Australian Government

Australian Government response to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) report:

Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition

MARCH 2018

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Australian Government response to the Joint Standing Committee (JSC) on the National Disability Insurance Scheme (NDIS) *Inquiry into the provision of services under the NDIS for people with a psychosocial disability related to a mental health condition.*

Recommendations and Government responses

Eligibility

Recommendation 1

The Committee recommends that the NDIS Act is reviewed to assess [A] the permanency provisions in Section 24 (1) (b) and [B] the appropriateness of the reference to 'psychiatric condition' in Section 24 (1) (a).

[A] Response

Not supported

The Productivity Commission Review of Scheme Costs position paper noted the *NDIS Rules and operational guidelines* accept that a permanent condition may be episodic in nature, requiring different amounts of support at different times.

An impairment is considered permanent if there is no known, available, and appropriate evidence based treatment that will remedy it. An impairment for which the impact on personal psychosocial functioning fluctuates in intensity (episodic) may be considered permanent despite the variation.

For people experiencing severe or persistent mental health issues, the impact in some cases will be short-term, while for others it may become a long-term experience, despite access to mental health treatment. In this context the permanency provisions in Section 24, remain appropriate, ensuring that only individuals with permanent psychosocial impairment enter the Scheme.

The Australian Government is comfortable with the permanency criteria under the *National Disability Insurance Scheme Act (2013)* applying to people with psychosocial disability. Permanency is not incompatible with the goal of recovery. The investment approach of the National Disability Insurance Scheme (NDIS) and the recovery framework of mental health services are both about building capacity and the ability to recover.

Relaxing the definition of permanency under the eligibility criteria, including for psychosocial disability, would be a significant change to the Scheme, and would have major implications for its sustainability and scope, recognising that the objective of recovery and episodic impairment is not inconsistent with the NDIS' current approach.

[B] Response

Support in principle

The Government accepts that it may be appropriate to update reference to *psychiatric condition* in Section 24(1) (a), and will undertake consultations that will inform future amendments to the NDIS Act (2013).

Recommendation 2

The Committee recommends that a review of the NDIS (Becoming a Participant) Rules 2016 should be considered to assess the appropriateness and effectiveness of:

- Including the principle of recovery-oriented practice for psychosocial disability, and
- Clarifying that Rule 5.4 which dictates that a condition is, or is likely to be permanent does not apply to psychosocial disability, to reflect that people with mental conditions will receive ongoing treatments to aid recovery.

Response

Not supported

As noted in response to Recommendation 1, the Government views the permanency provisions in the NDIS legislation as consistent with the concept of recovery for people with psychosocial disability.

However, the Government acknowledges greater clarity is needed to assist broader understanding of how the NDIS aligns to the principle of recovery-oriented practice for people living with psychosocial disability.

To clarify, recovery may have several different meanings in different contexts. The National Disability Insurance Agency (NDIA) defines recovery as achieving an optimal state of personal, social and emotional wellbeing, as defined by each individual, whilst living with or recovering from a mental health condition. This is consistent with the concept of personal recovery that is about living a satisfying, hopeful, and contributing life within the limitations caused by the illness.

By contrast, clinical recovery generally refers to the treatment of impairments and elimination or amelioration of symptoms of mental illness. Ongoing treatments to aid recovery is the responsibility of the mainstream mental health system, which is set out under the Council of Australian Governments (COAG) *Principles to Determine the Responsibilities of the NDIS and Other Service Systems*.

Guidance on how to apply the legislation in the context of a recovery-based approach is appropriately contained within the operational guidelines and practice guidance. Rather than changing the rules, it is the NDIA's role to train NDIA staff to understand the episodic nature of mental health issues which underlie psychosocial disability, and the concept of personal recovery as applied to the NDIS.

Furthermore, the Government does not accept that Rule 5.4, which dictates that a condition is, or is likely to be permanent, should not apply to psychosocial disability.

Ongoing treatment is not considered to be inconsistent with permanency. Rule 5.4 should be read in conjunction with Rule 5.6, which states that ongoing treatment may continue after permanency (of an impairment) has been established.

Recommendation 3

The Committee recommends that the Australian Government ensures young people with mental ill-health who are not participants of the Scheme, have access to adequate early intervention services.

Response

Support

The Government is committed to maintaining a strong focus on prevention and early intervention efforts to reduce the prevalence and impact of mental health conditions in younger people. Prevention and early intervention for young people at risk of mental ill-health is a shared responsibility between all Australian governments.

The COAG applied principles in relation to mental health provide that *Early Intervention designed to impact on the progression of a mental illness or psychiatric condition is usually the responsibility of other service systems and not the NDIS.*

The Department of Social Services (DSS) funds the Family Mental Health Support Services (FMHSS) to provide early intervention support services for children and young people up to the age of 18, who are showing early signs of mental illness, or at risk of developing mental illness. The services are delivered to children and young people with the support of their family or carers. There are 52 providers delivering FMHSS in 100 sites across Australia.

The Department of Health (Health) funds Primary Health Networks to deliver the headspace and Early Psychosis Youth Services (EPYS) programs, which target young people aged 12 to 25 years. As at October 2017, there are 100 headspace sites able to provide early intervention support to young people with, or at risk of, mild to moderate mental illness. There are also six EPYS sites which are funded to 30 June 2019, to provide integrated early intervention treatment and intensive support services for young people with, or at risk of, early psychosis.

The Productivity Commission specifically considered early intervention and psychosocial disability and stated that the early intervention aspects of the NDIS should not include psychosocial disability. Further, the Productivity Commission modelling data specific to psychosocial disability did <u>not</u> include children or young people (0-18 years of age).

Recommendation 4

The Committee recommends the NDIA, in conjunction with the mental health sector, develops and adopts a validated fit-for-purpose assessment tool to assess the eligibility of people with psychosocial disability that focuses on their functional capacity for social and economic participation.

Response

Support

The Government agrees a standardised assessment tool could address concerns raised by mental health service providers that NDIS eligibility criteria is unclear and, at this time, inconsistently applied.

The NDIA is progressing the selection of an existing appropriate functional assessment tool, and the development of reference packages for people with psychosocial disability.

This work has been supported by expert advice from professionals with specialist mental health knowledge, including clinicians and researchers, as well as participants with experience in the NDIS to date.

The agreed assessment tool is expected to be progressively introduced from early 2018, which will also incorporate ongoing review of quantitative and qualitative data to identify further improvements to the tool's application.

Recommendation 5

The Committee recommends the NDIA monitor eligibility rates for people with psychosocial disability to, a) understand the reasons for a higher rejection rate compared to other disabilities; and b) to build a clearer picture of the size and needs of the people who have been found ineligible for NDIS services.

Response

Support

Ineligibility rates are reported quarterly and the nature of the age distribution of those found ineligible is discussed at a high level at the National Mental Health Sector Reference Group. The NDIA will continue to monitor and capture data on access met and unmet for people with psychosocial disability.

The NDIA, DSS and Health, both separately and jointly at planned forums, continue to engage with stakeholders to improve understanding of the NDIS access requirements for people with psychosocial disability through a number of forums.

Recommendation 6

The Committee recommends clients currently receiving mental health services, including services under Commonwealth programs transitioning to the NDIS, namely Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs), Day to Day Living (D2DL), and Mental Health Respite: Carer Support (MHR:CS), should not have to apply for the NDIS to have guarantee of continuity of supports and access services.

Response

Not supported

Existing clients of targeted Commonwealth mental health programs are expected to test eligibility for the NDIS because:

- funding for the PIR, D2DL, PHaMs and MHR:CS programs is transitioning to the NDIS on the basis of the close program alignment with the NDIS and the majority of clients are expected to be eligible
- the Government considers it is in the best interests of existing clients to have the opportunity to test their eligibility with the assistance of trusted support workers who are most familiar with their individual circumstances and needs, and
- NDIS participation will provide guaranteed lifetime support and better outcomes for former program participants.

The timely testing of all PIR, D2DL, PHaMs and MHR:CS clients will help the Commonwealth to more accurately estimate resources needed for continuity of support.

To support providers to transition their eligible clients to the NDIS the Government has:

- provided additional funding through the Sector Development Fund to support NDIS provider readiness.
- undertaken targeted engagement (DSS, Health, NDIA and Flinders University) through the Transition Support Project:
    - this project prepares mental health and carer providers for the rollout of the NDIS, and provides information on the steps needed to transition existing clients to the NDIS through regular workshops across Australia, and
    - this project also allows providers to access the Transition Support Portal providing access to information, resources and peer support to assist with transition of providers' business and clients to the NDIS.
- publicly released an access guide for providers, entitled *"Assisting people with psychosocial disability to access the NDIS: a guide for Commonwealth- funded community mental health service providers".* This guide equips providers with the tools they need to guide their clients through the NDIS access process.

Program clients who do not meet the age or residency requirements for access to the NDIS, do not need to test their eligibility in order to qualify for continuity of support.

The Government is committed to continuity of support for all clients of Commonwealth community-based mental health programs who are not eligible for the NDIS. This means if an individual is already a client of a Commonwealth mental health service, they will be supported to achieve similar outcomes, even if the name of the program changes or the support is provided through a different arrangement.

Planning process

Recommendation 7

The Committee recommends the NDIA develops and proactively markets resources and training for primary health care professionals about the NDIS, especially in regard to access and planning processes.

Response

Support

The Government considers clarifying the access process for people with psychosocial disability with primary health care professionals will improve the quality of the access and planning process, specifically around NDIS access requirements and the roles of health care professionals in the process.

The Government has recently introduced a number of practical measures to assist mental health providers help their clients navigate the NDIS.

This includes a new access guide to support clients work through eligibility requirements as announced by Assistant Minister Prentice on 12 October 2017, workshops where providers can meet peers to discuss issues and solutions, and a dedicated web portal for mental providers with tools and resources.

The NDIA has developed a range of publications that specifically target GP and other health professionals, including:

- Factsheet: A GPs guide to the NDIS (includes guidance on GP's role in providing evidence to support an NDIS access request)
- Factsheet: Psychosocial disability, recovery and the NDIS, and
- Completing the access process for the NDIS.

The NDIA has collaborated with the Royal Australasian College of Physicians to provide guidance for clinical mental health services on NDIA access and planning processes, hosted information booths at GP Conferences, advertised in the Australian Medical Association's General Practice Year Planner to continue to raise NDIS awareness with the primary health care sector, and distributed information through Primary Health Networks.

State and Territory Governments also share responsibility for educating their funded and provided government services and the medical and health professionals who work in these services.

Further information resources will be developed as part of the NDIA's work on designing a tailored pathway for people with psychosocial disability.

Recommendation 8

The Committee recommends the Department of Social Services and the NDIA collaboratively develop a plan outlining how advocacy and assertive outreach services will be delivered beyond the transition arrangements to ensure people with a psychosocial disability and those who are hard-to-reach can effectively engage with the NDIS and/or other support programs.

Response

Support

DSS, Health and the NDIA continue to work with providers who have clients that may require more support to engage with the NDIS.

Mental health providers will continue to promote their services in the NDIS competitive market place, including focusing on an intake role for those consumers who typically do not respond to advertising, using a mix of customer focus and clinical judgment, and in employing peer support workers with lived experience of mental illness that may assist in engaging vulnerable clients.

Work is underway by the NDIA to develop tailored pathways for people with psychosocial disability, and people with more complex needs to engage with the NDIS.

The NDIA is also currently developing and implementing a range of practice improvement initiatives (factsheets, practice guidance, and training) for staff and the mental health sector, which will enable a well-coordinated approach for individuals accessing both NDIS funded supports and mainstream services.

The Commonwealth has invested over $109 million in state and territory initiatives to support market, sector and workforce transition, through the Sector Development Fund (SDF). Among numerous projects to build the evidence base and the capacity of providers, projects are occurring in states and territories to build the capacity of vulnerable people with disability, such as those who are at risk of falling through the gaps because their needs are complex, challenging, and they themselves may be resistant to support. An analysis of findings of these projects, including those that may have national learnings on assertive outreach, will be undertaken as the projects are completed.

Recommendation 9

The Committee recommends the NDIA, in conjunction with the mental health sector, creates a specialised team of NDIS planners trained and experienced in working with people who have a mental health condition as their primary disability.

Response

Support

The Government wants to ensure that people with psychosocial disability receive the support they need to have a quality experience throughout the NDIS pathway.

The new NDIA participant and provider pathway approach aims to incorporate knowledge from existing services, including transitioning programs, to engage people with psychosocial disability, and provide flexibility in the plan in anticipation of episodic challenges or changes to participant circumstances.

The NDIA has also developed draft practice guidance for staff on planning for people with psychosocial disability and a training module for all staff. This material has been recently reviewed by consumer, carer and provider representatives on the National Mental Health Sector Reference Group, and will be amended to reflect the feedback from this group.

Recommendation 10

The Committee recommends the NDIA develops an approach to build flexibility in plans to respond to the fluctuating needs of participants with a psychosocial disability, including allowing minor adjustments to be made without the need for a full plan review.

Response

Support

The NDIS has been designed to give participants choice and control over their participant plan, and flexibility in how they use their support funding.

A plan review or re-assessment may be requested at any time (e.g. when the participant's circumstances change). System design requirements that allow for minor amendments are being scoped.

NDIS internal guidance for planners outlines the likelihood of changes in support needs due to the episodic nature of mental health conditions and the need for flexibility in plans.

It assists planners to seek information about how a participant's support needs may vary over time so that the variation can be built into the plan.

The guidance also notes that participants with psychosocial disability often require considerable assistance to navigate the mainstream and community health services. Skilled support coordination is an important support in this context.

Recommendation 11

The Committee recommends the NDIA reports on the level of engagement of carers in the planning process.

Response

Support

The views and experiences of families and carers are important in the planning process for the NDIS because they have a unique understanding of the person they care for.

If the person requests it, a carer will play a vital role when the person they care for enters the Scheme, helping with decision-making about ongoing support needs, goal setting, assessment and the planning process.

The NDIS Outcomes Framework captures the extent to which the NDIS has assisted carers across a number of domains. Select indicators are included in quarterly reports, and outcomes reporting will be expanded with the collection of data over time.

Recommendation 12

The Committee recommends the NDIA publishes the results of its participants and providers pathways review, particularly in the areas related to mental health, and strategies in place to achieve improved outcomes, as well as updates on progress against targets in its Quarterly Reports.

Response

Support

The NDIA released details of the new target participant and provider pathway on 18 October 2017 (outlined in its media release).

The design of the new NDIS pathways incorporates the experiences of several hundred participants and providers. The new pathway delivers an outcomes-focused approach which is underpinned by principles of reliability and trust, vibrant and connected, consistent and straightforward.

These new NDIS pathways will be progressively piloted and tested over the coming months before being rolled out nationally. The NDIA will continue to engage with stakeholders on testing and implementing the new pathways.

Work is also underway to develop pathways that are tailored to the specific needs of groups of participants who need additional support, including those with psychosocial disability.

A report summarising the pathway review process and findings will be made available in early 2018.

Participant outcomes and satisfaction are included in the quarterly reports. Further, additional metrics on participant and provider satisfaction are being developed.

Continuity of support

Recommendation 13

The Committee recommends the Australian, state and territory governments clarify and make public how they will provide services for people with a psychosocial disability who are not participants in the NDIS.

Response

Support

Mental health support services outside the NDIS are primarily the responsibility of state and territory governments. The Commonwealth is working with states and territories to better clarify how such supports outside the NDIS will work.

In May 2017, the Australian Government announced $80 million in funding over four years as a Commonwealth contribution to new psychosocial support services for people who are not eligible for the NDIS. The additional Commonwealth investment will be delivered once agreements have been reached with appropriate commitments from each state and territory. The bilateral agreements will take into account existing funding being allocated for this purpose by states and territories.

This measure does not include existing program clients not eligible for the NDIS who will supported through continuity of support arrangements:

- where existing Commonwealth program funding is rolling into the NDIS, program clients who are not eligible for the NDIS will continue to receive supports. During the NDIS transition period, this will be provided through existing program structures and services.
- longer-term arrangements beyond transition will be finalised based on lessons learned in the trial and transition phases. Options to deliver continuity of support services for Commonwealth clients not eligible for the NDIS through the new psychosocial support services measure will be considered as a way to ensure efficient and seamless services.

Recommendation 14

The Committee recommends the Council of Australian Governments (COAG) conducts an audit of all Australian, state and territory services, programs and associated funding available for mental health.

Response

Support

The COAG Health Council is the vehicle for Commonwealth and state and territory governments to work together on all matters related to coordinated action for health matters. The Fifth National Mental Health and Suicide Prevention Plan was recently agreed by the COAG Health Council at its August 2017 meeting. This is the primary means to take forward coordinated work between the Commonwealth, states and territories, including joint regional planning, with the aim of improving the coordination of services and the effectiveness of investment in mental health and suicide prevention. Given the number of reforms currently underway around mental health and disability, a stocktake of Government priorities and action, at all levels, is expected to be undertaken at a later date to inform future priorities for investment.

Recommendation 15

The Committee recommends the National Mental Health Commission be appointed in an oversight role to monitor and report on all Australian, state and territory mental health programs and associated funding, including those delivered through the primary healthcare sector.

Response

Support

The National Mental Health Commission has a significant role in the national monitoring and reporting on mental health and suicide prevention in Australia.

Under the Fifth National Mental Health and Suicide Prevention Plan, the Commission will be tasked with delivering an annual report, for presentation to Health Ministers, on the implementation of the Fifth Plan and performance against identified indicators. This will include up to 24 indicators that range from the health status of the population to measures of the process of mental health care. Not all of the indicators identified in the Fifth Plan are relevant or available for all service sectors.

The Commission will also monitor and report on reform priorities arising from the Contributing Lives, Thriving Communities Review of Mental Health Programmes (Contributing Life), the National Disability Insurance Scheme (NDIS), and Primary Health Networks (PHNs).

The Minister for Health, in liaison with his ministerial colleagues, will consider the Commission's capacity to conduct additional monitoring and reporting within its remit and within its available resources.

Recommendation 16

The Committee recommends the Department of Social Services and the NDIA develop an approach to ensure continuity of support is provided for carers of people with a psychosocial disability, both within and outside the NDIS.

Response

Support

The Government has committed to provide continuity of support for carers of Commonwealth programs with funding transitioning to the NDIS who are not receiving NDIS supports.

In addition, in the current system, and outside of the NDIS, DSS funds a range of programs that assist and support carers, including information and referral services, counselling, training to enhance carer skills and increase their competence and confidence, peer support groups, support to remain in education and unplanned, short-term and emergency respite.

DSS is continuing to engage peak organisations, service providers and subject matter experts to develop an Integrated Carer Support Service to streamline and better coordinate carer support services.

Recommendation 17

The Committee recommends the NDIA, in collaboration with the Australian, state and territory governments, develops a strategy to address the service gaps that exist for rural and remote communities.

Response

Support

On 17 March 2017, Assistant Minister Prentice released the *NDIA Rural and Remote Strategy*, and the *Aboriginal and Torres Strait Islander Engagement Strategy*.

The NDIA recognises the need to explore alternative approaches to deliver the NDIS in remote areas, and is working with local communities to develop place-based models for the delivery of the NDIS.

The focus is delivery of the NDIS with each community. These projects aim to maximise opportunities the NDIS will bring to communities, in particular increasing economic and social participation and building market capacity and capability.

The NDIA recognises that rural and remote areas may have particular issues and difficulties in establishing disability support markets and that service providers in more remote and smaller communities may experience challenges.

The NDIA is committed to ensuring NDIS prices are fair, affordable for participants and commercially sustainable – to this effect the NDIA has commissioned an Independent Pricing Review which has consulted widely with providers and is due to report to the NDIA Board in December 2017.

All Australian governments and the NDIA will continue to work together to monitor the establishment of rural and remote markets with a view to meeting the objectives to support NDIS participants.

The NDIA is also working with local organisations to leverage existing capability in thin markets to deliver NDIS services.

The Government's $33 million *Boosting the Local Care Workforce Package*, announced in the 2017 Federal Budget, will provide targeted assistance to meet expanding workforce requirements, helping employers increase the supply of care workers in regions, to meet the needs of NDIS participants and the care sector more broadly.

This package will boost local job opportunities in care work, particularly in rural, regional and outer suburban areas by identifying market gaps and areas of thinness, and providing support to providers to adapt their businesses and grow their workforce.

Recommendation 18

The Committee recommends the NDIA provides details on how it is ensuring a provider of last resort is available for all NDIS participants unable to find a suitable service provider, regardless of their location, circumstances and types of approved supports.

Response

Support

The Government is committed to working collaboratively to address the issue of thin markets in some regions within an agreed COAG framework for building the market response to the NDIS.

The NDIA, as one player in this area, is actively developing a Market Intervention Strategy, to govern the circumstances in which it will intervene in markets, and an Immediate Support Response policy and framework to develop arrangements for 'crisis' circumstances in which participants are unable to receive supports.

The NDIA's 'Maintaining Critical Supports Project' will see the development of a consistent set of policies and potential market intervention strategies to ensure key support types continue to be provided throughout the NDIS transition. The NDIA is currently consulting with state and territory governments and other key stakeholders as part of this work, and expects to release the strategy in early 2018.

Information, Linkages and Capacity Building (ILC)

Recommendation 19

The Committee recommends the NDIA monitors the psychosocial disability supports, activities and services that are awarded funding through the ILC grant process to be able to identify and address any emerging service gaps as they may arise.

Response

Partially support

The Government and the NDIA will monitor against existing policy, agreements and the Information, Linkages and Capacity Building (ILC) Commissioning Framework and consider any required changes. However, the ILC policy is not currently designed to address existing or emerging gaps that might arise from the withdrawal of services by other programs.

Recommendation 20

The Committee recommends the NDIA undertakes a review of the effectiveness to date of the ILC program in improving outcomes for people with a psychosocial disability.

Response

Support

The ILC program outcomes will be assessed through the ILC evaluation framework.

Recommendation 21

The Committee recommends NDIA considers allocating specific funding for the provision of mental health services through the ILC.

Response

Not supported

Outside the NDIS, mental health services are primarily the responsibility of state and territory governments.

The ILC policy, as agreed by the Disability Reform Council, stipulates the activity areas to be funded under ILC, which are:

1. Information, linkages and referrals
2. Capacity building for mainstream services
3. Community awareness and capacity building
4. Individual capacity building, and
5. Local area co-ordination (LAC).

It is not the role of the ILC to fund the delivery of clinical or community mental health services. Organisations can apply for ILC grant funding to deliver activities consistent with the ILC policy for specific disability types, including psychosocial disability. The NDIA manages ILC investment to ensure all policy areas set by governments are addressed.

Forensic disability services

Recommendation 22

The Committee recommends the NDIA urgently clarifies what approved supports are available to NDIS participants in custody and how it monitors and ensures NDIS participants access the supports they are entitled to while in custody.

Response

Support

The Government is committed to ensuring vulnerable people with psychosocial disability who are incarcerated or are within a forensic disability facility, do not miss out on NDIS supports they are entitled to.

Participants' NDIS plans remain active while a participant is in custody. However, at plan review, a decision about reasonable and necessary supports will be made (with regard to the sentence period) before the plan is approved.

In most cases, the Justice System is responsible for providing disability related supports under reasonable adjustment (see COAG applied principles).

For people in a custodial setting (including remand) the only supports funded by the NDIS are those required due to the impact of the person's impairment/s on their functional capacity and additional to reasonable adjustment, limited to:

- aids and equipment
- allied health and other therapy directly related to a person's disability, including for people with disability who have complex challenging behaviours
- disability-specific capacity and skills building supports which relate to a person's ability to live in the community post-release
- supports to enable people to successfully re-enter the community, and
- training for staff in custodial settings where this relates to an individual participant's needs.

There may be opportunities for participants to have their current plan extended to ensure they are able to continue to access funding within their plan.

Recommendation 23

The Committee recommends the NDIA establishes an NDIA unit specialising in the interaction of the Scheme with the criminal justice system.

Response

Support

The NDIA has already established a Technical Advisory Team that provides guidance and support to its service delivery network on access, planning and interaction with other government systems, including the criminal justice system. In addition, the NDIA Mental Health Team provides specific policy and practice advice for participants with psychosocial disability and complex needs.

Recommendation 24

The Committee recommends the NDIA develops a specific strategy to deliver culturally appropriate services for Aboriginal and Torres Strait Islander people with disabilities who are in the criminal justice system.

Response

Support in principle

The NDIA released the *Aboriginal and Torres Strait Islander Engagement Strategy* on 17 March 2017. All NDIA staff are committed to providing culturally appropriate information and services for Aboriginal and Torres Strait Islander people with disability, including those who are in the criminal justice system.

The NDIA and governments are also developing jurisdictional working arrangements for NDIS transition with Operational Working Groups formed to oversee the operational implementation of the NDIS within individual regions. These groups are cross-governmental and include state representatives from Community Justice, Health, Child Protection and Family Support.

The NDIA and the justice systems are working closely together at a local level to plan and coordinate streamlined services for individuals requiring both justice and disability services, recognising that both inputs may be required at the same time or through a smooth transition from one to the other.

Jurisdictional factsheets are being developed for rules of people with disability involved in the justice system to support implementation of the interface between the NDIA and mainstream services during transition. They provide instructions on the provision of data to the NDIA on existing clients that are involved with child protection or justice system at the time of data being transferred to the NDIA.

Work is also underway to improve the experience people with psychosocial disability, people from Aboriginal and Torres Strait Islander communities, those from Culturally and Linguistically Diverse backgrounds, and people with more complex needs have with the NDIS, with tailored pathways for these cohorts being developed and piloted.