



Inquiry into NDIS Planning

**Submission to the Joint Standing Committee on
the National Disability Insurance Scheme**

September 2019

About the Office of the Public Guardian

The Office of the Public Guardian (OPG) is an independent statutory office which promotes and protects the rights and interests of children and young people in out-of-home care or staying at a visitable site, and adults with impaired decision-making capacity. The purpose of the OPG is to advocate for the human rights of our clients.

The OPG provides individual advocacy to children and young people through the following two functions:

- the child community visiting and advocacy function, which monitors and advocates for the rights of children and young people in the child protection system including out-of-home care (foster and kinship care), or at a visitable site (residential facilities, youth detention centres, authorised mental health services, and disability funded facilities), and
- the child legal advocacy function, which offers person-centred and legal advocacy for children and young people in the child protection system, and elevates the voice and participation of children and young people in decisions that affect them.

The OPG provides an entirely independent voice for children and young people to raise concerns and express their views and wishes. The OPG's child community visiting and advocacy function independently monitors and advocates for children and young people staying at visitable locations and facilitates the identification, escalation and resolution of issues by and on behalf of children and young people. The OPG's child legal advocacy function elevates the voice and participation of children and young people in the child protection system in decisions that affect them. When performing these functions, the OPG is required to seek and take into account the views and wishes of the child to the greatest practicable extent.

The OPG also promotes and protects the rights and interests of adults with impaired decision-making capacity for a matter through its guardianship, investigations and adult community visiting and advocacy functions:

- The guardianship function undertakes both supported and substituted decision-making in relation to legal, personal and health care matters, supporting adults to participate in decisions about their life and acknowledging their right to live as a valued member of society.
- The investigations function investigates complaints and allegations that an adult with impaired decision-making capacity is being neglected, exploited or abused or has inappropriate or inadequate decision-making arrangements in place.
- The adult community visiting and advocacy function independently monitors visitable sites (authorised mental health services, community care units, government forensic facilities, disability services and locations where people are receiving NDIS supports, and level 3 accredited residential services), to inquire into the appropriateness of the site and facilitate the identification, escalation and resolution of complaints by or on behalf of adults with impaired decision-making capacity staying at those sites.

When providing services and performing functions in relation to people with impaired decision-making capacity, the OPG will support the person to participate and make decisions where possible, and consult with the person and take into account their views and wishes to the greatest practicable extent.

The *Public Guardian Act 2014* and *Guardianship and Administration Act 2000* provide for the OPG's legislative functions, obligations and powers. The *Powers of Attorney Act 1998* regulates the authority for adults to appoint substitute decision makers under an advance health directive or an enduring power of attorney.

Submission to the inquiry

Position of the Public Guardian

The Office of the Public Guardian (OPG) welcomes the opportunity to provide a submission to the Joint Standing Committee on the National Disability Insurance Scheme (the Committee) inquiry into NDIS Planning (the inquiry). The views contained in this submission are that of the OPG and do not purport to represent the views of the Queensland Government.

This submission addresses the inquiry's terms of reference where they relate to the experiences of the OPG and our clients, and raises additional issues for the Committee's consideration which the OPG considers significant to the inquiry.

The OPG would be pleased to lend any additional support as the inquiry progresses. Should clarification be required regarding any of the issues raised, the OPG would be happy to make representatives available for further discussions.

Overview and recommendations

The OPG strongly commends the inquiry and supports proposals that will bring improvements to National Disability Insurance Scheme (NDIS). Below is a summary of the recommendations the Public Guardian sees as critical to the ongoing progression and success of the NDIS in Queensland, if it is to truly ensure 'choice and control' and that it does not, unintentionally, infringe the human rights of its participants.

The NDIS represents one of the most significant disability support reforms in recent Australian history, and provides a unique opportunity to advance the lives of people with disability. The OPG commends the Committee for inquiring into NDIS Planning, which is of critical importance for the OPG's clients. The OPG is committed to the NDIS achieving its maximum potential in Queensland, so that our clients can access the full benefits of the scheme and exercise choice and control in their disability supports. This can only be achieved through strong, consistent planning with a long-term focus on the client's goals and needs.

The Public Guardian recommends:

1. The position description for National Disability Insurance Agency (NDIA) planners should provide that the following attributes are mandatory (wholly or in part) rather than optional, particularly for senior and specialist planners: an understanding of or lived experience in disability; experience in human services, allied health or disability; and relevant qualifications in human services, allied health or disability.
2. The NDIA should ensure that development of plans is facilitated by NDIA planners rather than Local Area Coordinators for clients with complex needs and life circumstances.
3. The NDIA should promote direct contact between planners and participants as standard practice to support the development of collaborative, tailored and effective plans.

4. The NDIA should ensure that the most appropriate type of planning meeting (in person or by telephone) is available to all participants, to maximise the effectiveness of the meeting and the outcomes for participants in their plans.
5. The NDIA should accommodate the needs of all parties to a planning meeting, including through utilising assistive technology such as video conferencing and allocating the most suitable planner for the client's circumstances.
6. The NDIA should ensure that the development of plans for clients with complex supports needs are facilitated by NDIA planners with experience, expertise and/or qualifications in fields relevant to both the client's life circumstances and any applicable mainstream interfaces.
7. Consideration should be given to lifting the NDIA staff cap to improve the NDIA's ability to respond to market needs and employ sufficient planners commensurate to the demand for development and review of plans at any given time.
8. The Commonwealth Government should allocate long-term funding to the National Disability Advocacy Program Decision Support Pilot and consider expanding its scope to include funding for decision-making support in plan reviews.
9. Participants should have the right to review their draft plan and provide feedback on its accuracy prior to finalisation, which will contribute to better plan outcomes, reduce the need for formal plan reviews, and support the development of longer-term plans.
10. NDIA planners should consider whether participants have appropriate support throughout the planning process, and refer them to appropriate support avenues if required, including an advocate, service provider, plan nominee and/or formal decision maker.
11. The NDIA should ensure that unused funding is not removed from plans in circumstances where the underspend is due to a lack of service providers; this funding should be retained so that participants are able to immediately access services when an appropriate provider becomes available without having to undergo a formal plan review.
12. The NDIA should allow for both longer plans and the rollover of plans when a participant's situation is stable, supports are meeting the person's reasonable and necessary needs with no requirement for additional funding, and circumstances are not likely to change.
13. The NDIA should consider incorporating a discussion about the National Redress Scheme into planning meetings, including a referral to appropriate services which provide advice and supports to access the National Redress Scheme.

A. The experience, expertise and qualifications of planners

The OPG has observed that the experience, expertise and qualifications of planners is varied and sometimes not known unless advised by the individual planner. In the OPG's experience, specialist planners do advise of their qualifications, and sometimes planners are internally considered by the NDIA to be content experts, for example in mental health or a specific type of disability. Planners have a range of experiences and levels of expertise which is evident in the way they are either able to understand, or lack understanding of the needs of participants and the ability to engage appropriately with participants. Some planners also lack understanding about the role of formal

guardianship in relation to the client, particularly public guardianship where the OPG is a statutory office through which any delegate of the Public Guardian can act on behalf of the client.

The experience, expertise and qualifications of planners may vary by region; in the Cairns region the OPG has observed that many of the planners were new to the disability sector, while in the Ipswich region there has been an improvement in the understanding of complex needs and the role of the Public Guardian in the period since the rollout of the NDIS in 2017. In the Townsville region, stakeholders have expressed to OPG's Community Visiting and Advocacy (CVA) unit ongoing concerns about the quality of planning, in the period since the commencement of the NDIS in 2016 in that region.

Under the current position description for NDIA planners it is stated that it is 'highly desirable that applicants have an understanding of or lived experience in disability; experience in human services, allied health, disability will be highly regarded; and relevant qualifications in human services, allied health, disability is desirable.' The OPG considers that these attributes are vital to ensuring quality in planners' deliberations and decision making, particularly in relation to addressing complex needs. It would therefore be preferable that these attributes were mandatory, wholly or in part, rather than optional, especially for senior and specialist planners. The OPG acknowledges that the pool of planners with relevant experience, expertise and qualifications may be limited in the early stages of full scheme NDIS, but is hopeful it will continue to increase as the scheme matures.

In the OPG's experience, clients generally experience better outcomes when the development of their plan is facilitated by a planner at the National Disability Insurance Agency (NDIA) rather than a Local Area Coordinator (LAC), particularly if the client has complex needs and life circumstances. The NDIA itself is aware that specialist support is required in this area, and to this end is progressively rolling out a Complex Support Needs Pathway which will include dedicated NDIA Complex Support Needs planning teams and a network of specialised planners with strong experience in high level coordination and/or allied health experience. However, in the meantime LACs continue to undertake planning for clients with complex needs who require specialised support in disability or other mainstream interface areas. For example, a LAC attempted to lead a planning meeting at a mental health ward for an OPG guardianship client who had been staying there for some months with significant behaviours. The mental health team at the ward refused to allow the LAC to proceed and insisted that the planning meeting be conducted by an NDIA planner, which resulted in a further delay for the client in being able to access the NDIS and transition from the mental health ward. The relative inexperience of LACs has also been observed in their approach to information sharing, with some LACs being unwilling to share plans with independent advocates even after consent provided by the client's decision maker. The NDIA should therefore ensure that development of plans is facilitated by NDIA planners rather than LACs for clients with complex needs and life circumstances.

There are also inconsistencies in whether, and the extent to which, direct contact with planners is facilitated. Some planners may encourage direct contact with participants and their representatives, including by sharing their direct work phone numbers, while others work predominantly offline with little direct contact. In the OPG's experience, direct contact with planners is a key element of the planning process which supports the development of collaborative, tailored and effective plans. The NDIA should promote direct contact between planners and participants as standard practice to ensure consistency and effective collaboration.

The OPG has experienced some issues in the conduct of planning meetings which may relate to the experience, expertise and qualifications of planners. Some planners conduct planning meetings too quickly on the assumption that the participant's needs are stable and no changes are required to the participant's plan. In other cases, the planners may not have documentation that has been submitted by stakeholders for the participant at the planning meeting, which increases the risk that the plan is not properly informed and may be deficient in the supports provided to the participant.

The OPG has also experienced inconsistency and inflexibility in the type of planning meeting (such as face-to-face or by telephone) that is offered to the client and their representatives. Planning meetings conducted in person have regularly proven to provide far better outcomes for clients than planning meetings conducted over the phone. In some circumstances, LACs and NDIA planners are willing to hold meetings at the client's home or another place where the client is staying if they are unable to attend an office. However, the OPG has observed that some LACs and NDIA planners refuse to conduct in-home planning sessions, which can result in clients being unable to participate in the development of their own plan if they have no other support or cannot participate in the planning meeting by telephone. The OPG is aware that NDIA staff have encouraged service providers to escalate these issues through the NDIA feedback and complaints process. The NDIA should ensure that the most appropriate type of planning meeting is available to all participants, to maximise the effectiveness of the meeting and the outcomes for the participants in their plans.

B. The ability of planners to understand and address complex needs

Estimates from the NDIA indicate that at full scheme, 10 to 15 per cent of participants may require complex supports. Planners need the ability to understand and address these complex needs, and to draw on expertise from across the NDIA to develop better plans for people with complex needs. As noted above at 'A. The experience, expertise and qualifications of planners', the NDIA has developed a new Complex Support Needs Pathway which will include dedicated NDIA Complex Support Needs planning teams. The OPG is hopeful this initiative should increase the number and capability of planners who are able to understand and address complex needs in time as implementation of the pathway progresses. While this is a good start, such teams need to be quickly established and in particular must be accessible to participants living in regional, rural and remote locations.

The OPG has observed that the ability of planners to understand and address complex needs varies depending on the experience of the planner. Some planners are flexible and creative in developing plans to meet the client's support needs, while others may be more rigid and adhere to set parameters rather than focusing on outcomes for the client. If the planner is more familiar with the client's diagnosis, they appear to be more willing to make the plan work for the client; conversely, trauma and other impacts may not be taken into account if the planner lacks understanding about the complexity of the client's support needs and life circumstances. In some cases, it appears the planner may already have a preconceived idea of what will be funded prior to the planning meeting. For example, the OPG has observed that some planners who have previous knowledge of clients through former state disability services appear to have predetermined the client's needs and funding levels before the meeting.

The complexity of the client's support needs and life circumstances may be exacerbated by intersecting with mainstream interfaces. The OPG has observed that planning is particularly challenging when the planner is required to interact with the justice system, mental health system or

child protection system to facilitate the client's transition to the NDIS. For those in custody or detained in authorised mental health services, effective planning during the period of being detained is vital to ensure the client's successful transition to community. Critical mainstream interface issues include funding for clients in custody, which the OPG has anecdotally heard is ceased when people enter custody, and can affect applications for bail if the client cannot readily access support; limited mechanisms to seek further supports for clients in mental health settings, which leads to longer periods of detention than may be necessary; and a disconnect between the expectations of courts and tribunals requiring 24/7 support for a client to manage forensic risk and the actual supports that the NDIS is able to provide.

Other issues relating specifically to the interface between the NDIS and the mental health system include insufficient resourcing to support collaboration across multiple systems and to coordinate individual planning processes for people with complex support needs, resulting in poor discharge planning and extended stays in hospital. NDIA timeframes for access, plan reviews and planning do not align with rapid health responses to meet changing needs for the target group, causing delays in hospital discharge processes. Finally, some NDIA planners (and support coordinators) lack necessary clinical expertise, leading to a failure to incorporate key support recommendations in plans.

The OPG has also observed specific issues which relate to the interface between the NDIS and the child protection system. Effective assessments and interventions for children and young people in care with impairments and disabilities remain challenging. Often placement stability and advocacy by carers (kinship, foster or residential) will impact on how effectively the identified issues are responded to in planning processes. For young people with crossover issues in youth justice there are issues about effective therapeutic and social supports for those with developmental and neurological disabilities which directly link to behaviours that place them at risk of criminalisation.

A planner with experience and understanding of these mainstream interface areas is more readily able to navigate these issues and facilitate the client's transition to community through their plan. It is critical that the development of plans for clients with complex support needs is facilitated by an NDIA planner with experience, expertise and/or qualifications in fields relevant to both the client's circumstances and any relevant mainstream interface areas.

C. The ongoing training and professional development of planners

The OPG is not aware of any particular issues in this area.

D. The overall number of planners relative to the demand for plans

In the OPG's experience, there has been a significant improvement in the number of planners relative to the demand for plans since the commencement of the NDIS. However, the demand for plans continues to exceed the number of planners, resulting in delays to plans. This issue is further compounded by the increasing demand for plan reviews (both planned and unplanned), which impedes the ability of planners to develop plans and undertake plan reviews in an efficient and timely manner. The OPG has observed that plan dates are being changed to manage plans, particularly for younger people in residential aged care and clients on the Complex Support Needs Pathway, as there are few planners with the experience, expertise or qualifications to undertake this work. These issues appear to indicate an understaffing of planners which may be impacted by the

NDIA's staff cap. The OPG is aware that an increase of the NDIA's staff cap is being progressively rolled out over the next two years. However, lifting the staff cap entirely may improve the NDIA's ability to respond to market needs and employ sufficient planners commensurate to the demand for development and review of plans at any given time.

E. Participant involvement in planning processes and the efficacy of introducing draft plans

Direct participant involvement in planning is fundamental to the integrity of the process and the core NDIS tenets of choice and control. A strong planning process should ensure that participants lead the development of their plans without exception, and their nominee, support person or decision maker is able to contribute in an advocacy or representative role if applicable. However, the system remains more accessible for people with physical rather than intellectual disabilities, and good planning outcomes continue to be more common for people with high-functioning capabilities. The planning process can be quite complex and participants with impaired capacity may experience challenges navigating the scheme without advocacy or decision-making support. Participants in this situation may be unaware of the supports that are available, and often require an advocate or representative who understands their specific situation to support the participant to access the system. This may include assisting the participant with their access application, preparing for the planning meeting, and advocating for appropriate supports to be included in the participant's plan.

The OPG notes the Department of Social Services *National Disability Advocacy Program Decision Support Pilot*, which enables advocacy organisations in each state and territory to provide decision-making support for people seeking to engage with the NDIS, is currently funded to 30 June 2020. The need for advocacy and decision-making support services is an ongoing demand for people with some level of impaired decision-making capacity, which will also be impacted by increasing numbers of plan reviews. The Commonwealth Government should allocate long-term funding to the pilot and consider expanding its scope to include plan reviews as the scheme matures.

The OPG has observed that participant involvement in planning processes can vary by region. In the Cairns region there has been a recent emphasis on the participant's attendance at their planning meeting, and there have been instances where planning meetings did not proceed without the client, which is a welcome development where previously meetings were sometimes conducted without either the participant or guardian present. In the Townsville region the OPG has observed ongoing challenges in relation to the location of planning meetings, which are held at the NDIA office to accommodate planners; limitations on the number of people who can attend the meeting with the participant; and at times the appropriateness of cultural considerations at the meeting.

In the OPG's experience, draft plans may be provided on occasion, but most clients do not receive plans before they are finalised. This is a lost opportunity for the participant to review the plan to ensure it reflects their goals and needs, and to correct any errors or misrepresentations before the plan is approved by the NDIA. A plan is a deeply personal document which includes detailed information about the participant's life, goals, capabilities and disabilities. Participants should have the right to review their plan before it is finalised, in line with the NDIS philosophy of choice and control. The lack of participant review at the drafting stage increases the risk of deficient plans, which lead to formal plan reviews that further burden the system and cause more delays in the

planning process. Introducing the draft plan as an official step in the planning process will contribute to better plan outcomes, reduce the need for formal plan reviews, and support the development of longer-term plans.

F. The incidence, severity and impact of plan gaps

The OPG has observed two types of plan gaps experienced by clients. The first is a gap in the plan itself, where key supports have not been included in the plan when it was first developed due to poor planning or changed circumstances, and must be addressed through a formal plan review. In the OPG's experience, plan rework is often required due to gaps in plans not meeting the needs of clients, and short plans have been common due to the frequency of plan reviews. A lack of appropriate advocacy and decision-making support for participants with impaired capacity during the planning process can also significantly increase the risk of plan gaps. Some planners are more adept than others at developing comprehensive and cohesive plans which ensure there will be no gaps in supports for clients during the life of the plan. Providing draft plans to participants for review, discussed above at 'E. Participant involvement in planning processes and the efficacy of introducing draft plans', may also help to identify gaps before the plan is finalised. Ensuring participants have appropriate support throughout the planning process, including an advocate, service provider, plan nominee and/or formal decision maker if required, can also assist in promoting a collaborative approach to planning which reduces the possibility of plan gaps.

The second type of plan gap occurs between plans, where one plan ends and there are delays in the plan review process, which requires a different approach to ensure continuity of service to the client. The OPG notes that from early August 2019, the NDIA is making changes to the NDIS myplace portal to improve the review process where there may be a gap between new and old plans. The aim is to ensure that participants will be able to receive services regardless of a delay in the scheduled plan review process. It also means providers will continue to be able to claim for services while the participant prepares for a plan review. This is welcome initiative for both participants and providers.

G. The reassessment process, including the incidence and impact of funding changes

The OPG understands that the reassessment process refers specifically to the reassessment of early intervention supports. The OPG is not aware of any particular issues in this area.

H. The review process and means to streamline it

In the OPG's experience, the introduction of the Complex Support Needs Pathway team has been a very positive development which has resulted in successful plans and a great improvement in the review process.

Some participants have had plans reviewed by the NDIA which have resulted in funding reductions. In some instances, the funding has been reduced because the plan under review was unable to be fully implemented due to a lack of service providers, leading the NDIA to conclude those services were not required. In the OPG's experience, the participant continues to need the services funded under the original plan, but due to the current thin market of service providers in certain regions and particular specialist services, the funds were unable to be used and are at risk of being removed from

the plan under review. The NDIS is still in the early stages of full scheme, and it will take time for the service provider market to grow to meet the demand for services and the needs of participants. The NDIA should continue to make these funds available to participants in their plans, so that participants are able to immediately access services when an appropriate provider becomes available without having to undergo a formal plan review.

The OPG has observed that the Change of Circumstances review process is quite onerous and protracted with extensive delays leaving clients at serious risk of losing services and other negative outcomes. For example, a client required a Change of Circumstances review because she had given birth to a child and her support needs had drastically changed as a result of her new family circumstances. However, the wait time for the review of her plan was five months, despite the OPG escalating the issue and contacting the NDIA repeatedly. The review process could be streamlined by increasing the number of NDIA staff who undertake reviews, and lifting the staff cap to ensure there are sufficient planners available to respond to the demand for plan reviews, as explored above at 'D. The overall number of planners relative to the demand for plans'.

I. The incidence of appeals to the AAT and possible measures to reduce the number

The OPG is aware that the incidence of appeals to the Administrative Appeals Tribunal (AAT) has grown considerably since the commencement of the NDIS, and that in a significant and growing proportion of applications the AAT has changed the decision under review, with the majority being resolved during pre-hearing processes. The OPG understands that the applications which have progressed to a hearing and decision generally have resulted in positive outcomes for participants with a few exceptions. While early resolution of disputes is always welcome for the individual, without a formal AAT decision the outcome may be limited to that particular matter, rather than creating a precedent which can be relied upon by others in similar situations. It is important that this external appeals process is supported, as it assists the NDIA to refine its systems and processes, and ensures accountability and consistency in its decision making. The OPG considers that the number of appeals to the AAT may continue to rise relative to the growing number of people in the NDIS, but may stabilise as the NDIS continues to evolve and improve through learnings from the appeals process and AAT decisions.

J. The circumstances in which plans could be automatically rolled-over

The OPG considers that plans should automatically roll over when a participant's situation is stable, supports are meeting the person's reasonable and necessary needs with no requirement for additional funding, and circumstances are not likely to change. Rolling such plans over would ease the burden of the NDIA's plan review caseload so that it can more effectively respond to unscheduled reviews or those in which the participant's situation has changed, thus streamlining the review process.

K. The circumstances in which longer plans could be introduced

As above in relation to the rolling over of plans, the OPG is supportive of longer plans in cases where a participant's situation is stable, supports are meeting the person's reasonable and necessary needs with no requirement for additional funding, and circumstances are not likely to change. This may include clients staying in Queensland's state-managed Accommodation Support and Respite Services (AS&RS) or stable Supported Independent Living (SIL) arrangements. Longer plans may also benefit parents with impairments who have identified goals of parenting skills and reunifying and/or contact with their children, who may have or are at risk of being removed from their care. Longer plans should increase the stability of a participant's situation and are able to be reviewed at any time if needed. Longer plans will also reduce the administrative burden on the NDIA with respect to the frequency of regular plan reviews, and allow the NDIA to prioritise unscheduled and Change of Circumstances reviews where the participant may urgently require additional or different supports.

In the OPG's experience, plans of up to two years generally achieve an effective balance between stabilising the participant's supports and reviewing the progress of the plan's implementation. The two-year timeframe ensures that plans are actioned promptly, while longer plans may decrease motivation to implement all elements of a plan in a timely manner for the participant. The OPG has observed some planners may be moving towards two-year plans as the norm with additional evidence requirements to justify shorter plans as the exception, although there does not appear to be consistent practice in this regard at present.

L. The adequacy of the planning process for rural and regional participants

The OPG has experienced positive outcomes in the planning process for rural, regional and remote participants, including flexibility in the scheduling of planning meetings to coincide with OPG visits so that the delegate guardian can attend the meeting with the client in person. However, other rural and remote participants may be disadvantaged in the planning process due to a lack of NDIA staff in some locations, including planners, LACs and ECEI services.

While the adequacy of the planning process for rural, regional and remote participants may vary, the biggest challenge is the limited ability to implement plans due to the lack of services available in these locations. Any plans produced must take into account the severe shortage of service provider options in rural and remote areas. For example, plans might include a necessary therapy component but qualified therapists are only available in major regional centres. The use of Allied Health Assistants in rural and remote locations who have both a knowledge of the local community and are certificate qualified can assist in the provision of NDIS services under the guidance of a fully qualified practitioner who is located in a major town or city.

Case example

Jane* is a young person in care living in Middlemount, where there is a shortage of approved NDIS service providers both within the town and as visiting outreach services. Jane's NDIS plan was approved in May 2018, but services had not commenced by November that year. An NDIS Practice Officer assisted Jane's Community Visitor to raise the issue with Child Safety, covering what level of engagement they were having with the support coordinator, how satisfied they were with the support coordinator's attempts to locate services, whether planning had included supporting travel to service providers in larger centres, whether they were maintaining appropriate evidence to prevent the supports being reduced at the next plan review, seeking a copy of the transition from care case plan to ensure Jane's goals were reflected, and enquiring whether consideration had been given to whether Jane might need a decision maker after she turned 18.

**Name has been changed*

M. Any other related matters

The Australian Government has established a National Redress Scheme to provide support to people who have experienced institutional child sexual abuse, including access to counselling and psychological services, a direct personal response, and a monetary payment. A significant proportion of Redress Scheme applicants identify as having a disability. While the Redress Scheme is an entirely separate initiative to the NDIS, the planning process may an ideal opportunity to provide clients with information on the Redress Scheme. This could include a referral to appropriate services which provide advice and supports to access the Redress Scheme.