NDIS PLANNING MEETING CHECKLIST

- for children and young people, carers and their caseworkers

About this checklist

This checklist is designed to assist Caseworkers, authorised out-of-home care (OOHC) carers and a child or young person to prepare for a NDIS Planning meeting.

This checklist will also help prepare carers to complete their **Carer Statement** for the NDIS plan. You may choose to provide this completed checklist to the NDIS Planner as useful information for preparing the child or young person's plan.

There is no right or wrong answers in this checklist. It is a starting point for the child or young person, their carer and caseworker to work together. Planning meetings without a completed checklist (or similar) may take longer as there is more information to think about and collect during the meeting. This checklist will also assist to ensure information you have considered is remembered during the meeting.

It's important that this checklist compliments the child or young person's other plans i.e. case plan, health plan, cultural plan, leaving care plan as relevant. This will help to ensure the child or young person has the most appropriate supports and services, so they can achieve their goals and aspirations.

This checklist is to be used in conjunction with the FACS NDIS Guidelines for Caseworkers and Carers which can be found here: **Link to our NDIS guidelines for caseworkers and carers**

NDIS language used throughout this document is explained at the end of the document.

Preparing for the NDIS plan

Every plan is individualised. The NDIS Planner will start with some broad objectives, such as improved social participation, or mobility or speech and language development. Once they know what goals the child or young person has they will look at what supports will help to achieve those goals. The NDIS Planner will encourage the child or young person, their carer and caseworker to think about the big picture, about what the child or young person is achieving in a few years time and then break identified goals to short term objectives that could be achieved over a set period of time.

Before the NDIS planning meeting, think about the supports and services the child or young person currently receives, what to keep and what could be done differently. This will help with preparation for the NDIS Planning meeting. It is important that the NDIS plan is personalised to meet the goals, personal circumstances and needs of the child or young person.

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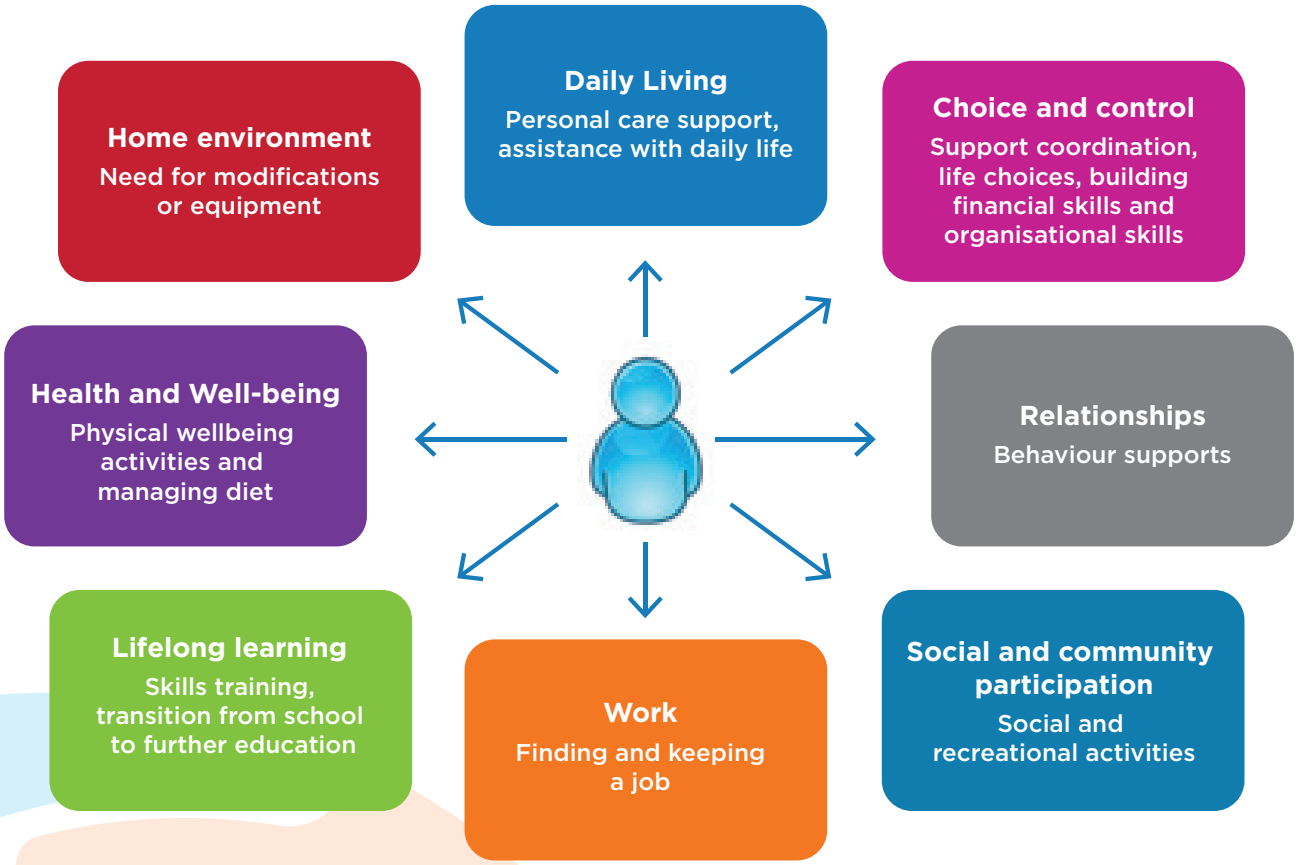
To prepare for a good NDIS Plan, think about the following factors:



You may find it useful to refer to the **NDIA Price Guide**. Even though this price guide does not list all available supports, it's a good way to introduce yourself to the language used by the NDIA. Getting used to the language and terminology will help you know how to ask the right questions, so you can connect with the best NDIA funded supports.

You will notice that the NDIS Portal and the NDIA price guide groups items as follows:

Core Budget. This refers to everyday supports for daily living. This might include things like continence aids, transport, assistance with social and community participation such as social and recreational activities.

Capital Budget. This refers to equipment and home modifications, like wheelchairs, prosthetics, communication apps, vehicle modifications, ramps, or grab rails.

Capacity Building. These refer to things that help build or improve skills, or help work towards independence. This might include things like behaviour support therapies such as speech, OT, physiotherapy, or even working on travel skills. Support coordination and plan management also fall under Capacity Building.

Encouraging participation

The child or young person should be fully and directly involved in the preparation for the NDIS Planning discussion including their support needs and preferences. Carers and caseworkers are responsible for supporting and encouraging children and young people to participate to the extent that their age and capacity allows. If they do not want to attend, talk to them about how they may like to participate in some other way. Resources that may assist helping children and young people participate in their own lives:

- **Resources for children and young people** - helps prepare children and young people for the NDIS planning meeting. The booklet asks questions about their family and friends, likes and dislikes, hobbies and needs, to help them consider what they'd like included in their NDIS plan.
- **Sharing the stage** - will help you give children the tools and environment to maximise their participation in shared conversations and meetings.
- **The three houses** - encourages children to talk, using the child's own words can be a powerful way to bring adults together and understand life through the child's eyes.
- **Dreaming Circles** - has been developed, with input from Aboriginal people with disability, their families and carers. The focus of the tool is to strengthen the child or young person's ability to choose their goals and aspirations and guide their life choices.

While preparing for the NDIS planning meeting check in with the Local Health District OOHC Coordinator for any relevant information about the child or young person's circumstances, support needs or health management plan that can contribute to the child or young person's NDIS Participant Statement or NDIS planning meeting. Ensure a copy of the child or young person's Health Management plan is included in the NDIS planning meeting and provide it to the NDIS planner so that supports being provided through NSW Health are known. Consider whether any additional people may be able to provide valuable and relevant information to the NDIS plan such as:

- The child or young person's parents, significant others, including extended family, and carers
- Any support person nominated by the child, carer or parent
- Aboriginal and Torres Strait Islander caseworker or community member for an Aboriginal and Torres Strait Islander child
- Community member for a child from a migrant or refugee background
- Services working with the child, carer or parents
- Education's OOHC Coordinator

Where additional people are identified as being beneficial to informing the NDIS plan, invite them to provide information that can be taken to the planning meeting, or where relevant, invite them to attend.

Before the meeting ask for and record the views of relevant people unable to attend.

What will be discussed in the planning meeting?

The discussion with the NDIS Planner will centre around the child or young person's current situation including living arrangements, social activities, employment, and schooling (dependent on age and ability), current supports that are in place, what is working well, what is not working, what they hope to achieve/change and their goals for the future.

The NDIS Planner will work with the child or young person, carer and caseworker to turn those goals and aims into a set of actions and how to know if the plan is working.

The NDIS Planner will discuss options for managing the NDIS plan. For children and young people in OOHC an **NDIS Support Coordinator** will automatically be provided to assist with implementation of the plan. This includes tasks such as finding any new supports and connecting the child or young person with the new support.

For managing the NDIS funding and paying support providers, the caseworker will need to choose from the following two options:

a. **Agency Managed:** the NDIS pays your support providers directly or

b. **Registered Provider Managed:** the NDIS pays your Plan Management Provider who is responsible for managing your funding and paying your support providers. The caseworker and carer may choose from these two options and advise the NDIS Planner.

The Support Coordinator should be automatic. However, caseworkers need to ensure they are included in the child or young persons plan.

Once your NDIS planner has all the information they need, they will develop a plan of supports. The NDIS Planner will advise when they expect the NDIS Plan to be available for the caseworker and what will happen next. A review date for the NDIS Plan will also be agreed on.

Information to take to the planning meeting

1. Contact details

Child or young person's name:	
Child's date of birth:	
Cultural background:	
Parent's name/s:	
Carer's name/s:	
Address:	
Contact Phone:	
Email:	
Caseworker's name:	
Caseworker's Organisation name:	
Caseworker's address:	
Caseworker's Contact Phone:	
Caseworker's Email:	

2. What are the arrangements for the NDIS planning meeting?

Date:	
Time:	
Location: *(preference is for the NDIS planning meeting to be held at the child or young person's home or where they feel most comfortable)*	
NDIS Planner Name:	
NDIS Planner Contact Details:	
List of people attending: *(i.e. child or young person, carer, caseworker etc.)*	

3. What are the goals the child or young person would like to work towards (in their own words)?

Short term goals – 12–24 months	
1	
2	
3	
Longer term goals – 2–5 years	
4	
5	

4. What are jointly developed goals for the child or young person?

For example, the caseworker is encouraged to bring together the carer/s, birth family where relevant and any significant others to jointly develop goals they would like to see for the child/young person

Short term goals – 12–24 months	
1	
2	
3	
4	

Longer term goals – 2–5 years	
4	
5	

5. What are the strengths of the child or young person?

For example; works well/gets along well in groups (or one on one); has passions and hobbies; asks for help and comfort when needed; reacts appropriately when frustrated (such as; not hitting, seeks assistance) etc.

List community participation, events, experiences, social outings for example camps, golf, art classes, choir, social group etc. the child or young person currently attends or would like to attend.

Event	Payment Required (Y/N)	Hours required (per year)	Explain why required and how it links to their goals

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6. Who are the significant people in the child or young person's life that will informally be supporting them to achieve their goals?

Please provide detail for example: biological parents once a month and grandma every 2 weeks for the day - fosters identity and provides cultural interaction; Mr. Smith, leader of the Teens Social Group - attends each Friday evening etc.

List what disability related supports are required to increase the child or young person's access to their significant other (listed above) and events (such as social group dance, camp etc.).

Support required	Paid Carer required (Y/N)	Hours required (per year)	Explain why required and how it links to their goals

Support required	Paid Carer required (Y/N)	Hours required (per year)	Explain why required and how it links to their goals

Circle of Support

It is important to understand the child or young person's circle of informal support (as opposed to formal/paid). A circle of support is an intentional group made up of people with a shared interest in supporting the person achieve their goals. Some people with disability and carers may have little or no informal support or contact with family. Social isolation may then contribute to the child or young person's complex needs. The planning process should build on a child or young person's capacity to achieve their goals through development of a sustainable plan. A primary way to develop a sustainable plan is to help the child or young person to create a circle of support that harnesses available people resources which may, due to the lack of informal support, include service providers. Wherever possible, and safe to do so, the circle will extend to (re)integrate members of the person's family and community as part of the circle of support.

The following questions will assist to review the child or young person's circle of support and where the NDIS plan may be able to assist to increase it for the child or young person and carer.

Tick ✔ a box ☐ to answer Yes or No. For some questions you need to write more in the box.

7. Is the child or young person linked into their culture?

☐ **Yes** – Provide examples of how in the box below

☐ **No** – List what disability related supports are required to increase the child or young person's access to cultural activities and events of significance.

Support required	Paid Carer required (Y/N)	Hours required (per year)	Explain why required and how it links to their goals

8. Please add the plan/referrals in place including the date developed, date last reviewed and any supports required. Please only fill in sections that apply to the child or young person, and add any plans not on the list at the bottom of the table.

Plan/referral	Date Developed	Date last reviewed	Disability related supports identified as required
Case Plan			
Health Management Plan Include all medical specialist plans if in place Or other specific health plans/ protocols for eg. Bowel care plan etc			
Individual Education Plan			

Plan/referral	Date Developed	Date last reviewed	Disability related supports identified as required
Behaviour Support Plan			
Cultural Care Plan			
Wellbeing plan/ assessment			

Plan/referral	Date Developed	Date last reviewed	Disability related supports identified as required
Psychologist support/ assessment/plan			
Therapeutic Plan (speech pathology, occupational therapy, physiotherapy)			
Communication assessment			

Plan/referral	Date Developed	Date last reviewed	Disability related supports identified as required
Nutrition and swallowing assessment			
Mobility Management Plan or a Manual Handling Plan			Significant equipment (e.g. wheelchairs, hoists etc.) need to be reviewed annually by a professional OT or Physio.

Plan/referral	Date Developed	Date last reviewed	Disability related supports identified as required

9. List the assistance required to optimise behaviour support for example improve the child or young person's communication or avoid triggers which may give rise to difficult behaviours etc.

10. List the home/car etc. modifications and equipment the child or young person has in place to support their disability needs

11. Will any of the above listed equipment require assessment, mending or updating in the next 12 months?

Will new equipment be needed in the next 12 months. Remember this request will require a professional to agree. Consult with a Local Area Coordinator for a list of relevant professionals within the local area.

☐ **No** ☐ **Yes** – Explain your answer in the box provided:

List Home/Car modification & equipment required new/ mended/updated/assessing in next 12 months and briefly why	For: New type N Mend type M Update type U Assessment A	Type of professional required ie Occupational therapist etc)	Name and Contact details of professional	Date advised by professional Or N/A

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12. Write down all the things the carer can do to support the child or young person
(For example, bathing, transport, communication, emotional support).

*You may also find it helpful to write a diary of the support you provide. You can use the **Diary tool** on the page 17 of this checklist.*

13. Can the carer think of anything that is likely to affect the support they provide in the next 12 months? *(For example, health, changes at work, family issues)*

☐ **No**

☐ **Yes** – Explain your answer in the box provided

14. Does the carer believe they can continue to provide the same amount of support in the future?

☐ **No** – Explain your answer in the box provided

☐ **Yes**

15. Can the carer think of anything that would help them continue to provide support?

(For example, training in behaviour management, supported decision making)

☐ **No**

☐ **Yes** – Explain your answer in the box provided

16. Does the carer receive any support for their carer role?

(For example, Centrelink funding, OOHC caseworker, a carer support group, counseling)

☐ **No**

☐ **Yes** – Explain your answer in the box provided

Support	Why is the support important?	What would happen if it wasn't available?	Does the NDIS offer an alternative?
Example: ***Disability Caseworker***	***Child or young person*** • *Supports mum when she is stressed* • *Helps me by talking to me and explaining what is going to happen so I understand* ***Carer*** • *Provide knowledge about disability and what my child needs and the process of getting what my child needs* • *emotional support to child and carer* • *Obtain access to services*	***Child or young person*** • *It would make me anxious and stressed which would impact my behaviour* ***Carer*** • *I'm afraid I won't know what to do and my child will miss out on a service/treatment that may really help him.* • *No one to talk too when I feel I can't cope and I want to give up*	*NDIS Support Coordinator* *Psychologist for child and carer*

Support	Why is the support important?	What would happen if it wasn't available?	Does the NDIS offer an alternative?

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17. Please list who provided input into this checklist?

Name	Relationship with child/young person

Carer Diary

Things I/we do every week:

	What I do	What is involved	When / how often	How long it takes	Equipment/aids used (e.g. continence aids, chair lifts etc.)
Example	*Help Sam to have a shower*	*Lifting, supervising*	*Every morning*	*30 minutes*	

	What I do	What is involved	When / how often	How long it takes	Equipment/aids used (e.g. continence aids, chair lifts etc.)
Mondays					
Tuesdays					

	What I do	What is involved	When / how often	How long it takes	Equipment/aids used (e.g. continence aids, chair lifts etc.)
Wednesdays					
Thursdays					

	What I do	What is involved	When / how often	How long it takes	Equipment/aids used (e.g. continence aids, chair lifts etc.)
Fridays					
Saturdays					

	What I do	What is involved	When / how often	How long it takes	Equipment/aids used (e.g. continence aids, chair lifts etc.)
Sundays					

Things I/we do less often:

	What I do	What is involved	How long it takes	Equipment/aids used (e.g. continence aids, chair lifts etc.)
Example	*Take Sam to see the specialist*	*Driving to hospital, supervising*	*4 hours total*	
Monthly				
Quarterly				
Yearly				

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What does that word mean?

carers – foster carer, family members or friends who provide support to a person with disability.

carer statement – an opportunity for carers to talk about the support they provide. Carers can give this to the planner in writing if they want.

Local Area Coordinator (LAC) - have three key roles:

- They will link you to the NDIS
- Link you to information and support in the community and
- Work with their local community to make sure it is more welcoming and inclusive for people with disability

NDIA – the National Disability Insurance Agency, an agency set up and funded by the Australian Federal Government to run the NDIS (implement the National Disability Insurance Act).

NDIS – the National Disability Insurance Scheme, a new system of disability support that is being introduced across Australia.

participant – a person with disability who can get a NDIS plan and funded supports.

plan – a document that lists what services and supports a participant has already, what their goals are, what supports they need and what funded supports they will get through the NDIS.

planner – the person from the NDIA who works with a participant to create their plan.

planning meeting – a meeting where the NDIS planner, the participant, Carer, OOHC Caseworker (where relevant) and any other person the participant chooses to participate in creating their plan.

Support Coordination – a Support Coordinator helps with implementing a child or young person's plan and managing the supports. This could include help with:

- understanding and monitoring the plan
- choosing and connecting with service providers
- exploring and linking with community and mainstream services and help coordinating these as required
- navigating the NDIS Participant Portal myplace

Where can I find out more?

Link to our NDIS guidelines for caseworkers and carers

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