Draft lists of NDIS supports - submission

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The contents of this document are OFFICIAL.

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Contents

1. Introduction

The Independent Advisory Council (IAC) represents the participant voice in the NDIS and provides advice to the Board of the National Disability Insurance Agency (NDIA).

The Department of Social Services (DSS) has invited the community to provide feedback on the draft rule for the *NDIS Amendment (Getting the NDIS back on track no.1) Bill 2024* about defining NDIS supports (Section 10). The IAC has found this process to have a range of problems. The process has not been in line with commitments on co-design, accessibility and timeliness.

The draft rule is a transitional instrument about NDIS supports which would be in place if the Bill commences. This transitional instrument will include lists about what NDIS funding can and cannot be spent on. The IAC acknowledges that if the Bill passes new rules will take time to develop, together with the disability community and must be agreed by states and territories. However, this means the transitional rule could be in place for years to come having been based on a limited consultation.

The IAC believes a detailed list in legislation is fundamentally against the principle of the NDIS and does not align to the objects of the *National Disability Insurance Scheme Act 2013* in particular:

> **3 Objects of Act[1]**
>
> (1) The objects of this Act are to:
>
> (a) in conjunction with other laws, give effect to Australia's obligations under the Convention on the Rights of Persons with Disabilities done at New York on 13 December 2006 ([2008] ATS 12); and
>
> (c) support the independence and social and economic participation of people with disability; and

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[1] *National Disability Insurance Scheme Act 2013*

(d) provide reasonable and necessary supports, including early intervention supports, for participants in the National Disability Insurance Scheme; and

(e) enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports; and

(g) promote the provision of high quality and innovative supports that enable people with disability to maximise independent lifestyles and full inclusion in the community; and

Having a prescriptive list also limits innovation, flexibility and value for money. As people with lived experience of the NDIS and disability support, the IAC can provide examples of a range of perverse and unintended consequences that can flow on from prescriptive lists and the way they will likely be implemented by frontline staff and delegated decision makers.

The IAC understands that there are legal reasons for needing to define what is funded under the NDIS. The IAC seeks a definition that is clear and states what types of things cannot be funded with no exceptions (e.g. gambling, alcohol, tobacco products and vapes) and is then using the reasonable and necessary criteria with some further explanation if required in policy. All policy and operational guidelines should be visible to the community.

1.1 Recommendations

1.1.1 Process

1. The time for consultation is extended by a further 20 days.
2. DSS and the NDIA ensure that easy read, language and Auslan translations are available, and that the consultation material has been directly provided to organisations and people in regional and remote areas.
3. A clear statement is made on why this transitional rule is not being co-designed, what can be co-designed and all the consultation methods that will occur for this transitional rule.

4. DSS review the good practice guidelines on engagement and train their staff in how to use them.

5. DSS ensures that relevant staff know about the Joint Statement on Co-design[2] that DSS has signed up to and follow through on the commitment DSS has made in this statement to working collaboratively and effectively with the disability community and other parties.

6. DSS make clear which key staff are accountable for upholding DSS's commitment to co-design.

7. DSS maintain a calendar of all disability sector consultations to ensure there is timely engagement with the sector.

8. The next steps and timelines on development of the new legislative instrument should be developed and published including a statement on co-design.

1.1.2 Approach

9. Further exploration occurs of approaches that do not require a prescriptive list but use a principle-based approach. If there is a list it is a minimal prescriptive list of what is not an NDIS Support.

10. The reason for using a particular approach such as a list, is transparent and communicated clearly.

11. Flexibility and innovation are included as core principles of decisions of funding supports that meet a participant's disability need.

12. NDIA provide dedicated communication and engagement to people with disability about how to use their funding. This needs to be engagement in groups, forums, webinars, and other interactive mechanisms.

1.1.3 Lists

13. Include in accommodation supports 'flexible support arrangements that may engage a live-in support or companion in different ways, including lead tenant

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type arrangements'. Make provision for short-term accommodation and those in hostels and boarding houses.

14. Include in assistive products items that can support disability needs for personal safety and remove them from the daily living exclusion list.

15. Expand disability related heath supports to provide flexibility for those with high daily support needs to be supported in hospital.

16. Provide exceptions in the daily living list that make it clear where there is value for money to meet a disability support need it is allowed.

17. Include personal hygiene and grooming services and products that meet disability support needs under Daily Living Activities in the 'in' list.

18. The NDIA should develop a clear policy and guidance on:

    a. What is considered a therapy support

    b. What evidence threshold needs to be met

    c. Regular review of research and evidence

19. Include examples of community, group and well-being activities in the exceptions to clarify the difference between an activity and a therapy e.g. yoga compared to yoga therapy.

20. Develop a guide to accompany the transitional rule clarifying where people can access support in the 'out' list or get assistance.

21. Review the list with an intersectional lens to ensure there is cultural responsiveness and not added disadvantage to people in marginalised groups and remote areas or thin markets.

22. Any exception process should be in policy and focused on:

    a. Exceptions explored at budget setting or planning periods

    b. Provision of guiding questions to explore an exception

    c. Provision of a broad range of examples

    d. A delegation level that is reasonable and doesn't cause a bottleneck of decisions

    e. Requirement for extra evidence or applications as a last resort.

2. Process

IAC members have been disappointed by the process undertaken by DSS in developing and consulting on these draft transitional rules. The process has felt disrespectful to the disability community at a time when there are major reports and changes occurring all at once.

This process should be extended with more information and support provided to ensure input from a diversity of people. The IAC want DSS to take heed of the below points and learn from them in their engagement with the disability sector.

2.1 Short timeframes

The timeframe of two weeks for people with disability and their representative organisations to provide feedback on such an important area is too short. It does not allow for representative bodies to engage with members. It does not allow for notification of the consultation to reach people in remote areas. The extension is acknowledged however it is not in line with the 30-day minimum time for consultation according to the Department of Prime Minister and Cabinet.[3]

2.2 Accessibility and reach

With a two-week time frame the DSS engage website did not have the easy read discussion paper available from the first day and did not have the discussion paper or lists in easy read, Auslan, or multiple community languages. This is not in line with the accessibility guidance on engagement on the National Disability Gateway[4]. It is also counter to DSS's commitment in the Joint Statement on Co-design to use "targeted approaches to make sure we include the voices of people who are rarely heard". (Joint Statement on Co-design[5])

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[3] Consultation [Guidance Note](#) from Department of Prime Minister and Cabinet on Policy Impact
[4] [Create accessible materials | Disability Gateway](#)
[5] [Co-designing reform | NDIS](#)

This rule will have an impact on people in regional and remote areas and where there are thin markets as it potentially limits flexibility. The time and reach of notification through a website mean those people with disability, their families and carers are likely not to have heard about the consultation or have an opportunity to provide feedback. There is an over reliance on underfunded representative organisations to raise issues.

The language used in the lists is not always appropriately placed and new terms like 'carve outs' are not clear. The term 'carve out' has previously been used in employment where specific tasks are carved out of a job to become a new job targeted to a person with intellectual disability.

2.3   Timing for the sector

The week before this consultation started the government released the Disability Royal Commission response, and the NDIS Provider and Worker Registration Taskforce Report. In the same period Disability Representative and Carer Organisations (DRCOs) have been asked to be involved in two or three different consultations occurring on Foundational Supports, and a review of Australia's Disability Strategy was opened.

Almost all these activities have been coordinated by DSS. IAC expect that there is communication within DSS and with advice to the Minister on the overwhelming amount of activity in a very short period and the need to space out these activities. The current process shows a lack of coordination and lack of respect for and understanding of the capacity of the DRCOs and disability community.

2.4   Purpose of consultation without co-design

In July 2024 DSS and the NDIA were both parties to a shared statement on co-design which is on the NDIA website[6]. This included a commitment to be clear about what can and what can't be co-designed and why, and what engagement would

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occur. This consultation does not clearly explain why a co-design approach has not been used.

There is conflicting information on the purpose of the draft transitional rule on NDIS supports. The discussion paper talks about providing clarity for people with disability as raised in the NDIS Review. The discussion paper does not talk about a legislative reason for having a definition or that it must be a list. The IAC and the DRCOs have heard there is a legislative reason for needing a definition (based on Williams vs Commonwealth). There is not a clear understanding of what this means. The approach to a definition of NDIS supports is explored in further detail below.

2.5   Narrow focus of questions

The discussion paper for this consultation poses three questions. Each question is related to what should or shouldn't be on the lists and does not open opportunity to respond with a different approach.

The discussion paper states that supports will still be based on the same criteria currently used, however the introduction of lists with exceptions has the potential to become more bureaucratic and less flexible to meet people's disability related supports.

2.6   Recommendations

1. The time for consultation is extended by a further 20 days.
2. DSS and the NDIA ensure that easy read, language and Auslan translations are available, and that the consultation material has been provided to organisations and people in regional and remote areas.
3. A clear statement is made on why this transitional rule is not being co-designed, what can be co-designed and all the consultation methods that will occur for this transitional rule.
4. DSS review the good practice guidelines on engagement and train their staff in how to use them.

5. DSS ensures that relevant staff know about the Joint Statement on Co-design[7] that DSS has signed up to and follow through on the commitment DSS has made in this statement to working collaboratively and effectively with the disability community and other parties.

6. DSS make clear which key staff are accountable for upholding DSS's commitment to co-design.

7. DSS maintain a calendar of all disability sector consultations to ensure there is timely engagement with the sector.

8. The next steps and timelines on development of the new legislative instrument should be developed and published including a statement on co-design.

3. Approach

The IAC understands that if the *NDIS Amendment (Getting the NDIS back on track no.1) Bill* passes with a section 10 definition of NDIS supports, there will need to be a transitional rule. The transitional rule is in place while a rule is being developed by the government, states and territories, and disability community. It is expected that this new rule will be developed with a robust co-design approach.

3.1 Options for exploration

The approach being taken for the transitional rule is to develop a list based on the current *National Disability Insurance Scheme (Supports for Participants) Rules 2013,* current operational guidance, and the Applied Principles and Tables of Support (APTOS)*.* Another initial option was to just use the APTOS. This approach was seen as problematic due to the individual nature of disability needs and circumstances when interacting with other systems.

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It is unclear what other options have been considered and why this option is deemed the most appropriate. The legal basis for needing to use lists has not been made clear either and this should be communicated to the sector.

The IAC does not agree with having lists and believe a principle-based approach is more appropriate for the diversity of participants and their needs. Principles that reference the Convention on the Rights of People with Disability (CRPD) can drive spending to be on supports and services that meet a person's disability needs and are contemporary. There is a high risk that prescriptive lists will:

- Make the NDIS more transactional and less about outcomes
- Have gaps which will limit support that is flexible and innovative
- Grow over time and become unmanageable
- Be treated like a shopping list rather than a needs-based approach.

A principles-based approach could be where any proposed budget for a participant is checked against principles such as:

- Promoting independence, control, and choice.
- Providing authentic social and economic participation.
- Is a reasonable cost for outcome.
- Is not illegal or demonstrably harmful (e.g. cigarettes, alcohol, gambling, etc).

The current *National Disability Insurance Scheme (Supports for Participants) Rules 2013,* rule provides guidance but does not have a prescriptive detailed list. An option could be to amend this rule for clear principles and at *Part 5 Supports that will not be funded or provided* to specifically list:

- Gambling
- Financial investments
- Alcohol
- Illegal drugs
- Tobacco products, cigarettes and vapes
- Firearms

Part 5 could also include a statement relating to value for money and supports that cost over and above similar average costs.

It is unclear why the option of amending the current rule with minor changes has not been explored as a transitional approach.

3.2 Effectiveness of approach

IAC members are concerned that this approach is not value for money and in many cases may increase the cost of support a person needs. The approach also leads to providers opting for the easiest path to ensure compliance which is group supports and traditional models of support. It is seen as being inflexible and will stifle innovation.

The IAC have several examples of participants using mainstream technology to support a person's health, safety and independence which without funding would require support worker hours. These types of examples would require exceptions in this list-based approach. The flexibility of finding solutions that are outside traditional disability support will be impacted.

With no clarity on how exceptions would be applied there is a very high risk based on current practice that a bureaucratic process will be used. The IAC preference is that exceptions and how they are used are based in policy not legislation. The IAC do not want to see another process requiring paying professionals to write reports that take weeks or months to be processed before decisions on support can be made.

If the list approach with exceptions is used then an NDIA planner or budget setting person needs to ask why that exception is requested and use the Would we fund it | NDIS guide. It will be important to get the correct level of delegation for decision making that does not cause delays and where there is a good understanding of context. Any exception process should start with:

- Does it meet a disability support need?
- Is it flexible or innovative and focused on inclusion?

Having a list and exception process is not in line with a flexible budget approach and further thought and design with participants is needed on budget setting that is flexible.

3.3 Disempowering approach

IAC members have raised how this approach of a list is adding to the fear of many people with disabilities, that they will make a wrong decision or choice. It is an approach that contributes to disempowering people from making decisions and can lead to further reliance on plan managers and support coordinators to guide decision making.

The language used in current lists with the examples suggests that if you use something that doesn't exactly fit the description your funding will be cut, and you may have a debt. This is particularly problematic for people with low English literacy or in remote areas where there are limited services.

There are also items that are listed in both lists with 'carve outs'. This is confusing and adds to the likelihood people will turn to others to make decisions or choose not to purchase supports that they need. The term 'carve out' is also confusing and should not be used. Exceptions is a word with greater understanding.

The lists themselves are very confusing with headings that seem to be related to registration categories rather than support categories or price guide categories. This adds another layer of mapping that a person might need to do when claiming for support.

An empowering approach to increasing NDIS participants capacity to purchase supports in line with current rules is to provide dedicated communication and engagement on funding use, reasonable and necessary criteria, and what integrity means. Engagement on these topics needs to be interactive and not left as a page on a website.

3.4   Recommendations

9. Further exploration occurs of approaches that do not require a prescriptive list but use a principle-based approach. If there is a list it is a minimal prescriptive list of what is not an NDIS support.

10. The reason for using a particular approach such as a list, is transparent and communicated clearly.

11. Flexibility and innovation are included as core principles of decisions of funding supports that meet a participant's disability need.

12. NDIA provide dedicated communication and engagement to people with disability about how to use funding. This needs to be engagement in groups, forums, webinars and other interactive mechanisms.

4.   Lists

The IAC does not agree with the approach of prescriptive lists with exceptions as detailed above. However, if the lists are used as a basis for a transitional rule, we note several issues that need addressing. We have identified some, not all the problematic areas in the lists, as many of the topics are open to interpretation. This further demonstrates why the IAC do not agree with a list-based approach.

4.1   NDIS supports – the 'in' and 'out' list

4.1.1   Accommodation related costs

This is a confusing area as rent is considered not covered by NDIS. However, accommodation costs have been paid for short-term and medium-term accommodation in plans for NDIS participants, and in Specialist Disability Accommodation (SDA) the funding is equivalent to a rental or mortgage repayment.

There is also no clarity on whether the rent or other costs of a share tenant who does some support in an innovative share and support arrangement would be in or out. IAC believe it should be 'in' as an alternative or innovative support arrangement. It can be an effective way of supporting someone to live independently where it suits

their needs. If it is 'out' then there is greater costs and higher risk of a participant's options being limited to Supported Independent Living (SIL).

In private rental where there is a share arrangement it may be necessary for the rent of a home share person to continue to be paid while seeking a new house mate, so the NDS participant doesn't lose their rental.

There is also the real issue of NDIS participants who are in state and territory hostels or boarding houses who would be homeless if this strict rule were applied immediately.

A gap in the 'in' list is short-term and medium-term accommodation. This is for both respite as well as things like accommodation while modifications to a home are occurring. This is a complex area which is better managed through policy and transparency rather than excluding in an 'out' list.

4.1.2 Assistive products

Assistive products to support people with disability in household tasks and in personal safety are described in the 'in' list. A list of specific products is then in the 'out' list some of which are also assistive products that support a person to manage disability needs. Examples of this contradiction are:

- Smart watch – providing falls or emergency alerts to family for a person at risk of falls or who would otherwise need a companion with them.
- Back up battery power or generator – for people with nighttime ventilator support.
- Blenders and thermomixers' – for people with dysphagia or needing extra support for food preparation.
- Washing and drying machines – where there is significant continence issues and laundry services are not available or appropriate (e.g. regional and remote).

4.1.3 Disability related health supports

The IAC spent time last year working with the NDIA on when people with high level supports need to have their NDIS funded support providing some assistance if they are in hospital, training staff, and getting disability support if they are palliative. NDIS Participants often feel vulnerable and stressed when they are in hospital. Where a person has significant daily support, it can be very important to be supported by workers the person knows and who knows their disability support needs.

The proposed improved policy on use of NDIS funded supports in hospital has not been finalised, however it included more than complex communication or behaviours of concern as the reasons support could be used. This level of flexibility where people have daily support needs must be replicated in the NDIS supports list under disability health related supports.

4.1.4 Day to day living

There are a few services and products in day to day living that are disability supports meeting disability needs for some people that are not in the exceptions, for example:

- Smart phone – used as a communication support
- Food preparation services
- Sex toys
- Ergonomic cutlery or kitchen utensils

Many of these items are cheaper than a bespoke disability product but still a more expensive version of a mainstream product. For example, a phone with enough memory for certain apps; tongs that have a great reach for picking things up.

4.1.5 Personal hygiene and grooming

For some participants the tasks of hair washing and grooming are not possible. The use of hairdressers and grooming and beauty services is essential for maintaining personal hygiene.

For some people this could be provided by a support worker, however it can be both more cost effective, more inclusive, and better quality of support to use a hair or beauty salon.

Women's products and support

The IAC are aware that menstruation products are listed under 'lifestyle' and raise that this is inappropriate, and they should be separated to a personal hygiene category. For some women there are products they must use due to their disability that may be more expensive or harder to find.

There are other products that are more specific to women's need such as using maternity bras that do up at the front for a person with physical disability, or particular cosmetic brushes or mirrors that are mainstream but meet a disability need.

It is also important when developing any policy on exceptions to understand the gendered nature of household work and care responsibilities which will still predominately fall on women with disability.

4.1.6 Therapy support

The description of evidence based therapeutic supports is good to see, however at what point does a therapy become evidence based and who is keeping up to date on research. There are at least two or three activities listed in the 'not effective' list which research has shown to be effective for particular cohorts of people.

Examples include:

- Yoga therapy – research shows it assists in a person managing and recovering who have depressive disorders and Post Traumatic Stress Disorder (PSTD) and is a useful addition to support other treatments. Research includes:
    - "Integration of hatha yoga and evidence-based psychological treatments for common mental disorders: An evidence map" Journal

Clinical Psychology. 2022 Sep; 78(9): 1671–1711. Published online 2022 Mar 21. M O'Shea et al.

- ○ "Yoga and mental health: what every psychiatrist needs to know", Published online by Cambridge University Press: 26 April 2022; Hemant Bhargav, Sanju George, and Shivarama Varambally.

- Game therapy – Research shows some games are beneficial for some groups, for example playing Lego in a group environment build skills for children with Autism. Digital games can improve skills in a range of daily living areas for people with intellectual disability and assist with psychosocial disability. Research examples:
  - ○ "A scoping review of the role of LEGO® therapy for improving inclusion and social skills among children and youth with autism" Published online. Disability and Health Journal Volume 10, Issue 2, April 2017, Pages 173-182; Sally Lindsay, Kara Grace Hounsell, Celia Cassiani.
  - ○ "Improving adaptive and cognitive skills of children with an intellectual disability and/or autism spectrum disorder: Meta-analysis of randomised controlled trials on the effects of serious games" International Journal of Child-Computer Interaction Volume 33, September 2022; Suzanne Derks, Agnes M. Willemen, Paula S. Sterkenburg.

Research may be new research and, in some cases, still building the evidence base, however other supports in disability that might replace these activities, such as 1:1 support worker time, are not necessarily evidence based or effective.

Activities like Yoga or group-based activities involving play would also be potentially in the 'in' list under exercise and well-being activities, group activities or community participation. It needs to be clear the difference between activities that are acceptable under one area but not another e.g. yoga is 'in', but yoga therapy is 'out'.

4.1.7 Intersectionality

NDIS participants are a diverse group. The lists and exceptions need to be flexible to accommodate the different contexts people have. This can include context like:

- having both intellectual and psychosocial disability, or physical disability

- living remotely

- Culturally and linguistically diverse (CALD) background

- Aboriginal and Torres Strait Islander

- Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Asexual, or other sexually or gender diverse (LGBTIQA+) identity

- Age and family situation

These different contexts and identities intersect for people and can change the supports needed and what types of supports and services are available. There are also intersections with gender and socio-economic status which affect the supports needed.

For example, support with access in the community in remote areas can mean the need to use an all-terrain vehicle instead of an electric wheelchair. These have previously been funded so people can stay or visit their country and take part in cultural activities. The purpose of the use is access and inclusion not recreation. The purpose is what should be the focus for these decisions.

4.1.8 Clarity on where to get support not funded

The 'out' list includes supports and services that should be provided by other state and territory government departments or other commonwealth government departments. It is very important for NDIS participants to know where they should be going to get supports in the 'out' list.

There should be an accompanying guide which explains where a person can find support that is on the 'out' list that is the responsibility of other government areas. Local Area Coordinators (LACs), planners, and in the future Navigators, would also need to link people to those other systems, or to appropriate supports for people who are financially struggling with day to day living costs. This connection to the broader ecosystem supports the integrity of the scheme.

4.2   Treatment of exceptions

With a prescriptive list there is a need for exceptions due to the diversity of NDIS participants individual circumstances and disability. As detailed above, flexibility in the supports and services that a person could use to meet their disability support needs, can also often provide value for money.

Any process used to make decisions about exceptions should not add extra applications, paperwork, or evidence gathering unless absolutely necessary. It is not value for money to have a process that takes hours of public service time and pays therapists hundreds of dollars to allow a person to purchase a smart watch to monitor falls. Many of the examples above also are more cost effective than 1:1 support worker time, and more available than support workers or specialist providers in remote areas.

The approach to exceptions needs to be based in policy and implemented through the conversation at planning and budget setting. The first question being 'Can you tell me a bit more about why this will help?' A set of guiding questions and ongoing professional development for staff on disability, intersectionality, and community inclusion are all needed for good exception decision making.

It is also important to have the delegation for decision making set at a level where there is understanding but not so high there is a bottleneck. Items that are over certain amounts may require higher delegation.

Having a list and exception process is not in line with a flexible budget approach and further thought and design with participants is needed on budget setting that is flexible.

4.3   Recommendations

13. Include in accommodation supports 'flexible support arrangements that may engage a live-in support or companion in different ways, including lead tenant type arrangements'. Make provision for short-term accommodation and those in hostels and boarding houses.

14. Include in assistive products items that can support disability needs for personal safety and remove them from the daily living exclusion list.

15. Expand disability related heath supports to provide flexibility for those with high daily support needs to be supported in hospital.

16. Provide exceptions in the daily living list that make it clear where there is value for money to meet a disability support need it is allowed.

17. Include personal hygiene and grooming services and products that meet disability support needs under Daily Living Activities in the 'in' list.

18. The NDIA should develop a clear policy and guidance on:
    a. What is considered a therapy support
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    c. Regular review of research and evidence

19. Include examples of community, group and wellbeing activities in the exceptions to clarify the difference between an activity and a therapy e.g. yoga compared to yoga therapy.

20. Review the list with an intersectional lens to ensure there is cultural responsiveness and not added disadvantage to people in marginalised groups and remote areas or thin markets.

21. Develop a guide to accompany the transitional rule clarifying where people can access support in the 'out' list or get assistance.

22. Any exception process should be in policy and focused on:
    a. Exceptions explored at budget setting or planning periods
    b. Provision of guiding questions to explore an exception
    c. Provision of a broad range of examples
    d. A delegation level that is reasonable and doesn't cause a bottleneck of decisions
    e. Requirement for extra evidence or applications as a last resort

5. Conclusion

The IAC do not agree with a list-based approach to defining NDIS supports and want to ensure the transitional rule and exception process are as accommodating as possible to flexibility and innovation. A principle-based approach with exceptions in policy is the preferred approach by the IAC.

Whichever approach is used the IAC remind DSS and the NDIA that good communication, engagement and resources for NDIS Participants, planners, LACs, support coordinators and plan managers will be what supports good practice in use of funding.

The IAC also remind DSS that there is a best practice engagement guide and guidance that they have not followed in this instance. The next stages of consultation on any new rule or amending rules must be done through authentic, accessible, engagement including co-design where possible.

The IAC makes the following recommendations for consideration:

5.1.1 Process

1. The time for consultation is extended by a further 20 days.
2. DSS and the NDIA ensure that easy read, language and Auslan translations are available, and that the consultation material has been directly provided to organisations and people in regional and remote areas.
3. A clear statement is made on why this transitional rule is not being co-designed, what can be co-designed and all the consultation methods that will occur for this transitional rule.
4. DSS review the good practice guidelines on engagement and train their staff in how to use them.
5. DSS ensures that relevant staff know about the Joint Statement on Codesign[8] that DSS has signed up to and follow through on the commitment DSS has

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made in this statement to working collaboratively and effectively with the disability community and other parties.

6. DSS make clear which key staff are accountable for upholding DSS's commitment to codesign.

7. DSS maintain a calendar of all disability sector consultations to ensure there is timely engagement with the sector.

8. The next steps and timelines on development of the new legislative instrument should be developed and published including a statement on co-design.

5.1.2 Approach

9. Further exploration occurs of approaches that do not require a prescriptive list but use a principle-based approach. If there is a list it is a minimal prescriptive list of what is not an NDIS Support.

10. The reason for using a particular approach such as a list, is transparent and communicated clearly.

11. Flexibility and innovation are included as core principles of decisions of funding supports that meet a participant's disability need.

12. NDIA provide dedicated communication and engagement to people with disability about how to use their funding. This needs to be engagement in groups, forums, webinars, and other interactive mechanisms.

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13. Include in accommodation supports 'flexible support arrangements that may engage a live-in support or companion in different ways, including lead tenant type arrangements. Make provision for short-term accommodation and those in hostels and boarding houses.

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15. Expand disability related health supports to provide flexibility for those with high daily support needs to be supported in hospital.

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20. Review the list with an intersectional lens to ensure there is cultural responsiveness and not added disadvantage to people in marginalised groups and remote areas or thin markets.

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    c. Provision of a broad range of examples

    d. A delegation level that is reasonable and doesn't cause a bottleneck of decisions

    e. Requirement for extra evidence or applications as a last resort.

For further information please direct questions to the IAC Secretariat via email at advisorycouncil@ndis.gov.au.

6. References

Applied Principles and Tables of Support (APTOS), published on Department of Social Services website www.dss.gov.au

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