## Consultation questions

1. How should a participant’s plan be set out so it’s easier to understand? How can we make it easy for participants to understand how their funding can be spent?

**Use simple terms for each category – maybe a Cheat sheet to use simple explanations for each category, for example explain.**

 **Improved Daily Living – call it Therapy.**

**Get rid of Daily Living as a dual description in Core and Capacity as this causes lots of claim errors.**

**Improved Life Choices – Call it Plan Management fees**

**Maybe explain Core as**

* **In home support (Daily Activities)**
* **Out and About Supports (Social and Community Activities)**
* **Transport**
* **Consumables**

**Remove low-cost AT from Consumables and list in Capital as AT – it is confusing to have it in 2 places.**

1. How can we support participants to prepare for a planning meeting? What might be needed to support participant decision-making?

**Tell them exactly what you require for a thorough meeting.**

**Read all reports submitted to NDIS before the meeting – we have the unfortunate situation where too often the planner has not prepared for the meeting.**

**Fund either SC or another method for a professional to assist them in planning for their meeting – particularly for their first meeting. The results are consistently better for people who have professional support before their first meeting, and this will also result in less reviews for poor outcomes from these first meetings.**

1. Which supports should always be in the fixed budget? What principles should apply in determining when supports should be included in the fixed budget?

**As few as possible to give true flexibility and choice and control. I see too many areas like meals argued over where they are $4000 in a $500,000 plan. If a person wants to order meals rather than pay a support worker to do that and it is cheaper – let them do it.**

**Maybe limit items which are NDIA managed to this area.**

* **SDA**
* **Behaviour Support**
* **Support Coordination (I know can be Self-Managed but to get consistency of delivery might change this)**
1. How can we assure participants that their plan budgets are at the right level? (e.g., panels of the Independent Advisory Council that meet every six-months to review learnings and suggest improvements)
* **By making more consistent decisions.**
* **In today’s world of social media networks people inevitably compare funding. As the manager of support coordinators assisting over 140 people, we see huge inconsistencies and lack of suitable funding for so many people.**
* **I cannot believe that independent assessments alone will fix this – surely if the NDIS released a template for assessments with all the relevant scales/tests etc like the WHODASS, CANS scale, Modified Barthel Index, IADLS there would be enough evidence presented by a professional to decide on the level of support a person should receive.**
* **The issues we have consistently is there seems to be an unwritten scale where these hours are diminished according to the perceived amount of informal support a person may receive as well as the age of the participant.**
* **Effectively if a person is deemed by reports to need 24/7 support to live safely and no extra supports are required, this translates into one number – 16 hours of support plus an 8-hour sleepover. So, this is a starting point NDIS planners must start with but then reduce as they arbitrarily see fit according to what informal support the person may have.**
* **Also included (without discussion) is the assumption the person will live in a SIL arrangement with say 1:3 support and go to nice day programs where 1:5 support is calculated. This is often done against the expressed will of the participant and against the United Nations Convention on Right of People with Disability to decide where and who they live with and interact with the community.**
1. What new tools and resources should we provide to support people using their plan and new plan flexibilities?
* **A small amount of Support Coordination or something similar – (say 12 hours at $100 hour) to enable every participant to engage with independent professionals to assist in understanding and utilising their funding. The biggest hurdle to people utilising plans is just understanding what is possible.**
* **This will not work with LAC’s who are not independent and have a very narrow view of what is possible for People with Disability. They are service oriented with not much experience in self directing and self-managing.**
1. What do we need to consider for children aged 7 and above in the new planning process?
* **Better consider the need for Core support funding to support not only the person but their family. It is ridiculous for people with severely disabled children to not have core supports with the expectation informal family supports are enough. Parents are put under extreme stress leading to marriage and family breakdowns trying to cope with the overlay of a child with disability and other children and day to day living.**
* **Many parents cannot work because of the care level needed and this places extra financial stress on the family. I have been told in a planning meeting with a male 29yo that the NDIS is not a babysitting service when his mum and only informal carer asked for some extra core supports so she could have a small life outside looking after her son.**
* **This is disgusting.**

1. What ideas do you have for how people can use their plan more innovatively?
* **Make all sections except PBSP and Support Coordination and SDA flexible.**
* **Do not have things like meals as a stated item – let the participant decide if this is a good use of their funding.**
1. How best to handle the timing of the release of funds into plans and rollover of un-used funds?

**100% disagree with letting funds out in monthly or quarterly blocks. This will only cause huge impacts on extra work for self/plan managed participants with service bookings and managing funding needing to be done more often than necessary.**

**I cannot see any major benefit or reasoning for this. If some people are abusing funding crack down on them and do not change the whole system to cater for the 1%.**

**ALL of our clients cannot understand this.**

1. How should check-ins be undertaken? Under what circumstances is a check-in needed? Who should be involved in a check-in?
* **Scrap the periodic release of funding and only check in when x% of funding spent when y% of plan period elapsed to ask what is happening with overspend / underspends.**
* **Make it mandatory when SC is in plan for a monthly check in to be documented.**
1. How often should we check-in with participants in different circumstances?
* **If no informal supports or one person or entity controlling a person’s plan, NDIS to check in monthly or more frequently directly with the person and not the owner/manager of a boarding house or SIL arrangement.**
1. How can the NDIS ensure positive relationships between participants and planners?
* **Support all participants to have someone help them with a review – Support Coordination or like service who understand the process and needs for a successful review.**
* **Provide more 3-year plans and options of plan rollovers without the need for regular meetings. These planning meetings prove traumatic for many participants and their families who have to talk negatively over and over about the impact of their disabilities.**
* **There is also a huge cost to every year or less get reports and make statements to present over and over to planners under the threat of not enough evidence will lead to losing funding.**
* **There has been a good Functional Capacity Report done, the disability is lifelong and permanent, there have been no major life changes – so just make the plan rollover and save up to $10,000 in costs for all the reports to go with a meeting.**
* **Just to reiterate, it is not for the cost savings we should change this planning cycle, it is the trauma associated with the meetings which should be avoided.**
* **The new process of seeing the plan first will give participants the certainty needed to ask for a longer plan. The way it happens now is you are scared to ask for a longer plan as you have not seen the funding level and do not want to commit to a long plan which is not acceptable.**
* **Be consistent, open, and honest.**
* **Respond quickly to questions.**
* **Have planners try to understand the persons family/ support network and look beyond a one-year window – come on the journey to a better life which might be a 5-year plan.**
* **Employ and train planners who understand empathy. There are too many planners who are confrontational.**
* **Ditch 3rd party planners (LAC / Partners in Community). They consistently provide poor plan outcomes and are the source of most of our reviews. It is if they are acting on instructions (from NDIS) to limit everything they can.**
1. How can we best support participants to transition to this new planning model?
* **Listen to feedback and keep asking when you see a good idea.**
* **Do not just keep going blindly with what sometimes appears to be a fait accompli – really engage with the people who are continuously interacting with all parties (Support Coordinators) to build a better way.**

**As a general comment on planning, I don’t see the biggest impact on the current system being Independent Assessments coming in. I like the idea of having an assessment to provide the planner with evidence of the support hours needed by a participant.**

**I do however challenge how these hours are then discounted depending on the person’s living /informal support arrangements.**

**As an example to demonstrate my point, take a person who 100% needs 24/7 care in all aspects of their life.**

**If they or their decision maker decides they wish to live independently and not in a SIL environment with other people, they can do so under Human Rights.**

**If the place they wish to live is with their sister/wife other person they should not be discriminated against with a plan which discounts the care needed with an expectation the informal support will pick up the balance.**

**We see this consistently to the point a 60yo sister lives with her 68 yo disabled brother and has to provide around 35% of the support hours to keep him safe as there is not enough funding for 1:1 24/7 support.**

**For how long should she continue to have to put her entire life on hold and continue providing support ?**

**I only use this as one of many examples we see in providing support to families and loved ones.**

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