

# Who is responsible for the supports you need?

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## Health

Health is about how our body works, and who helps us if we have injuries or illnesses.

The health system includes:

- government health departments
- hospitals and community health care centres
- doctors and health care professionals, such as general practitioners and paediatricians
- medicines and treatments, for example through Medicare.

We have separate information about [mental health and psychosocial disability](#) in the next section.

We also have a guideline on [disability-related health supports](#).

## What is the health system responsible for?

- Treating and diagnosing health conditions, including ongoing or [chronic health conditions](#)<sup>i</sup>.
- Medical services like general practitioners, medical specialist services, dental care and nursing<sup>ii</sup>.
- Allied health services, such as physiotherapy and optometry, to improve the health of all Australians<sup>iii</sup>.
- Acute and post-acute services<sup>iv</sup> – hospital services for illness and injury, and follow-up care such as rehabilitation.
- Preventive health<sup>v</sup> – help to stop you getting sick in the future, such as help for weight loss, or to reduce your smoking, drinking or drug use.
- Care in public and private hospitals<sup>vi</sup>.
- Medicines, pharmaceuticals and aids such as crutches<sup>vii</sup>.
- Other services that all Australians are entitled to, that aim to improve your health status<sup>viii</sup>.
- Services and therapies to help you pursue a goal or outcome over a set period of time, where the main purpose is treatment directly related to your health<sup>ix</sup>.
- Short-term services and therapies after a recent surgery or medical event, to help you pursue a goal or outcome over a set period of time, and improve what you're able to do – for example rehabilitation and follow-up care<sup>x</sup>.
- Palliative care<sup>xi</sup> – such as end of life care.
- Clinical or medical supports for young children, including acute care in a hospital setting, and outpatient and continuing care where the child doesn't stay in hospital<sup>xii</sup>.
- Newborn follow-up, such as child and maternal health services<sup>xiii</sup>.

## Examples of treatment and care the health system should provide

- Assessing, diagnosing and treating illnesses and injuries, for example with therapy supports.
- Assessing and diagnosing disabilities such as autism.
- Screening and referral for developmental delay including developmental concerns.

- Treatment for [chronic health conditions](#), such as cancer, kidney disease, lung disease, diabetes, obesity, and back pain – this can include allied health therapies such as physiotherapy.
- Discharge planning from hospital.
- Emergency and ambulance services through your local hospital network.
- Rehabilitation, restorative care and therapy after an injury, such as a spinal cord injury or a severe brain injury.
- Hospital in the Home services – admitted acute care services provided in your home, similar to what you get in a hospital.
- Geriatric care – medical care of older or elderly people.
- Interim prosthetics – the first prosthetic or artificial limb you get after an amputation.
- [Assistive technology](#) and equipment to treat a medical or health condition, both at home and in hospital.
- General hearing, vision and podiatry services that aren't related to your disability, such as prescription glasses, or hearing aids for older Australians.
- Case management or planning that's mainly related to your health supports.
- Follow-up medical supports for young children in their home after a medical event or premature birth, such as nursing care and medical supplies.

## What are we responsible for?

We're responsible for supports that help you go about your daily life and are related to your disability-related impairments that impact your functional capacity.<sup>xiv</sup> We fund supports that are related to things you can and can't do, due to your disability, which you need on an ongoing or regular basis.

This includes maintenance supports, given or supervised by qualified healthcare staff. These are ongoing supports that help you keep your body's functions and abilities. This could include long term therapy or support, to improve your abilities over time or stop things from getting worse.

We're responsible for these maintenance supports if:

- the support is directly related to your disability-related impairments that impact your functional capacity – the things you can and can't do because of your disability

- you also need the support so you can continue to live in the community, study or work.

Remember, if we're responsible for funding the support, it must also meet all the other [NDIS funding criteria](#) before we can include it in your plan.

### **Examples of supports we may fund**

- Supports to help you live at home, such as personal care supports, help to learn how to manage your personal care, and home modifications.
- Regular therapy that's directly related to the things you can and can't do because of your disability – for example, occupational therapy, physiotherapy or speech pathology.
- Help to plan the ongoing disability-specific supports you'll need, after you're discharged from a hospital or other inpatient health service.
- Prosthetics and orthotics that relate to your disability – artificial limbs and aids to help make your arms, legs and other body parts stronger, such as leg braces.
- Hearing and vision supports that relate to your disability.
- Training, delegation and supervision of care for [disability-related health supports](#) – that is, a registered nurse may train an enrolled nurse, support worker or informal supports, and provide periodic supervision and oversight.
- Communication or behaviour support when you're going to a health service or go to hospital but not admitted as an inpatient.
- Training for hospital staff in your disability specific needs if you're admitted in hospital as an inpatient.
- Training NDIS funded support staff so that they understand your needs.
- [Assistive technology](#) to help you be as independent as possible at home and in the community, including for [disability-related health supports](#) such as a respirator or suction equipment.
- Regular supports you need for your disability, if you're already a participant and start receiving palliative or end-of-life care – these supports work alongside the palliative care you get from the health system.
- Assessment by health professionals to help us plan and think about your disability support needs.

- Help to plan and coordinate your supports if you need both health and disability services – this could be an early childhood partner, Local Area Coordinator or Support Coordinator.

## Example

Sami is quite sick and needs to go to hospital as an inpatient. The hospital staff say he will need to be admitted to hospital for a few days. Sami uses a communication device and needs help to speak to the hospital staff.

The health system should provide all the support he needs for the illness. For example, hospital staff may do medical tests, provide medicine, and perform any surgery Sami needs.

The health system may also have a follow-up appointment a few weeks after he leaves hospital, to make sure he is well. The health system should provide any rehabilitation Sami needs to recover from the illness.

We may fund training for hospital staff about Sami's disability support needs. For example, we may fund a support worker to handover communication information, and help staff learn how Sami uses his communication device. This will help the hospital staff better understand and meet Sami's support needs during his stay.

## Mental health and psychosocial disability

If you have a psychosocial disability, you may need regular or ongoing mental health treatment services.

The mental health system is generally responsible for clinical services such as diagnosis and treatments. The mental health system includes:

- government mental health departments, agencies, and services
- patient care in public and private hospitals, inpatient mental health facilities, and other residential care
- specialist doctors, psychiatrists, psychologists and health care professionals
- community mental health care services.

We're generally responsible for supports that are not clinical in nature, and focus on:

- improving or maintaining your functional ability, and your recovery
- helping you increase your independence
- your social and economic participation.

Learn more about [mental health and the NDIS](#).

## What is the mental health system responsible for?

- Clinical acute mental health supports – care in a hospital or similar setting<sup>xv</sup>.
- Clinical outpatient and continuing care – mental health care where you don't stay in hospital<sup>xvi</sup>.
- Clinical rehabilitation and recovery for your mental health<sup>xvii</sup>.
- Clinical early intervention mental health supports, such as services to help children, teenagers and young people grow and develop<sup>xviii</sup>.
- Mental health residential services, where the main reason is treatment or rehabilitation, or where the staff are mainly clinical or medical<sup>xix</sup>.
- Help with other issues or conditions you may have alongside a psychosocial disability, where the issue or condition is clearly the responsibility of another service system<sup>xx</sup> – this may include services funded by Medicare.

## Examples of treatment and care the mental health system should provide

- General practitioner and psychiatry services.
- Diagnosing and treating mental health conditions.
- Inpatient mental health treatment and care.
- Rehabilitation.
- Engagement with allied health professionals such as psychologists, counsellors and social work services for mental health treatment.
- Prescribing medication for mental health conditions, including medication on the [Pharmaceutical Benefits Scheme](#).
- Step up services – services to prevent you from going to hospital or a mental health facility.
- Step down services – follow up services after you stay in hospital or a mental health facility, which can include secure and custodial mental health facilities – learn more in our guideline for the [justice system](#).
- Psychogeriatric care – care of older or elderly people with a mental health condition.
- Clinical mental health supports to help you transition to a new life stage.
- Help to plan and coordinate your mental health supports with your NDIS supports – this includes help during your discharge, and working with your recovery coach to help you transition back into the community.

- Hospital in the Home services – admitted acute care services provided in your home, similar to what you get in a hospital.

## What are we responsible for?

We're responsible for supports that focus on your functional ability and long-term recovery, and are not clinical.<sup>xxi</sup> That is, we may fund supports to help with the things you can and can't do due to your disability.<sup>xxii</sup>

If you have a mental illness or psychosocial disability, we're responsible for supports that help you:<sup>xxiii</sup>

- do activities of daily living – that is, go about your daily life
- take part in your community, your social life, study and work
- regain and rebuild skills and confidence in your usual activities of daily living.

Remember, if we're responsible for funding the support, it must also meet the other [NDIS funding criteria](#) before we can include it in your plan.

## Examples of supports we may fund

- Skill development, such as capacity building supports to learn everyday life skills, manage your money, plan your day and make decisions.
- Capacity building supports to help you live at home, for example help with personal care, [home and living supports](#), and help with cooking and cleaning.
- Social skills development, such as capacity building supports that help you manage social relationships, take part in social skills day programs, or connect to people and places in your community.
- [Social and recreation support](#), if you need help to join social activities, sporting clubs or community groups.
- Help to find somewhere to live and to manage your rental or home ownership responsibilities, where you need this support because of your disability.
- Support from allied health professionals, like psychologists or mental health occupational therapists, that are directly related to helping you manage or reduce the functional impact of your psychosocial disability – this could include social and communication skills development, regular help with medication and symptoms, and behaviour intervention and support.
- Help to plan and coordinate your NDIS supports with your mental health supports, such as a [recovery coach](#).

- Help to transition to a new life stage, where you need this support because of your disability.

## Example

Alan lives with his friend. He is studying part-time and enjoys caring for his pets.

Over the last couple of months, Alan needed more supports than usual, and was living in an inpatient hospital setting. He's now looking forward to going back home and living independently, starting his studies again, reconnecting with his friend, and spending more time in his community.

The mental health system should provide Alan with clinical supports that focus on treatment, provided through his engagement with his psychologist and psychiatrist.

The mental health system should also provide the supports Alan needs to transition back to his home from the inpatient facility. This may include a clinical case manager, who has regular contact with Alan.

Alan may use the supports in his plan to help him with his daily life and spend more time in the community. For example, Alan could ask his [recovery coach](#) to join discussions with Alan and his clinical team. Together, they can plan for the supports he'll need when he moves back home.

This helps Alan to engage with his treatment and supports, based on his goals and treatment. It also means Alan has other supports in his plan that he can use alongside his clinical supports.

We may also fund capacity building supports that Alan needs for his disability after he moves home, and that help Alan with his goal to live independently. For example, we could fund supports to help Alan set up a new cooking and cleaning routine, as well as supports to help Alan with personal care.

We may also fund allied health supports, such as occupational therapy. This can help Alan learn skills to live independently and build his capacity to participate in his community. Alongside his NDIS supports, he can continue to get support from his psychologist and psychiatrist funded by the mental health system.



## Hospital discharge

We want you to be able to leave hospital as soon as possible.

We have [health liaison officers](#) and a hospital discharge team to support you to leave hospital. If you are a participant, or if you might be eligible for the NDIS, our health liaison officers work with you and your health team during your hospital stay. They will work together to make sure you have the supports you need to leave hospital when you are medically ready to leave.

NDIS [health liaison officers](#) work with hospital staff to support you and to understand what support you need when you leave hospital. The hospital will assign a dedicated contact person, called a health lead, to work with the NDIS [health liaison officer](#).

### What do Health Liaison Officers do?

NDIS Health liaison officers work with health leads on a case-by-case basis. With your consent, they'll discuss:

- how long you've been in hospital
- why you went into hospital
- when you will be ready to leave hospital
- your health and disability support needs
- any changes to your disability support needs
- any further information we might need.

The health liaison officer can support you with [applying to the NDIS](#) and work with you and the health lead on your NDIS application. If you're a participant, they can help organise a change to your plan, if needed.

### What is the Health system responsible for?

The Health system will:

- tell us you've been admitted hospital
- provide us with a dedicated contact person at the hospital
- make a plan for you to leave hospital
- provide assessments and evidence of your support needs
- tell us when you are likely to be ready to leave hospital
- make sure it's safe for you to leave hospital

- work with your support coordinator to connect you with mainstream supports.

## What are we responsible for?

If you're already a participant, we'll:

- contact you (or your nominee or guardian) within 4 days of being told you are in hospital
- contact your health lead within 4 days of being told you are in hospital
- make sure you have a health liaison officer allocated to you to assist with your situation, as well as connecting you with a planner
- get your consent to share information with the Health system
- identify the supports you need when you leave hospital
- approve changes to your plan within 30 days, using evidence from your hospital discharge summary.

If you're not a participant, and you want to apply to the NDIS, we'll:

- help you apply to the NDIS. We'll make an access decision within 7 days of receiving the information we need.
- work with you to develop your NDIS plan. If you are eligible for the NDIS, we will approve your NDIS plan within 30 days.

## What happens if you're already a participant?

If you're a participant, the hospital staff will contact us and let us know you're in hospital. They'll ask you for your consent to share information with us. We'll also ask for your [consent](#) to share information with the hospital if you haven't already provided this. This is so we can talk to the hospital about planning for your discharge.

We'll contact you (or your nominee or guardian) within 4 days of being told you're in hospital. If you need a change to your support needs to support your discharge from hospital, the NDIS health liaison officer can arrange this. Learn more about [changing your plan](#).

If the NDIS health liaison officer needs additional information to support a change to your plan, they'll ask your health lead for this information.

If you need a change to your plan so you can be discharged from hospital, a planner from the hospital discharge team will have a planning meeting with you (or your nominee or guardian). In most situations, your new plan will be approved within 30 days from when we are told you're in hospital. Sometimes, because of your situation, and the gathering of reports and evidence about your support needs, it may take longer to approve the changes

to your plan. If the changes to your plan might take longer than 30 days to approve, your planner will talk about this with you.

The changes to your plan will focus on the supports you need to return home. For example: personal care supports, additional support coordination, assistive technology and home and living supports. Supports we fund in this plan must meet the [NDIS funding criteria](#). If you need [home and living supports](#) added to your plan, the NDIS health liaison officer will support you to explore what home and living supports are right for you. They will also help you get the evidence we need to decide what home and living supports to include in your plan.

Sometimes [Medium Term Accommodation](#) can help you move out of hospital sooner and into your long term home. For example, you might be medically ready to be discharged from hospital but are waiting for your home modifications to be completed. Or you might be waiting for your Specialist Disability Accommodation to become available. Learn more about [Medium Term Accommodation](#) following hospital discharge.

If your discharge date changes, your health lead will contact the NDIS health liaison officer to talk about any concerns.

## What happens if you're not a participant?

If you're not a participant, and might be eligible for the NDIS, the hospital staff and the health liaison officer will help you [apply to the NDIS](#).

Once you give us the information we need, we'll decide if you are eligible for the NDIS within 7 days of receiving the information. If you are eligible for the NDIS, we will create your plan with you and make sure it is approved within 30 days.

## Early childhood development

Early childhood development is about how young children grow and develop.

The early childhood development and care sector can include:

- government departments responsible for childcare and early learning
- childcare and early learning centres
- family day care programs
- playgroups
- [early learning programs](#).

When we say reasonable adjustment, this means reasonable changes that services need to make so they are accessible for people with disability.

## What is the early childhood development sector responsible for?

The early childhood development sector is responsible for meeting the early childhood education and care needs that all children should have access to, including children with developmental delay or disability.

Sometimes children may need [inclusion supports](#) to help them join early childhood learning and care settings.<sup>xxiv</sup> These supports are specifically to help children use services that all young children are entitled to access, such as school readiness programs to help children prepare for school.<sup>xxv</sup>

### Examples of supports the early childhood development sector should provide

- Help so children can take part in an early childhood education and care service – this may include using strategies to support a child’s behaviour, learning assistance, modified computer hardware, education software or braille books.
- Reasonable adjustments to access an early childhood facility, such as ramps, lifts, hearing loops, or other capital works.
- Fixed or non-transportable equipment and aids within an early childhood facility, such as hoists.
- Transport to take children out on learning activities, such as excursions.
- Case coordination that’s mainly related to early childhood supports.

## What are we responsible for?

We’re responsible for supports that are specific to a child’s developmental delay or disability. This might be if a child needs more support than other children of a similar age, and more support than what early childhood services must provide as a reasonable adjustment.<sup>xxvi</sup>

This includes early intervention supports that children need to help build their skills, because of their developmental delay or disability. We may fund supports that are both:

- focused on improving a child’s daily living skills, such as communicating with those around them, participating in social activities, and completing self-care tasks such as dressing<sup>xxvii</sup>
- likely to increase a child’s independence and reduce how much NDIS support a child needs in the future, for example with a series or mix of different supports.<sup>xxviii</sup>

Remember, if we’re responsible for funding the support, it must also meet all the other [NDIS funding criteria](#) before we can include it in your plan.

Early childhood partners deliver a nationally consistent early childhood approach. Our early childhood approach is for children younger than 6 with developmental delay or younger than 9 with disability. Children younger than 6 who do not fully meet the definition of developmental delay and have developmental concerns will also be supported through the early childhood approach.

Early connections are part of our nationally consistent early childhood approach, to support children younger than 9 and their families. They are funded by the NDIS and available when you have concerns about your child's development, or if your child has a disability. Your child doesn't need to be an NDIS participant. They can get help with early connections even if they don't have a diagnosis.

Learn more about the [early childhood approach and early connections](#).

### **Examples of supports we may fund**

- Early intervention therapies that help children with developmental delay or disability to increase their level of functioning.
- Specialist support and training for early childhood and care staff about a child's specific disability or developmental delay needs.
- Support to manage any behaviours of concern children may have because of their developmental delay or disability.
- [Assistive technology](#) children may need, such as wheelchairs or personal communication devices.
- Personal care supports in early childhood centres, for children who need more support than what early childhood centres should provide – this may include specialist help with feeding, or managing airways or ventilation.
- Specialist support to help children transition to school, where it's more than what early childhood and education systems provide.

### **Example**

Rose is 4 years old and will be starting childcare soon at the local childcare centre. Rose uses a wheelchair to move around. Rose's parents want her to be able to join in the same activities as the other children at the centre who are a similar age.

The childcare centre should provide any reasonable adjustments to the building to help Rose move easily in, out and around the childcare centre. This might include things such as ramps or lifts. The childcare centre should also make their programs accessible, so Rose can fully participate in her wheelchair.

We may fund training for the childcare centre staff to help them better understand Rose's support needs. This could include training for staff on how Rose uses the toilet.

## Child protection and family support

Child protection and family support services help keep children safe, and help families care for their children.

The child protection system means the state and territory governments who are responsible for child guardianship, child protection services, and other supports that keep children and families safe.

When we say family support, we mean the community services available to children and families.

When we say statutory home-based out-of-home care, this is where:

- a state or territory government determines a child can't live in their family home
- the child now lives in a foster or kinship carer's home
- the state or territory government pays for the expenses of caring for the child.

### What are the child protection and family support systems responsible for?

- Statutory child protection services for families who have entered, or are at risk of entering, the child protection system<sup>xxix</sup>.
- General parenting programs, counselling or other supports for families at risk of entering the child protection system, and to the broader community – this includes adjusting these programs to make them suitable for families with disability<sup>xxx</sup>.
- For children in out-of-home care, supports that other children at a similar age and in similar out-of-home care arrangements need, including respite and other support for carers<sup>xxxi</sup>.

### Examples of supports the child protection and family support system should provide

- Guardianship arrangements for children who have entered the statutory child protection system.
- Services that accept, assess and respond to child protection reports.
- Support to arrange placements for children who need out-of-home care.
- Supports to keep children's out-of-home care placements going.

- Short breaks or respite for children in statutory home-based out-of-home care to support the caring arrangement, both for children with and without disability.
- Supports that all children will need in out-of-home care, including both children without disability and children with disability or developmental delay.
- Support for families and other people who care for children in out-of-home care, such as foster and kinship carers.
- Providing accommodation to children who need out-of-home care.
- Care allowances and payments for people providing care to children in out-of-home care.
- Support to plan and coordinate supports where there are child protection, family support or family violence issues.
- Community awareness of children's safety and wellbeing.
- Therapy supports for children in out-of-home care related to any trauma they have experienced unless the therapy is directly related to the child's developmental delay or disability.

## What are we responsible for when it comes to children in out-of-home care?

For children in out-of-home care, we're responsible for supports that are specific to the child's developmental delay or disability. This means we're responsible for the extra supports children need because of their developmental delay or disability, compared to other children of a similar age and in similar out-of-home care arrangements.<sup>xxxii</sup>

Out-of-home care arrangements are different across Australia. So, the reasonable and necessary supports we fund in out-of-home care arrangements will reflect each child's individual needs and situation.

Governments across Australia agree on who funds different supports for children in out-of-home care arrangements. You can find more information about these Disability Reform Ministers' Meetings agreements on the [Department of Social Services website](#).

Remember, if we're responsible for funding the support, it must also meet all the other [NDIS funding criteria](#) before we can include it in your plan.

### Examples of supports we may fund for children in out-of-home care

- Personal care support outside school hours, where the child needs much more support than other children the same age due to their disability.



- Skill building supports, such as learning daily life skills, communication skills and social skills.
- Short breaks or respite to sustain caring arrangements in statutory home-based out-of-home care – where the child and carers need this because of the child’s developmental delay or disability.
- In-home support for carers in statutory home-based out-of-home care, where children need this support due to their developmental delay or disability.
- Home modifications when living in a long-term home in a family-like setting.
- Therapy and behaviour support related to a child’s disability.
- [Assistive technology](#).

## What are we responsible for when it comes to children who aren’t in out-of-home care?

We’re responsible for supports that families need as a direct result of a child’s developmental delay or disability, and that help families and carers sustainably maintain their caring role. These may include supports such as:<sup>xxxiii</sup>

- [social and recreation support](#)
- therapy and behaviour supports
- [short breaks or respite](#)
- [assistive technology](#).

Remember, if we’re responsible for funding the support, it must also meet all the other [NDIS funding criteria](#) before we can include it in your plan.

### Examples of supports we may fund for children who aren’t in out-of-home care

- Disability-specific parent and carer training programs, if a child has developmental delay or disability, or if a parent has a disability.
- Short breaks or respite to support families to care for their children, and where children and families need this because of the child’s developmental delay or disability.
- Support to plan and coordinate supports related to the child’s developmental delay or disability, including those provided through child protection and family support services.



## What about short breaks or respite for children in statutory home-based out-of-home care?

State and territory governments provide short breaks or respite for carers of children in statutory home-based out-of-home care. They're responsible for short breaks or respite for all children in out-of-home care, with or without disability.

We may also fund short breaks or respite for children with a disability in statutory home-based out-of-home care. If it meets the [NDIS funding criteria](#), we'll fund short breaks or respite that children and carers need because of the child's developmental delay or disability.

If you're eligible for both types of short breaks or respite, you can use both of them. You can also choose which type you want to use first.

### Example

Mai is 10 years old and lives in statutory home-based out-of-home care. She has been living with her foster carers for 3 years. Mai has needed more disability support in recent months, and her home-based placement is at risk of breaking down.

The child protection system should provide supports to Mai and her foster carers to help the placement continue. This includes short breaks or respite with another foster family for one weekend a month, which gives Mai and her carers a temporary break from the usual care arrangement. The child protection system should also provide therapy supports for any trauma that Mai has experienced.

We may fund supports that Mai and her foster carers need because of the impact of her increased disability needs. This could also include short breaks or respite if Mai needs this extra support because of her disability. We may also fund additional therapy supports, behaviour support and supports to help Mai with her communication and social skills.

Mai and her carers can choose which funding for short breaks or respite to use first. For example, they could choose to use the short breaks or respite funded or provided by the child protection system first, then use the short breaks or respite in her plan later in the year.

## School education

The school education system includes all primary schools and high schools. This includes public schools, independent and religious schools, and schools for students with disability.

When we say reasonable adjustment, this means reasonable changes that services need to make so they are accessible for people with disability.

We also have a guideline about [work and study supports](#).

## What is the school education system responsible for?

The school education system is responsible for supports where the main purpose is to help you learn, study and achieve education outcomes. This includes:<sup>xxxiv</sup>

- adjusting teaching methods
- providing learning assistance and aids
- modifying the school building
- providing transport between school activities, such as to excursions and sporting carnivals.

### Examples of supports the school education system should provide

- Making changes to school buildings so that students can access the school, such as ramps, lifts and hearing loops.
- Providing fixed [assistive technology](#) that students may need in the school, such as hoists, and other items that can't be moved around.
- Providing learning aids or electronic equipment needed for learning, such as modified computer hardware, education software and braille textbooks.
- Inclusion supports, such as an Auslan interpreter, that students need to help them learn.
- Teaching and learning assistance from teachers and other school staff in places other than school, such as alternative education and home-school settings.
- Changes to the curriculum to meet students' learning needs.
- Day-to-day support and supervision of school-age participants, whether they are at school, excluded from school or attending school on reduced hours.
- General support, tools, training and awareness building for teachers and other school staff to support and engage students with a disability.
- Therapy delivered in schools for education purposes, such as allied health practitioners helping classroom teachers to make adjustments to the curriculum.
- Case coordination for a student's educational supports.
- Reducing school fees for families with financial difficulties.

## What are we responsible for?

We're responsible for supports for everyday activities that you need because of the functional impact of your disability and aren't related to learning. This includes:<sup>xxxv</sup>

- personal care and support at school – learn more in our guideline for [work and study supports](#)
- transport to and from school – learn more in our guideline for [work and study supports](#)
- specialist support you need to transition to higher education, training or work because of your disability.

Remember, if we're responsible for funding the support, it must also meet all the other [NDIS funding criteria](#) before we can include it in your plan.

### **Examples of supports we may fund**

- [Assistive technology](#) that students need no matter what activity they're doing, such as hearing aids, wheelchairs, personal communications devices.
- Specialised support and training for school staff to help them understand and carry out a student's specific support needs, such as specialised behaviour intervention and support.
- Therapies to help students improve what they can do if the therapy isn't related to education.
- Support to build a student's capacity for independent living and self-care.
- Support to develop social and communication skills.
- Specialist behaviour support plans.
- Specialist help students need for their disability to transition to primary school or high school, where it's more than the transition supports that schools must provide.
- Travel training so students can travel to school independently.
- Help to plan and coordinate the supports a student receives from the NDIS, from their school, and from other services.
- Help for students to find or keep a part-time job.
- [School leaver employment supports](#) to help students get ready for work when they leave school.

## Example

Anna is starting high school soon. She wants to attend full time, like other students. Anna often takes longer to learn new things than other students and needs behaviour support to help her while she is at school.

The school education system should provide supports to help Anna learn while she is at school. The school can adjust the curriculum and their teaching methods to better suit her needs. This could include providing a teacher's aide, allowing extra time to complete schoolwork, and making easy-read versions of lessons that Anna can use.

We may fund other supports that Anna needs because of her disability, to help the school and teachers adapt to Anna's needs. For example, we may fund a specialised behaviour management plan and supports to help the teachers help her behavioural, social and communication skills.

We also may fund specific training for teachers and staff at Anna's school about Anna's disability support needs, so they know the best ways to teach her.

## Higher education and vocational education and training

Higher education, vocational education and training includes organisations like:

- university
- technical education and training such as TAFE
- community learning centres
- Registered Training Organisations.

When we say the higher education system, we mean these organisations and the government departments responsible for them.

When we say reasonable adjustment, this means reasonable changes that services need to make so they are accessible for people with disability.

We also have a guideline for [work and study supports](#).

## What are the higher education and vocational education and training systems responsible for?

The higher education and vocational education and training systems are responsible for supports that mainly relate to helping you learn and study. This includes:<sup>xxxvi</sup>

- providing teaching and learning assistance
- aids and equipment to help you learn

- building modifications
- transport between education or training activities
- general support to transition to work, such as career guidance or work experience placements as part of your studies.

### **Examples of supports the higher education system should provide**

- Learning-specific aids, [assistive technology](#) and resources, such as modified computer hardware, education software, and braille textbooks.
- Making changes to the curriculum to meet your individual learning needs.
- Supervising you while you learn if you need extra help.
- Supports that will enable you to take part in teaching and learning, such as an Auslan interpreter.
- Education and training for staff about how to support and engage you.
- Building changes such as ramps, lifts, hearing loops and capital works, that will allow you to access the facility.
- Fixed [assistive technology](#), such as hoists for your personal care needs.
- Therapy supports to assist with educational achievement or taking part in the curriculum.
- Specialist case coordination that's mainly related to your education and training supports.

### **What are we responsible for?**

We're responsible for supports you need for everyday activities because of the functional impacts of your disability and aren't related to learning. This includes:<sup>xxxvii</sup>

- personal care and support, such as help with eating, or managing airways and ventilation
- transport support to and from the education facility, if you can't use public transport without great difficulty due to your disability
- specialist support that you need to transition to work because of your disability.

Remember, if we're responsible for funding the support, it must also meet all other [NDIS funding criteria](#) before we can include it in your plan.

## Examples of supports we may fund

- [Assistive technology](#) you need no matter what activity you're doing, such as hearing aids, wheelchairs, personal communications devices.
- Specialist disability training for university, vocational education, training providers or employers during placements, about your support needs.
- Help to coordinate your NDIS supports with the education and training supports you get from other services, for example a Local Area Coordinator or Support Coordinator.
- Therapy supports that help you with general life skills and help you work, study, or join social activities.
- Support to take part in specific projects run by the university for people with disabilities.
- Fees for courses (often provided in disability or community group settings) that develop your capacity to live independently, if they're not delivered by the higher education and training system – this could be skills in self-care, social and communication, and work readiness.

## Example

Marco is starting TAFE next year. Marco has a vision impairment and wants to find out what supports he can get to help him at TAFE.

The TAFE should provide supports that will help Marco learn and study. This could include learning-specific aids and resources, such as electronic versions of textbooks and screen reading software on TAFE supplied equipment. The TAFE should also provide any reasonable building modifications to support learning, such as installing handrails and wayfinding aids to help Marco move around safely.

If it meets the other NDIS funding criteria, we may include an electronic handheld magnifier in Marco's plan. Marco needs it to read, both at home and at TAFE. We may also fund other supports that Marco needs, that aren't related to his TAFE studies. For example, we could fund travel training to help Marco learn how to get to TAFE safely on his own.

## Employment

Employment can include paid full-time, part-time or casual work for a business or organisation, or being self-employed.

When we say the employment system, we mean:

- government employment services and programs for people with disability and employers
- employers and their responsibility to provide a safe, inclusive, accessible and supportive workplace for people with disability.

When we say reasonable adjustment, this means reasonable changes that services need to make so they are accessible for people with disability.

We also have a guideline for [work and study supports](#).

## What is the employment system responsible for?

The employment system is responsible for employment services and programs. This includes general employment services for all Australians, and disability-specific employment services such as [Disability Employment Services](#).<sup>xxxviii</sup>

For example, employment services provide advice and support for people with disability to prepare for, find and maintain jobs.<sup>xxxix</sup>

The employment system also helps employers hire and include people with disability in the workplace. This includes:<sup>xl</sup>

- support, training and resources
- funding assistance to make [reasonable adjustments](#), such as workplace equipment through the [Employment Assistance Fund](#)
- incentives to hire people with a disability, such as wage subsidies.

Employers are responsible for work-specific support related to your recruitment, your job arrangements, and your workplace environment. This includes:<sup>xli</sup>

- training and induction when you start a new job
- workplace modifications and workplace equipment that allows you to do your job, including those that can be funded by the [Employment Assistance Fund](#)
- transport within work activities
- workplace support to follow disability discrimination laws, such as reasonable adjustments.

## Examples of supports the employment system should provide

- Support from employers to ensure accessible recruitment processes, work arrangements and transport for you within work activities.
- Making reasonable adjustments so you have the same opportunities as other Australians to get a job, get promoted, and be treated fairly at work.



- Changes to your workplace so you can access it.
- General employment-related planning and support, including support to transition to work and [ongoing support](#) once you have a job.
- Work specific aids and equipment you need for your disability to perform your work tasks.
- Help to coordinate the supports you get related to employment.
- Short-term therapy support where the main purpose is for employment, sometimes provided by an employment program such as [Disability Employment Services](#).

### What are we responsible for?

- Supports you need for your daily life whether you're working, looking for work or not looking for work<sup>xlii</sup>.
- Personal care and support in the workplace,<sup>xliii</sup> such as help to go to the toilet, eat and drink while you're at work.
- Transport support to and from work if you can't use public transport without great difficulty due to your disability<sup>xliiv</sup>.
- Supports you need on a regular and ongoing basis to help you find and keep a job – we may fund these supports if you're able to work, but are unlikely to find or keep a job, even with an employment service<sup>xliv</sup>.
- Support to transition to work, when you need extra support because of your disability, compared to other Australians – this includes training about workplace relationships, communication skills, wearing the right clothes, getting to work on time, and travelling to and from work<sup>xlvi</sup>.

Remember, if we're responsible for funding the support, it must also meet all other [NDIS funding criteria](#) before we can include it in your plan.

### Examples of supports we may fund

- Capacity-building supports to help you learn about work and get work-ready – for example communication supports, travel training, and learning how to work in a team or follow instructions.
- Supports to help you work out what kind of job you want and build your confidence to work, for example by arranging on-the-job experience.
- Support to plan and coordinate your NDIS supports with the supports you receive from your employment service.



- [Assistive technology](#) related to your functional needs, such as a wheelchair.
- Personal care supports at work, such as help to eat, drink or go to the toilet.
- Help to prepare you for active job seeking, including information, career planning and linking you with the mainstream support from [Disability Employment Services](#).
- On-the-job support once you get a job, if you're unlikely to keep your job even with an employment service.
- Occupational therapist assessments to see how your disability affects how you work and to help you become more productive.
- Extra on-the-job training and support with your work tasks that you need because of your disability, which is above what you can get through reasonable adjustments or a Disability Employment Service – for example, extra support to help you manage your behaviour or complex needs at work.

Support with other things to help you work, such as modification of tools to suit your disability-related needs when unable to be provided through the [Employment Assistance Fund](#).

## Example

Jin is about to start a new job. Jin's new office will need some modifications, such as a modified workstation and chair, so they can do the job safely. Jin will also need support to get ready and to travel to work each day.

The employment system should provide any reasonable adjustments that Jin needs while at work. This includes any aids and workplace equipment, through the Employment Assistance Fund, that will help Jin to do their job.

Disability Employment Services should provide Jin and the employer with advice or support needed to help prepare for the new job. Disability Employment Services will continue to support both Jin and the employer for as long as is needed once Jin starts work.

We may fund supports that help Jin learn or keep their new job if the support is more than what Disability Employment Services should provide. This could include support to learn the job and to be productive.

We may fund a support worker to help Jin get dressed and ready for work each day. And, we may fund training for Jin to support them to travel to and from work independently. In the longer term, we may support Jin to learn new skills and progress their career.

## Housing and community infrastructure

Housing includes things like making sure you have a home to live in, that suits your needs. It could be social housing, including public and community housing.

Community infrastructure means things like public buildings and public places.

The housing and community infrastructure system includes:

- social housing authorities
- government agencies responsible for affordable housing and homelessness
- local councils and other governments responsible for town and city planning.

When we say housing, we mean the building itself, like a house or apartment. This doesn't include the supports you can get in your home, like support workers. For more information on the supports you can get in your home, check out our guidelines for [home and living supports](#).

When we say reasonable adjustment, this means reasonable changes that services need to make so they are accessible for people with disability.

## What is the housing and community infrastructure system responsible for?

- Housing and accommodation for people who need it – this includes making sure all Australians, including people with disability, have access to accessible, affordable and appropriate housing<sup>xlvii</sup>.
- Routine rental tenancy support,<sup>xlviii</sup> such as helping you with any questions or issues about your property, and helping you work with your landlord.
- Making sure new social housing has [Livable Housing Design](#) features where possible<sup>xlix</sup>.
- Supports and outreach for people who are homeless, or to prevent people from becoming homeless<sup>i</sup>.
- Emergency and long-term accommodation for people who are homeless or at risk of homelessness<sup>ii</sup>.
- Improving community facilities, public buildings and public places by making them more accessible for people with disabilities – for example, through zoning laws and city planning, building modifications and reasonable adjustments<sup>iii</sup>.

## Examples of supports the housing and community infrastructure system should provide

- Social housing, including making social housing suitable for people with disability through home modifications.

- Making sure community infrastructure is accessible to you, such as disability parking or disabled toilets.
- Intensive case coordination that's mainly related to housing supports.
- Housing support services to help with the cost of renting or buying a home, such as rental bonds, mortgage relief and home buying assistance.

## What are we responsible for?

- Supports to help you live independently in the community, for example by helping you build your skills to keep a rental agreement, or behaviour supports<sup>liii</sup>.
- [Home modifications](#) for private dwellings – that is, if you own or rent your home, and it's not social housing<sup>liv</sup>.
- In some rare cases, home modifications in 'legacy' or older social housing<sup>lv</sup>.
- [Specialist Disability Accommodation](#)<sup>lvi</sup> in rare situations, if you have an extreme functional impairment or very high support needs.

Remember, if we're responsible for funding the support, it must also meet all other [NDIS funding criteria](#) before we can include it in your plan.

## Examples of supports we may fund

- Support you need for your disability to help you find somewhere to live and keep living there – this could include help to go to inspections or learning to pay rent on time.
- Training you need because of your disability to learn living skills, such as how to take care of your home, or how to cook or clean.
- Support to develop your social and communication skills, to help you live independently in the community.
- Support to plan and coordinate your housing from other services, with your NDIS supports.
- Support if you're at risk of, or are homeless, to help you get and keep secure and stable accommodation – if you need the support because of your disability.
- Support with personal and domestic tasks, such as help to shower, go to the toilet, cook and manage your home.

## Example

Sid needs to urgently move out of his share-house. He's looking for a rental property to live by himself for the first time. He's at risk of homelessness because he is on a low income.

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Due to his disability, he needs help to learn how to take care of his new home when he finds one.

Sid goes to his state housing authority for emergency help to find a place to live. They will help get Sid emergency short term accommodation and can help him find a home to rent longer term. They may also provide support to help Sid keep a rental home. For example, he may get help with some of the cost of renting the home, such as rent assistance.

We may fund supports that Sid needs because of his disability to help him live independently in his home. This could include support to help him go to rental inspections and learn to pay his bills on time. We may also fund support to help Sid learn useful daily life skills, such as cooking, cleaning, and taking care of his new home.

## Transport

Transport options can include walking, cycling, cars, buses, trains and trams. The transport system includes:

- government departments responsible for roads, footpaths, railways and waterways
- public transport
- taxi and rideshare operators.

When we say reasonable adjustment, this means reasonable changes that services need to make so they are accessible for people with disability.

### What is the transport system responsible for?

The transport system is responsible for transport infrastructure to meet the needs of all Australians, including those with disability, such as roads, footpaths, train lines, waterways, and disability parking.<sup>lvii</sup>

It is responsible for making sure public transport is accessible for you, such as at stations and stops, and on vehicles like buses.<sup>lviii</sup> The transport system makes sure transport providers follow discrimination laws in transport services.<sup>lix</sup>

The transport system also looks after travel fare concessions for people with disability.<sup>lx</sup>

### Examples of supports the transport system should provide

- Public transport services for all Australians, such as buses and trains.
- Reasonable adjustments that transport providers and operators make so you can use them, such as ramps and lifts for public transport.

### What are we responsible for?

- Support to help you travel independently, such as training to use public transport or assistive technology to help you travel<sup>lxii</sup>.
- [Vehicle modifications](#) for private vehicles – that is, modifications for cars or other vehicles you or your carers own, but not modifications for public transport or taxis<sup>lxii</sup>.
- Transport funding for the reasonable and necessary cost of taxis, rideshares or other private transport, if you can't use public transport without great difficulty because of your disability<sup>lxiii</sup>.

Remember, if we're responsible for funding the support, it must also meet the all other [NDIS funding criteria](#) before we can include it in your plan.

### Examples of supports we may fund

- Help to get a driver assessment if you need to drive a modified vehicle.
- Help to get driving lessons if you need to learn how to drive a modified vehicle or need additional lessons because of your disability.
- Help to learn to use public transport.
- Activity based transport, for the cost of support workers to help you get to work, study, or join social activities.

### Example

Amira wants to drive her car to and from work. Amira has her driver's licence and bought a new car. But she needs modifications to her car and lessons on how to use the new modifications before she can drive it.

Local councils and business are responsible for providing accessible parking spots, so Amira can park close to a building entrance and has enough space to get out of her car.

We may fund a driver assessment to find out if any vehicle modifications can be made to Amira's car. If the car is suitable for modifications, and the support meets the NDIS funding criteria, we may fund the cost of modifying her car.

We could also fund lessons for Amira to learn how to adapt her driving for her modified car if the lessons meet the NDIS funding criteria.

### Justice

If you have a disability and you're involved in the justice system, there are some supports we may fund. The justice system is responsible for providing other supports.

We consider you're involved in the justice system if you are:

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- in custody in a correctional facility, for example a prison, remand centre, youth detention centre or secure mental health facility
- on remand, awaiting or following sentencing
- required by a court order to regularly report to a correctional or community correctional agency, for example on bail, probation or parole
- serving a community-based order, or are on a leave of absence order or therapeutic leave
- under forensic orders, which may include restrictions on your movements or other requirements, such as drug testing or attending prescribed treatment.

We have a guideline about the [justice system](#).

## Aged care

If you're younger than 65 and living in residential aged care, we have a guideline for [younger people in residential aged care](#).

## Reference list

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- i NDIS (Supports for Participants) Rules r 7.5(a).
- ii NDIS (Supports for Participants) Rules r 7.5(b).
- iii NDIS (Supports for Participants) Rules r 7.5(b).
- iv NDIS (Supports for Participants) Rules r 7.5(b).
- v NDIS (Supports for Participants) Rules r 7.5(b).
- vi NDIS (Supports for Participants) Rules r 7.5(b).
- vii NDIS (Supports for Participants) Rules r 7.5(b).
- viii NDIS (Supports for Participants) Rules r 7.5(b).
- ix NDIS (Supports for Participants) Rules r 7.5(c).
- x NDIS (Supports for Participants) Rules r 7.5(c).
- xi NDIS (Supports for Participants) Rules r 7.5(d).
- xii NDIS (Supports for Participants) Rules r 7.10(b).
- xiii NDIS (Supports for Participants) Rules r 7.10(c).
- xiv NDIS (Supports for Participants) Rules r 7.4.
- xv NDIS (Supports for Participants) Rules r 7.7(a).
- xvi NDIS (Supports for Participants) Rules r 7.7(a).
- xvii NDIS (Supports for Participants) Rules r 7.7(a).
- xviii NDIS (Supports for Participants) Rules r 7.7(b).
- xix NDIS (Supports for Participants) Rules r 7.7(c).
- xx NDIS (Supports for Participants) Rules r 7.7(d).
- xxi NDIS (Supports for Participants) Rules r 7.6.
- xxii NDIS (Supports for Participants) Rules r 7.6.
- xxiii NDIS (Supports for Participants) Rules r 7.6.
- xxiv NDIS (Supports for Participants) Rules r 7.10(a).
- xxv NDIS (Supports for Participants) Rules r 7.9(a).
- xxvi NDIS (Supports for Participants) Rules r 7.8.
- xxvii NDIS (Supports for Participants) Rules r 7.9(a).
- xxviii NDIS (Supports for Participants) Rules r 7.9(b).
- xxix NDIS (Supports for Participants) Rules r 7.12(a).
- xxx NDIS (Supports for Participants) Rules r 7.12(b).
- xxxi NDIS (Supports for Participants) Rules r 7.12(c).
- xxxii NDIS (Supports for Participants) Rules r 7.11(b).
- xxxiii NDIS (Supports for Participants) Rules r 7.11(a).
- xxxiv NDIS (Supports for Participants) Rules r 7.14.
- xxxv NDIS (Supports for Participants) Rules r 7.13.
- xxxvi NDIS (Supports for Participants) Rules r 7.16.
- xxxvii NDIS (Supports for Participants) Rules r 7.15.
- xxxviii NDIS (Supports for Participants) Rules r 7.18(b).
- xxxix NDIS (Supports for Participants) Rules r 7.18(b)(i).
- xl NDIS (Supports for Participants) Rules r 7.18(b)(ii).
- xli NDIS (Supports for Participants) Rules r 7.18(a).
- xlii NDIS (Supports for Participants) Rules r 7.17(a).
- xliiii NDIS (Supports for Participants) Rules r 7.17(a).
- xliv NDIS (Supports for Participants) Rules r 7.17(a).
- xlv NDIS (Supports for Participants) Rules r 7.17(b).
- xlvi NDIS (Supports for Participants) Rules r 7.17(c).
- xlvii NDIS (Supports for Participants) Rules r 7.20(a).
- xlviii NDIS (Supports for Participants) Rules r 7.20(a).
- xlix NDIS (Supports for Participants) Rules r 7.20(b).
- l NDIS (Supports for Participants) Rules r 7.20(c).
- li NDIS (Supports for Participants) Rules r 7.20(c).
- lii NDIS (Supports for Participants) Rules r 7.20(d).

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- liii NDIS (Supports for Participants) Rules r 7.19(a).
  - liiv NDIS (Supports for Participants) Rules r 7.19(b).
  - liv NDIS (Supports for Participants) Rules r 7.19(c).
  - lv NDIS (Supports for Participants) Rules r 7.19(d); NDIS (SDA) Rules.
  - lvii NDIS (Supports for Participants) Rules r 7.22(c).
  - lviii NDIS (Supports for Participants) Rules r 7.22(a).
  - lix NDIS (Supports for Participants) Rules r 7.22(b); Disability Discrimination Act s 31(1); Disability Standards for Accessible Public Transport 2002.
  - lx NDIS (Supports for Participants) Rules r 7.22(a).
  - lxi NDIS (Supports for Participants) Rules r 7.21(a).
  - lxii NDIS (Supports for Participants) Rules r 7.21(b).
  - lxiii NDIS (Supports for Participants) Rules r 7.21(c).