

PRINCIPLES TO DETERMINE THE RESPONSIBILITIES OF THE NDIS AND OTHER SERVICE SYSTEMS

All governments have agreed that our vision is for an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens. To achieve this vision, all Australian governments, non-government organisations, business and the wide community have a role to play. The interactions of the NDIS with other service systems will reinforce the obligations of other service delivery systems to improve the lives of people with disability, in line with the National Disability Strategy.

Governments agree that the principles outlined in this document will be used to determine the funding and delivery responsibilities of the NDIS and other systems in achieving this vision. The NDIS launch sites provide governments with an opportunity to review interactions between the NDIS and other service systems and consider any lessons arising out of launch.

These applied principles, and arrangements needed to operationalise them, will be reviewed through the process set out in Part 8 of the Intergovernmental Agreement for the NDIS Launch. Based on this review and on the lessons from launch, the Standing Council on Disability Reform may provide advice to COAG on amendments to the Applied Principles and 'tables of supports', in consultation with other Ministerial Councils as appropriate. The Agency Board may also report to the Standing Council and COAG on the operation and effectiveness of the interface with other service systems.

1. People with disability have the same right of access to services as all Australians, consistent with the goals of the National Disability Strategy which aims to maximise the potential and participation of people with disability.
2. The NDIS will fund personalised supports related to people's disability support needs, unless those supports are part of another service system's universal service obligation (for example, meeting the health, education, housing, or safety needs of all Australians) or covered by reasonable adjustment (as required under the Commonwealth Disability Discrimination Act or similar legislation in jurisdictions).
3. Clear funding and delivery responsibilities should provide for the transparency and integrity of government appropriations consistent with their agreed policy goals.
4. There should be a nationally consistent approach to the supports funded by the NDIS and the basis on which NDIS engages with other systems, noting that because there will be variation in non-NDIS supports funded within jurisdictions there will need to be flexibility and innovation in the way the NDIS funds and/or delivers these activities.

5. In determining the approach to the supports funded by the NDIS and other service systems governments will have regard to efficiency, the existing statutory responsibilities and policy objectives of other service systems and operational implications.

6. The interactions of people with disability with the NDIS and other service systems should be as seamless as possible, with a no wrong door approach, and minimising the impact of system and organisational boundaries on people with disability, enabling coordinated and integrated plans, supports, referrals and transitions.

Applied principles

In addition to the six general principles, applied principles have been developed in a range of other service systems to assist governments to further define the funding responsibilities during the launch of the NDIS.

Applied principle have been developed for:

1. Health

2. Mental health

3. Early childhood development

4. Child protection and family support

5. School education

6. Higher education and Vocational Education and Training (VET)

7. Employment

8. Housing and community infrastructure

9. Transport

10. Justice

11. Aged care

1. HEALTH

APPLIED PRINCIPLES — HEALTH

1. Commonwealth and State and Territory health systems have a commitment to improve health outcomes for all Australians by providing access to quality health services based on their needs consistent with the requirements of the National Healthcare Agreement and other national agreements and in line with reasonable adjustment requirements (as required under the Commonwealth Disability Discrimination Act or similar legislation in jurisdictions).
2. The above health system will remain responsible for the diagnosis and clinical treatment of health conditions, including ongoing or chronic health conditions, and other activities that aim to improve the health status of Australians, including general practitioner services, medical specialist services, dental care, nursing, allied health services (including acute/post-acute), preventive health, care in public and private hospitals, pharmaceuticals, and other universal health entitlements.
3. The above health system will also be responsible for funding time limited, goal-oriented services and therapies where the predominant purpose is treatment directly related to the person's health status or after a recent medical or surgical event, with the aim of improving the person's functional status including rehabilitation, palliative care, or post-acute care.
4. The NDIS will be responsible for supports related to a person's ongoing functional impairment and that enable the person to undertake activities of daily living, including "maintenance" supports delivered or supervised by clinically trained or qualified health practitioners where this is directly related to a functional impairment and integrally linked to the care and support a person requires to live in the community and participate in education and employment.

2. MENTAL HEALTH

APPLIED PRINCIPLES — MENTAL HEALTH

1. The health system will be responsible for:
 - a. supports related to mental health that are clinical in nature, including acute, ambulatory, continuing care, rehabilitation/recovery and early intervention, including clinical support for child and adolescent developmental needs; and
 - b. any residential care where the primary purpose is for inpatient treatment or clinical rehabilitation, where the service model primarily employs clinical staff.
2. The health and community services system will be responsible for supports relating to a co-morbidity with a psychiatric condition where the co-morbidity is clearly the responsibility of that system (e.g. treatment for a drug and/or alcohol issue).
3. The NDIS will be responsible for non-clinical supports that focus on a person's functional ability, including those that enable people with mental illness or a psychiatric condition to undertake activities of daily living and participate in the community and in social and economic life.

3. CHILD PROTECTION AND FAMILY SUPPORT

APPLIED PRINCIPLES — CHILD PROTECTION AND FAMILY SUPPORT

1. In recognising the statutory role of the child protection system and in line with the National Framework for Protecting Australia's Children 2009-2020:
 - a. Other parties will be responsible for promoting the safety of children from abuse and neglect, including public education on child safety, management of the statutory child protection system including reports of child protection.
 - b. The NDIS will ensure its rules and processes are consistent with jurisdictional child protection legislation, including reporting requirements.
2. The child protection, community services, family support, education and/or health sectors will continue to be responsible for general parenting programs, counselling and other supports for families, including making these accessible and appropriate for families with disability, that are provided both to the broad community and families at risk of child protection intervention.
3. The child protection system will be responsible for meeting the needs of children with disability in out-of-home care, where these supports are not additional to the needs of children of similar age in similar out of home care arrangements, including support to carers of children in out-of-home-care.
4. Where a child with disability is in out of home care, the NDIS will fund supports specific to the child's disability (or development delay) which are additional to the needs of children of similar ages, in similar out of home care arrangements. The diversity of out of home care arrangements is recognised and the level of 'reasonable and necessary' supports will reflect the circumstances of the individual child. The standard supports provided by the child protection system to carers relevant to their out of home care arrangement will continue.
5. The NDIS will be responsible for support for children, families and carers required as a direct result of the child's disability, including supports that enable families and carers to sustainably maintain their caring role, including community participation, therapeutic and behavioural supports, additional respite and aids and equipment.

4. EARLY CHILDHOOD DEVELOPMENT

APPLIED PRINCIPLES — EARLY CHILDHOOD DEVELOPMENT

1. The early childhood education and care sector will continue to be responsible for meeting the education and care needs of children with a development delay or disability, including through inclusion supports that enable children to participate in early childhood education and care settings.
2. The health system, including child and maternal health services, will be responsible for supports which are clinical in nature, including acute, ambulatory, continuing care and new-born follow-up.
3. The NDIS will be responsible for personalised individualised supports, specific to a child's disability (or development delay) which are additional to the needs of children of a similar age and beyond the reasonable adjustment requirements of early childhood development service providers.
4. The NDIS will be responsible for early interventions for children with disability (or development delay) which are:
 - specifically targeted at enhancing a child's functioning to undertake activities of daily living (not supports, such as school readiness programs, which are specifically for the purpose of accessing a universal service, such as education); and
 - likely to reduce the child's future support needs which would otherwise require support from the NDIS in later years, including through a combination and sequence of supports (not including medical and health treatments outlined in the health interface).
5. The implementation of the NDIS' responsibilities in regard to early childhood development services will need be aligned with other early childhood services being provided and take account of relevant workplace relations arrangements, duty of care, quality standards and state-based scheme such as 'working with children checks'.

[Note: Linkages with the 'Child Protection and Family Support Applied Principles' and 'Education Applied Principles']

5. SCHOOL EDUCATION

APPLIED PRINCIPLES — SCHOOL EDUCATION

1. The allocation of responsibilities between the NDIS and schools will be consistent with the legal obligations of schools, and governments' policy objectives for education including:
 - a. the compulsory nature of schooling
 - b. the current responsibilities schools have for reasonable adjustment, under the Disability Standards for Education;
 - c. curriculum and planning, including requirements for students to receive the legislated number of hours instruction or meet class attendance requirements.
2. In recognising the universal and statutory role of the schooling system:
 - schools will be responsible for personalising learning and support for students that primarily relate to their educational attainment (including teaching, learning assistance and aids, school building modifications and transport between school activities); and
 - the NDIS will fund supports that the student would require which are associated with the functional impact of the student's disability on their activities of daily living (i.e. those not primarily relating to education attainment), including personal care and support and transport to and from school. Any funding arrangements for individual students will recognise the operational requirements and educational objectives of schools.
3. The allocation of funding responsibilities will avoid placing inappropriate legal or financial obligations on schools or on the NDIS.

[Note: Further work will be undertaken on how students personal care needs will be assessed, the calculation of the level of funded supports for personal care and how these funds will be managed/administered.]

6. HIGHER EDUCATION AND VOCATIONAL EDUCATION AND TRAINING (VET)

APPLIED PRINCIPLES — HIGHER EDUCATION AND VOCATIONAL EDUCATION AND TRAINING (VET)

1. The allocation of funding responsibilities between the NDIS and both the Higher Education and Vocational Education and Training (VET) providers will be consistent with the legal obligations and governments' policy objectives for education including the current responsibilities education providers have for 'reasonable adjustment', under the Disability Standards for Education;
2. Higher Education and VET providers will be responsible for the learning and support needs of students that primarily relate to their educational and training attainment (including teaching, learning assistance and aids, building modifications and transport between education or training activities), as well as general transition supports from education or training to employment.
3. The NDIS will fund supports that the student would require which are associated with the functional impact of the student's disability on their activities of daily living (i.e. those not primarily relating to education or training attainment), including personal care and support, transport from home to and from the education or training facility and specialist transition supports required as a result of the person's disability, consistent with the individualised approach to funding that is to be adopted by an NDIS.

7. EMPLOYMENT

APPLIED PRINCIPLES — EMPLOYMENT

1. Employment services and programs, including both disability-targeted and open employment services, will continue to be responsible for providing advice and support to:
 - a. people with disability to prepare for, find and maintain jobs; and
 - b. employers to encourage and assist them hire and be inclusive of people with disability in the workplace (e.g. support, training and resources, funding assistance to help employers make reasonable adjustments, and incentives for hiring people with disability, such as wage subsidies).
2. Employers will continue to provide work-specific support to people with disability related to recruitment processes, work arrangements and the working environment in line with the *Disability Discrimination Act 1992*, including workplace modifications, work-specific aids and equipment, and transport within work activities.*
3. The NDIS will be responsible for supports related to daily living that a person would require irrespective of the activity they are undertaking (including personal care and support and transport to and from work) consistent with the individualised approach to funding that is to be adopted by the NDIS.
4. The NDIS will be responsible for frequent and ongoing supports that assist people with disability to take part in work where the person has work capacity and is unlikely to be able to find or retain work in the open market, including with the assistance of employment services.
5. The NDIS will be responsible for individualised assistance to support a person with disability to transition into employment, where these support needs are additional to the needs of all Australians and specifically required as a result of a person's functional impairment, such as training on dress, workplace relationships, communication skills, punctuality and attendance, and travelling to and from work. **

*[*Where a person's employment includes a program of training, such as apprenticeships the, training organisations will also be responsible for providing reasonable adjustment, in line with the Disability Discrimination Act 1992 and the Disability Standard for Education.]*

*[** Commonwealth officials will continue to work through arrangements with the Departments of Human Services and Education, Employment and Workplace Relations where supports offered by the NDIS are similar to those offered by Centrelink and/or employment services.]*

8. HOUSING AND COMMUNITY INFRASTRUCTURE

APPLIED PRINCIPLES — HOUSING AND COMMUNITY INFRASTRUCTURE

1. Public and community housing providers will continue to provide accommodation for people in need of housing assistance in line with existing allocation and prioritisation processes, including appropriate and accessible housing for people with disability, routine tenancy support, and ensuring that new publicly-funded housing stock, where the site allows, incorporates Liveable Design features.
2. Housing and homelessness services remain responsible for homelessness-specific services, including through homelessness prevention and through outreach and access to temporary and long term housing for people who are homeless, or at risk of homelessness.
3. Parties responsible for community infrastructure will continue to improve the accessibility of the built and natural environment (including roads and footpaths) through planning and regulatory systems and through building modifications and reasonable adjustment where required.
4. The NDIS will be responsible for support to assist individuals with disability to live independently in the community, including by building individual capacity to maintain a tenancy and support for appropriate behaviour management.
5. The NDIS will be responsible for home modifications for accessibility specific to individuals in private dwellings, and in some cases in legacy public and community housing dwellings on a case-by-case basis and not to the extent that it would comprise the responsibility of housing authorities to develop, maintain and refurbish, stock that meets the needs of people with disability.
6. The NDIS is also responsible for user costs of capital in some situations where a person requires an integrated housing and support model and the cost of the accommodation component exceeds a reasonable contribution from individuals.

9. TRANSPORT

APPLIED PRINCIPLES — TRANSPORT

1. The public transport system will be responsible for ensuring that transport options are accessible to people with disability, including through concessions to people with disability to use public transport (including parties choosing to provide concessions for the total cost of transport) and compliance with relevant non-discrimination legislation including the Disability Standards for Accessible Public Transport.
2. Others parties will continue to be responsible for transport infrastructure, including road and footpath infrastructure, where this is part of a universal service obligation or reasonable adjustment, including managing disability parking and related initiatives.
3. The NDIS will be responsible for funding supports for individuals that enable independent travel, including through personal transport-related aids and equipment, training to use public transport and modifications to private vehicles (i.e. not modifications to public transport or taxis).
4. The NDIS will be responsible for reasonable and necessary costs associated with the use of taxis or other private transport options for those not able to travel independently

[Note: links with the 'Education Applied Principles' and 'Employment Applied Principles' regarding transport to and from work/school]

10. JUSTICE

APPLIED PRINCIPLES — JUSTICE

1. The criminal justice system (and relevant elements of the civil justice system) will continue to be responsible for meeting the needs of people with disability in line with the National Disability Strategy and existing legal obligations, including making reasonable adjustments in accordance with the *Disability Discrimination Act 1992* (Cth), through:
 - a. ensuring its systems, supports and buildings are accessible for people with disability including appropriate communication and engagement mechanisms, adjustments to the physical environment, accessible legal assistance services and appropriate fee waivers;
 - b. general programs for the wider population, including programs to prevent offending and minimise risks of offending and reoffending and the diversion of young people and adults from the criminal justice system;
 - c. the management of community corrections, including corrections-related supervision for offenders on community based orders.
2. Other parties and systems will be responsible for supports for people subject to a custodial sentence or other custodial order imposed by a court. This includes where a court has order a person reside in a prison, or other facility accommodating people on custodial orders such as youth detention and training facilities, secure mental health facilities or secure facilities for people with disability. These parties are responsible for meeting the day-to-day care and support needs of people with disability in this custodial settings, including supervision, personal care and general supports which are also required by the general custodial population, and also general supports to enable skill development and living skills and promote the effective transition of people with disability out of custodial settings, in line with supports offered to other people in custodial settings.
3. The health system, mental health system and other parties will be responsible for operating secure mental health facilities which are primarily clinical in nature.
4. The NDIS will continue to fund the full range of supports related to the impact of a person's disability in a person's support package where the person is not serving a custodial sentence or other custodial order imposed by a court. As such the NDIS would fund supports where the person is on remand or a community based order which places controls on the person to manage risks to the individual or the community (except in the case of secure mental health facilities).
5. The NDIS will fund specialised supports to assist people with disability live independently in the community, including supports delivered in custodial settings aimed at improving transitions from custodial settings to the community, where these supports are required as a result of a person's functional impairment and additional to supports required by all Australians in similar custodial settings.

11. AGED CARE

APPLIED PRINCIPLES — AGED CARE

1. The aged care system will continue to be responsible for access to quality and affordable aged care and carer support services, including through subsidies and grants, industry assistance, training and regulation of the aged care sector, information assessment and referral mechanisms, needs-based planning arrangements and support for specific needs groups and carers.
2. Consistent with Principle 6 of the *Principles to Determine Responsibilities of the NDIS and Other Service Systems*:
 - a. where a participant chooses to move from the NDIS to the aged care system there will be a seamless approach to the person's transition between these systems, with the person supported at all points during the transition to ensure people receive appropriate supports as they age
 - b. The NDIS and the aged care system will recognise their relative areas of expertise and seek to leverage this expertise as appropriate.
3. A participant can choose to continue to receive supports from the NDIS after age 65, or can choose to take up an aged care place.
 - a. A person ceases to be a participant in the NDIS when the person enters a residential care service on a permanent basis, or starts being provided with community care on a permanent basis, and this first occurs only after the person turns 65 years of age (residential care service and community care have the same meanings as in the *Aged Care Act 1997*).
 - b. All parties will fulfill the responsibilities set out under Schedule F of the National Health Reform Agreement in relation to aged care and disability services, to the extent relevant to Parties of the Agreement (Clause 17 NDIS IGA).
4. An NDIS participant under the age of 65 can choose to purchase support from an aged care provider and the NDIS will fully meet these 'reasonable and necessary' support costs.