

Vision Australia Submission

NDIS Plan Flexibility

Submitted to: National Disability Insurance Agency

Date: 23 February, 2021

Submission approved by: Karen Knight, General Manager Client Services

# Vision Australia Submission – NDIS Plan Flexibility

Prepared by Caitlin McMorrow, NDIS and Aged Care Funding Specialist Lead

## Introduction

Vision Australia welcomes the opportunity to provide this submission to the NDIA regarding upcoming changes to the NDIS planning process and increased flexibility of funding. We are broadly supportive of the changes outlined in the discussion paper on this topic, and believe they have the potential to provide greater clarity around appropriate use of funding as well as additional flexibility to cater to participant needs. Strong commitments to information access, transparency of process and collaboration between the NDIA and participants will all be crucial, however, in ensuring that the new planning model operates fairly and effectively.

## Recommendations

* Key information about how funding can be spent and any restrictions that may apply must be included within the plan itself, or discussed in conversations with the delegate. Participants will not necessarily have capacity to locate this information in the NDIS Act or operational guidelines, so alternatives to present it effectively must be considered.
* Greater clarity is needed for participants to understand what the NDIS considers as everyday living costs, versus disability related supports.
* A clear, step-by-step planning procedure should be both documented and explained to the participant, so that they are confident in their understanding of what will happen at each stage of the process.
* It is vital that participants should have access to a freely available plan preparation service that sits outside the NDIA.
* It is essential that participants are afforded adequate time prior to planning meetings to consider the draft budget and that this information is provided to them in their preferred format.
* If participants are to have confidence in the planning process and the basis on which funding decisions are made, the independent assessment process itself must be reviewable. There will be limited value in plan reviews for participants if the initial result that led to the determination of their quantum of funding is flawed, but cannot be rectified due to there being no facility for re-evaluation or appeal. If the capacity to review independent assessments does not exist within the current legislative framework, this should be considered as a priority in the reforms currently taking place.
* It would be helpful to structure planning resources around each point in the NDIS pathway, so that participants have point in time access to the information that is most relevant to them. For example, resources could be sectioned into those related to an independent assessment, preparing for a planning meeting and making the most of the plan budget once finalised.
* Plans must be flexible enough to accommodate the changing needs of children as they progress through different life stages, or as their disability needs change. Greater clarity around the parameters of NDIS funding, versus provision of services through the education system is also needed.
* limited release of funds may compromise choice and control for participants, particularly in situations where they may utilise services episodically. It is our preference that where a participant’s plan duration is greater than a year, it should be possible to rollover funding for the entire length of the plan, so that services can be effectively accessed on an as needs basis.
* It is important to maximise participant choice as to when and how funding is released. Annual, quarterly and monthly releases may all be potentially suitable choices, depending on the participant’s financial literacy and capacity to manage funding independently. A decision as to which method is most appropriate should be reached in collaboration with the participant and the planning delegate.
* Check-ins could potentially be triggered by plan utilisation levels, in circumstances where funding has been either overspent or underused. Both scenarios are likely to give a reasonable indication that the participant requires additional support. There should ideally be a number of options for frequency of plan check-ins, with participants deciding on the regularity of their occurrence in collaboration with their NDIS planner or local area coordinator.
* Results of independent assessments must be provided to participants in full in order that planners and participants can participate in the NDIS process on an equal footing. A higher level of clarity and detail around performance targets for planners and clarification about their role in the NDIS process, may also aid in building understanding between delegates and participants.

## Discussion Questions

### Question 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?

It will continue to be important for planners to have conversations with participants about plan usage and the various ways in which funding can be spent. Not all participants will readily absorb written material contained in the plan itself, and it is therefore crucial that a number of options are offered to present this information that cater to a variety of circumstances and learning needs. Any key restrictions on how funding can be spent should also be communicated within the plan itself, and not simply in the legislation, operational guidelines or factsheets on the NDIS website. While these are valuable resources, it is unreasonable to expect that all participants will have capacity to search through this volume of information to understand there funding, or indeed know where to look for it. The NDIS plan could also contain information or suggestions about how the different components of the participant’s personalised budget could be used to support in achieving their goals, to aid broadly in understanding about appropriate funding usage. Relatedly, there must be greater clarity around what the NDIA considers to be everyday living costs, versus disability specific supports. This is currently confusing for many participants and in the absence of consistent and reliable support from local area coordinators, it often falls to service providers to assist participants in interpreting how their plan funding can be used.

Vision Australia is broadly supportive of the simplification of funding categories proposed in the discussion paper. One challenge that both participants and service providers currently experience in relation to the Scheme is that funding categories are described differently across NDIS plans, the Price Guide and the participant and provider portals. Simplification of funding types notwithstanding, it would be helpful to ensure these are described consistently across all platforms. Common language labels for categories could also be used, in order to aid participant understanding of what funding is intended for and how it can be used. Terms such as capacity building, for example, are highly clinical, and are not necessarily frequently utilised or well understood across the disability community.

### Question 2: How can we support participants to prepare for a planning meeting? What might be needed to support participant decision-making?

A clear, step-by-step planning procedure should be both documented and explained to the participant, so that they are confident in their understanding of what will happen at each stage of the process. It is also vital that participants should have access to a freely available pre-planning service that sits outside the NDIA. Many Vision Australia clients have stated that they find it valuable to speak with third parties, such as LACs or other pre-planning services that are not necessarily connected with the NDIS but have experience of it and are skilled in guiding participants through the access and planning process.

It is our understanding that the Agency’s intention is to provide draft plans prior to the planning meeting, such that time with the planner can be better spent in explaining how the plan budget can best be used for the provision of appropriate supports. It is therefore essential that participants are afforded adequate time prior to consider the draft budget and gather any additional information they may want to present during the planning meeting. For some participants, this may include time to work through the draft plan with a trusted support person to aid their understanding of the information presented, or to collect additional information from specialist service providers. There must be a greater level of clarity around how independent assessments will impact the plan budget, and clear guidance must be given as to the changes that can realistically be made at the point of the planning meeting. It is also important that participant preferences around access to information are captured at the beginning of the planning process, so that draft plans can be presented to the participant in their preferred format. For people who are blind or have low vision, this must include, at a minimum, a choice between accessible electronic documents, large print, audio and Braille.

### Question 3: 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 this new planning model is introduced, it will be important to ensure that fixed supports are not provided in such a way that they have the effect, however unintended, of restricting choice and control for participants. Where outcome reports are relevant to funding reviews, Vision Australia would prefer to see funding for these included as fixed supports in the participant’s plan. This would avoid the need for participants to set aside a portion of their budget to allow for progress reports to be completed by service providers, and would therefore give greater certainty about the hours available to be spent on support provision. Fixed supports would also be appropriate for purchase of and training with a Seeing Eye Dog. This would ideally include a prescribed amount of annual follow-up with an instructor and participant, because this is always required to ensure the ongoing safety of the working team. We are of the view, however, that ongoing costs provided for upkeep of dog guides should remain flexible. Fixed supports for high cost assistive technology may also be appropriate, particularly in circumstances where upgrades or replacements are likely to be needed to ensure ongoing viability of the technology throughout the life of the plan. It may also be worthwhile to provide fixed supports for provider travel. This would be particularly valuable where the participant uses services such as occupational therapy and orientation and mobility, which must generally be provided in a natural setting such as the home or local community in order to be effective. It is noted that the NDIA is considering fixed travel costs for this reason as part of its review of the ECEI approach, but there are also many circumstances where services delivered in a natural setting may be essential or represent best practice for older children and adults who are vision impaired.

### Question 4: 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)

We are broadly supportive of regular meetings of the Independent Advisory Council, particularly if the learnings and changes implemented as a result of those gatherings are transparently reported. Vision Australia is of the firm view, however, that if participants are to have confidence in the planning process and the basis on which funding decisions are made, the independent assessment process itself must be reviewable. If independent assessments are to be considered the key metric that determines the personalised plan budget, there will be limited value in participants having access to a plan review if the initial result that led to the determination of their quantum of funding is flawed, but cannot be rectified due to there being no facility for re-evaluation or appeal. Even with standardised tools and consistency of process, independent assessors will not be above human errors of judgment when considering a participant’s circumstances, and although it is noted that the NDIA has committed to a rigorous monitoring process, it is not clear how this will translate to fair outcomes for participants where there is no right of review. If, as the Agency has argued in its consultation paper, the current legislative provisions make it impossible to review an independent assessment because it is not considered a delegate’s decision for the purposes of the Act, we respectfully submit that these provisions should be reconsidered as part of the current legislative reform.

Vision Australia would also be supportive of the release of comparative data by the Agency, so that participants can see how their plan budgets compare to those in similar age and disability cohorts.

### Question 5: what new tools and resources should we provide to support people using their plan and new plan flexibilities?

It would be helpful to structure planning resources around the NDIS pathway, so that participants have point in time access to the information that is most relevant to them. For example, resources could be sectioned into those related to an independent assessment, preparing for a planning meeting and making the most of the plan budget once finalised. This would assist in making resources more digestible for those who will struggle to absorb large amounts of information and could make the NDIS pathway considerably less confusing and overwhelming for participants overall. Planning resources should also be presented in clear and concise language, with practical examples so that participants are able to understand how their funding can be spent, as well as any restrictions that may apply. Clinical terms that are not in common usage across the disability community should be avoided wherever possible.

It is also suggested that the participant portal could provide more cogent information about budget availability. For example, a summary of remaining funding could be presented whenever participants submit a payment request. At present, participants report that they must work through several layers of links to find this information, and that it renders tracking and management of their funding more difficult.

### Question 6: What do we need to consider for children aged 7 and above in the new planning process?

There continues to be a high level of complexity and confusion in determining what is covered by NDIS, versus the State education systems. Children who are blind or have low vision will, for example, often benefit from the same assistive technology to aid with tasks both at school and at home and it is frequently unclear as to whether this can, or should, be provided by the education system or purchased with their NDIS funding. This causes a great deal of difficulty for families, as well as for service providers who will often work with the child in a number of different settings. Our greatest concern is that it may often lead to poorer outcomes for children who are constantly vacillating between two systems and potentially fail to receive the resources and supports they need from either. This new planning model affords an opportunity to provide greater clarity around the delineation between NDIS and education funding.

In general, plans need to be flexible enough to accommodate the changing needs of children, both in terms of their progress through different life stages, but also in light of potential changes in their vision condition. Even where there is a diagnosis in place, there are many eye conditions that are degenerative such that levels of vision might change substantially, even after the age of seven. Plans should be flexible enough to accommodate these changing circumstances, without forcing families through a review process by default, which can be both administratively and emotionally burdensome.

Plans should be adequately flexible to increase supports for participaints at key transition points. This may require the participant and their family to bank hours to ensure they have the appropriate funds to purchase the supports required.

Clearer information is also needed for parents and families around the expected level of care that must be provided by them, in addition to what NDIS funding will cover. There is currently a lack of clarity and consistency, for example, as to whether the NDIS will support development opportunities for parents, such as workshops that enable them to support their child with therapy or behaviour management at home. The current framework around recreational supports for children is also difficult for families to understand. Children may, for instance, require specialised supports such as one-on-one lessons for mainstream activities such as swimming, and it is often unclear as to how, or if, these can be funded.

Finally, greater clarification is needed for all parties to understand who has the authority to draw down on plan funding, particularly for children in complex family situations. Currently, this is often unclear, both for the families themselves but also the for providers whom they work with. Improved information and support in this area would help to avoid administrative errors and disruption to services.

### Question 7: What ideas do you have for how people can use their plan more innovatively?

Participants will not even consider innovative uses of their plan unless they have confidence and trust in the fairness of all aspects of the planning process, beginning with the independent assessment. Innovation will also be stifled if participants find the funding categories and rules opaque and inflexible, and if they believe that their choice and control is diminished or threatened by the ways in which the Scheme itself operates. Conversely, innovative use of plans requires confidence, trust, transparency, and a strong commitment to the collaborative and person-centred relationship between participants and planners. Implementation of recommendations such as the ones we have provided in this submission will, we believe, help embed these pre-conditions into the operation of the scheme. Other, complementary actions that could encourage innovation are sharing of information about how participants in similar circumstances and with similar disabilities are using their plans, and development of more effective communication channels where participants would be able to engage constructively with each other about their NDIS journey.

### Question 8: How best to handle the timing of the release of funds into plans and rollover of un-used funds?

It is noted that limited release of funds may compromise choice and control for participants, particularly in situations where they may utilise services episodically throughout the year, or throughout the life of the plan overall. Many people who are blind or have low vision will, for example, access therapy, orientation and mobility, or technology training services periodically to respond to changes in circumstance, such as starting school or employment, moving to a new area, obtaining a Seeing Eye Dog or commencing a new recreational activity or hobby. It is therefore our preference that where a participant’s plan duration is greater than a year, it should be possible to rollover funding for the entire length of the plan, so that services can be effectively accessed on an as needs basis. It is important to maximise participant choice as to when and how funding is released. Annual, quarterly and monthly releases may all be potentially suitable choices, depending on the participant’s financial literacy and capacity to manage funding independently. A decision as to which method is most appropriate should be reached in collaboration with the participant and the planning delegate. There are indications in the consultation paper that this might be solely the decision of the planner and we do not view this as being acceptable. Additionally, where participants need to access services that might require a higher than usual monthly or quarterly release of funding, the capacity to request this from the Agency must be straight-forward and timely. Participants must be provided with clear timeframe commitments from the NDIA as to how and when requests for changes to a release of funding will be considered and acted upon. It is our view that in most situations, these types of changes should not need to trigger a full plan review.

### Question 9: how should check-ins be undertaken? Under what circumstances is a check-in needed? Who should be involved in a check-in?

It seems reasonable that check-ins may be required more frequently for new NDIS participants, and less so for those who have participated in the Scheme for some time. The need for check-ins generally should also be re-evaluated as the new planning model matures, given that the requirement for them may decrease as participants become more familiar with updated systems and processes. Check-ins could potentially be triggered by plan utilisation levels, in circumstances where funding has been either overspent or underused. Both scenarios are likely to give a reasonable indication that the participant requires additional support.

The question as to who should be involved in check-ins is likely to vary depending on a number of factors including the participant’s capacity, the length of their participation in the Scheme and the complexity of their support needs. Participants must be given adequate time to prepare for a plan check-in, so that they can gather any information needed about progress of goals and ensure that any support people who need to participate in the process are available. The purpose of the check-in and its intended outcomes must be clearly explained to participants ahead of time. Under no circumstances should impromptu check-ins be conducted without prior notification to participants. Several participants have advised in the past that plan reviews have been conducted over the phone without their knowledge that this was the intended purpose of the call. Control measures must be put in place to ensure this does not occur.

### Question 10: How often should we check-in with participants in different circumstances?

There should ideally be a number of options for frequency of plan check-ins, with participants deciding on the regularity of their occurrence in collaboration with their NDIS planner or local area coordinator. Regularity of check-ins could also be triggered by the participant’s chosen form of funding management in some circumstances. Self-managed participants are likely to have a higher level of engagement in understanding how their funding is tracking and being spent. Plan managed and Agency managed participants, who have a lower level of direct involvement in the financial transactions associated with their plan, may require more extensive or frequent guidance in this area.

### Question 11: How can the NDIS ensure positive relationships between participants and planners?

Participants and planners must be able to participate equally throughout the NDIS process. It is particularly important that the planner does not have any information about the participant that the participant themselves does not have, because this will always lead to perceived disadvantage. It follows, therefore, that results of independent assessments must be provided to participants in full. It is not acceptable, for instance, for participants to receive only a summary of assessment results if their planning delegate has access to a full report. Participants must not be forced to engage in an information request process to access this data and should be provided with it by default as part of the planning process. This will assist both planners and participants to work from the same basis and will reduce any actual or perceived inequality. Transparency at this level should also help to build participant trust and confidence in the planning process, which is crucial to establishing positive relationships. A higher level of clarity and detail around performance targets for planners and clarification about their role in the NDIS process, may also aid in building understanding between delegates and participants. Ultimately, there must be a sense that planners and participants are working collaboratively to achieve the best practical outcome for the participant, and not the lowest possible financial outlay for the Agency. This may be supported in part by the reduced need in the new planning model to justify each individual support that is required, however, constructive relationships between planners and participants are unlikely to be realised unless this is also accompanied by transparent data and processes.

### Question 12: how can we best support participants to transition to this new planning model?

The provision of information in a variety of formats that cater to differing access requirements and learning needs will be key in ensuring that participants are effectively supported to access the new planning model. There must be resources available that inform clients at each point of the NDIS access and planning pathway, to ensure that they are comfortable with what will happen next at each stage of the process. As well as written information, other options for resource creation might include webinars, Q&A sessions run by planners or Agency staff, informational audio and video materials, participant workbooks and resources specifically targeted to families where the level input required from parents, educators and other support mechanisms is likely to be higher.

In addition, developing resources that compare the differences between the old and the new system will be critical. These need to be focused around what the participant needs to start, stop and keep doing.

## Conclusion

Vision Australia thanks the NDIA for its consideration of this paper. We would be happy to provide additional information about any of the matters discussed in this submission.

## About Vision Australia

Vision Australia is the largest national provider of services to people who are blind, deafblind, or have low vision. We are formed through the merger of several of Australia’s most respected and experienced blindness and low vision agencies, celebrating our 150th year of operation in 2017.

Our vision is that people who are blind, deafblind, or have low vision will increasingly be able to choose to participate fully in every facet of community life. To help realise this goal, we provide high-quality services to the community of people who are blind, have low vision, are deafblind or have a print disability, and their families.

Vision Australia service delivery areas include:

* Allied Health and Therapy services, and registered provider of specialist supports for the NDIS and My Aged Care
* Aids and Equipment, and Assistive/Adaptive Technology training and support
* Seeing Eye Dogs
* National Library Services
* Early childhood and education services, and Felix Library for 0-7 year olds
* Employment services, including National Disability Employment Services
* Accessible information, and Alternate Format Production
* Vision Australia Radio network, and national partnership with Radio for the Print Handicapped
* Spectacles Program for the NSW Government
* Advocacy and Engagement, working collaboratively with Government, business and the community to eliminate the barriers our clients face in making life choices and fully exercising rights as Australian citizens.

Vision Australia has gained unrivalled knowledge and experience through constant interaction with clients and their families. We provide services to more than 26,000 people each year, and also through the direct involvement of people who are blind or have low vision at all levels of the Organisation. Vision Australia is therefore well placed to provide advice to governments, business and the community on the challenges faced by people who are blind or have low vision fully participating in community life.

We have a vibrant Client Reference Group, with people who are blind or have low vision representing the voice and needs of clients of the Organisation to the Board and Management. Vision Australia is also a significant employer of people who are blind or have low vision, with 15% of total staff having vision impairment.

We also operate Memorandums of Understanding with Australian Hearing, and the Aboriginal & Torres Strait Islander Community Health Service.