# **Transcript**

# **How to get the most out of your NDIS plan**

MATT:  
Hello and welcome to the National Disability Insurance Agency's How to Get the Most Out of Your Plan Webinar. I'm Matt Wright. I'm deaf and using technology to be part of today's proceeding. Very shortly, I'll introduce you to our expert panel. But firstly, I'd like to acknowledge the traditional owners of the land upon which we meet and pay my respects to the Elders, both past and present. I'd also like to acknowledge our AUSLAN interpreters who are here today to ensure that people from my community don't miss out. Thank you for your work. On the panel with me today is David Coyne...David leads, the Complex Support Needs Branch at the NDIA and has a support team of people who provide support to people with significant needs, connecting participants, planners and support coordinators for a better NDIS experience. Thank you, David.

DAVID:  
Thank you. Hello.

MATT:  
Also on the panel is Luke Napolitano, General Manager of the Partner Division, who is responsible for the NDIA's partners including local area coordinators across the country. Welcome, Luke.

LUKE: Thank you.

MATT: We're also very fortunate to have two panellists who have firsthand experience about how to get the most out of their NDIS plans. Adut Akole is an NDIS participant who has a great story to share regarding the NDIS. Welcome, Adut.

ADUT:   
Thank you.

MATT: And Nathan Straume is the father of 11-year-old NDIS participant, Charlotte. It's great to have you here, Nathan.

NATHAN:  
Thanks.

MATT:  
Now, David, I'd like to start with you. Some people say that it's too difficult for people with significant support needs to be part of the community. What do you think about that?

DAVID:  
Firstly, I absolutely disagree with that statement. And I would say that the NDIS has a significant role in working with our participants to ensure people have the right supports in place in order to be active members of the community whether that's in terms of their... building their skills, their self-help skills, participation in community activities. And, of course, through our planning, we also have a responsibility to, over time, assist our participants build their own capacity to be more independent.

MATT:  
So, David, we're looking at really tailored approaches in this space, aren't we?

DAVID:  
Absolutely we are. And certainly, in the area that I'm responsible for we work very hard to match the skill of our planners to the support needs of a participant to ensure we have the best skill mix but also ability to listen and understand to get the right plan.

MATT:  
Great. Thanks, David. Can you explain a bit about the complex pathway? What is it and how do people qualify for it?

DAVID:  
So one of my development opportunities is to be brief. So I will endeavour to do so. (MATT CHUCKLES)  
The pathway has its genesis in 2017 when the board and the executive heard lots of participant stories about their experience. And it became clear to us that one size did not fit all and that a number of tailored responses were required for people nationally. So to that end, we developed a number of pathway responses whether it be for people who have a hearing impairment, whether it be for early intervention children, the complex support needs pathway. And we've also invested time in developing skill across all of our planners whether it be focused on psychosocial, Aboriginal Torres Strait Islander, and also LGBTIQA+ and I've been practising that for a while.

MATT:  
Well done.

DAVID:  
And now I've actually forgotten the rest of your question, a little bit about the pathway.

MATT:  
Yeah. How do people qualify for the complex pathway?

DAVID:  
So in terms of the criteria, we look at someone's life in terms of both personal and situational factors. So in terms of the personal factors, we're talking about multiple diagnoses. We're talking potentially about behaviours of concern that place the individual or others at risk. We're talking about communication deficits and support needs. In terms of some of the situational factors that might flag someone requires further support through our pathway, we look at things like voluntary or involuntary involvement with particular systems, mental health, justice, child protection as a couple of examples. People who have the need for coordination of multiple services and also people who may be transitioning to new environments. So moving out of a mental health facility, moving out of a justice facility. Referral is an internal process via our local service delivery teams or via the national access team.

MATT:  
Beautiful. Thanks, David. Luke, we've heard from many NDIS participants that it's difficult to start using the support when they get their NDIS plan. Have you got any advice about how participants start to put the right supports in place?

LUKE:  
Thanks, Matt. First of all, I probably wanna cover... So if you're a participant and you're looked after by, let's say, a local area coordinator or an early childhood partner that we have out supporting and working with the NDIA as part of our Agency,The one thing that you should probably look to receive or you should be ensuring that you're receiving, is our planning and implementation support posts. So what our partners would generally do is once you receive an approved plan, they'll generally set up a meeting within four to six weeks where they'll reach out to the participant and anyone who's part of their care network and ensure that those people are brought in to actually go through their plan, understanding their plan. We look at different ways of doing that. So knowing that, you know, some people aren't able to come in when requested. So there's ways that we can do it, either on the phone, do it via technologies.

So some of our partners use technologies. We are able to connect with participants and their carers around understanding their plan or we can have other forms where they come in face-to-face and have what we call group implementation. So some of our partners out there will bring groups of participant team to learn off each other but also explain at the same time how do they understand their plan, what's in their plan, how to utilise their plan and how to use the portals, especially around provider portal and finding a provider. That's probably the first step. So participants should be expecting that to occur and if it's not occurring, linking in with their partner to find out when those meetings are gonna happen. The second piece is around the ongoing support. So that's one part around setting up and understanding your plan. The next piece is around where do I go for support to actually use my plan. Now, if you are looked after by a local coordinator or an early childhood partner, your partner would be your first point of contact unless you have support coordination and you're looked after by a planner in the Agency. That support should be helping you navigate the systems, looking at how you link into providers, set up payment methods, and also looking at when things change and things are difficult to find, what other additional support can be provided. That will be your first step. If you are looked after by a planner from the Agency and you have support coordination in place, your support coordination will be able to guide you through that. If you're finding that you're not getting the support you need, and we're quite aware that during transition especially, is a lot of people came into the Scheme and our partners and planners were very focused on ensuring that plans were appropriate and put in place and guiding people through.

We're quite aware that that support post wasn't at the level that was expected by some participants and we've received that feedback. And what we're starting to see now as we're getting more and more through transition, of WA really being the only state left to transition - is we're starting to see the feedback in terms of that support being provided in a more adequate environment where people are receiving more support from, whether it be partners or support coordinators or even the agencies as a whole through our contact centre, to be able to utilise their plan. The other one that I'll probably mention whilst we're here is the online support as well. So there are tools online and we've also got the call centre where you can look at making contact. Now, I know going in and talking to participants and even our partners, a lot of people will talk around my LAC might be too busy to provide the support that they expect. What can I do about it?

So my sort of view around those kind of comments or those kind of activities that are happening, would be to escalate those issues. If you're not getting the support that you require, you're not getting the support that you need, first of all, talk to your local area coordinator or your early childhood partner. If you're not getting the response you need, you can also talk to the team leaders or managers on those organisations or you can report it through the national call centre to make sure the agencies are aware of, you know, some of the support that you might require. But your first stop should always be talking to that person who's supporting you and that person will generally be on your plan now as managers on contact, and they'll be able to guide you in terms of where you can gain that support.

MATT:  
Luke, thank you for that very comprehensive explanation. I do want to pick up a point that you raise there before about group information sessions. So I think that they would have a fantastic two-pronged approach in terms of providing peer network and peer support for people with disabilities and their families in similar experiences starting to go through the planning process.

LUKE:  
Yeah, you're right there, Matt. In terms of group implementation, so it's not something that's offered, let's say, everywhere. It is something some of our partners are trialling and is seeing that as a more efficient method of getting people in and learning at the same time. We are seeing out in, I guess, let's say the participant network and even the care network, people starting to share and connect with groups which is very encouraging to see. We're hoping that's not because they're not getting the support from the Agency. We're hoping that's so they can build their capacity between each other but we're also hoping that we see that, in general, expanding. So where we have cohorts that might need specific support or guidance, we're seeing that come both from the Agency and our partners but also out in the network between participants, providers and other stakeholders.

MATT:  
Fabulous. Thank you. I'd now like to go to our panellist with lived experience and start with Adut. Your story starts in Sudan in Kenya. Can you take us through your journey please?

ADUT:  
Yes. So I was born in South Sudan in a town called Nimule and we moved to Kenya to a refugee camp when I was two years old. I came here when I was 14, to Melbourne and went through high school... ..moved to a place called Truganina and from there when I was 22 I was rushed to the hospital. So it started off with me here just laughing to myself and then my body became really tired. I just shut down. And so I had to go to the hospital. They had some testing. I went back home. Then in the morning, a police knocked on my door and they told me that I had...I needed to be in the hospital. So I went down my sister's house and then there was an ambulance there waiting for me. And I went to the hospital, stayed there a whole day and in the afternoon I was told I had psychosis. And from there, I woke up in the morning, heard voices screaming at me. It just went from me not talking at all. Lost my memory in the hospital. I don't remember anything that went on. And from there I had six admissions... ..within two years. And, yeah, I was diagnosed with schizophrenia, depression and general anxiety.

MATT:  
Thank you so much for sharing. What was it like hearing those voices for the first time?

ADUT:  
It was frightening. I was really afraid because I never had anything like it. At some point, I thought to myself that I would die. I was really afraid. But I came to realise that they were just voices and if I don't act on anything they tell me, I would be safe. And from there, I just... I had a lot of help.

MATT:  
(INAUDIBLE) ADUT: Yeah. Do you wanna talk about that NDIS plan and some of the supports you had in place to...

ADUT:  
Yes. So last year I went on... I was told about the NDIS, the disability insurance Scheme and my plan was approved and I started going to a psychologist. They helped me get a...

Just they helped me with... ..overcoming my fears. And from there I became independent. I moved out of my house. I moved and I went back to school.

MATT:  
That's a fabulous story. So let's talk through some of the goals that you had in your plan and some of the things that you wanted to do.

ADUT:  
Yeah, one thing I wanna learn is to drive a car.

MATT:  
Oh, yeah? Great.

ADUT:  
So I'm this old and I don't know how to drive a car. It's been challenging but, so I'm learning right now And I'm...just...yeah. And one of the other thing was to clean my own house, to cook, to just live independently. I think I have overcome that. I have achieved that. And my goals is to finish my certificate and then next year I will go back to do a diploma in beauty and my dream is to become a makeup artist.

MATT:  
Terrific. So you're studying makeup at the moment?

ADUT:  
Yes. MATT: And you mentioned that still a foundation with polycomedore is one of your favourite? (ADUT CHUCKLES)  
Yes.

MATT:  
That's right. I have to say I don't know much about makeup.

DAVID:  
You could have helped us, Adut.  
(LAUGHTER)

MATT:  
And is it a couple of years course and then you look to work after that?

ADUT:  
Yes. So I'm currently looking for work.

MATT:  
Terrific. And also, you have a goal around improving your English as well?

ADUT:  
Yes, I would like to go back to studying English. I want to learn how to write it properly and the grammar. Yeah. So I want to learn English.

MATT:  
It's always very tricky I know, I remember you said to me that you taught yourself to read at 14?

ADUT:  
Yeah, I did.

MATT:  
Tell us about that.

ADUT:  
So when I came here, I went to kindergarten in my, in the refugee camp but they taught me the basics and then I think that's when I started having mental symptoms. And so I kind of lost my memory and I had to repeat grade four three times. And when I came here, I went to English school, learnt a little bit, and then I went to year nine, year ten and year 11 and in year 11, it got hard. So I had to drop out of school. But I learned reading through... I had to taught myself to read because I was just sick and tired of not reading, not understanding people when they speak to me. So I had to learn on my own.

MATT:  
Well you must've done quite well, cause I saw you reading quite a thick novel out the back there.

ADUT:  
Thank you.

MATT:  
Terrific. Thank you so much for sharing your story.

ADUT:  
Thank you very much.

MATT:  
I'll now go to Nathan. Nathan, your journey starts in Bundaberg in Queensland. Can you take us through yours and your daughter, Charlotte’s story please.

NATHAN:  
So, yes. Well my wonderful daughter Charlotte is now 11 going on 12 or 18 as most people say. She's got cerebral palsy and a bunch of other issues, hearing loss, and a peg for some medication and hydrations. And she just come out of pretty significant spinal surgery where they're fused from her pelvis to her T3. And yeah, she's having to learn how to crawl again, stand up and rollover, just a whole bunch of stuff. And it's quite it's interesting to watch the pathways that are starting to happen with her, but yeah. So she's confined to a wheelchair. And yeah, we started on the NDIS journey about 2.5 years ago, roughly three years ago, something like that.

MATT:  
And, Nathan, can I take you back a step? So you under the state system before that, what was that like?

NATHAN:  
Well, yes, it was under the MASS or the Medical Aid Subsidy Scheme, which wasn't really much of a Scheme at all. It really only provided us with the bare essentials, like a shower chair, a wheelchair and a few other pieces of equipment if we needed them. But other than that, there's really nothing else that we could access. It was a, Charlotte had come out of an age of around about six years from the better start funding program and then into limbo. So apparently when you finish the better start funding at age six, you're magically cured and there was nothing wrong with you after that. So we had nothing. We were left in the dark pretty much and couldn't access anything.

MATT:  
That's a really interesting point. And I often think that parents come out of paediatrician appointments with that same experience. So what next, and not knowing where to go. And you know, that lack of information. That must have been a really difficult time.

NATHAN:  
Yeah, it is. And one of the things that I've learnt over the course of child's life is to ask as many questions as possible in the moment so that you can get those answers and clarify what you need. This communication needs to be first and foremost.

MATT:  
Terrific. And tell us about your first NDIS plan and the progression through your NDIS planning

NATHAN:  
So I was quite scared to be, to go into this meeting. I had no idea what to expect, zero expectations, but sitting down with my first planner initially and going through goal setting. So understanding what I wanted Charlotte to achieve this year and next year and more forward on from that. And yeah, one of the goals that we set for Charlotte was a very generic and it was to be more independent and I didn't know what that looked like. And it was great that they were helping me understand that. But moving on down the track, it's really narrowed down in a more specific goals. And building you know, supports around those specific goals, which has been really good.

MATT:  
Terrific. And I might go through some of the supports that you've got over the journey. So a really critical thing was even access to your house.

NATHAN:  
Yeah. one of the... I've got a shout out to the Bundaberg team for NDIS, cause they really switched on and helping me get that. It was, I didn't know I needed it and they've sort of said, well, you know, Charlotte's in a wheelchair, how do you get in and out of your house? And for me it was just, I simply just pop her up and over the thresholds, it's not a problem. And they said, wouldn't it be nice if you had some ramps. And I went, absolutely, it would be nice to have some ramps. What what can we do? And so, yep. They built it into the plan and under the home modification stuff and we got some ramps and yeah, Charlotte's now quite versatile in navigating the ramp and getting up and down it and out to the front for school pickup and the bus and then down in nanny and granddad's when she wants to. So yeah, it's been really good. I've really enjoyed just that experience, but then there's so many more others.

MATT:  
Great. And then with things like powered wheels for the wheelchair and access to your vehicle and also support hours as well that were really important.

NATHAN:  
Yeah. So one of the goals that I had for Charlotte was to be out in the community more cause we're really isolated being a parent and a child of special needs or disabilities. We don't get included into a lot of birthday parties and social gatherings because of the stigma that possibly happens within the disability sector. So we wanted something for Charlotte to go out and experience the community and it was really hard to lift her in and out of the vehicle. So after stumbling across a car that was just purpose built for someone like Charlotte. NDIS helped us get her into that car and it's now known as Charlotte's car, not the family car because it's just two seats and a wheelchair ramp into the back. And yeah, one of the words that she's learned to say now is car, which is incredible. So yeah, that's really helped us get out into the community. One of the things that it also helped was, my parents were able to take her like any other family, any other child or a grandchild. Out to donuts or ice cream or whatever you, what grandparents do with their kids or their grandkids. So it was really good that they'd come around, get in the car, take Charlotte out and gave us a rest. We didn't have to entertain Charlotte 24, 7.

MATT:  
I wanted to pick you up on something you said about the stigma for people with disability and sometimes for families and including people with disability and the family. The social life goes off a cliff after the person experiences disability because of that lack of understanding in the community. That's a really unfortunate thing.

NATHAN:  
Yeah. we see it all the time because we're in that world and it's not rude, but you see little kids wanting to ask questions like, mommy, why is that girl in a wheelchair? And then the mother or the father go sh, don't talk about that. We don't want to, you know, and it's not the right attitude. It's come and talk to us. Charlotte's like any other person, just because she's in a wheelchair doesn't mean that she can't have a conversation with you or interact with you. And then they do that and they come up and they realise, and Charlotte loves people. She's very much of a social butterfly. So she gets to interact with these people at a level where, you know, they want to talk to her and they want to engage and she solely misses out at home. And going back to the support hours that you mentioned, that has been an absolute life changer for me. Coming out of a system that had nothing into a system that had everything for us and it was just take, take, take. It was really good to get that opportunity and engage support staff in the home to help Charlotte gain some momentum towards those goals.

MATT:  
Yeah. You mentioned that you would work with your daughter and so therefore you were exhausted. And so when you both had some break time, unlike with other children you didn't have the energy to have that normal play that's so important in childhood.

NATHAN:  
Yeah. so my relationship with Charlotte was more of a care giver and a supervisor of her daily life needs. So if I didn't do it, it never got done and therefore she would sterve or she would not get her nappy changed or she wouldn't have a shower. So I had to take on all of that and going through the years you would expect a child to gain more and more independence as they did that, that didn't ever happen with Charlotte. So I was stuck in a world of torment and torture of having to supply Charlotte with everything that she needs on a day to day basis. And then when it come time to do social activities, and I was just exhausted. I didn't want to be with my daughter to do those things because I had spent so much time with her on a day to day basis. And it just really, our relationship suffered as a father daughter relationship. So NDIS came in and they gave me that relationship back. So now someone else can do those day to day activities with Charlotte, like showering and brushing your teeth and helping your read and changing a nappy. And as much as I love to do it, I don't have to. And therefore the time that I do get with Charlotte is more meaningful. I can talk with her, I can play with her, I can have those fun social engagements sort of father daughter should be having. So yeah, it's been a real blessing for us to have an NDIS on our side.

MATT:  
Yeah. So Charlotte's been able to expand her social networks and go to the YMCA. You were mentioning she loves drawing. She loves working on her iPad and those types of things. But you've also been able to do some of your hobbies, like go bike riding on the weekend and...

NATHAN:  
That's it. I've got a passion for cycling and I could never find the time to go out and train and do that. And I would have to rely on my parents or my family network to take care of Charlotte, and really shift the burden onto them to help to do those things for Charlotte, her daily activity stuff. And I could see that they were getting worn down as well. And when support come in and helped Charlotte do that, I got a break and I could go out and do that training or I could go fishing or I could have some me time or some quality time for myself and for my partner. Go to the movies was a luxury for us. So now it's a, we can live a normal life as we should with a daughter with, or a person with disability.

MATT:  
Great. Thank you so much. I just want to touch on one other thing. You also self manage your plan and you're a big advocate. Do you want to just talk about that experience as well?

NATHAN:  
Absolutely. So we, when we first got into the Scheme, we had no idea what we were to expect. So I went and opted for plan manage because I was expecting these people know what they are doing. Great, excellent. Within about three to six months, it was just a total disaster. These people didn't know what they were doing. They didn't know the Scheme, they were winging it. Like we all were winging it at the start, trying to figure out how it all worked and what we could do and couldn't do and all that. So then after that experience, I opted for self managed and it has been an absolute godsend of what the stuff that I can get for Charlotte and not have any restrictions or limitations. So if I needed more support hours or less support hours, if I needed therapy or physio or occupational therapy, I could choose who I wanted because Charlotte goes to a special school, there's therapists at that school that deal with Charlotte on a daily basis. It would make total sense to use them outside of school in the private world to do her therapies and give us plans and work towards her goals.

MATT:  
Yeah. Great. Thanks. But a self management isn't for everyone, Adut, like there's quite a bit of paperwork and stuff involved and you do plan management.

ADUT:  
I do plan management, I wouldn't do it on my own. Yeah.

MATT:  
Great. Thank you. Alright. We might now throw to our audience for questions.

The first question that come in, it says what do you classify as significant needs? David, I might throw that one to you.

DAVID:  
Certainly. I think some of the answer to that question I've probably touched on before, but significant needs, I think would really be focused on multiple support requirements that might be related to multiple diagnosis, whether that's an intellectual disability, a mental health diagnosis. It might be about requiring multiple services to be provided to assist someone in their day to day life. It might be therapies, it might be day to day support, it might be skill building. I would also think significant support needs might be reflected by supports that may be in crisis or at risk of breaking down. And so its then the responsibility of our planners and support coordinators to closely monitor what's going on for an individual and closely work with a participant around any change in circumstance.

MATT:  
Right. Thank you, David. So, Mark's called though and has asked feedback from a regional country area over the last 12 months from families and participants, has identified a clear need for LAC education. Alright, Luke.

LUKE:  
Thanks, Matt. So, Mark, who's asked the question, to answer what you've asked there, one of the things that we do on a regular basis is we connect with our participant feedback group or reference group. And we pose a lot of questions to them to see how we're expanding our reference partner areas or planner areas around participant contact and education. We also connect with our partners quite regularly given we work closely together. And a couple of things that have come out to Mark's point is that the education experience of some of our local area coordinators is not to the expectation of what our participants and their carers would expect. A couple of things that the Agency has tried to do and our partners have been doing in conjunction have been to, how do we get knowledge of disability and disability related types of supports and activities, outinto our planner and LAC workforce to build experience. Disability snapshots were created as part of that. So, really working with organisations who, let's say, are leaders in those types of disabilities around what that should look like, how we should build it, what should the education be?

We've been rolling that through and rolling it out across LACs and our plan is to enhance the understanding of certain types of disabilities. But we know that we've got a long way to go. The one thing that we sort of look at is, we've created a workforce of over 3000 Local Area coordinators. And that's happened in a two to three year period, and that market of experienced, let's say, disability workers wasn't there to start off, with given the need for experience in the provider sector and other sectors. So, one thing we've had to do is ensure that we're continually building that experience and capability, and our partners have played a key role in that as well given their experience prior to the NDIS as well. But what we are seeing is that gradually improving. We're not at the level of maturity yet that we'd said that all of our Local Area Coordinators or planners have experience across multiple types of different disabilities, and know everything about disability. That's going to take a long time for us to get there and I think we don’t know everything but we learn from our participants and the carers. But the more education that we can get, the more that we can build, the more that we can drive that and that's a focus forus moving forward.

MATT:  
It's a great point, Luke, you make about the disability snapshots there, two or three pages developed by peak bodies for people with disability to give planners and LAC partners a bit of an understanding of each disability type so that they build that knowledge. I'd also like to say to people having quite a different experience, like some people say that they've worked with their local LAC and had a really amazing experience and the plan has been everything that they've wanted and the support. But others are having different experiences, is about consistency?

LUKE:  
It is about consistency. And so one thing we probably need to be mindful of is that our partners have gone through a bit like our participants in the Agency have gone through the development of rolling out the Scheme over the last few years, and that has had some successes in certain areas, but we've also had things that we've learned and we've had to improve. In some areas we've rolled out an expectation of a number of participants and the number of participants have been graded with expected. And that's put some undue pressure on some of our services, which we've then had to look work back and try and fix. And we're continually doing that as we go through transition. In other areas we've received less than expected and some of that service has been greater than what's probably expected. And people have had a wonderful experience at so and they've received a lot of support. But in some we've experienced that where the volume may be great or the support that participants have received is not up to the expectation. And then that's where we're looking at. How do we improve the consistency over time? How do we work not only across the Agency, but with our partners and how do we continue to get that feedback loop from participants, carers and stakeholders around how we're improving in certain sectors.

MATT:  
Great. Thanks Luke. Kathy asked, Hi, my son has had an NDIS planner since its first plan in 2013. He's now been moved to an LAC, will this affect his next plan? Luke.

LUKE:  
It shouldn't affect his plan at all. So, whether you're managed by a local area coordinator or a planner, that shouldn't affect the plan that you'll seeing in the end outcomes. Local area coordinators work hand in hand with our planners and we introduced new processes in place such as plan alignment meeting. So, that's the Local area coordinator and the planner working on the plan together, and ensuring that that meets the participants needs and making sure we're aligned in that participant contact. So, there shouldn't be a difference depending on whether you're managed through a planner and the Agency direct or you're managed through an LAC, it can actually be a good outcome as well. So, there could be improvements in certain types of aspects of what your son may require going forward. And that might lead to a different service model where a local area coordinator can provide that service in a more sort of contactable way rather than having to go through a planner every time.

DAVID:  
I might add a comment if I may. Kathy, I would think as part of the handover there should be a discussion between the NDIA planner and the new LAC individual. We keep a wealth of information on our various file systems. So, that information should be available and any new information via current assessments would be considered. So, the short answer is it shouldn't affect your son's next plan at all.

NATHAN:  
Do you think it would be a more at a personal service?

LUKE:  
It's a Good question. I don't think the service level should change, but there's no doubt that in some aspects we don't have planners readily available in every regional town, let's say, or every location. So, some of our local area coordinators have more presence in some of those communities. So, to your point, they might be a bit more of a personalised service or an ability to get out and spend more time with participants or just be more contactable given work load changes and how that comes in. But you shouldn't receive a different type of service. There might be a different connection between the way the local area coordinator and planner come together to finalise that plan and work for participant, but you should receive the same level of service. It shouldn't change.

MATT:  
Great. Thanks, Luke. Debbie asked, how can we purchase sensory swings from registered NDIS service providers? David.

DAVID:  
Good question. I would imagine that your support coordinator would be well across all of the providers in your area in terms of various pieces of equipment, or therapy requirements. They would be the starting point. Failing that, a conversation with the planner or LAC.

NATHAN:  
What's their cost? I mean if it's not a huge cost, it could come out of one of the pools of funding that you have in your plan.

DAVID:  
Yes, absolutely. It would be part of a funded plan.

MATT:  
Alright. Next question is, can the LAC help me identify the supports I might need to achieve my goals? I'm not very familiar with the types of services available out there. Luke.

LUKE:  
Definitely. So, part of the local area coordinator function is to be able to assist in that plan implementation and support. So, I guess first of all, through the planning journey. So, when you look at how do I put my plan together, the discussion should be around not only funded support, but also what's available in the community or government support. So, one of the key items from NDIS and the way we roll out the Scheme is to not duplicate some of the services. So, looking firstly at what does the community, what does the government supports that are currently available.

And then looking at where are the gaps. So, what are those fund support that you may require to achieve your goals. Once that's in place and you have your plan, the role of the LAC should be showing you, guiding you through how to use that plan. So, how do you use each of those supports and where do you go to find those supports and talk to if it's a provider? How do you find them on the provider portal or how do you engage with the market to be able to look at what supports will get you to your goals?

MATT:  
Great. Thanks, Luke. OK. John's said, can someone please explain more the limitation, if any, to use core funding for consumables or capacity building funding? OK. I'll hand this over to Luke.

LUKE:  
Probably not the expert in this area, but I'll try and answer the question. The core funding is generally used for consumables and daily activities. Capacity Building is generally services such as therapies and different services around daily activities where you're trying to improve capacity of function. What we're trying to move to, to try and make it easier for people to understand in terms of how do I use different sets is we're trying to move towards flexibility of funding and you would have seen that the minister announced, I think it was not the week before last, that one of the items that we're looking to improve in moving forward is the flexibility between those fundings so that participants and carers can look at that from a flexible point of view in terms of, if I've used them like core funding and I need to use more core funding, how do I use my capacity funding to do that especially if we've got an interchange between both, but one might be used more than the other. And it's also looking at utilisation as well. So, you know if people are utilising most of their plan in a short period of time, how do we create some flexibility in terms of longer data plans?

MATT:  
Luke, I think people with disability in their family would be really excited about that announcement on core and capacity building. Yeah, it's a great step forward. Alright. Michael has texted through and said he's keen to understand how to implement plans and the difference between plan managed, Aagency managed and self managed. David or Luke, who would like to have a go at this one?

DAVID:  
I'll give it a go to start with. Michael, thanks for your question. You're right. There are three types of ways to manage your plan self managed, Agency managed or plan management via a provider. In terms of self management, in order to do that, some of the advice I would give is if you're able to manage the reading of a financial statement or bank statement, that's something that would be important to be able to do. Certainly be able to manage and keep receipts and also be able to negotiate with service providers. In terms of Agency managed, the restriction there is services that are used must actually be registered with the NDIA. And similarly, a provider can take on the role of plan manager on your behalf if you wish.

MATT:  
Great. Thank you David for that explanation. Bridget has a question. Bridget would like to hear about how your local area coordinator, early childhood and early intervention team and Support Coordinator can help you get the most out of your NDIS plan. David or Luke?

LUKE:  
I'll take that one. So, thanks for the question, Bridget. In terms of, I guess, support you should be expecting from a local area coordinator or an early childhood partner, as I've alluded to a bit earlier but I'll elaborate on some of those functions a little bit more. The local area coordinators would generally, and our early childhood partners, would generally have plan implementation sessions within four to six weeks post a plan being approved. Now, in terms of receiving support and understanding the plan, that is probably the first point of calls. Part of that meeting is understanding what's in the plan? How do you use it? What are some of the different types of let's say, plan management, self management functions that you might have and what does that mean in terms of choosing providers as well because under some types you are able to choose both registered and unregistered providers and understanding how that works. Understanding how you then connect to providers and then how you actually put a payment system or set up a service agreement.

So, they're really important functions to just start to learn how to use your plan and the local area coordinators and the early childhood partners should be able to help you do that. You'll generally find that after that first plan implementation session, they'll set up a time to have a support conversation. So, looking at, have you started to utilise your plan. Have you got some supports in place. Have you been able to find providers. What they don't do in terms of what we ensure that they're not doing is undertaking the role of connecting you directly to a provider. And the reason why is under choice and control our partners are meant to lead you towards the providers in the area but it's up to the participant, the carers, to actually choose who they want. So, they can give you some information, they can talk you through who's available, they can show you how to find those providers. But really it's up to the participant and carers really choose who they want and start to talk to those providers around what they provide and what they can get out of some of those parts of their plan.

So, it's really about working together on that and if they're not getting the support they need through the early childhood or local area coordinator, they can ring up those organisations and ask for someone to review it, or they can ring through the National Call Centre or even escalate in terms of they need further support. If that's not enough support for them, there's also ways of looking at how we can introduce supports into their plans. So, if they need some support coordination or they do need just support connection, it's looking at how we might be able to introduce that into plans to provide that additional support for participants.

MATT:  
And Luke, you make a point around selecting providers as really fundamental to the Scheme in terms of people with disability and families being at the heart and in control of the Scheme and being able to choose amongst service providers and you know, if a service providers not working out to choose another or look for a better service.

LUKE:  
Yeah, that's correct. And we've got to be careful of the role that we play as both an Agency and our partners who work together to ensure that we're not putting participants in direct conflict of that or ourselves.

MATT:  
Yeah, terrific. Alright Arthur's texted through and is concerned about what happens... If he doesn't exhaust all of his son's funds for the full 12 months and his NDIS Funding is up for review soon. I don't want to receive less funding for the following year. I will need it to support my son. This next one question, I want to throw it to Luke.

LUKE:  
Yeah, sure. I'm happy to answer that. So Arthur, in terms of utilisation of plans, what our partners in the Agency generally look for is they don't say, “Oh, you're haven't used all of your funding” so you don't need it going forward. They'll generally look for the reason why. So there's been funding put into a plan or there's been some aspects put into your plan that was an expectation that you might need to achieve those goals. But the feedback from whether it's a parent or carer or participant is what we'd be looking for. So some people have found it quite difficult to use their plan initially and haven’t received the support they need and only received let's say three or four months into the plan. So they've only started using it for that last, you know, six to nine months. Where we see that and we can see that ongoing supports required and we're looking at what are those goals needs to be for their new plan. It's looking at what is reasonable and necessary? So what does need to be in our next plan? It's not looking at the funding amount. So there's no, I know there's some discussion out there in communities around NDIA trying to drag down funding. It's not true. We need to manage funding. But if the funding is required under reasonable and necessary in terms of what the goals are, we need to make sure that we provide it, and has the right funding in there. So there's no sort of looking at what you've used and then what do you need going forward. If a parent, carer, or participant said I didn't need that and here are my goals and here's what I need and want to drive the plan differently, then we'd look at maintaining that funding for what they require.

MATT:  
Because there is a fear out there of people receiving less funding but it is all based on need. And sometimes plans go up as well.

LUKE:  
It's an individualised scheme. So it's sometimes, we get a lot of feedback around I've seen someone else who has a similar disability or similar needs get a different type of plan and that's where we need to remember the funding and the way the plan is built is individualised in terms of what the people need, considering all aspects of community, informal, mainstream government supports, and also to fund the supports they require. So we do have some differences out there. I'm not saying we get it right all of the time, but we do have some instances where consistency needs to be better. And we do have some instances where the differences are there because of the individual needs of either that participant, the parent or even the carer, in terms of what that support looks like.

DAVID:  
And I might add something that if I may to this particular question because I had a parent contact me in the last month with exactly the same question as Arthur's. And the discussion we had was around, you know, I didn't use a number of my core supports because my parents were visiting from overseas. They were able to do a number of the core supports as a time limited event. Also the therapist we were wanting to work with our son, was not available for two months. We made a choice to wait for that particular therapist. We did not use those funds, but going forward we will need to use those funds. So that was built into the conversation with the planner. It was clearly understood why the utilisation was low. And at the time of review we ensured those funds remained in the plan.

MATT:  
OK, thank you. I'd like to go back to Adut and Nathan for a second. If there's one thing that you'd like to make better about the experience of getting the most out of your plan, what would it be? And I'll start with you, Adut.

ADUT:  
OK. It's to get a better coordinator somebody that does thing quickly and effectively. So to get immediate help.

MATT:  
Yeah, so you had some delays...

ADUT:  
Yes, so I'd like the service to speed up a little bit.

MATT:  
OK, terrific, thank you so much, and Nathan?

NATHAN:  
For me the system works pretty well cause I fully understand what goes on within it. I suppose one of the things that was really daunting for me was engaging with the user portal. I'd never had any training on how to use that system. And it was clunky and it was difficult and you had to go through the mygov to link into it. And though if I wasn't as switched on as I was, I could see how difficult using that portal would be. And I've sent it to a number of people, the portal that the NDIA see and the portal that the service providers see, and the portal that I see are all different. So some training in that aspect would have been brilliant at the start because that would have made the journey a lot easier for being self managed. I could have had those supports up and running quicker because I could have pulled down on those funds a lot sooner.

MATT:  
Thank you, alright, Tom's texted through and we'd like to know what services there are for people with significant support needs.

DAVID:  
So thank you, Tom for the question. There are a number of answers to that question. So as I stated earlier, one of their responses within the Agency is that we have established a specific pathway nationally for people with complex support needs. So we have planners across the country who have specialised skills to assess and work alongside participants, their carers and service providers to build those plans. Beyond that, we also have a growing market of providers nationally, who work with individuals with specific support needs. Whether that's organisations who support people with psychosocial support needs services that support individuals coming out of the criminal justice system. And our planners is in the complex support needs team, work with those services on a daily basis.

MATT:  
Great, thanks David. The next question through is, is there an LAC who can speak other languages when the funding plan is managed? Luke?

LUKE:  
So in terms of our local area coordinators they have access to what we call CALD interpreters. So people who might need different interpretations, whether it be through the planning process or discussions or once the plan is actually approved. I'm not sure if it actually changes, whether it's plan managed or self-managed. The service should still be available to be able to connect people and ensure that they have their own interpreting services to understand the plans. We don't have our plans in every language at the moment, so where we do have some additional support required that should be connected. But we do have the ability to interpret our plans through different languages at the moment. So we need to just make sure that if there is a requirement, the LAC is aware of it and we're making sure we're connecting that interpreter to that participant.

MATT:  
Right, terrific. Might bring Adut into this part of the conversation. Adut, did you have a preference for another language? And did you ask or request for interpreting services?

ADUT:  
I would like if somebody could speak my language so I can have a better understanding of the help that's available to me and ways that I can get help. So I would love it.

MATT:  
Great, terrific. So maybe a bit more information around the fact that the services were available would be helpful?

ADUT:  
Yes.

MATT:  
OK, great, thanks. Alright, Frank has commented that LACs are a too busy to help participants understand and use their plan. If participants or nominees don't have support coordination, who else can help? Many people are struggling to understand and utilise their plan. OK, Luke?

LUKE:  
Thanks Matt, so as probably covered earlier, and I don't want to be too repetitive here given the time limit that we have, but your general first point should be your local area coordinator or if you have a child that's looked after by an early childhood partner, should be those contact points. If you're not receiving that, you should be escalating today's areas around. So the organisations who do take that escalations on board and have a look at them around support that you need and making sure we make connection. You can also look at online tools that we do have. If you want to do some south education and are able to do that. We also have the national call centre who can be called up and can actually provide some additional support as well. But if you're not receiving the service, I'd say you need to actually escalate it so we understand what those issues are, and where they're happening. Hopefully there in minor areas that say in terms of where you're not receiving that support. So there are things that we can work with across the Agency, with our partners around how do we make sure that support is being provided. But if we're not seeing those issues come out in certain areas, it's hard for us to react. So first of all, escalate locally and get the support you need. And if you're not, then make sure the Agency is aware as well. So we can see is it an issue that as an Agency we need to be aware of or do we need to work for our partners a little bit more in terms of the needs of some of our participants.

MATT:  
Great. Thanks Lu.  
We're just waiting on another question. Alright, Ben has texted through that he would like to know why the COS budget is reduced when supporting participants with high and high support needs and have multiple service providers, David?

DAVID:  
I will confess to not understanding the question.

MATT:  
Well, we might, we might come back to that one in a sec.

DAVID:  
Cause normally it shouldn't be reduced for that reason.

MATT:  
Coordination of support.  
Support coordinator.

DAVID:  
Yeah, I wouldn't think if someone has multiple service providers and they have multiple support needs that the coordinate ofsupports budget should be reduced. So it might be good for us to get some more detail from Ben about that specific issue and partake, perhaps take that offline.

MATT:  
And Luke, you can always do a plan review if you're not happy with a specific elements of your plan.

LUKE:  
Yeah, definitely. And the other thing it could be, if, I'm just reading into Ben's question, it could be, you know, is this a second or third plan where supports are already in place? And they're looking at the support coordination requirements and has that been reduced because we now have, you know, plans up and running supports in place and the requirement for support needs has lessened to a degree. I'm trying to read between the lines. That might be what it is, but if that isn't suiting the participant or their carer, then we should be looking at, OK, what are the support requirements? And yes, as you said, we could refer you to plan to ensure that's appropriate.

MATT:  
Great, terrific. David, I'd like to ask you a question around contingency. Contingency can be a big issue for people with significant support needs. Like sometimes when a support worker or a key therapist goes down it causes a tremendous difficulty. Is there a way in which we can include some contingency measures in people's plan?

DAVID:  
I think certainly for the cohort that my staff are working with part of the model is a regular process of monitoring both with touching base with the participant, but also in terms of working very closely with the support coordinators. That in a sense gives us really live information about change of circumstance. So that if we're aware that services are struggling, we're able to work alongside other support services. So there's a smooth transition. So those things hopefully don't come as big surprises to people.

MATT:  
Great. Thanks David. Diane's texted through, she would like to know who is responsible for explaining the NDIS plan to the participant. Alright, Luke.

LUKE:  
Thanks Matt, so Diane, the NDIS plan, depending on where the participant is looked after in terms of from an Agency or partner, really determines who explains the NDIS plan. So if it's a local area coordinator or an early childhood partner, they would generally explain the NDIS plan and walk a participant the carer or parent through that. But if it is a direct relationship with the Agency because there is no partner in place or because of intensive or high intensive needsor complex needs then generally the planner will explain the plan that they're putting together, and explain how the plan will work. But then support coordination would generally be in place, there for the support coorindator to take it a step further around how to use the plan, how to connect to providers, looking at how to use the plan. But your first point of call would generally be either the planner or the local area coordinator or early childhood partner.

MATT:  
OK, terrific. I might throw it over to Nathan at this point. Nathan, has that explanation of the planning process changed over your time from the first plan to the fourth or fifth that you've done?

NATHAN:  
Oh, absolutely. Upfront when we're first come into it, I had no idea. And as I've learned over the period of several plans, I've certainly taken it upon what's been put into the plan and understand them. And yeah, so I initially went to my support coordinator who gave me the terms of service providers and so on. So, yeah, I learnt very quickly and then moving forward, more plans are less and less.

MATT:  
Great, thank you. Alright that's all we have time for. I'd now like to thank all of our panellists and you, our online audience for joining us today. We look forward to joining us for the next NDIS webinar. Thank you.

Delete from 1.00:09

MAN:  
Alright, you're off there, guys.