



Response to Final Recommendations from Independent Review of the National Disability Insurance Scheme (NDIS)

May 2024



About AFDO	5
Our Members	6
Acknowledgement	8
Introduction	9
Member sovereignty	11
Immediate call to action	11
How we expect Governments to work with us to implement the recommendations from the Review	12\
What do we think about the recommendations and supporting actions arising out of the review?	14
Recommendation 1: Invest in foundational supports to bring fairness, balance and sustainability to the ecosystem supporting people with disability	14
Recommendation 2: Increase the scale and pace of change in mainstream and community inclusion and accessibility and improve the connection between mainstream services and the NDIS	18
Recommendation 3: Provide a fairer and more consistent participant pathway	21
Recommendation 4: Support all people with disability to navigate mainstream, foundational and NDIS service systems	25
Recommendation 5: Provide better support for people with disability to make decisions about their lives	28
Recommendation 6: Create a continuum of support for children under the age of 9 and their families	31
Recommendation 7: Introduce a new approach to NDIS supports for psychosocial disability, focused on personal recovery, and develop mental health reforms to better support people with severe mental illness	32
Recommendation 8: Fund housing and living supports that are fair and consistent, and support participants to exercise genuine choice and control over their living arrangement	35
Recommendation 9: Deliver a diverse and innovative range of inclusive housing and living supports	36
Recommendation 10: Invest in digital infrastructure for the NDIS to enable accessible, timely and reliable information and streamlined processes that strengthen NDIS market functioning and scheme integrity	38
Recommendation 11: Reform pricing and payments frameworks to improve incentives for providers to deliver quality supports to participants	39

Recommendation 12: Embed, promote and incentivise continuous quality improvement in the market, supported by a dedicated quality function in the new National Disability Supports Quality and Safeguards Commission	40
Recommendation 13: Strengthen market monitoring and responses to challenges in coordinating the NDIS market	40
Recommendation 14: Improve access to supports for First Nations participants across Australia and for all participants in remote communities through alternative commissioning arrangements	41
Recommendation 15: Attract, retain and train a workforce that is responsive to participant needs and delivers quality supports	42
Recommendation 16: Deliver safeguarding that is empowering and tailored to individuals, their service needs and environments	44
Recommendation 17: Develop and deliver a risk-proportionate model for the visibility and regulation of all providers and workers, and strengthen the regulatory response to long-standing and emerging quality and safeguards issues	44
Recommendation 18: Reinvigorate efforts to urgently drive reduction and elimination in the use of restrictive practices	46
Recommendation 19: Embed effective quality and safeguarding institutions and architecture across the disability support ecosystem	47
Recommendation 20: Create a new compact between Australian governments	48
Recommendation 21: Clarify accountability for sustainability and governance of the disability ecosystem	49
Recommendation 22: Embed a highly skilled, person-centred, disability aware culture across all disability agencies and governments	50
Recommendation 23: Measure what matters, build an evidence base of what works, and create a learning system	52
Recommendation 24: Establish appropriate architecture to implement reforms	54
Recommendation 25: Coordinate and consult on amendments to relevant legislation to enact proposed reforms	55
Recommendation 26: Develop an implementation roadmap that factors in critical dependencies and risks and ensures a smooth transition for existing participants	56

Reference list _____ **58**






AFDO Ltd. 2024

CC BY-NC-SA: AFDO provides materials it has developed under a Creative Commons Licence.

This license allows reusers to distribute, remix, adapt, and build upon the material in any medium or format for non-commercial purposes only, and only so long as attribution is given to the creator (AFDO). If you remix, adapt, or build upon the material, you must license the modified material under identical terms.

CC BY-NC-SA includes the following elements:

- BY  – Credit must be given to the creator
- NC  – Only non-commercial uses of the work are permitted
- SA  – Adaptations must be shared under the same terms

About AFDO

The Australian Federation of Disability Organisations (AFDO) Vision and Mission is that;

“All people with disabilities must be involved equally in all aspects of social, economic, political and cultural life.”

For over twenty years, AFDO, a Disabled Peoples Organisation (DPO), has been the recognised national peak, along with its disability specific and population-based member organisations, representing all people with disability.

We have an impressive and increasing reach currently connecting with over 16% of the total population or over four million Australians through our own and via our thirty-eight member organisations.

AFDO provides a strong, trusted, independent voice for the disability sector on national policy, inquiries, submissions, systemic advocacy and advisory on government initiatives across Federal, State, Territory and Local governments.

Our Members

Full Members of AFDO



Advocacy for Inclusion



Arts Access Australia



Autism Aspergers Advocacy Australia



Blind Citizens Australia

Blind Citizens Australia



Brain Injury Australia



Deaf Australia



Deafblind Australia



Deafness Forum Australia



Disability Advocacy Network Australia



Disability Justice Australia



Disability Resources Centre



Down Syndrome Australia



Enhanced Lifestyles



National Mental Health Consumer & Carer Forum



People with Disabilities WA



physical disability AUSTRALIA

Physical Disability Australia



Polio Australia



Southwest Autism Network



Women with Disabilities ACT



Women with Disabilities Victoria

Associate Members of AFDO



Advocacy WA



AED Legal Centre



All Means All



Amaze



Aspergers Victoria



Disability Advocacy and Complaints Service
South Australia



Disability Voices Tasmania



Explorability Inc

Explorability Inc



Leadership Plus



Multiple Sclerosis Australia



National Organisation for Fetal
Alcohol Spectrum Disorder



National Union of Students -
Disabilities Department



Star Victoria



TASC National Limited



Tourette's Syndrome Association of Australia



Youth Disability Advocacy Service

Acknowledgement

AFDO acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of the land on which we stand, recognising their continuing connection to land, waters, and community. We pay our respects to the peoples of the lands on which these operate and to their respective Elders past and present. We also pay our respects to the traditional owners of all lands on which we operate or meet around the country.

AFDO acknowledges people with disability, particularly those individuals that have experienced or are continuing to experience violence, abuse, neglect, and exploitation. We also acknowledge their families, supporters, and representative organisations and express our thanks for the continuing work we all do in their support.

This report card uses the following key:

- **Support** – We agree with this recommendation.
- **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.
- **Further information/consultation needed** – We do not have enough detail to support this recommendation in full.
- **Do not support** – This recommendation includes one or more issues of concern that we are unable to support.

Introduction

The final report from the Independent Review of the NDIS was released to the Australian public on 7 December 2023. For AFDO, the real work is only just beginning. We will work with our members to hold governments accountable by driving the implementation of recommendations from the Review. We will also strive to ensure this work is undertaken through a process of genuine consultation and co-design with people with disability and their representative organisations.

The NDIS has created a monumental shift in the lives of many people with disability by enhancing their ability to live independently and be included in their communities. As such, we oppose any reduction of the scope, purpose or goals of the scheme. Furthermore, it is our hope that this review will be the catalyst that is needed to compel governments to ensure Australia's disability support ecosystem truly meets the needs of all people with disability, and not just those who are currently eligible for an individually funded package of supports under the NDIS.

We remind governments that they have an obligation to facilitate equitable access to services and supports for all people with disability. This obligation is reinforced under a range of international human rights treaties which have been signed and ratified by the Australian Government, including:

- *The International Covenant on Civil and Political Rights*
- *The International Covenant on Economic, Social and Cultural Rights*
- *The Convention on the Rights of Persons with Disabilities (CRPD)*

Australia's Disability Strategy 2021-31 is Australia's domestic blueprint for the implementation of the *CRPD*. It requires that:

*"People with disability have access to a range of supports to assist them to live independently and engage in their communities."*¹

The policy priorities listed underneath this outcome area are as follows:

- Availability of support: Making sure people with disability have access to and receive the support services they need.

- People with complex, high needs are supported: Providing services that support those people with disability who have complex high needs.
- Informal and carer supports: Providing enough services and alternative care arrangements to give carers of people with disability the support they need.
- Availability of assistive technology: Improving access to assistive technologies and aids for people with disability.²

We have developed this document in close consultation with our 36 Member organisations and have incorporated their feedback throughout. It provides commentary on our views in relation to the full range of recommendations and supporting Actions contained within the final report from the Independent Review. Most importantly though, we hope it will be a useful tool for governments in helping them to understand what people with disability expect and need from the reform of the scheme.

We also strongly recommend governments have regard to the following as they approach this work:

- Recommendations from the report entitled, ["Good practices of support systems enabling community inclusion of persons with disabilities"](#), published by the United Nations Office for the High Commissioner for Human Rights in 2023.
- Recommendations from the report entitled, ["Habilitation and rehabilitation under article 26 of the Convention on the Rights of Persons with Disabilities"](#), published by the United Nations Office for the High Commissioner for Human Rights in 2019.
- Recommendations from the report entitled, ["Access to rights-based support for persons with disabilities"](#), published by the Special Rapporteur on the Rights of Persons with Disabilities in 2017.
- [General comment No.5 on Article 19 - the right to live independently and be included in the community](#) from the CRPD.

Member sovereignty

We would like to thank all AFDO Member organisations who contributed to this document for their subject matter proficiency, lived experience expertise, and the spirit of collaboration in which they have approached this work. We have done our best to ensure the perspectives and views of all Members are incorporated into this document. We acknowledge, however, that each of our Member organisations reserves the right to express a different view on any of the recommendations.

Immediate call to action

We are calling on the Australian Government to urgently increase funding for independent and systemic disability advocacy, in line with:

- Recommendation 6.21 from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability,³
- Recommendation 26 from the Inquiry into the Capability and Culture of the NDIA,⁴ and
- Paragraph 6: G of the Concluding observations on the combined second and third reports of Australia's performance under the *Convention on the Rights of Persons with Disabilities*.⁵

Organisations such as AFDO and many of our national peak members are already incredibly under-resourced and underfunded. **There also continues a longstanding pervasive inequity in how funding is provided across national peak systemic advocacy organisations, and this must stop.**

Unless we are provided with adequate and sustainable funding that reflects the full scope of our workload, we will be unable to meet the increased demands that are being placed on us from the recommendations arising out of the Disability Royal Commission and the Independent Review of the NDIS.

We stress that this is not business as usual for the sector, with these two reports requiring significant expertise, lived experience input, collaboration and co-design over many years to come. Given people with disability aged 65 and over are expected to access their support through the aged care system, much of our time and resources have also been, and will continue to be, taken up with advocacy relating to Australia's aged care reforms.

How we expect Governments to work with us to implement the recommendations from the Review

It is imperative that governments act in accordance with *Recommendation 4.11* from the Disability Royal Commission by undertaking this work through a genuine process of consultation and co-design with people with disability and their representative organisations. This work must be undertaken in line with:

- Article 4:3 of the Convention on the Rights of Persons with Disabilities.⁶
- General comment No. 7 on the participation of persons with disabilities through their representative organisations,⁷ in the implementation and monitoring of the Convention.
- The Australian Public Service Values and Code of Conduct.⁸

When undertaking consultation and co-design, government entities must take steps to include the most diverse range of voices possible, ensuring representation from:

- First Nations people with disability
- People with disability from disability specific communities
- Women and girls with disability
- People with disability from rural, regional, and remote locations
- People with disability who are digitally excluded
- NDIS participants
- People with disability who are not part of, or do not qualify for, the NDIS
- People with disability from culturally and linguistically diverse backgrounds, and
- LGBTIQ+ people with disability.

There must be absolute transparency and accountability around consultation and co-design processes. This means abiding by the following section of General comment No. 7 issued by the UN Committee on the Rights of Persons with Disabilities:

“Public authorities should give due consideration and priority to the opinions and views of organizations of persons with disabilities when addressing issues directly related to persons with disabilities. Public authorities leading decision-making processes have a duty to inform organizations of persons with disabilities of the outcomes of such processes, including an explicit explanation in an understandable format of the findings, considerations and reasoning of decisions on how their views were considered and why.”⁹

Issues on Consultation that must be considered:

- One of our current frustrations involves government departments outsourcing consultation and co-design projects to consultancy firms that have no expertise around disability. These consultancy firms then come to organisations such as AFDO or our Members for advice, or to ask for our assistance to find people with lived experience of disability who are available to be involved in their work. Rarely is there a budget built into these projects to reimburse Disability Representative Organisations and/or people with lived experience for their time and expertise.
- Our staff have recently experienced several situations where they have been prevented from undertaking aspects of their work due to the fact that important government reports and consultation documents have not been provided in accessible formats. This often, although not exclusively happens when a government department has outsourced a project to a third-party consultancy firm. Accessibility requirements must be clearly stated in all requests for tender and contracts with third party providers. There must also be checks and balances in place to ensure these requirements have been sufficiently met.

What do we think about the recommendations and supporting actions arising out of the review?

Recommendation 1: Invest in foundational supports to bring fairness, balance and sustainability to the ecosystem supporting people with disability.

● **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

We support this recommendation. Governments must fund and design a broader ecosystem of supports that fully meets the needs of every Australian with disability; not just the 15% who are currently participants of the NDIS.

As such, we were pleased to see several recommendations aimed at levelling the playing field for the many people with disability who have fallen through the cracks since the inception of the Scheme. In particular, we were pleased to see recommendations aimed at:

- Ensuring the Commonwealth and state/territory governments commit to a foundational supports strategy.
- Ensuring people inside and outside the NDIS have equitable access to the life-changing assistive technology and home modifications they need.
- Redesigning the Information, linkages, and capacity-building (ILC) component of the Scheme.



Our queries, concerns, and suggestions for implementation:

- Supporting Actions 1.1 and 1.2 refer to an ecosystem of foundational supports that will sit outside individually funded NDIS packages. Foundational supports must be underpinned by an inter-governmental agreement that guarantees an adequate, secure and sustainable funding source for these supports into the future. This agreement must also drive national consistency in the provision of services and supports to people with disability who are not eligible for an individually funded package of supports under the NDIS.

- It is imperative that similar benchmarks and KPIs in relation to timeliness and service quality apply across the broader disability support ecosystem. No individual should have to wait longer to access the support they need or receive services of a lesser quality as a result of having to rely on service systems outside the NDIS.
- Foundational supports must seek to fill existing service gaps in areas such as case management, health, housing, and allied health services which affect people with disability across both the NDIS and the aged care systems.
- Governments must take note of important learnings from the introduction of the NDIS and ensure people with disability do not lose access to important services and supports as new funding arrangements and foundational supports are being rolled out.
- At face value, we are concerned about how foundational supports will be managed in the context of education. If funding is provided directly to schools, will each school be able to determine how the money is used? Or is funding expected to be administered by state/territory education departments? We require further detail on how this is expected to be operationalised as there is already a significant disconnect between state education departments and what is happening in schools at the grass roots level, particularly in rural and regional areas.
- Supporting Action 1.3 refers to National Cabinet redesigning its approach to information, linkages and capacity-building. We urge governments to consider recommendations 14, 15, 16 and 17 from the Inquiry into the Capability and Culture of the NDIA as it approaches the implementation of this Supporting Action.¹⁰
- Governments must address and resolve the current inconsistency between ILC operations and the social model principles and approaches that underpin Australia's Disability Strategy 2021-31. The ILC program currently only funds projects aimed at boosting individual capacity to better engage with inaccessible environments. This is an implicit endorsement of the medical model of disability as it carries with it the assumption that the origins of the disabling experience can be traced directly to a lack of capacity in the individual. Projects that increase the capacity and accessibility of mainstream services surrounding the person with disability are not seen as within scope of the program. This goes against the aspirations of Australia's Disability Strategy.

- We recommend the Department of Social Services retain responsibility for administering the ILC program. Our members have found that this is working more effectively than was the case back when ILC grants were administered by the NDIA.
- Supporting action 1.5 refers to National Cabinet agreeing to jointly invest in achieving nationally consistent access to individual disability advocacy services. While this is critical, we were disappointed that there was not a greater focus on the need for individual advocacy and representation to support people with disability to appeal decisions relating to eligibility for the NDIS or other services.
- Supporting Action 1.6 only refers to systemic advocacy for LGBTIQ+SB people with disability. We do not question the need for systemic advocacy services that are culturally safe and inclusive for this cohort. We are, however, perplexed as to why this supporting Action is so limited in focus. This is a significant oversight when considering the increased demand that will be placed on systemic advocacy services to support the effective implementation of recommendations arising out of the Disability Royal Commission and the reform of Australia's disability support and aged care systems. This will be particularly critical for people with disability living in rural and regional areas who get far fewer supports than those who live in capital cities and are in desperate need of systemic advocacy.
- Supporting Action 1.8 refers to National Cabinet agreeing to jointly invest in a capacity building program for families and caregivers of children with development concerns and disability. It is critical that this program is designed and delivered by people with disability and their representative organisations in line with Recommendation 4.11 from the Disability Royal Commission.
- Supporting Action 1.10 refers to the Department of Social Services, with states and territories, developing a nationally consistent approach for the delivery of aids and equipment outside the NDIS. Assistive technology is a key enabler without which other personal goals cannot be achieved. As such, the special Rapporteur on the Rights of Persons with Disabilities has stated that countries must:

“Ensure that social protection systems include the provision of access to different forms of support for persons with disabilities, including the provision of free access to essential assistive technologies, as part of the State's health coverage and social protection schemes.”¹¹

AFDO is a strong supporter of the Assistive Technology for All campaign, which calls for the establishment of a harmonised and nationally consistent assistive technology program to support people with disability who are not eligible for the NDIS. Civil society has already undertaken a breadth of research on this topic. As such, we encourage governments to consider the findings and recommendations contained within the Australian Assistive Technology Equity Studies as they approach the implementation of this Supporting Action.

- Access to home modifications must also be factored into the implementation of Supporting Action 1.8. We recommend the Australian Government undertake meaningful engagement with people with disability, their representative organisations and stakeholders who have expertise specific to the home modifications industry as it further refines its approach to funding home modifications for people with disability inside and outside the NDIS. This will also involve working collaboratively with state and territory Governments.

Recommendation 2: Increase the scale and pace of change in mainstream and community inclusion and accessibility and improve the connection between mainstream services and the NDIS

● **Do not support** – This recommendation includes one or more issues of concern that we are unable to support.



Overarching comments:

While we support the general intention of this recommendation, we have significant reservations in regard to a number of the Supporting Actions, particularly those relating to older people with disability.

- Supporting Action 2.1 refers to the development of a unified and contemporary approach to disability rights, discrimination, and inclusion legislation. AFDO has been a strong supporter of the call to establish a national Human Rights Act or Charter; as evidenced by the [submission](#) we made to the Review of Australia’s Human Rights Framework in 2023. The landscape has now shifted slightly, as the Disability Royal Commission has recommended the establishment of a separate Disability Rights Act which would incorporate the rights set out under the CRPD into domestic law. Instead of focusing on which type of Act needs to be developed, we have undertaken consultation with our members to determine the exact provisions we believe must be covered under federal law to ensure the rights of people with disability are effectively promoted, protected and upheld into the future. We recommend Governments refer to our [Position Paper](#) on provisions to be covered under federal human rights law as it approaches the implementation of this supporting action.
- Supporting Action 2.3 refers to the Department of Social Services, with relevant agencies, developing and trialling a mechanism to publicly communicate the performance of current Disability Standards under the Disability Discrimination Act 1992. We assert that this work should be undertaken by the Department of Prime Minister & Cabinet. We know that what doesn’t get counted doesn’t get done, so this mechanism is long overdue. We also note that this proposal aligns with previous

recommendations put forward by the United Nations Committee on the Rights of Persons with Disabilities.¹²

- Supporting Actions 2.11 and 2.12 align with recommendations we have made in previous policy submissions. These measures would significantly improve the experience of the many older people with disability who have continued to fall through the cracks since the inception of the NDIS. They also promise to improve access to services for any older people who acquire disability into the future.
- We were pleased to see a recommendation pertaining to state and territory governments implementing the general accidents stream of the National Injury Insurance Scheme (Supporting Action 2.14). This is long overdue and something AFDO has called for in many of its previous policy submissions. The National Injury Insurance Scheme was always intended to be rolled out alongside the NDIS but has never been properly implemented. This is critically needed to improve outcomes for people who acquire disability through a non-compensable accident or injury into the future.



Our queries, concerns, and suggestions for implementation:

- Supporting Actions 2.11 and 2.12 will have a bearing on Australia's new Aged Care Act, the development of which is already well underway. In March 2024, AFDO made a submission to provide feedback on the exposure draft for the new Act. The exposure draft did not incorporate these Supporting Actions and was incredibly problematic from a human rights standpoint; constituting blatant discrimination against older people with disability.
- Supporting Action 2.11 refers to amending legislation to allow NDIS participants to access support from both the NDIS and the aged care system once they turn 65. We do not believe this measure should be restricted to NDIS participants who are ageing in the scheme. Older people with disability who would qualify for the NDIS if not for the age eligibility requirements (but are now forced to access their supports from the aged care system), should also be afforded the same level of flexibility. We are particularly concerned about a specific cohort of people with disability who continue to fall between the cracks of the disability and aged care systems.
- We reject the arbitrary age of 65 for eligibility for the aged care system. There must be an early entry pathway for cohorts who may need to access aged care services

earlier. For example, People with Down Syndrome and acquired brain injury, typically experience higher rates of dementia, including early onset dementia, than the general population.¹³ In fact, 50 per cent of people with Down Syndrome develop Alzheimer's disease by the age of 60.¹⁴ People with disability may also experience ageing differently due to having a shorter life expectancy. According to the Australian Institute of Health and Welfare (AIHW), people who use disability services are more than four times more likely than the general population to die before reaching their 65th birthday.¹⁵ This demonstrates the need for NDIS participants to be able to concurrently access supports from the NDIS and the aged care system should their circumstances necessitate this.

- Supporting Action 2.12 refers to Disability Support for Older Australians (DSOA) recipients being granted access to the NDIS. On 21 December 2023, AFDO addressed a letter to Minister for Health and Aged Care, The Hon. Mark Butler MP. Minister for Social Services, the Hon Amanda Rishworth MP, was copied into this correspondence for reference. Our letter concerned the client fact sheet titled "Transition of some Disability Support for Older Australians clients into aged care", published by the Department of Health and Aged Care on 14 November 2023. This fact sheet states that from 1 January 2025, DSOA clients who live at home, access less than \$50,000 per year in funded supports, and can receive "comparable" services in the in-home aged care system will be transitioned off the DSOA and into the aged care system.¹⁶

This is a significant policy shift which was decided upon without any consultation with representative organisations such as AFDO. Concerningly, it is a decision which is likely to have a detrimental impact on a number of people with disability. The Department's failure to actively consult with people with disability through their representative organisations goes against the principles outlined under General Comment 7, issued by the Committee on the Rights of Persons with Disabilities in 2018. It also goes against several of the principles outlined in the Australian Public Service Values and Code of Conduct, as well as recommendations arising from the Disability Royal Commission.

Furthermore, this decision was made without any consideration of the broader disability policy landscape.

We did not deem the response from the Minister to be satisfactory and implore the Australian Government to accept and implement Supporting Action 2.12 as a matter

of urgency in order to grant all DSOA participants access to the NDIS. At a minimum, Government must commit to undertaking genuine and meaningful consultation with DSOA participants and their representative organisations prior to any concrete changes being made.

- We are perplexed as to why supporting Action 2.14 does not reference the workplace accidents and medical treatment accidents streams of the National Injury Insurance Scheme, as to our knowledge, these are also yet to be properly implemented.¹⁷
- We implore Governments to refer to the following documents as they approach the matter of access to services and supports for older people with disability:
 - [AFDO Position Paper on equitable access to disability supports for older people](#)
 - [AFDO Position Statement on Australia's new Aged Care Act](#)
 - [AFDO Position Statement on the Disability Support for Older Australians Program \(DSOA\)](#).

Recommendation 3: Provide a fairer and more consistent participant pathway

- **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

We understand the proposed changes to the assessment process from an equity standpoint as some conditions are not on list A or B and others are. The continued use of access lists has also resulted in the NDIS workforce placing a stronger focus on a person's diagnosis than their functional needs, which has drawn criticism from the United Nations Committee on the Rights of Persons with Disabilities.¹⁸ We welcome the preference for eligibility assessments to be based on self-reporting and strength-based interviews as a means of determining eligibility. This approach would align with the human rights-based model of disability on which the NDIS was originally developed.



Our queries, concerns and suggestions for implementation:

A focus on diagnosis as a precursor to eligibility for particular types of disability is problematic from an equity standpoint. This approach forces people with disability to seek an assessment, which is generally time consuming and costly. Barriers are often further compounded in rural and regional areas where there may not always be suitably qualified medical practitioners available to conduct the necessary assessments.

Access to the NDIS is highly gendered, with women and girls with disability facing additional barriers and being less likely to receive equitable supports.¹⁹ We echo the calls of our colleagues in the sector in regard to the need for the NDIS to develop a gender equality strategy to address these concerns. This strategy should also align with the forthcoming national gender equality strategy expected to be released sometime in 2024.

While we understand the rationale behind phasing out lists A and B, we are mindful that there are some cohorts who may be disadvantaged by this change due to it being more difficult for them to engage with application and assessment processes, such as people with intellectual disability. It is therefore critical that Government actively involves people with disability and their representative organisations in any future changes to these arrangements.

- We are concerned about the extent to which functional capacity assessments will holistically look at all aspects of a person's life and be undertaken within the framework of the human rights model of disability. We expect the following principles to be upheld as governments approach this work:
 - Assessment tools must be developed through consultation and co-design with a diverse range of people with disability with varying support needs.
 - Assessment tools must be evidence-based.
 - Assessors must have the skills and training necessary to administer the assessments.
 - People with disability must have the time and supports necessary to fully articulate their needs.
 - The right to review eligibility and support decisions must be retained.
 - People with disability must retain the ability to provide supporting documentation from their treating professionals should they wish to do so.
- We also encourage governments to refer to the paper entitled, “A human rights approach to disability assessment” as they approach the implementation of this

recommendation. It is critical that similar assessment tools are adopted for programs outside the NDIS to ensure equality of outcomes.

- Governments must also incorporate recommendation 1 from the Inquiry into the Capability and Culture of the NDIA into this work. This recommendation refers to people being assessed according to the totality of their disabilities and not being required to nominate a primary and secondary disability.²⁰
- We question what oversight mechanisms will be put in place to ensure all treating professionals have received sufficient training, have had disability, cultural and diversity awareness training, are trauma informed and are undertaking assessments in a uniform, consistent manner which aligns with core human rights principles.
- We are particularly concerned about how the assessment process will meet the needs of people with disability living in rural and regional areas. At present, most Specialists are located in major cities and participants outside these geographic areas are left to deal with Contractors who have little to no understanding of disability.
- We question how many qualified professionals the NDIA will be able to find or upskill to accurately determine a person's capacity needs using the social model of disability. Waiting lists are already too long and this shift could extend them out even further. For this reason, we query whether it might be feasible to adopt a hybrid approach that includes an initial list to help begin the assessment, and an assessment tool that is based on the social model of disability which considers factors such as:
 - Comorbidity
 - Intersectionality
 - Where the person lives, and what services are available
 - The person's age, and any related life stage factors
 - The person's goals and aspirations.
- The move towards being respectful of participants episodic or fluctuating support needs and the general move away from short, activity-limiting plans is acknowledged and promising. We stress that eligibility and needs assessments must be:
 - Accessible
 - Inclusive
 - Disability-informed
 - Trauma-informed
 - Culturally safe

- Transparent
- Fair and equitable, and
- Open to review.
- The new participant pathway must also:
 - Not permit NDIA staff to overrule evidence and recommendations from qualified medical and allied health professionals.
 - Provide participants with an opportunity to see a copy of, and meet with a planner to discuss, their budget prior to it being finalised. This may also present a further opportunity to identify any additional supports the participant might need to utilise their budget.
 - Ensure people with disability interacting with the scheme are provided with detailed and evidence-based explanations about any decisions made in relation to eligibility, needs assessments, and reviews. Individuals must also be provided with information about their right to appeal decisions and access advocacy support or representation. The aforementioned information must be provided in a language and format that is accessible to the individual.

Recommendation 4: Support all people with disability to navigate mainstream, foundational and NDIS service systems.

● **Further information/consultation needed** – We do not have enough detail to support this recommendation in full.



Overarching comments:

Australia’s disability support landscape is incredibly complex. This can make it difficult for people to understand what they are entitled to and how to access the support they need. In many respects, navigation is more complex for people with disability who are not eligible for the NDIS. These people are required to navigate a labyrinth of local, state and federally funded services to determine what they are eligible for. People who experience the sudden onset of disability often have similar challenges.

We are supportive of the proposed Navigator role for these reasons. We do, however, stress the need for navigation services to be delivered within a nationally consistent framework. We were also pleased to see a proposal for Specialist Navigators who are tailored to the needs of specific cohorts and are supportive of this approach. To assist us to work through the logistics associated with this recommendation, however, we would like further clarification around:

- What qualifications Navigators will be expected to hold?
- What level of registration will apply to the Navigator workforce?
- How far removed the Navigator workforce will be from the NDIA, Local Area Coordination agencies, service providers etc.



Our queries, concerns, and suggestions for implementation:

- As with the previous recommendation, recognition of the additional barriers women face – as both individuals with disability and carers of people with disability – must be built into any navigation service.
- We are concerned that the Navigator role is proposed to be restricted to people with disability under 65 – particularly when the wording of the recommendation

itself refers to “all people with disability”. It is imperative that equivalent navigation services are available to people with disability over 65 to ensure equality of opportunity. The Care Finder services that exist in the aged care system are designed around principles of frailty and ageing and are ill-equipped to meet the specialist needs of people with lifelong disability.

- According to the Review Report, General Navigators will be expected to provide support to all people with disability under 65, as well as NDIS participants. We question whether it may be more appropriate to separate out these roles, as there would potentially be a breadth of different service systems a General Navigator would need to keep across. We have already seen this approach fail with Local Area Coordinators as their resources have only enabled them to respond to the needs of NDIS participants. In reality, they were always intended to provide support to people with disability who are outside the scheme in addition to NDIS participants.²¹
- We query whether the new Navigator role is anticipated to fill the current gap in supporting people with the implementation of NDIS plans. Our members frequently see participants who have NDIS plans that have not been implemented. The NDIA does not provide any support or funding to help participants implement their plans in these situations.
- We encourage governments to consider how GPs, pharmacists and local medical clinics may be able to facilitate the implementation of navigation services in rural, regional and remote areas. There may also be learnings Government can take away from the evaluation report from the Aged Care System Navigator trials and the manner in which the Department of Health and Aged Care has approached the implementation of the Care finder program.
- In its response to the final report from the Aged Care Royal Commission, the then Coalition Government committed to establishing a network of trusted facilitators and intermediaries who could provide culturally safe and appropriate navigation services for First Nations people. We are supportive of this approach and query whether it could be adapted to suit the NDIS environment. We recognise, however, that our colleagues at the First Peoples Disability Network are best placed to provide advice on this matter.

- The Review Report states that Navigators may be employees or agents of the NDIA. Outsourcing this role has not worked well in the context of Local Area Coordinators and this has been to the detriment of people with disability. As such, we would like to see the Navigator function be directly administered by the National Disability Insurance Agency. Navigators must also be independent, with no clear conflict of interest or commercial incentive. Navigation services must also be subject to ongoing independent monitoring and evaluation.
- Prior to the introduction of the NDIS, there were “Autism Advisors” who played a navigation role and were very successful. This is a model that could be replicated in the context of specialist navigators. AFDO’s members can provide additional advice to inform this model upon request.
- We question whether there will be a dedicated role for people who specialise in supported decision-making. AFDO’s view is that all Navigators should be trained in supported decision-making in order to provide an effective safeguard for people accessing navigation services. We do, however, see merit in establishing a dedicated specialist role to better support people with disability who may require this more intensive focus.
- In relation to Supporting Action 4.2, we question whether Specialist Navigators will be able to assist parents with intellectual disability to access supports to enable them to keep their children in their care. This is absolutely critical and not well provided for under current arrangements. The consequences of parents not receiving appropriate support in this context are lifelong and devastating both for them and their children. This is something that must be built into a participant’s budget and adequately funded into the future.
- We are concerned about the proposed role of Shared Support Facilitator. While we understand the intention behind the role, the notion of shared supports erodes choice and control of people with disability. There is a risk that one individual may not like or feel comfortable with a particular Facilitator while others sharing the same supports will.
- It is imperative that lead practitioners for children and families work within a life stage approach.
- While they have never had capacity to adequately undertake this component of their role, one of the functions of Local Area Coordinators was always intended

to involve “*Working with mainstream services and communities to better enable access and participation*”.²² Given most of the functions of Local Area Coordinators are intended to be rolled into the new navigator service, we question whether anyone within the NDIS ecosystem will be tasked with performing this function in future. We refer to recommendation 18 from the Inquiry into the Capability and Culture of the NDIA, which states:

“The committee recommends that the Department of Social Services revise the role of Local Area Coordinators to ensure sufficient resources are directed to the roles of capacity building, information sharing and community engagement, alongside coordinating NDIS supports.”

Recommendation 5: Provide better support for people with disability to make decisions about their lives.

● **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

We support this recommendation. In particular, we were pleased to see:

- A proposal for funding for decision-making supports to be included in participant plans
- A proposal for improved information and training for decision supporters, and
- A proposal to improve oversight of plan nominees and nominee decisions.



Our queries, concerns, and suggestions for implementation:

- Supporting Action 5.1 refers to the NDIA ensuring participants receive accessible information and tailored advice to support informed decision-making. We regret to inform Government that even the final report from the NDIS review was published in a format that was not accessible to people who are blind or vision impaired. At the time of finalising this document, this problem had still not been sufficiently rectified.

This reflects a systemic issue that persists within the scheme more than ten years after its initial implementation. That is, the scheme's failure to accommodate the needs of people who need to access information in alternative formats. It is critical that this issue is resolved as a matter of urgency. Given this is a problem that exists across the broader public service, however, we suggest that it would be helped by progressing the implementation of recommendation 6.1 from the Disability Royal Commission.

This recommendation refers to the Australian Government and state and territory governments developing a Plan (in connection with Australia's Disability Strategy 2021–2031) to improve the accessibility of information and communications for people with disability. The Royal Commission proposed this plan be completed by the end of 2024.²³ We recommend Governments refer to our [position statement on access to information and communications across the Public Service](#) for further guidance on this matter.

- Supporting Action 5.2 refers to the Department of Social Services and NDIA ensuring that people with “cognitive disability” or “complex communication support needs” are connected with capacity building support to build decision-making skills. We question who will determine who is eligible for these supports and how these assessments will be undertaken. The term “cognitive disability” is not a term that is used widely in the disability sector and is yet to be clearly defined. Decision-making supports should be made available to people with disability on the basis of need, not on the basis of a diagnosis.
- We acknowledge that the NDIA has attempted to improve access to supported decision-making by developing a Supported Decision-Making Policy and Implementation Plan. We assert, however, that the agency needs to make ongoing provisions to ensure the plan is effectively resourced and implemented. Our members report that NDIA staff still do not have a clear understanding of the policy; leading to confusion, barriers and oversights for participants. Recommendations 10.6 and 10.7 from the Disability Royal Commission both refer to the need for the Policy and Implementation Plan to be strengthened.
- Supporting Action 5.4 refers to the Department of Social Services, the new National Disability Supports Quality and Safeguards Commission and the NDIA ensuring decision-supporters have access to information, training and resources to assist them to provide best-practice support for decision-making. We are incredibly concerned

about conflict of interest and the potential for undue influence that may arise from these arrangements.

The final report from the Review recognises the risk of conflict of interest and need for independent decision-making support. The fact that supported decision-making is still proposed to be an NDIS funded support, and the requirement for independent decision-supporters to be registered as NDIS providers, however, opens up room for potential exploitation by providers. We also query how older people with disability who are required to access their services from the aged care system will be able to access independent decision-making support.

- Governments must consider learnings from Deloitte’s Independent Evaluation of the national Decision Support Pilot 2018-2023 as they approach the implementation of this recommendation. The evaluation’s findings are consistent with the final report from the Disability Royal Commission, suggesting that:

“there is merit in implementing and scaling a comparable service in future”

and that:

“one of the enablers of the Pilot was its independence of the NDIA and disability service providers, given clients could be distrusting of government agencies and the potential for conflicts of interest”.

- It is critical that independent advocacy is available to assist people with disability who may require decision-making support to appeal decisions relating to NDIS or other disability supports.
- We would like an assurance that people with disability will be provided with appropriate support to uphold their sexual and reproductive rights, including:
 - Abortion rights and access.
 - The right to not be subjected to forced contraception.
 - The right to parent.
 - The right to sexual expression and self-determination.

Recommendation 6: Create a continuum of support for children under the age of 9 and their families

● **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

Right now, the NDIS is failing many children with disability. The interfacing arrangements between the NDIS and the education system are far too complex. Children and families who do not qualify for the Scheme are often worse off as the necessary supports do not exist elsewhere. That is why we were pleased to see a breadth of Actions relating to improving access to services and supports for children with disability and their families.



Our queries, concerns, and suggestions for implementation:

- We query the extent to which the removal of eligibility lists A and B will affect the timeliness of early intervention strategies targeted towards children. We recognise that Supporting Action 6.2 refers to the NDIA reforming the pathway for all children under the age of 9 to enter the NDIS under early intervention requirements. AFDO and its Members look forward to being involved in future consultation surrounding the implementation of this supporting Action.
- Supporting action 6.5 refers to the NDIA, in partnership with the Department of Social Services and the National Disability Quality and Safeguards Commission, requiring that early intervention capacity building supports for children are based on “best practice and evidence”. There is a very real risk that effective early intervention supports may not be funded for some children with disability due to specific cohorts having been historically neglected in research. This is particularly concerning for people with low prevalence disabilities and must be worked through in greater detail.

Recommendation 7: Introduce a new approach to NDIS supports for psychosocial disability, focused on personal recovery, and develop mental health reforms to better support people with severe mental illness

● **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

We were pleased to see such a strong focus on the needs of people with psychosocial disability – particularly since this focus was missing from the final report of the Disability Royal Commission.

While we are optimistic about the proposed changes at face value, it is imperative that AFDO Member, National Mental Health Consumer and Carer Forum (NMHCCF), is actively consulted as governments approach the implementation of the Supporting Actions listed under this recommendation. We strongly recommend that governments take note of NMHCCF's position statement on the NDIS Review and its accompanying recommendations.

We acknowledge that many people with psychosocial disability have experienced significant trauma as a result of their interactions with both mainstream mental health services and the Scheme to date. We also understand that there is not nearly enough support available outside the NDIS. As such, the commitment to foundational supports outside the scheme is absolutely critical.

We were pleased to see a proposal for there to be greater flexibility in how budgets are set and funding is utilised – particularly in relation to people with more episodic needs for support. We expect this to make a significant difference for participants with psychosocial disability and others.



Our queries, concerns, and suggestions for implementation:

- We support there being a specialised role for Navigators who can provide tailored, trauma-informed and safe support to people with psychosocial disability but reject

the title of Psychosocial Recovery Navigator. The Review Panel's recommendations and supporting Actions pertaining to psychosocial disability place a strong focus on recovery. This disregards the fact that some people with psychosocial disability reject the notion of 'recovery' as it is possible to experience life-long psychosocial disability.

- From the Review Report, it appears as though workers will only do tasks 'with' the participant and not 'for' the participant. This seems discriminatory when considering that an individual may not be able to independently complete a task on a particular day due to the episodic nature of their disability.
- The focus on the importance of evidence-based early intervention services and specific early intervention pathways for people with a psychosocial disability entering the Scheme is problematic. We fear that this framing has been heavily influenced by a document that's been published by a sector alliance which has a strong commercial interest in this issue. It is imperative that all measures pertaining to psychosocial disability are approached through a genuine co-design process that values and respects the expertise of people with lived experience and their representative organisations.
- We are cautious about the notion of time-limited supports. It is critical that this is comprehensively worked through with people with psychosocial disability and their representative organisations. Communication relating to time-limited supports and any associated rules and restrictions will be absolutely critical, as many people with psychosocial disability already have very little confidence in the mental health system or the NDIS based on their lived experience.
- The Review Panel has recommended the implementation of new practice standards for service providers and workers who deliver psychosocial disability-specific supports; proposing providers be registered to ensure they receive appropriate training and professional development. We believe these new standards should also apply to planners with oversight of psychosocial plans to ensure they are undertaking their work through a trauma-informed framework.

- To our knowledge, there are no formal qualifications required to work within the psychosocial disability peer workforce. This will become problematic if a general registration pathway requires formal qualifications to work within the scheme.
- The mental health peer work certificate currently sits outside the community services and disability work certificates. It is possible for someone to be clinically trained, but still not have received proper training in relation to mental ill health. All professionals working with individuals experiencing psychosocial disability must be provided with appropriate education and professional development opportunities.
- The Review Panel has stated that people with disability aged 65 and over will most likely access the majority of their supports from the aged care system. They have, however, also recommended that NDIS participants over the age of 65 be able to concurrently access supports from both the NDIS and the aged care system. It is imperative that the Commonwealth and State and Territory Governments determine who is responsible for providing mental health-related services and supports to people with psychosocial disability over the age of 65. Older people with psychosocial disability must not be disadvantaged as a result of these arrangements.
- One of the barriers preventing younger people with disability from accessing the NDIS is the evidence requirement to get into the Scheme. This is because people are typically required to present substantial evidence demonstrating they have already engaged with mainstream services in order to be deemed eligible. The mental health system, like the NDIS, does not respond well to complexity in young people. This is exacerbated by the rising cost of living and the increasingly cost-prohibitive nature of mental health-related supports. This problem must be carefully worked through as Government approaches the implementation of this recommendation.
- We encourage governments to consider recommendations 2, 3, and 4 from the Inquiry into the Capability and Culture of the NDIA as it approaches the implementation of this recommendation.
- Much of the discussion surrounding mental health appears to focus exclusively on psychosocial disability. Given the shift to a focus on whole-of-person need, it would seem pertinent to think about therapies and supports related to mental health needs that may arise from someone's disability. For example, anxiety and/or depression that

may arise as a result of factors such as social isolation and limited mobility. This also fits with the recommendation to remove arbitrary administrative categories of primary and secondary disability.

Recommendation 8: Fund housing and living supports that are fair and consistent, and support participants to exercise genuine choice and control over their living arrangement.

● **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

In the second half of 2023, we undertook a Member survey to determine which policy issues our Members wanted us to focus on over the next two years. Based on this survey, housing and homelessness came up as our number one policy priority. As such, we were pleased to see Supporting Actions 8.1, 8.2, and 8.3 listed underneath this recommendation. We believe these activities could go a long way towards providing Participants with choice and control over their living arrangement.

We were also pleased to see the need for a life course approach recognised in the Review Panel's recommendations. This acknowledges that different modes of housing may be desired at different life stages and creates flexibility in enabling participants (particularly younger participants) to trial different options without being locked into a living arrangement that may not fully meet their needs.



Our queries, concerns, and suggestions for implementation:

- We question how the one to three support ratio described in the report would provide greater choice and control for Participants. The report states that people who share supports will not be required to share a home if they don't want to. It also states that there will be some exceptions to the 1:3 support ratio. While we understand that a lot of the detail around this proposal is yet to be defined, at face value it is incredibly problematic and discriminatory. Even more concerning is the fact that it appears as

though this arrangement is already being operationalised prior to any consultation having taking place with NDIS participants and/or their representative organisations. AFDO member, Advocacy WA has been supporting a client who lives in her own home. She was recently informed by the NDIA that she needs to move out and rent with 2 strangers in order to continue accessing SIL support, which would only be funded at a ratio of 1:3.

- We understand participants who share their home with other people will have access to a new “shared support facilitator”, as described in Supporting Action 8.4. We acknowledge and support the rationale behind this proposal. We question, however, how a participant will be able to exercise choice and control over which facilitator they feel comfortable with if they will be expected to share this support with other participants.

Recommendation 9: Deliver a diverse and innovative range of inclusive housing and living supports

● **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

We are supportive of the majority of Actions included underneath this recommendation. We were very pleased to see Supporting Action 9.7, as mandating the separation of Specialist Disability Accommodation and living support providers is critical to maximizing participant choice and control and safety.



Our queries, concerns, and suggestions for implementation:

- Supporting Actions 9.1 and 9.3 relate to the NDIA, in collaboration with the new National Disability Supports Quality and Safeguards Commission, investing in the collection and dissemination of housing and living data – including information on participant demand for 24/7 living supports and Specialist Disability Accommodation.

We urge the Australian Government to adopt a broader data set as it approaches the implementation of this supporting Action. There may be a range of people with disability outside the NDIS who have the same or similar housing requirements. By choosing to focus only on the experiences of NDIS participants, Government will be narrowing the accuracy of the data collected as it will not provide detailed representation of the level of demand for accessible or extensively modified housing.

- Supporting Action 9.2 refers to the NDIA implementing a new funding approach for participants sharing living supports to strengthen the focus on service quality and outcomes. We are very cautious about this at face value and believe significant safeguards would need to be put in place to ensure participants who “choose” to share supports are not subject to coercive control.

Recommendation 10: Invest in digital infrastructure for the NDIS to enable accessible, timely and reliable information and streamlined processes that strengthen NDIS market functioning and scheme integrity.

● **Support** – We agree with this recommendation.



Overarching comments:

We are supportive of any measures that improve efficiency, transparency, and oversight – so long as the systems and processes involved are universally accessible and do not impact upon the participant experience.



Our queries, concerns, and suggestions for implementation:

- While the report states that Navigators will be available to support people who are not online, we do not feel there is enough clarity around how people with disability who are digitally excluded will interact with the various aspects of the scheme. According to the 2023 [Digital Inclusion index](#), people with disability are still one of the most digitally excluded cohorts in Australia. Further thought must also be given to how information about the reforms will be provided to Participants with low levels of digital literacy, and how such cohorts will be meaningfully involved in future consultation processes.
- It is imperative that all digital platforms are fully compliant with the Web Content Accessibility Guidelines 2.2 and have been user tested by people with disability with a range of different access needs. A budget should be allocated to cover the cost of user testing to ensure people with disability are reimbursed for their time and expertise.

Recommendation 11: Reform pricing and payments frameworks to improve incentives for providers to deliver quality supports to participants.

● **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

We are generally supportive of this recommendation, but it requires further refinement and clarification.



Queries, concerns, and suggestions for implementation:

- Supporting Action 11.2 refers to the NDIA progressively rolling out preferred provider arrangements for capital supports to better leverage its buying power and streamline access for participants. We understand the aspiration behind this supporting Action. It is, however, critical that this work is undertaken in close collaboration with people with lived experience and their representative organisations so as not to limit participant choice and control.
- We encourage the Department of Social Services to consider how it might be able to work collaboratively with other service sectors, including the aged care and health sectors, to enhance its purchasing power.
- Decisions around pricing must be made in the context of the broader disability support ecosystem. Prices must be aligned across the disability, health, and aged care sectors to ensure consumers are prioritised on a fair and equitable basis. New pricing arrangements must also ensure providers are adequately compensated for the additional time and cost associated with delivering services to people in regional and rural areas.

Recommendation 12: Embed, promote and incentivise continuous quality improvement in the market, supported by a dedicated quality function in the new National Disability Supports Quality and Safeguards Commission.

● **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

While we generally support this recommendation, it is critical that it is accompanied by Government action to promote a robust and diverse service provision market.



Queries, concerns, and suggestions for implementation:

- This section of the report places a strong emphasis on capturing better performance data to enable people to make “good” choices. This methodology rests on the assumption that there ARE multiple, comparable, competing providers and that people with disability just need better access to information to help them make the right choice.
- In approaching this recommendation, it is critical that Governments also develop strategies to ensure there are a variety of providers available to people with disability irrespective of where their funding comes from and eliminating monopolies of support.

Recommendation 13: Strengthen market monitoring and responses to challenges in coordinating the NDIS market

● **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

We support this recommendation and welcome a more proactive approach to market monitoring, but caution that it must equally be applied to the broader ecosystem of mainstream supports.



Our queries, concerns, and suggestions for implementation:

- Supporting Action 13.1 refers to the Australian Government undertaking more active, evidence-based market monitoring to identify issues with access to supports early and take appropriate action. It is imperative that this measure is applied to the broader ecosystem of supports across the disability service system and is not just restricted to those people with disability who are eligible for an individually funded package of supports under the NDIS.
- In relation to Supporting Actions 13.2, 13.3, and 13.4: there may be learnings that can be gained from the Department of Health and Aged Care as it is already working through these issues in the context of Australia's aged care reforms.

Recommendation 14: Improve access to supports for First Nations participants across Australia and for all participants in remote communities through alternative commissioning arrangements.

● **Support** – We agree with this recommendation.



Overarching comments:

We were pleased to see a strong focus on improving access to supports for First Nations people with disability.



Our queries, concerns, and suggestions for implementation:

Like all other aspects of the Review Panel's recommendations, it is imperative that Government approaches this work in a collaborative spirit, and through genuine and culturally appropriate co-design processes. It is critical that the First Peoples Disability

Network and Aboriginal Controlled Community Health Organisations drive this work and are adequately funded to do so.

Recommendation 15: Attract, retain and train a workforce that is responsive to participant needs and delivers quality supports.

● **Do not support** – This recommendation includes one or more issues of concern that we are unable to support.



Overarching comments:

While we are in support of action to improve the capacity and quality of the NDIS workforce, the scope of this recommendation is far too narrow and once again ignores the equally important workforce requirements of the mainstream support system.

The majority of people with disability do not receive a funding package under the NDIS, which is why the report placed such a strong emphasis on establishing foundational supports outside of the Scheme. It is critical that Government does not focus exclusively on the NDIS when approaching workforce planning as the issue is much broader. Governments must work to increase the number and quality of care and support and allied health professionals and Navigators across the broader disability support ecosystem. This is going to be one of the greatest challenges associated with the proposed reforms. We support the proposal for the Australian Government to take an integrated approach to workforce development for the care and support sector. As such, we look forward to seeing the finalised National Strategy for the Care and Support Economy.



Queries, concerns, and suggestions for implementation:

- The proposed changes to the disability support ecosystem place a strong reliance on allied health professionals. This is going to require significant sector growth. We refer Government to National Disability Services' 2023 State of the Sector Report, which revealed that most service providers already experience moderate to extreme difficulty recruiting allied health clinicians. The situation is even more dire in regional,

rural and remote areas. We question how this workforce of allied health professionals can be established in what appears to be a relatively short period of time. We encourage governments to liaise with Allied Health Professions Australia as they approach the implementation of this recommendation.

- Many providers cite excessive bureaucratic burden as a significant barrier, noting the following frustrations:
 - The need for some providers to report to a state-based authority, the NDIS Quality and Safeguards Commission and the Aged Care Quality and Safety Commission.
 - The need to renegotiate service agreements.
 - Quality auditing across multiple systems, and
 - Recruitment.²⁴

These barriers must be extensively worked through as Governments approach the implementation of this recommendation.

- It is critical that the following recommendations from the Disability Royal Commission are incorporated into this body of work; noting that The recommended migration pathways will not address workforce shortages in the Deaf and deafblind spaces as the knowledge required is too niche, and also specific to the Australian context:
 - Recommendation 6.2 Increase the number of Auslan interpreters
 - Recommendation 6.3 Access to appropriately skilled and qualified interpreters.

Recommendation 16: Deliver safeguarding that is empowering and tailored to individuals, their service needs and environments.

● **Support** – We agree with this recommendation.



Overarching comments:

We are in support of this recommendation.



Our queries, concerns, and suggestions for implementation:

We do not have any queries or concerns in relation to this recommendation.

Recommendation 17: Develop and deliver a risk-proportionate model for the visibility and regulation of all providers and workers, and strengthen the regulatory response to long-standing and emerging quality and safeguards issues.

● **Further information/consultation needed** – We do not have enough detail to support this recommendation in full.



Overarching comments:

This section of the report was met with mixed responses from our Members. Collectively, we understand the need to appropriately safeguard participants while maintaining their right to choice and control. We look forward to working more closely with Government to work through the challenges associated with this recommendation.



Our queries, concerns, and suggestions for implementation:

- The Review report proposes government reduce some of the excessive burden on providers delivering low risk supports, however all providers will now have to be registered. Many people with disability are concerned that this will limit their choice and control over who provides their supports.
- There is a risk that registration pathways may favour large providers which could further limit choice and control. The impact of these arrangements will be significantly amplified in rural and regional areas. If these new requirements drive even one provider out of a remote location, it may leave this community with no provider at all. No individual should be forced into a position where they are required to move away from friends and family and relocate to a metropolitan area just to access the support they need.
- According to the 2023 State of the Sector Report, more than 40 per cent of providers expressed concern about the Quality and Safeguarding Framework they were expected to follow. Increasing the burden on providers may therefore have unintended consequences – particularly in thin market areas.
- We stress that the new National Disability Supports Quality and Safeguards Commission merely having a list of providers is not, in of itself, an effective safeguard. Some Members therefore felt that a better balance could be struck by Navigators or Planners:
 - having more frequent check-ins with participants
 - Providing more support and training in plan management and risk, and
 - Offering more options around supported decision-making.
- If registration is to be adopted, people with disability must be assured continuity of support. Participants must not be disadvantaged by the introduction of new registration requirements that are designed to protect them. This will be particularly critical for people with disability who rely on providers in rural and regional areas where there are already thin markets.
- In approaching the implementation of this recommendation, governments must also consider how they can guarantee participants are able to access providers of last resort. We refer to Recommendation 10.10 from the Disability Royal Commission, which compels Governments to establish a provider of last resort scheme. We recently undertook consultation with our members to determine which 10 of the Disability Royal Commission's 222 recommendations they would most like to see

prioritised in 2024. This was one of the top ten recommendations they have prioritised.

- Our May 2024 submission to the NDIS Provider and Worker Registration Taskforce provides further insights on our initial views in relation to this recommendation.

Recommendation 18: Reinvigorate efforts to urgently drive reduction and elimination in the use of restrictive practices.

● **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

While we are generally in support of this recommendation and the Supporting Actions contained therein, we have some concerns in regard to definitions and consistency of legislation across jurisdictions.



Our queries, concerns, and suggestions for implementation:

- The term, “restrictive practice” must be clearly defined, with consistent definitions being used across different service systems. As an example, there is currently no oversight of what restrictive practices look like in the context of psychosocial disability.
- This recommendation has a high level of cross over with recommendations from the Disability Royal Commission and must be considered in this context. The Australian and state and territory governments must establish a nationally consistent legislative and administrative framework for:
 - The protection of all people with disability from the use of physical and chemical restraint and seclusion under the guise of “behaviour modification”.
 - The elimination of restrictive practices in all settings (see paragraph 30: A from 2019 concluding observations).

- Urgent steps must also be taken to ensure Australia is complying with its obligations under the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.
- We recommend governments refer to the report entitled, “A future without violence”, published by the Australian Human Rights Commission in 2018 as it approaches the implementation of this recommendation (see paragraph 32: C from 2019 concluding observations).

Recommendation 19: Embed effective quality and safeguarding institutions and architecture across the disability support ecosystem

● **Further information/consultation needed** – We do not have enough detail to support this recommendation in full.



Overarching comments:

While we recognise the potential benefits of this recommendation, including enhanced oversight and protection, we harbor concerns regarding its practical implementation. Ensuring consistency and simplicity across complaint procedures, regardless of the service system, is paramount. Additionally, maintaining an independent complaints-handling mechanism separate from regulatory bodies is crucial for effective oversight.



Our queries, concerns, and suggestions for implementation:

- While we are generally supportive of the role of the NDIS Quality and Safeguards Commission being expanded to cover all disability services, we do not understand how this will work in practice.
If, for example, an older person with disability is accessing supports from a disability service provider, but receiving their funding from the aged care system, would they still complain to the National Disability Supports Quality and

Safeguards Commission? Or would they be expected to lodge their complaint with the Aged Care Quality and Safety Commission instead?

- It is critical that complaint processes are consistent, simple and intuitive for all people with disability to navigate – irrespective of which service system they fall under.
- It is also imperative that complaints-handling is kept at arm's length from the body responsible for regulation.

Recommendation 20: Create a new compact between Australian governments.

● **Support** – We agree with this recommendation.



Overarching comments:

We are supportive of this recommendation.

Disparate and outdated intergovernmental agreements that are no longer fit for purpose have resulted in many people with disability going without the support they need.

There is still confusion about who is responsible for delivering which services, and there has been a disproportionate focus on the needs of NDIS participants. This has been to the detriment of the many people with disability who are not eligible for the scheme.

The supporting Actions outlined under this recommendation, if implemented, promise to significantly improve outcomes for people with disability inside and outside the NDIS. These measures will also be critical to the future sustainability of the scheme.



Our queries, concerns, and suggestions for implementation:

- Supporting Action 20.3 refers to National Cabinet establishing a new permanent Disability Advisory Council to advise Disability Reform Ministers. While we support this approach, appointments to the Advisory Council must be made in a merit-based, open, and transparent manner.

- It is also critical that National Cabinet considers the diversity of experiences across the disability ecosystem when making appointments to the Council. For example, it is critical that the following cohorts are adequately represented:
 - NDIS participants
 - People with disability under the age of 65 who do not qualify for the NDIS
 - People with disability over the age of 65 who are currently accessing their supports through the Disability Support for Older Australians Program, and
 - People with disability over the age of 65 who are currently accessing their supports from the aged care system but would qualify for the NDIS if not for the age eligibility requirements.
-

Recommendation 21: Clarify accountability for sustainability and governance of the disability ecosystem

● **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

While we are supportive of this recommendation, we have some concerns in regard to the manner in which the existing NDIA operational guidelines have previously been interpreted to the detriment of NDIS Participants.



Our queries, concerns, and suggestions for implementation:

- Supporting Action 21.2 refers to the Department of Social Services, in consultation with state and territory governments, reviewing existing NDIA operational guidelines to identify and prioritise opportunities to strengthen the National Disability Insurance Scheme Act and Rules. It is critical that this work involves reviewing the application of “exceptional circumstances” to participant requests. AFDO members have cited a number of outstanding issues with operational guidelines being used by people who have no relevant qualifications

or expertise. This continues to result in people with disability being told that their situations of impoverished support and anorexic market conditions do not meet the NDIA's criteria of an "exceptional circumstance".

Recommendation 22: Embed a highly skilled, person-centred, disability aware culture across all disability agencies and governments.

● **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

We are supportive of this recommendation and consider its implementation to be critical to the successful implementation of all other recommendations arising out of the Review, as well as the 222 recommendations that arose out of the Disability Royal Commission.



Our queries, concerns, and suggestions for implementation:

- We do not feel these Supporting Actions go far enough. AFDO and its Members are constantly having to educate public servants about issues pertaining to disability. This is also the case when they are working within a portfolio that allows them to make decisions that will directly affect people with disability, their families and supporters.
- This problem is exacerbated by the transient nature of staff working in these roles and the fact that we constantly find ourselves in the position of having to educate someone new.
- This recommendation is quite narrow in focus as it specifically refers to "disability agencies". Public servants working across a range of settings are required to interact with or make decisions that will affect people with disability. At a minimum, we would like to see the Australian Government commit to mandatory disability awareness training for all staff working for the:
 - Australian Public Service Commission
 - Australian Human Rights Commission
 - Services Australia

- Australian Taxation Office
 - National Disability Insurance Agency
 - Department of Social Services
 - Department of Health and Aged Care
 - Department of Education
 - Department of Employment and Workplace Relations
 - Attorney-General's Department
 - Department of Prime Minister and Cabinet,
 - NDIS Quality & Safeguards Commission
 - Aged Care Quality and Safety Commission, and
 - The new body for administrative review that replaces the Administrative Appeals Tribunal.
- At a minimum, we would also like to see state and territory governments commit to mandatory disability awareness training for all staff working within the Government Department with portfolio responsibility for disability, as well as their state-based anti-discrimination body.
 - Whilst we believe disability awareness training should be mandatory for all public servants, the above would constitute a promising start.
 - Training must be tailored to the needs of each work area e.g. customer service, policy/projects, communications, etc. so it is directly applicable to each person's role. Training should be reviewed and updated on an annual basis.
 - Longer term, we need people to undertake disability awareness training that is tailored to their industry while they are still in further education and before they move into the workforce. As such, we would like to see the Minister for Employment and Workplace Relations work with the Australian Curriculum, Assessment and Reporting Authority, the Tertiary Education Quality and Standards Agency and the Training Package Assurance Body within the Department of Employment and Workplace Relations to ensure modules on disability awareness, accessibility and inclusive design are built into:
 - The Australian school curriculum.
 - Relevant VET accredited courses.
 - Relevant university courses.

- In particular, we compel the Australian Government to work with states and territories to develop a comprehensive plan aimed at increasing disability confidence across all health services and settings. This is one of the factors contributing to the poor health outcomes that are experienced by people with disability. The Disability Royal Commission has made a range of recommendations pertaining to this topic.

Recommendation 23: Measure what matters, build an evidence base of what works, and create a learning system.

● **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

We are in support of this recommendation, and were particularly pleased to see Supporting Action 23.1, which refers to National Cabinet agreeing to replace the current NDIS Outcomes Framework with a new Disability Support Outcomes Framework. Every person with disability matters – not just those who receive an individually funded package of supports under the NDIS. The move to better track outcomes for all people with disability is promising.



Our queries, concerns, and suggestions for implementation:

- Supporting action 23.2 refers to the new National Disability Supports Quality and Safeguards Commission and the Independent Health and Aged Care Pricing Authority establishing and managing an NDIS Evidence Committee to provide guidance on reasonable and necessary disability supports. While we agree that this work must be undertaken in conjunction with the Independent Health and Aged Care Pricing Authority, the proposed name for the Committee makes it appear as though it's findings will only apply to participants of the NDIS. It is critical that older people with disability who are forced to access their supports

from the aged care system are able to access “reasonable and necessary” supports on an equitable basis. This is also the case for people with disability who will be required to access foundational supports outside the scheme.

- We reserve some concerns about placing such a strong emphasis on ‘evidence-based’ practice. For low prevalence disabilities such as Deafblindness, for example, the evidence base may simply not exist.
- Certain cohorts of people with disability are also routinely excluded from research projects and academia due to the fact that:
 - Academics do not always think to engage with them due to unconscious bias
 - They are less likely to be using platforms where research projects are promoted, and
 - Their access needs often can’t be accommodated, resulting in them being excluded from research projects altogether.
- In light of the above, the Disability Research and Evaluation Fund recommended under Supporting Action 23.3 must prioritise projects focused on historically under-represented cohorts. These projects must be developed in consultation with each community and must be responsive to their needs.
- We are particularly concerned about how the evidence-base will keep up with the changing pace of technology and would like to see the Australian Government clearly articulate its position on this matter.
- At present, it is possible for evidence from allied health professionals to be overruled by staff within the NDIS ecosystem who have no clinical expertise and are not best-placed to make these decisions. This problem must be effectively resolved into the future.
- We also query what weight lived experience will hold, and caution Governments against relying exclusively on algorithms to make important decisions about which supports should or should not be funded.

Recommendation 24: Establish appropriate architecture to implement reforms

● **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

While we are generally in support of this recommendation, we have some concerns in regard to the need for transparency and appropriate oversight.



Our queries, concerns, and suggestions for implementation:

- Underneath supporting Action 24.1, the Review Panel recommends The Disability Reform Ministerial Council agree on architecture to support implementation and delivery of the NDIS reform agenda. AFDO would like to see the Australian Government establish a Disability Reform Implementation Council that is led by people with disability and their representative organisations. This body would be responsible for providing advice in relation to the implementation of recommendations from both the NDIS Review and the Disability Royal Commission.
- We do not believe the Department of Social Services is the most appropriate body to have oversight of the recommendations arising from the review. We would like to see this responsibility fall to the Department of Prime Minister and Cabinet instead.
- Underneath supporting Action 24.2, the Review Panel recommends the new NDIS Review Implementation Advisory Committee report to the Disability Reform Ministerial Council every six months or as needed. It is imperative that these reports are tabled in Parliament and made publicly available in formats that are accessible to people with disability. This is necessary to build public confidence in the reforms.
- Supporting Action 24.3 refers to the new NDIS Experience Design Office commissioning agile projects to design and test reforms to the participant pathway. It is critical that this work is undertaken through a genuine and meaningful co-design process that includes people with disability and their representative organisations.

Recommendation 25: Coordinate and consult on amendments to relevant legislation to enact proposed reforms.

● **Further information/consultation needed** – We do not have enough detail to support this recommendation in full.



Overarching comments:

While we generally support this recommendation, we have serious reservations about the manner in which it has so far been implemented and Government's commitment to seeing it upheld.



Our queries, concerns, and suggestions for implementation:

- At the time of finalising this document, AFDO was in the process of preparing a submission on the *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024*. This Bill falls significantly short of the needs of people with disability and does not adequately reflect the Recommendations made by the Review Panel.
- Furthermore, people with disability and their representative organisations were only provided with a very narrow time frame in which to provide feedback. While the deadline for submissions was eventually extended, this process has not provided us with much confidence in the fact that the substance of this recommendation will be effectively upheld.

Recommendation 26: Develop an implementation roadmap that factors in critical dependencies and risks and ensures a smooth transition for existing participants.

● **Support in principle** – We would like Government to consider some additional factors as it approaches the implementation of this recommendation.



Overarching comments:

While we are generally in support of this recommendation, we have some concerns about the transition process; particularly the requirement for potentially traumatised Participants to be forced to reapply for the scheme.



Our queries, concerns, and suggestions for implementation:

- Supporting Action 26.1 refers to National Cabinet agreeing to and publishing an implementation roadmap. While we support this recommendation, we would like to see Government commit to releasing a draft version of the implementation road map for public consultation prior to it being finalised.
- Supporting Action 26.2 refers to the NDIA ensuring existing participants experience a smooth and fair transition to the new participant pathway. We cannot emphasise the importance of good change management enough. These reforms will further erode confidence in the Scheme if poorly managed. It is critical that the NDIA works with people with disability and their representative organisations to determine when and how changes should take effect, and design accessible and easy to understand communications to inform participants about the changes.
- It appears as though existing NDIS participants will be expected to reapply for the Scheme under the revised “consistent and equitable approach to determining eligibility for access to the NDIS”. The Review Panel has recommended participants have at least a two-year transition period before they could be expected to reapply for the scheme under these new arrangements.

We are very concerned about some of the ramifications this may have - particularly for the many people with disability who have experienced significant trauma as a result of their interactions with the Scheme and those who have had to fight tirelessly to be granted access in the first place. We do not think this is a fair position to put people in and feel that some cohorts should be exempt from this process.

Reference list

¹ Commonwealth of Australia, Department of Social Services (2021) *Australia's Disability Strategy 2021–2031*, Accessed 28 January 2024.
<https://www.disabilitygateway.gov.au/ads/strategy>

² Australian Institute of Health and Welfare (2024) *Australia's Disability Strategy 2021–2031 Outcomes Framework: Second annual report, Personal and community support*, Accessed 10 January 2024. <https://www.aihw.gov.au/reports/australias-disability-strategy/australias-disability-strategy-outcomes-framework/contents/personal-and-community-support>

³ Commonwealth of Australia, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023) *Final Report - Volume 6, Enabling autonomy and access*, Accessed 20 April 2024.
<https://disability.royalcommission.gov.au/publications/final-report-volume-6-enabling-autonomy-and-access>

⁴ Parliament of Australia, Joint Standing Committee on the National Disability Insurance Scheme (2023) *Inquiry into the Capability and Culture of the National Disability Insurance Agency - List of recommendations*, Accessed 15 February 2024.
https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/CapabilityandCulture/Report/List_of_recommendations.

⁵ United Nations Committee on the Rights of Persons with Disability (2019) *Concluding observations on the combined second and third periodic reports of Australia*, CRPD/C/AUS/CO/2-3, 15 October 2019, Accessed 7 March 2024.
<https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPrICAqhKb7yhsnzSGolKOaUX8SsM2PfxU7sdcBNJQCwIRF9xTca9TaCwjm5OlnhspoVv2oxnsujKTREtaVWFXhEZM%2F0OdVJz1UEyF5leK6Ycmqrn8yzTHQCn>

⁶ United Nations (2006) *Convention on the Rights of Persons with Disabilities*, Treaty Series, vol. 2515, Dec. 2006, art. 4, Accessed 20 March 2024.
<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-4-general-obligations.html>

⁷ United Nations Committee on the Rights of Persons with Disability (2018) *General comment No. 7 (2018) on the participation of persons with disabilities, including children with disabilities, through their representative organizations, in the implementation and monitoring of the Convention*, CRPD/C/GC/7, 9 November 2018, Accessed 7 March 2024.

<https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPrICAqhKb7yhsnbHatvuFkZ%2Bt93Y3D%2Baa2pjFYzWLBu0vA%2BBBr7QovZhbuyqzjDN0plweYI46WXrJJ6aB3Mx4y%2FspT%2BQrY5K2mKse5zjo%2BfvBDVu%2B42R9iK1p#:~:text=The%20participation%20of%20persons%20with%20disabilities%20in%20implementing%20and%20monitoring,on%20Civil%20and%20Political%20Rights>

⁸ Australian Public Service Commission (2017) *Values and Code of Conduct in Practice*, Commonwealth of Australia, August 2017, Accessed 10 April 2024.

<https://apsc.gov.au/publication/aps-values-and-code-conduct-practice>

⁹ United Nations Committee on the Rights of Persons with Disability (2018) *General comment No. 7 (2018) on the participation of persons with disabilities, including children with disabilities, through their representative organizations, in the implementation and monitoring of the Convention*, CRPD/C/GC/7, 9 November 2018, ss 2(23), Accessed 7 March 2024.

<https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPrICAqhKb7yhsnbHatvuFkZ%2Bt93Y3D%2Baa2pjFYzWLBu0vA%2BBBr7QovZhbuyqzjDN0plweYI46WXrJJ6aB3Mx4y%2FspT%2BQrY5K2mKse5zjo%2BfvBDVu%2B42R9iK1p#:~:text=The%20participation%20of%20persons%20with%20disabilities%20in%20implementing%20and%20monitoring,on%20Civil%20and%20Political%20Rights>

¹⁰ Parliament of Australia, Joint Standing Committee on the National Disability Insurance Scheme (2023) *Inquiry into the Capability and Culture of the National Disability Insurance Agency - List of recommendations*, Accessed 15 February 2024.

https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/CapabilityandCulture/Report/List_of_recommendations.

¹¹ United Nations Special Rapporteur on the Rights of Persons with Disabilities (2017) *Access to rights-based support for persons with disabilities*, Accessed 30 January 2023.

<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/436/64/PDF/G1643664.pdf?OpenElement>

¹² United Nations Committee on the Rights of Persons with Disabilities (2019) *Concluding observations on the combined second and third periodic reports of Australia*, Paragraph 18: A, CRPD/C/AUS/CO/2-3, 15 October 2019, Accessed 7 March 2024.

<https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPpRiCAqhKb7yhsnzSGolKOaUX8SsM2PfxU7sdcbNJQCwIRF9xTca9TaCwj5OInhspoVv2oxnsujKTREtaVWFXhEZM%2F0OdVJz1UEyF5leK6Ycmqrn8yzTHQCn>

¹³ University of Washington, UW Medicine Newsroom (2023) *Risk of dementia increases with traumatic brain injury*, accessed 14 February 2024.

<https://newsroom.uw.edu/news-releases/risk-dementia-increases-traumatic-brain-injury>

¹⁴ Dementia Australia (2022) *Down syndrome and Alzheimer's disease*, accessed 14 February 2024. <https://www.dementia.org.au/about-dementia/types-of-dementia/down-syndrome-and-alzheimers-disease>.

¹⁵ Commonwealth of Australia, NDIS Quality and Safeguards Commission (2020) *Report: Mortality patterns among people using disability support services in Australia*, Accessed 9 February 2024. <https://www.ndiscommission.gov.au/resources/reports-policies-and-frameworks/research-deaths-people-disability/2020-report-mortality#:~:text=Over%20the%20five%20years%20of,130%20deaths%20per%20100%2C000%20people>)

¹⁶ Commonwealth of Australia, Department of Health and Aged Care (2024) *Client Fact Sheet: Transition of Some Disability Support for Older Australians Clients into Aged Care*, Accessed 15 February 2024. <https://www.health.gov.au/sites/default/files/2023-11/transition-of-some-disability-support-for-older-australians-clients-into-aged-care.pdf>

¹⁷ Commonwealth of Australia, Department of Treasury (2024) *National Injury Insurance Scheme*, Accessed 15 February 2024. <https://treasury.gov.au/programs-initiatives-consumers-community/niis>.

¹⁸ Committee on the Rights of Persons with Disabilities (2019) *Concluding observations on the combined second and third periodic reports of Australia*, Paragraph 5: E,

CRPD/C/AUS/CO/2-3, 15 October 2019, Accessed 7 March 2024.

<https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPrICAqhKb7yhsnzSGolKOaUX8SsM2PfxU7sdcbNJQCwIRF9xTca9TaCwjm5OInhspoVv2oxnsujKTREtaVWFXhEZM%2F0OdVJz1UEyF5leK6Ycmqrn8yzTHQCn>

¹⁹ Yates, S., Carey, G., Hargrave, J. et al. (2021) 'Women's experiences of accessing individualized disability supports: gender inequality and Australia's National Disability Insurance Scheme.' *Int J Equity Health* 20, 243 (2021). <https://doi.org/10.1186/s12939-021-01571-7>

²⁰ Parliament of Australia, Joint Standing Committee on the National Disability Insurance Scheme (2023) *Final Report from the Inquiry into the Capability and Culture of the National Disability Insurance Agency: Chapter 6 - Committee view and recommendations*, Accessed 15 February 2024.
https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/CapabilityandCulture/Report/Chapter_6_-_Committee_view_and_recommendations

²¹ Council of Australian Governments (2015) *A Framework for Information, Linkages and Capacity Building - Microsoft Word version*, P14 and 15.

²² Council of Australian Governments (2015) *A Framework for Information, Linkages and Capacity Building - Microsoft Word version*, P14.

²³ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023) *Final Report: Volume 6 - Enabling autonomy and access* (Microsoft Word version), P12.

²⁴ National Disability Services (2023) *State of the Sector Report*, Accessed 15 February 2023,
https://www.nds.org.au/images/State_of_the_Disability_Sector_Reports/State_of_the_Disability_Sector_Report_2023.pdf.