

Senate Community Affairs Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
SOCIAL SERVICES PORTFOLIO
2015 - 2016 Additional Estimates Hearings

Outcome: National Disability Insurance Agency

Question No: NDIA SQ16-000011

Topic: Guided plans pro forma

Hansard Page: CA59

Senator GALLAGHER: Could the committee be provided with a copy of the pro forma document that makes up the guided plans? Not filled in. I do not want to breach anyone's information. If there is a pro forma being used, I cannot imagine why that cannot be provided.

Mr Maynard: Yes.

Supplementary Committee advice: Please provide details on the rollout of the guided planning approach.

Answer:

The First Plan (previously referred to as guided planning) with the National Disability Insurance Scheme (NDIS) is designed to provide participants with assistance to address their core support and urgent unmet needs. This approach to planning allows participants to learn more about their options with the NDIS and provides the foundations for participants to more comprehensively consider their goals for their next plan. For children under six years old planning will be done using the early intervention approach.

The First Plan is developed based on a series of questions that will engage participants about their current situation and supports. The questions are grouped in age categories seven to 15 years old (Attachment A refers) and over 15 years old (Attachment B refers). The questioners have the discretion to tailor language and level of explanation around the questions to meet the participant's needs.

The guided process is currently being tested in parallel to the full planning conversation. Assessment of the language, sequence of questions, planner and participant experience and the quantum of plans developed through the two processes will shape the redevelopment and refinement of the process.



Guided Planning Questions 7-15 years old

Personal care supports:

1. Does the child live with you?
2. Who else lives in the home?
3. Who does the child live with?
4. Who cares for the child?
5. What involvement do you have with the child?
6. Do you and your family provide for all of the child's care needs?
7. Do you feel you will be able to continue at this level?
8. Who else assists and what do they do?
9. How much of this do you think you and others are able to continue to provide?

Capacity building supports

1. What is your main concern/goal for your child?
2. Are there any other areas you would like to focus on?

Assistive technology supports – existing and needs

1. Does your child use any equipment at the moment?
2. Does your child require maintenance on their existing equipment?
3. Is there any equipment you feel your child may need?

Consumables

Continence products:

1. Does the child currently use any continence products, or use a PEG tube for getting food?
2. Does the child use a PEG tube for getting food?"
3. Has a medical / physical reason been investigated for your child's continence needs?
4. Has formal toilet training been attempted?
5. How many does your child use a day?

Enteral feeding products:

1. Does the child use a home enteral nutrition pump?

Plan implementation support/coordination of supports

1. You will need to set up agreements with any service providers you choose to provide your services. Do you need some help to set up and manage the providers?
2. Will you need assistance to manage the providers after they have started?

Supports to sustain informal supports

1. Are there times when the people supporting the child are unable to care for them or need a break?

If yes:

2. Do they go to a respite facility when this happens?
3. How often have they been in the last 3 months?

If no:

4. Do you think there may be times over the next 12 months when they might need a break?
5. Would you going to respite occasionally assist them to manage for the next 12 months?

Compensation questions

1. Is this disability the result of an accident or event?
2. If yes - Have you ever claimed compensation for this disability?
3. If yes – Who is your solicitor?
4. What are their details?

Guided Planning Questions 15+ year old

Personal care support

1. How do you manage showering, dressing and personal hygiene?
2. Do you get any help?
3. Who provides this help?
4. Can this person/people continue to help you over this plan period?
5. How often will they help you?

Social participation support

1. Are you involved in activities outside your home?
2. Where do you do these activities?
3. Do you manage these activities independently?
4. Who currently assists you with these?
5. Will their support continue for this plan period?
6. Is this support provided 1:1 or in a group?
7. How much support do you get? – hours and days per week?

Assistive technology supports – existing equipment

1. Do you use any equipment at the moment?
2. Do you require maintenance on your existing equipment?
3. Is there any equipment you feel you may need?

Home modifications and assistive technology needs

1. Are you managing to physically move around your home to do your day to day activities
2. In what area of the house are you having the most difficulty?
3. Are there any other areas you are having difficulty with?

Consumables

1. Do you currently use any continence products?
2. How many do you use a day?
3. Do you use a PEG tube for getting your food?
4. Do you use a home enteral nutrition pump?

Plan implementation supports/coordination of supports

1. You will need to set up agreements with any service providers you choose to provide your services. Do you need some help to set up and manage the providers?

2. Will you need assistance to manage the providers after they have started?

Capacity building supports

1. Is there any area in your life where you would like to be more independent?
2. What is your main goal for this plan period?

Transport supports

1. Are you able to get around the community by yourself e.g. by driving or public transport?
2. How do you get around in the community now?
3. Does anyone help you with this now?
4. Are they able to continue to help you with this for the plan period?
5. Are you working or studying?
6. Are you full time or part time?

Employment supports

1. Are you currently involved in any work or training for work activities?

If yes:

2. Are you satisfied with how you are managing this now?
3. Would you like to increase your hours?

If no:

4. Would you like to be?

Supports to sustain informal supports

1. Are there times when the people who support you are unable to care for you or need a break?

If yes:

2. Do you sometimes go to a respite facility when this happens?
3. How often have you been in the last 3 months?

If no:

4. Do you think there may be times over the next 12 months when they might need a break?
5. Would you going to respite occasionally assist them to manage for the next 12 months?

Compensation questions

1. Is your disability the result of an accident or event?

If yes:

2. Have you ever claimed compensation for this disability?

If yes:

3. Who is your solicitor?
4. What are their details?