******NDIS PLANNING WORKBOOK - ADULT**

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| --- | --- |
| **PERSONAL INFORMATION** | |
| **Person’s Name:** |  |
| **Date:** |  |

**T – SD021**

**Getting ready for the NDIS**

The aim of this workbook is to help you prepare for your person’s planning meeting with the NDIS by:

* Understanding the NDIS process language and framework
* Identifying what supports your child has now
* Considering what you might like to change
* Considering goals for the year and the future, and the supports required to reach those goals
* Being as prepared as possible for your person’s NDIS planning meeting

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# Living Arrangements

Where I live and the people I live with

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| --- |
| **What are your person’s current living arrangements?**  **Who do they live with?** |
|  |

# Important People

People in your person’s life who support you and your person

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| **Who are the important people in your person’s life who support you and your person? (e.g. family, relatives, friends, neighbours, teacher, carer or others)** |
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# Daily Living

Things your person does every day

What supports does your person need to become more independent in daily living skills (consider what is age appropriate)?

Daily Living includes getting up and dressed in the morning, having a shower or toileting, managing money, making appointments, meal preparations and eating, and cleaning the house.

The following list may prompt you to think about your person’s daily living needs.

* In-Home Care
* Family or friends
* State Trustees/Administrator
* Continence support
* Transport
* Respite

Please complete the table on the following pages to indicate your person’s daily living needs.

|  |  |  |
| --- | --- | --- |
| **MONDAY - FRIDAY** | | |
| **What does my person do now and what supports do they have?** | **Are there any changes I would like to make?** | **What support will my person need?**  **(What’s missing?)** |
| **Morning:** | | |
|  |  |  |
| **Afternoon:** | | |
|  |  |  |
| **Evening:** | | |
|  |  |  |
| **SATURDAY - SUNDAY** | | |
| **What does my person do now and what supports do they have?** | **Are there any changes I would like to make?** | **What support will my person need?**  **(What’s missing?)** |
| **Morning:** | | |
|  |  |  |
| **Afternoon:** | | |
|  |  |  |
| **Evening:** | | |
|  |  |  |

# Consumables

Continence products, nutrition, interpreting and translating

What consumables does your person use?

Consumables include; continence products, Home Enteral Nutrition (HEN) products, and interpreting and translating.

|  |  |  |
| --- | --- | --- |
| **Purpose** | **Product** | **Quantity each week** |
| **Continence** | Disposable |  |
| Non-disposable |  |
| Wipes |  |
| Kylie sheets |  |
| Colostomy bags |  |
| Catheters |  |
| Gloves |  |
| Other |  |
| **Nutrition** | Formula |  |
| Gastrostomy device |  |
| Extension sets |  |
| Flexitaners |  |
| Giving sets |  |
| Syringes |  |
| Other |  |
| **Interpreting and Translating** |  |  |

# Assistive Technology

Technology and equipment

Do you need vehicle modifications, communication devices or equipment for your person?

Examples might include ramps, hydraulics suspension, sliding boards or hand controls.

|  |  |  |
| --- | --- | --- |
| **Purpose** | **Type of technology** | **How often is it used?** |
| **Communication** |  |  |
| **Mobility** |  |  |
| **Environmental Controls** |  |  |
| **Self-care** |  |  |
| **Access** |  |  |
| **Specialist clothing or footwear** |  |  |
| **Other** |  |  |

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# Home Modifications

Safety and accessibility at home

Do you need to make changes to your home or vehicle for them to be safe and accessible?

Home and vehicle modifications include installation of equipment or changes to building structures, fixtures or fittings to enable your person to live and travel as safely and independently as possible.

The following list may prompt you to think about your person’s needs so their home is safe and accessible.

* Department of Housing
* Specialist equipment/modifications
* Assistance dog
* Equipment repairs and servicing
* Vision support

|  |  |
| --- | --- |
| **Now I have:** | |
| **Building/Vehicle modifications** |  |
| **Equipment** |  |
| **Equipment repairs and servicing** |  |
| **Technology** |  |

|  |  |
| --- | --- |
| **In the next 12 months my person will need:** | |
| **Building/Vehicle modifications** |  |
| **Equipment** |  |
| **Equipment repairs and servicing** |  |
| **Technology** |  |

# Social & Community Participation

Connecting with others

What community and social activities does your person participate in?

The following list may prompt you to think about your person’s social needs.

* Recreational programs
* OOSH programs
* Sporting clubs
* Recreational groups or activities
* Keeping in touch with family and friends
* Holiday programs
* Local council programs, libraries, community centres

|  |  |
| --- | --- |
| **My person participates in:** | **Supports required** |
|  |  |
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| --- | --- |
| **In the next 12 months my person would like to try:** | **Supports required** |
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# Relationships

Does your person need support to assist with their everyday activities or social and community participation?

This may include specialist services to support overall development.

The following list might prompt you to consider your person’s needs to support improved relationships.

* Psychologist
* Paediatrician
* Speech Pathologist
* Occupational Therapist
* Physiotherapy
* Behaviour support programs
* Family and friends
* Other specialists/services
* Key worker

|  |  |  |
| --- | --- | --- |
| **What support are you using now?** | **When do you use this support?** | **In the next 12 months, what type of support will your person require?** |
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# Health & Wellbeing

Physical, mental, emotional and social health

Does your person require supports, due to the additional requirements of their disability, to maintain health and wellbeing?

|  |  |  |
| --- | --- | --- |
| **Activity** | **What supports does your person require?** | **In the next 12 months, what type of support will your person require?** |
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# Lifelong Learning

Skills training, advice, and orientation to assist a person with disability moving from school to further education

What supports can assist your person’s learning?

The NDIS does not fund supports in educational settings which are the responsibility of the Department of Education and Training.

|  |  |  |
| --- | --- | --- |
| **Now my person/young person is learning:** | | |
|  | | |
| **Supports required to do this:** | | |
| **Equipment** |  |  |
| **Technology** |  |  |
| **Paid support** |  |  |
| **Unpaid support** |  |  |
| **Transport** |  |  |
| **Now my person/young person would like to learn:** | | |
|  | | |
| **Supports required to do this:** | | |
| **Equipment** |  |  |
| **Technology** |  |  |
| **Paid support** |  |  |
| **Unpaid support** |  |  |
| **Transport** |  |  |

# Work

Employment opportunities

Does your young person have a goal to work? Will they be leaving school soon and like to get a job?

Whether full-time, part-time or casual, supported or open employment, or work experience, your young person may require assistance to obtain or retain employment.

|  |  |  |
| --- | --- | --- |
| **My dream job is:** | | |
|  | | |
| **Supports I need to achieve this:** | | |
| **Equipment** |  |  |
| **Technology** |  |  |
| **Paid support** |  |  |
| **Unpaid support** |  |  |
| **Transport** |  |  |

# Choice & Control

Building skills

Who could assist you with learning new skills around managing supports?

This includes support to strengthen your ability to undertake the management of supports, including building financial skills, organisational skills and the ability to direct your supports.

It also includes support to connect with and maintain relationships with informal, mainstream or funded supports, and resolve service delivery issues.

The following list might prompt you to think about the people who assist you and your person with this type of support:

* Key worker
* Transition coordinator
* Support coordinator
* Case manager
* State trustees/Administrator

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| --- | --- | --- |
| **What support is your family receiving now?** | **When do you use this support?** | **In the next 12 months, what type of support do you think you will require?** |
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# Informal Supports Provided by Families

We don’t often think of ourselves as ‘carers’ or ‘informal supports’. The NDIS considers it reasonable to expect parents to provide a level of support to their person.

On the following pages are tables to complete about your role as a carer for your person.

Think about what you do on a daily or weekly basis and how many hours you spend assisting, prompting or supervising your person with tasks and activities that other typical person can do for themselves.

This is an opportunity for you to reflect on the supports you provide to your person, and consider whether you would like to use paid supports for some of these:

* What is typical for a person of the same age?
* Should your person start to become more independent in this task?
* Do you, as a parent, wish to continue the level of support you are providing?
* Do you wish to consider some of your own goals, such as going back to work?

|  |  |  |
| --- | --- | --- |
| **Support Provided** | **Time Spent** | **Frequency** |
| **Personal Care** | | |
| Bathing |  |  |
| Grooming |  |  |
| Dressing |  |  |
| Cleaning Teeth |  |  |
| Organising Supplies |  |  |
| Other |  |  |
| **Mobility** | | |
| Prompting and/or assisting person from position to position |  |  |
| Assisting with moving around the house |  |  |
| Assisting with moving around the community |  |  |
| Assisting the person to hold and manage objects |  |  |
| Assistance with moving and positioning in bed throughout the night |  |  |
| Other |  |  |
| **Meal Time** | | |
| Assistance with preparing food |  |  |
| Assistance with eating food |  |  |
| Assistance with drinking |  |  |
| Supervision during meal time |  |  |
| Assistance with tube feeding |  |  |
| Supervision of meal and snack choices |  |  |
| Other |  |  |
| **Safety** | | |
| Supervising your person in the home or out in the community so they do not hurt themselves or others |  |  |
| Ensuring your person doesn’t wander off, whether in the home or out in the community |  |  |
| Other |  |  |

|  |  |  |
| --- | --- | --- |
| **Support Provided** | **Time Spent** | **Frequency** |
| **Health** | | |
| Attending medical appointments |  |  |
| Research, discussing and making decisions about treatment and therapy options for your person |  |  |
| Administering medications |  |  |
| Wound management |  |  |
| Attend allied health appointments and assessments with your person |  |  |
| Assist person to follow and implement allied health programs in the home or in the community |  |  |
| Provide transport to and from medical appointments |  |  |
| Operating and maintaining medical or allied health equipment |  |  |
| Other |  |  |
| **Communication** | | |
| Assisting your person to communicate their needs |  |  |
| Assisting with interpreting or understanding information |  |  |
| Assisting person to learn and practice new ways of communicating |  |  |
| **Behavioural Support** | | |
| Managing a person’s environment to reduce triggers |  |  |
| Managing behaviours |  |  |
| Managing symptoms of stress or anxiety |  |  |
| Providing support and assurance when your person is experiencing episodes of stress and anxiety |  |  |
| Providing assistance and support with problem solving and planning |  |  |
| Providing assistance with reframing thoughts and behaviours |  |  |

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| --- | --- | --- |
| **Support Provided** | **Time Spent** | **Frequency** |
| **Social Participation** | | |
| Creating opportunities for play and interaction with other person |  |  |
| Modelling behaviours and social interaction with other people |  |  |
| Assisting and managing behaviours when interacting with others |  |  |
| Providing transport to and from social activities |  |  |
| **Coordinating Services and Supports** | | |
| Organising appointments |  |  |
| Access appropriate services and supports |  |  |
| Researching suitable services and supports |  |  |
| Arranging services and supports |  |  |
| Completing assessments and applications |  |  |
| Monitoring and reviewing services and supports |  |  |
| **Education** | | |
| Researching suitable educational opportunities |  |  |
| Attend meetings at educational settings |  |  |
| Share information and strategies with staff working with your person |  |  |
| Develop goals with educational staff to work towards |  |  |
| Monitor and review goals and education plans |  |  |
| Assist your person to understand and complete tasks |  |  |
| Transport person to and from educational settings |  |  |

# Goals

Working towards outcomes

What are the things that are most important for your person and your family?

What are the things that you would like to try but never had the opportunity or support to do so?

What things would you like to change?

From the worksheets you have completed in the previous pages, identify the main goals for your person over the next 12 months.

Refer to the NDIS Support Categories table (at end of Workbook) to relate goals back to an NDIS Outcome Domain.

NDIS Outcome Domains

|  |  |
| --- | --- |
| DAILY LIVING | WORK |
| HOME | SOCIAL & COMMUNITY PARTICIPATION |
| HEALTH & WELLBEING | RELATIONSHIPS |
| LIFELONG LEARNING | CHOICE & CONTROL |

|  |  |
| --- | --- |
| **Goal 1** |  |
| **Outcome Domain** |  |
| **Supports/Strategies required** |  |

|  |  |
| --- | --- |
| **Goal 2** |  |
| **Outcome Domain** |  |
| **Supports/Strategies required** |  |

|  |  |
| --- | --- |
| **Goal 3** |  |
| **Outcome Domain** |  |
| **Supports/Strategies required** |  |

# Evidence

The NDIS requires evidence to show that your person has needs resulting from the impact of their disability

Evidence can consist of reports, support plans, assessments, and any other documentation which demonstrate the needs of your person, strategies which have been put in place, or progress which has occurred.

Lifestyle Plan

Behaviour Support Plan

Person Centred Plan

Client Support Plan

Health Support Plan

Individual Education Plan

Therapy assessments (physio, psychologist, speech therapist or occupational therapist)

Letter from doctor or therapist

Any day program or activity schedules

Recreational program information or reports

Information from a current service provider

Any other information you have

# For More Information

Contact Aspire Support Service Ltd. (Aspire)

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Email: [reception@aspiress.com.au](mailto:reception@aspiress.com.au)

Website: [www.aspiress.com.au](http://www.aspiress.com.au)

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Contact the NDIS

Phone: 1800 800 110

Email: [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au)

Website: [www.ndis.gov.au](http://www.ndis.gov.au)

The information in this workbook is current at April 2017.

The NDIS is changing and updating rapidly. Please check the NDIS website for changes. Aspire will review and update this workbook regularly.

# NDIS Support - Categories

This NDIA Price Guide is arranged into 15 categories that align to the purpose of the supports and the eight NDIA Outcomes Framework Domains.

|  |  |  |
| --- | --- | --- |
| **Support Purpose** | **Outcomes Framework Domain** | **Support Category (Plan Budgets)** |
| **Core** | Daily Living | 1. Assistance with Daily Life |
| Daily Living | 1. Transport |
| Daily Living | 1. Consumables |
| Social & Community Participation | 1. Assistance with Social & Community Participation |
| **Capital** | Daily Living | 1. Assistive Technology |
| Home | 1. Home |
| **Capacity Building** | Choice & Control | 1. Coordination of Supports |
| Home | 1. Coordination of Supports |
| Social & Community Participation | 1. Increased Social and Community Participation |
| Work | 1. Finding and Keeping a Job |
| Relationships | 1. Improved Relationships |
| Health & Wellbeing | 1. Improved Health and Wellbeing |
| Lifelong Learning | 1. Improved Learning |
| Choice & Control | 1. Improved Life Choices |
| Daily Living | 1. Improved Daily Living Skills |

Source: <https://www.ndis.gov.au/html/sites/default/files/documents/Provider/201617-vic-nsw-qld-tas-price-guide.pdf>

# NDIS Support – Definitions

1. CORE A support that enables a participant to complete activities of daily living and enables them to work towards their

goals and meet their objectives.

1. CAPITAL An investment, such as assistive technologies, equipment and home or vehicle modifications, funding for capital

costs (e.g. to pay for Specialist Disability Accommodation).

1. CAPACITY BUILDING A support that enables a participant to build their independence and skills.

NDIS Outcomes Framework: Supports should help participants achieve their goals

The NDIS Outcomes Framework has been developed to measure goal attainment for individual participants and overall performance of the Scheme. There are 8 Outcome Domains (‘Domains’) in the framework. These Domains help participants think about goals in different life areas and assist planners to explore where supports in these areas already exist and where further supports are required.

|  |  |
| --- | --- |
| DAILY LIVING | WORK |
| HOME | SOCIAL & COMMUNITY PARTICIPATION |
| HEALTH & WELLBEING | RELATIONSHIPS |
| LIFELONG LEARNING | CHOICE & CONTROL |

Source: <https://www.ndis.gov.au/html/sites/default/files/documents/Provider/201617-vic-nsw-qld-tas-price-guide.pdf>