

EC Understand the key worker role in the delivery of early childhood intervention supports

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When we say, early childhood intervention supports, we mean Early intervention supports for early childhood which is an NDIS support we fund in NDIS plans for children younger than 9.

This article provides guidance for early childhood partners, planner delegates and review officers responsible for planning for children younger than 9 to understand:

- what a key worker is
- the role of the key worker in the team around the child
- the benefits of using a key worker model.

1 Recent updates

7 April 2026

- Title change – previously EC Understand the key worker role in the delivery of early intervention supports for early childhood
- Linked article name updates

2 Before you start

You have read and understood:

- article [EC Early intervention supports for early childhood overview](#)
- article [EC Early intervention supports for early childhood guide \(EC Guide\)](#)
- [Our Guideline – Early childhood approach \(external\)](#)

3 What is a key worker?

A child with developmental delay or disability, and their family, benefit the most when early childhood intervention professionals and the family form a team around the child.

A child's early intervention team should:

- get to know the child and their family
- share information, knowledge and skills
- work together to support the child's learning and development in their everyday routines and activities.

A key worker is the main contact person for a family in the team around the child.

Not all providers of early childhood intervention can, or do, use key workers as part of their service. Using a key worker model has many benefits and often results in the best outcomes for a child. The Early Connections intranet page also has [tip sheets](#) that can be provided to families, including one on the key worker model.

Read more about early childhood intervention and the principles of best practice in early childhood intervention in [Our Guideline – Early childhood approach \(external\)](#).

Key workers are typically early childhood intervention professionals such as:

- speech pathologists
- early childhood teachers or educators who are delivering early childhood intervention
- occupational therapists
- physiotherapists
- social workers
- psychologists.

A key worker has two roles – the role of an early childhood intervention professional and the role of a key worker. A key worker should:

- work closely with the family and other professionals in the team around the child
- have the skills and experience of the whole team of early childhood intervention professionals behind them
- be the main person in that team who provides and coordinates early childhood intervention.

4 The role of the key worker

A key worker works in partnership with a child and family to:

- empower families to advocate for their child and support their learning and development
- identify a child's strengths and things that interest them
- develop goals for a child and family
- monitor a child's development, successes and achievements
- develop strategies that fit in with the daily routines of a child and their family and support a child's independence and participation
- coordinate the services the child and family use
- collaborate with important people in a child's life so they all have the skills to help a child learn, develop and participate in home, education and community settings
- build the skills of a child and family in their home, community settings or a child's early childhood education and care service centre or school to support a child's inclusion.

5 Benefits of using a key worker model

When using a key worker model, a child and family:

- get consistent advice and support from their key worker, who knows the family and their child very well
- get support from all the professionals in the team, without the disruption of needing to meet regularly with all professionals in the team individually
- reduce the number of new people they need to get to know
- reduce the number of times a family need to talk about the child's development and goals
- have fewer regular appointments, meaning more time for a child to play and be with friends and family.

5.1 Example: Benefits of a key worker and early childhood intervention for Lola and her family

Lola is 4 years old and goes to preschool 3 days per week. Lola has developmental delay and needs support to develop her communication, physical and self-care skills.

Lola's parents, Karl and Maree, would like Lola to be able to tell others what she wants, to dress herself and feed herself at mealtime. They also want Lola to be confident when using the playground equipment at the local park and preschool. Karl and Maree would like to connect with other parents.

Lola's plan includes NDIS support for early childhood intervention. Lola's parents choose an early childhood intervention provider who uses the key worker model so there is a team around Lola. This team works with Lola's family and other services, such as Lola's preschool. Lola and her family's team are led by a key worker, who is an early childhood teacher. Lola also has a speech pathologist and physiotherapist as part of her team.

The key worker spends time with Lola and her family, observing and assessing her participation in everyday activities, including home, the playground and preschool. The team, including Karl and Maree, develop practical strategies for use in these settings.

The key worker collaborates with the physiotherapist to explore ways to increase Lola's independence at home and her use of playground equipment. The physiotherapist can see that an adjustable chair would help Lola improve her posture. It will make her stable so she can eat on her own at the table. The physiotherapist sets up an assessment.

For all areas of Lola's development, the key worker and family bring the strategies into her everyday life. The key worker goes to Lola's preschool to share what is working at home. For example, the key worker supports the preschool to introduce picture cards to make choices between activities, similar to what Lola uses at home. When needed, the other team members join the key worker on her home and preschool visits. This is to make sure the family, preschool and key worker know how they can best support Lola.

The key worker also provides Karl and Maree with some options in their local community where they can connect with other parents.

The key worker provides regular team updates. As Lola makes progress, the team, including the family, set new goals to support Lola's growing independence and participation.

EC PEC – General overview

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This article provides early childhood partners and planner delegates with:

- a general overview on completing the **Personal and Environmental Circumstances (PEC)** case for children younger than 9
- a list of all articles relating to the **PEC** case for early childhood.

Careful consideration should be made when completing the PEC case to best reflect the child and their family's actual circumstances and NDIS funded support needs. The PEC case is used to inform the draft budget and planner delegate reasonable and necessary decision making.

1 Recent updates

7 April 2026

- PEC case question age range changed to younger than 9
- Using a conversational approach to gather information from families
- Updated names of linked articles

2 General overview on completing the PEC case for children younger than 9

This article is for the completion of the **Personal and Environmental Circumstances (PEC)** case for children younger than 9.

The **PEC** case is completed by an early childhood partner or a planner delegate in non-partner areas when supporting a family to submit an application to the NDIS for a child younger than 9. Responses in the **PEC** case influence the draft budget.

A completed **PEC** case supports with information to help:

- understand how the child and family manage daily life
- understand the child and their family's support network and engagement with mainstream and community services
- understand the child's NDIS funded support needs
- the planner delegate in making reasonable and necessary (R&N) decisions.

The early childhood partner or planner delegate in non-partnered areas completes three cases for participants younger than 9 during a check-in for a scheduled plan reassessment: the **PEC** case, the **Short Form Outcome Framework (SFOF)** and **Functional Capacity Assessment (FCA)** case.

The information gathered will capture the child's support needs, including their current functional capacity in the home, mainstream and community settings. This information is then used by a planner delegate to support planning conversations and to make R&N decisions. When an early childhood partner is completing the **PEC** case, they should:

- use a conversational approach to gather information from families
- use a conversational approach to understand the child and family's strengths and successes, as well as challenges and barriers
- avoid asking the **PEC** questions directly
- use the questions as a guide to check that you are gathering the required information
- upload to PACE any documents you refer to.

3 Articles relating to completing the PEC case for early childhood

- [EC PEC – Capacity building – How to complete early childhood intervention supports questions](#) for examples of free text responses to questions relating to early childhood intervention supports, including early childhood intervention supports at an intensive level.
- [EC Early childhood intervention supports overview](#) for information on capacity building questions relating to early childhood intervention supports, developmental areas and safeguarding for children.
- [EC PEC – Daily support \(mainstream participation\)](#) for information on completing questions about a child's participation and transitions in early childhood education and care and school settings.
- [EC PEC – Carers – Sustaining informal supports](#) for information on completing questions about support a child's family, other informal supports and community and mainstream supports provide, and whether NDIS support is needed.
- [EC PEC – Carers – Support coordination](#) for information to consider where support coordination may be required.
- [EC PEC – Capacity building – Health and wellbeing \(Disability-related health supports\)](#) for information on gathering information and completing PEC questions for disability-related health supports.
- [EC PEC – Capacity building – Regulated restrictive practices](#) for information relating to behaviour support through early childhood intervention supports and Specialist Behavioural Intervention Support and example answers for regulated restrictive practices questions.
- [EC PEC – Core – Equipment and consumables](#) for information on how to consider equipment, home modifications and consumable products.
- [EC PEC – NDIS Pathway Hearing Stream](#) for information on questions based on the Form – NDIS Pathway Hearing Stream evidence of hearing loss (for children younger than 7).

EC PEC – Capacity building – How to complete early childhood intervention supports questions

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When we say, early childhood intervention supports we mean Early Intervention Supports for Early Childhood which is an NDIS support we fund in NDIS plans for children younger than 9.

This article provides guidance for early childhood partners and planner delegates on:

- how to complete the **Personal and Environmental Circumstances** (PEC) case
- capacity building questions relating to early childhood intervention including early childhood intervention at an intensive level.

Careful consideration should be made when completing the PEC case to best reflect the child and their family's actual circumstances and NDIS funded support needs. The PEC case is used to inform the draft budget and planner delegate reasonable and necessary decision making.

1 Recent updates

7 April 2026

- Title change: Previously EC – PEC Capacity building – How to complete early intervention supports for early childhood questions
- Recording information for assessing risk and implementing safeguards for children
- Additional guidance to support answering PEC case questions for early childhood intervention at an intensive level
- 'Billy' example revised to include what is meant by delay in emotional development, how it is impacting on participation and examples of mainstream supports family could have tried before asking for NDIS support
- Example free text field responses

2 Before you start

You have read and understood:

- article [EC Early childhood intervention supports overview](#) to learn more about what we mean by developmental areas of need, levels of early childhood intervention, including early childhood intervention at an intensive level.

For information on the PEC case Capacity building questions that relate to other areas, go to articles:

- [EC Early childhood intervention supports guide \(EC Guide\)](#)
- [EC PEC – Capacity building – Health and wellbeing \(Disability-related health supports\)](#)
- [EC PEC – Capacity building – Regulated restrictive practices](#)
- [EC PEC – NDIS Pathway Hearing Stream](#).

3 How to complete early childhood intervention supports questions

When working through the PEC case questions it is important that the early childhood partner or planner delegate:

- considers all the available information, including information they have gathered from the family and other professionals who support the child. They should provide responses to the PEC case questions based on the child and family's strengths and needs in the context of the responsibility of the NDIS. This might not align with the amount or type of funding a family is requesting.
- ensures any requests for funding from a family are accurately recorded in the **Activity Log – Internal Note**
- provides sufficient information to explain their responses to PEC case questions in terms of the family's context and the information needed to satisfy the requirements of NDIS legislation
- records information in the system about any concerns or factors which can provide further detail for NDIA staff and partners to assess potential harm at a future date. This information is important for assessing risk and implementing safeguards for children. For more information on safeguarding during the planning process go to article [Guide – Safeguarding the participant's interests](#).

Having accurate information is important as responses to PEC case questions will help inform the draft budget for first plans. For all plans, responses to PEC case questions provides important information to help planner delegates make funding decisions.

Sometimes, the person asking the PEC case questions will need to ask follow-up questions to draw out the information needed to help with a funding decision.

The free text fields have character limits. If more space is required, add the information to **internal note** in the **Activity log**.

For each developmental area that is identified as needing capacity building support:

- select whether the NDIS support needed is **medium to low** or **high**
- describe in the free text field what the child can do, or requires support to do, to indicate why you have selected **medium to low** or **high**.

Once a draft budget is generated, a planner delegate will consider it against the reasonable and necessary criteria. They will need to review all the available information to allow them to make an informed decision about funding in the plan.

3.1 Example: Billy

Below are some examples on how you may answer the free text fields in the PEC case capacity building questions relating to early childhood intervention, including early childhood intervention at an intensive level. They are about four-year-old Billy.

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s22(1)(a)(ii) - irrelevant material



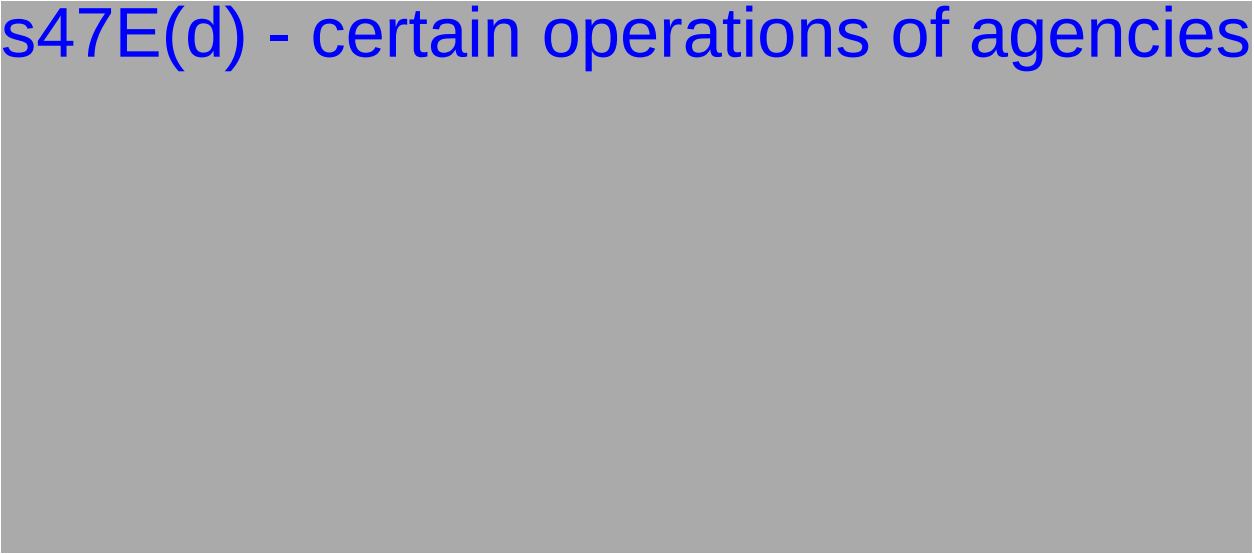
3.2 PEC case questions for early childhood intervention at an intensive level

3.2.1 Question: Has the need for intensive early childhood supports been identified?

If the need for this support is identified attach any relevant evidence including reports.

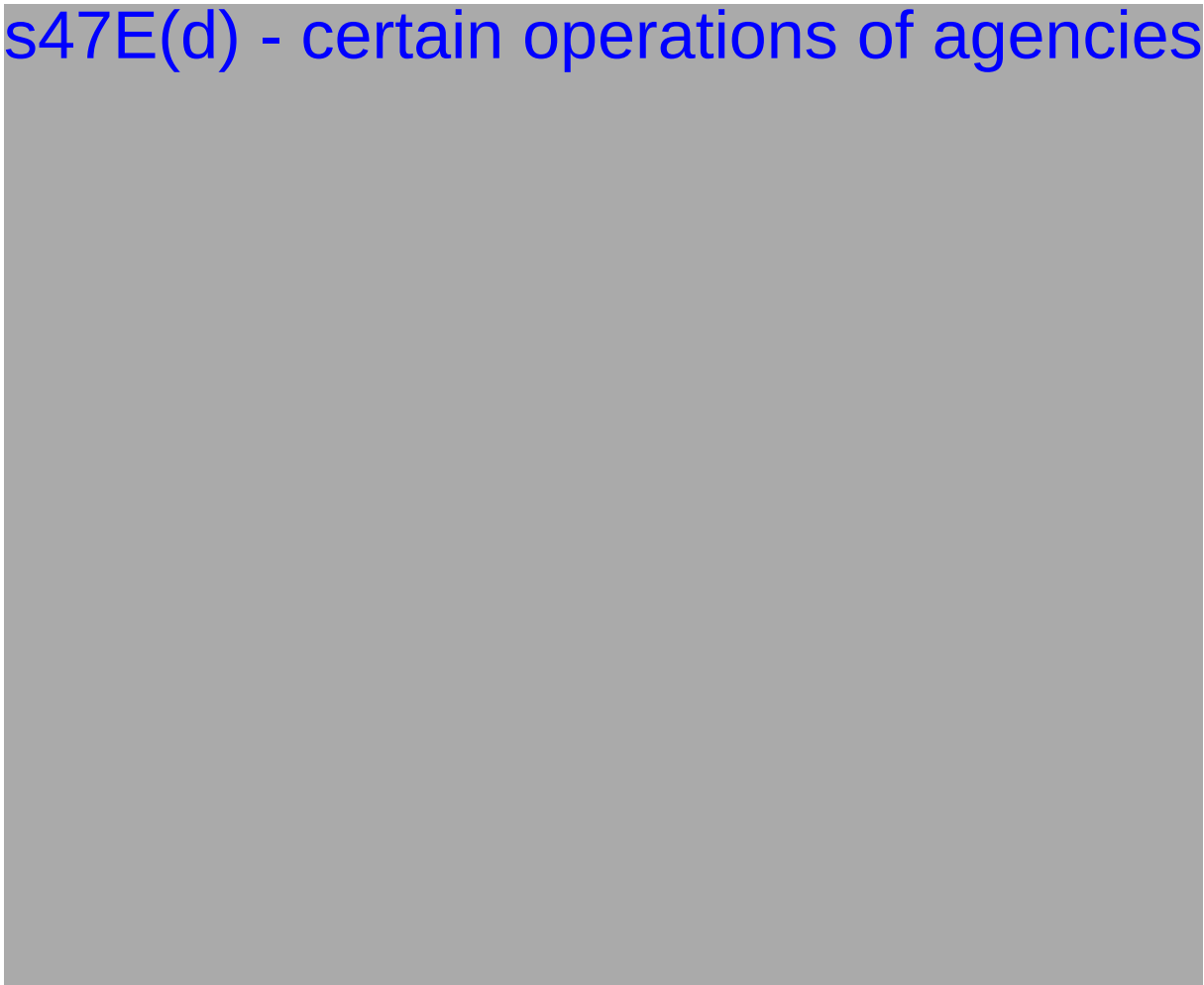
3.2.2 Question: Who has recommended intensive early childhood supports? Please specify

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3.2.3 Question: Is an additional level of early childhood supports required to share strategies in mainstream settings?

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EC PEC – Carers – Sustaining informal supports

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This article provides guidance for early childhood partners and planner delegates about Carers' questions in the Personal Environmental Circumstances (PEC) case including:

- considering the support provided to the child and family by informal, community and mainstream supports
- support for a family to sustain the care of their child younger than 9
- early childhood education and care (ECEC).

Careful consideration should be made when completing the PEC case to best reflect the child and their family's actual circumstances and NDIS funded support needs. The PEC case is used to inform the draft budget and planner delegate reasonable and necessary decision making.

1 Recent updates

7 April 2026

- Guidance related to duplication of supports
- Additional considerations regarding the child's support needs and the family situation when responding to PEC case questions
- Guidance on safeguarding for children with examples and suggested questions
- Additional examples of support item scenarios
- Additional guidance on types of NDIS supports that may be required in early childhood education and care (ECEC) settings

2 Before you start

You have read and understood:

- article [EC Early childhood intervention supports overview](#)
- [Our Guideline – Mainstream and Community Supports \(external\)](#).

3 Carers' questions in the PEC case

The PEC case is completed by the early childhood partner or a planner delegate in non-partnered areas. Responses to the questions in the Carers' section should capture any relevant information provided by families or professionals. For example, this could come from information provided in carer statements or professional reports (verbally or in writing) and can support the planner delegate to decide whether funded supports are required to support the family in their caring role.

4 Support provided by informal, community and mainstream supports

Typically, the support for young children with daily life is provided by families and other informal supports. Some children also receive support from mainstream services such as ECEC and school. Refer to the section later in this article on ECEC.

5 Sustaining informal supports

Some children require significantly more support with daily activities than is usually required for a child of the same age. Sometimes this impacts on a family's wellbeing and ability to sustain the care of their child, and consideration needs to be given to NDIS funding to support this. A family may request this NDIS support, or an early childhood partner or planner delegate may identify a need through a discussion with the family. It is the planner delegate's role to work out whether the support meets the reasonable and necessary criteria.

Support also should not duplicate existing in-kind support for personal care at school.

As part of determining whether a support meets the reasonable and necessary criteria, the planner delegate must consider Rule 3.4(a): Supports for Participants Rules - Reasonable Family, Carer, and Other Support. This rule outlines the factors the NDIA must consider when deciding whether to fund a support and what is reasonable to expect from families, carers and informal networks and the community. This includes:

- (iii) The extent of any risks to the wellbeing of the participant's family members or carers.
- (iv) Whether funding the support for a family would improve the child's capacity or future capacity or reduce risk to the child's wellbeing.

The free text fields have character limits. If more space is required, add the information to an **internal note** in the **Activity log** for the PEC case.

5.1 General question

5.1.1 PEC question: 'After considering informal, community and mainstream supports, does the family require NDIS funded supports to sustain their caring role because of the child's developmental delay or disability'

The response in the PEC case to this question should provide some general information of the support a child's family, other informal supports and community and mainstream supports provide, and whether NDIS support is needed. It should include any relevant information about:

- whether support required for care and supervision of the child is significantly above the support similar age children require
- who the child's informal supports are, including the primary carer(s) and extended family
- whether the child attends a community or mainstream program such as ECEC.
- for a child who does not attend a community or mainstream program such as ECEC, whether their parents would like them to, and if so, what are the barriers. Refer to the section later in this article on ECEC.
- any changes or fluctuations that may occur within the duration of the plan period which will impact required funding. For example, is an interim period of funded support required only while other supports such as assistive technology is being sourced, behavioural management strategies are being put into place, or the child is commencing at an ECEC setting with inclusion support funding.

- whether the support is needed due to identified risks and whether it will strengthen a family's capacity for caregiving and improve their wellbeing.

5.2 Questions about specific scenarios that might apply to the child and family

There are a range of scenarios in which Core support for a family to sustain their caring role is required. One or more scenario might be relevant to a child and family. The following PEC questions help to consider and provide information relevant to the different scenarios.

5.2.1 PEC question: 'to help with the child's daily routines such as completing personal care'

Some children with developmental delay or disability require very high levels of support with daily routines. For most children, there is a gradual increase in independence with personal care. Support can transition from full physical support to close supervision, to distant supervision and then verbal reminders. Some children either continue to need full physical support or need close supervision for a much longer time. The family may require NDIS funding for a support worker to help the child with some daily routines if the support required is significantly beyond the support most same age children need, despite early childhood intervention supports. Providers may indicate that these high support needs will likely continue for some time even with further early childhood intervention supports.

This question requires the respondent to indicate when, across the day or days of the week there are significant pressure points and daily routines where support is required.

Include information about anticipated changes in the child's circumstances for a planner delegate to consider when approving the plan. For example, an Assistive Technology (AT) assessment leading to AT for manual handling might reduce the need for personal care funding.

When determining whether NDIS support is required for this, some points in addition to those considered in the more general first question are:

- whether the child has personal care support needs significantly above similar age children, for example support with manual handling, or complex feeding support

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- how long do the tasks that require NDIS support take and how often is the support required
- whether personal care support is requested during school hours in a school setting, which may duplicate current in-kind arrangements.

It can help to develop a weekly timetable when thinking about and evidencing the need for NDIS support. The timetable can help to consider and demonstrate when specifically, support is needed and for how long.

5.2.2 PEC question: 'to have time to attend to daily tasks'

For some children, their additional care needs **related to their developmental delay or disability** significantly impact the parents' or carer's ability to complete daily tasks. For

example, when parents or carers need to attend to their own appointments. When considering this, it is important to think about support children typically need at different ages. For example, it is typical for a 2-year-old child to require very close supervision when in the community to ensure they stay close by, and families manage daily tasks around this; however, this level of support is typically less for a 6-year-old.

When determining whether NDIS support is required for parents to attend to daily tasks, some points in addition to those considered in the more general first question are:

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- for a child who does not attend mainstream services such as ECEC or school, whether they are they able to attend such services. If not, include information/evidence as to why they are unable to access mainstream supports. Refer to the section later in this article on ECEC.

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5.2.3 PEC question: 'to attend to other responsibilities such as siblings' needs'

For some families, the additional care required **related to their child's developmental delay or disability** significantly impact their ability to attend other caring responsibilities. For example, parents are unable to take the child along to another of their children's extra-curricular activity which might mean the other child misses out.

When determining whether NDIS support is required to support a family so they can attend to the caring needs of all family member, some points in addition to those considered in the more general first question are whether:

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5.2.4 PEC question: 'to have a break from caring for the participant'

For some families, their child's **developmental delay or disability related** care needs significantly impact their ability to have similar breaks from caring for their child that most parents get.

When determining whether NDIS support is required for parents to have a break from caring, some points in addition to those considered in the more general first question are whether:

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5.2.5 Example of required funding for support to sustain informal supports that changes across the duration of the plan.

Emily requires a very high level of support with self-care and supervision and is cared for solely by her mother. The level and type of care Emily requires means her mother cannot engage a typical babysitter. Other informal supports are not available or are unable to help. Emily's mother does not get a break from caring. She has met with an ECEC service who are working to make reasonable adjustments for Emily and applying for support through the Inclusion Support Program. Emily will start at the centre soon. However, Emily's mother requires some immediate support to help her care for Emily. She is finding it hard to manage all Emily's caring needs as well as her other children's needs. The planner delegate includes in Emily's plan some immediate funding in Core supports for the next couple of months, reducing this down to support on weekends only once Emily commences in the ECEC centre.

5.3 Safeguarding examples when answering PEC questions for children

A parent or carer may provide information about risk or harm or potential harm involving a NDIS participant who is a child. For more information refer to article to article [EC Early childhood intervention supports overview](#) to further understand safeguarding for children.

To create an emotionally safe environment, refer to the [Guide – Conversation style guide](#), including [Guide - Conversation style guide appendix A](#) which provides information on conversation techniques and also [Guide - Conversation style guide appendix B](#) to support phone or web-based conversations.

Where possible use open-ended questions which can support conversations as they encourage parents and carers to share detailed information about their circumstances, reveal underlying concerns and help staff identify both strengths and potential risks.

5.3.1 Example: Hamish

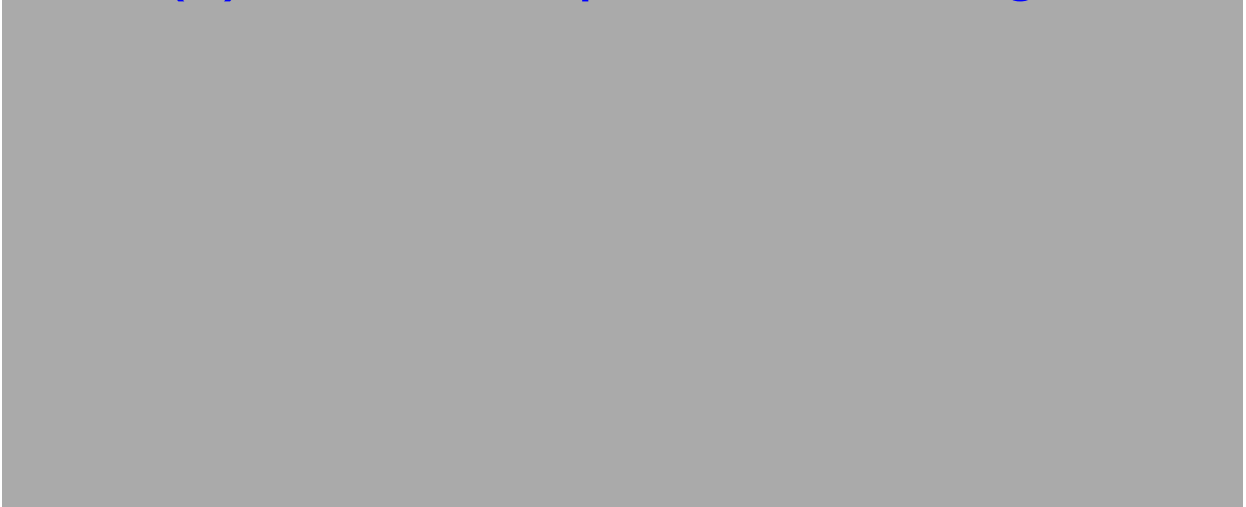
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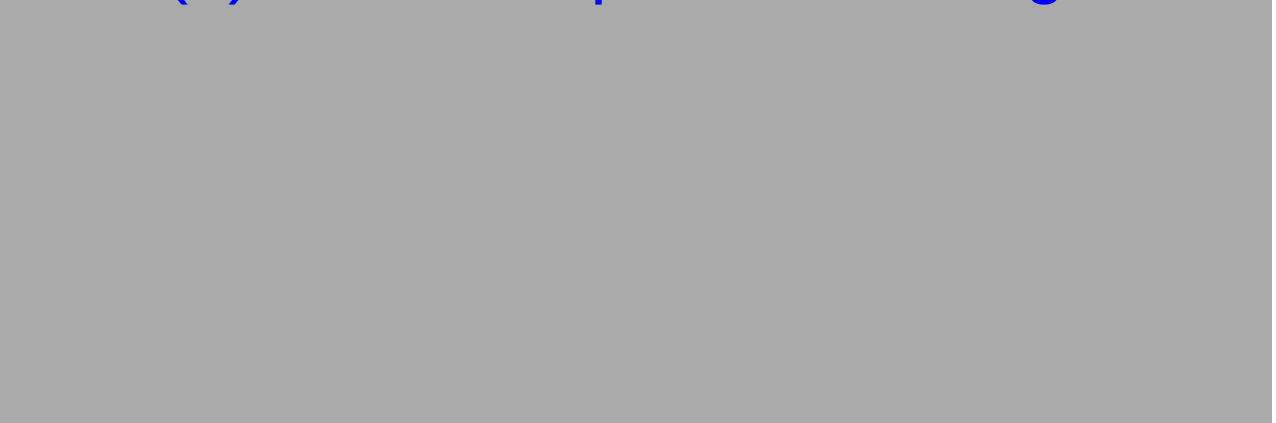
5.3.2 Example statement or questions

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5.3.3 Example: Yuki

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5.3.4 Example statement or questions

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5.3.5 When the request is about supports around early childhood education and care

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6 Guidance for planner delegates to fund support to sustain informal supports

6.1 Examples of support item scenarios

6.1.1 Specialised Home-Based Assistance for a Child

This support item provides specialist assistance in the home that is required due to additional requirements of a child's developmental delay or disability and may be funded to strengthen the sustainability of informal supports.

Note: This rate should only be used if you are confident all the care will be provided in the home environment only and the child does not have complex support needs. There is no weekend rate for this support. For weekend assistance, planners should consider the Assistance with Self-Care Activities rate.

6.1.2 Assistance With Self-Care Activities – Standard

These support items provide a child with assistance with, or supervision of, personal tasks of daily life.

This rate applies to children who require assistance in or out of the home with daily personal activities. This can be used for children with behaviours of concern that require moderate support or for other circumstances such as personal care support. This funding is not expected to replace the family's responsibility for their children to access the community. For example, to drive a child to or from a community activity.

Note: Where support is requested for personal care during school hours at a school setting, consider whether this support is already funded through in-kind arrangements.

6.1.3 Assistance With Self-Care Activities - High Intensity

These support items provide a participant (including children under 9 years of age) with a need for **High Intensity Supports** with assistance with, or supervision of, personal tasks of daily life. This rate applies to children with disability-related health support needs that require high-level assistance, for example:

- complex bowel care
- tube feeding and management
- severe dysphagia management (for example, related to neurological impairments)
- tracheostomy management
- urinary catheter management
- ventilator management
- subcutaneous injections
- complex wound management.

Note: Ensure funding for Registered Nurse (RN) delegation and supervision of care is also included for these children, using the CB - Improved Daily Living budget.

For more information refer to [Supplementary module: High intensity daily personal activities](#) and

[Disability Related Health Supports](#). Refer to article [Determine disability-related health supports and meal preparation supports](#).

Note: Where support is requested for personal care during school hours at a school setting, consider whether this support is already funded through in-kind arrangements.

Read more in article [Guide – In-kind](#) and [Add or remove in-kind supports](#).

6.1.4 Assistance with Social, Economic and Community Participation

This support item enables a participant to engage in community, social and recreational activities. This item is not expected to take children away from time with their family in the community or their responsibility to support their children in accessing the community.

This also includes a family's role in transporting their children to and from school and should not replace existing in-kind arrangements for transport to and from specialised education settings.

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6.1.5 Intensive and Complex Behaviour Support

This rate is intended and only included for children with very complex behaviours of concern where a support worker is needed to implement intensive and complex behaviour support plans and strategies.

- Refer to current [NDIS Pricing Arrangements and Pricing Limits \(external\)](#).
- Read the criteria to include this support in article [Understand behaviour support](#).

7 Early childhood education and care

If a child attends an ECEC setting, this can sometimes provide an opportunity for parents to have a break, depending on their circumstances.

All children have the right to take part in ECEC including outside school hours care (OSHC). There are laws that require ECEC providers (including OSHC providers), to provide reasonable adjustments to support children with disability to participate. These are not funded by the NDIS. These reasonable adjustments might include:

- using visual aids like photos and pictures to help explain things
- installing equipment such as handrails to make moving around easier
- changing spaces inside and outside so everyone can join in.

These changes help all children feel included and take part in these care settings.

There is support available through the Department of Education (Commonwealth) to assist eligible mainstream services in providing reasonable adjustments or additional supports. Refer to the [Inclusion Support Program \(external\)](#) on the [Department of Education \(external\)](#) website.

When eligible, support funded through the Inclusion Support Program can help the service provide additional support for the group. For instance, an additional educator for the group of children. However, the program does not fund one to one support for an individual child for the majority of time they are at the ECEC (including OSHC) service.

Most children who are NDIS participants don't require NDIS support to take part in ECEC programs. However, in some circumstances it may be required. We may only fund a support under a participant's plan:

- if it is in line with legislation and [the rules \(external\)](#) about what we can fund

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When determining if this is required, we consider that there are laws that require ECEC providers to make reasonable adjustments and what is typically available through mainstream supports, such as the Inclusion Support Program.

7.1 Types of NDIS supports that may be required in ECEC settings

7.1.1 Assistive technology

Many participants have NDIS supports for items that they use in their everyday life. For example, a child may require portable aids and equipment (e.g. wheelchairs or personal communication devices). These items are for use across all setting such as at home and in the community and likewise, at ECEC settings (including OSHC).

7.1.2 Early childhood intervention supports

A child's NDIS plan will include funding for early intervention support for early childhood (younger than 9). Some of this support can be used for providers to share strategies, specific to the child's individual needs with educators. This can help everyone work together to support the child to develop skills and participate.

7.1.3 Individual support worker or nursing support

Where a child requires individual support due to complex disability related needs for some or part of the day, NDIS funding for support might be required. We consider that there are laws that require ECEC providers to make reasonable adjustments and what is typically available through mainstream support. NDIS funding should only be considered when the support required is beyond the ECEC (including OSHC) services core responsibilities. It is not for support with education or inclusion but rather for individual support specific to the child's very high disability related support needs. This could be provided as one-to-one support:

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Planner delegates should make funding decisions based on each child's individual needs and circumstances and the needs of their family. If a child needs NDIS support to take part in ECEC (including OSHC) services, we may fund those supports, but not the session fees.

The NDIS does not fund fees or payments to attend these settings, which include:

- ECEC, including outside school hours care, long day care, family day care, and informal care arrangements
- separate childcare services just for children with disability, even if they are specifically designed for those children
- the activity costs and transport costs associated with attendance.

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EC PEC - Capacity building - Regulated restrictive practices

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When we say early childhood intervention supports, we mean Early Intervention Supports for Early Childhood which is an NDIS support we fund in NDIS plans for children younger than 9.

This article provides guidance for early childhood partners and planner delegates on:

- how to complete capacity building questions relating to restrictive practices in the Personal and Environmental Circumstances (PEC) case
- support for behaviour through early childhood intervention supports
- support for behaviour through Specialist Behavioural Intervention Support
- example free text field responses for restrictive practices and regulated restrictive practices.

Careful consideration should be made when completing the PEC case to best reflect the child and their family's actual circumstances and NDIS funded support needs. The PEC case is used to inform the draft budget and planner delegate reasonable and necessary decision making.

An accurate and detailed answer to this question enables a planner delegate to consider the safeguards in place for the child. Read more in the article [Guide – Safeguarding the participant's interests](#).

1 Recent updates

7 April 2026

- Additional guidance on support for behaviour through early childhood intervention supports
- Additional guidance on support for behaviour through specialist behavioural intervention support
- Additional guidance and examples on restrictive practices and regulated restrictive practices

2 Before you start

You have read and understood:

- [Our Guideline – Behaviour Support \(external\)](#)
- article [Understand behaviour support](#)
- article [EC Early childhood intervention supports overview](#)
- article [EC PEC – Capacity building – How to complete early childhood intervention supports questions.](#)

3 Support for behaviour through early childhood intervention supports

Every behaviour has a purpose and can be a way of communicating a message. A child's behaviours need to be considered in the context of their age, social situation, culture, lived experience and disability.

A child's support needs for their behaviour are likely to be met through early childhood intervention supports, delivered by early childhood intervention professionals. Early childhood intervention supports help families to understand age or developmentally appropriate behaviour; parenting practices; and behaviour management strategies relating to the child's developmental delay or disability. This support can help families understand their child's behaviours, build the skills of the child, and develop effective strategies to be used by important adults in the child's life to reduce challenging behaviours.

NDIS plans for children younger than 9 include early childhood intervention supports. When there is a delay in the area of emotional development, often there are behaviours that require support. Support for emotional development can be considered as an area of need when calculating a base level of early childhood intervention. Read article [EC Early childhood intervention supports overview](#) for more information. Specialist Behavioural Intervention Support is not often required for children younger than 5. Unlike early childhood intervention professionals, behaviour support practitioners may not have extensive training in child development. The NDIS early childhood approach recognises that collaborative and coordinated teamwork is essential to [best practice in early childhood intervention \(external\)](#). The behaviour support practitioner should operate as part of the team around the child to reduce behaviours of concern.

4 Support for behaviour through specialist behavioural intervention support

Specialist Behavioural Intervention Support is an NDIS support delivered by a NDIS behaviour support practitioner aligned to [NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018 \(external\)](#). If it is required it is included in plans for children under the support category 'Behaviour support'.

Behaviour support is a therapeutic support aimed at understanding the reasons for behaviour and implementing positive strategies such as changing the environment or routines, removing triggers, and creating a more supportive environment.

Funding for early childhood plans include intervention supports based on developmental areas of need therefore specialist behavioural intervention is not often required. However, there may be exceptional circumstances where specialist behavioural intervention support may be required. This would usually be:

- due to the use, or likely use, of restrictive practices or regulated restrictive practices requiring development of a behaviour support plan
- where there is evidence a child's behaviours are of such frequency, intensity, or duration that they put themselves or other around them at risk of harm, requiring behaviour support to address the significant risk to the participant or others. This may include evidence from early childhood intervention professionals of their intervention to address the child's support needs for their behaviour.

Behaviour support allows a set of agreed upon and documented strategies to be implemented by everyone involved with a child, across all environments in which the behaviour may occur.

Further guidance around the level of specialist behavioural intervention support can be found in the [Planning Conversation Support Tool](#).

5 Mandatory referral to Technical Advice and Practice Improvement Branch (TAPIB)

Use of some restrictive practices require advice from TAPIB. Check the current mandatory referral criteria. If necessary, the planner delegate must create a technical advice case and submit it to TAPIB. A response from TAPIB must be received prior to the inclusion or exclusion of funding related to restrictive practice or regulated restrictive practice in the participant's NDIS plan. Refer to [Technical Advice and Practice Improvement Branch Confluence](#) for more information.

6 Restrictive practices

The *NDIS Act 2013* defines restrictive practices as 'any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability'.

Restrictive practices are used to help stop or change a behaviour. Families or mainstream services may use restrictive practices with children as a response to behaviours of concern and significant risk of harm to the child or others. Positive behaviour support strategies aim to build capacity of the child and their support people (parent, teachers, support workers) to reduce the likelihood that restrictive practices will be used or needed.

There are rules about the use of restrictive practices. The NDIS Quality and Safeguards Commission (NDIS Commission) does not regulate families or mainstream services in their use of restrictive practices. However, the use of restrictive practices by families or other services in the child's life is likely to suggest that the child has behaviours of concern.

Where a child has behaviours of concern it can be helpful to understand why these are occurring, reduce the triggers for those behaviours, and help the child and those supporting them to put in place strategies to replace or reduce the behaviours. This type of support can be developed through Behaviour Support funding. Behaviour support practitioners undertake a functional assessment and draw together information from other early childhood professionals to build a plan to build capacity, learn new skills etc.

7 Regulated restrictive practices

Under the [NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018 \(external\)](#), use of restrictive practices by NDIS providers are subject to regulation by the [NDIS Quality and Safeguards Commission \(external\)](#). These are referred to as regulated restrictive practices and include seclusion, chemical restraint, mechanical restraint, physical restraint, or environmental restraint.

This NDIS law outlines the requirements for providers who implement regulated restrictive practices. Implementing providers must be registered by the NDIS Quality and Safeguards Commission for the type of support they are providing and be assessed and audited against Practice Standard Module 2A: Implementing behaviour support plans.

Regulated restrictive practices must be contained in a behaviour support plan with the appropriate authorisation from the relevant state or territory. The behaviour support plan must be developed by a NDIS registered behaviour support practitioner who is recognised as being suitable by the [NDIS Quality and Safeguards Commission \(external\)](#) within legislated time frames and submitted to the NDIS Commission.

Each state or territory has different rules about the authorisation of restrictive practice. States and territories may have some practices that cannot be used at all, and these practices are known as 'prohibited' practices. Refer to the [Restrictive Practices Authorisation Frameworks \(PDF428.1KB\)](#) for more information.

To learn more about restrictive practices for children, go to the NDIS Commission [Regulated Restrictive Practices with Children and Young People with Disability: Practice Guide \(PDF 1MB\)](#).

7.1 PEC Question: Are regulated restrictive practices in use (or likely to be in use)?

Answers to this question should include identification of restrictive practices used by family or mainstream services, and regulated restrictive practices used by NDIS providers.

Answer 'Yes' if you have identified:

- the child's family or mainstream service is using, or is likely using, restrictive practices; or
- NDIS providers are using, or are likely using, regulated restrictive practices.

Please do not use the 'Unsure/Unanswered' option.

If you need more information on recognising restrictive practices to answer this question, see [TAPiB Talk - Restrictive Practices](#), or go to NDIS Commission [Regulated Restrictive Practices with Children and Young People with Disability: Practice Guide \(PDF 1MB\)](#), or [NDIS Commission fact sheets \(external\)](#). You can provide any relevant NDIS Commission resources to families.

7.2 If you answer 'Yes'

If you have identified there is a use of, or likely to be the use of restrictive practices or regulated restrictive practices, check if:

- the family have a NDIS behaviour support practitioner; and
- there is a behaviour support plan. If yes, ask for a copy of the behaviour support plan and check it is current.

If one or both of these requirements are not in place for the child, and a restrictive practice is being used that needs authorisation from the relevant state or territory, this is an unauthorised restrictive practice. Refer to [Restrictive Practices Authorisation Frameworks \(PDF428.1KB\)](#). This is a participant critical incident (PCI) and must be reported. See the article [Understand participant critical incidents](#) for more information.

If there is a use of, or likely to be the use of restrictive practices or regulated restrictive practices, funding for behaviour support needs to be included in the child's plan. This funding enables a NDIS behaviour support practitioner to undertake assessments, develop behaviour support plans and if required, support authorisation of regulated restrictive practices.

Further guidance around the level of specialist behavioural intervention support can be found in the [Planning Conversation Support Tool](#).

The [NDIS Commission participant resources \(external\)](#) can help you explain what behaviour support is and what restrictive practice means and can be provided to families. [Participant fact sheet 1: What is positive behaviour support? \(PDF179KB\)](#) explains what a restrictive practice is and is also available in an [easy read version \(PDF 3MB\)](#).

7.3 Example free text field responses for PEC question for regulated restrictive practices

The table below gives examples on how an early childhood partner or planner delegate may complete the free text fields for the PEC Capacity Building regulated restrictive practices question. If any of the restrictive practice examples are implemented by a NDIS provider, it becomes a regulated restrictive practice.

Make sure to include:

- who is implementing the practice, for example, parent, school, NDIS support worker
- what the practice is and why it is needed
- the source of the information, when and how the information was obtained. If the information is available in a report, add the name, profession, date of report/s. Reports must be uploaded into PACE.

The free text fields have character limits. If more space is required, add the information to **internal note** in the **Activity log**.

Please use the following table as a **guide** only.

7.3.1 Table 1 – Example free text field responses for restrictive practices (RP) and regulated restrictive practices (RRP) identified

Chemical	s47E(d) - certain operations of agencies	
Environmental		
Physical		
Mechanical		
Seclusion		

EC Recording support justifications for children younger than 9

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5.2	Section 34(1)(a) the support will assist the participant to pursue the goals, objectives and aspirations included in the participant's statement of goals and aspirations.	10
5.3	Section 34(1)(b) the support will assist the participant to undertake activities, so as to facilitate the participant's social and economic participation.	10
5.4	Section 34(1)(c) the support represents value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support.	10
5.5	Section 34(1)(d) the support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice.	11
5.6	Section 34(1)(e) the funding or provision of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide.	11
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6.2	Section 34(1)(a) the support will assist the participant to pursue the goals, objectives and aspirations included in the participant's statement of goals and aspirations.	12
6.3	Section 34(1)(b) the support will assist the participant to undertake activities, so as to facilitate the participant's social and economic participation.	12
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6.5	Section 34(1)(d) the support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice.	13
6.6	Section 34(1)(e) the funding or provision of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide.	13
6.7	Section 34(1)(f) the support is an NDIS support for the participant.	13
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7.2	Section 34(1)(a) The information you gave us doesn't show this support will help you pursue the goals in your NDIS plan.	14
7.3	Section 34(1)(b) The information you gave us doesn't show this support will help you do things that will increase your social and economic participation.	14
7.4	Section 34(1)(c) The information you gave us doesn't show this support is value for money. This means there are different supports that are better value for money because they can give you the same or better outcomes.	14
7.5	Section 34(1)(d) The information you gave us doesn't show enough evidence this support is likely to be effective and beneficial for you. I looked at best practice and the evidence you provided to make this decision.	15

7.6	Section 34(1)(e) This support is something that's reasonable to expect your informal supports, like family and friends, to provide.	15
7.7	Section 34(1)(f) This support isn't funded by the NDIS as it's not an NDIS support.	15
7.8	Rule 5.1(a) I haven't approved this support because it is likely to cause harm to you or pose a risk to other people. We need to consider risk of harm for all supports, such as support workers, therapies or equipment.	15
7.9	Rule 5.1(b) I haven't approved this support because the information you gave us doesn't show this support addresses your disability support needs. Your disability support needs are those that arise from, or are caused by, your disability.	16
7.10	Rule 5.1(c) I haven't approved this support because it would duplicate other supports provided by the NDIS.	16
7.11	Rule 5.1(d) I haven't approved this support because it is related to a 'day-to-day living cost', such as groceries, rent or utilities, that are not attributable to your disability support needs. These are costs that are not caused by or a result of your disability support needs.	16
7.12	Rule 5.3 (a) I haven't approved this support because it isn't legal, either under Australian government law or under a law that only applies in your state or territory.	16

When we say, early childhood intervention supports we mean Early Intervention Supports for Early Childhood which is an NDIS support we fund in NDIS plans for children younger than 9.

This article provides guidance for a planner delegate to:

- understand why we record support justifications in plan approvals for children younger than 9
- understand guidelines to record support justifications
- view examples of approved and declined supports justifications for children younger than 9.

1 Recent updates

7 April 2026

- New article based on article Understand support justifications
- Provides justification examples for both approved and declined supports for children younger than 9.

2 Before you start

You have made a decision to approve or decline a support using article [Change the draft budget](#).

3 Why we record support justifications

A well-written justification helps the next planner delegate, early childhood partner, local area coordinator, or Agency staff member understand what was funded and why.

Planner delegates need to make evidence-based decisions, using administrative law, and communicate these decisions clearly.

It is a responsibility of planner delegates to document a rationale for each support funded in a child's plan. Each support category needs an appropriate, plain English justification to explain the reasons for the decision.

Being clear about the reasons for our decisions:

- reflects the principles outlined in the [Participant Service Charter \(external\)](#)
- delivers the 'communicating with us' promises in the [Participant Service Improvement Plan \(external\)](#)
- is a requirement of the legislation.

This information can be used:

- to record consistent decision-making justifications in the system
- to explain decisions to the family at the plan meeting
- to respond to a request for an explanation of a decision
- during an internal review of a reviewable decision
- to support an Administrative Review Tribunal (ART) case (external review)
- to explain the decision in letters to the child's family.

4 Guidelines to record support justifications

Follow these guidelines when you record your justifications for approved and declined supports. It is very important that your decision-making is clearly explained. Make sure someone who does not know the child and their family, and who has not seen and heard the evidence you considered, can follow your decision-making process.

- Keep the text short, simple and in plain conversational English.
- Avoid jargon.
- Introduce all acronyms before using them. For example, 'Assistive Technology (AT)'.

4.1 Make sure justifications are objective

Include facts based on evidence and avoid personal opinions or feelings. Reference all information the child's family has provided in your decision. This includes any documents or material used in your decision making such as medical or allied health reports, teacher and other school reports, conversations, carer impact statements, planning meeting conversations, emails and family or informal support submissions.

4.2 Weighting evidence

If you have given less weighting to a particular type of information, explain your reasoning. For example, where two reports are contradictory and you have used the more recent report to make your decision, explain why you have given more emphasis to the recent report.

4.3 Reasonable and necessary criteria in the legislation

For approved supports you'll explain your decision for all criteria.

Cross-check your decision against the statutory criteria to make sure you meet all necessary sections. Don't include considerations that aren't required by the criteria in the legislation.

For supports that do not meet one or more of the criteria, explain your decision about each criterion.

Provide the basis for how you made your decision against each of the reasonable and necessary criteria in the legislation.

Provide the reasoning you used to reach your outcome on the overall case. For example, explain what supports you haven't included in the child's plan and why.

Provide the explanation for decreasing support in the plan.

Provide the basis for including a support that significantly inflates the value of a support category. In your explanation, include:

- how much the budget has increased (check PCST)
- which supports have increased and why

- reasons and evidence for the increase
- what factors should be considered at the next plan reassessment? For example, is the support expected to reduce in future plans? Is future funding dependent on evidence of progress resulting from capacity-building?

Note: The field character limit is 1500. Special characters can cause an error when you copy justifications from SAP CRM to PACE. Remove characters |%<>* before you can select save.

For justifications which exceed the 1500-character limit, save the justification in a Word document with the naming convention: case_number_plan_justification_dd-mm-yyyy.

Where a separate justifications document is uploaded, make sure that all the legislative criteria are discussed. Upload the document to the case under Documents. Reference the document within the justification field.

Note: Approved or Declined supports included in the participants plan also need to be recorded in **Handover Notes** in the **Plan Approval** Case. This includes any risks that require monitoring over the plan duration. Handover notes will help the My NDIS contact support the participant to use their plan. Refer to article [Add handover notes for a plan approval case](#).

5 Example justifications for approved supports: Early childhood intervention for Gerald, aged 3 years

- 5.1 Section 34(1)(aa) the support is necessary to address needs of the participant arising from an impairment in relation to which the participant meets the disability requirements (see section 24) or the early intervention requirements (see section 25).**

s22(1)(a)(ii) - irrelevant material

- 5.2 Section 34(1)(a) the support will assist the participant to pursue the goals, objectives and aspirations included in the participant's statement of goals and aspirations.**

s22(1)(a)(ii) - irrelevant material

- 5.3 Section 34(1)(b) the support will assist the participant to undertake activities, so as to facilitate the participant's social and economic participation.**

s22(1)(a)(ii) - irrelevant material

- 5.4 Section 34(1)(c) the support represents value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support.**

s22(1)(a)(ii) - irrelevant material

- 5.5 Section 34(1)(d) the support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice.**

s22(1)(a)(ii) - irrelevant material

- 5.6 Section 34(1)(e) the funding or provision of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide.**

s22(1)(a)(ii) - irrelevant material

- 5.7 Section 34(1)(f) the support is an NDIS support for the participant.**

s22(1)(a)(ii) - irrelevant material

6 Example justifications for approved supports: Orthotics for Alice, aged 4 years

- 6.1 Section 34(1)(aa) the support is necessary to address needs of the participant arising from an impairment in relation to which the participant meets the disability requirements (see section 24) and/or the early intervention requirements (see section 25).**

s22(1)(a)(ii) - irrelevant material

- 6.2 Section 34(1)(a) the support will assist the participant to pursue the goals, objectives and aspirations included in the participant's statement of goals and aspirations.**

s22(1)(a)(ii) - irrelevant material

- 6.3 Section 34(1)(b) the support will assist the participant to undertake activities, so as to facilitate the participant's social and economic participation.**

s22(1)(a)(ii) - irrelevant material

- 6.4 Section 34(1)(c) the support represents value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support.**

s22(1)(a)(ii) - irrelevant material

s22(1)(a)(ii) - irrelevant material

- 6.5 Section 34(1)(d) the support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice.

s22(1)(a)(ii) - irrelevant material

- 6.6 Section 34(1)(e) the funding or provision of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide.

s22(1)(a)(ii) - irrelevant material

- 6.7 Section 34(1)(f) the support is an NDIS support for the participant.

s22(1)(a)(ii) - irrelevant material

7 Example justifications for declined supports

- 7.1 Section 34(1)(aa) the information you gave us doesn't address needs of the participant arising from an impairment in relation to which the participant meets the disability requirements (see section 24) or the early intervention requirements (see section 25).**

s47E(d) - certain operations of agencies

- 7.2 Section 34(1)(a) The information you gave us doesn't show this support will help you pursue the goals in your NDIS plan.**

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- 7.3 Section 34(1)(b) The information you gave us doesn't show this support will help you do things that will increase your social and economic participation.**

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- 7.4 Section 34(1)(c) The information you gave us doesn't show this support is value for money. This means there are different supports that are better value for money because they can give you the same or better outcomes.**

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- 7.5 Section 34(1)(d) The information you gave us doesn't show enough evidence this support is likely to be effective and beneficial for you. I looked at best practice and the evidence you provided to make this decision.**

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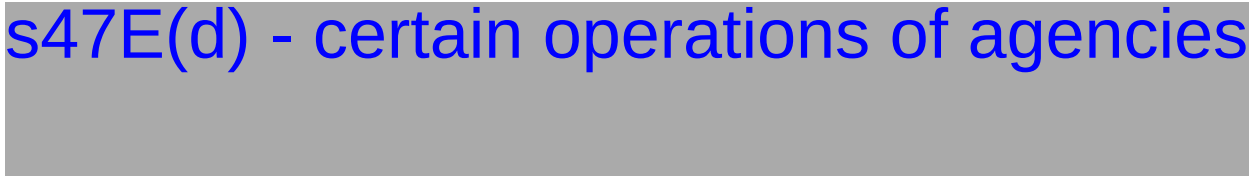
- 7.6 Section 34(1)(e) This support is something that's reasonable to expect your informal supports, like family and friends, to provide.**

s47E(d) - certain operations of agencies



- 7.7 Section 34(1)(f) This support isn't funded by the NDIS as it's not an NDIS support.**

s47E(d) - certain operations of agencies



- 7.8 Rule 5.1(a) I haven't approved this support because it is likely to cause harm to you or pose a risk to other people.**

We need to consider risk of harm for all supports, such as support workers, therapies or equipment.

s47E(d) - certain operations of agencies

7.9 Rule 5.1(b) I haven't approved this support because the information you gave us doesn't show this support addresses your disability support needs. Your disability support needs are those that arise from, or are caused by, your disability.

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7.10 Rule 5.1(c) I haven't approved this support because it would duplicate other supports provided by the NDIS.

s47E(d) - certain operations of agencies

7.11 Rule 5.1(d) I haven't approved this support because it is related to a 'day-to-day living cost', such as groceries, rent or utilities, that are not attributable to your disability support needs. These are costs that are not caused by or a result of your disability support needs.

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7.12 Rule 5.3 (a) I haven't approved this support because it isn't legal, either under Australian government law or under a law that only applies in your state or territory.

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EC Interpreting provider reports and recommendations

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This article provides guidance for early childhood partners, planner delegates and review officers responsible for planning for children younger than 9. It is for use when considering early intervention supports for early childhood (early childhood intervention supports) to help:

- understand and interpret information and recommendations in provider progress reports
- apply reasonable and necessary criteria when using provider progress reports to support decision-making.

1 Recent updates

7 April 2026

- Guidance on interpreting provider reports including weighting of evidence and barriers to participation and progress
- Provider goals and how they should link back to the family's goals
- Guidance on changes to level of support over time
- Considerations for provider progress reports informing funding decisions
- Expanded examples of reasonable and necessary considerations separated into different rules for clarity
- Link to the National Best Practice Framework for Early Childhood Intervention

2 Before you start

You have read and understood:

- article [EC Early childhood intervention supports overview](#)
- article [EC Early childhood intervention supports guide \(EC Guide\)](#)
- article [EC Understand the key worker role in the delivery of early childhood intervention supports](#)
- article [EC PEC – Capacity building – Regulated restrictive practices](#)
- [Our Guideline - Reasonable and necessary supports \(external\)](#)
- [Our Guideline - Creating your plan \(external\)](#)

3 Purpose of provider progress reports

NDIS providers should give families a report detailing the [NDIS support \(external\)](#) they have provided and the progress their child has made at key points set out in their service agreement. This information is essential for:

- families to understand a child's support needs, track their progress over time, and set goals
- planner delegates to make decisions about reasonable and necessary supports.

3.1 Frequency

Typically, progress reports are expected at least once a year for children younger than 9 due to their changing needs and environments.

Other reports may be provided as needed. For example, an assistive technology recommendation or a letter to support a plan reassessment request. Read more in [Our Guideline - Changing your plan \(external\)](#).

3.2 Content of reports

Provider reports should help you understand:

- the child and family's strengths
- measurable and achievable goals developed with the family to address the child's current and future support needs
- support provided during the plan period (by whom, to whom, where, when, how often, how long)
- the child and family's measurable progress towards meaningful goals and outcomes
- involvement and capability development of family and other informal and formal supports
- any upcoming transitions (to childcare, to preschool or school)
- challenges and barriers to progress or engagement with early childhood intervention.

To learn more, go to article [EC Early childhood intervention supports \(EC Guide\)](#) for children younger than 9.

Reports from other professionals can help to identify support needs across different settings and how the early childhood intervention has supported the child's progress in other settings.

3.3 Provider reporting obligations

3.3.1 Progress reports

Funding for provider progress reports is included in a child's plan. Provider progress reports reflect good practice and support record keeping requirements under the [NDIS Code of Conduct \(external\)](#).

To assist with consistent and effective reporting, providers can use the [Early childhood intervention provider report form and report writing guidance \(external\)](#).

For children with a behaviour support plan, it is important to request a copy of the behaviour support plan to help with funding considerations. Read article [Understand behaviour support](#) for guidance regarding reporting obligations for behaviour support.

4 Interpreting provider progress reports

4.1 Weighting of evidence

Partners and planner delegates are expected to review provider reports critically and carefully consider how much the content of these reports will influence their decision-making. This process is commonly called 'weighting the evidence.'

The sections below describe factors to consider in weighting evidence, which include:

- the source of the report
- the date of the report
- current support needs
- child and family's strengths
- barriers to participation and progress
- progress towards goals
- approaches to early childhood intervention support
- the outcomes achieved to date.

4.2 Source of the report: qualifications and role

Agreement among providers: When weighting information and recommendations, look for consistency and agreement among providers.

Qualifications of author: It is important to confirm that the provider has a qualification that allows them to claim NDIS funding; and that their recommendations are within their scope of practice in terms of the type of qualification. For information on qualifications of early childhood professionals that can claim funding for NDIS supports, go to the [NDIS Pricing Arrangements and Price Limits \(external\)](#).

For example, an occupational therapist can recommend that a child sees a speech pathologist to determine if a communication device should be recommended; but the occupational therapist is not suitably qualified to recommend a communication device. Similarly, an allied health assistant or support worker might report on what they have observed that a child can do and is working towards, however they wouldn't be qualified to generate goals or recommend an amount of early childhood intervention.

4.3 Date of report

It's important to check recency of reports when using information. For children younger than 9, any report older than 12 months is unlikely to reflect the child's current support needs accurately. For children younger than 3, reports older than 6 months may no longer be a good reflection of their support needs. [s47E\(d\) - certain operations of agencies](#)

4.4 Current support needs

It is helpful to understand how the support needs identified impact the child's independence and participation in everyday activities.

To understand a child's support needs, you should consider any provider reports, including standardised test results (if available) alongside information from the family and other early childhood professionals, health, and education professionals.

Consider how support needs may change during the next plan period due to a planned transition, a new health condition, or progressive changes due to their disability or developmental delay.

4.5 Child and family's strengths

It is important for providers to identify the child and family's strengths. These strengths can be used to increase the effectiveness of early childhood intervention. Providers who provide intervention aligned with the [National Best Practice Framework for Early Childhood Intervention \(external\)](#) will identify how strengths are considered and used in early childhood intervention planning.

4.6 Barriers to participation and progress

It is helpful for partners and planners to understand whether there were any barriers to the child and family's participation in the planned early childhood intervention.

It is especially important to get feedback from both the provider and the family.

This information will help partners and planners to understand whether the provider is a good match for the family and whether changes in NDIS funding may address some of the barriers. A discussion around barriers is also a good opportunity to empower families with information or strategies to manage provider relationships.

For example:

s47E(d) - certain operations of agencies

4.7 Progress towards goals

s47E(d) - certain operations of agencies

Goals that are specific and measurable, and linked to everyday activities, allow a child and their family's progress to be evaluated over time. Read more in article [Understand goals for children younger than 9](#).

When considering the goals, also evaluate whether the goal relates to an NDIS funded support. For example, goals focusing on literacy development may be appropriate to the child's support needs, but do not relate to an NDIS funded support.

4.8 Approach to early childhood intervention support

Consider whether the report shows how and where NDIS support has been provided to help a child and their family progress towards goals and outcomes in a manner that is flexible and individualised.

For example:

s47E(d) - certain operations of agencies

4.9 Outcomes

s47E(d) - certain operations of agencies

A report may include formal outcome measures (such as tests or scales) or a description of an improvement in the child's ability to perform certain tasks or activities. Regardless of how outcomes are measured, the changes that have occurred in the life of the child and their family is what is important to understand. [s47E\(d\) - certain operations of agencies](#)

5 Interpreting provider recommendations

5.1 Future goals and recommendations

s47E(d) - certain operations of agencies

Provider reports should include future goals and recommendations for supports. Look for:

- information about future early childhood intervention goals and how they relate to the child and family's goals
- recommended supports the child and their family are likely to benefit from and why. Recommendations may include a combination of community (for example playgroups), mainstream (for example preschool) and NDIS supports.
- recommendations for any type of assistive technology, including the child's experience in using such items
- expected outcomes of any recommended NDIS supports.

5.2 Changes to the level of recommended NDIS support over time

An important aspect of provider reports is to help partners and planner delegates to understand whether the amount of NDIS support needs to change in the next plan. It is reasonable to expect that for many children, the level of NDIS support for early childhood intervention will reduce over time. Early childhood intervention is intended to support an increase in capacity and independence as children develop. They should work alongside informal, mainstream and community support.

However, transitional periods such as starting school may require additional support for a limited period to support this.

s47E(d) - certain operations of agencies

6 Provider progress reports informing funding decisions

The key consideration for funding decisions continues to be the child's support needs. Provider reports should outline a child's support needs which may inform funding decisions. Provider recommendations should not be the only information used to determine a child's funded supports.

When reviewing provider progress reports it is also important to consider:

s47E(d) - certain operations of agencies



7 Reasonable and necessary considerations

All NDIS supports need to meet each of the reasonable and necessary criteria and be an NDIS support before they can be funded in a plan.

Refer to article [EC Early childhood intervention supports overview](#).

Sometimes providers or families will recommend a level of support that is higher than is recommended in the [EC Early childhood intervention supports guide \(EC Guide\)](#).

It is important to consider the recommendations from **all** early childhood intervention providers, not just those recommending an intensive level of supports.

In some cases, the level of funding recommended in current guidance may not fully align with the intensity or cost of specific programs, provider recommendations or family requests. The level of funding continues to be based on the child's evidenced support needs, rather than a quote or recommendation.

8 Examples of reasonable and necessary considerations

Below are some common examples of reasonable and necessary considerations relating to provider recommendations and parent requests for NDIS supports for early childhood intervention.

8.1 Facilitate social participation (NDIS Act 2013 s34(1)(b))

8.1.1 Likely to meet s34(1)(b)

Example:

s47E(d) - certain operations of agencies

8.1.2 Unlikely to meet s34(1)(b)

Example:

s47E(d) - certain operations of agencies

8.2 Value for money NDIS Act 2013 s34(1)(c) NDIS (Support for Participants) Rules 2013 Part 3 rule 3.1a: Whether there are comparable supports which would achieve the same outcome at a substantially lower cost.

8.2.1 Likely to meet s34(1)(c) and Rule 3(1)(a)

Example:

s47E(d) - certain operations of agencies

Example:

s47E(d) - certain operations of agencies

8.2.2 Unlikely to meet s34(1)(c) and Rule 3(1)(a)

Example:

s47E(d) - certain operations of agencies

Example:

s47E(d) - certain operations of agencies

Example:

s47E(d) - certain operations of agencies

8.3 Value for money NDIS Act 2013 s 34(1)(c) NDIS (Support for Participants) Rules 2013 Part 3 rule 3.1b: Whether there is evidence that the support will substantially improve the life stage outcomes for, and be of long-term benefit to, the participant

8.3.1 Likely to meet Rule 3(1)(b)

Example:

s47E(d) - certain operations of agencies

8.3.2 Unlikely to meet Rule 3(1)(b)

s47E(d) - certain operations of agencies

Example:

s47E(d) - certain operations of agencies

s47E(d) - certain operations of agencies

Example:

s47E(d) - certain operations of agencies

Example:

s47E(d) - certain operations of agencies

8.4 Effective and beneficial, having regard to current good practice NDIS Act 2013 s 34(1)(d), NDIS (Support for Participants) Rules 2013 Part 3 rule 3.2a: Consensus of expert opinion

8.4.1 Likely to meet s34(1)(d)

Example:

s47E(d) - certain operations of agencies

8.4.2 Unlikely to meet s34(1)(d)

s47E(d) - certain operations of agencies

s47E(d) - certain operations of agencies

8.4.3 Will not meet s34(1)(d)

s47E(d) - certain operations of agencies

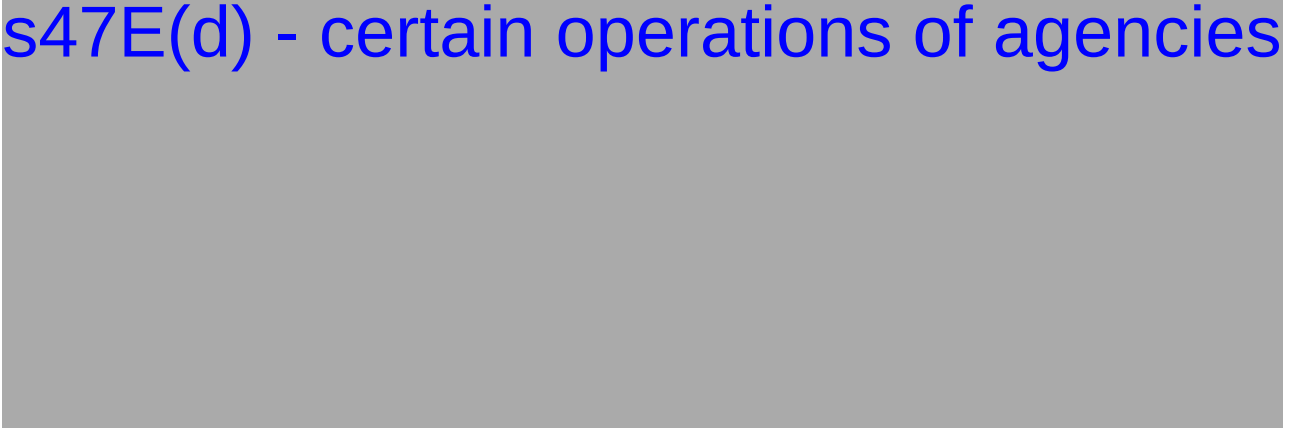
8.5 S34.1.(f) NDIS (Getting the NDIS Back on Track No.1) (NDIS Supports) Transitional Rules 2024

8.5.1 Likely to meet s34.1.(f) and Section 1 of the Transitional Rules: Supports that are NDIS supports unless otherwise provided

8.5.2 Supports that are generally not NDIS supports as per Schedule 2 of the Transitional Rules (2024)

s47E(d) - certain operations of agencies

s47E(d) - certain operations of agencies



This document was released under the Freedom of Information Act 1982 by the National Disability Insurance Agency.

EC PEC – Daily support (mainstream participation)

SGP KP Publishing

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When we say, early childhood intervention supports we mean Early Intervention Supports for Early Childhood which is an NDIS support we fund in NDIS plans for children younger than 9.

This article provides guidance for early childhood partners and planner delegates about:

- completing the Personal Environmental Circumstances (PEC) case for Daily Support to assist in determining capacity building funding for early childhood intervention
- the rights of the child
- the responsibilities of mainstream supports
- In-kind support
- barriers to participation.

Careful consideration should be made when completing the PEC case to best reflect the child and their family's actual circumstances and NDIS funded support needs. The PEC case is used to inform the draft budget and planner delegate reasonable and necessary decision making.

1 Recent updates

7 April 2026

- Title changed (previously EC PEC – Daily supports) to reflect consideration of mainstream supports
- Added guidance and link to National Best Practice Framework for Early Childhood Intervention
- Added guidance for In-Kind Support
- Guidance on barriers to participation in an early childhood education and care (ECEC) services or school setting
- Free text example: challenging behaviours

2 Before you start

You have read and understood:

- [Our Guideline - Mainstream and community supports \(external\)](#)
- article [Add or remove in-kind supports](#) for school aged children.

3 Completing the PEC case for Daily Support overview

The early childhood partner will complete the **PEC** case questions for Daily Support to capture information about a child's current or future participation in early childhood education and care services (ECEC) and school settings.

PEC questions related to daily support will assist the planner delegate to understand the child's mainstream participation and identify implications for early childhood intervention supports funding.

Early childhood partners should complete the PEC case Daily Support questions with care as these inform the Typical Support Package including for intensive early childhood intervention.

It is important for the early childhood partner and planner delegate to consider the rights of the child and mainstream's responsibility when thinking about the NDIS supports needed for a child to access and participate in these settings.

3.1 What are the rights of the child?

Every child has the right to access, participate and be included in all aspects of community life. This is a right protected in the Disability Discrimination Act (1992). It supports children with developmental delay or disability to access and fully participate in ECEC services which may include out of school care, childcare, family day care and pre-school in the same way as other children.

Children who meet requirements for mandatory school attendance should be attending school for the required number of hours per week. It is a shared responsibility from all of us to ensure this happens.

As per the [National Best Practice Framework for Early Childhood Intervention \(external\)](#), the role of early childhood intervention practitioners is to partner with families and other support services to find ways to facilitate and support participation and belonging in everyday settings.

3.2 What are the responsibilities of mainstream supports?

The mainstream supports provided by ECEC services and schools are vitally important to children. Obligations of services under the [Disability Discrimination Act \(1992\) \(external\)](#) and the [Disability Standards for Education \(2005\) \(external\)](#) include making reasonable adjustments to support access and participation for all children, including children who have a developmental delay or disability.

Services are expected to consult with families to support identification of appropriate reasonable adjustments and address concerns as they arise. Raising Children Network website provides further details on [Education rights for children with disability \(external\)](#).

Examples of reasonable adjustments are:

- using visual aids like photos and pictures to help explain things
- installing equipment such as handrails to make moving around easier
- changing spaces inside and outside so everyone can join in

- implementing strategies to help manage behaviour.

Further examples of reasonable adjustments in ECEC services and in schools, and what the NDIS is responsible for, can be found in [Our Guideline – Mainstream and community supports \(external\)](#) as well as [Supports funded by the NDIS \(external\)](#).

3.3 In-Kind Support

School transport and personal care in schools are currently funded through in-kind arrangements. Report any current in-kind funding in the response to the PEC questions [In-kind planning instructions – all jurisdictions \(DOCX 749KB\)](#).

Read more about [In-kind supports for participants \(external\)](#).

4 What is Daily Support in the PEC case?

Responses to the Daily Support questions capture information about a child's current or future participation in ECEC services and school settings. Responses may prompt the early childhood partner or planner delegate to consider what other community or mainstream supports could be available to link the family to.

The responses will help a planner delegate to decide whether additional NDIS supports need to be included in the child's NDIS plan for capacity building for these settings. This information can be relevant to decisions about funding for early childhood intervention, including early childhood intervention at an intensive level.

Responses can also provide a planner delegate with valuable information when considering funding for supports to sustain the caring role of families (Core supports).

4.1 Daily Support – barriers to participation

4.1.1 PEC Question: Are there identified barriers to participation in an ECEC or school setting because of the child's developmental delay or disability?

4.1.2 Identifying barriers to participation

s47E(d) - certain operations of agencies

4.1.3 Responding to the question

s47E(d) - certain operations of agencies

The free text fields have character limits. If more space is required, add the information to **Internal note** in the **Activity log** in the **PEC** case.

4.2 Example free text field responses for PEC question for Daily support

Below is an example response to the free text fields in the **PEC** case daily support – barrier to participation question. These responses are a **guide** only.

4.2.1 Example: Challenging behaviours

If Yes please specify:

s47E(d) - certain operations of agencies



EC PEC – Core – Equipment and consumables

SGP KP Publishing

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This article provides guidance for early childhood partners and planner delegates on:

- how to complete the **Personal and Environmental Circumstances (PEC)** case equipment and consumables section for children younger than 9
- how to consider equipment, home and vehicle modifications
- how to consider consumable products
- evidence requirements for consumables.

Careful consideration should be made when completing the PEC case to best reflect the child and their family's actual circumstances and NDIS funded support needs. The PEC case is used to inform the draft budget and planner delegate reasonable and necessary decision making.

1 Recent updates

7 April 2026

- Guidance added to provide examples of type of information required in response to PEC case questions with examples of follow-up questions
- Evidence requirements for consumables
- Guidance to interpret consumables evidence
- Included PEC case free text examples for DRHS consumables
- PEC case question age range changed to younger than 9

2 Before you start

You have read and understood relevant guidance from:

- [Our Guideline – Assistive technology \(external\)](#)
- [Our Guideline – Home modifications \(external\)](#)
- [Our Guideline – Vehicle modifications \(external\)](#)
- [Would we fund it – Consumables \(external\)](#)
- [Our Guideline – Disability-related health supports \(external\)](#)
- [Our Guideline – Dysphagia supports \(external\)](#)
- [Our Guideline – Diabetes management supports \(external\)](#)
- [Our Guideline – Continence supports \(external\)](#)
- [Our Guideline – Wound and pressure care supports \(external\)](#)
- [Our Guideline – Nutrition supports including meal preparation \(external\)](#)
- [Our Guideline – Podiatry and foot care supports \(external\)](#)
- [Technical Advice and Practice Improvement Branch Mandatory and Non-Mandatory Advice Requests](#)
- [National Disability Insurance Scheme \(Getting the NDIS Back on Track No. 1\) \(NDIS Supports\) Transitional Rules 2024 - Federal Register of Legislation \(external\)](#).

You have also read and understood:

- article [Complete personal and environmental circumstances case](#)
- article [Understand disability-related health supports – core supports](#)
- article [Understand disability-related health supports – capacity building supports](#)
- article [Determine disability-related health supports and meal preparation supports](#)
- article [Record equipment and consumables information](#).

3 How to complete equipment and consumables questions in the PEC case for children younger than 9

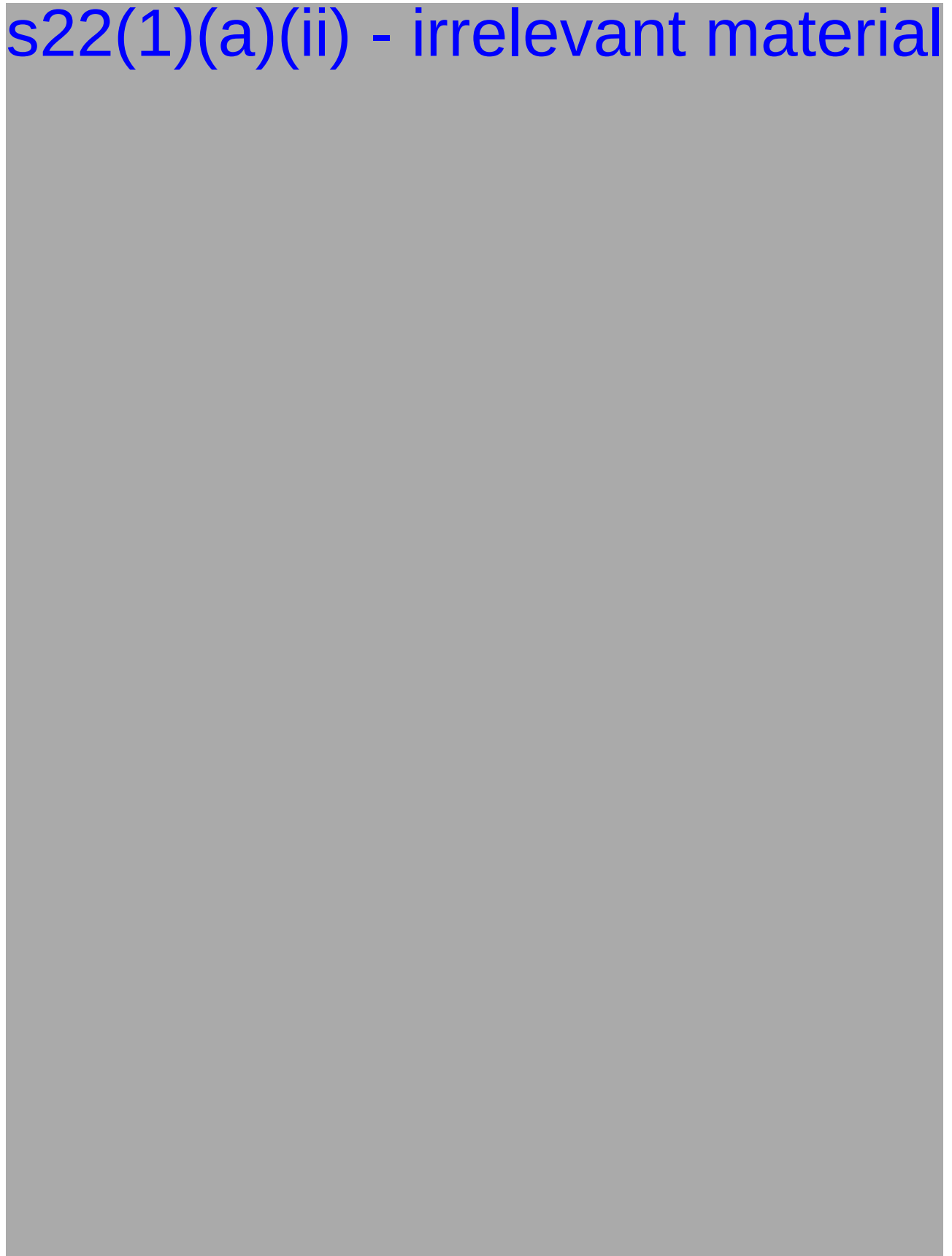
The responses for the PEC case capture information about home modification, equipment and consumable supports that a child may need in their plan.

It is important that the questions are answered in relation to the child's developmental delay or disability related support needs and what would be considered typical development for their age, considering support that may be reasonable and necessary.

4 Equipment

4.1 How to consider equipment

s22(1)(a)(ii) - irrelevant material



s22(1)(a)(ii) - irrelevant material



This document was released under the Freedom of Information Act 1982 by the National Disability Insurance Agency.

s22(1)(a)(ii) - irrelevant material



This document was released under the Freedom of Information Act 1982 by the National Disability Insurance Agency.

5 Consumable products

5.1 How to consider consumable products

The consumable questions capture some of the items a child uses regularly to help them with a condition which directly relates to their disability.

For resources regarding consumables for specific disabilities, refer to [TAPIB Digest - Technical Advice and Practice Improvement Branch](#).

Consumable products may include:

- Dysphagia support for children who have trouble eating, drinking or swallowing, such as thickeners.
- Continence supports such as nappies, pads, bedding, and catheterisation products. Refer to [TAPIB Talks - Technical Advice and Practice Improvement Branch](#) for additional information regarding continence supports.
- Nutrition support such as tubing, tape, or formula for children who require Home Enteral Nutrition (HEN) support.
- Other supports such as oxygen tubes, wound, and pressure care products.

5.2 Optional follow up questions to answer consumable products questions accurately

s22(1)(a)(ii) - irrelevant material

5.3 Question: Does the child need any consumable products or supports because of their developmental delay or disability?

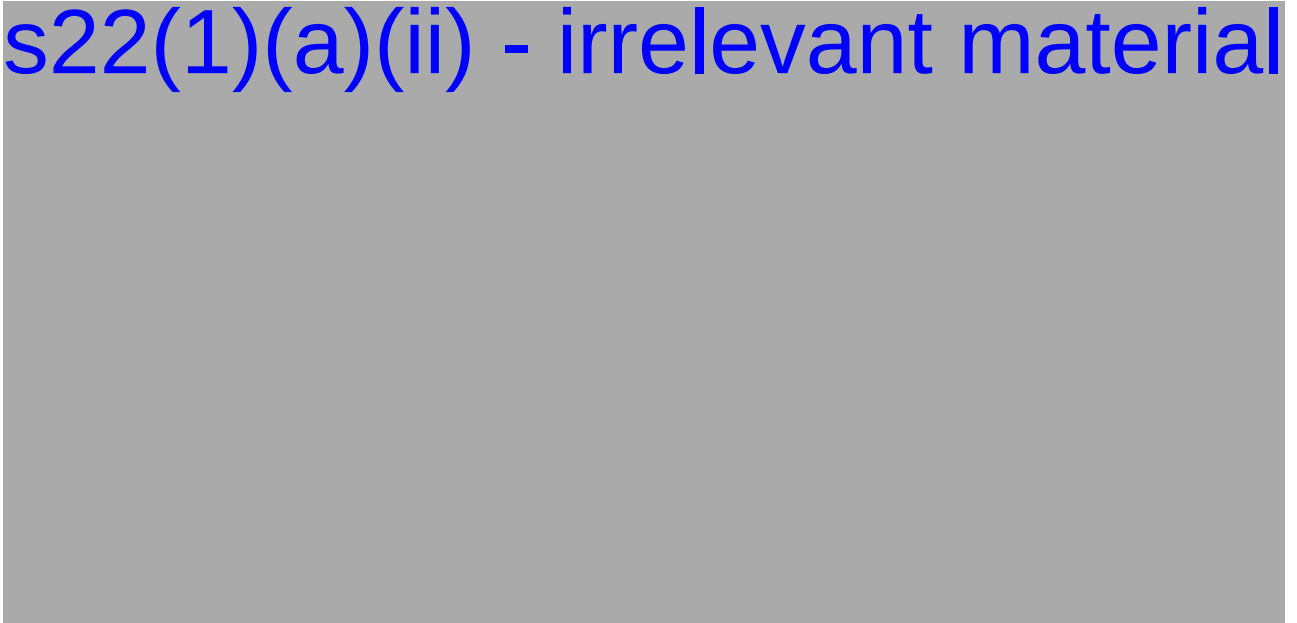
5.3.1 Related to equipment

Does any of the child's current equipment need consumables (small components that may need to be replaced regularly)?

Does the child need equipment or products that cost less than s47E(d) - certain in the following categories:

- Communication or Cognitive supports (e.g. visual schedules, paper-based communication choice-boards, mid-technology such as communication buttons)

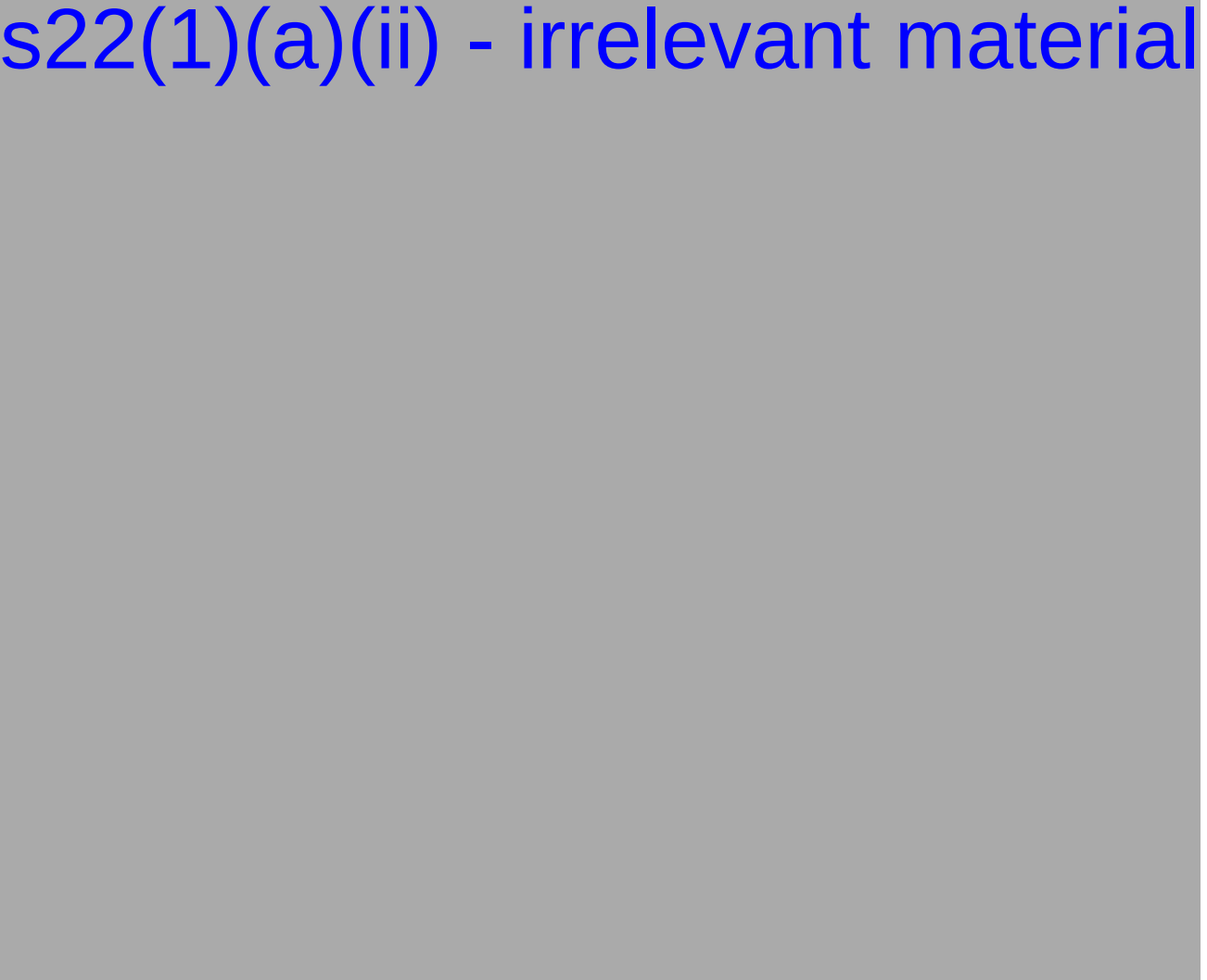
s22(1)(a)(ii) - irrelevant material



5.3.3 Contenance

- Does the child have a disability related need to use catheters to help drainage of urine?
- Is the child older than 5 years and still needs nappies as a direct result of their disability? Do they need nappies all the time or only some of the time?

s22(1)(a)(ii) - irrelevant material



s22(1)(a)(ii) - irrelevant material



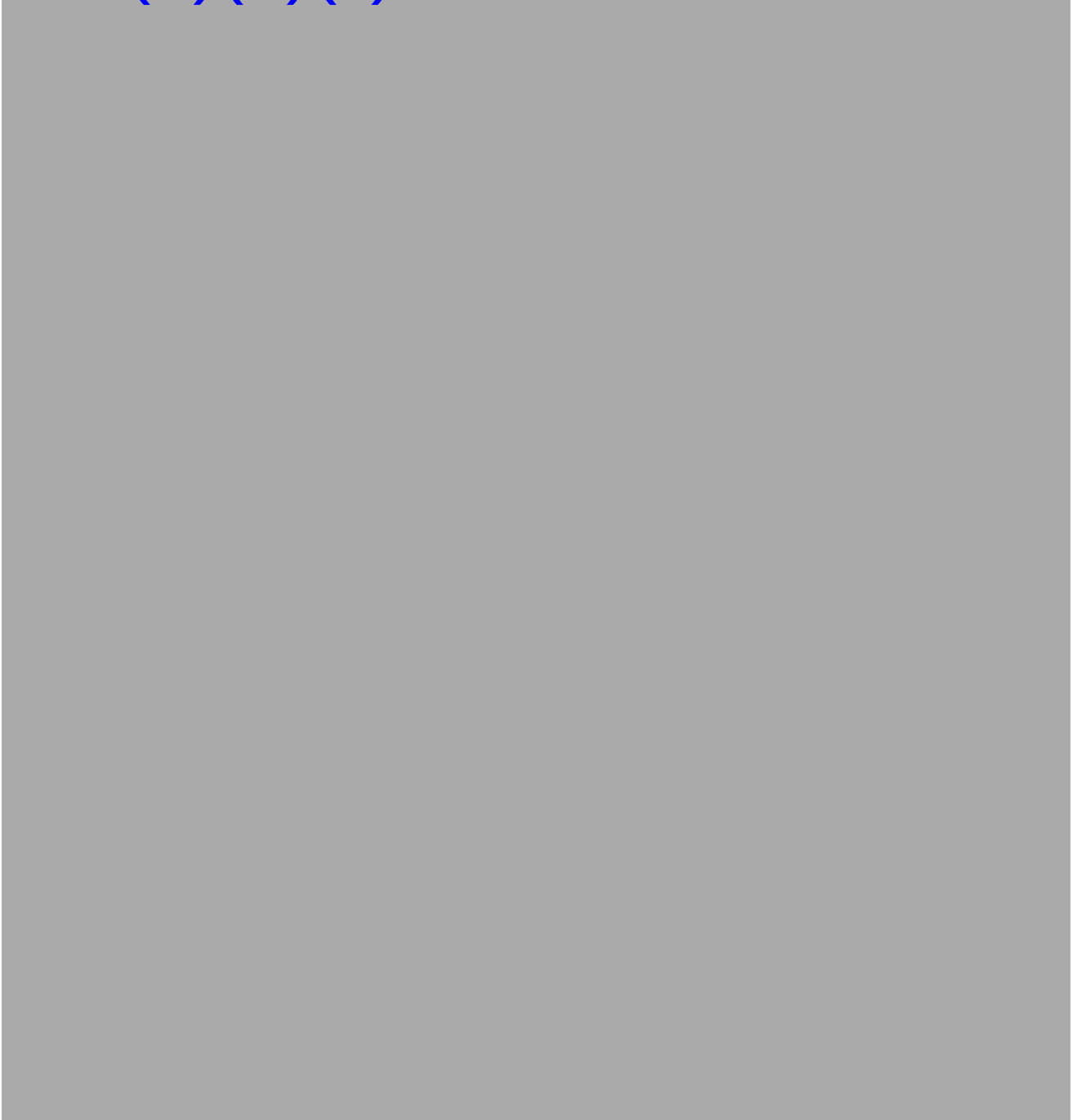
6 Evidence requirements

While gathering information about consumables, you may find that there is no evidence or that families are requesting supports that are not NDIS supports. You may also find that responses to questions about consumables have implications for capacity building supports.

Use the guidance below to help you answer the PEC questions about consumables and support families to gather the necessary evidence for their requests.

6.1 Consumables related to dysphagia

s22(1)(a)(ii) - irrelevant material



- Medication and supplements. Many of these items are available through the Pharmaceutical Benefits Scheme (PBS).

6.2 Continence consumable products

Consider the information in the table below when recording information about continence consumables.

6.2.1 Table 1: Continence consumables by age

<4 years	s47E(d) - certain operations of agencies		
5 years			
6 to 8 years			

6.2.2 Evidence required: continence consumables

s47E(d) - certain operations of agencies

6.2.3 Understanding a continence consumables request

Respond 'YES' to 'Does the child need any consumable products or supports because of their developmental delay or disability?' if the child's family requests supports that are NDIS supports, such as:

s47E(d) - certain operations of agencies

Refer to the [Technical Advice and Practice Improvement Branch - National Early Childhood Branch](#) confluence page to understand if the request needs mandatory TAPIB advice. Once items that are not NDIS supports have been excluded from the quote, a request may no longer require mandatory TAPIB advice.

Respond 'NO' to 'Does the child need any consumable products or supports because of their developmental delay or disability?' if the child's family requests supports that are NOT NDIS supports, such as:

s47E(d) - certain operations of agencies

Apart from nappies, the following items may also be NDIS supports and require a response of 'YES' on the PEC. For example:

s47E(d) - certain operations of agencies

6.3 Consumables related to nutrition

6.3.1 Evidence required: consumables related to nutrition

s22(1)(a)(ii) - irrelevant material

s22(1)(a)(ii) - irrelevant material

Read more in article [Understand disability-related health supports – core supports](#).

Respond 'NO' to 'Does the child need any consumable products or supports because of their developmental delay or disability?' if the child's family requests supports that are NOT NDIS supports, such as:

s22(1)(a)(ii) - irrelevant material

6.4 Respiratory and wound care consumables

6.4.1 Evidence required: respiratory and wound care consumables

Any requests for respiratory, wound or pressure care consumables will need evidence that these are related to the child's disability to be considered a NDIS support.

s22(1)(a)(ii) - irrelevant material

6.4.2 Understanding respiratory and wound care consumables

Respond 'YES' to 'Does the child need any consumable products or supports because of their developmental delay or disability?' if the child's family requests supports that are NDIS supports.

s22(1)(a)(ii) - irrelevant material



7 Example free text field responses for PEC questions for equipment and consumables

When completing the free text fields in the **PEC** case equipment and consumable questions, describe the child's support needs for each relevant support area ensuring the child's age and what would be considered as age-appropriate development has been considered.

If the information is available in a report, include the name, profession, date of report/s in your response. Reports must be uploaded into PACE.

The free text fields have character limits. If more space is required, add the information to an **internal note** in the **Activity log** for the PEC case.

These example responses are a **guide** only.

7.1 Question: Are low-cost assistive technology supports currently required or likely to be required in the next 12 months?

s22(1)(a)(ii) - irrelevant material

7.2 Question: Are mid to high-cost assistive technology supports required or likely to be required in the next 12 months?

s22(1)(a)(ii) - irrelevant material

7.3 Question: Does the child need any consumable products or supports because of their developmental delay or disability?

7.3.1 Example: Continence

s47E(d) - certain operations of agencies

7.3.2 Example: Pressure Care

s22(1)(a)(ii) - irrelevant material

7.3.3 Example: Dysphagia

s22(1)(a)(ii) - irrelevant material

7.3.4 Example: Nutrition

s22(1)(a)(ii) - irrelevant material

7.3.5 Example: Respiration

s22(1)(a)(ii) - irrelevant material

7.4 Question: Is NDIS funding required to assess, find and set up assistive technology supports?

s22(1)(a)(ii) - irrelevant material

EC Understand goals for children younger than 9

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Exported on 2026-06-30 04:33:47

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This article provides guidance for an early childhood partner, planner (non-partnered area) or planner delegate to:

- understand important information about goals
- support children and their families with setting goals
- understand goal categories
- view goal examples for children younger than 9
- understand measuring goals.

1 Recent updates

1 December 2025

Guidance updated to include:

- link to article EC Conversation guide – How to talk about progression towards goals in section **Next steps**.
- changing "generate" plan to "publish" plan in cases with early supports.

2 Information about goals

Goals are important because they can:

- help a family to focus on their child's talents, strengths, and potential, and how that will help them work towards their goals
- tell you what the child and their family want to work towards
- help you to build a personalised plan for the child's family.

Goals can be set at any time before the plan is finalised. In a community connections case, this will occur when the plan is generated, while in the early supports case, it happens when the plan is published. Goals can be big or small, and they will be printed on the child's plan.

Goals set in the community connections case, will be printed on the community connections plan if generated.

Children in early supports may have between 1 and 3 simple goals to work towards. For a child who is a participant, the family may have a number of goals they would like their child to work towards.

For early supports, the goals from the Community Connections case will appear in the early supports plan once it is published. If you are completing an early supports plan, review the recorded goals, and record any new goals the family has for the child.

For children that had an early supports plan before becoming a participant, any active goals that remained open will transfer onto the child's NDIS plan. Review the goals with the family to ensure they are still relevant.

For children with an NDIS plan, goals will be discussed and updated, as required, during the check-in conversation. For more information go to article [Update goals during a check-in](#).

3 Support children and their families with setting goals

It is important to support families to understand that goals:

- are unique and individual to their child and may change over time
- should be based on what they would like their child to work towards. Help them to consider current and future priorities for their child.

Goals should:

- focus on the child and their family priorities
- be participation based, meaningful and important to families and their child
- be developed using a strengths-based approach.

For children younger than 7, develop and write goals in the voice of their family. For children aged 7 and 8, written in the child's own words, if appropriate. This would depend on the child's ability and their developmental stage. Goals should also be written in collaboration with the child and family.

If the child and their family have identified a longer list of goals, you can group 'similar' goals together. For example, grouping all communication goals together.

3.1 Ask questions to help set goals

The following prompts may help to guide a discussion when setting goals:

- What activities does your child need help with?
- What are the priorities for your child and your family?
- What would you like your child to be able to do?
- Where should this happen and who should this happen with?
- What supports are already in place? Are they working well?

Note: Speak with the family about supports or strategies they have tried, considered, or would like to explore. This will help determine supports already in place and appropriate next steps.

3.2 Write SMART goals

SMART stands for Specific, Measurable, Achievable, Realistic, and Timely. SMART goals help the child and their family focus on what they would like to work towards and tracks their progress.

Help the child and their family develop SMART goals, where possible. This helps to measure the progress towards the goals.

Note: Although we encourage SMART goals, this is optional. Record the goal as described by the person, in their own words. Don't re-word them.

Support the family to understand that goals should be:

- **Specific:** well defined, clear, and easy to understand.
- **Measurable:** use specific criteria to measure progress towards reaching the goal.
- **Achievable:** possible and able to be met.
- **Realistic:** within reach and related to the child and family.
- **Timely:** with a clear timeframe, including a starting date and a target date.

3.3 Connect families to supports to work towards their child's goals

Use your knowledge of local community supports and your local networks to help connect families with supports available to work towards their child's goals. This can begin in the early connections phase of a child's journey and does not need to wait for early supports or an NDIS funded plan.

Use relevant resources like tip sheets, booklets, and information about child development to provide further information for the family to support their child.

Family roles and follow up could include:

- practicing strategies with their child in everyday routines
- discussing their child's progress including any barriers to their progress
- telling you if there is anything they would like to do differently.

In some circumstances, after receiving early supports a family may apply to the NDIS for their child. You will work with the family to record progress towards the early supports goals. If they want to, the family can update their goals for the new NDIS plan, should they become a participant.

4 Understand goal categories

In PACE you must select a category for each goal. This helps you consider what supports are required to help the child and their family work towards their goals. This also supports consistent data collection and analysis of goals.

The common goal types in early childhood are:

- **Daily life:** support within a child's daily life, for example personal care, feeding routine.
- **Health and wellbeing:** support with a child's health needs, for example dietetics.
- **Learning:** support with learning in early childhood or education settings, for example help attend or transition to childcare/school.
- **Relationships:** support with building and maintaining relationships in a child's life, for example friendships and informal networks.
- **Social and community activities:** support with social and community participation in a child's life, for example attending and engaging in play at early childhood settings.

The other available categories in PACE are **Choice and control over my life**, **Where I live**, and **Work**.

You can **select up to 2 categories** for each goal. If a child's goal relates to more than 2 categories, choose the areas where the most support is needed and would have the most impact.

5 Goal examples

5.1 Goal example 1

Sarah and John would like Sam to be more independent in self-care tasks at home and preschool.

5.1.1 How will I know we have reached this goal?

Sam will begin to take himself to the toilet, start dressing himself and feed himself following simple verbal prompts.

5.1.2 My early childhood partner will support us by:

- support us with visual schedules to help with our routines, like dressing, toileting, and mealtimes
- working alongside the education and care setting to keep strategies consistent, and support Sam to participate with his peers
- building our confidence and capacity to support Sam.

5.1.3 My family or carer will help me by:

- practising strategies with me in everyday routines
- sharing any barriers or concerns with my early childhood partner, so we can find a solution
- sharing strategies across all my everyday settings.

5.2 Goal example 2

Maria and David would like Antonio to be able to initiate play at preschool with a small group of peers and continue to play with minimal adult support.

5.2.1 How will I know we have reached this goal?

Antonio will verbally ask to join in with a small group of children engaged in established play at preschool and continue the play with minimal adult support.

5.2.2 My early childhood partner will support us by:

- scheduling a plan implementation meeting with us, after plan approval
- supporting the family to connect to a provider delivering early childhood supports
- supporting the family to connect to community and mainstream supports <If known, name these services e.g. 'to connect to a local preschool and a local paediatrician'>
- scheduling a check-in date with us.

5.2.3 My family or carer will help me by:

- setting up play dates with friends
- using Antonio's interests to facilitate play with peers

- sharing strategies across all my everyday settings.

5.3 Goal examples by developmental area of need

5.3.1 Physical development

Ability to move around the home (crawling/walking), ability to move to perform everyday routines and activities, moving about in the community and manipulating objects and using hands, larger muscle development (body, arms, legs), smaller muscle development (hands, fingers).

Goal: <Parent/carers name/s> would like <child's name> to move independently.

How will I know I have reached this goal: <Child's name>, for example, <will/will begin to> crawl, sit, walk, run, paint, draw, hold a cup or spoon, play with balls.

5.3.2 Self-care skills

Sleeping, eating, dressing, teeth cleaning and going to the toilet.

Goal: <Parent/carers name/s> would like <child's name> to take care of themselves as best as they can.

How will I know I have reached this goal: <Child's name>, for example, <will/will begin to> take themselves to the toilet, start dressing themselves, feed themselves.

Goal: <Parent/carers name/s> would like <child's name> to follow daily routines more independently.

How will I know I have reached this goal: <Child's name>, for example, <will/will begin to> get ready for bed, follow the morning routine, getting ready for pre/school.

5.3.3 Language and communication skills

Understanding words and language including gesture/Key Word Sign (KWS)/Australian Sign Language (Auslan), communicating wants and needs through facial expressions, gesture, KWS, Auslan, vocalisations or speech, social communication, and interaction with others.

Goal: <Parent/carers name/s> would like <child's name> to communicate with those around them.

How will I know I have reached this goal: <Child's name>, for example, <will/will begin to> use words to request food, follow simple instructions around the home.

Goal: <Parent/carers name/s> would like <child's name> to tell others what they want.

How will I know I have reached this goal: <Child's name>, for example, <will/will begin to> tell others that they want to eat or drink, say/sign 'can I play?'

Goal: <Parent/carers name/s> would like <child's name> to understand what others say to them.

How will I know I have reached this goal: <Child's name>, for example, <will/will begin to> follow instructions like 'bring me your shoes', answer 'what is your name?'

5.3.4 Social development

How the child relates, interacts, and plays with others, initiating play or conversation and responding to others, waiting, sharing, taking turns in play, playing by self, parallel play, cooperative play with other children.

Goal: < Parent/carer name/s> would like <child's name> to play with other children.

How will I know I have reached this goal: <Child's name>, for example, <will/will begin to> share and take turns with another child, will be able to greet and say goodbye to peers, play happily and make friends (for example be invited to a party).

5.3.5 Cognitive development

Understanding and remembering information, learning new things, practicing, and using new skills, planning and making decisions, problem solving, developing pretend play skills, developing play interests, safety awareness, sensory/information processing.

Goal: <Parent/carer name/s> would like <child's name> to do or learn new things and to join in activities with others.

How will I know I have reached this goal: <Child's name>, for example, <will/will begin to> recognise their name, play a game with their sibling, play with messy materials, retell a favourite story, explain the rules of a simple game.

Goal: <Parent/carer name/s> would like <child's name> to remember what they need to do in a familiar routine.

How will I know I have reached this goal: <Child's name>, for example, <will/will begin to> pack up their toys, complete the steps for dressing with minimal support, ask for a turn.

Goal: <Parent/carer name/s> would like <child's name> to play longer with toys and stay longer at activities.

How will I know I have reached this goal: <Child's name>, for example, will finish a painting, engage in group time at childcare, and persist with a challenging task.

Goal: <Parent/carer name/s> would like <child's name> to follow rules that help them stay safe.

How will I know I have reached this goal: <Child's name>, for example, <will/will begin to> stop at the curb, hold hands, and follow safety instructions with some support.

5.3.6 Emotional development

Emotional regulation, emotional awareness, behaviours of concern.

Goal: <Parent/carer name/s> would like <child's name> to name their feelings.

How will I know I have reached this goal: <Child's name>, for example, <will/will begin to> say they are feeling happy, sad, and angry or scared.

Goal: <Parent/carer name/s> would like <child's name> to calm more quickly when they are upset.

How will I know I have reached this goal: <Child's name>, for example, will respond appropriately when told 'no', talk about why they are upset, use soothing strategies, ask for and/or accept help, re-engage in an activity after being upset.

Goal: <Parent/carer name/s> would like <child's name> to go to places outside of the home.

How will I know I have reached this goal: <Child's name>, for example, will begin to consistently separate calmly from their loved one in order to start gymnastics/ soccer/ play on the playground/ go to childcare/ preschool/ go to a friend's house.

5.3.7 Vision supports

Blindness and low vision.

Goal: <Parent/carer name/s> would like <child's name> to plan and carry out routine activities independently at home and at preschool.

How will I know I have reached this goal: <Child's name>, for example, <will/will begin to> locate rooms and landmarks in indoor and outdoor settings to find items of need such as clothing items, toys, food, play equipment.

Goal: <Parent/carer name/s> would like <child's name> to explore a variety of objects to gather information.

How will I know I have reached this goal: <Child's name>, for example, <will/will begin to> use both hands together to manipulate objects, touch a variety of textures, temperatures, shapes and sizes.

5.3.8 Hearing supports

Permanent hearing loss, deafness.

Goal: <Parent/carer name/s> would like <child's name> to understand and communicate with those around them.

How will I know I have reached this goal: <Child's name>, for example, <will/will begin to> hear and recognise sounds around them like cars, birds, dogs barking; to have access to speech sounds so they can understand what is being said; to follow conversations in noisy places for example childcare/preschool; to communicate <using modality of choice> and socially participate in activities with peers.

5.3.9 Sustaining Informal Supports/Respite

Related to core supports, where applicable.

Goal: <Parent/carer name/s> would like to sustain their care of <child's name> and have their personal care and daily routines support needs met.

Goal: <Parent/carer name/s> would like to have time to attend to their daily tasks whilst ensuring <child's name> support needs are met.

Goal: <Parent/carer name/s> would like to be supported to maintain their caring role for of <child's name>.

Goal: <Parent/carer name/s> would like <child's name> sibling/s to participate in community and social activities whilst ensuring <child's name> support needs are met.

6 Understand measuring goals

As part of setting goals, you will work with the family and agree on a reasonable goal for the time allocated. You will also determine the baseline measure for all goals. If the child and family have only just started working towards a goal, choose **At the start**. If they have already made some progress towards the goal, select **Some progress**.

We measure the outcome of goals to consider if the family would like to close the goal or continue working on the goal. They are also measured to determine if current strategies are working or whether a new approach may need to be considered.

For children with developmental concern or developmental delay, there are 2 additional fields to help you measure how the family feel about progression towards the goal.

For more information about measuring goals, use article [EC Measure or close goals for children younger than 9](#).

7 Next steps

1. To record a goal for a child younger than 9, read article [EC Record goals for children younger than 9](#).
2. To learn how to talk to families about how their child is progressing towards their goals, read article [EC Conversation guide – How to talk about progression towards goals](#).
3. To measure or close a goal, read article [EC Measure or close goals for children younger than 9](#).
4. To update goals for participants during a check-in, read article [Update goals during a check-in](#).

EC Record goals for children younger than 9

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This article provides guidance for an early childhood partner, planner (non-partnered area) or planner delegate to:

- record goals for children younger than 9 for early connections (as part of a community connections case) or an early supports plan
- record goals for children younger than 9 for an NDIS plan.

1 Recent updates

1 December 2025

Guidance updated to:

- include link to articles EC Conversation guide – How to talk about progression towards goals, EC Determine the timeframe for early supports and when to extend, and EC Contact attempts and unable to contact in an early supports case in section **Next steps**.
- change generate plan to publish plan in cases with early supports

2 Before you start

You have:

- read and understood article [EC Understand goals for children younger than 9](#).

For a community connections case, you have:

- opened a Community Connections case following article [Create and complete a community connections case](#)

For an early supports plan, you have:

- read and understood [Our Guideline - Early Connections \(external\)](#)
- closed a Community Connections case following article [Close a community connections case](#)
- opened an early supports Plan following article [EC Create, complete and open an early supports plan](#)

For an NDIS plan, you have:

- closed an early supports plan, if the child has received early supports, using article [EC Close or finalise an early supports plan](#).

3 Record Goals for children younger than 9

You may record goals for children younger than 9 as part of:

- a community connections case
- an early supports plan
- an NDIS plan.

Goals should be:

- written in the voice of the family (for children younger than 7)
- written in the child's own words, if appropriate (for children aged 7 and 8)
- written in collaboration with the child and family

Note: This will depend on their ability and their developmental stage. This will be different for each child and family.

- recorded as described by the person, in their own words. Don't re-word them
- representing what the family would like their child to achieve within a realistic timeframe
- developed using SMART goal principles (specific, measurable, achievable, realistic, timeframe), this will make sure the goals can be measured for progress

Note: Although we encourage SMART goals, this is optional

- functional (for example, be related to the child's functional needs, independence or participation in home, community, education settings).

For more information go to [EC Understand goals for children younger than 9](#).

You can view goals, add new goals, and close goals in a Community Connections case, early supports Plan or NDIS plan at any time. **Goals can't be edited once created. You must check you have recorded each goal accurately before saving.**

3.1 Record goals in community connections case or early supports plan

Goals are initially recorded during the Community Connections case.

For early supports, the goals from the Community Connections case will appear in the early supports plan once it is published.

You can view goals, add new goals and close goals at any time during a Community Connections case or early supports plan from the **Profile** tab.

1. From the Community Connections case or early supports plan, select **Profile** tab.
2. Select **Goals**.
3. Select **Update**.
4. In **Update Requested By**, select the relevant option.
5. In **Update Reason**, select **Participant details update**.
6. Select **Next**.
7. Select **New**.
8. Complete all fields in the **Current Goals** screen. Use article [EC Understand goals for children younger than 9](#). Including sections, 'my early childhood partner will supports us by' and 'my family or carer will help me by'.

Note: Goals can't be edited once they are created. You must check you have recorded each goal accurately before selecting **Save**.

9. Select **Save**.
10. Repeat the steps until all **Goals** are recorded.
11. Select **Save**.

3.2 Record goals in an NDIS plan

You can view goals, add new goals, and close goals in an NDIS plan at any time.

For children who had an early supports plan and you are supporting the family to apply to the NDIS, active goals from the early supports plan will transfer to the NDIS plan, should they be eligible for the NDIS. New goals should be added to PACE once the early supports plan is closed.

1. From the **Person Account**, select **Plan Profile Update** from the **Case Action Bar**.
2. Select **Goals**.
3. Select **Next**.
4. In **Update Requested By**, select the relevant option.
5. In **Update Reason**, select **Participant details update**.
6. Select **New**.
7. Complete all fields in the **Current Goals** screen. Use article [EC Understand goals for children younger than 9](#).

Note: Goals can't be edited once they are created. You must check you have recorded each goal accurately before selecting **Save**.

8. Select **Save**.

4 Next steps

1. For the community connections case or early supports plan, update **ICM** using article [Record ICM Supports Informal, Community and Mainstream](#).
2. To learn how to talk to families about how their child is progressing towards their goals, read article [EC Conversation guide – How to talk about progression towards goals](#).
3. To measure or close an early supports goal, use article [EC Measure or close goals for children younger than 9](#).
4. To close or finalise an early supports plan, use article [EC Close or finalise an early supports plan](#).
5. If you are unable to contact the family, go to article [EC Contact attempts and unable to contact in an early supports case](#).

EC Conversation guide – How to talk about progression towards goals

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This article provides guidance for an early childhood partner to understand as part of an early supports plan:

- the purpose of checking the progress of goals
- how to guide a strength-based conversation
- identify next actions based on goal outcomes.

1 Recent updates

1 December 2025

Guidance updated to:

- link to articles EC Create, complete and open an early supports plan, EC Understand goals for children younger than 9, and EC Record goals for children younger than 9 in **Before you start** section
- link to articles EC Record goals for children younger than 9, EC Measure or close goals for children younger than 9, Link person to mainstream and community supports during community connections and early supports, EC Determine the timeframe for early supports and when to extend, and EC Close or finalise an early supports plan, in **Next steps** section.

2 Before you start

You have:

- supported a family with the creation of an early supports plan using article [EC Create, complete and open an early supports plan](#)
- read and understood article [EC Understand goals for children younger than 9](#)
- recorded goals in the child's early supports plan using article [EC Record goals for children younger than 9](#).

3 The purpose of checking the progress of goals

Goal setting is a process that supports a child's family to think about what they want their child to achieve. It is important to regularly check on the progress of a child's goals, including what is working well and what support might be needed in the future. This will help the family reflect on progress made, and if they still want to work towards their current goals or set new goals. It will also help you to further understand the child's support needs.

4 How to guide a strength-based conversation

The early childhood approach focuses on being both strength-based and family centred. A strength-based approach recognises that all children have unique strengths and abilities. Ask the family reflective questions when you talk to them about how their child is progressing towards their goals:

- How do you feel your child's goals are progressing?
- What's working well for you and your child?
- Are you experiencing any barriers when you are helping your child work towards their goals?
- Is there anything you need to that will help you work towards your child's goals?
- Have your priorities for your child changed?

5 Identify next actions based on goal outcomes

Information you gather from monitoring a child's progress towards their goals can help you identify any outcomes and the next actions to take. These actions may include continuing early supports, transition to community and mainstream services, or supporting the family to apply for the NDIS.

If the family's priorities have changed, or the child has not progressed towards their goals as expected, you may:

- set new goals in their early supports plan, and talk to the family about any additional support needs
- help the family to access new or different supports
- support the family to apply for NDIS access.

6 Next steps

1. Help the family as needed with the setting new goals using articles:
 - [EC Record goals for children younger than 9.](#)
 - [EC Measure or close goals for children younger than 9.](#)
2. Help the family with actions based on the progression or outcomes of current goals using articles:
 - [EC Determine the timeframe for early supports and when to extend.](#)
 - [EC Close or finalise an early supports plan.](#)
 - [Link person to mainstream and community supports during community connections and early supports.](#)

EC Complete a community connections case for a child younger than 9 in a non-partnered area

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Exported on 2026-06-30 04:58:12

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This article provides guidance for a planner (non-partnered area) to:

- create a Community Connections case for a child younger than 9.

1 Recent updates

1 December 2025

Guidance updated to reflect:

- title change from Complete a community connections case for a child under 9 in a non-partnered area to EC Complete a community connections case for a child younger than 9 in a non-partnered area.
- PEDI-CAT assessment needs to be completed for children younger than 9.

2 Before you start

You have:

- read [Our Guideline - Applying to the NDIS \(external\)](#)
- checked the child is younger than 9
- checked the child lives in a non-partnered area by going to [Offices and contacts in your area \(external\)](#). If there is an early childhood partner, they will complete the Community Connections case. For help go to article [Create and complete a community connections case](#).

3 Complete the Community Connections case

When a child lives in a non-partnered area an Agency staff member will help them and their family apply to the NDIS. Some mandatory fields in PACE cannot be accessed by Agency staff.

Note: Only complete these steps if you cannot access the mandatory tasks in PACE.

3.1 Complete DC/DD information

For a child younger than 6 use the **DC/DD** tab to record if:

- an impairment is likely to be permanent
- there is sufficient information to decide they will likely meet the developmental delay criteria
- they have developmental concerns and may benefit from a period of early supports. An early supports program is not provided by agency staff. Go to [Our Guidelines - Early connections \(external\)](#) to learn more.

1. At **Is there evidence to suggest the child has a permanent impairment?** select **Yes**.
2. Go to the **Ecomap** tab.

Note: If the child doesn't have a permanent impairment select **No, more information required**. Record Ages and Stages Questionnaire (ASQ) scores.

3.2 Record Ages and Stages Questionnaire (ASQ) scores

The **ASQ** is a screening tool used by people working with children younger than 5 ½, including early childhood partners. The ASQ is for children aged between 1 month to 5 ½ years. In some situations, the child's family may provide recent ASQ results. For help to record ASQ scores go to article [Complete an ASQ \(Ages and Stages Questionnaire\)](#).

If a child is likely to have developmental delay and ASQ scores are not available, you need to complete the mandatory fields in PACE.

1. At **Is there evidence to suggest the child has a permanent impairment?** select **No, more information required**.
2. At **Date of screening/assessment completed** select **01/01/2000**.
3. From **Screener Type** select **ASQ 3**.
4. From **Checklist used** select the 2 months questionnaire.
5. For each **ASQ- Please enter scoring** field (Communication, Gross Motor, Fine Motor, Problem Solving and Personal-Social) record a **Raw Score** of 1.
6. Select **Unshaded for Interpretation**.
7. At **Is there evidence to suggest the child had Developmental Concern or Developmental Delay** select **Yes**.
8. At **I recommend that based on the evidence detailed, the child is:** select **likely to meet the criteria for developmental delay** from the drop-down options.

9. Select **Save**.
10. Record the following **Internal note** in the **Activity log** for the case. For help go to article [Log an activity or internal note](#).

<Child name> lives in a non-partner area and the Community Connections case has been completed by Agency staff. ASQ results are not available. Synthetic data has been added to the mandatory field ASQ results within the DC/DD tab of the Community Connections case. These results do not relate to the child's level of development or functional skills.

3.3 Complete the PEDI-CAT

A **PEDI-CAT** must be completed for children younger than 9. If you are supporting a family to apply to the NDIS in an area where there is not an early childhood partner, work with the family to complete a PEDI-CAT. For help go to article [Record assessment - PEDI-CAT](#).

If you cannot complete a **PEDI-CAT** because of exceptional circumstances, or it has not been completed in the last 3 months:

1. Go to the **Assessment** tab.
2. At **Do you wish to select an authorised representative?** select **No**.
3. Select **Next**
4. At **Would you like to carry out a new assessment now?** select **No**.
5. At **Would you like to enter scores for an already completed assessment?** select **No**.
6. Select **Next**.
7. Select **Done**.
8. Add an **Internal Note** in **Log Activity** and record the reason you did not complete the **PEDI-CAT** with the family.

3.4 Ecomap

An ecomap is a visual tool to help you present what informal and formal supports the child and their family has. Where possible, an ecomap must be completed for children younger than 9 in the community connections case. It is also highly recommended an ecomap is completed for children 9 and older. You will need to complete an ecomap before you submit an access request for the NDIS. For help go to article [Complete an ecomap](#).

1. From the **Community Connections** case select **Ecomap**.
2. If you complete an ecomap, in **Confirming that an Ecomap has been completed and uploaded**, select **Yes**.
3. If you could not complete an ecomap select **Not applicable** and record the reason you couldn't complete an **Ecomap** in the **Comment** field.
4. Select **Save**.

4 Next steps

1. Update **About Me** in the **Profile** tab following article [Complete About Me for community connections or early supports](#).
2. If the person is 9 years or older, update **Goals** in the **Profile** tab following article [Record goals for community connections \(9 years and older\)](#).
3. If the child is younger than 9, update **Goals** in the **Profile** tab following article [EC Record goals for children younger than 9](#).
4. Update **ICM Supports** in the **Profile** tab following article [Record ICM Supports Informal Community and Mainstream](#).
5. Update **Next Steps** and **Generate Plan** (optional) following article [Complete next steps for community connections](#).
6. Close the **Community Connections** case following article [Close a community connections case](#).
7. Log an activity or internal note explaining the actions you've taken following article [Log an activity or internal note](#).

EC Measure or close goals for children younger than 9

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Exported on 2026-06-30 05:01:24

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This article provides guidance for an early childhood partner, planner (non-partnered area) or planner delegate to:

- measure or close a goal as part of early connections (as part of the community connections case), early supports, plan approval, check-in, or at any other time
- close a goal that has an administrative error (goals are not able to be edited and a new goal needs to be created).

1 Recent updates

1 December 2025

Guidance updated to:

- link to article EC Conversation guide – How to talk about progression towards goals in section **Before you start**
- link to article EC Contact attempts and unable to contact in an early supports case in section **Next steps**.

2 Before you start

You have read:

- [EC Understand goals for children younger than 9](#)
- [EC Record goals for children younger than 9](#)
- [EC Conversation guide – How to talk about progression towards goals.](#)

3 Goal development

Goals can be recorded at any time, including in a community connections case, early supports plan or NDIS plan.

If the child is eligible for early supports, active goals from the community connections case will transfer to the early supports plan.

If the child becomes a participant, active goals from the community connections case and early supports plan will transfer to the NDIS plan.

Goals are completed in 2 stages:

- **Setting goals** – for further information about setting goals, refer to articles [EC Understand goals for children younger than 9](#) and [EC Record goals for children younger than 9](#).
- **Measuring the outcome of goals** – measure the goals to consider if the family would like to close the goal or continue working on the goal. This will help consider if the current strategies are working or whether a new approach is required.

For children with developmental concern or developmental delay, there are 2 additional fields to help you measure how the family feel about progression towards the goal. These include asking the family if they have reached the goal and to ask them to provide a verbal rating about the level of goal achievement ranging on a scale from No change (same as when I started) to Yes, a lot more than expected.

4 Measure goals

For early supports, you can review and measure goals throughout the plan period, for example, when a goal is achieved and a new one is developed. At a minimum, goals should be reviewed and measured when extending or finalising an early supports plan.

For an NDIS participant, measure goals at every check-in.

To learn more about how to talk to families about the progress their child is making towards their goals, go to article [EC Conversation guide – How to talk about progression towards goals](#).

Goals cannot be edited once they are created. If you need to update a goal, close the goal, and create a new one with the required updates. Only update or close a goal with the family's agreement.

5 Measure or close a goal

1. From the **Person Account** screen, select **Plan Profile Update** from the **Case Action Bar**.
 - Alternatively, you can open the **Goals** screen from within the relevant case or plan.
2. Select **Goals**, then select **Next**.
3. At **Update Requested By**, select the relevant option.
4. At **Update Reason**, select **Participant details update**.
5. Select **Next**.
6. Select the downwards arrow next to a goal and then select **Edit**.
7. At the bottom of the screen, select the checkbox next to **Measure Goal**.
8. If the child is younger than 6, go to section **For children with developmental concern or developmental delay**.
9. If the child is 6 years or older, go to section **For children with a permanent impairment**.

5.1 For children with developmental concern or developmental delay

There are **2 additional questions** for children younger than 6 with developmental concern or developmental delay.

1. Type the family's response to **Do you think you reached this goal?**
 - If you are closing the goal due to an **administrative error**, type **N/A**.
2. At **Please select goal achievement response – (i) Please select based on response from customer**, select the relevant option based on the family's response.
3. At **What are the next steps for this goal?** Select either:
 - **Close goal**
Measure each goal before closing the goal. However, if the family is applying for the NDIS and the child is likely to become a participant, you don't need to close goals the family want included in the NDIS plan. Any **Active Goals** will transfer to their NDIS plan.
 - **Continue working on goal**.
4. If you select **Close goal**, at **Closure reason**, select the relevant option.
 - If you are closing the goal due to an **administrative error**, select **Administrative error**.
5. Select **Save**.
6. Repeat the steps until all goals are measured.

7. Select **Save**.
8. Go to section **Next Steps**.

5.2 For children with a permanent impairment

1. At **What are the next steps for this goal?** select either:
 - **Close goal**
 If you are finalising an early supports plan, you don't have to close all the goals. If the family applies for the NDIS and the child becomes a participant, any **Active Goals** will transfer to their NDIS plan.

Don't close any goals that the family would like to have on the child's NDIS plan.

 Close goals that the family don't want to have on the child's NDIS plan.
 - **Continue working on this goal.**
2. If you select **Close goal**, at **Closure reason**, select the relevant option.
 - If you are closing the goal due to an administrative error, select **Administrative error**.
3. Select **Save**.
4. Repeat the steps until all goals are measured.
5. Select **Save**.

6 Next steps

1. If you are reviewing or finalising an **Early Supports Plan**, go to article [EC Close or finalise an early supports plan](#).
2. If you are closing the goal due to an administrative error, go to article [EC Record goals for children younger than 9](#) to create a new goal with the required updates.
3. If you need to add a new goal at any other time, go to article [EC Record goals for children younger than 9](#).
4. If you need more information about updating goals for participants during a check-in, go to article [Update goals during a check-in](#).
5. If you are unable to contact the family, go to article [EC Contact attempts and unable to contact in an early supports case](#).

EC Record progress notes for early supports

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Exported on 2026-06-30 05:06:44

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This article provides guidance for an early childhood partner to:

- understand what to include in progress notes
- create progress notes.

1 Recent updates

1 December 2025

Updated to include:

- what a good progress note looks like
- link to articles EC Create, complete and open an early supports case and EC Conversation guide – How to talk about progression towards goals in the **Before you start** section
- link to articles EC Measure or close goals for children younger than 9, EC Record goals for children younger than 9, EC Record or update activities for early supports, EC Determine the timeframe for early supports and when to extend and EC Contact attempts and unable to contact in an early supports case in the **Next steps** section
- current steps to Create Progress Notes on PACE.

2 Before you start

You have:

- opened an early supports plan using section **Open the early supports plan after closing the early supports case** in article [EC Create, complete and open an early supports plan](#)
- a current early supports plan, with activities recorded using article [EC Record or update activities for early supports](#)
- read article [EC Conversation guide – How to talk about progression towards goals](#)
- completed an early supports activity with a child and their family.

3 What to include in progress notes

Progress notes are more than just paperwork — they are important for keeping track of how the child and family is going, planning next steps, and making sure supports stay consistent.

You'll need to link your progress notes to the related early supports activity.

Include information on the:

- child and family's progress towards their goals
- child's functional capacity, independence, and participation in everyday activities
- outcomes of the supports the family and child have received
- future actions, goals, recommendations and responsibilities.

You can also include your thoughts about:

- What is happening now for the child and family?
- What has worked well?
- What hasn't worked well? Were there barriers?
- Do you need to change any of the functional strategies you developed with the family?
- Have other people in the child's life been able to use the strategies? What worked or didn't work?
- Do you need to change the resources or give new resources to the family?
- Are there any mainstream and community supports you can refer or connect the child and their family to?
- What are the next steps?
- Who's responsible for each action?

Good progress notes show real and meaningful work with the child and their family. They help make sure early supports are delivered in a consistent and reliable way.

To make sure progress notes are clear and helpful:

- Be accurate and timely. Write notes as soon as possible after the session so that the progress notes are reliable.
- Include key details. Write down the date and time of the session, who was there, where it happened, and what activities took place. If the session time or date changes, update the note and explain why. For example, the family called and cancelled session on **<date of cancelled session>** and rescheduled for **<date of new session>** because their child was sick.
- Record important conversations. Include any updates to goals, discussions with the family, new connections with community or mainstream supports.
- Describe what happened. Each note should show what was done in the session, what was talked about, what strategies were used, and what strategies were agreed on.
- List resources shared. Note any tip sheets, website links, or tools you gave to the family.

- Support continuity. Progress notes help new staff or teams understand the child's journey if the family moves or changes partner organisation, so they don't have to repeat their story.

4 Create progress notes

1. From the **early supports Plan**, select **Create Progress Notes** under **Partner Connection Plan Action Bar** on the right hand side.
2. Select the relevant activity listed under **Available activities**.
3. Move the activity to **Chosen activities** (arrow pointing right).
4. Select **Next**.
5. In **Note Details**, at **Title** enter 'Early childhood – early supports: session summary'.
6. At **Notes**, in the free-text field, you should include the following:
 - Support delivery date: **<date>**
 - Support delivery: **<face-to-face, telephone, email etc>**
 - Support delivered by: **<name>**
 - Support commenced at: **<time>**
 - Support concluded at: **<time>**
 - Total travel time: **<minutes/hours>**
 - Follow up from previous session: **<for example, describe:
What has worked well
What has been happening
Potential barriers that the child and their family are facing.>**
 - Goal/focus area: **<refer to goals previously recorded in the early supports plan.>**
 - Support provided: **<give a brief description of support type. Think about including strategies, priorities and progress/outcomes.>**
 - Other information provided:
 - Future actions for early childhood partner:
 - Future actions for family:
 - Next appointment date: **<date>**
7. Select **Save**.

The progress note will be visible in the Progress Notes and **Activities** tabs of the early supports plan.

4.1 Example

Title: Early childhood – early supports: session summary

Notes:

Support delivery date: 04/11/2025

Support delivery: face-to-face

Support delivered by: Holly

Support commenced at: 4:00pm

Support concluded at: 5:00pm

Total travel time: 30 minutes

Follow up from previous session:

Over the past fortnight, the family have been modelling language and using visuals to support Ben. These supports are helping Ben share and take turns with his younger sister, especially when on their outdoor playset. Ben's family have been joining in with play and modelling language in games with him and his sister. They've been saying 'my turn', taking their turn and then handing the item over to one of the children and saying, 'your turn'.

The family said they've been setting a timer at the beginning of play, which has helped him with taking turns. They've been using modelled language such as 'your turn' and 'my turn'.

Ben is now sharing during games. He plays on the outdoor playset for 3 minutes before sharing with his sister.

Goal/focus area: Sharing

Support provided:

In today's session, we focused on giving specific feedback to Ben when he shares with his sister. His family are going to practice this over the next fortnight. We've agreed that I'll call in 1 week to check in on progress.

Other information provided: Encouraging positive behaviour tip sheet

Future actions for early childhood partner: Check-in call in 1 week

Future actions for parent/carer: Practice modelling specific feedback

Next appointment date: 04/12/2025

5 Next steps

1. Continue to add progress notes following each early supports activity undertaken with a child and their family.
2. Measure the outcome of goals using article [EC Measure or close goals for children younger than 9](#).
3. If you need to add a new goal, go to article [EC Record goals for children younger than 9](#).
4. If you need to add or update activities, go to article [EC Record or update activities for early supports](#).
5. If you need to extend the early supports plan, go to article [EC Determine the timeframe for early supports and when to extend](#).
6. If you are unable to contact the family, go to article [EC Contact attempts and unable to contact in an early supports case](#).

EC PEC – Carers – Support coordination

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Exported on 2026-06-30 05:13:27

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This document was released under the Freedom of Information Act 1982 by the National Disability Insurance Agency.

This article provides guidance for early childhood partners and planner delegates about information to consider when completing questions relating to support coordination in the **Personal and Environmental Circumstances (PEC)** case where support coordination may be required.

Careful consideration should be made when completing the PEC case to best reflect the participant and their family's actual circumstances and NDIS funded support needs. The PEC case is used to inform the Typical Support Package (TSP) and planner delegate reasonable and necessary decision making.

1 Recent updates

8 September 2025

- Guidance to complete the PEC questions updated
- Article links updated
- Additional content related to ECEC considerations

2 Before you start

You have read and understood:

- article [Understand support coordination and psychosocial recovery coach funding](#)
- article [Record support coordination information](#)
- article [EC Understand the key worker role in the delivery of early intervention supports for early childhood](#)

3 Support coordination

Support coordination is often not required in early childhood plans particularly if they are supported by a key worker model or can be supported by an early childhood partner to implement their plan.

There may be circumstances where the level of support the participant's family needs to implement their child's plan is above what the early childhood partner and service provider (i.e. their key worker) can provide.

The **PEC** will ask you the following questions:

- **Is funding for support coordination required?**
- **What level of support coordination is required?**

When answering these questions in the section titled **PEC Carers** on support coordination, some of the things to consider are if:

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When support coordination is being recommended, it is important to consider all the available evidence to determine whether the support is needed and what level of support may be reasonable and necessary.

When support coordination is funded in a child's plan, it is beneficial for early childhood partners to continue to check in during the plan period to ensure the child and their family are well supported.

Support coordination may not be required on an ongoing basis and the need for the support should be reviewed at plan reassessment and check-ins. The level of support required will depend on the child and family's individual circumstances. This should be clearly outlined and justified within the system to reflect the barriers and individual support needs for the child and family.



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Early childhood approach

Quick summary: Our nationally consistent early childhood approach is about giving your child the best possible start in life. It is for children younger than 6 with developmental delay or younger than 9 with disability.

Children younger than 6 who don't fully meet the definition of developmental delay and have developmental concerns will also be supported through our early childhood approach.

If you have concerns about your child's development your first point of contact will usually be your doctor, child health nurse, or other health professional. They will help you work out what supports you and your child might need, and they may connect you with our early childhood partners.

Our early childhood approach is about helping you support your child to learn new skills. It will also help your child to develop and take part at home and in the community. Your child doesn't need a diagnosis to get support.

When we say 'you', we mean anyone responsible for the care of a child. You may be a parent, carer, or legal representative.

When we say 'child', we mean children younger than 9.

When we say 'we', or 'our,' we mean the NDIA.

What's on this page?

This page covers:

- [What is early childhood intervention?](#)
- [How do we work with young children and their families?](#)
- [Who can access our early childhood approach?](#)
- [What is the aim of our early childhood approach?](#)
- [What does the early childhood approach look like?](#)
- [What is an early childhood partner?](#)

You might also be interested in:

- [Applying to the NDIS](#)

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- [Early connections](#)

What is early childhood intervention?

Early childhood intervention is all about giving children with developmental delay or disability, and their families, supports to enable the child to have the best possible start in life. Through early childhood intervention, infants, and young children as well as their families, can get specialised supports and services. These services aim to promote the:

- child's development
- family and child's wellbeing
- child taking part in their community.

The [National Best Practice Framework for Early Childhood Intervention](#) supports early childhood intervention practitioners across Australia to apply best practice approaches to early childhood intervention.

Best practice recognises children learn and develop in everyday settings. This includes their own home, and other places, such as childcare, playgroup or preschool, where they play with family or friends. This means the adults they are with need information, tools, and support to help the child's development and participation. Being included in these everyday activities gives children with developmental delay or disability the same opportunities as all children. It provides them with opportunities to develop friendships, interact with others and be a part of their community.

Best practice also recognises the importance of working together. A family works together with early childhood intervention professionals to form a team around the child, where they share information, knowledge, and skills. One person from this team may be the primary contact who works with the family. This person is sometimes called a key worker.

Best practice not only considers broad early childhood intervention research, but also evidence relating to the needs of children with a specific diagnosis, such as autism spectrum disorder or cerebral palsy.

How do we work with young children and their families?

We call our nationally consistent approach to working with children younger than 9 and their families the early childhood approach. We developed our approach from evidence-based research with the help of leading experts in early childhood intervention. Our early childhood approach focusses on being both family centred, and strengths based. We do this by

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acknowledging that as parents and carers you know your child best. We concentrate on understanding what your child can do.

We know the early childhood years are critical. They set foundations for how children learn and develop. We want to support you and your child early to improve their outcomes later in life.

To deliver our early childhood approach, we have partnered with organisations called early childhood partners. They are well established in communities and have experience in working with families to connect with available support. Learn more about [early childhood partners](#).

Who can access our early childhood approach?

If you have concerns about your child's development, or your child has a disability, you can contact an early childhood partner to access our early childhood approach. Usually, you would've already discussed your concerns, or your child's disability, with your doctor, child health nurse, or other health professional. Your child doesn't need a diagnosis from a medical professional to access support through our [early childhood partners](#).

You will hear us use different terms including developmental concerns, developmental delay or disability.

When we talk about [developmental concerns](#) we mean there are delays in your child's development that don't fully meet our definition of developmental delay. These delays may impact the everyday activities your child can do when compared with children of the same age. But it may be unclear if support is required from a team of professionals or for more than 12 months. A child younger than 6 with developmental concerns can be supported by an [early childhood partner](#) with connection to early supports. They may also be supported by mainstream and community services. Learn more about [early connections](#).

When we talk about [developmental delay](#), we're talking about children younger than 6 who are likely to meet the NDIS developmental delay criteria. This means they are considered to have a substantial reduction in functional capacity. This means the everyday activities the child does or can do is at a significantly lower competency level or is substantially different when compared with children of the same age. The support needed for the child to do the activity would also be significantly greater compared to children the same age. If your child is younger than 6 with developmental delay, your early childhood partner may recommend you consider applying to the NDIS on your child's behalf. If you decide to apply to the NDIS, your early childhood partner can support you to apply.



When we talk about a child with a disability, we mean they have an impairment that's likely to be permanent. The impairment could be intellectual, cognitive, neurological, sensory, or physical. You can read more about the early intervention and disability requirements for [applying to the NDIS](#).

What is the aim of our early childhood approach?

Our early childhood approach recognises, as parents and carers, you are central in supporting your child's development.

Our early childhood approach aims to:

- provide timely support to make sure you are able to access the supports you need
- give you information about best practice early childhood intervention supports and how you can help your child
- increase your confidence and capacity to manage and respond to your child's support needs
- increase your child's ability to do everyday activities they need or want to do
- increase your child's inclusion and participation in mainstream and community settings like playgroup, childcare or preschool
- give you information about, and referrals to, other support services, like parent support groups to meet other people with similar experiences or situations, if you want to.

What does the early childhood approach look like?

Our early childhood approach is about supporting you and your child's needs. There are many different types of supports available, starting with providing you with information, connections to mainstream and community services, and receiving support from early childhood intervention professionals. These could include early childhood teachers, educators, or allied health professionals.

You can also get support and advice from our early childhood partners. Your child doesn't need a diagnosis to get these supports. We call these supports [early connections](#). Our early childhood partners will connect you to the services that best meet the needs of your child. For some children younger than 6 with developmental concerns, this may include connection to early supports. For some children younger than 6 with developmental delay or younger than 9 with a disability, it may be help to apply to the NDIS. If your child meets the eligibility

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requirements and becomes a participant, our early childhood partners will help you and your child with your NDIS plan.

Our early childhood approach also includes community capacity building. This means we work with community and mainstream services, like childcare, to increase their awareness and ability to support children with delays in their development or with disability. We focus on this because early childhood education and the opportunity to interact with other children is a critical factor in child development and wellbeing.

What do we mean by early connections?

Early connections are for children younger than 9 and their families. It's all about giving quick access to supports that meet your child's needs. Early connections can help you support your child's development regardless of whether they're eligible for the NDIS.

Your early childhood partner will talk with you about the different ways you and your child can receive early connections. This might include:

- understanding the goals you have for your child
- connecting you with activities in your local community such as playgroups and parent support groups
- connecting you with mainstream services including health services such as a child health nurse, community health, and education settings such as childcare or preschool
- connections to practical information to help you understand your child's development and their needs
- connections with other families for peer support
- connections to early supports, to build capacity in you and your child to promote everyday learning, if your child is younger than 6 and has developmental concerns
- help to apply to the NDIS, if you want to on your child's behalf.

An [early childhood partner](#) provides these early connections with the funding we give them. They complement what is already available in your local area through [mainstream services](#) such as health and education.

Early connections are available to you without the need for a diagnosis or confirmed developmental delay.

Learn more about [early connections](#).

Example

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Noah is 3 and lives with his parents, Leanne and John, and his sister. He goes to childcare 3 days a week. Leanne and John are concerned about Noah's speech and his emotional regulation. The childcare centre also reports that Noah is regularly yelling and hitting out at other children. During a recent visit, their paediatrician noted some delays in Noah's language and communication skills. These delays could be affecting his behaviour. She suggested that Leanne and John contact an early childhood partner in their local area for support.

Leanne, John, and Noah meet with an early childhood partner at their home. The early childhood partner reviews the paediatrician report and observes Noah. The early childhood partner discusses Leanne and John's developmental concerns and their goals for Noah's development. Leanne explains they would like Noah's speech to improve, so people can better understand him. They would also like support to help Noah with his behaviour and emotional regulation at home and at childcare. The early childhood partner observes Noah during his everyday routines and activities at home and childcare to get a clear understanding of Noah's interactions with others and the support he needs. The early childhood partner identifies Noah has developmental concerns. Noah and his family are offered a short period of early supports.

The early childhood partner helps Noah's family and childcare staff apply strategies in the home and childcare centre to improve Noah's language, communication skills and emotional regulation. After a few months, Noah's communication skills and behaviour are better. Leanne and John also start going to a parent support group at a local community centre and have developed friendships with other parents in the support group.

Towards the end of the period of early supports, childcare staff report Noah's interactions with other children have improved. He takes part more positively in the childcare program. Noah's family and childcare staff feel more confident to support his ongoing learning and development. The early childhood partner repeats their observations and confirms with the family that noticeable progress was made. Noah and his family no longer require early supports; however, Leanne and John know they can connect back with the early childhood partner if needed.

The program of early support delivered by the early childhood partner and their connection to the parent support group has supported Noah and his family, without Noah needing access to the NDIS as a participant.

What happens if my child becomes an NDIS participant?

Children who have met the eligibility requirements and become a participant will then receive a plan that sets out their NDIS supports. [NDIS supports](#) are the services, items, and equipment the NDIS can fund.



Under the early childhood approach your child's plan will include funding for early childhood supports. Early childhood supports are NDIS supports. Early childhood supports should draw on best practice principles that follow the [National Best Practice Framework for Early Childhood Intervention](#). This includes early childhood intervention professionals working together as a team to deliver early childhood support to your child and family.

You can read more about [creating your plan](#), [your plan](#), and [therapy supports](#).

We'll regularly check-in to understand your child's progress. This will also include talking about transitions that will happen throughout your child's early years. This may be to either:

- leave the NDIS and maintain connections with mainstream and community services
- continue receiving supports through a local area coordinator or planner when your child turns 9.

Example

6-month-old Kim was diagnosed with Down syndrome in the week following her birth. Kim spent the first few months of her life in hospital with health complications associated with her disability. During this time her paediatrician and hospital's allied health team helped with feeding supports. After talking with Kim's parents, the paediatrician refers Kim to an early childhood partner. The referral includes a copy of Kim's diagnosis and discharge reports from the hospital allied health team.

Kim's parents, Chau, and Steve, meet with the early childhood partner and explain they feel overwhelmed by Kim's diagnosis. They report the hospital physiotherapist showed them how to support Kim during tummy time on the floor. As she has progressed since then, they would like more ideas. Due to Kim's time in hospital, Chau and Steve missed the parents' groups run by the child health centre. They want Kim to interact with other children but are unsure where to take her.

Through the early childhood partner, Chau and Steve connect to a local parent support group, library story time sessions and playgroups. The early childhood partner also helps Chau and Steve apply to the NDIS, ensuring all supporting evidence, such as diagnosis and hospital discharge reports, is included in their application.

Kim's application is approved as she meets all the eligibility requirements. Kim is eligible under the early intervention requirements. An NDIS plan is then developed for Kim and her family. The early childhood partner helps Chau and Steve understand how to use the funding in Kim's plan to buy NDIS supports. They show Chau and Steve further information on [working with providers](#) form.

The early childhood partner checks in with Chau and Steve to see how Kim's plan is going. Chau and Steve are feeling better equipped to support Kim.

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What is an early childhood partner?

[Early childhood partners](#) are local organisations we fund to deliver the early childhood approach. Our early childhood partners have teams of professionals with experience and clinical expertise in working with young children with developmental delay or disability and their families.

We chose them as partners for their specialist skills in early childhood intervention. They focus on delivering family centred supports using a best practice model. You'll find them in most communities around Australia. If [an early childhood partner is not in your area](#), we will support you to connect with alternative options depending on where you live.

Easy Read information is available in [The early childhood approach \(PDF 2.7MB\)](#). It explains how to connect and work with an early childhood partner.

[Find an early childhood partner](#), or for further information use the [contact us](#) page or call 1800 800 110.

What do the early childhood partners do?

Early childhood partners can:

- connect you to your local mainstream and community services such as community or child health service, playgroups, childcare, parent support groups, education options and recreation
- give you practical information about child development
- use observations and information from any screening tools, assessments, or reports to understand the impact of your child's delay or disability. But they don't complete assessments for diagnosis
- identify if your child is likely to benefit from early support and, where appropriate, provide a short period of early supports to help you and your child to work towards goals
- support you to apply to the NDIS, including support to put together information and evidence to help work out if your child is eligible
- help you connect with best practice early childhood intervention service providers
- monitor your child's progress and support them to transition from the early childhood approach.

Early childhood partners also work to build the capacity of community and mainstream services such as childcare. They also increase their awareness and ability to support

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children with developmental delay and disability. They focus on this because early childhood education and the opportunity to interact with other children is a critical factor in child development and wellbeing.

What if there are no early childhood partners in your area?

[Early childhood partners](#) are not located in remote and very remote areas. If you live in an area that doesn't have an early childhood partner, and you have concerns about your child's development or disability you should first speak with your doctor, child health nurse, early childhood educator or other health professional.

You can also [contact us](#) for further information.



Reasonable and Necessary Supports

Quick summary: There are new laws about what we can and can't fund under the NDIS. All supports need to meet each of the reasonable and necessary criteria before we can fund them in your plan. For example, your supports need to relate to the impairments you meet the disability or early intervention requirements for, be value for money, and effective and beneficial. We also need to make sure each support is an NDIS support. This means it is a service, item, or equipment that can be funded by the NDIS. Examples of NDIS supports include support with personal daily living tasks and accessing the community, therapeutic supports, and personal mobility equipment.

Note:

- When we say 'your plan' we mean your NDIS plan.
- When we say 'disability support needs', we mean supports you need for the impairments that meet the disability or early intervention requirements, or both.
- If you're aged between 9 and 65 years and are looking for information about community connections, go to [Our Guideline – Community Connections](#).
- If your child is younger than 9 and you're looking for information about early connections, go to [Our Guideline – Early Connections](#).
- As part of the recent changes to the NDIS laws we are moving towards a new framework for planning. Rules need to be developed for this new framework. We're working on how and when we'll introduce these changes.

Until then, the information in this Our Guideline is about our 'old framework' for planning, which include the legislative changes that become operational when the law commences. All current plans will be known as 'old framework' plans, and we will continue to develop these until all participants have transitioned to the new framework.

What's on this page?

This page covers:

- [What are reasonable and necessary supports?](#)
- [How do we make decisions about what is reasonable and necessary?](#)
- [How do we include the reasonable and necessary supports in your plan?](#)

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- [What if you don't agree with our decision?](#)

You may also be interested in:

- [Mainstream supports](#)
- [Creating your plan](#)
- [Changing your plan](#)
- [Reviewing our decisions](#)
- [Would we fund it?](#)

What are reasonable and necessary supports?

The National Disability Insurance Scheme (NDIS) was set up as a world first approach to disability support. It puts people with disability at the centre of decision-making, through the principles of reasonable and necessary supports and individual choice and control.

We provide funding for reasonable and necessary supports to people with a permanent and significant disability or developmental delay.

Reasonable and necessary supports are the supports we fund in your plan to meet your disability needs. All supports we fund in your plan need to meet the criteria set out in law for the NDIS of what we can and can't fund.¹ For information on what is an NDIS support and what is not, go to [NDIS support](#).

NDIS supports should complement, not replace, other supports available to you. That's why we consider:

- the things you're able to do for yourself
- support you have from others in your network, including family members, relatives, friends, local community services and mainstream government services.

Once we've considered your situation, we need to follow the rules determined under the law for the NDIS in our planning decisions.²

This guideline explains how we decide what reasonable and necessary supports must consider, which we'll explain in detail.

When creating your plan, we also follow these [principles](#).

We also have [Would we fund it](#) guides. They have examples of how we decide if we fund different types of supports.



How do we make decisions about what is reasonable and necessary?

When we create your plan with you, we'll discuss what supports you need for the impairments that meet the disability or early intervention requirements.³ We want to help you pursue your goals, increase your independence, and help you work, study and join social activities.

The NDIS will only fund a support if it meets **all** the reasonable and necessary criteria. We also won't fund a support if the law says we can't fund it. We explain the [reasonable and necessary](#) criteria in more detail further down.

What supports can you get outside the NDIS?

Before we decide what reasonable and necessary supports to fund in your plan, we'll first discuss what other supports may be available outside the NDIS. This is an important information-gathering step. For example, there may be mainstream, community and informal supports that suit you.

There are many supports you can get outside the NDIS. Other government and community services provide supports to all Australians, including people with disability. And your friends, family, and other people you know can often be your best supports.

To find out more about supports you can get outside the NDIS, go to [Creating your plan](#).

It's important we gather this information and help you access these services before we consider what reasonable and necessary supports we can fund. That way, we can help make sure you're able to access mainstream, community, and informal supports wherever possible.

For more information, go to [Mainstream and community supports](#).

What types of supports may be included in your plan?

Your plan may include 'general supports' and 'reasonable and necessary supports'.⁴

General supports

General supports are the coordination, strategic or referral services and activities we provide or arrange to be provided, for you.⁵ They're how we help you develop your plan and connect with support and activities in your community. This includes the support you get from your early childhood coordinator or local area coordinator to connect to mainstream, community, and informal supports. You don't need to pay for your general supports from your plan as the NDIS pays for them directly.

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Reasonable and necessary supports

Reasonable and necessary supports are the NDIS supports we fund or provide in your plan to meet your disability support needs.⁶ NDIS supports need to be for your impairments that meet the disability or early intervention requirements, or both.⁷ NDIS supports are the services, items, and equipment we can fund or provide under the NDIS.⁸ For information on what supports are considered NDIS supports, go to [NDIS supports](#).

The laws for the NDIS tell us what we can fund in your plan.⁹ All supports we fund in a plan need to meet all the criteria set out in these laws. We call these the [NDIS funding criteria](#).

- We'll check your support types and amounts of support will complement each other to help you fulfil an [ordinary life](#).¹⁰ Any funded supports must be an NDIS support¹¹ that is right for you.
- It must not be a [type of support the law says we can't fund or provide](#).¹²

Each support must be reasonable and necessary individually, but the supports must also be reasonable and necessary when considered as a package of supports.

Does the support meet the reasonable and necessary criteria?

We can only include supports in your plan if they meet **all** the reasonable and necessary criteria.¹³

This means that before we can include a funded support in your plan, we need to be satisfied it meets all the following criteria:

- The support is for the [impairments you meet the disability or early intervention requirements for, or both](#).¹⁴
- The support will help you to [pursue your goals in your plan](#).¹⁵
- The support will help you to [undertake activities, to facilitate your social and economic participation](#).¹⁶ This means the support will help you join in social outings, recreation, work and study by reducing the disability-related barriers that prevent you from participating.
- The support represents [value for money](#). This means we need to consider the costs and benefits of the support, as well as the costs and benefits of alternative supports.¹⁷
- The support will be, or is likely to be, [effective and beneficial](#) for you, having regard to current good practice.¹⁸ This means we consider if there is evidence the support works for someone with similar disability support needs. We won't need an expert report for every support, as we can often rely on other information or evidence. For example, we may have information already about whether the support is widely

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accepted to suit someone with your disability support needs.¹⁹ We also consider your lived experience.

- The funding of the support [takes account of what it is reasonable to expect families, carers, informal networks and the community to provide](#).²⁰ This means we need to consider what support is reasonable for your family, friends and community to provide.
- The support is an [NDIS support for you](#).²¹

The law for the NDIS sets out things that we need to consider when we apply the reasonable and necessary criteria.²²

For example, funding a vehicle modification may reduce your need for other supports. By funding a vehicle modification in your plan, we'll look at whether you need less support to access the community.

If the vehicle modification will reduce your support needs, we might reduce the amount of support we fund for you to access the community. This is because the same amount of support might not be reasonable and necessary when the whole package of supports is considered.

Is the support related to the impairments you meet disability or early intervention requirements for, or both?

We'll only fund a support if it relates to the impairments you meet the disability or early intervention requirements for, or both.²³ This means there must be a direct link between your disability support needs and the NDIS supports we fund.

We consider if the support addresses your disability support needs. Your disability support needs are those that come from, or are caused by, your disability.

For example, we don't fund things like flights to go on a holiday or a gym membership to get fit.

This is because you're unlikely to need these supports because of your disability support needs. They are things that all people, with or without disability, might want or need.



Example

Alan uses a wheelchair and needs some changes to their house. They need to be able to independently use their bathroom and kitchen. They also want to set up an outdoor entertainment area for when their friends visit.

We may be able to fund [home modifications](#) so Alan can access areas of their home, including their bathroom and kitchen. They need the home modification because they can't access those areas due to their disability.

Alan will need to pay for the outdoor entertainment area, as it's not related to their disability.

Does the support help you pursue your goals?

We need to be satisfied that the support will help you pursue the goals, objectives and aspirations in your plan.²⁴ This helps us determine if the support is necessary.²⁵

While we only fund supports that help you pursue your goals, objectives and aspirations, we understand that different people express themselves in different ways.

Reasonable and necessary supports should help you pursue your goals,²⁶ but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

We look at how a support will address your disability support needs, and the disability specific barriers that prevent you from pursuing your goals.

A support that addresses your disability related support needs is most likely to help you pursue your goals, objectives and aspirations in your plan.

This means that if your goal is to 'live independently', we **may** fund home modifications that address your disability related needs. However, we won't fund supports that aren't NDIS supports, including day-to-day living costs like rent or utilities. These costs aren't incurred solely and directly because of your disability support needs, so they don't meet other funding criteria.²⁷

Also, choosing a different goal 'to have a more accessible home' won't change the supports we could fund in your plan.

Achieving goals usually takes many different kinds of supports. NDIS supports will most likely be just one kind of support that helps you work toward your goals.

Learn more about setting your goals in [Creating Your Plan](#) and the [Setting Goals fact sheet](#).

Example



Morgan is ready to look for work and they have a goal in their plan to get a job. They have built up their skills and know the type of work they want to do. Disability Employment Services are helping Morgan find work, so we can't fund this support for Morgan.

However, because of their disability, Morgan will need personal care supports to help them get ready for work in the morning. We will consider:

- how Morgan's disability support needs relate to their goals
- if funding NDIS supports that address these disability support needs will help Morgan pursue their goals.

Morgan's planner determines the personal care supports meet this criteria. The supports that address their personal care needs will help Morgan to pursue their employment goals.

Morgan's planner then needs to look at if the support meets the other NDIS funding criteria. In this case Morgan does get personal care in their plan. Morgan doesn't have a job yet but will need personal care support to help them get ready to look for work. Morgan will also be able to use these supports when they get a job.

We don't fund all the supports that relate to Morgan's employment goals. We only fund the supports we consider are reasonable and necessary – that is, when they meet all the NDIS funding criteria.

Does the support help you do activities that will help your social and economic participation?

We need to be satisfied that the support will help you to do activities, which make it easier for you to participate socially and economically.²⁸

Social participation means doing things you enjoy, like going out with friends, playing sport or going out into the community. It also means doing the things you need to do, like going to school or medical appointments.

Economic participation usually means being involved in things that help you work towards getting and keeping a job. This might be things like volunteering, study, learning new skills or trying work experience. Research tells us that work can lead to health benefits and improve our quality of life. Learn more about the [Health Benefits of Good Work](#).

Social and economic participation are important to most people. They are critical to living an ordinary life.

To work out if a support meets this criteria, we look at the purpose of the support and how it will help you.

We fund reasonable and necessary supports that reduce the barriers that prevent you from doing activities. This will help you increase your social and economic participation.

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Some supports help economic and social participation directly. There are lots of supports we can fund to directly help with social and economic participation. Learn more about [Social and recreation supports](#) and [Work and study supports](#).

Other supports help you do activities like self-care, which indirectly help your economic and social participation.

Example

Sue is going to university next year. She has a vision impairment and has been working with her Guide Dog Mobility Instructor to decide if a Dog Guide is right for her. A Dog Guide can help her leave her home safely and independently, and travel to and from university.

A Dog Guide could also help her go out with friends and join in other community activities. As long as it meets the other funding criteria, we could fund a Dog Guide for Sue. It will help her with activities of daily living.

In Sue's case, a Dog Guide will also increase her social and economic participation. Having a Dog Guide will help her get to her university independently where she studies and also has lots of friends.

Is the support value for money?

All supports we fund under the NDIS need to be value for money. This means the cost of the support is reasonable when we consider the benefits of the support and the cost of other supports.

Making sure your supports are value for money is one of the ways we keep the NDIS financially sustainable. This means we make careful decisions about funding so that we make sure the NDIS exists for future generations. It's also one of [our principles](#).²⁹

When we decide if the support is value for money, we consider:

- if other supports would achieve the same result at a substantially lower cost.³⁰ This means there should be a real or material difference in cost
- if there's evidence that the support will substantially improve your life stage outcomes and benefit you in the long term³¹
- if the support will likely reduce the cost of other supports over time³²
- how the cost compares to other supports of the same kind in your area³³
- if the support will make you more independent and mean you won't need as many supports in the future. For example, in some situations home modifications may reduce the need for support in your home.

When we consider the likely cost of supports, we consider the cost over the long term. We consider if the support will help you achieve milestones at different ages or stages of your life and have long term benefits.

For example, some supports like home modifications may be expensive now, compared to other supports. But getting these supports now may mean you need much less support in a few years, or later in life. Or it may delay the need for other more costly supports.³⁴

When determining if the cost of the support is value for money, we consider:

- the prices for NDIS supports in the [NDIS Pricing Arrangements and Price Limits](#)
- quotes for specific or high risk supports.

It's important we consider the cost of the support. This will be the level of funding we include in your plan, if we decide the support is reasonable and necessary.

When we fund equipment or modifications, we also need to consider:³⁵

- how the cost of buying the equipment or modifications compares to the cost of renting them
- if it's appropriate to fund the equipment or modifications you want, based on your situation and any expected changes in technology.

Learn more about how we consider value for money when we fund [assistive technology](#), [home modifications](#) and [vehicle modifications](#).

Example

Elias needs a shower commode.

He got an assessment and sent us a quote for one that will suit his needs. As part of the process to work out if this meets the reasonable and necessary criteria, his planner considers other similar shower commodes.

There's another commode that's \$5,000 cheaper than the one Elias has asked for. It won't meet Elias' needs, as it doesn't provide enough support for his back. That means, it won't achieve the same result as the one Elias has asked for.

Elias's planner finds a commode that's \$1,000 cheaper. The planner contacts Elias's occupational therapist who confirms this commode will meet Elias' needs.

Elias' planner decides to fund the commode that's \$1,000 cheaper. This has the same features and will have the same benefits for Elias at a substantially lower cost.

Is the support effective and beneficial?



We need to be satisfied that the support will be, or is likely to be, effective and beneficial, when we consider current good practice.

We need to work out if the support is likely to be both:

- **effective** – it will do what you need it to do³⁶
- **beneficial** – the support will help you do things you can't otherwise do and meets your support needs.³⁷

It can also be effective and beneficial if it will help you maintain your current level of functioning. That is, it will help you keep doing the things you can currently do. And it'll help you maintain your work, study and social life as much as you can.³⁸

When we decide if a support is effective and beneficial, we look at what is current good practice. This means we look at if there is evidence that the support works for someone with similar disability support needs to you. We won't need an expert opinion or report for every support, because we can often rely on other evidence.

For example:

- We may have information already about whether the support is widely accepted to suit someone with your disability support needs.³⁹ For example, we could rely on academic research and other literature. This could include university studies on therapies that have been published and [referred](#) in academic journals, evidence based practice resources, or clinical practice guidelines.
- If you or other participants have used the support before, we can consider your experience and the experience of your family members and carers.⁴⁰

We may consider things we have learnt from other participants in the NDIS with similar support needs to you.⁴¹ We know you're the expert in your own life, and we use your own experience as much as we can.

For example, we will talk to you about any supports that have helped you do things you can't otherwise do. Or some supports may have helped maintain your ability to be as independent as possible.

If it's a new support such as new assistive technology, we might fund a trial. This is so we can learn from your experience of using the support to check if it's likely to do what you need it to.

Your evidence can be particularly useful when it's consistent with other evidence, or if we don't have expert evidence.

We'll look at the opinions held by the majority of experts and what they generally agree on.⁴² Sometimes we will have to seek expert opinion or report to make a decision.⁴³

Example

Vivek is 12 and has a goal to improve his communication skills. He and his family want him to improve his social skills with the kids in his class.

When he was younger, Vivek's family tried speech therapy, and believe it really helped him improve his communication. His family told his planner about how it helped Vivek learn how to respond to different social settings.

Vivek's speech therapist also believes it could work well for him now and help him interact with his classmates.

When deciding if the therapy is effective and beneficial, Vivek's planner will consider:

- how speech therapy has helped Vivek in the past, including first-hand information from Vivek, his family members, and carers
- the reports or assessments from his speech therapist on the effectiveness and benefits of speech therapy for Vivek
- other information or expert evidence about the effectiveness and benefits of speech therapy, including for children of the same age, with the same impairments and functional capacity.

Based on this information and evidence, Vivek's planner decides the speech therapy is effective and beneficial. If it meets the other funding criteria, we will be able to fund speech therapy in Vivek's plan.

Is the support something we would reasonably expect your informal supports, like family or friends, to provide?

We need to be satisfied that funding the support takes into account what is reasonable to expect families, carers, informal networks and the community to provide.⁴⁴

To make sure we understand how disability supports might work for you, we consider:

- the things you're able to do for yourself
- any support you have from others in your network – including family members, relatives, friends and local community services.

When we fund supports under the NDIS, we need to consider if it's reasonable to expect your informal supports to provide that support. We can't fund supports that an ordinary person would think is reasonable to expect friends, family or the community to provide for you.⁴⁵



Informal supports are the help and support you get from friends, family and the community. They are called 'informal' because you don't pay for them, and they're not part of a formal agreement. They are the usual things friends and family do for us, and with us.

Most of us get some kind of help and support from friends and family. In our society, we expect that friends, family and our community will support each other and help each other out when they need it.

A good example is families who have young children. In our community, we expect families will provide most of the support a young child needs.⁴⁶ They will care for the child, make sure they are safe and drive them around places.

Grandparents, uncles and aunties often have a role to play in supporting young children as well. Neighbours and friends might also help care for the child.

As a child gets older, our society's expectations of the role of the family and community in caring for the child changes. For example, we expect schools to provide a child's learning needs.

We also usually expect the role of family in providing personal care for a child would reduce as they get older and develop new skills and independence. But families are usually still responsible for things like food, emotional support, decision-making and providing a safe home.

It's a similar idea for adults. Our society expects that adults – like family, friends and neighbours – will provide some support to each other. This might be things like taking a friend with you to the football game, or providing emotional support if someone is upset.

NDIS supports won't ever replace the support people like your friends and family provide to you. This support is given freely because people care and is often quite different to supports bought with NDIS funding.

You have a special bond with your friends and family that's different from your relationship with paid carers. And there are potential risks and problems for you if your friends and families become your paid carers.

We also must consider the benefits you may get from your informal supports. For example, your family and friends may be better at helping you meet other people, or helping to build your social skills, than paid supports.

We consider if we can help these relationships so that you get the support you need.⁴⁷ For example, we may be able to fund training for your informal supports, so they can help you build your skills.



We also think about the capacity of your informal supports to continue caring for you, for example if they're ageing or sick.

There are different things the law for the NDIS says we need to consider for adults and children.

If you're under 18, we consider what support is reasonable to expect parents to provide at your age. It's normal for parents to provide substantial care and support for children.⁴⁸ We consider that it's usual for parents to provide almost all the care and support that young children need.

For example, it's reasonable to expect parents or other family members to provide transport to and from their child's after-school activities. Of course, the amount of care and support for a child without a disability would typically reduce as they get older.

For children under 18, we consider:

- if your needs are substantially greater because of your disability, compared to other children the same age.⁴⁹ This means you need much more disability support
- any risks to the wellbeing of people providing informal support to you⁵⁰
- if including funding for the support will help build your skills and capacity in the future or reduce any risks to you.⁵¹

For example, we consider any health, safety or other impacts resulting from what's involved in meeting your disability support needs.

If you're over 18, we consider:

- if there are any risks to you or your informal supports if you rely on them to provide the support you need⁵²
- how much your informal supports would help improve or reduce your independence and other outcomes.⁵³

We also consider the suitability of informal supports to provide the supports you need,⁵⁴ including:

- how old your carers are and their capacity to provide the support⁵⁵
- if other family members and the community can help your informal supports in their caring role⁵⁶
- the intensity and type of support you need, and if it's appropriate for your informal supports to provide this, based on their age and gender⁵⁷
- any long-term risks to the wellbeing of your informal supports.⁵⁸



When we consider the risks for people over 18, we consider if the supports are sustainable for your informal supports. We consider the health, safety and other impacts on family and carers in the long term.

For example, we wouldn't expect a child to have their schooling affected because they need to provide care. We also wouldn't expect an elderly parent to be responsible for physical activities, if it may result in injury.⁵⁹

We generally don't fund family members to provide supports funded under the NDIS. There are very limited situations where we can consider this.

Learn more about [Sustaining Informal Supports](#).

Example 1

Simon is getting his first plan. For the last 15 years, Simon and his wife Jan's preference was that Jan provide all the physical support he needs at home, such as toileting, showering and dressing.

But as Jan is getting older, it's not safe for her to do this. It's becoming risky for both Jan and Simon to keep providing this support informally.

Jan and Simon think it might be best for someone else to provide the personal care support that Simon needs. Their children have moved out of home, and it's not reasonable to expect them to help Simon with personal care.

Based on this information and other evidence, Simon's planner decides that the personal care support meets this criteria. It takes into account what is reasonable for his family and others to provide. If the personal care support meets the other funding criteria, we may fund the personal care support for Simon.

Simon and Jan still prefer Jan to do the other support Simon needs though, such as helping Simon eat his meals. At this time, we wouldn't fund a support worker in Simon's plan to help him eat his meals. It's reasonable to expect Jan to help Simon with this, because it's what they want to do and it's not a safety risk for Jan or Simon.

Example 2

Qing is 14 and wants to join a local chess club. Like most 14-year-olds in this situation, she needs someone to drop her off and pick her up from the mid-week and weekend gatherings.

But unlike most 14-year-olds, she needs someone to help her get dressed before she can go to the chess club. Her parents have been doing this, but as Qing is getting older, she no longer wants her family to help her get dressed.

It's reasonable to expect her family or other informal supports to drop Qing to and from the match and training sessions. So, we wouldn't fund transport in Qing's plan.

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But at age 14, it's not reasonable to expect her family to help her get dressed.

Based on this information and other evidence, Qing's planner finds that the personal care support considers what is reasonable for family and others to provide. If it meets the other funding criteria, we may fund personal care support in her plan.

Is the support an NDIS support for you?

A support will only be an NDIS support for you if either:

- the Rules say that the support is a NDIS support for everyone, or
- the Rules say that the support is only for a specific group of people, and you are part of that group.⁶⁰

NDIS supports are the services, items, and equipment that can be funded under the NDIS.

Remember, we can only fund a support if it is:

- an NDIS support for you
- necessary for your impairments that meet the disability or early intervention requirements, or both.⁶¹

Go to [NDIS supports](#) to find more information on what is and isn't an NDIS support.

Example

Max has a spinal cord injury and uses a manual wheelchair to move around. His home has a carport at the front. The path from the carport to the front door is too narrow for his wheelchair and the uneven ground makes it unsafe for him to use his wheelchair on his own.

In Max's planning meeting, he requests the installation of a pathway from the carport to the front door to enable safe access to his home.

Max's planner checks that the home modifications are an NDIS support.

Because Max needs a pathway to access his house safely, the planner decides that the home modifications are an NDIS support.

What types of supports can't be funded or provided under the NDIS?

Under the law for the NDIS, there are things we can't fund or provide.⁶² We can't fund goods and services that are not NDIS supports.⁶³ For example, we can't fund or provide supports that:

- consist of sexual services and sex work, alcohol, or drugs⁶⁴
- are not legal⁶⁵



- are income replacement⁶⁶
- are likely to cause harm to you, or pose a risk to other people⁶⁷
- relate to a 'day-to-day living cost', like groceries, rent or utilities⁶⁸
- duplicate other supports provided by the NDIS under alternative funding⁶⁹
- include tickets to events or the cost of going on a holiday.⁷⁰

For more information on what we can't fund, go to [NDIS supports](#).

What else do you need to know about deciding if supports meet the NDIS funding criteria?

From our experience, we learned there are some common misunderstandings about how we work out what supports meet the NDIS funding criteria.

Why don't we always fund what your health professionals recommend?

Although we take expert opinions into account, we can't and don't always fund everything your health professional might recommend. This is because every support we fund needs to meet all the NDIS funding criteria.

For example, your therapist might recommend a piece of equipment on the basis that it will be 'effective and beneficial' for you. But if there is something cheaper that will achieve the same outcome, we won't be able to fund what the therapist recommended.

This is because it may not be [value for money](#). We may be able to fund the cheaper option instead if it meets all the [NDIS funding criteria](#).

Why don't we fund the same supports as your last plan?

We might fund different supports in your next plan. This is because we will fund supports in your plan based on how we use the NDIS funding criteria at that point in time.

Your needs and situation will most likely change over time. This means it's likely your NDIS supports and needs for those supports will change over time.

For example, we may have funded supports to help you build your skills in a particular area. Once you have built those skills, you won't need funding for that anymore. So, we probably won't include that funding for those supports in your next plan.

Supports to build your skills may have met the NDIS funding criteria before, but the same supports might not meet the criteria in the future.

Or, your disability support needs might increase or decrease over time. This may mean we consider funding more or less supports as a result.

What else do we consider when deciding what to include in your plan?

As far as possible, we have to act according to principles set out in the [law for the NDIS](#).⁷¹ These principles guide us when we make decisions about what we can fund.

These principles don't override or replace the [NDIS funding criteria](#) under the law for the NDIS. They can help us apply the funding criteria, by giving us more guidance when we decide what supports to approve in your plan.

The principles include the following:

- You have the same right as other Australians to realise your potential for physical, social, emotional, and intellectual development.⁷²
- You should be supported to take part in and contribute to social and economic life.⁷³
- You should be supported to make choices about planning and how your supports will be delivered. This includes taking reasonable risks, so you can pursue your goals.⁷⁴
- You have the same right as other Australians to decide your own best interests. You have the right to be an equal partner in decisions that affect your life.⁷⁵
- Your privacy and dignity should be respected.⁷⁶
- We must make sure the NDIS is financially sustainable.⁷⁷

The principles also tell us that the reasonable and necessary supports we fund should:⁷⁸

- support you to pursue your goals and maximise your independence
- support you to live independently and to be included in the community as a fully participating citizen
- develop and support your capacity to do things that help you participate in the community and employment.

Just because a support helps you do these things doesn't mean we'll fund it in your plan. All supports we fund need to meet all the NDIS funding criteria.

We consider these principles set out in the law for the NDIS, along with the [principles we follow to create your plan](#).

How do we think about an ordinary life when deciding what supports to include in your plan?

To help guide us in our decision-making about reasonable and necessary supports, we took advice from the [NDIS Independent Advisory Council](#) (The Council).



The Council represents people with disability and carers, bringing their own lived experience and expertise of disability. They give us advice on how the NDIS should work.

The Council advised us that all Australians, including people with disability, should have an '[ordinary life](#)'. They also told us we should think about the idea of an ordinary life when we apply our principles and use the NDIS funding criteria.

An ordinary life is a life where you have the same opportunities as people without a disability. An ordinary life is one that is typical or usual for everyone in modern day Australia. It's a life where you can pursue your potential and participate in society on an equal basis with others.

An ordinary life will be different for different people. We are all different and come from different cultures and backgrounds. We each have our own values, experiences, beliefs, and goals.

But there are some common things that can improve the quality of our lives and help us participate equally. These are the things, such as the following, that make up an ordinary life:

- Positive relationships with families and informal support networks.
- Individual autonomy. This means being free and independent, and having the same opportunities as people without disability.
- Active involvement in decision-making including the ability to make meaningful decisions, and exercise choice and control.
- Using your strengths in ways that provide a challenge and enjoyment.
- A sense of belonging to our families, friendship networks, communities, workplaces and society.
- Active involvement and contribution to society and your community.

An 'ordinary life' in the context of the NDIS involves supporting you to:

- have and maintain good relationships
- belong and participate in your community
- be involved in making choices about your own life.

One way we can help you have an ordinary life is to support you to access mainstream, community, or informal supports wherever possible. These are the usual supports that everyone in the community uses.

When we fund reasonable and necessary supports under the NDIS, we need to make sure they meet the [NDIS funding criteria](#).



When we apply the NDIS funding criteria and make decisions about reasonable and necessary supports, we're guided by the principles in the law for the NDIS. We also consider how the supports will best help you to live an ordinary life.

What other services or systems are responsible for providing supports?

We have to be satisfied that the support is considered an NDIS support which means the support is something that can be funded or provided through the NDIS. Some supports are not considered an NDIS support because they're more appropriately funded or provided through:

- other service systems or supports offered by a person, agency or body (like a State or Territory Statutory Scheme)
- services or supports offered as part of a universal service obligation (like the health or education system)
- services or supports offered in line with reasonable adjustments required under discrimination laws (like your employer, or the health or education system).⁷⁹

We won't fund the support if the support should be provided by someone else, even if the other service system doesn't actually provide it. We don't make up for other organisations and systems that don't provide the supports they should.

The list of goods and services that are not NDIS supports includes supports that are considered the responsibility of service systems such as:

- Health
- Mental health
- Child protection and family support
- Early childhood development
- School education
- Higher education and vocational education and training
- Employment
- Housing and community infrastructure
- Transport
- Justice.

For more information, go to [Mainstream and community supports](#).

How does the NDIS work with other government services?

22 September 2024

Reasonable and necessary supports

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This document is correct at the date of publication.

Always visit ourguidelines.ndis.gov.au for the latest version.



We call supports provided by other government services, including those provided as part of a universal service obligation, 'mainstream supports'. When we talk about mainstream supports, we mean supports available to everyone in your state or territory, or across Australia, regardless of if you have a disability.

This includes services provided by state and federal governments, related to health care, education and mental health services.

You have the same right as all Australians to access these services. There are certain things that mainstream services have to do to make their services accessible for people with disability. Using mainstream supports can also help you be part of your community, or to work or study.

When we fund NDIS supports, we won't fund supports that are not considered NDIS supports because the support is more appropriately funded or provided by a mainstream service or system, such as the education system or health system.⁸⁰ Under the law for the NDIS, we can't fund supports that should be provided by a mainstream service.

The Australian federal, state and territory governments agreed on responsibilities for funding different types of supports. The law for the NDIS has an outline of funding responsibilities and were developed with the agreement of each State and Territory.⁸¹

Learn more about [who is responsible for the supports you need](#).

What is reasonable adjustment and why is it important?

People with a disability can sometimes face barriers that make it harder to do the same things as people who don't have a disability. For example, it might be harder to find and keep a job. Or it might be harder to get in and around places, or to get the same services as other people.

It's against the law to discriminate against people with a disability in many areas.⁸² This includes in employment, when providing goods and services, and when accessing public places.

This means organisations or people who are responsible for providing these services have to make what are called 'reasonable adjustments'. They have to make sure people with a disability have equal access to the services they provide, as far as is reasonable.

They have to do reasonable things that will make their services equally available to everyone, whether or not you have a disability.

Reasonable adjustments do not mean they have to provide everything you need because of your disability. It means they have to do what's reasonable to make sure you have equal



access to employment, public spaces or services. This takes into account what they can afford to do and what is reasonable to expect them to provide in the circumstances.

When we decide what supports to include in your plan, we need to consider what should be provided through reasonable adjustments. Under the law for the NDIS, we can't fund a support if it should be provided by someone else through reasonable adjustments.

What about in-kind supports?

We agreed that state and territory governments will keep providing some supports for a period of time. We call these 'in-kind supports'.

If we fund in-kind supports like [specialist school transport](#) or [personal care in schools](#), you will need to use state or territory government providers for these supports. These supports are most efficiently and effectively provided by state and territory government providers.⁸³ Learn more about [Work and study supports](#).

For most other in-kind supports, you can choose your provider if you don't want to use your in-kind provider anymore. We can let you choose another provider if we consider that the support isn't most effectively and efficiently provided by the in-kind provider.

We usually let you choose another provider if:

- another provider can give you the same support or level of support as the in-kind provider
- the supports with the new provider still meet the [NDIS funding criteria](#), including that they're value for money compared to the in-kind support
- there are no serious risks with changing providers.

Learn more about [in-kind supports](#).

How do we include the reasonable and necessary supports in your plan?

Once we've identified the supports, and decided they meet the NDIS funding criteria, we can include the description and funding for the NDIS support in your plan.

If the support doesn't meet the NDIS funding criteria, we can't include the support in your plan. We may consider if a differently described support meets the NDIS funding criteria instead.

When we approve your plan, we'll also make sure all your supports are reasonable and necessary when considered as a package of supports.⁸⁴



Sometimes you might not need any supports under the NDIS. For example, your informal supports may meet all your disability support needs. If so, we'll approve a plan with no funded supports.

Learn more about how we [create and approve your plan](#).

Learn more about [using the funding in your plan](#).

Learn more about [changing your plan](#).

What happens if we don't include the supports you want?

If we decide a support doesn't meet the [NDIS funding criteria](#), we can't include the support in your plan. Also, if the amount of support you want doesn't meet the criteria, we can't include that amount in your plan.

But, we're committed to [our principles](#) and helping you live an [ordinary life](#). Even if we can't fund a particular support, we may still be able to help.

If the support doesn't meet the NDIS funding criteria, we can consider if a different support meets the NDIS funding criteria. We might be able to consider describing the support differently or funding a different type of support.

Or we may be able to connect you to mainstream or community supports that can help. Mainstream and community supports are available to everyone. They can be a good way to connect with your local community, learn new skills and gain independence.

There are lots of ways we might be able to help, so talk to us if you're in this situation. We can do this at any time. We may be able to help before we approve your plan.

We'll give you the reasons for our decision to approve your plan in writing.⁸⁵ You can [contact us](#) if you'd like more detail about the reasons for our decision.

What happens if I want to replace a support for something else?

We fund NDIS supports in your plan. NDIS laws set out what we can and can't fund.⁸⁶

Sometimes, we may agree that you can spend your funding on supports that are not NDIS supports. We call this a 'replacement support'. Go to [Your plan](#) for more information. For more information about replacement supports, go to [NDIS supports](#).

What if you don't agree with our decision?

If we decide the supports you requested don't meet our [NDIS funding criteria](#), we can't include them in your plan.



If you'd like more details about the supports that make up your plan's total funding amount, we can send this to you. You can contact us and ask for a Budget Breakdown.

We'll give you written reasons why we made the decision. You can [contact us](#) if you'd like more detail about the reasons for our decision.

If you don't agree with a decision we make about what supports to include in your plan, you can ask for an internal review of our decision.⁸⁷

You'll need to ask for an internal review within 3 months of getting your plan.⁸⁸

Learn more about [reviewing our decisions](#).

Reference List

- ¹ NDIS Act s 34(1)(aa).
- ² NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
- ³ NDIS Act s 34 (1)(aa).
- ⁴ NDIS Act ss 33(2)(a), 33(2)(b), 33(5)(c), 34.
- ⁵ NDIS Act ss 13, 33(2)(a).
- ⁶ NDIS Act s 34 (1).
- ⁷ NDIS Act s 34 (1) (aa).
- ⁸ NDIS Act s 10.
- ⁹ NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
- ¹⁰ NDIS (Supports for Participants) Rules r 2.4; NDIS Act s 33(5)(c).
- ¹¹ NDIS Act s 34(1)(f).
- ¹² NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules pt 5.
- ¹³ NDIS Act ss 33(5)(c), 34(1).
- ¹⁴ NDIS Act s 34(1)(aa).
- ¹⁵ NDIS Act s 34(1)(a).
- ¹⁶ NDIS Act s 34(1)(b).
- ¹⁷ NDIS Act s 34(1)(c).
- ¹⁸ NDIS Act s 34(1)(d).
- ¹⁹ NDIS (Supports for Participants) Rules r 3.2(a).
- ²⁰ NDIS Act s 34(1)(e).
- ²¹ NDIS Act s 34(1)(f).
- ²² NDIS (Supports for Participants) Rules pts 3, 4.
- ²³ NDIS (Supports for Participants) Rules r 5.1(b), NDIS Act s 34(1)(aa).
- ²⁴ NDIS Act s 34(1)(a).
- ²⁵ *McGarrigle v National Disability Insurance Agency* (2017) 252 FCR 121 at [91].
- ²⁶ NDIS Act s 34(1)(a).
- ²⁷ NDIS (Supports for Participants) Rules r 5.1(d).
- ²⁸ NDIS Act s 34(1)(b).
- ²⁹ NDIS Act ss 3(3)(b), 4(17).
- ³⁰ NDIS (Supports for Participants) Rules r 3.1(a).
- ³¹ NDIS (Supports for Participants) Rules r 3.1(b).
- ³² NDIS (Supports for Participants) Rules r 3.1(c).

- ³³ NDIS (Supports for Participants) Rules r 3.1(e).
³⁴ NDIS (Supports for Participants) Rules r 3.1(c).
³⁵ NDIS (Supports for Participants) Rules r 3.1(d).
³⁶ McCutcheon and NDIA [2015] AATA 624 at [34].
³⁷ McCutcheon and NDIA [2015] AATA 624 at [34].
³⁸ McCutcheon and NDIA [2015] AATA 624.
³⁹ NDIS (Supports for Participants) Rules r 3.2(a).
⁴⁰ NDIS (Supports for Participants) Rules r 3.2(b).
⁴¹ NDIS (Supports for Participants) Rules r 3.2(c).
⁴² NDIS (Supports for Participants) Rules r 3.3.
⁴³ NDIS (Supports for Participants) Rules r 3.3.
⁴⁴ NDIS Act s 34(1)(e).
⁴⁵ NDIS Act s 34(1)(e).
⁴⁶ NDIS (Supports for Participants) Rules r 3.4(a)(i).
⁴⁷ NDIS (Supports for Participants) Rules r 3.4(c).
⁴⁸ NDIS (Supports for Participants) Rules r 3.4(a)(i).
⁴⁹ NDIS (Supports for Participants) Rules r 3.4(a)(ii); JQJT and National Disability Insurance Agency [2016] AATA 478 at [39].
⁵⁰ NDIS (Supports for Participants) Rules r 3.4(a)(iii).
⁵¹ NDIS (Supports for Participants) Rules r 3.4(a)(iv).
⁵² NDIS (Supports for Participants) Rules rr 3.4(b)(i), (ii).
⁵³ NDIS (Supports for Participants) Rules r 3.4(b)(iii).
⁵⁴ NDIS (Supports for Participants) Rules r 3.4(b)(ii).
⁵⁵ NDIS (Supports for Participants) Rules r 3.4(b)(ii).
⁵⁶ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(A).
⁵⁷ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(B).
⁵⁸ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
⁵⁹ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
⁶⁰ NDIS Act s 34(1)(f).
⁶¹ NDIS (Supports for Participants) Rules r 5.1(b), NDIS Act s 34(1)(aa).
⁶² NDIS (Supports for Participants) Rules r 5.
⁶³ NDIS Act s 10.
⁶⁴ NDIS Act s 10.
⁶⁵ NDIS Act s 10.
⁶⁶ NDIS Act s 10.
⁶⁷ NDIS Act s 10.
⁶⁸ NDIS Act s 10.
⁶⁹ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(c).
⁷⁰ NDIS Act s 10.
⁷¹ NDIS Act ss 4, 31.
⁷² NDIS Act s 4(1).
⁷³ NDIS Act s 4(2).
⁷⁴ NDIS Act s 4(4).
⁷⁵ NDIS Act s 4(8).
⁷⁶ NDIS Act s 4(10).
⁷⁷ NDIS Act s 4(17).
⁷⁸ NDIS Act s 4(11).
⁷⁹ NDIS Act s 34(1)(f).
⁸⁰ S10(b1) -(3).
⁸¹ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1; NDIS Act ss 209(4), (8) item 1.
⁸² Disability Discrimination Act 1992 (Cth); Discrimination Act 1991 (ACT); Anti-Discrimination Act 1977 (NSW); Anti-Discrimination Act 1996 (NT); Anti-Discrimination Act 1991 (Qld); Equal Opportunity Act 1984 (SA); Anti-Discrimination Act 1998 (Tas); Equal Opportunity Act 2010 (Vic); Equal Opportunity Act 1984 (WA).

⁸³ NDIS (Plan Management) Rules r 6.6.

⁸⁴ NDIS Act s 33(5)(c).

⁸⁵ NDIS Act s100(1).

⁸⁶ NDIS Act s 10.

⁸⁷ NDIS Act s 100.

⁸⁸ NDIS Act s 100(2).



Creating your plan

Quick summary: we'll work with you to create your NDIS plan. We'll speak with you to help us decide what NDIS supports to fund in your plan. We'll also talk to you about what informal, community and mainstream supports you have access to and include them in your plan. Your plan will have a total funding amount. We will call this a 'total budget amount' in your plan. We'll work with you to decide how your NDIS funding will be managed, and when we'll create your plan.

This guideline is about what we think about when we create your plan including the laws and rules we need to follow.

Note:

- When we say 'your plan', we mean your NDIS plan.
- If you're aged between 9 and 65 years and are looking for information about community connections, go to [Our Guideline – Community connections](#).
- If your child is younger than 9 and you're looking for information about early connections, go to [Our Guideline – Early connections](#).
- As part of the recent changes to the NDIS laws we are moving towards a new framework for planning. Rules need to be developed for this new framework. We're working on how and when we'll introduce these changes.

Until then, the information in this Our Guideline is about our old framework for planning, which includes the legislation changes we are introducing from now. All current plans will be known as 'old framework' plans, and we will continue to develop these until all participants have transitioned to the new framework.

What's in this guideline?

This guideline covers:

- [What is an NDIS plan?](#)
- [How do we create your plan?](#)
- [How do we decide what NDIS supports to include in your plan?](#)
- [How do we include the NDIS funding in your plan?](#)
- [What are your options for managing your funding?](#)



- [How do we decide who manages your funding?](#)
- [How long will your plan go for?](#)
- [When will we approve your plan?](#)
- [What happens once you have your plan?](#)

You may also be interested in:

- [Applying to the NDIS](#)
- [What principles do we follow to create your plan?](#)
- [Your plan](#)
- [Changing your plan](#)
- [Reviewing our decisions](#)
- [Guide to self-management](#)
- [NDIS Guide to Plan Management](#)

What is an NDIS plan?

Once you're an NDIS participant, we'll work with you to create your NDIS plan. You can find out more about how to become a participant in [Applying to the NDIS](#).

Your NDIS plan sets out your goals and the supports that may help you pursue those goals and live as independently as possible. We call this the 'participant's statement of goals and aspirations'.¹ We create your plan based on your disability support needs.² Your plan will be just for you.

Your plan will include:

- your NDIS number
- your my NDIS contact
- your NDIS plan start date
- your NDIS plan reassessment date
- your total budget amount
- your NDIS supports
- funding component amounts
- funding periods



- information about you
- your goals, or things you want to work towards
- how you can use your NDIS funding
- who will manage your NDIS funding
- your supports outside of the NDIS, for example, informal supports such as family and friends, as well as mainstream and community supports
- what to do if something changes.

How do we create your plan?

We create your plan based on your individual disability support needs.³ We'll use the information you give us about your lived experience and how your disability impacts your day-to-day life. We will:

- get to know you and discuss your situation
- ask you about your goals, or things you want to work towards
- think about what supports your family, friends, community and other government services can provide
- think about any [NDIS supports](#) you may need
- review any information gathered by your local area coordinator or early childhood partner if they supported you to apply to the NDIS
- ask for further information about your support needs if we need to
- meet with you to approve your plan
- send your plan to you.

You can ask other people to help you if you want to. For example, you can have friends, family or an advocate join any conversation we have with you. They can also help you make your own decisions about your plan.

If you need someone else to make decisions for you about your NDIS plan, we can help you set this up. This may be:

- a [plan nominee](#) if you're an adult
- a [public guardian or trustee](#) if you're an adult with a guardianship arrangement
- a [child representative](#) if you're under 18 years old.



We'll start making your plan within **21 days** after you become an NDIS participant.

What information do we look at?

We want to get a good understanding of your disability support needs. We know you're the expert in your own life, and we use your lived experience as much as we can.

To learn about your life and the supports you need, we'll look at:

- your goals and aspirations
- where you live and your living arrangements
- how you move around your home and your community
- who supports you now, like your family, friends, or service providers
- support available from community and other government services to help you learn new skills and become more independent
- what self-care support you need
- if you use or need [equipment, technology or devices](#), also known as assistive technology
- what [social and recreation activities](#) you'd like to do now or in the future
- if you need help to build friendships or connect with your family
- if you'd like to [work or study](#) now or in the future
- what support you need to build your skills and do more things yourself.

We also look at:

- the information you gave us when you applied to the NDIS
- any support you may get through [community connections](#)
- any reports from your doctors or allied health professionals
- other information you give us, for example from other government agencies, or disability service providers
- other relevant information we have about your support needs, such as functional assessments, like the PEDI-CAT or WHODAS
- any other information you give us, including about your lived experience.

We use the information you give us as evidence to help us decide what NDIS supports to include in your plan. We use this evidence to create your plan with you. Sometimes we may



ask for more evidence to consider funding an NDIS support. We may not be able to fund an NDIS support if we don't have enough evidence to support including it.

We look at different types of evidence for different types of supports. We may need a report or assessment from your doctor or health professional who specialises in helping you manage your disability.

Reports and assessments may tell us why you need the support and how the support relates to your disability.⁴ For example, an occupational therapist may send us a letter about why you need a specific type of wheelchair.

We'll keep your personal information safe and secure.

Learn more about what [evidence you need to give us before we create or change your plan](#).

How do you set the goals in your NDIS plan?

We need to know your goals and aspirations so we know how we can help you.

Your goals are your own and tell us about the things you'd like to do. You can have as many or as few goals as you want.

Your goals can be big or small, short term or long term, simple or complex. They can be about anything you want to work towards.

You may express your goals broadly, or you may have specific goals. For example, one of your goals might be to 'live independently', and another might be 'to have an accessible bathroom'.

You, your plan nominee or child representative set your goals and tell us what information you want to include about your life.

If you want, your family and friends who support you can also give us information about their life.

You can tell us about your goals at any time, even after we've approved your plan. If you tell us your goals, we'll record them and send you a new copy of your plan with your updated goals.⁵

They are your goals, and we'll write them down in your own words. We can't change your goals or choose them for you. But we can help you choose what words to use if you want us to.

Who can help you set your goals?

You can ask other people for help to set your goals if you want to. For example, your friends, family, or my NDIS contact can help you.



We'll talk with you about what your goals will mean for your NDIS plan. For example, we could talk about:

- what your goals will look like for you
- how you can work towards your goals
- when you'd like to work on your goals
- what NDIS supports you need to work towards your goals. But just because you have a goal doesn't mean we have to fund supports for it
- where you might get supports to work towards your goals, for example community or mainstream services
- what NDIS supports we might be able to fund to help you work towards your goals
- what supports you need to overcome any challenges in working towards your goals
- how you could develop skills and talents you haven't focused on before
- if you'd like to include smaller goals as part of a big goal
- if you'd like to add a few steps to work towards your goals.

For example, you might choose a goal, 'I want to find a part time job where I can use my computer skills.' You might also want to choose to add steps to work towards this goal, like building your skills in looking for a job.

Learn more about [setting your goals](#).

Will we always fund supports for your goals?

NDIS laws determine what we can and can't fund. Things we fund are called NDIS supports. NDIS supports are the services, items and equipment that can be funded by the NDIS. You can use the funding in your plan to buy NDIS supports if they are related to your disability and are [in line with your plan](#).⁶

The NDIS supports we fund should help you pursue your goals,⁷ but you don't need a specific goal for every support in your plan. When we decide if an NDIS support will help you pursue your goals, we think about your whole situation. There are some things to remember when setting goals:

- setting more and bigger goals doesn't mean we'll provide more NDIS supports or more funding
- setting a goal doesn't mean we have an obligation to fund NDIS supports that help you pursue that goal



- setting a goal about an explicit type or amount of support you might want doesn't mean we have to fund that support or in that amount.

This is because helping you pursue your goals is only one of the [NDIS funding criteria](#). So not all supports that help you pursue your goals will be reasonable and necessary supports we can fund in your plan.

For example, you might be ready to look for work and have a goal to find a job. [Inclusive Employment Services](#) help people with a disability look for jobs. This is not an NDIS support that we can fund.⁸

But we can help you connect with a Disability Employment Service. We can also think about what NDIS supports we could fund to help build your job skills. Learn more about [work and study supports](#).

Learn more about [how we consider your goals](#) when we decide what NDIS supports to include in your plan.

How do we think about risks when we create your plan?

You have the right to decide what you do each day and to make your own life choices. For all of us, our choices come with some risks. We all make our own choices about how much risk we want to take in our lives. You should also be able to choose how much risk you want to take when you make your life choices.⁹

We'll work with you to understand areas of risk in your life and things that may increase risk of harm to you. This includes being aware of your individual situation, the transitions in your life and recognising your own experience.

We'll help you think about supports that help you live your life the way you want to.¹⁰ We balance your right to take reasonable risks in pursuing your goals, with your safety and the safety of other people.¹¹

There might be risks to your personal safety, your personal finances, or your NDIS funding.¹²

For example:

- there might be risks to your family or friends' health if they keep supporting you when they get older
- there could be risks if you're socially isolated or if you rely only on providers for support
- there could be risks of physical injury to you or the people who support you.

Some of these risks might affect:



- the NDIS supports in your plan
- [who manages your NDIS funding](#)
- how we include the funding in your plan.

We'll support you to make your own choices wherever possible. But we can't fund NDIS supports that are likely to risk harming you or someone else.¹³

When we create your plan, we'll talk with you about how we can help you reduce risks. There are a few things we could do to reduce risk and make sure your plan meets your needs.

For example, we could:

- check in with you regularly about how your plan is meeting your disability support needs and if you need any changes
- connect you with mainstream services related to health or education
- fund NDIS supports to help you build your support network. For example, to help you make friends or build relationships in your community
- include NDIS supports to help build your skills so you can manage the funding in your plan
- include shorter funding periods in your plan. Learn more about [how we decide how long your funding periods go for](#)
- consider how we apply funding component amounts in your plan
- help you understand if any providers are using restrictive practices. Providers using restrictive practices need to be registered with the [NDIS Quality and Safeguards Commission](#) and follow the requirements of registration for this support
- let you know how you can make a [complaint](#) about your service providers
- tell you how to ask for a review of a decision we have made.

Sometimes, there might be an unreasonable risk to you when you or someone else manage your funding. Learn more about [how we decide if there is an unreasonable risk to you](#).

What can you expect from us when we create your plan?

We'll create a plan that will:¹⁴

- be personalised and guided by you
- respect the role of family, carers and other people who are important to you



- look at the support your friends and family provide, and the support services available to everyone in the community
- respect your right to have control over your life and make your own choices
- help you participate in the community, and help you study or find and keep a job, if you want to
- focus on choice and flexibility when it comes to your goals, needs and your supports
- build the capacity of families, carers, and your community to support you, where appropriate
- support you to manage any risks that may have been identified in discussions with you.

We'll start making your plan within **21 days** after you become an NDIS participant.¹⁵

You can ask us to change your plan at any time. You'll need to give us supporting information about why you'd like us to change your plan when you ask for this.

Learn more about what you can expect from us and what we consider when we create your plan in our [Participant Service Charter](#).

You can also read about [the principles we follow to create your plan](#).

How do we decide what NDIS supports to include in your plan?

We fund NDIS supports that relate to your disability. NDIS supports are the services, items and equipment we fund under the NDIS.¹⁶

These NDIS supports may help you pursue your goals,¹⁷ but you don't need a specific goal for every support in your plan.

Your NDIS supports funded in your plan need to meet all [NDIS funding criteria](#). For example, a support will only be a reasonable and necessary support for you if:

- it's related to your disability¹⁸
- it's an NDIS support.¹⁹

Learn more about how we decide what supports to include in your plan in [Our Guideline – Reasonable and necessary supports](#).

What are informal, community and mainstream supports?



When we create your plan, we help you connect with supports and activities in your area. For example, we can help you connect with:

- **informal supports** like your friends, family, or other people you know in your community. They can sometimes be your best supports. They know you and can often help in ways other supports can't
- **community supports** that are open to everyone in the community, like sporting clubs, activity groups or libraries. They offer a wide range of services that may help with your disability support needs. They are often a great way to get involved in your local community, meet new people, and learn new skills
- **mainstream supports** which are other government services such as employment, education, health, and family support services. They are available to everyone, including people without disability. There are many ways they can help you. For example, they can help you learn new skills or how to live as independently as possible.

How do we include your NDIS supports in your plan?

We include your NDIS supports in funding component amounts in your plan. When we create your plan, we'll include funding for a specific support or groups of reasonable and necessary supports in your plan. Your plan could include one funding component or more than one funding component.

We'll describe each NDIS support in the funding component. Learn more about [funding components](#).

Currently, plans show your supports as funding components grouped under 4 different support budgets:

- **Core supports**

These NDIS supports help you with everyday activities, like helping you to take part in activities in the community. Core supports are usually flexible. If your Core supports are flexible, you'll have lots of choice over the Core supports you buy under your plan.

If your Core supports are stated, you can only use the funding to buy the approved NDIS supports in the Core supports budget. It can't be used to pay for anything else.

If you have different plan management types for different supports within the Core supports budget, this may also reduce the flexibility of how you can use your NDIS funding.

- **Capacity building supports**



These NDIS supports help you build your skills and increase your independence. This should reduce the need for the same level of support in the future. We'll discuss your progress and outcomes from these supports at each plan reassessment.

Capacity building supports are stated. This means you can only use this funding to buy the NDIS supports described in the capacity building budget.

Learn more about capacity building supports in [Our Guideline – Therapy supports](#).

- **Capital supports**

These NDIS supports include high-cost assistive technology, equipment, vehicle modifications, home modifications and specialist disability accommodation.

Your capital supports are stated. This means you can only use this funding to buy the NDIS supports described in the capital supports budget.

- **Recurring supports**

Your funding for recurring supports will be paid regularly to your nominated bank account. This funding is not included anywhere else in your budget.

Learn more about the [support budgets and support categories in your plan](#).

We are moving to a new way of showing your budget in your plan to give you more flexibility in how you manage your individual supports. Your next plan may not show your capacity building, capital and recurring supports in the same way. Your NDIS supports will be included in your plan as individual funding components instead of being grouped as a support budget, like capacity building or capital. Your plan will still show if the supports are flexible or stated.

Learn more about flexible and stated NDIS supports in [How do we describe the supports in your plan?](#)

How do we include the NDIS funding in your plan?

Some of the changes to the NDIS laws are how we include the funding in your plan. Your next plan will include:²⁰

- a total funding amount
- funding component amounts
- funding periods.

What is your total funding amount?



Your total funding amount is the total amount for all reasonable and necessary supports in your plan. We'll call this a 'total budget amount' in your plan.

We develop the total plan funding amount by using the information you gave us and the [NDIS funding criteria](#).

For each reasonable and necessary support, we look at:

- if you share this support with anyone
- how much of this support you need, including hours, items or equipment
- how often you need this support, including days, weeks, months or years.

We use price limits to help participants and disability support providers to understand how price controls for supports and services work in the NDIS. You can find more information in the [NDIS Pricing Guidance](#) on the NDIS website.

We then work out the funding for each support and combine these amounts to arrive at your plan's total funding amount.

We display your total funding amount at the beginning of your plan and in your plan approval letter.

What are funding component amounts?

A funding component amount is the total amount of funding for a specific support, or a group of reasonable and necessary supports in your plan. This will show the total amount of funding you have for these supports over the full length of your plan. You can only use this funding for the NDIS supports included in each funding component.

Your plan could include one funding component or more than one funding component.

A funding component can be for a group of supports. For example, you may have a funding component for core supports. This can include support categories for assistance with daily life, assistance with social, economic and community participation, consumables and transport. You may also have a funding component for another group of supports, like behaviour supports, assistive technology, or specialist disability accommodation (SDA).

You may also have a funding component for a specific support in your plan. For example, funding for assistive technology that must be spent on a power wheelchair.

There are things we need to consider when we decide to include a funding component for a specific support in your plan.²¹ These are:

- the type of support
- the cost of the support. This includes thinking about quotes for the support



- how the support will be provided, including who will be providing the support
- early intervention. This means thinking about if the support will meet your needs under early intervention
- risk to you
- who will be managing the funding for the supports
- if you haven't spent your funding on NDIS supports and in line with your plan in previous plans.

What are funding periods?

Your funding will also be divided into funding periods. A funding period is the time that part of your funding becomes available and how long it needs to last. You can spend up to the amount of funding that is available in that time. If you don't spend all your funds in a funding period, they'll roll over into your next funding period within the same plan.

Any unspent funds won't roll over to your next plan, as this is a new plan that we need to make sure meets your disability support needs.

Funding periods can be for either the total budget amount of your plan or for each funding component amount in your plan.

Funding periods can go for different lengths of time. For example, your plan might have funding periods of 1, 3, 6 or 12 months. You might have one funding component amount with 3-month funding periods, and one funding component amount with shorter 1-month funding periods.

Most plans will have more than one funding period. If your plan goes for longer than 12 months, you will always have more than one funding period in your plan. Each funding period will start immediately after the previous one, so you won't be left without funding.

Your plan will show:

- if funding periods apply to your whole plan or to funding component amounts
- the dates each funding period starts and ends
- how much funding you can use during each funding period.

There are some things we must think about when deciding how long your funding periods should be. Learn more about [how we decide how long your funding periods go for](#).

Example



Sal has recently become an NDIS participant and has received their first plan. Their plan goes for 5 years and includes two funding component amounts.

1. Their first funding component amount includes \$160,000 for Core supports. Sal can use this funding to pay for NDIS supports to help them in their daily life, and to participate in the community.

Their funding period is 3 months, so they'll receive \$8,000 every 3 months to use on these Core supports.

In the first funding period of Sal's plan, they spend \$5,000 on NDIS supports. This means that \$3,000 will roll over to the next funding period, when they will now have \$11,000 to buy NDIS supports.

2. The second funding component amount in Sal's plan is \$1,500 for assistive technology, because they need a shower chair. This is the only support Sal needs for assistive technology, so we create a funding component amount for this specific support. We expect Sal to spend most of this funding in one go when they buy the shower chair. So, we include the \$1,500 for assistive technology in the first funding period of their plan. This funding period is for 3 months. Sal won't need funding for assistive technology included in the other funding periods of their plan.

Any unspent funds in the last funding period of a plan won't roll over to the next plan. We'll need to make a new plan to make sure it meets your disability support needs.

Learn more about how to use your funding in [Our Guideline – Your plan](#).

How do we decide how long your funding periods go for?

Before setting funding periods, we have to think about:²²

- the total funding amount in your plan
- the type and cost of supports in your plan
- how long you'd like your funding periods to go for.

We also think about if:²³

- you're unlikely to spend your funding on NDIS supports and [in line with your plan](#)
- you are at risk of experiencing fraud or financial exploitation
- [you are at risk of experiencing physical, mental or financial harm](#) because of the length of your funding periods
- you, your plan nominee or child representative are [currently insolvent under administration](#)



- you've overspent your funding in previous plans
- a payment for a support is more than the amount you have in your plan for the funding period
- you've asked several times for a change to your plan but haven't given us information about a change in your support needs
- you haven't spent your funding on NDIS supports and in line with your plan in previous plans.

For most supports, funding periods will generally go for 3 months.

They may be longer if:

- you tell us you'd like longer funding periods
- you need longer funding periods to meet your specific disability support needs. For example, if you have a degenerative condition where your support needs are uncertain
- your plan has a total funding amount of less than \$15,000 each year. In this case, funding periods will generally go for 6 months
- you've previously [spent your funding on NDIS supports and in line with your plan](#)
- we don't think there is a risk to you
- you're likely to spend your funding on NDIS supports and in line with your plan.

Some regular supports in your plan will generally have 1-month funding periods. This includes:

- supported independent living (SIL)
- funding for a registered plan manager
- specialist disability accommodation (SDA)
- cross billing payments for residential aged care subsidies and supplements
- home and living or core funding for assistance with daily living that is more than \$200,000 per year.

If you prefer, you can tell us you'd like shorter funding periods for your other supports.

Funding periods may also go for 1 month if:²⁴

- [you, your plan nominee or child representative are currently insolvent under administration](#)

- you've overspent your funding in previous plans
- you haven't spent your funding on NDIS supports and in line with your plan in previous plans
- you've asked several times for a change to your plan but haven't given us information about a change in your support needs.

Funding will generally be spread evenly across the funding periods in your plan. For some supports, like behaviour supports, you may need more funding to set up the support at the start. So, to help with this, you'll get more funding in the first funding period of your plan and less in the later ones. Learn more in [When will you get your funding?](#)

When will you get your funding?

We want to make sure you have funding to pay for supports over the whole length of your plan. If you have 3-month funding periods and your plan goes for 12 months, you will generally get 25% of your funding at the start of each funding period.

Sometimes, you may get different funding amounts for regular supports in each funding period. For example, if you have funding for in-home care every day, we think about the number of days in each funding period, including weekends and public holidays.

For some supports with 3-month funding periods, you'll get all the funding in the first funding period of your plan or in the funding period that falls before you need to buy these supports. If you don't buy the supports you need in one funding period, your funding will roll over to the next funding period. Supports that work in this way include:

- assistive technology
- vehicle modifications
- home modifications
- repair and maintenance of assistive technology
- therapy supports related to assistive technology, vehicle modifications and home modifications. For example, funding for an allied health professional to assess what assistive technology you need before you buy it
- medium term accommodation.

If you have supports for enteral feeding products, you'll get 12 months of funding for these in the first funding period of each year of your plan.

We may also provide more funding in the first funding period of your plan for other supports, including:

- behaviour support. For example, if you need funding to work with your behaviour support practitioner to develop a behaviour support plan
- if you have changing support needs
- if you have a change of situation, like being discharged from hospital
- if you need intensive capacity building supports for a time
- to cover set-up costs for your first plan
- to bulk buy consumables, like continence products.

What are your options for managing your funding?

You have [three options for how you can manage the funding in your plan](#).²⁵

- [Self-managed](#): you, your plan nominee or child representative, manage the funding and pay your providers.
- A [registered plan manager](#): they manage the funding and pay your providers.
- [Agency-managed](#): we manage the funding and pay your providers.

You can also choose a mix of these options. For example, you might like to manage some of the funding yourself, and we'll manage the rest.

There are different benefits for each plan management option.

Self-management gives you the most flexibility. You manage every decision when it comes to spending your funds on NDIS supports and in line with your plan.²⁶

Using a registered plan manager provides you with support and assistance to manage your funding.

Having your funding Agency-managed means you'll have fewer things to do when it comes to managing your funding.

Whether your funding is managed by you, us, or a registered plan manager, managing NDIS funding means:²⁷

- buying the NDIS supports as described in your plan, including paying GST related to those supports. This means paying for NDIS supports in your plan:
 - in line with the funding periods²⁸
 - within the total funding amount and funding component amounts²⁹
- receiving and managing your NDIS funding, including paying for NDIS supports on time



- keeping track of what you buy with your funding, including keeping receipts and invoices.

Spending in line with your plan means only spending your funding on the NDIS supports included in your plan. To spend in line with your plan, you need to:

- spend your funding in the way we describe. This includes any stated supports, where we describe the supports you can buy more specifically
- make sure your funding will last for the whole length of your plan
- make sure your funding will last for the length of each funding period if your plan includes funding periods and funding component amounts.

When you buy supports in line with your plan, you need to make sure they are [NDIS supports](#) or an agreed replacement support that relates to your disability.

We're committed to helping you have more choice and control when it comes to managing your funding if that's what you want.

We'll talk to you about what you want and what suits you when it comes to managing your funding.

We'll talk more about the different plan management options in the next sections.

Your plan will say who manages your NDIS funding.³⁰

Learn more about [ways to manage the funding in your plan](#).

What does it mean to self-manage your funding?

We're committed to helping you manage your own funding if that's what you want to do, unless there are [reasons why you must not manage your funding](#). Managing your own funding can give you more choice and control over how you use the funding in your plan.

Self-managing your funding means you can choose what NDIS supports you buy in line with your plan. This means paying for NDIS supports in your plan:³¹

- in line with your funding period or funding periods, and
- within the total funding amount and funding component amounts.

You can decide who provides these NDIS supports and how they are delivered. You can also negotiate costs above or below the [NDIS Pricing Guidance](#). This can help you arrange your NDIS supports in a way that gives you the best value. But you always need to make sure you have enough funding in your plan to last for the funding period.

You'll also be responsible for receiving your funding, arranging your NDIS supports and paying your providers on time. You'll need to keep records of invoices and receipts for 5



years. You'll also need to meet your obligation as an employer if you choose to [employ staff directly](#) or use a contractor.

You might want to self-manage a part of your funding. This can be a good way to develop your skills. It may help you self-manage more of your funding in the future if you want to.

How can you learn how to self-manage your funding?

You might want to learn or improve your skills to help you manage your NDIS funding. For example, you might want to build your skills to:

- budget and keep records of your purchases
- choose your NDIS supports and get the most out of your plan
- claim your NDIS funding, pay providers, and make service agreements.

If you need support to build your skills to manage your funding, we might be able to fund support. If it meets the [NDIS funding criteria](#) we can include funding in your plan for capacity building and training in self-management. Talk to your my NDIS contact about this.

You might choose to use the funding on training with another organisation. As you build your capacity in self-managing, you're likely to need less of this support in the future.

We can also answer questions about self-management and help you problem-solve when you start out.

We'll talk to you about whether there are any [mainstream and community supports](#) which could help you. These are the supports you get outside the NDIS, and are available to everyone, whether or not they have a disability. Supports outside of the NDIS can help you build your skills to manage your own finances and learn about self-management.

You might speak with your informal supports, and other participants who self-manage to learn more about self-management. Community supports can help connect you to important and practical information about self-management. You'll need to decide if information from outside the NDIS is reliable and if you want to use it.

We know you might be nervous about self-managing funds. We understand making mistakes can be an important part of learning to self-manage, and sometimes things can go wrong. If you have any issues, you can always [contact us](#) and we'll work with you to fix them.

You can read our [guide to self-management](#), and learn more about [self-managing](#) on the NDIS website.

Self-management and NDIS registered providers

If you self-manage your funding or use a registered plan manager, you can generally use any provider. But you must use a [registered NDIS provider](#) if they provide:



- [specialist disability accommodation](#)
- [supported independent living](#)
- [behaviour support](#)
- [supports where the use of restrictive practices occurs or is likely to occur](#)
- [NDIS digital platforms \(previously called platform providers\)](#).

Sometimes we might also say in your plan which provider you need to use.

A registered provider meets the [NDIS quality and safety standards](#). Workers with registered providers also undergo an [NDIS worker screening check](#) to make sure a worker is safe for you to use.

You can contact the [NDIS Quality and Safeguards Commission](#) to check for registered providers. They can also help if you're worried about a provider's compliance with their legal obligations. If you choose a provider that isn't registered, you'll need to make sure they have the right qualifications, training, and safety checks. You can ask providers, employees or contractors providing you with supports to do an NDIS worker screening check.

When can't you self-manage your funding?

You, your plan nominee or child representative can't self-manage your funding if:

- you, your nominee or child representative are currently bankrupt or insolvent under administration³²
- you or your nominee have been convicted of an offence punishable by 2 or more years in prison³³
- you or your nominee have been convicted of an offence involving fraud or dishonesty.³⁴

Or if we think that:

- you, your plan nominee or child representative are unlikely to spend your funding only on NDIS supports and in line with your plan³⁵
- there's an unreasonable risk to you if you, your nominee or child representative self-manage your funding.³⁶

Are you bankrupt or insolvent?

You can't manage your NDIS funding if you're currently insolvent under administration.³⁷

Your plan nominee or child representative also can't manage your funding if they're insolvent under administration.³⁸

Insolvent generally means you can't pay your debts when they are due.



Your NDIS funding can't be self-managed if you, your plan nominee or child representative:

- are currently [bankrupt](#) – contact the [Australian Financial Security Authority](#) if you're not sure
- have property under the control of people you owe money to.³⁹ For example, your bank or the Australian Financial Security Authority
- have a [personal insolvency agreement](#) to repay money you owe, and you haven't followed the agreement⁴⁰
- have a [debt agreement](#) to repay money you owe.⁴¹

This also applies if you, or your plan nominee or child representative are insolvent under administration in another country.⁴²

You might be able to self-manage your funding if you're no longer insolvent under administration. But we'll consider if there might be an unreasonable risk if you manage your funding.

Your plan nominee might be a company or body corporate, like a service provider or advocacy organisation. If so, they can't be insolvent either.

A company or organisation can't manage your funding if they are under [voluntary administration, liquidation, or receivership](#).

What if you've been convicted of an offence punishable by 2 or more years in prison or involving fraud or dishonesty?

We need to think about if you or your plan nominee have had any criminal convictions. You can't self-manage if you or your nominee have been convicted of an offence that:⁴³

- led to a prison sentence of 2 years or more
- involves fraud or dishonesty.

What if you have a plan nominee or child representative?

If it's part of their nominee arrangement, a plan nominee or child representative, may be able to manage your plan funding.

Your plan nominee may also be able to request who will manage your plan funding. They can do this if their nominee arrangement allows them to make decisions about parts of the preparation, management or changes to your plan.

Your plan nominee needs to work with you to understand what you want. They need to make decisions that help your personal and social wellbeing.⁴⁴ We'll think about [any risks to you](#) if a plan nominee or child representative manage your plan funding. We'll also look at [supports and strategies](#) we can include in your plan to reduce these risks.



We can't let your plan nominee or child representative manage your plan funding if they're currently bankrupt or insolvent under administration.⁴⁵

Or if we think:

- they're unlikely to spend your funding on only NDIS supports and in line with your plan⁴⁶
- it presents an unreasonable risk to you⁴⁷
- any business or other interests might affect how they manage your money.

We also can't let your plan nominee manage your funding if

- they've been convicted of an offence punishable by 2 or more years in prison⁴⁸
- they've been convicted of an offence involving fraud or dishonesty.⁴⁹

We consider risk in the same way as if you want to self-manage your plan funding.

Learn more about [unreasonable risks](#) and [spending funding on NDIS supports and in line with your plan](#).

Learn more about [nominees](#) or [child representatives](#).

What does it mean when a registered plan manager manages your funding?

You can choose a registered plan management provider to support you to manage your funding. They can buy NDIS supports on your behalf from the funding you provide them from your plan.

A plan manager can help you:

- increase your financial and plan management skills
- pay providers
- increase your choice of providers
- get NDIS plan budget reports and help you monitor your budget.

If you use a registered plan manager to manage your funding, we'll always include funding in your plan to cover plan-management costs.

Your registered plan manager can't claim more than the prices set out in the [NDIS Pricing Guidance](#).

Having a registered plan manager can reduce risks involved with managing funding in your plan. But there may still be risks to you that we need to consider.



You'll still need to make sure any provider you choose provides NDIS supports that are safe and meet your needs.

We respect your right to take reasonable risks in having a registered plan manager to manage your NDIS funding. We'll talk to you about what might help reduce any risks with having a plan manager manage your funding. We'll also talk about what helped reduce risks in your previous plan.⁵⁰ If there are no suitable [supports or strategies](#) available to manage the risk of harm to you, the risk may be unreasonable.

Before we agree to a registered plan manager managing your funding, we need to think about if:

- it would be an unreasonable risk to you⁵¹
- they're unlikely to spend your funding on supports that are only NDIS supports⁵²
- they're unlikely to spend funding in line with your plan.⁵³

When we think about if there is an [unreasonable risk to you](#), we'll think about if you are at risk of physical, mental or financial harm. We look at unreasonable risk and the strategies available to reduce risk, in the same way as we do for self-managing funding.

We also think about whether a provider has delivered supports to you in a way that has caused you physical, mental or financial harm. Or, if someone might pressure you to do something.

We look at if your plan manager has [spent your funding on NDIS supports and in line with your plan](#) in the same way as we do for self-managing funding.

We can help you change your registered plan manager if you need to.

What does it mean when your funding is Agency-managed?

You can choose for your funding to be Agency-managed. This means we'll pay registered providers directly, from funding in your plan, for services on your behalf.

We may also decide to make part, or all, of your funding Agency-managed when we approve your plan.⁵⁴ We'll do this if you don't choose how you want to manage your funding. Or [if you can't](#), or don't want to, self-manage or use a registered plan manager for any parts of your funding. When we decide if your funding should be Agency-managed, we think about your goals, your NDIS supports and the providers you want to use. For example, if your funding is Agency-managed you'll need to use [registered NDIS providers](#).⁵⁵ If you prefer to use providers that aren't NDIS registered, we'll discuss your options with you. You might agree to use registered NDIS providers or consider self-managing or using a registered plan manager.



If your funding is Agency-managed, your providers can't claim more than the prices set out in the [NDIS Pricing Guidance](#).

When your funding is Agency-managed, we don't generally need to think about whether management of your plan presents [unreasonable risk](#).

If you already have a plan and we decide to make part, or all, of your funding Agency-managed, we'll work with you to make sure you have the NDIS supports you need.

How do we decide who manages your funding?

We'll ask you who you want to manage your funding. We'll discuss strategies to help you do this the way you want to. We'll let you know what your plan management options will mean for you.

You can also ask your friends or family for advice.

You can ask to self-manage your plan or use a registered plan manager.⁵⁶

If you don't let us know how you want your plan to be managed, we'll manage it for you.⁵⁷ If you're under 18, your [child representative](#) can choose how to manage your plan funding.⁵⁸

We'll agree to your request, unless:⁵⁹

- you want to self-manage the funding but that would be an [unreasonable risk to you](#)⁶⁰
- you already have a [plan nominee](#), in which case we'll talk to your nominee about your plan management options
- your plan nominee or child representative want to self-manage your funding but that would be an unreasonable risk to you⁶¹
- you want to self-manage the funding but you, or your plan nominee or child representative, are [bankrupt or insolvent under administration](#)⁶²
- you want a registered plan manager to manage your funding but that would be an unreasonable risk to you⁶³
- you, your plan manager, nominee or child representative are unlikely to spend your funding on only NDIS supports and in line with your plan⁶⁴
- you or your nominee have been convicted of an offence punishable by 2 or more years in prison⁶⁵
- you or your nominee have been convicted of an offence involving fraud or dishonesty⁶⁶



- it's for in-kind supports, or cross-billing payments for younger people in residential aged care.

If there are risks with how you want your funding to be managed, we'll:

- find out more about the risks. For example, we'll look at records of spending in previous plans and any other information or documents you or someone else gives us
- look at the risks in more detail. For example, how often they take place and why
- think about supports and strategies we can include in your plan to [reduce the risks](#)
- record our decision and, if we don't agree to your request, let you know our reasons.

If you're not happy with the decision we make about managing your plan, you can ask for a review of our decision.⁶⁷

Learn more about [requesting a review of decisions we make](#).

How do we decide if you will spend your funding on NDIS supports and in line with your plan?

When we decide how your funding should be managed, we also consider if you, your plan manager, plan nominee or child representative have.⁶⁸

- spent funding on NDIS supports
- spent funding in line with your plan.

If you haven't done this and you self-manage your plan, we'll look at:⁶⁹

- if it was a once off or not. For example, you may have spent your funding on one support that wasn't an NDIS support
- why you haven't spent your funding on NDIS supports and in line with your plan
- if someone else was involved in the decision to use your funding in this way.

If your plan was managed by a registered plan manager, they were responsible for making sure your funding was used on NDIS supports and in line with your plan.

We'll also look at if you, your plan manager, plan nominee or child representative:⁷⁰

- have given us the information and documents that we need, and have a reasonable excuse if you or they can't
- have been involved in fraud, mismanagement or the misuse of funds or other assets



- have been legally or financially exploited or pressured to do something. For example, someone spending your funding on supports you don't want or need. We'll think about how often this has happened and why
- have the capacity to make decisions or manage your finances, including when you or they have support from others
- anything you or someone else tells us, or that we think we should look at.

We'll also think about if you had the information and support you needed to spend in line with your plan. For example, if you speak a language other than English, live in a remote area or don't have regular access to internet.

When we look at how you, your plan manager, plan nominee or child representative are likely to spend, or have spent, your funding, we don't look at:⁷¹

- the type of impairments you have, but we do look at how your impairments may affect how you manage your funding
- the total amount of funding in your plan
- not using all your funds in a previous plan
- a period of bankruptcy that has now ended.

The funding in your plan must be spent on the NDIS supports described in your plan. We'll explain the types of supports included under each funding component amount in your plan, so you know how to use your NDIS funding.

Sometimes things can go wrong, or you find something's not right. This can include things like not getting the support you agreed to or providers claiming more than you agreed to.

We understand most people try to do the right thing but sometimes make mistakes. We want to help you to do the right thing when you claim from your plan.

If you think you've spent your funding on supports that aren't in your plan or aren't NDIS supports, or you've made a mistake with your self-managed claims, [contact us](#). We can help you fix any mistakes and understand how to claim for next time. We'll also look at [supports and strategies](#) we can include in your plan to help you self-manage your funding.

We are also here to support your plan manager with any questions they have or claims they make.

If you spend funding on supports that aren't in your plan or aren't NDIS supports, you may owe us a debt.⁷² This means you'll need to pay back to us the amount of money spent on supports that weren't in your plan.

How do we decide if there is an unreasonable risk to you?

You have the same right as all Australians to take reasonable risks in managing your money. We respect your right to take reasonable risks if you self-manage your funding or have a plan manager to manage your funding. But it's also important to understand any risks this might create for you.

In most cases, risks will be small or can be managed. We'll work with you to address risks and support your request to self-manage your plan, or have a plan manager to manage your plan, as much as possible. But you can't self-manage your funding or have a plan manager if we think this would create an unreasonable risk to you.⁷³

Your registered plan manager, plan nominee or child representative also can't manage your funding if that would be an unreasonable risk to you.⁷⁴

An unreasonable risk is where it's likely that you'll experience physical, mental or financial harm if you, your plan manager, plan nominee or child representative manage your plan.

When we look at risks to you when you, your plan manager, plan nominee or child representative manage your funding, we look at:⁷⁵

- if there are supports or strategies we can include in your plan, or that were included in a previous plan, to reduce risks
- informal, community and mainstream supports that you, your plan nominee or child representative have, or had, in place
- the types of NDIS supports in your plan. For example, we'll think about how your supports are delivered and who is delivering them
- if you're at risk of physical, mental or financial harm or exploitation. Or if someone might pressure you to do something
- your capacity to make decisions or manage your finances, including when you have support from others
- your plan nominee or child representative's capacity to make decisions or manage your finances, including when they have support from others
- if a court or tribunal has ordered someone else to manage part or all of your property or finances
- if a court or tribunal has ordered someone else to manage part or all of your plan nominee or child representative's property or finances
- anything you, your plan manager, plan nominee or child representative tell us that we think is relevant, or that we think we should look at.

When we look at risks, we don't look at:⁷⁶

- the type of impairments you have, but we do look at how your impairments may affect how you manage your funding
- the amount of funding in your plan
- if you haven't used all your funds in a previous plan.

When we are thinking about unreasonable risk to you, we look at your whole situation, not just one thing by itself. We also look at the supports and strategies we can use to reduce risk, or that we have used in a previous plan. For example, if you only have a little experience managing your finances, but strong informal supports like a family member who can support you with budgeting.

We'll only decide there is unreasonable risk to you if there are no suitable supports or strategies available to reduce the risk of harm to you.

Learn more about the [supports and strategies we can use to reduce risk](#).

How do we decide if there is possible physical, mental or financial harm to you?

When thinking about risks to you, we'll look at if there is evidence of possible physical, mental or financial harm to you. Evidence of possible harm won't always mean there is an unreasonable risk to you if you want to self-manage your funding or have a plan manager to manage your funding. We'll also think about:

- how big the risk of harm is to you
- if the risk of harm will affect how the funding in your plan is managed.

We know it can be difficult to talk about this information. We'll only talk about it to make sure we can identify any possible risks. We can then work out together if we can put [supports and strategies](#) in place to reduce the risks.

Examples of physical harm might include if there is evidence of:

- you being injured from a reckless or intentional act, caused by you or another person, like a fracture, contusion, wound, burn or concussion
- you being physically assaulted by a carer, support person, family member or member of the community, which causes serious harm or injury
- serious unexplained injury to you while receiving NDIS supports
- you having a history of habitual or continued substance abuse within the last 12 months.

Examples of mental harm might include if there is evidence of a family member, carer, or support person:

- denying you food as 'punishment'
- threatening to harm you
- abandoning you by denying support permanently
- consistently not letting you go out and do activities
- secluding or restraining you.

Mental harm might also include an allegation of you being subject to offensive, abusive, or demeaning language by a family member, carer, plan manager, or support person. This may also create an unreasonable risk to you.

Examples of financial harm might include if there is evidence of:

- you being financially exploited⁷⁷
- frequent changes in nominee or child representative
- you, your nominee or child representative having a gambling addiction
- you, your nominee or child representative being the victim of coercion, such as being coerced to sign for a loan or power of attorney
- you, your nominee or child representative being insolvent under administration in the past 5 years
- deliberate misuse of, or fraud, in relation to plan funds, by you, your plan manager, nominee or child representative
- you, your nominee or child representative having been involved with the criminal justice system in relation to funds management or fraud.

Learn more about how we identify, think about and manage risks in our [Participant Safeguarding Policy](#).

What supports or strategies can we use to reduce risks?

We'll talk to you about how we can support you to manage any risks to your funding, whether you're self-managing or using a registered plan manager. Before we make a plan management decision, we'll think about:

- supports and strategies that can reduce the risk to you
- supports and strategies that have reduced the risk to you in a previous plan.⁷⁸



This includes informal, [mainstream and community supports](#).⁷⁹ In many cases this means you, your plan nominee, plan manager or child representative, will still be able to manage part or all of your funding. We just need to make sure the risk to you isn't [an unreasonable risk](#).

We'll consider the specific risk to you and look at suitable ways to help you manage the risk. If you want to self-manage your funding, we can give general advice and information, which might be enough to manage any risks to you. This includes information on things like employing your own staff and working with providers. If you're new to self-management, we can work with you to try and solve any problems you have. We might be able to fund a support coordinator or a registered plan manager to help you get started. Or include funding for training in self-management.

Other strategies we can consider to reduce risks to you include:

- giving you a plan with a shorter length of time or shorter funding periods⁸⁰
- having regular check-ins with you
- stating how a support in your plan needs to be purchased. For example, there might be only a few providers who can safely provide a specialised support.

When we think about risks, we also think about the types of supports you want to manage. If there is an unreasonable risk to you if you, your plan nominee or child representative self-manage some supports, you might be able to manage other supports in your plan. You might also be able to manage some of your funding now and manage more in the future if you're ready.

For example, you may want to self-manage your funding but haven't done it before. You may be unsure how to set up your budget and pay your providers. It might be a good idea to start small. We could support you to link to a peer support network to get information from other self-managers about how they manage their payments. For example, you might be able to start with self-managing the funding component amount for core supports such as social and community participation.

At regular [check-ins](#) you can let us know if you need any help to self-manage your funding, or if you want to manage more of your funding. Once you're familiar with the process of paying providers and keeping records, you might be ready to self-manage other parts of your funding.

If we can reduce the risk to you with supports and strategies, we'll put funding in your plan for additional supports, if needed. We'll also record what we have done and why.

If we can't reduce the risk to you with supports and strategies, we may decide that:



- part or all of your plan should be managed by a [registered plan manager](#)
- part or all of your plan should be Agency-managed.

We'll tell you why we have made this decision and talk about what we can do to support your plan management choice in the future.

If we decide to make part, or all, of your funding Agency-managed, you can only use [registered NDIS providers](#) for your supports. We'll work with you to make sure you have the NDIS supports you need.

How long will your plan go for?

Everyone has different goals, living situations, and circumstances. So, we'll work with you to decide how long it will be before we create your next plan.

We think about how long you want your plan to go for. We also think about your situation and what plan length will best meet your needs.

If your living and support needs are stable and not likely to change significantly

Your plan will generally go for:

- 5 years if you're aged 9 and over
- 2 years if you're younger than 9.

With a longer plan:

- you can plan ahead, access supports that meet your needs now, while also working towards your goals over time. This is because you know you have funding for a longer time
- it will generally be a longer time before your next plan reassessment, which should mean a smoother experience for you, your family and providers as we won't need to meet with you about your plan as much, unless you want to.

Longer plans give you more stability by giving you certainty about your funding over a longer period of time.

We may check in with you during your plan to make sure you have the supports you need to work towards your goals.

If your circumstances change during your plan, and you need more or different supports, you can contact us. We'll talk to you about whether your plan can be used flexibly to continue to meet your needs or if we need to make changes.

If you need a shorter plan

We know that shorter plans are needed in some situations.

Participants younger than 9

These plans will generally go for one year if:

- participants have early intervention supports, and we expect they'll work for them. This means that they won't generally need NDIS supports long term, after early intervention supports have finished
- participants are 5 or older with developmental delay. This is because after they turn 6 we'll need to do an eligibility reassessment to decide if they continue to meet the eligibility criteria to be a participant
- participants are younger than 7, have met access under the hearing stream pathway, and it's their first plan
- participants have intensive capacity building supports. This is so we can look at how the intensive supports are working
- participants have a positive behaviour support plan with restrictive practices.

Participants aged 9 and over

Your plan will generally go for 2 years if:

- you have early intervention supports and we expect they'll work for you. This means you won't generally need NDIS supports after early intervention supports have finished. We may check in with you during your plan. We may also need to check your eligibility to make sure you continue to meet the eligibility criteria to be a participant. You'll have time to give us more information if you feel you still need NDIS supports.
- you have a degenerative condition, like motor neurone disease or muscular dystrophy, or a terminal illness and disability. This is because we expect your needs to change. This doesn't include younger people in residential aged care.

Your plan will generally go for one year if:

- you have a positive behaviour support plan with restrictive practices.

Your plan length may be different if:

- you have a [Compensation Reduction Amount \(CRA\)](#) or a [State and Territory Statutory Scheme \(SATSS\) plan](#). In these cases, your plan length will be based on the review date of your CRA or SATSS



- you're under 65 and in residential aged care (YPIRAC) and have a goal to move out of aged care. In this case, we would provide you with a temporary plan to support your transition out of aged care and to support cross billing.

All participants

Your plan length may be different if:

- you're going to be discharged from hospital. In this case, we may provide you with a temporary plan to support your transition out of hospital
- you have a life milestone coming up, like starting or finishing school or moving out of home.

If you're not happy with how long your plan goes for, or your circumstances change so you need a different plan length, you can ask us to change your plan. Learn more in [Can you change your plan?](#)⁸¹

When will we approve your plan?

We'll approve your NDIS plan as soon as we reasonably can, based on your situation.⁸² We may take longer to approve your plan if we need you to give us more information or get an assessment.

We aim to approve your first plan within **56 days** after you become a participant.

What happens once you have your plan?

Once we approve your plan, you'll get a copy within **7 days**.⁸³ We'll ask how you'd like to receive your plan.

You can also find it on the [my NDIS portal](#) and [my NDIS app](#) as soon as we approve it.

If you have a nominee or child representative, they'll get a copy too, if they're authorised to get it. You can also ask us to share it with other people. We can only share your plan where you ask us to. Learn more about [your privacy and information](#).

Once you have a plan, you can start using it to buy your NDIS supports. Your plan officially 'starts' on the day we approve it.⁸⁴ Your my NDIS contact, support coordinator or recovery coach can help you start using your plan.

We can only pay for your NDIS supports after your plan starts. We pay for NDIS supports in line with your plan.⁸⁵

During your plan, we'll check in with you to see how you're going, and how your plan is working for you. We may check in with you:



- at least annually, or more often depending on your circumstances
- if we think your plan might not be working for you. For example, if you're using too much or too little of your NDIS supports
- if you would like help to use your NDIS supports in your plan.

Your plan ends when we approve a new one, or you [leave the NDIS](#).⁸⁶ Your plan doesn't expire or stop, even if we haven't created a new plan by the plan reassessment date. You are never left without a plan, unless you leave the NDIS.

Learn more about what happens once you have your plan in [Our Guideline – Your plan](#).

Can you change your plan?

Once we approve your plan, you can request a change to your plan at any time. We can also change your plan if we need to.⁸⁷

If you want to change the information about you and your goals, we can change your plan to include this at any time.⁸⁸ This new plan will have the new statement about you and your goals.⁸⁹ It will have the same supports.

For other changes to your plan, you'll need to give us information explaining why you think your plan needs to change.

Please contact your my NDIS contact or support coordinator if you'd like to request a change to your plan. We also have [a form you can complete](#).

Learn more in [Our Guideline – Changing your plan](#).

What if you don't agree with your plan?

If you're not happy with your plan, you should talk to your my NDIS contact.

They may be able to explain the decision, clarify how you can use the funding, or help you fix any problems. If you'd like more details about the supports that make up your plan's total budget amount, we can send this to you. You can contact us and ask for a Budget breakdown.

We'll give you written reasons on why we made the decision. [Contact us](#) if you'd like to discuss the reasons for our decision.

If you don't agree with our decision to approve your plan, you can ask for an internal review. Your my NDIS contact, support coordinator or recovery coach can help you ask for an internal review. We also have [a form you can complete](#).

Having an internal review means someone who wasn't involved in creating your plan will review our decision to approve your plan. They'll consider if we made the right decision



under NDIS laws. An internal review is different to a change or plan reassessment after a check-in or when your situation changes.

Once you get your plan, you have 3 months to ask for an internal review.⁹⁰

Learn more about [reviewing our decisions](#).

Reference list

- ¹ NDIS Act s 33(1).
- ² NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
- ³ NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
- ⁴ NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
- ⁵ NDIS Act s 33(8).
- ⁶ NDIS Act s 46.
- ⁷ NDIS Act s 34(1)(a).
- ⁸ NDIS Act s 10.
- ⁹ NDIS Act s 4(4).
- ¹⁰ NDIS Act s 4(4).
- ¹¹ NDIS Act s 118(1)(a)(v).
- ¹² NDIS Act s 44(1)(b)(i).
- ¹³ NDIS Act s 44; NDIS (Supports for Participants) Rules r 5.1(a).
- ¹⁴ NDIS Act s 31.
- ¹⁵ NDIS Act s 32(2).
- ¹⁶ NDIS Act s 10.
- ¹⁷ NDIS Act s 34(1)(a).
- ¹⁸ NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
- ¹⁹ NDIS Act s 34(1)(f).
- ²⁰ NDIS Act s 33.
- ²¹ NDIS (Old Framework Plans) Determination 2024 s 5(2).
- ²² NDIS (Old Framework Plans) Determination 2024 s 7(2).
- ²³ NDIS (Old Framework Plans) Determination 2024 s 7(2).
- ²⁴ NDIS (Old Framework Plans) Determination 2024 s 7(2).
- ²⁵ NDIS Act s 42(2).
- ²⁶ NDIS Act s 46.
- ²⁷ NDIS Act s 42(1).
- ²⁸ NDIS Act s 46.
- ²⁹ NDIS Act s 46.
- ³⁰ NDIS Act ss 33(2)(d), 42(2).
- ³¹ NDIS Act ss 33, 46.
- ³² NDIS Act ss 44(1)(a), 44(2A)(a), 74(4)(a).
- ³³ NDIS Act ss 44(1)(aa)(i), 44(2A)(aa)(i).
- ³⁴ NDIS Act ss 44(1)(aa)(ii), 44(2A)(aa)(ii).
- ³⁵ NDIS Act ss 44(1)(c), 44(2A)(c), 74(4)(b)(iii).
- ³⁶ NDIS Act ss 44(1)(b)(i), 44(2A)(b), 74(4)(b)(i).
- ³⁷ NDIS Act s 43(3)(c).
- ³⁸ NDIS Act ss 43(6)(d), 74(4)(a).
- ³⁹ Bankruptcy Act 1966 (Cth) s 50, pt X div 2.
- ⁴⁰ Bankruptcy Act 1966 (Cth) pt X.
- ⁴¹ Bankruptcy Act 1966 (Cth) pt IX.
- ⁴² Corporations Act 2001 s 9.
- ⁴³ NDIS Act s 44(1)(aa)(i-ii), 44(2A)(aa)(i-ii).
- ⁴⁴ NDIS Act s 80(1); NDIS (Nominees) Rules rr 5.3-5.6.
- ⁴⁵ NDIS Act ss 44(2A)(a), 74(4)(a).
- ⁴⁶ NDIS Act ss 44(5), 74(4)(b)(iii).
- ⁴⁷ NDIS Act s 44(3), 74(4)(b)(i).
- ⁴⁸ NDIS Act s 44(2A)(aa)(i).
- ⁴⁹ NDIS Act s 44(2A)(aa)(ii).

- ⁵⁰ NDIS (Management of Funding and Plan Management) Rules r 6.3(a)-(b).
⁵¹ NDIS Act ss 44(2), 44(3)-(4).
⁵² NDIS Act ss 44(2AA), 44(5).
⁵³ NDIS Act ss 44(2AA), 44(5).
⁵⁴ NDIS Act s 43(3)-(4).
⁵⁵ NDIS Act s 33(6).
⁵⁶ NDIS Act s 43(1)(a)(b).
⁵⁷ NDIS Act s 43(8).
⁵⁸ NDIS Act s 74(2).
⁵⁹ NDIS Act ss 43(2), 44.
⁶⁰ NDIS Act s 44(1)(b)(i).
⁶¹ NDIS Act ss 44(2A)(b), 74(b)(i).
⁶² NDIS Act ss 44(1)(a), 44(2A)(a), 74(4)(a).
⁶³ NDIS Act s 44(2).
⁶⁴ NDIS Act ss 44(1)(c), 44(2AA), 44(2A)(c), 74(3C)(b).
⁶⁵ NDIS Act s 44(1)(aa)(i), 44(2A)(aa)(i).
⁶⁶ NDIS Act s 44(1)(aa)(ii), 44(2A)(aa)(ii).
⁶⁷ NDIS Act s 100.
⁶⁸ NDIS Act ss 46.
⁶⁹ NDIS Act s 44(5); NDIS (Management of Funding Rules) r 5.2(a).
⁷⁰ NDIS (Management of Funding) Rules rr 5.2(b)-(g).
⁷¹ NDIS (Management of Funding) Rules rr 5.3(a)-(d).
⁷² NDIS Act s 182(3).
⁷³ NDIS Act s 43(3)(d).
⁷⁴ NDIS Act ss 43(4A)(b), 43(6)(e), 74(4)(b)(i).
⁷⁵ NDIS (Management of Funding and Plan Management) Rules rr 6.2(a)-(h), 6.3(a)-(e), 6.4(a)-(h), 6.5(a)-(h).
⁷⁶ NDIS (Management of Funding and Plan Management) Rules rr 6.6(a)-(c).
⁷⁷ NDIS (Management of Funding and Plan Management) Rules rr 6.2(d), 6.3(c), 6.4(d), 6.5(d).
⁷⁸ NDIS (Management of Funding and Plan Management) Rules rr 6.2(a)-(b), 6.3(a)-(b), 6.4(a)-(b), 6.5(a)-(b).
⁷⁹ NDIS (Management of Funding and Plan Management) Rules rr 6.2(a)-(b), 6.3(a)-(b), 6.4(a)-(b), 6.5(a)-(b).
⁸⁰ NDIS Act s 33(2A)-(2B).
⁸² NDIS Act s 33(4).
⁸³ NDIS Act s 38.
⁸⁴ NDIS Act s 37(1).
⁸⁵ NDIS Act s 33.
⁸⁶ NDIS Act s 37(3).
⁸⁷ NDIS Act s 47(A).
⁸⁸ NDIS Act s 47(1).
⁸⁹ NDIS Act s 47(2).
⁹⁰ NDIS Act s 100(2).