

Australian Government response to the

Joint Standing Committee on the National Disability Insurance Scheme (NDIS) report:

*Transitional arrangements for the NDIS*

June 2018

The Australian Government welcomes the Joint Standing Committee on the National Disability Insurance Scheme’s (the Committee) report *Transitional Arrangements for the NDIS*.

The Committee’s report examines a range of issues affecting participants and providers of the National Disability Insurance Scheme (NDIS), as the responsibility for disability supports transitions from state and territory governments to the National Disability Insurance Agency (NDIA). The report received submissions from 82 individuals and organisations, and eight public hearings were held between September and November 2017.

The report contains 26 recommendations to the NDIA, the Department of Social Services (DSS), the Department of Health (DoH), and several mainstream state and territory government departments. The recommendations cover a number of issues relating to transition of the NDIS to full scheme, including the interface between the NDIS and mainstream service systems; access, planning, review and support coordination processes; strategies to address thin markets; funding issues; and cultural appropriateness for people from culturally and linguistically diverse (CALD) backgrounds and for Aboriginal and Torres Strait Islander communities.

The Australian Government is committed to supporting people with disability, ensuring that they can attain the highest possible health, wellbeing and community engagement outcomes throughout their lives. While the NDIS is designed to assist people with disability to achieve their goals while exercising choice and control, it is acknowledged a number of implementation challenges have emerged during the transition period.

The Australian Government supports, partially supports, or supports in‑principle each of the 26 recommendations made in the Committee’s report.

**Recommendations and responses**

1. The Committee recommends the Council of Australian Government (COAG) Health Council in collaboration with the COAG Disability Reform Council urgently undertake work to address current boundary and interface issues with health and NDIS services.

Response: Supported

Considerable work is already underway to prioritise and resolve boundary and interface issues between the health and National Disability Insurance Scheme (NDIS) services. Health and disability government officials are working together, and a joint meeting of senior officials will be held in mid-2018.

In 2017, the Disability Reform Council (DRC) agreed that work to address the mainstream interface between the NDIS and the broader health systems would be progressed as a priority, advanced through the DRC’s Senior Officials Working Group (SOWG), with progress reported to DRC at mid-year and at the end of 2018.

The SOWG Health Sub-Working Group was established in late 2017 to drive this work and includes representatives nominated by each jurisdiction, the Department of Social Services (DSS), the Department of Health (DoH) and the National Disability Insurance Agency (NDIA). State and territory representation includes officials from the relevant line agencies with health subject matter expertise and/or responsibility for health programs.

The Health Sub-Working Group is implementing a work plan to prioritise and resolve boundary issues, including consistency of application of the *Principles to determine the responsibilities of the NDIS and other service systems*, which are underpinned by the *Applied principles and tables of supports* (the Applied Principles).

1. The Committee recommends the NDIA establish an NDIA unit specialising in dealing with Participants who are hospitalised to ensure smooth transition from hospital and avoid delays in hospital discharge and to avoid discharge to nursing homes.

Response: Partially supported

Mainstream health systems are responsible for discharge planning from hospital settings; however, the NDIA will continue to work with the health sector to ensure that participants experience a seamless service response between health systems and the NDIS, and to reduce the risk of entry into unsuitable environments. The service delivery network will work with local hospitals and health providers to ensure that there is a better understanding of the NDIS and planning pathways.

Through the SOWG Health Sub-Working Group, the NDIA is working with state and territory health departments to improve and streamline the discharge process for all participants. This includes ensuring nationally consistent approaches for prioritisation, escalation and resolution of urgent issues, including discharge delays.

The NDIA is also working with the Summer Foundation on the Hospital Discharge Project, with a focus on improving the pathway out of hospital and back into the community for people with newly acquired disabilities.

The work with the Health Sub-Working Group and the Summer Foundation may consider training specialised planners for participants with complex disability support needs, with the goal of assisting and facilitating a more seamless and timely discharge experience for participants transitioning to the NDIS.

The NDIA has established a unit to respond to complex cases including those involving health interfaces.

1. The Committee recommends the Council of Australian Government (COAG) Disability Reform Council conduct immediately a national audit of all Australian, state and territory disability support services transitioning to the NDIS, to identify and address emerging service gaps.

Response: Supported in‑principle

Transitioning state and territory disability programs are documented in operational guidelines to enable streamlined access to the NDIS for existing state and territory clients. All governments committed to provide continuity of support for existing clients not eligible for the NDIS so that they are able to achieve similar outcomes. Continuity of Support (CoS) arrangements for existing Commonwealth clients who are ineligible for the NDIS are being finalised.

1. The Committee recommends the Department of Health in collaboration with the Department of Social Services undertake a review of current supports and funding for people with disability over 65 years of age, with the view to developing a strategy to address current funding and support shortfalls.

Response: Partially supported

DoH has responsibility for the care and support of Australians aged 65 years and over and Aboriginal and Torres Strait Islander people aged 50 years and over, including those with disability. The Commonwealth CoS program, administered by DoH, will provide ongoing support for people aged 65 and over (and Aboriginal and Torres Strait Islander people aged 50 years and over) who are currently in receipt of state‑based disability services. The establishment of this program has already involved the clarification of services and funding for this cohort. However, there are several areas where further work is underway, including in the areas of specialist disability accommodation, aids and equipment, managing deinstitutionalisation, and support for changing circumstances. The interface between CoS and the aged care system, for example for those moving from their homes to residential aged care due to changing circumstances, is also being considered.

1. The Committee recommends the Australian, state and territory governments clarify and agree on the scope and process to deliver Personal Care in Schools (PCIS) under the NDIS.

Response: Supported

The Applied Principles relating to school education, agreed by the Council of Australian Governments (COAG), state that further work must be undertaken on how a student’s personal care needs will be assessed, quantified, funded and administered.

In light of this requirement, and to support this recommendation, the Australian, and state and territory governments are working with the NDIS to determine the scope and approach for delivering Personal Care in Schools (PCIS) systems in the long term.

Currently, most state and territory governments claim the cost of delivering PCIS ‘in‑kind’ as a funding deduction from their NDIS contribution.

DRC has previously agreed further work is required to clarify service scope and responsibilities for PCIS. A PCIS Working Group, consisting of senior officials led by the Victorian Government, has prepared a comprehensive report on PCIS under the NDIS, which identifies several options for resolving scope and delivery.

The PCIS Working Group will examine these options, including how the assessment and delivery process would work. DRC will consider options for the future scope and process for delivering PCIS in the second half of 2018.

1. The Committee recommends the NDIA develop guidance on best practices for provision of therapies in school settings, based on lessons learnt during NDIS trials and rollout to date.

Response: Supported in‑principle

The Australian Government acknowledges the importance of providers of support being able to work collaboratively with the family and education systems to support children with developmental delay or disability holistically.

The NDIA will discuss the development of guidance for the provision of therapies in school settings with state and territory governments.

1. The Committee recommends the NDIA review its operational and funding guidelines for transport supports to ensure NDIS Participants’ needs are met.

Response: Supported

The NDIS may fund reasonable and necessary transport supports related to a person’s disability.

On Friday 2 March 2018, the NDIA released its response to the Independent Pricing Review (IPR), which was undertaken by McKinsey and Company. Some of the recommendations in the IPR relate to transport pricing, and include:

* + allowing providers to charge up to 45 minutes of travel time in rural areas; and
	+ removing the annual $1000 travel cap for therapy supports and aligning the travel policy with the attendant care travel policy.

The NDIA has agreed to these transport‑related recommendations in the IPR, and is continuing to work with state and territory governments on transport issues through the Transport Working Group. The NDIA is also currently reviewing its operational guideline for transport supports.

During transition to the NDIS, specialist school transport for NDIS participants is provided by state and territory governments as an in‑kind support, with states and territories offsetting the cost against their NDIS funding contributions.

To determine how specialist school transport will be delivered at full scheme NDIS, DRC’s SOWG is undertaking broad national consultation on a potential model for specialist school transport at full scheme. The consultation will test with stakeholders (including participants, families, schools and transport providers) a potential model for specialist school transport in the NDIS, under which participants would purchase transport directly from the open market, or via an NDIS-funded intermediary who would assist participants with travel planning, and manage service bookings and invoicing.

Advice on the proposed model and how school transport should be delivered will be provided to Ministers for decision at DRC, once the consultation process is complete.

1. The Committee recommends the Council of Australian Government (COAG) Disability Reform Council consider the provision of housing stock and infrastructure for people with disability.

Response: Supported in‑principle

The Applied Principles relating to housing and community infrastructure, which were agreed by COAG in 2013, and updated in 2015, articulate that state and territory governments are responsible for social housing and homelessness services. Under the Applied Principles, state and territory governments are also responsible for providing accessible accommodation for people in need of housing assistance, including people with disability.

While the provision of housing stock and infrastructure is a matter for states and territories, the NDIS includes supports for Specialist Disability Accommodation (SDA), which is available for the highest-needs NDIS participants, and DRC is actively engaged in ensuring SDA provisions are appropriate to meet the needs of NDIS participants. The SDA market is yet to fully mature; however, SDA is expected to be provided to around 28,000 participants at full scheme, making up around 6 per cent of all participants.

Appropriate housing for the majority of NDIS participants is critical and will not be provided by the NDIS. State and territory governments, with responsibility for mainstream housing, will need to work with the Australian Government, where possible, to ensure that housing supply is sufficient to ensure NDIS participants who do not receive SDA funding are appropriately housed.

1. The Committee recommends that the Australian, state and territory governments and the NDIA work together to include crisis accommodation and Provider of Last Resort arrangements for housing in their respective bilateral agreements and operational plans.

Response: Supported in‑principle

As part of its market stewardship role, the NDIA is developing a Maintaining Critical Supports framework to govern urgent interventions to maintain continuity of support for participants that fail to secure, or lose access to, the supports they need. The NDIA has been consulting with the Australian, and state and territory governments on the Maintaining Critical Supports operational framework, which encompasses Provider of Last Resort arrangements, and provided an update to DRC in April 2018.

Arrangements and roles of all parties, including those relating to crisis accommodation, will be agreed through the operational framework and reported to DRC.

1. The Committee recommends the NDIA ensure that across all jurisdictions people with disability can access pre-planning supports.

Response: Supported

The Australian Government supports pre‑planning for all participants in the NDIS, and is committed to improving the pre‑planning experience for participants. The NDIA is currently piloting the first phase of a new participant pathway, which focuses on a range of improvements to the pre‑planning, plan development and plan implementation stages of the pathway. Central to the design of the new participant experience is:

* + a commitment to face‑to‑face engagement for all participant plan development;
	+ a stronger focus on the broader system of supports for people with disability outside of the NDIS; and
	+ a strong and clear focus on supporting participants to achieve their desired outcomes and goals.

Two pilots of this first phase were launched in Victoria in January 2018.

Future pilots will focus on the early stages of the pathway, including learning about the NDIS and how to access the scheme, as well as improvements to the annual plan review process.

During the pre‑planning stages of the new pathway, participants will meet their Local Area Coordinator (LAC), typically face‑to‑face, to prepare for planning. They will learn what to expect from the planning process, provide information about their current circumstances, and discuss the outcomes they want to achieve. Following this conversation, and prior to the joint planning conversation with an NDIS planner, the LAC will brief the planner to ensure that they are well prepared and to avoid the participant having to retell their story. The LAC will also work with the participant and their family and carers to help develop a plan.

The NDIA has also developed a new pre‑planning resource, which is currently being trialled in this pilot phase. This new resource will support participants in their pre-planning preparation.

The evaluation of the initial pilot, as well as recommendations for further rollout, are anticipated to be finalised by June 2018. These evaluations will help inform the national rollout of the new NDIS participant pathway.

In addition, tailored pathways are being developed and refined for people with psychosocial disability, children, people from Aboriginal and Torres Strait Islander communities, those from culturally and linguistically diverse (CALD) backgrounds, people living in remote and very remote communities, and people with more complex support needs.

1. The Committee recommends the NDIA urgently finalise and start piloting the tailored pathways it has been developing for people with psychosocial disability; children; people from Aboriginal and Torres Strait Islander communities; those from culturally and linguistically diverse backgrounds and Participants with more complex needs.

Response: Supported in‑principle

The NDIA is currently developing a number of tailored participant pathways to meet the needs of specific population groups, including children and people with psychosocial disability. Through a series of 36 workshops conducted nationally, the NDIA is engaging with participants and stakeholders and listening to their feedback.

Using this feedback, high‑level designs for tailored pathways, including the Early Childhood Early Intervention approach, are being developed for the consideration of the NDIA Board. The NDIA is working closely with several jurisdictions who have expressed an interest in participating in future pilots of the tailored pathway.  The locations will be finalised and announced by the end of 2017-18.

It is important that these tailored pathways reflect the feedback from participants, carers, providers, industry experts and other stakeholders. They will then be tested and piloted in appropriate locations and refined before being rolled out nationally. Potential locations for pilot sites are currently under active consideration.

1. The Committee recommends the NDIA publish data and analysis on the following in its Quarterly Reports:
* number of plan reviews;
* waiting times Participants face for reviews;
* outcomes of plan reviews in terms of whether the overall package has been increased or decreased;
* satisfaction rating of Participants following a plan review.

Response: Partially supported

The number of plan reviews is currently being reported in the NDIA’s Quarterly Reports to DRC.

Participant satisfaction following a plan review will be included in the Quarterly Reports in the 2018‑19 financial year.

The NDIA is considering the recommendation to report the waiting times participants face for plan reviews and the outcomes of those reviews in the Quarterly Report, noting that the quarterly change in committed support is already included.

1. The Committee recommends the NDIA focus all necessary resources and efforts on reducing waiting times at all points of the Scheme, specifically for plan approval, activation and review.

Response: Supported

The timing surrounding when a person can become a participant of the NDIS and receive a plan of support during the scheme transition period (1 July 2016 to 30 June 2019) is governed by phasing schedules contained in the bilateral agreements between the Australian Government and each state and territory.

The NDIA is improving communications to explain that, while a person can seek access to the NDIS at any time within the six months prior to NDIS rollout in their region, the timeframes for their plan development are governed by the bilateral agreements.

The NDIA is committed to improving the ease with which a potential participant interacts with the NDIS at all points of the pathway. This is being driven by the comprehensive pathway review work as mentioned in the response to Recommendation 10.

The new participant pathway matches a participant with a LAC, who will become the participant’s consistent point of contact throughout their NDIS journey. The LAC will help inform the participants of their plan’s progress and the next steps, including when their next appointment will be and how they can get support, if required.

The new participant pathway will also see a much stronger focus on plan implementation and activation. After their NDIS plan is approved, a participant and their LAC will meet to discuss plan implementation arrangements. This will include how to access the NDIS portal, how to find and connect to providers, and how to use their funded supports flexibly to achieve the participant’s stated goals and aspirations.

Evaluation of the pilot will provide a clearer understanding of the success of plan approvals through this process, and whether the new participant pathway aids participants in implementing their plan.

1. The Committee recommends the state and territory Governments put strategies in place to facilitate and support the registration of providers during the transition period.

Response: Supported

The NDIS quality and safeguards transitional arrangements will be supported by Transitional Rules (Rules). The Rules have been developed based on the principle that there will be no unnecessary administrative requirement on providers during transition. Providers who are currently registered with the NDIA will be deemed to be registered with the NDIS Quality and Safeguards Commission (the NDIS Commission). DSS has engaged with all jurisdictions on the transitional arrangements for NDIA registered providers to the NDIS Commission. The transitional arrangements are being overseen and agreed by SOWG and its Quality and Safeguards Sub‑Working Group comprised of Australian and state and territory government officials. The transitional registration arrangements for providers in New South Wales (NSW) and South Australia (SA) in 2018 have been agreed and finalised in consultation with those jurisdictions.

1. The Committee recommends the Australian Government increase funding to ILC to the full Scheme amount of $131 million for each year during the transition.

Response: Partially supported

DSS is working with the NDIA to help transform Information, Linkages and Capacity Building (ILC) from a patchwork of state‑based grants to a national program designed to identify and fill service gaps, and to build evidence to inform future investment for ILC. The Australian Government considers this approach is likely to achieve greater long-term return on investment. The budget for ILC increases to $114 million in 2018-19, and to $131 million in 2019‑20.

1. The Committee recommends the NDIA monitor the effectiveness of the current ILC grant funding model, with the view of introducing other types of funding, including block funding if required, to ensure appropriate and quality services are delivered across all jurisdictions.

Response: Supported in‑principle

The NDIA is currently undertaking work to develop an ILC Investment Strategy for full scheme. This will guide national investment to increase inclusion for people with disability. The ILC Investment Strategy is likely to include a strategic and mixed investment portfolio, a programmatic approach, and is likely to involve consultation with stakeholders.

1. The Committee recommends the NDIA develop and publicly release a strategy to address thin markets.

Response: Supported

The NDIA published its NDIS Market Approach (Statement of Opportunity and Intent) in November 2016, which outlines the NDIA’s stewardship approach in more detail.

The NDIA’s market stewardship approach is characterised by:

* + monitoring disability support markets and assessing if they are achieving appropriate outcomes; and
	+ taking actions where necessary to improve the functioning of the NDIS markets, such as price controls.

The NDIA plans to use local area market monitoring and surveillance to identify thin markets at a local level, and will work locally to respond on a priority basis, as recommended by the Independent Pricing Review. This will also be supported by enhancements to the NDIS Provider Finder Tool, which will enable participants to more easily connect with suitable providers and exercise greater choice and control in sourcing providers.

The NDIA is also developing a Market Intervention Framework to set out how the NDIA will monitor the marketplace. It will provide the NDIA with available options to intervene under particular market scenarios, such as provider exit or situations where thin markets exist or may emerge.

The NDIA’s actions to address market issues will be coordinated with other government initiatives.

1. The Committee recommends the NDIA publicly release its Provider of Last Resort policy as a matter of urgency.

Response: Supported

As market steward, the NDIA is responsible for development of strategies and procedures to provide supports to those participants who cannot receive them through the open market.

The NDIA is committed to publishing the agreed outcomes of its Maintaining Critical Supports project, including policies and processes, following DRC endorsement in the first half of 2018.

1. The Committee recommends that the Council of Australian Governments (COAG) Disability Reform Council work with the Department of Social Services to address the expected funding shortfalls for advocacy services beyond transition.

Response: Supported

The Australian Government is committed to supporting individual and systemic disability advocacy, and in August 2017, the Australian Government announced funding of over $60 million for the National Disability Advocacy Program, the NDIS Appeals Supports program, and for Disability Representative Organisations. Additional funding of $2.4 million per year for the National Disability Advocacy Program in NSW and Queensland was announced in April 2018. The additional funding will ensure that each state receives equitable funding for advocacy from the Australian Government according to population.

All jurisdictions apart from SA, Tasmania, the Australian Capital Territory and the Northern Territory (NT) have committed to funding individual advocacy. NSW has committed to funding disability advocacy as an interim measure until July 2020. All levels of government have a responsibility to support advocacy for people with disability to ensure they can exercise their rights. A national system of disability advocacy support requires ongoing investment from states and territories to ensure their citizens can resolve issues with state-run services, and advocates can participate effectively in state-based planning.

DSS, through SOWG, is reviewing advocacy projects, policies and priorities. The final project plan and timelines will be provided to SOWG when they are finalised, with a subsequent progress update to be provided to DRC.

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

Response: Supported

The Australian Government recognises that there are people with disability who are currently disconnected from state‑based services and supports, are harder to reach and engage with than others, and may be in need of assistance.

The NDIA is currently developing a Hard to Reach Strategy, due for finalisation and publication in 2018. The strategy will be aligned with the tailored pathway for participants with more complex needs.

A number of current Sector Development Fund (SDF) projects, focused on engaging with hard‑to‑reach cohorts, will inform the NDIA’s assertive outreach plan.

The Australian Government also acknowledges that states and territories, through their commitment to the National Disability Strategy, share a responsibility for maintaining disability advocacy services to protect the rights of people with disability, including those who may be hard‑to‑reach, to access mainstream services. This includes NDIS participants as well as those who are not eligible, who represent the vast majority.

1. The Committee recommends the NDIA ensure support coordination is adequately funded in Plans to meet Participants’ needs and not limited to a fixed period.

Response: Supported

The coordination of NDIS supports can be provided on three different levels depending on a participant’s capacity and support needs. Coordination of supports may be funded as a reasonable and necessary support in a participant’s plan, or provided by an NDIS partner in the community. The level of support provided is based on a participant’s goals, pre‑existing supports (consisting informal, mainstream and community supports) and what is determined to be reasonable and necessary for the plan period, regardless of any previous funding of this support.

It is anticipated that the level of support may reduce over time as participants develop the capacity to implement the supports in their plan. However, it is noted for some participants that the level of support may remain constant or increase as their needs change.

1. The Committee recommends the NDIA ensure its Customer Relationship Management (CRM) system is modified to enable collection of data about participation rate of people from CALD backgrounds.

Response: Supported

It is currently mandatory within the NDIS Customer Relationship Management (CRM) system that data is captured on whether a prospective participant is from a CALD background. This data is recorded during the access request process to ensure the most appropriate service is provided to assist the participant through their NDIS journey.

The measurement of NDIS outcomes and participation is captured through the Outcomes Framework Questionnaire responses for all participants. The completion of this questionnaire is mandatory in the CRM for each plan, and is supplemented by other key data, such as plan funds committed to service providers and plan expenditure.

The NDIA is currently developing business requirements to enhance the CRM’s ability to collect data during plan reviews about participant goal attainment. This will enable the NDIA to better measure NDIS participation and outcomes for all participants, including those from CALD backgrounds.

1. The Committee recommends the NDIA urgently publicly release its NDIS CALD Strategy.

Response: Supported

The NDIA’s CALD Strategy will be publicly released in the first half of 2018.

1. The Committee recommends the NDIA ensure culturally appropriate pre-rollout and NDIS engagement activities are in place in Aboriginal and Torres Strait Islander communities at least six months before rollout date.

Response: Supported

The NDIA’s Rural and Remote Strategy and Aboriginal and Torres Strait Islander Engagement Strategy were released in March 2017.

The NDIA has worked with jurisdictions to ensure respectful engagement with Aboriginal and Torres Strait Islander communities, and is exploring the contracting of community connectors from locally‑controlled Aboriginal organisations in more remote areas. The NDIA is also developing a tailored pathway for Aboriginal and Torres Strait Islander people in close collaboration with other stakeholders.

As part of the pathway reform, the NDIA consulted with participants, families and carers and other stakeholders over a series of nine workshops since October 2017, focusing on Aboriginal and Torres Strait Islander and/or remote or very remote communities.

The findings from these consultations indicate three broad themes for consideration:

* trust, ownership and cultural safety;
* simple access pathways and NDIS plans which align to culture; and
* knowing and using the right language and communication formats/mediums.

 The NDIA will continue to work with participants and other stakeholders through the design and testing of the tailoring of the pathway for individuals from Aboriginal and Torres Strait Islander and remote or very remote communities.

In addition, the NDIA has established a Participant Reference Group that is providing important input into the pathway review work and the development of associated resources including communications products and staff training materials. The group is structured to reflect the diverse needs of people with disability, as well as the diversity of the Australian population, including Aboriginal and Torres Strait Islander peoples.

The NDIA is collaborating with the Department of the Prime Minister and Cabinet, Indigenous Businesses Australia and DSS to deliver projects that maximise the opportunities that the NDIS will bring to a number of communities, including:

* + East Arnhem, NT;
	+ Anangu Pitjantjatjara Yankunytjatjara Lands, SA;
	+ Ceduna, SA;
	+ Mornington Island and Doomadgee, Queensland; and
	+ Western Sydney, NSW.
1. The Committee recommends the Minister for Social Services appoint an Aboriginal and Torres Strait Islander representative on the NDIS Independent Advisory Council.

Response: Supported in‑principle

The Minister for Social Services appoints the members of the Independent Advisory Council (the Council) under the legislative requirements in section 147 of the *National Disability Insurance Scheme Act 2013* (NDIS Act). The majority of Council members are people with disability.

Pursuant to the NDIS Act, members of the Council are appointed by the Minister, and the Minister must seek the support of all the states and territories before any appointment is made.

While there is no specific legislative requirement for an Aboriginal and Torres Strait Islander representative to be appointed, to reflect the diversity of people with disability, the Council currently has one member who is of Aboriginal and Torres Strait Islander descent. The Committee’s recommendation will be considered as part of future Council appointment processes.

1. The Committee recommends the NDIA develop, in collaboration with Aboriginal and Torres Strait Islander organisations and the Aboriginal community controlled health, an Aboriginal and Torres Strait Islander Workforce Strategy.

Response: Supported in‑principle

The Australian Government understands that the NDIS needs a strong, culturally appropriate disability services workforce. The Australian Government is committed to working with Aboriginal and Torres Strait organisations and the Aboriginal Community controlled health sector to implement existing measures and develop further strategies to support the development of the workforce.

The NDIA is collaborating with PM&C and other government agencies to identify opportunities to build Aboriginal and Torres Strait Islander employment through the NDIS. This includes:

* + a Cross Portfolio Working Group that works to ensure government programs and infrastructure align with and promote social and economic participation for Aboriginal and Torres Strait Islander people through the NDIS;
	+ the Maximising Indigenous Employment and Economic Opportunities project, which is operating in 10 remote locations to maximise the employment outcomes for Aboriginal and Torres Strait Islander people through specific place‑based work; and
	+ the establishment of a Guiding Coalition, which is specifically focussed on improving the viability of the NDIS Aboriginal Services Sector and supports the work of the Cross Portfolio Working Group. Members include senior representatives from DSS, the NDIA, PM&C, the National Aboriginal Community Controlled Health Organisation, Indigenous Health (DoH) and PwC’s Indigenous Consulting.

The NDIA is also committed to increasing the representation of Aboriginal and Torres Strait Islander people in its workforce. To achieve this, the NDIA has developed an *Aboriginal People and Torres Strait Islander Employment Strategy 2018-2020*, which aims to provide Aboriginal and Torres Strait Islander employers with the tools, resources and capabilities to retain and develop employees, and to ensure that managers and peers are culturally capable. This will give the NDIA access to talented people, diversity at work, and employees who can help the NDIA deliver culturally appropriate products and services.

Further, the Australian Government is providing $33 million over the next three years to implement the Boosting the Local Care Workforce Program (the Workforce Program). The Workforce Program will provide targeted assistance to meet expanding workforce requirements, helping employers increase the supply of care workers in regional areas to meet the needs of NDIS participants and the care sector more broadly. EY has been chosen to lead a consortium, which includes the First Peoples Disability Network, to implement and manage the Workforce Program. One of the Workforce Program’s aims is to encourage Indigenous organisations who employ Aboriginal and Torres Strait Islander workers to become NDIS providers.

The Australian Government has also provided over $109 million through the SDF to prepare providers and participants for the transition to the NDIS. One of the areas in which it provides assistance is the expansion and diversification of the workforce to meet increased demand. There have been a number of SDF projects that have focussed on Aboriginal and Torres Strait Islander people specifically, encouraging them to join the allied health workforce in remote areas.