The Carers Victoria “Planning for the Future” series is for carers of people with a disability who have decision making difficulties to help them think about what is important when planning for the future.

The aim of the series is to give carers practical tips, tools and resources to help detail the areas of life that are important to people with a disability.

The National Disability Insurance Agency (NDIA) knows that families and carers are partners in the support of people with disability. You provide help and support that cannot be provided by formal services or paid support workers. One of the core aims of the NDIS is to better support you in your caring role.

Your views and experiences will be important in the planning process for the NDIS because you have a unique understanding of the person you care for.

As a carer, by helping with decision making about ongoing support needs, goal setting, assessment and planning, you play a vital role in the entry into the NDIS of the person you care for.

Carers Victoria is a not for profit organisation working to improve the health, wellbeing, resilience and economic security of family carers. The organisation is funded by a mix of government and philanthropic grants and through the generosity of private donors.

Carers Victoria strives for improved services, systems and supports for caring families by raising awareness of carers’ needs and liaising with governments, community and corporate partners and the broader public.

We are a member of the National Network of Carer Associations and are incorporated under the Association Incorporation Act 2012 (Vic).

Carers Victoria recognises that all individuals and caring situations are unique. We work towards identifying and breaking down barriers to inclusion to ensure that all people with caring responsibilities of Aboriginal and Torres Strait Islander people/descent and people of diverse cultural and linguistic backgrounds, sexualities, gender identities and abilities are genuinely valued and supported.

We believe every individual should be respected and their experiences, emotions and beliefs valued.

Carers Victoria promotes diversity in all our organisation’s activities and believes a wide spectrum of individual and shared experience enriches both our work environment and the services we offer to the community.

Workbooks in this series:

- Introduction to the NDIS
- Home and Daily Living
- Choice and Control
- Social and Community Participation
- Work
- Lifelong Learning
- Health and Wellbeing
- Relationships
Planning for the Future

Once you have been told that the person you care for is able to participate in the NDIS, you can start the planning and assessment process. This will help to determine the informal, community and mainstream services and any reasonable and necessary supports the person with disability may need to achieve their goals.

The planning and assessment process is focused on the person with a disability. It is the start of a lifelong relationship between them and the NDIS. It uses goal-based planning to consider their strengths. It also aims to maximise their choices and independence.

This workbook will help you plan for the NDIS outcome domain ‘Health and Wellbeing’.

Follow the easy 5 Step Process shown below.

The 5 Step Process

1. Understand what the NDIS is currently saying
2. Look at existing arrangements
3. Ask questions and explore different options, what if things change?
4. Plan for change
5. Break down the steps to make it easier to navigate (including the resources to help you)

A dream written down becomes a goal

A goal broken down into steps becomes a plan

A plan backed with actions helps dreams to come true
Step 1: Understanding what the NDIS is saying in terms of health as of December 2015

Health and Wellbeing is important for people with a disability. Being able to access appropriate services and supports to manage their health and your health is vital.

The NDIS is responsible for:

6. The NDIS will be responsible for necessary and reasonable supports related to a person’s ongoing functional impairment and that enable the person to undertake activities of daily living, including maintenance supports delivered or supervised by clinically trained or qualified health practitioners where these are directly related to a functional impairment and integrally linked to the care and support a person requires to live in the community and participate in education and employment.

The NDIS will not be responsible for:

1. The diagnosis and clinical treatment of health conditions, including ongoing or chronic health conditions, or

2. Other activities that aim to improve the health status of Australians, including general practitioner services, medical specialist services, dental care, nursing, allied health services (including acute and post-acute services), preventive health, care in public and private hospitals and pharmaceuticals or other universal entitlements, or

3. Funding time-limited, goal-oriented services and therapies:

   • Where the predominant purpose is treatment directly related to the person’s health status, or

   • Provided after a recent medical or surgical event, with the aim of improving the person’s functional status, including rehabilitation or post-acute care, or

4. Palliative care
The NDIS is generally more appropriate to fund the following necessary and reasonable supports:

1. **Assistance to coordinate supports and assistance with daily personal activities** – assistance to engage with the health system such as decision making support and making appointments, (except where this is provided as part of a coordinated health care package), including a continuation of any support for complex communication needs or challenging behaviours while accessing health services, including hospitals.

2. **Prosthetic limbs, orthotics or splints** for ongoing functional performance (but not any medical or surgical procedures) – see separate Operational Guideline Planning and Assessment – Supports in the Plan - Prosthetic Limbs.

3. **Community re-integration** – which enables the participant to live in the community such as personal support and home modifications and delivery of routine, non-clinical care to enable activities of daily living.

4. **Training** of NDIS funded support staff on a participant’s individual needs by nurses or allied health professionals, including training for new service providers and retraining as the participant’s needs change (with service providers being responsible for training new staff).

5. **Assistance with transport** – specialist transport to and from medical appointments required as a result of the participant’s disability (where no other transport option is appropriate and not including emergency or in patient transport or substituting for parental responsibility).

Depending on their purpose the following supports can be more appropriately funded by either the NDIS or other parties:

1. **Assistance in managing life stages, transitions and supports**, can be funded by the NDIS or by the health/mental health system. In determining which system is more appropriate, the system that is delivering the majority of supports is usually more appropriate to assist in the coordination of these supports.
   - NDIS: assistance where the majority of the coordination and transition supports relate to supports funded by NDIS, or to non-clinical supports,
   - Other parties: assistance where the majority of the coordination and transition supports relate to supports funded by the health system.

2. **Therapeutic support**, including assistance by allied health professions such as speech and language pathology, physiotherapy, occupational therapy, audiology and therapy delivered by a therapy assistant under the supervision of the therapist:
   - NDIS:
     i. Maintenance care where the primary purpose is to provide ongoing support for a participant in order to maintain a level of functioning including long term therapy/support required to achieve small incremental gains or to prevent functional decline,
     ii. To improve functioning in an early intervention context
   - Other parties: where it is a time limited intervention to improve functioning following an acute event, medical treatment or accident (e.g. to improve functioning immediately following a stroke or acquired brain injury)
3. Care and supervision by clinically trained staff, including delegated care

- NDIS: where this is required because of the participant’s functional impairment and integrally connected to the participant’s support needs to live independently and to participate in education and employment (e.g. supervision of delegated care for ongoing high care needs, such as PEG feeding, catheter changes, skin integrity checks or tracheotomy tube changes) (see Decision Tree below)

- Other parties: where the primary purpose is to treat or manage a medical condition or recovery after medical treatment

4. Assistance with daily personal activities and participation in community activities

- NDIS: where the assistance is related to an ongoing functional impairment (however not in hospitals, except where a continuation of any assistance for communication and challenging behaviours),

- Other parties: where the participant’s need is temporary to recover from a medical condition or event through post-acute care

5. Aids and equipment

- NDIS: aids and equipment which are permanent and for the purpose of improving functioning and related to a participant’s self-care needs (including continence aids and catheters), except for medical or surgical procedures (e.g. the NDIS would not be responsible for providing continence aids and catheters for participants undergoing treatment within hospital settings),

- Other parties: aids and equipment which are for the permanent or temporary purpose of regulating or treating a medical or health condition or aids and equipment associated with medical or surgical procedures and post-acute recovery

Other parties are generally more appropriate to fund the following supports:

1. **Diagnosis and assessment of health conditions**, including ongoing or chronic health conditions (e.g. aged care, developmental delay)

2. **Clinical treatment and supports**, including:
   - Acute and emergency services, general practitioner, medical specialists, dental care,
   - Care as an admitted patient in public and private hospitals,
   - Medicines and pharmaceuticals including items listed and not listed on the Pharmaceuticals Benefits Scheme (PBS) and oxygen and Botox,
   - Services listed on the Medicare Benefits Schedule, and
   - eTemporary or interim prosthetics.

3. **Sub acute care services** delivered under the management of a clinician, including:
   - Palliative care where the primary clinical purpose or treatment goal is optimisation of the quality of life of a patient with an active and advanced life-limiting illness,
• Geriatric evaluation and management which aims to improve the functioning of a patient with multi-dimensional needs associated with medical conditions related to ageing.

• Psychogeriatric care where the goal is improvement in the functional status, behaviour and/or quality of life for an older patient with significant psychiatric or behavioural disturbance, caused by mental illness, an age-related organic brain impairment or a physical condition

4. Post-acute care including clinical supports that are delivered to a participant in their home following an acute episode (such as nursing care and medical supplies).

5. Assistance to increase functioning (rehabilitation) specialist allied health, rehabilitation and other therapies for people with recently acquired conditions such as newly acquired spinal cord injury or brain injury, until the participant has achieved the maximum level of achievable functioning and the remaining allied health support is for the purpose of maintenance

6. General hearing, vision and podiatry services where these are unrelated to the participant’s disability as determined in the NDIS access requirements and/or required by other Australians of a similar age without a disability (e.g. prescription glasses, orthotics to realign posture)

7. Preventive health designed to improve general health or prevent illness, injury and chronic disease through education, promotion and incentives, including addressing obesity, smoking and alcohol use.

8. Private health insurance fees

9. Medical costs normally met through disposable income such as gap fees with doctors or chemist costs or prescription medicines.

What types of early intervention supports will the Scheme fund for children?

The Scheme can fund supports that build a participant’s functional capacity, while other systems such as the health system have a responsibility to provide supports that treat health conditions, improve general health and wellbeing or are clinical in nature.

The Scheme will fund supports such as physiotherapy, audiology, occupational therapy, podiatry, speech and language pathology. The Scheme can also fund behaviour support such as creating a plan to reduce or prevent behaviours of concern.

Other systems will be responsible for supports that are not required as a result of the child’s disability, or which are clinical in nature. This includes medical services such as appointments with General Practitioners, surgery, care in hospital, Pharmaceuticals, surgically inserted devices.

Source: www.ndis.gov.au
What is Wellbeing?

Wellbeing is not just the absence of disease or illness. It is a complex combination of a person's physical, mental, emotional and social health factors. Wellbeing is strongly linked to happiness and life satisfaction. In short, wellbeing could be described as how you feel about yourself and your life.

Factors that influence wellbeing

Every aspect of your life influences your state of wellbeing. Researchers investigating happiness have found the following factors enhance a person's wellbeing:

• Fun hobbies and leisure pursuits
• Healthy self-esteem
• Optimistic outlook
• Realistic and achievable goals
• Sense of purpose and meaning
• A sense of belonging
• The ability to adapt to change
• Living in a fair and democratic society.

• Happy intimate relationship with a partner
• Network of close friends
• Enjoyable and fulfilling career
• Enough money
• Regular exercise
• Nutritional diet
• Sufficient sleep
• Spiritual or religious beliefs

How to achieve wellbeing

• Eat wholesome, nutritious foods.
• Do regular physical activity.
• Become involved in activities that interest you.
• Join local organisations or clubs that appeal to you.
• Set yourself achievable goals and work towards them.
• Develop and maintain strong relationships with family and friends.
• Make regular time available for social contact.
• Try to find work that you find enjoyable and rewarding, rather than just working for the best pay.
• Try to be optimistic and enjoy each day.

Step 2: Look at current health and wellbeing arrangements.

Write down the types of health services currently used by the person with a disability

Examples for people with a disability

• Doctors
• Optometrist
• Allied Health Services
• District Nurses
• Podiatrist
• Physiotherapists
• Speech Therapist
• Behavioural Support

Write down the type of service, how often it is used, and if transport or a support person is required to assist the person with a disability.

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>How often used?</th>
<th>Is transport required?</th>
<th>Is a support person required?</th>
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Are you, as their carer, happy with the current arrangements?

[ ] Yes  [ ] No  [ ] Sometimes  [ ] Don’t Know
Is the person with a disability happy with their arrangements?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
<th>Don’t Know</th>
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</thead>
</table>

What are the things, as the carer, you like most /like least?

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<th>Benefits</th>
<th>Disadvantages</th>
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Questions to consider

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<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
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<tr>
<td>Does the person have a health concession card?</td>
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<td>Does the person have private health insurance?</td>
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<td>Does the person require specialist services?</td>
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<td>Does the person have behaviours of concern?</td>
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</table>

Does the person currently face any barriers to maintaining health and wellbeing?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>

Write down the barriers to positive health and wellbeing faced by the person with a disability
What if anything, could make it more accessible or easier for the person with a disability?

What things contribute to the wellbeing of the person with a disability, i.e. what makes them happy?

Examples for people with a disability

- Eating healthy
- Meeting new friends
- Having a hobby or interest
- Having relationships

What supports do they need to achieve this?

Examples of supports for people with a disability

- Assistive technology
- Social groups
- Counselling
- Education and Training
- Socialising
- Having a job
- Studying
- Having fun

- Transport
- Friends
- Accessible facilities
- Work Experience
Step 3: Ask questions and explore different options, what if things change?

When we ask questions, it helps us to get a better understanding of what we want and need and also helps us to prioritise what we want.

Are the persons’ current arrangements sustainable?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Unsure</th>
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What could be changed?

Are there any skills that could help the person to improve their health and wellbeing?

Can the person access health services within the community?

<table>
<thead>
<tr>
<th>Yes without support</th>
<th>Yes with minimal Support</th>
<th>Yes with additional supports</th>
<th>Yes with significant support</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>

Does the person have a good support network?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Sometimes</th>
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</table>

If you could no longer support the person, is there a plan in place to support them with the things that you do?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>A bit of a plan</th>
</tr>
</thead>
</table>

Do other people know what the plan is?

<table>
<thead>
<tr>
<th>Yes, it’s written down</th>
<th>Yes, we have talked about it</th>
<th>Maybe</th>
<th>No, nothing is planned</th>
</tr>
</thead>
</table>
Who can help us to find out about Health and Wellbeing options available in our local community?

- Family or friends
- Centrelink
- Rural or Metro access workers
- Newspapers
- Expos or events
- NDIS Local area coordinators
- Working groups
- Community Health Services, Hospitals, Allied Health Services
- Neighbourhood houses, community centres
- Disability services providers
- Community Groups or Organisations
- Local Councils or Shires
- Local Doctors or Nursing services
- Facebook

Is there anyone else not listed above?

<table>
<thead>
<tr>
<th>Document who you can contact in your local community</th>
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<tbody>
<tr>
<td>Name of Contact</td>
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Step 4: Planning for change

Tips for planning for change

1. Get ready early – It is very important to start your transition planning as early as possible.

2. Get the big picture – Think about the person’s goals and interests and talk to them and their support people about the future.

3. Get connected – Make connections with people who can help with the transition such as other carers, disability support organisations and the local community.

4. Get to know your options – Research different areas and identify realistic options.

5. Get the skills – Identify the skills of the person with a disability that they currently possess and how they can develop others?

6. Get organised – It’s really important to be organised and manage time effectively.

7. Get support – Think about where the person can get support from and the types of additional support they may need.

8. Get involved – There are lots of ways to gain experience that will be really valuable in the future, look at mainstream supports as well as disability specific supports.

9. Get confident – Know their goals and help the person with a disability to achieve them.


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<tr>
<th>Dream</th>
<th>Goal</th>
<th>Plan</th>
<th>Action</th>
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</table>

- Decide. Think of something the person with a disability wants to do or work towards.
- Write it down.
- Tell the planner – telling someone we know about our goals also seems to increase the likelihood that we will stick at them.
- Break the goal down.
- Plan your first step.
- Keep going.
- Don’t forget to celebrate when you achieve your goal.
Step 5: Break it down into manageable steps

What is the dream?

What are the goals?

What is the plan?

<table>
<thead>
<tr>
<th>Details of plan</th>
<th>Who is responsible?</th>
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<td>4</td>
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<td>5</td>
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What are the actions?

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<tr>
<th>What needs to be done?</th>
<th>By Who?</th>
<th>When?</th>
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Resources to help you

Considering health and wellbeing options – questions we may need to explore

When deciding health and wellbeing options, it may be helpful to consider these issues:

Health

- What services are currently available?
- What is not available?
- Are the person's health needs being met?

Wellbeing

- What makes the person happy?
- What are their interests?
- What training or study could be undertaken?

Add your own questions....
## Carer Support Checklist

<table>
<thead>
<tr>
<th>Task</th>
<th>Done by Carers/Family or Housemates</th>
<th>Done by Person without support</th>
<th>Done by the person with Support</th>
<th>Done by Support Worker or professional</th>
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<td>Doctors</td>
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<td>Make appointments</td>
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<td>Attend appointments</td>
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<td>Pay for services</td>
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<td>Emergency’s</td>
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<td>Call/Ask for help</td>
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<td>Dial 000 or 112</td>
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<td>Use First Aid</td>
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<td>Specialists</td>
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<td>Make appointments</td>
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<td>Pay for services</td>
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<td>Attend appointments</td>
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<td>Chemist</td>
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<td>Access Chemist</td>
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<td>Pick up Medications</td>
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<td>Pay for services</td>
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<td>Medication</td>
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<td>Administer medication</td>
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<td>Get refill scripts</td>
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<tr>
<td>Remember to take medication</td>
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<td>Know what to do if wrong medication is taken</td>
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<td>Hospitals</td>
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<td>Make appointments</td>
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<td>Pay for services</td>
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<td>Task</td>
<td>Done by Carers/Family or Housemates</td>
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<td>Health and Nutrition</td>
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<td>Eats healthily</td>
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<td>Plans meals</td>
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<td>Exercises regularly</td>
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<td>Wellbeing</td>
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<td>Attends events</td>
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<td>Arranges community activities</td>
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<td>Makes friends</td>
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**Behaviour Assessment Form**

Discuss this in relation to the impact these behaviours may have on the persons health and wellbeing.

**Description of the Behaviours of Concern:**
Location: Where does the behaviour usually occur?

Frequency: How often does it occur?

Intensity: What impact does it have on the person, yourself or others?

Duration: How long does the behaviour usually last?

Describe Previous Interventions: What things have you tried?

Strategies: What strategies seem to work best to help the person?
What supports would assist you to manage these behaviours of concern?