoholic or at risk).

Whilst it would be ideal for a person to see the plan prior to it being approved, usually this does not happen for a variety of reasons. The best recourse if something was missed or if the plan is underfunded is to ask for a review.

## FREQUENTLY ASKED QUESTIONS ABOUT THE PLANNING PROCESS:

**Can I ask for a planner to visit me in my home?**

Yes you can. This may slow the process down but you are not obliged to create your child's plan over the phone.

**If I am unhappy with the plan can I have it changed?**

Yes you can ask for your child's plan to be reviewed.

**If the plan is changed after a review and I am still not happy is there any other action I can take?**

Yes you can seek to have any decision made by the NDIS reviewed by the Administrative Appeals Tribunal. This is only after you have gone through an internal review by the NDIS. The NDIS website has all of the information you may need to answer these and other questions. If you are on Facebook there is a large group that discusses all aspects of the NDIS. NDIS grassroots. This is a private group.

## PREPARING PRE-PLAN

When preparing your child's pre-plan use the NDIS pre-planning workbook as a guide. (See uploaded file on HFA Fb group). If you want to go a little further than that use the NDIS Domains as a guide to structure your child's plan.

Look at the NDIS price guide for your child's State so that you become familiar with the items that may be relevant for your child's plan. Remember the NDIS items are grouped into Core, Equipment and Capacity Building. Include these items in your child's plan as a guide to help the planner understand how you think the NDIS can help you achieve your child's goals, but don't just prepare a wish list – make sure you can argue that what you have requested is reasonable and necessary. Make sure you don't forget to include:

- Plan Management if you don't want your child's plan managed by the NDIS.
- Support Coordination.
- Transport assistance to replace the mobility allowance (if applicable).

**Prepare two lists to take to your child's planning meeting.**

- a. A complete list of all the services and support your child are receiving now. Include all the formal (funded) services and all the help and support that your child's child receives from informal carers (partners, family, volunteers, etc.) that you currently access.
- b. A list of your child's unmet needs (and goals) that you want addressed. There may be two aspects to think about: what are the things that could/should be done better to support you now (over the next 12 months), and what things are needed in the long term to achieve your child's long term goals.

Some tips for contact with the National Disability Insurance Agency (the Agency that implements the NDIS):

Try and give the planner as much detail as you can so that it is straightforward for them to document your child's plan in their system.

Do not accept the argument from the planner that the NDIS will only accept two or three goals. Insist on your child's goals being reflected in the plan.

- When you get the phone call from someone purporting to be from the NDIS, ask for verification before you provide any personal details. There have been some reports of scammers.
- Do not agree to a planning meeting over the phone, face to face meeting seem to produce better plans.
- Take control of the discussion and have support people with you who can help you explain the plan.
- Get an agreement from the planner that you will be provided with a copy of the plan to view and check the plan before it is submitted. The planner may say this is not possible. Tell them it is possible and you know of others who have been provided with a copy to review before it is submitted.
- Just remember that you can improve your child's plan as you go along so you can add things and change your child's mind later.

## AFTER YOUR CHILD'S PLAN IS SUBMITTED

When you receive your child's approved plan, check that it is what you agreed, and that it matches or is better than what you get now (compare it to your child's first list above). If it is not what you agreed, or is not an improvement on what your child's child receives now, then lodge a request for an immediate review. It is usually best to work with a disability advocacy service who can help you with the review process.

### A NOTE ON ASSERTIVENESS

Being assertive does not mean raising your child's voice or losing your child's temper.

The use of I and ME statements, rather than YOU are powerful. These will have far better outcomes when you meet with an NDIS planner or other representatives.

Responses such as:

- I don't feel comfortable with that comment as it disregards my child's needs.
- I am not here to discuss the needs of others.
- That comment makes me feel.
- Can I start this conversation again please and focus on my child's needs.

**If I and ME statements don't cut it, avoid getting angry. That's a no win strategy. Work on collaboration and stick to your child's needs.**

SEE ASSERTIVENESS POWER POINTS UPLOADED IN FILES ON HFA FB GROUP.

### BEST OF LUCK!

#### USEFUL WEBSITES

[www.yooralla.com.au/news-and-media/blog/posts/Five-things-to-take-to-your-child's-NDIS-planning-meeting](http://www.yooralla.com.au/news-and-media/blog/posts/Five-things-to-take-to-your-child's-NDIS-planning-meeting)

[www.yooralla.com.au/news-and-media/blog/posts/Top-tips-for-NDIS-goal-setting](http://www.yooralla.com.au/news-and-media/blog/posts/Top-tips-for-NDIS-goal-setting)

[https://ndis.endeavour.com.au/another plan guide](https://ndis.endeavour.com.au/another-plan-guide)

<https://www.ndis.gov.au/medias/documents/h68/h80/8798779670558/Checklist-Getting-ready-for-your-child's-planning-conversation-21.10.16-accessible.pdf> – base the plan on answering this guide

<http://www.ndis.gov.au/about-us/governance/IAC/iac-reasonable-necessary-families>

<http://www.advokit.org.au/>

<https://www.facebook.com/groups/166626720185078> – DISABILITY FUNDING SUPPORT GROUP

Uploaded documents to Files in HFA FB group

Assertiveness power points x2

NDIS Getting Plan Ready workbook

NDIS Planning Guide and Workbook