Guide – Complex support needs (CSN) pathway

SGP KP Publishing

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This article provides guidance for all NDIA staff and partners to understand complex support needs (CSN) pathway factors.

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1 Recent updates

1 September 2025
Updated links to the NDIA staff intranet.

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2 Before you start

You have read:

- Our Guideline – Reasonable and necessary (external)
- Our Guideline – Your plan (external)
- Complex Support Needs Branch intranet page
- article Identify risks and vulnerabilities
- article Complete personal and environmental circumstances case
- article Complete a streaming case (Streaming and Restreaming)
- article Submit a referral to the Complex Support Needs (CSN) Branch.

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3 Complex support needs (CSN) pathway factors

We're committed to making sure all participants have an experience which meets their needs and delivers a fit for purpose plan. A single pathway approach is not appropriate for all participants. Because of this, we've introduced the complex support needs (CSN) pathway.

The CSN pathway provides specialised support for people with disability who experience personal and situational factors that are beyond the scope of the typical National Disability Insurance Scheme (NDIS) pathway. The CSN pathway has dedicated planning teams and a network of skilled planner delegates with experience working with specific complex support cohorts such as justice, psychosocial and allied health. To learn more about the CSN Pathway, go to Complex Support Needs Branch intranet page.

The CSN pathway acknowledges the range of primary and secondary situational and personal factors that contribute to the complex support needs of a participant. This may include voluntary or involuntary involvement a participant may have with other government service systems. It also includes transitional supports to help the participant return to the community. For example, exiting incarceration or an acute rehabilitation environment. To learn more about what to consider when referring to CSN, go to article Submit a referral to the Complex Support Needs (CSN) Branch.

For the purpose of the CSN pathway, the definition of complexity doesn't describe the complexity of the participant's disability. Instead, it describes:

- the interaction of the personal and situational factors
- the level of intensity
- how these impact the participant's ability to navigate the NDIS pathway.

To refer a participant for assessment to the CSN branch, email CSN@ndis.gov.au.

At access, or throughout ongoing engagement with us, participants may be identified as suitable for the CSN pathway based on factors. These include:

- behaviours of concern
- younger people in residential aged care (YPIRAC) and those returning to the community from living in residential aged care
- children living in a voluntary arrangement outside the family home
- involuntary or voluntary involvement with particular government systems, such as justice or mental health
- homelessness
- participants who may move between the typical NDIS pathway and the CSN pathway. This depends on their situational or personal factors at any given time.

During the planning process you may identify the participant has complex support needs. The decision to refer the participant to the CSN pathway is made by Service Delivery. The decision to stream the participant in or out of the CSN pathway is made by the CSN Branch. Being streamed as Intensive or Super Intensive doesn't mean a participant needs to be referred to the CSN pathway. To learn more, go to article Complete a streaming case (Streaming and Restreaming).

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4 Behaviours of concern

Behaviours of concern refers to a wide range of behaviours of an intensity, frequency or persistence that threatens the quality of life and physical safety of the individual or others. To learn more, go to Our Guideline - Behaviour support (external).

Behaviours of concern alone aren't an indicator for referral to the CSN pathway. A referral should only take place if the participant's complex needs are unable to be met by a planner in the NDIS pathway.

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5 Risk of entry into residential aged care

The CSN pathway helps participants who are at risk of entry into residential aged care. We acknowledge aged care is not a suitable place for a younger person to live, unless the participant has exceptional circumstances. The CSN pathway helps participants identify current and future support needs and appropriate, alternative housing options.

Factors that show the participant may be at risk of entry into residential aged care include:

- homelessness, or at risk of homelessness
- a lack of adequate and readily available housing and supports
- a recent or unexpected loss of a sole carer or guardian with no known alternative care options
- exposure to domestic violence
- palliative care needs.

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6 Younger people in residential aged care (YPIRAC)

Younger people who live in a residential aged care facility on a permanent basis are considered to have complex support needs, if:

- they have been approved under the Aged Care Act for residential aged care, and
- are NDIS participants.

YPIRAC participants are supported within the CSN pathway due to their complex living arrangements, support needs and interface with the aged care system. To learn more, go to Our Guideline – Younger people in residential aged care (external).

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7 Support for a child or young person to remain living in the family home

The family of a child or young person may identify that they're having difficulty managing behaviours in the family home. This could be because of the child's significant disability-related support needs.

A child who is at risk of requiring accommodation outside the family home should be referred to the CSN pathway. This will make sure the child has supports in place to increase the capacity of both the child and their family to remain living together as a family. It will also reduce or remove the risk of requiring living arrangements outside the family home.

To learn more, go to article Guide – How to support children and young people to remain in their family home.

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8 Children living in a voluntary arrangement outside the family home

This is when a parent (or primary care giver) can no longer continue to care for their child in the family home. This could be because of the child's significant disability support needs.

A child who isn't currently living in a voluntary arrangement, but who is at risk of requiring accommodation outside the family home should be referred to the CSN pathway. This'll make sure the child has supports in place to increase the capacity of both the child and their family to remain living together as a family. It'll also reduce or remove the risk of requiring living arrangements outside the family home.

To learn more, go to article Guide – How to support children and young people to remain in their family home.

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9 Homelessness

We provide reasonable and necessary disability supports to all eligible Australians including people who are homeless. A person is homeless if they:

- don't have conventional accommodation. This means they are sleeping rough or in improvised dwellings
- frequently move from one shelter to another. This includes emergency accommodation or "couch surfing"
- live in accommodation that falls below minimum community standards. This includes boarding houses and caravan parks.

NDIA staff and local area coordinators will engage in face-to-face meetings with participants who are homeless. These meetings can be at any of the NDIA offices, Services Australia service centres, local area coordinator offices or any safe location in the community. For information on available supports in your state or territory, go to Homelessness Australia (external).

A person who experiences homelessness can provide us with a postal address to receive mail. This could be the address of a support agency, church or a representative.

A support coordinator can be included in the participant's plan. This is to support them to engage with local homelessness services and make sure they are receiving any services and supports they are entitled to.

To learn more about recording and updating address details for a person living in temporary accommodation or experiencing homelessness, go to article Record an address - temporary accommodation and homelessness.

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10 Justice interface

Planning for participants who are involved with the justice system generally follows the same process as for other participants.

A participant interfaces with the justice system when they're:

- in custody. This could include a correctional facility like prison, remand centre, or youth detention centre. Or they could be on remand, awaiting or following sentencing
- on bail, probation or parole. This means they are required by a court order to report to a correctional or community correctional agency
- serving a community-based order
- under forensic orders. This may include restrictions on their movements or other requirements for example, drug testing, attending prescribed treatment.

In line with the current complex support needs (CSN) Branch service offer, the Justice Planning team uses a collaborative case management model to support participants who interact with the justice system.

A participant may be identified as eligible to be supported by the Justice Planning team where they meet one or more situational and personal factors. This may include they:

- have had multiple incarcerations over the past 5 years
- are currently incarcerated and has been incarcerated for more than 12 months
- are currently incarcerated and likely to be incarcerated for more than 12 months due to the alleged offence. This includes participants on remand
- are incarcerated with a cognitive disability and determined unfit to plea or currently held on an indefinite order with no known release date
- are incarcerated and under a guardianship order (Office of The Public Advocate or Guardian)
- have had multiple incarcerations within a 12-month period within a Youth Justice setting.

To learn more about the referral pathway, go to Complex Support Needs Branch intranet page.

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ndis

Overview of your Learning

Complex Support Needs Branch

Onboarding Program

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Facilitator

Kelly s47F - personal privacy

Senior Project Officer

Operations, Capability and Project Engagement

Complex Support Needs Branch

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Acknowledgement of Country

I would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders past, present and emerging.

I would like to extend that acknowledgement and respect to any First Nations peoples here today.

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Learning Objectives

By the end of this session learners will be able to:

- Apply virtual meeting etiquette and accessibility practices using Microsoft Teams
- Explore the NDIA and CSN Capability Frameworks and how they support your development
- Reflect on your learning mindset and role as a learner in the CSN Branch
- Locate key onboarding resources including the Learner Workbook and SharePoint tools
- Recognise key acronyms and terminology used across the Agency

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Housekeeping

- Have phones on silent, take urgent calls as needed.
- Close Outlook and put Teams on ‘Busy’ or ‘Do Not Disturb’ to avoid distractions.
- Should you have any connection issues, log out and rejoin meeting.

Live Captions are available

Raise your hand if you have any questions

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Working Well in Virtual Spaces



Always join on mute.



Turn your camera on when possible.



Limit visual distractions.



Use the chat feature to ask questions and share resources.



Pay attention to visibility when sharing your screen.

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Accessible and Inclusive Meetings



[How to make meetings more accessible and inclusive with Microsoft Teams (youtube.com)]

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Capability Frameworks

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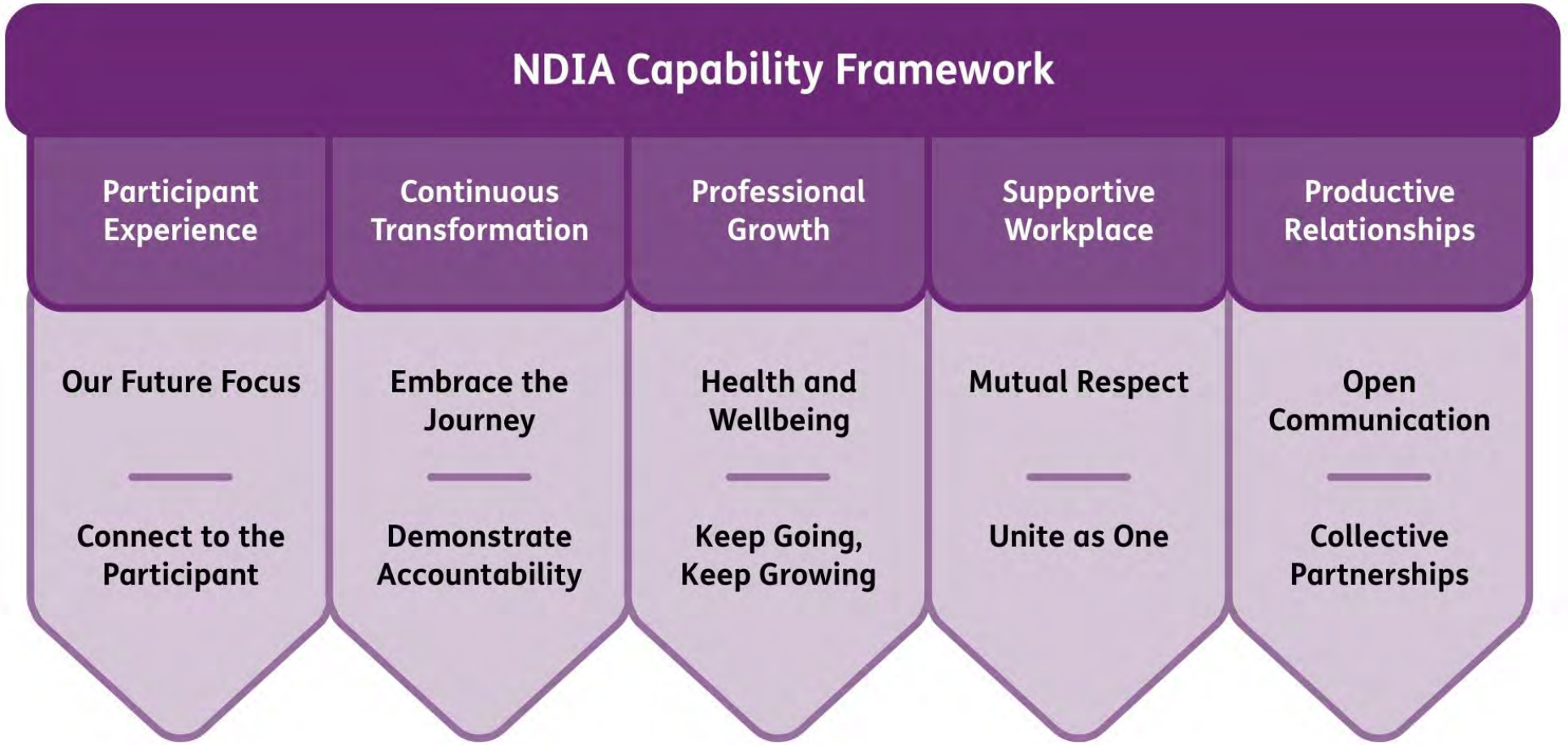
Overview of the NDIA Capability Framework



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CSN Capability Framework Modules

The CSN capability framework is designed on 3 Tiers that progress development of capability according to role.

A Tiered Approach



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Learning Mindset and Engagement

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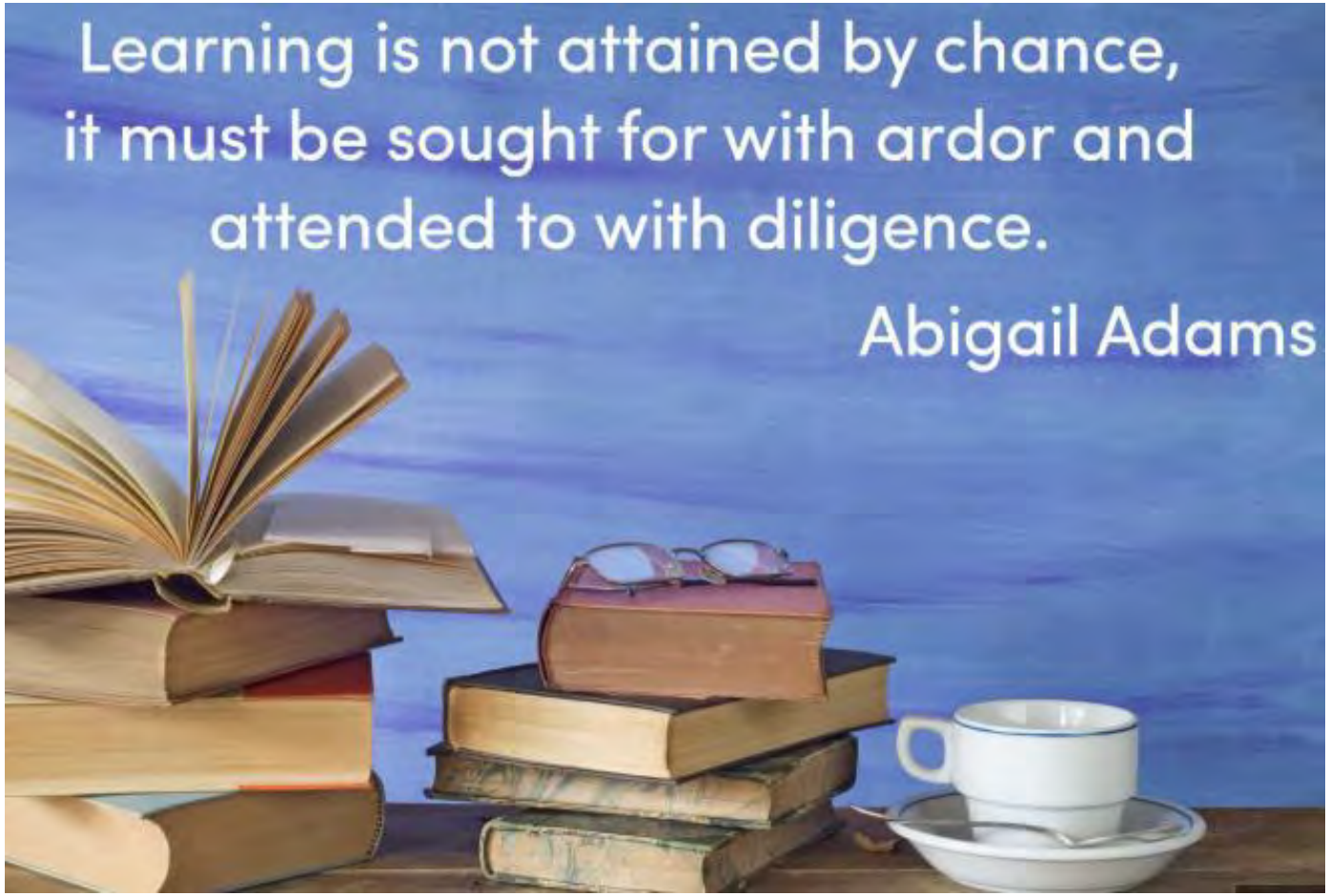
Learning with Purpose



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What is your role as a learner?



We understand everyone is at different stages within their learning journey – please be considerate of everyone's individual knowledge and experience.

- What is your role as a learner in the program?
- What day-to-day actions will you take to enhance your role?
- How will you maintain your engagement?

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Preparing for your Onboarding experience

- What questions will you ask the subject matter experts?
- How will you contribute to the session discussions?
- Who would you like to make a connection with?
- What do you hope to learn from the Onboarding sessions?
- What areas of knowledge can you share with the group?
- What topics do you need to seek clarity on?



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Reflection



- Did you learn something new?
- Did something resonate or stand out for you within the session?
- What is something you enjoyed?
- What actions or behaviours are you going to introduce or reflect on?

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Your Onboarding Goals

What are your learning

objectives for the CSN

Onboarding sessions?



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Support and Resources

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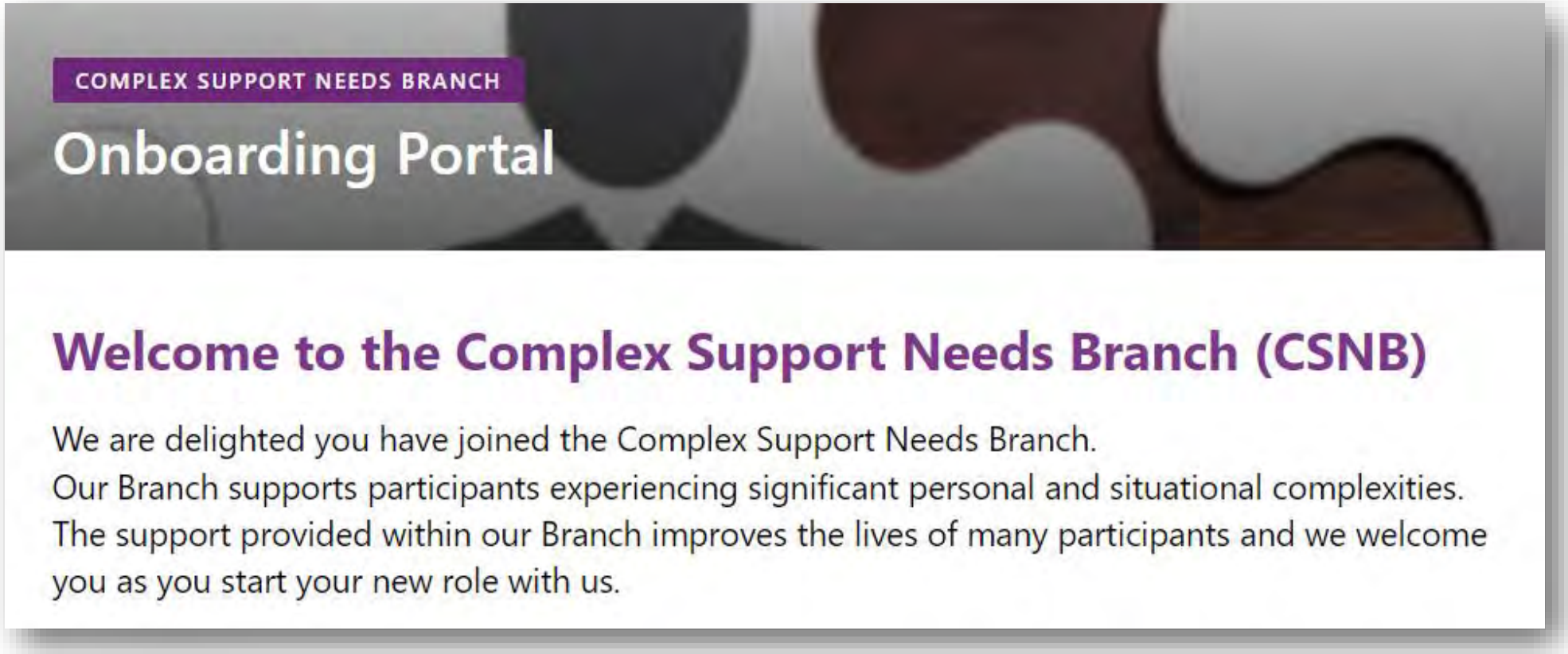
Onboarding Resources Activity



Find the CSN Onboarding resources in [Complex Support Needs Branch - Home (sharepoint.com)]

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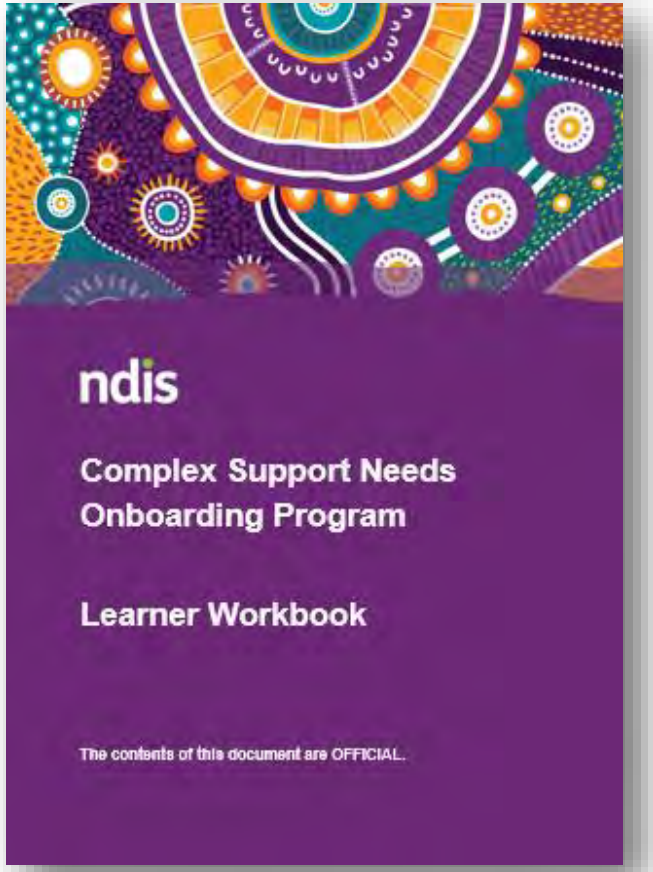
Learner Workbook



This learner workbook is to support your learning during the Complex Support Needs (CSN) Onboarding facilitated modules and provides additional information to the PowerPoint presentations shared throughout the two-week program.

Please click the link below, download and save your own copy.

CSN Learner Workbook

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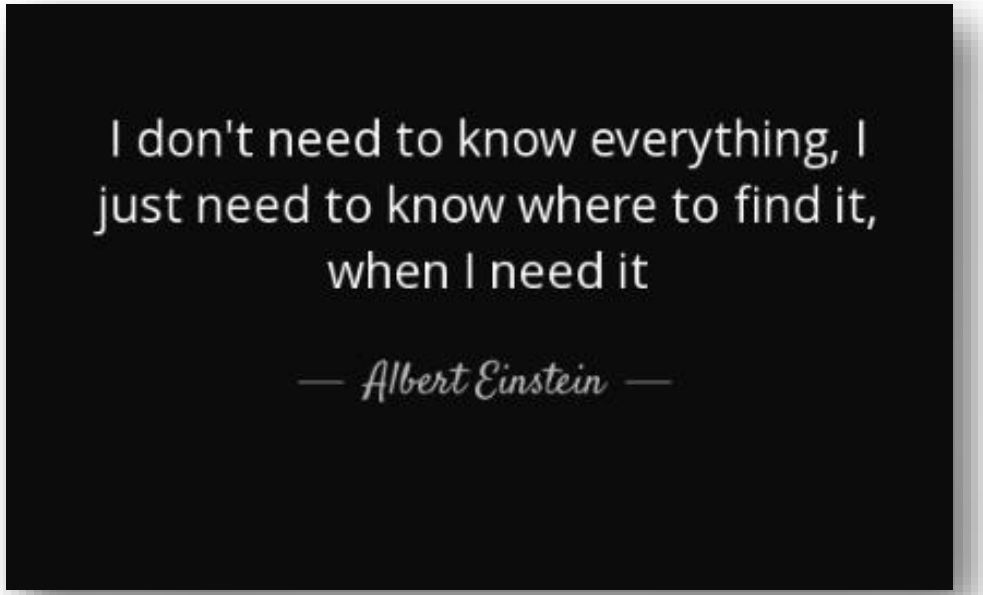
Support for your learning and onboarding

- Utilising tools, resources and people to support your learning
- Onboarding booklet
- Manager / New Starter Checklist
- Mentor
- Coaching / Shadowing
- Your team – skills, expertise and experience
- Intranet
- CSN Operations SharePoint



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My Links

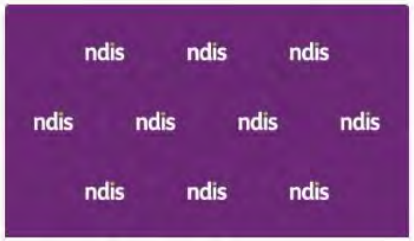
We have collected some links that you might like to review. [My Links (sharepoint.com)]



Microsoft Teams NDIS belonging background - First Nations.jpg



Microsoft Teams brand background_white.jpg



Microsoft Teams brand background_purple.jpg



Microsoft Teams brand background - Participant Service Charter



Microsoft Teams brand background - Participant Service Charter

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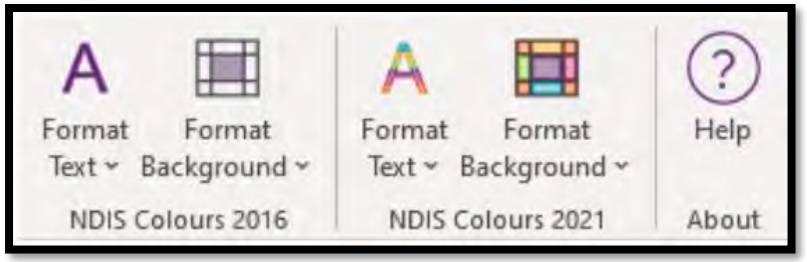
NDIS Actuarial Toolbar Suite



The NDIS actuarial toolbar applies Agency brand colours and protective markings in Microsoft Office applications. It also includes other useful features to support Agency staff. We encourage you to explore the NDIS actuarial toolbar.

To install the toolbar:

- download the NDIS actuarial toolbar suite (ZIP 2.1MB)
- follow the NDIS actuarial toolbar suite installation guide (PDF 566KB).

You can find support in the NDIS actuarial toolbar suite troubleshooting guide (PDF 186KB).

If you have questions, please email the NDIS Actuarial Toolbar inbox.

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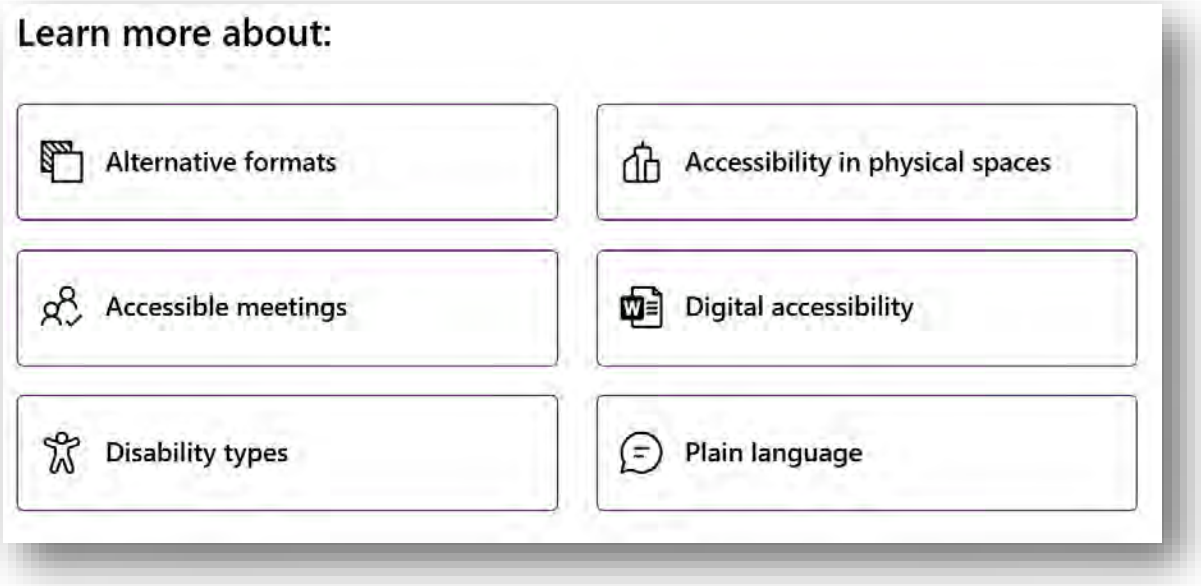
Accessibility Hub

The Accessibility Hub pulls together all the tools and resources you need to make sure the way you communicate is accessible to everyone. It's thinking about different ways people experience the world, and creating documents, meetings and events that include everyone.



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Acronyms and Terms

The Acronyms and Terms page brings our acronyms list and terms guide together.

The acronyms list is a comprehensive index of acronyms, abbreviations and initialisms used across the Agency.

The NDIS terms guide:

- lists definitions of terms and concepts that are specific to the NDIA and the NDIS
- explains how we should frame these terms in our communications.

We encourage you to refer to the acronyms list and terms guide as sources of truth. They will help make sure our communications are consistent across the Agency.

You can request updates to the acronyms list and/or the terms guide at the Strategic Communications service desk (external).

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Acronyms activity



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Let’s Play – Acronym Game

A **CSN** referral with an open Plan Change case was made from a **SD** planner and endorsed by their **AD.** The workflow and triage **PSO** completed the **SC** to determine suitability. The referral was discussed at the CSN Allocations meeting where the **CSN NSW ACT AD** advised which planner the **PPT** will be allocated to. The **PIT PSO** received the enquiry case in **PACE** requesting to book the Plan Change meeting and booked the meeting within 7 days to comply with **PSG 13.**

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Answer 1

A **Complex Support Needs (CSN)** referral with an open Plan Change case was made from a **Service Delivery (SD)** planner and endorsed by their **Assistant Director (AD)**. The workflow and triage **Participant Support Officers (PSO)** used the **Suitability Checker (SC)** to determine suitability.

The referral was discussed at the **Complex Support Needs (CSN)** Allocations meeting where the **Complex Support Needs (CSN) New South Wales (NSW) Australian Capital Territory (ACT) Assistant Director (AD)** advised which planner the **Participant (PPT)** will be allocated to.

The **Participant Interface Team (PIT) Participant Support Officer (PSO)** received the enquiry case in Participant Accelerated Cloud Environment **(PACE)** requesting to book the Plan Change meeting and booked the meeting within 7 days to comply with **Participant Service Guarantee (PSG)13**.

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Let's Play – Game 2

The **CYP** planner read the reports from the **SC, SSC** and **AHPs;** which included reports from the **OT, SP** and **PT** and they liaised with the **JLO**. They reviewed the relevant **OGs, PGs** and **KAs**, had a chat to a **SME** to understand the **SLES** and **DES** supports. They lodged a **PCI** due to unauthorised **RPs** and made a mandatory referral to **TAPIB** re **RPs** identified in the **PBSP**. The planner then built a plan including supports for **ADLs, AT** and **CB** supports including assessments for **ILO / SIL** and **SDA.** It took some time to use the new **PACE** system, but the planner met the **PSG and PED KPIs.**

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Answer 2

The **Children and Young People (CYP)** planner read the reports from the **Support Coordinator (SC), Specialist Support Coordinator (SSC)** and **Allied Health Professionals (AHP);** which included reports from the **Occupational Therapist (OT), Speech Pathologist (SP)** and **Physio Therapist (PT)** and they liaised with the **Justice Liaison Officer (JLO)**. They reviewed the relevant **Operational Guidelines (OPs), Practice Guides (PGs)** and **Knowledge Articles (KAs),** had a chat to a **Subject Matter Expert (SME)** to understand the **School Leaver Employment Supports (SLES)** and **Disability Employment Services (DES)** supports.

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Answer 2 continued

They lodged a **participant critical incident (PCI)** due to the unauthorised **restrictive practices (RP's)** and made a mandatory referral to **Technical Advice and Practice Improvement Branch (TAPIB)** re **Restrictive Practices (RPs)** identified in the **Positive Behaviour Support Plan (PBSP)**. The planner then built a plan including supports for **activities of daily living (ADL), Assistive Technology (AT)** and **Capacity Building (CB)** supports including assessments for **Independent Living Options (ILO) / Supported Independent living (SIL)** and **Specialist Disability Accommodation (SDA)**. It took some time to use the new **Participant Accelerated Cloud Environment (PACE)** system but the planner met the **Participant Service Guarantee (PSG)** and **Participant Experience Delivery (PED) Key Performance Indicators (KPIs)**.

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Questions

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Measuring Success

The CSN Onboarding Program Survey ensures that we are delivering a successful CSN Onboarding Program resulting in staff feeling supported and motivated.



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Thank you for your participation and contribution!

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DOCUMENT 3



Specialised Service Delivery and CSN Introduction and Overview

Complex Support Needs Branch

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Facilitator



Andie s47F - personal privacy

Assistant Director

Operations, Capability and Project Engagement

Complex Support Needs Branch

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Acknowledgement of Country

I would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders past, present and emerging.

I would like to extend that acknowledgement and respect to any First Nations peoples here today.

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Learning Objectives

By the end of this session learners will be able to:

- Describe the structure and teams within the Specialised Service Delivery (SSD) and Complex Support Needs (CSN) Branch.
- Describe the background, purpose, and vision of the CSN Branch.
- Describe how the CSN Branch impacts on the experience for participants with complex support needs.
- Discover the CSN Branch culture.

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NDIS SSD Overview – Quick Reference

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NDIA Senior Executive Organisational Structure

The Specialised Service Delivery (SSD) is part of **Children, Specialised Services and Scheme Interfaces**

- Scott McNaughton - A/g Chief Executive Officer
- Amity Durham Deputy - CEO Children, Specialised Services and Scheme Interfaces
- Jodie Stangel - General Manager of Specialised Service Delivery

Read more about the NDIA Organisation Structure







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Specialised Service Delivery

The Specialised Service Delivery (SSD) was formed in August 2023.

It comprises of four branches:

- Aged Care and Hospital Interface (ACHI)
- Compensation Branch (CB)
- Complex Support Needs (CSN)
- Scheme Eligibility Branch (SEB)



Each of these branches have a National focus with experienced and skilled staff that complete highly complex work.

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Aged Care and Hospital Interface Branch

The Aged Care and Hospital Interface (ACHI) Branch comprises of two main areas of focus;

Hospital Interface Team

- Supports safe and timely hospital discharge for participants.
- Includes discharge planners and health liaison officers.
- Assists non-participants to assess NDIS eligibility via collaborative access.

Aged Care Team

- Prevents younger people from entering residential aged care.
- Supports those in aged care to transition to more suitable living arrangements.
- Promotes choice and control for younger participants.

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Compensation

The Compensation Branch (CB) provides Agency-wide support and handles all matters relating to participants who may be entitled to, or who have received compensation for personal injury.

The Compensation Branch is responsible for (but not limited to):

- Recovering past payments made by the NDIS for supports that have been funded in a participant's plan prior to their claim for compensation being finalised.
- Providing compensation guidance, information and support to participants, internal stakeholders and external stakeholders such as law firms, legal, advocacy and participant peak bodies.
- Working closely with insurers and other schemes to support participants appropriately.

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Complex Support Needs Branch

The Complex Support Needs (CSN) Branch aims to provide specialised support for people with disability who experience personal and situational factors that are beyond the scope of the typical NDIS Pathway.

The CSN Branch has dedicated planning teams and a network of skilled planners with experience working with specific complex support cohorts such as justice, psychosocial and/or with allied health experience.

The CSN Branch acknowledges the range of primary and secondary situational and personal factors contributing to the complex support needs of a participant.

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Scheme Eligibility Branch Overview

The Scheme Eligibility Branch (SEB) forms part of the Specialised Service Delivery.

Delivers core business functions as the first point of contact for intake and assessment of eligibility for the NDIS.

Works with a range of stakeholders, including people with disability, carers, family members, health and education professionals, to collect information and evidence of disability to determine access to the NDIS.

The SEB is a virtual team located across NDIA offices around Australia.

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CSN Background and Establishment

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How the CSN Pathway Began

This timeline outlines the key milestones that led to the development of the Complex Support Needs (CSN) Pathway.



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Foundations of the CSN Pathway

- **Agreed Definition -** A shared understanding of what constitutes complex support needs.
- **Participant Identification Criteria -** Clear indicators based on personal and situational factors.
- **Planning and Case Management Model -** Tailored approach to support participants with intensive needs.
- **Suitability Assessment Process -** Standardised method to assess and rate participant complexity.
- **Role of the Specialised Planner -** Defined responsibilities for delivering consistent, skilled support.



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Complex Support Needs Agreed Definition

The CSN Branch provides specialised, support for people with disability experiencing additional complexity due to personal and situational factors that extend beyond the scope of the standard NDIS pathway.

The NDIA defines complex support needs as:

"A situation where a person has extraordinary support needs based on the presence of situational and personal factors, that require a comparatively greater need for coordination of multiple services, to assist the participant in the development and implementation of their plan"

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Situational Factors Driving Complexity

Key Challenges:

- **Cross-System Involvement:** Voluntary or involuntary engagement with Health, Child Protection, Guardianship, Mental Health, and Justice systems.
- **Transitions:** Returning to the community from hospital, rehabilitation, or justice facilities.
- **Immediate Crisis:** Sudden, unexpected changes creating urgent unmet needs.
- **Provider Market Gaps:** Extraordinary challenges in accessing appropriate services.
- **Decision-Making Barriers:** Insufficient formal supports (advocates, guardians) and informal supports (family, carers).
- **Minimal Informal Support:** Heightened service-related risks due to isolation.
- **Family Complexity:** Multiple family members with disability or a parent/carer with disability.
- **Housing Instability:** Homelessness linked to disability needs and lack of mainstream solutions.
- **Children at Risk:** Voluntary/statutory out-of-home care or risk of removal—refer to Complex Support Needs.

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Personal Factors Driving Complexity

In addition to situational factors, we assess personal factors that may indicate a need for CSN support. These relate to the participant's history, characteristics, and support needs.

High-Risk Indicators:

- **Behaviours of Concern:** Including use of regulated restrictive practices (refer to NDIS Quality & Safeguards Commission).
- **Behavioural Deterioration:** Increased risk to self or others.
- **Safety Risks:** Heightened vulnerability to abuse or neglect.
- **Health and Cognitive:** Cognitive or psychosocial disabilities affecting decision-making; mental health conditions severely impacting daily functioning or service access and engagement.

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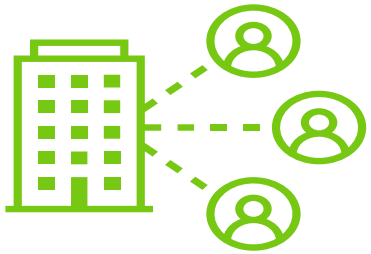
Planning and Case Management Model

The CSN Pathway is designed to provide **short-term**, intensive support that leads to **long term** outcomes for participants with complex needs. It includes:



Specialised Planning Teams



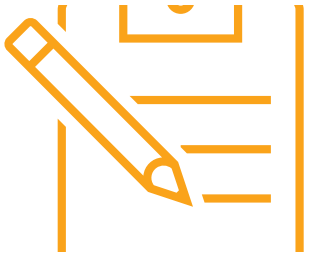
Tailored Case Model



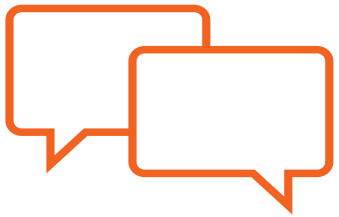
Skilled Support Coordination



Collaborative Monitoring and Structured Check-ins



Cross Government Coordination



Community Engagement

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Suitability Assessment Process

A Suitability Assessment is undertaken for every participant entering and transitioning from CSN by the CSN Triage team only.

The Assessment measures the participant's situation against specific personal and situational factors to determine complexity and suitability.

The participants current personal and situational factors are reviewed, supporting evidence examined and an outcome determined.

The **Personal and Situation** factors assessed are

1. **Risk to Self and Others or property**
2. **Stability of Support**
3. **Interaction with Mainstream Interfaces**
4. **Difficulty Engaging**
5. **Effectiveness of Decision making.**

Each factor will be reviewed and assessed to determine complexity. Additional information is also considered to make an appropriate assessment for a robust suitability outcome decision.

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CSN Branch Structure

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CSN Branch Leadership Structure

Michelle Kellert
Branch Manager

s47F - personal privacy

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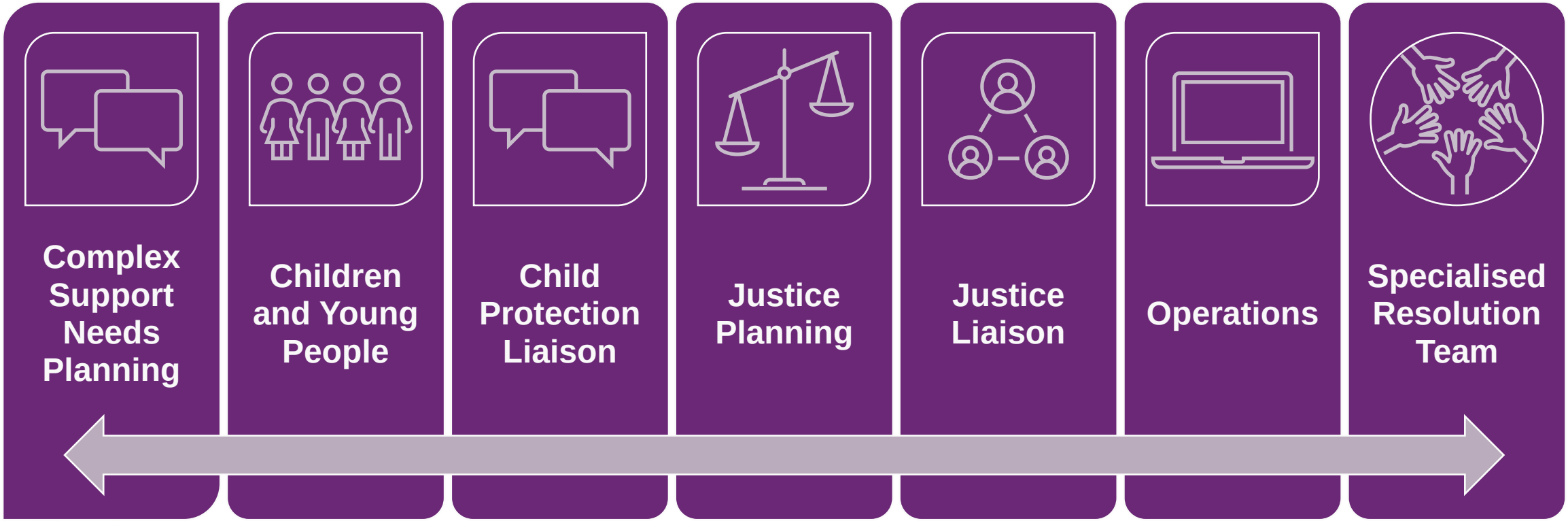
Specialist Teams within the CSN Branch

The CSN Branch is made up of 7 specialist teams, each with a unique focus to support participants with complex needs:



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CSN Workforce

Our Workforce planning and recruitment continues to be driven by our focus on enhancing our branch service offer, which ensures appropriate resourcing to support our caseload management approach.

Our workforce has also grown from 20 staff to over 434 staff working right across the country.

We have grown from approximately 140 participants in NSW and VIC in 2018 to 8,580 participants nationally.

CSN has a national approach instead of a state-based approach.

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* Data June 2025

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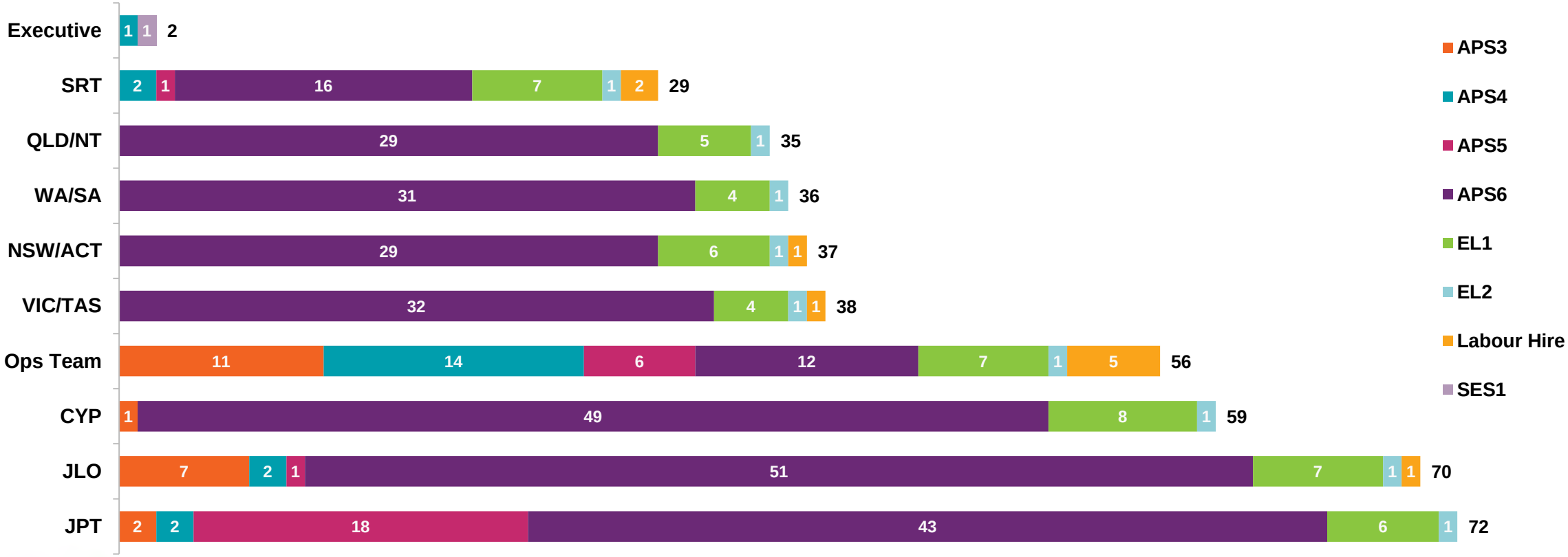
Branch Workforce Footprint

Total CSN Staff Org Units



Total CSN Staff 434

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CSN Participant Cohorts and Complexity

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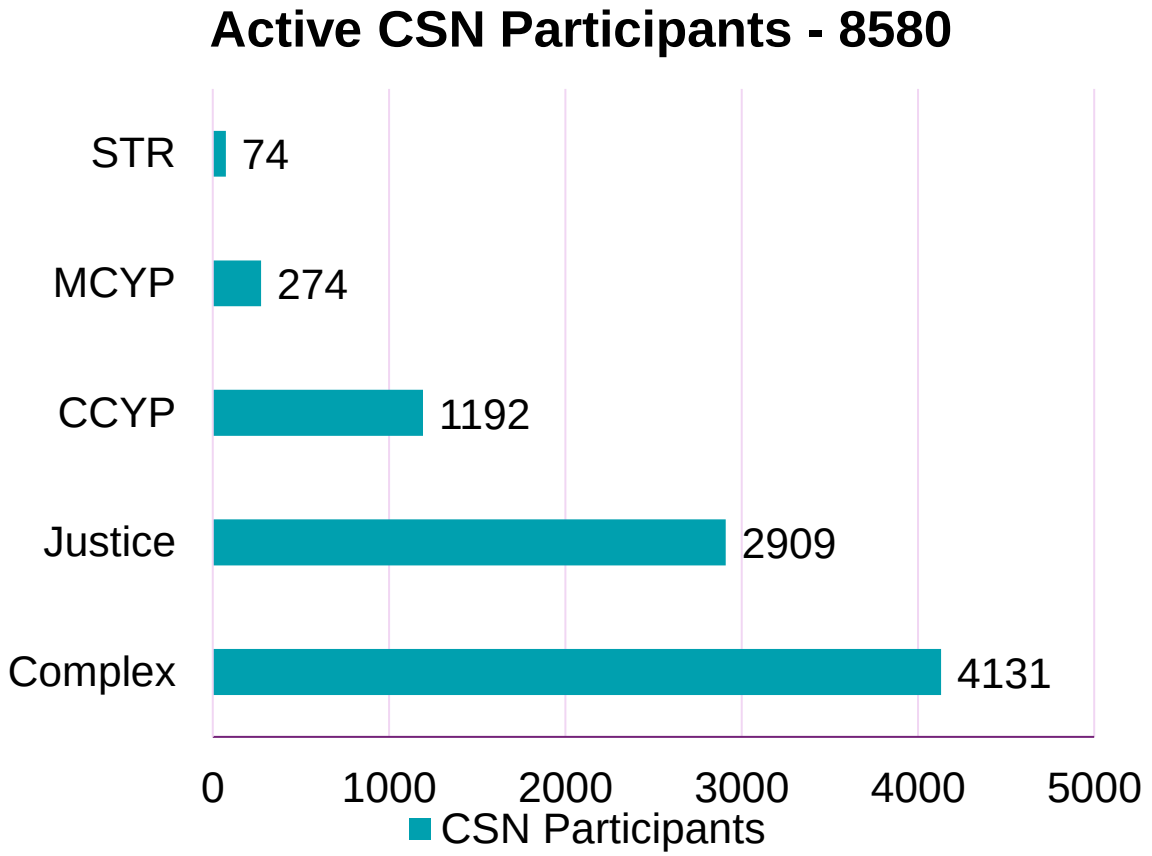
Participants Across CSN Teams

Planning Area / Team	% of Total CSN Participants
Complex Planning	48.15%
Justice Planning (JPT)	33.9%
CCYP (Complex Children and Young People)	13.89%
MCYP (Memorandum of Understanding CYP)	3.3%
Short Term Response (STR)	0.86%
Total	**100%**



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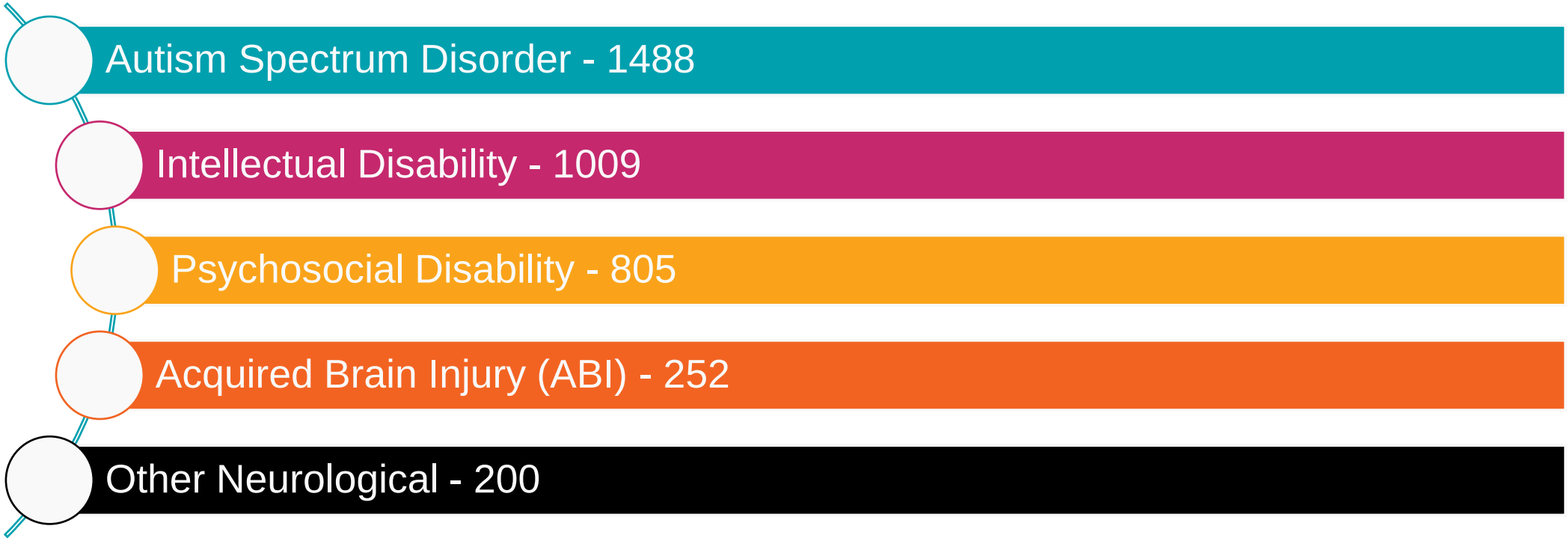
Understanding CSN Participant Profiles



Total Complex Planning Participants September 2025 - 4162

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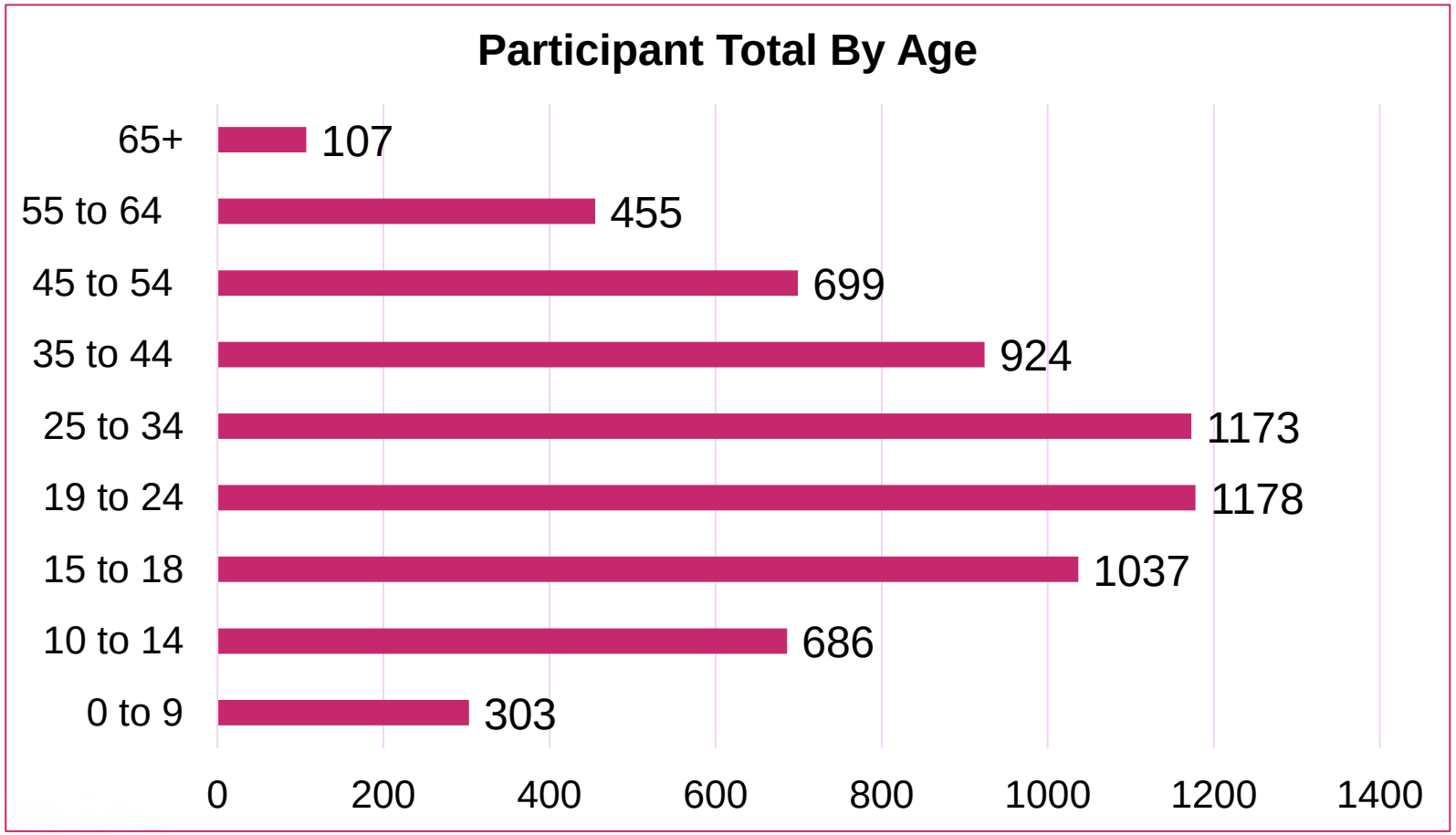
CSN Participant Age Profile



Key Observations

- **Youth and young adults (15–34)** dominate, making up over half of participants.
- **25–34 years** is the largest single group at **19.13%**, followed closely by **19–24 years**.
- **Children under 15** account for **14%**, but the **0–9 group is very small (3.44%)**.
- **Older adults (55+)** are least represented, especially **65+ (1.67%)**.

Total active caseload of 8,534 participants as of June 2025 *Inclusive of Justice Participants

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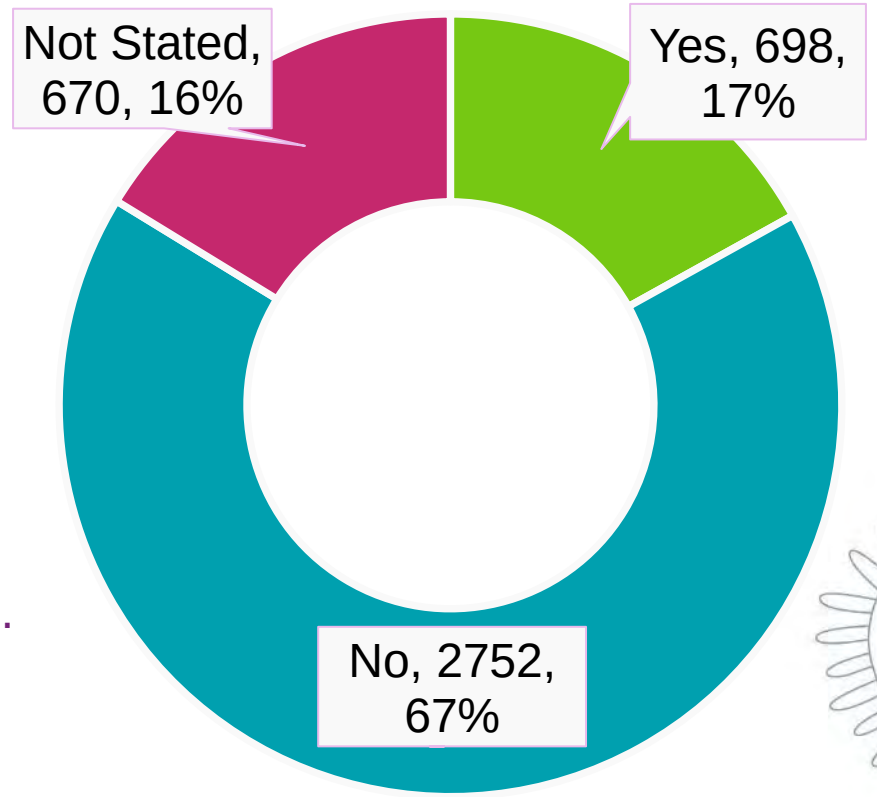
CSN Aboriginal and Torres Strait Islander Status

- **17%** of participants have identified as **Aboriginal and/or Torres Strait Islander**.
- **16%** of participants have **not stated** their ATSI status.
- **67%** have identified as **non-Indigenous**.



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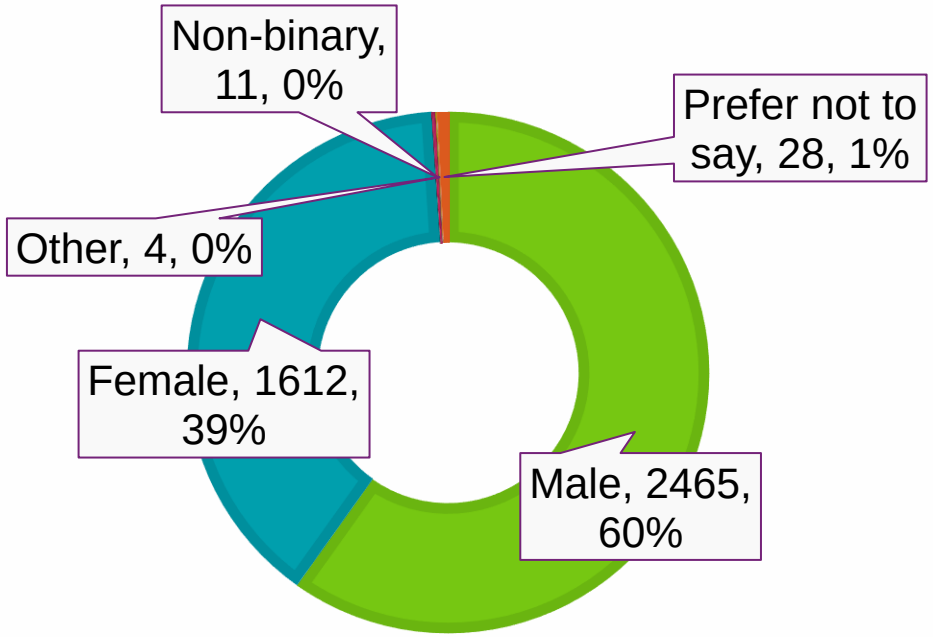
Complex Support Needs Participant Gender Distribution



- **Male**: 60.57%
- **Female**: 38.48%
- **Non-binary**: 0.19%
- **Other**: 0.07%
- **Prefer not to say**: 0.69%

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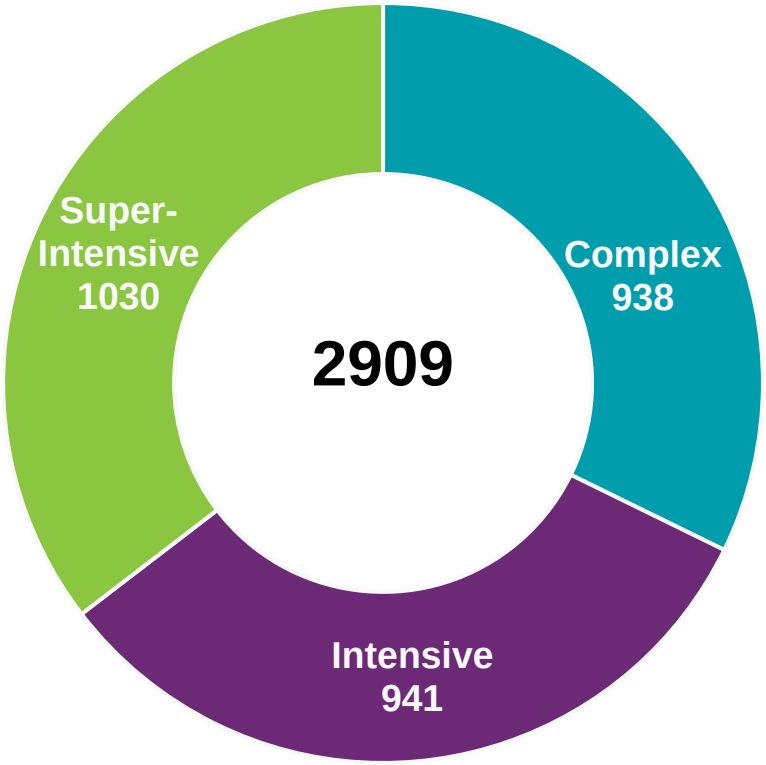
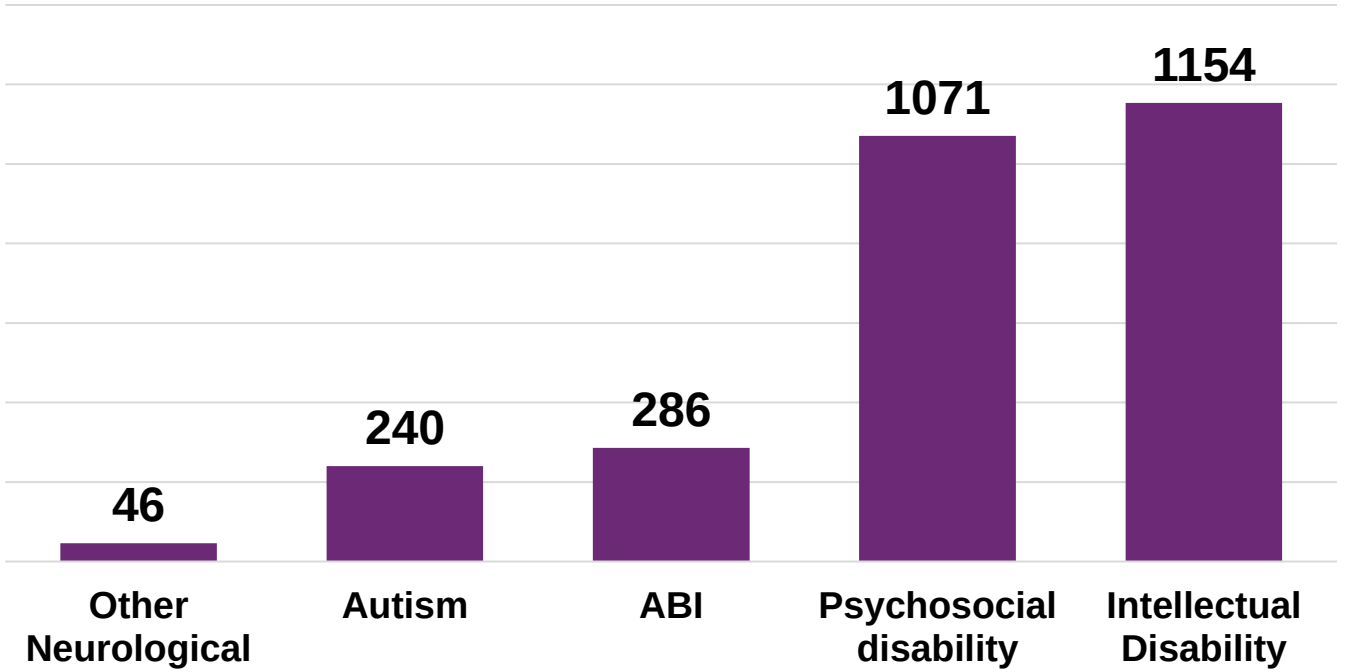
Justice Planning Team

Total Justice Participants 2909

Participant Stream



5 Most Common Disability Types JPT



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CYP Participants

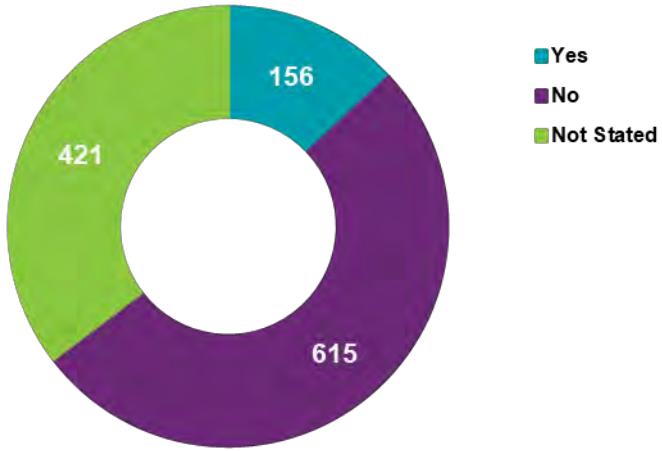
Data Analysis September 2025

Total CCYP Participants 1192

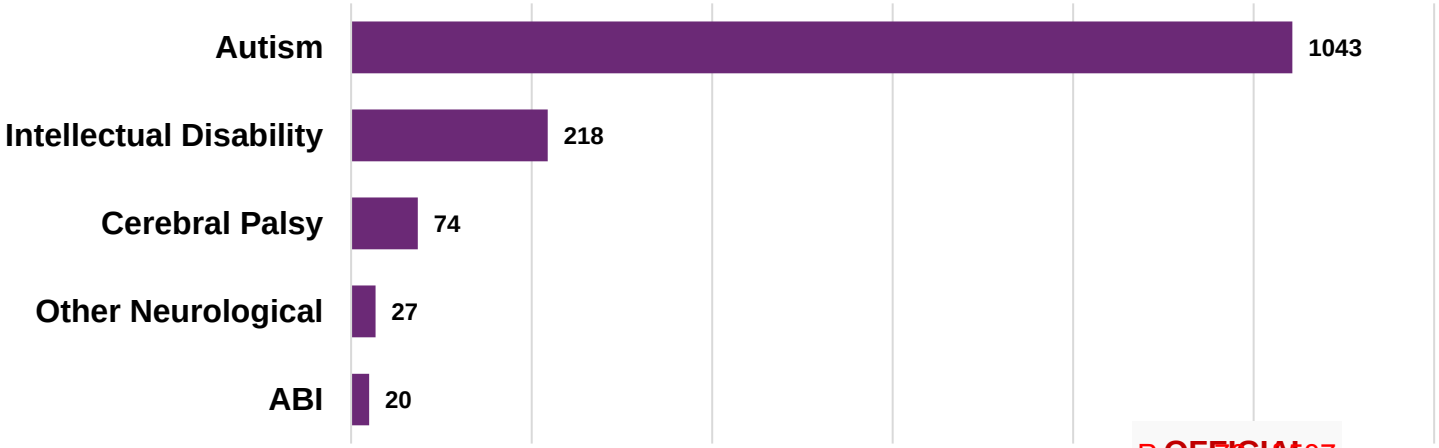
Participants by State of Residence



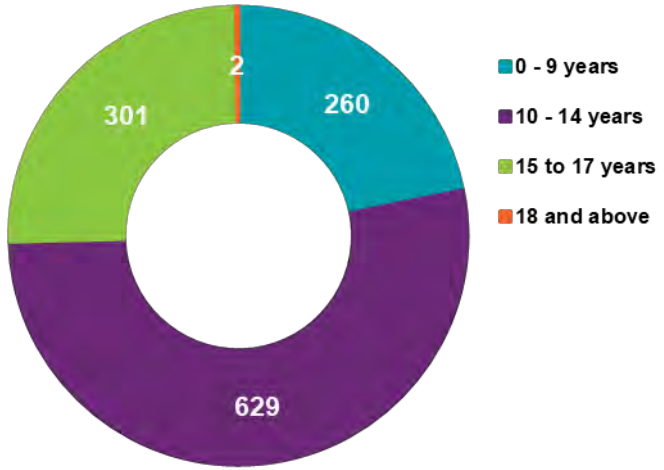
First Nations Status



5 Most Common Disability Types CYP



Age Range Participants



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CSN Benefits

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Key Benefits for Participants

- **Strengthened relationships:** between the family and support systems. Strong rapport building with the family through empathy, compassion and understanding.
- **Quality outcomes:** the right people, in the right place, at the right time.
- **Tailored Support:** Personalised, culturally appropriate plans.
- **Stability and Safety:** Achieve stability in living situations.
- **Improved Quality of Life:** Access to mental health support, housing, and skill development.
- **Community Integration:** Encourages social connections and community participation.
- **Capacity Building:** Develops skills and independence.
- **Holistic Care:** Comprehensive support addressing health, legal, and social needs.
- **Ongoing Monitoring:** Increased oversight of plan utilisation to identify risks or gaps in implementation.

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Key Benefits for Staff Members

- **Professional Development:** Enhance skills in managing complex cases.
- **Job Satisfaction:** Rewarding to contribute to positive outcomes and witness progress.
- **Collaboration:** Foster teamwork and knowledge-sharing in a multidisciplinary team.
- **Comprehensive Approach:** Clear and organised case management process.
- **Supportive Work Environment:** Regular team meetings and stakeholder engagement.
- **Positive Impact:** Make a meaningful difference in participants' lives.
- **Training Opportunities:** Stay updated on best practices through ongoing training.
- **Achieving Positive Outcomes:** Tailored support and a collaborative work environment leading to overall success for both participants and staff.

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Intranet Links

- Organisation structure
- Complex Support Needs Branch
- Complex Support Needs Branch Hub - SharePoint Home
- Scheme Eligibility Branch - SharePoint Home
- Compensation Branch - SharePoint Home
- Aged Care and Hospital Interface - SharePoint Home

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CSN Operations Director Welcome

Complex Support Needs Branch

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Facilitator

Nat s47F - personal privacy

Operations Director

Complex Support Needs Branch

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Acknowledgement of Country

I would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders past, present and emerging.

I would like to extend that acknowledgement and respect to any First Nations peoples here today.

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Learning Objectives

By the end of this session, learners will be able to:

- Summarise the team structure, roles and responsibilities within the CSN Operations Team.
- Identify the key tasks performed by the CSN Operations Teams.
- Identify resource location and contacts for the CSN Branch.

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CSN Operations

The CSN Operations Team enables the CSN Branch to maintain a participant focus by contributing to the efficient and successful running of the Branch.

We have two distinct functional areas; Branch and Participant focus.

Branch Focus:

- Business Analysis and Reporting Team
- Capability and Project Engagement Team
- Business Enabling and Assistance Management Team
- CSN Recruitment Team

Participant Focus:

- Participant Interface Team
- Triage Team

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Our Teams

Operations, Business Analysis and Reporting Team

Team purpose:

Providing data and analysis for the Branch to support our CSN Service Offer

Team contacts:

Deb s47F - personal privacy Assistant Director

Kaitlyn s47F - personal privacy Team Leader

s47E(d) - certain operations of agencies @ndis.gov.au

You may connect with this team through:

- PACE dashboards, data and performance
- Development of bespoke reporting including Justice, Specialised Resolution Team, Entry and Transition referrals and Participant Trackers
- Requests for data collation and the use of 'back-end' data to support Branch performance
- CSN SharePoint Hub maintenance

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Our Teams

Operations, Capability and Project Engagement Team



Team purpose:

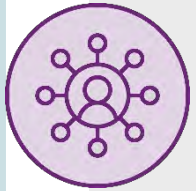
CSN learning and development including onboarding training

Team contacts:

Andie s47F - personal privacy Assistant Director

Christine s47F - personal privacy Team Leader

s47E(d) - certain operations of agencies @ndis.gov.au



You may connect with this team through:

- Attending CSN Onboarding when you commence with the branch
- Team, Branch and Divisional learning and development opportunities
- Bespoke training sessions from external sources
- CSN Communities of Practice

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Our Teams

Operations, Business Enabling and Assistance Management Team

Team purpose:

Business services including Branch recruitment and onboarding

Team contacts:

Melissa [s47F - personal privacy] Assistant Director

Sonika [s47F - personal privacy] Team Leader

[s47E(d) - certain operations of agencies]@ndis.gov.au

You may connect with this team through:

- Distribution of Branch communications
- Participant enquiries via PACE queues or Outlook Mailboxes
- Document upload to PACE
- Branch finances and invoicing
- Property damage claims

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Our Teams

Operations, Recruitment Team

Team purpose:

Business services including Branch recruitment and onboarding

Team contacts:

Melissa [redacted] Assistant Director

Nadine [redacted] Team Leader

[redacted]@ndis.gov.au

You may connect with this team through:

- Recruitment activities – external/internal
- DCEO recruitment requests for the Division
- Onboarding for new starters – monitoring clearances, ordering resources, access to business systems
- Workforce planning – effective team structure, span of control, budgeted FTE

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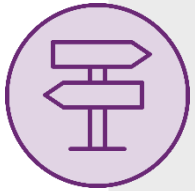
Our Teams

Operations, Triage Team



Team purpose:

Referrals to CSN and transition from CSN

Team contacts:

Carly s47F - personal privacy Assistant Director

Lindsey s47F - personal privacy, Team Leader

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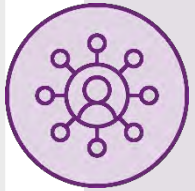

You may connect with the team through:

- Assessment of new referrals to CSN and specialist teams within CSN including SRT JPT, CCYP and MCYP
- Assessment of transitions from CSN
- Restreaming to Complex
- Escalated referrals to the branch
- Allocations to CSN Planners

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Our Teams

Operations, Participant Interface Team

Team purpose:

Centralised bookings for all plan related meetings

Team contacts:

Carly s47F - personal privacy Assistant Director

Kath s47F - personal privacy Team Leader

s47E(d) - certain operations of agencies@ndis.gov.au

You may connect with this team through:

- Providing access to planner calendars
- The team books all plan related meetings.
- Booking of interpreters or meeting rooms.
- Rescheduling a meeting due to unforeseen circumstances

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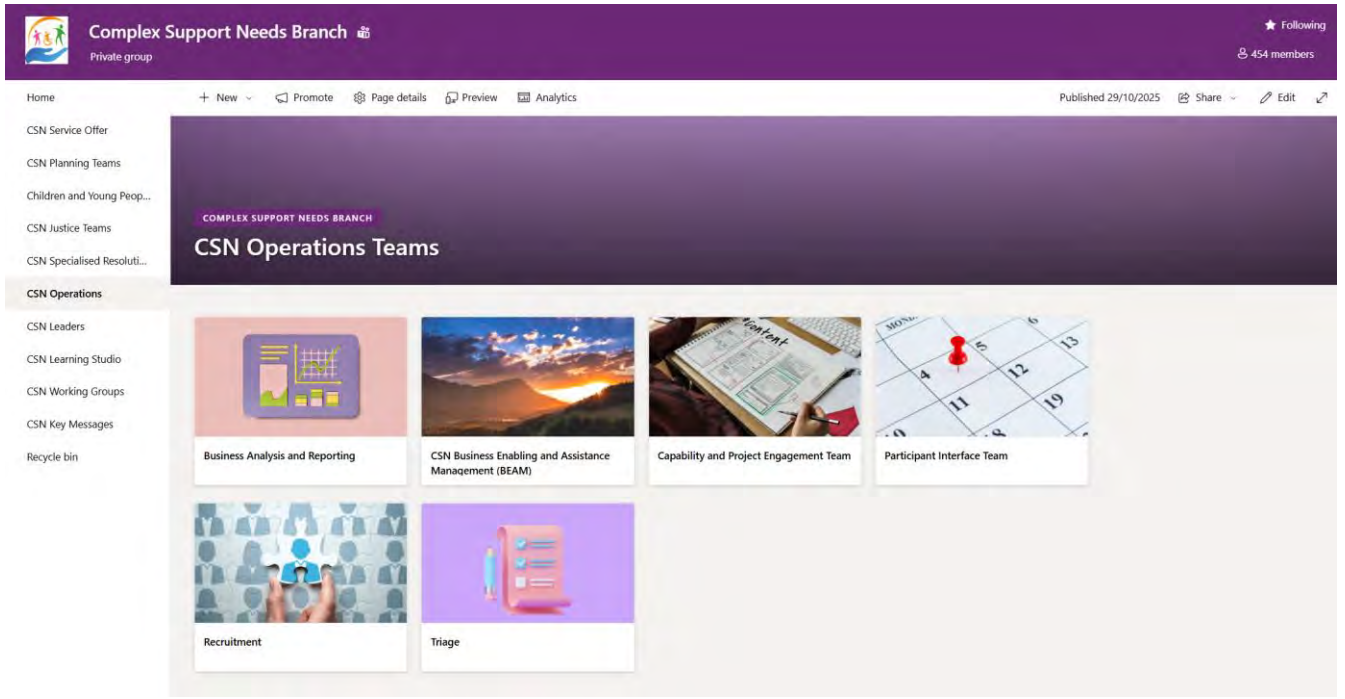
Accessing our Resources

- You can find out more about CSN Operations on the CSN Operations Teams pages on the CSN Hub in SharePoint

- Or through contacting any of the Operations teams via email.



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CSN Participant Pathway Experience - Entry

Complex Support Needs Branch

Onboarding Program

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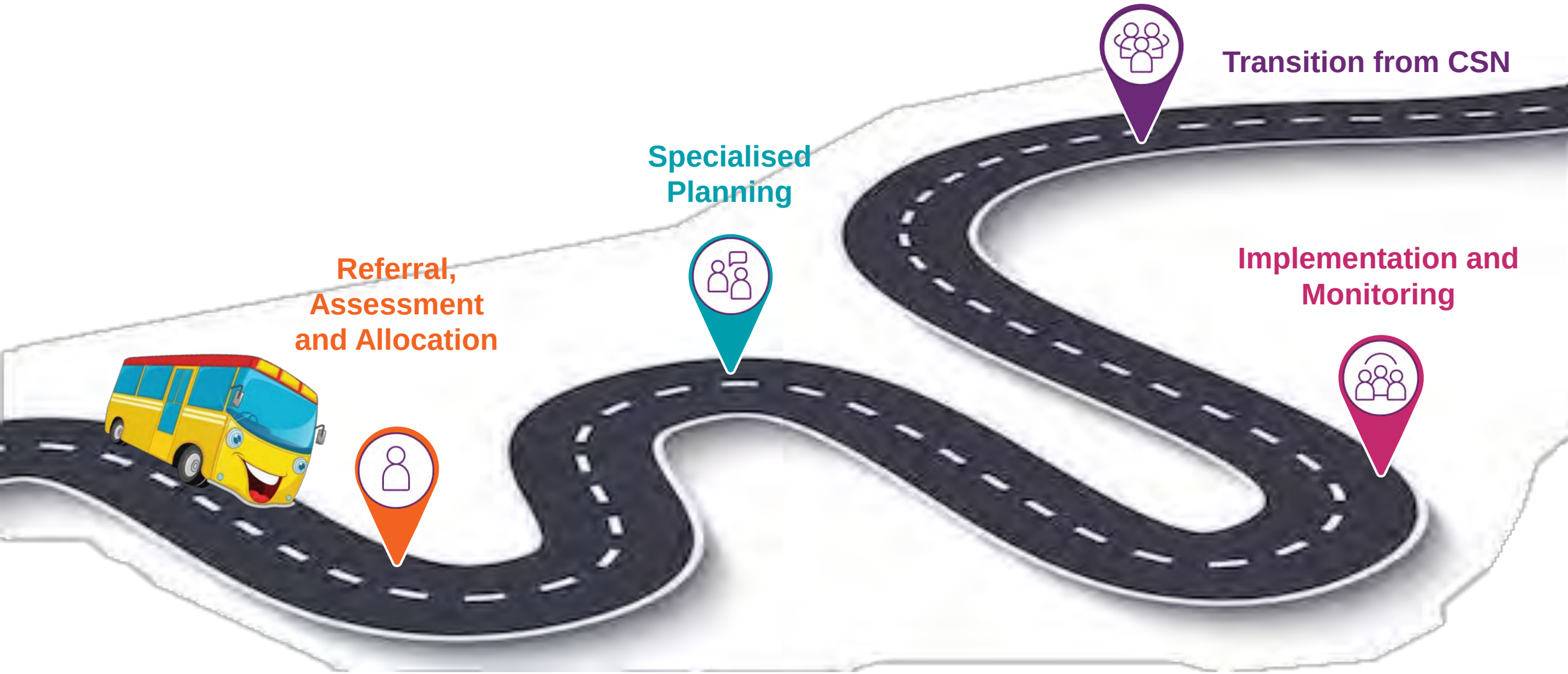
CSN Participant Pathway



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Facilitator

Carly s47F - personal privacy

Assistant Director

Complex Support Needs Branch

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I would like to extend that acknowledgement and respect to any First Nations peoples here today.

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Learning Objectives

By the end of this session, learners will be able to:

- Define the functions of the CSN Operations Triage Team.
- Identify the prerequisites for CSN Entry Referral.
- Discuss the Suitability Assessment process and how it can inform on the participants circumstances.
- Describe the Workflow process for a suitable participant.

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CSN Operations Triage Team

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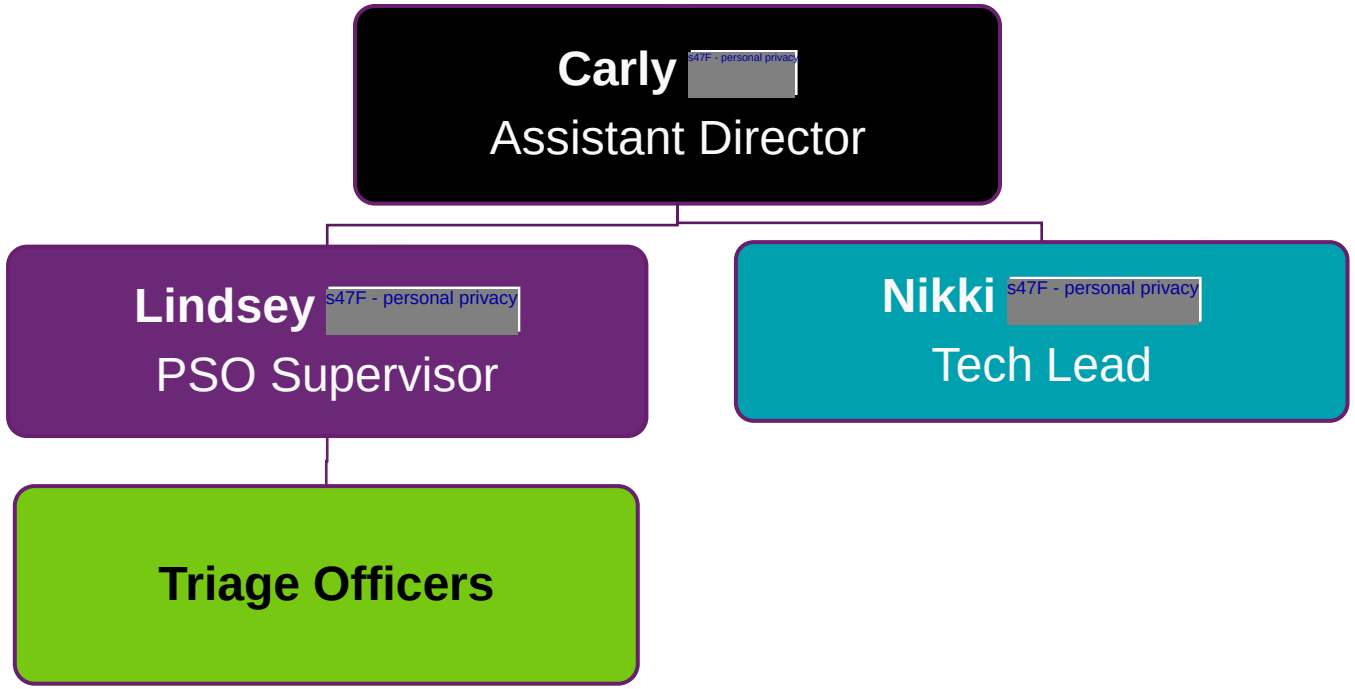
CSN Triage Team Structure



Contact the team - s47E(d) - certain operations of agencies@ndis.gov.au

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Referring to CSN Branch

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Prerequisites for CSN Entry Referral

- There are no barriers to prevent referral to CSN and all Internal Branches can submit a referral
- The participant meets more than one situational or personal factor that **significantly impacts** their ability to achieve their goals
- The situation cannot be resolved through changes such as a new provider, additional funding for a support coordinator or plan reassessment
- The participant cannot be adequately supported by an experienced Local Area Coordinator or Service Delivery Planner in conjunction with an appropriate support coordinator.

Submit a referral to the Complex Support Needs (CSN) Branch

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Suitability Assessment

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CSN Suitability Assessment

- A Suitability Assessment is undertaken for every participant referred to CSN.
- The Suitability Assessment is a standardised form used to identify and collate evidence.
- The participants current personal and situational factors are reviewed, supporting evidence examined and an outcome determined.
- Not all participants assessed are accepted into CSN.
- We aim to complete a referral within 5 days of submission.
- Participants accepted into CSN may be supported by our National CSN Planning Team, Short-Term Response Team, Justice Planning Team, and the Children and Young People Team (including the MOU team).

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CSN Suitability Assessment

	Suitability Assessment for Complex Support Needs (CSN)	
1	Completed By:	LOGIN ID
2	Date Completed:	DD.MM.YYYY
3	Participant Name:	First Name and Surname
4	Preferred Name:	Preferred Name
5	NDIS #	430000000
6	Participant Date of Birth (DD-MM-YYYY):	DD.MM.YYYY
7	Gender:	
8	Indigenous Origin:	
9	State Participant Resides:	
10	Primary Disability:	
11	Secondary Disability/ies:	
12	Additional Secondary Disability/ies: Leave blank if not applicable.	
13	What is the type of Suitability Assessment being Completed:	Referral to CSN (Entry)
14	What is the current Stream of Participant:	

CSN Suitability Assessment Outcome	
Type of Assessment Completed	Referral to CSN (Entry)
Outcome of Assessment	Complex - Suitable for CSN Planning
Recommended Planning Team	Complex Pathway Planning
Override of Suitability Outcome Decision?	
Override- Recommended Planning Team	

Participant Risk Indicators
Potential Impact / Demonstrated Impact to Participant and/or Supports
Unable to Determine the Impact to the Participant
Low or No Demonstrated Impact to Participant

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CSN Suitability Assessment - continued

Justice Interface Involvement (Justice Characteristics)

24	**Where there is current involvement with Justice, determine if any of the following characteristics apply.** Please tick all applicable, as identified in the Referral Form and through evidence on the Participant record. Leave blank if not applicable. IMPORTANT: A Participant presenting with at least one of these characteristics will be aligned with Justice Planning.	☐ The participant is currently incarcerated for a period exceeding 12 months, either while sentenced or on remand ☐ The participant is currently incarcerated and/or has experienced two or more periods in a correctional facility within the preceding 12 months ☐ The participant is considered a high-risk offender under relevant State or Territory legislation ☐ The participant is incarcerated and determined unfit to plea or is currently held on an indefinite order ☐ The participant has transitioned from a custodial setting within the last 12 months and continues to have justice involvement
	Evidence used to identify Justice Factor Selection	**CSN Referral Form**

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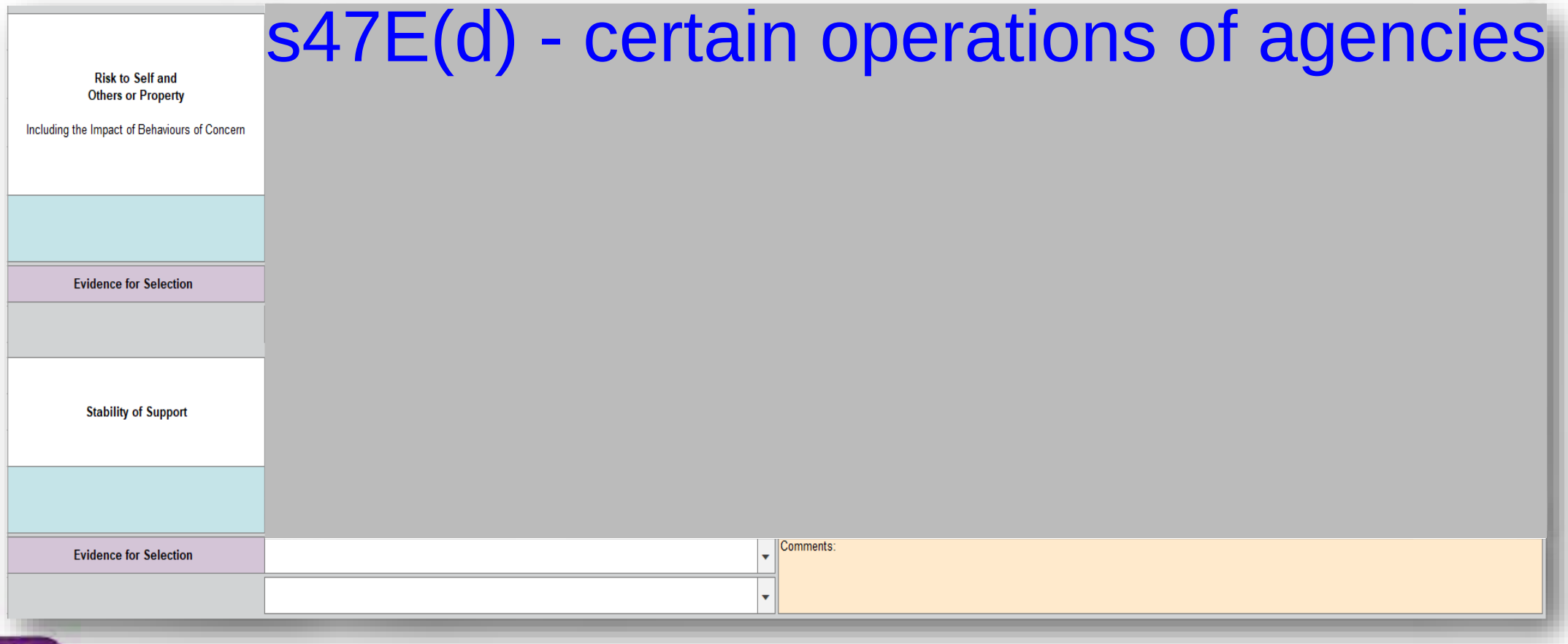
CSN Suitability Assessment Tool



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Workflow Management

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Not Suitable for CSN

If a participant is found **not suitable** for CSN

1. The completed Suitability Assessment is uploaded to the participant's file.
2. The PACE Enquiry Case is updated and assigned back to the referrer.
3. The Referrer will receive an email advising of the outcome.

The referrer should then review the Suitability Assessment to understand the decision.

When or if additional information becomes available, a referral can be resubmitted at any time.

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Suitable for CSN

If a participant is found **suitable** for CSN

1. The completed Suitability Assessment is uploaded to the participant record in PACE.
2. Enquiry Case is updated to indicate participant is Suitable for entry into CSN and the appropriate planning team.
3. The Referrer will receive an email advising of the outcome and to support the participant until a planner is allocated.
4. Pending planner capacity, the participant will be included for allocation.

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Allocations to CSN

1. Triage Tech Lead (TL) identifies planner capacity and prioritises participants for allocation.
2. Weekly allocations meetings with Allocations Assistant Directors (AD's) confirms allocation numbers.
3. Allocations - AD's advise Triage of planner names for each participant, identifying the most appropriate planner based on response required.

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The Triage team complete tasks including:

- Streaming to Complex.
- Update Alerts, including adding CSN Alert.
- Update My NDIS Contact
- Assign the planner the referral enquiry case containing the Suitability Checker and Referral Form.
- Update Participant Trackers.
- Send Allocations email to AD’s and Planners allocated new participants.
- Send referrer notification of participant allocation.

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Internal Transitions between CSN Planning Teams

Participants may be aligned to a CSN Planning team and the planner may identify they would be better supported under a different CSN Specialised Team.

Eve is 21 years old and currently supported by the CSN Planning Team. She has recently been convicted of a serious crime; she is now incarcerated and has been sentenced to a period of 3 years incarceration. Eve now meets the referral criteria for the Justice Planning Team.

CSN Internal Transition Form

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Managing Participant Expectations

When you are assigned a new participant and make initial contact, it is important to discuss with the participant and supports that CSN will support them to address concerns with a goal to transition them back to Service Delivery.

s47E(d) - certain operations of agencies

Find more information at [Manage a new Participant Allocation (ndis)]

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Resources

Manage a new Participant Allocation

CSN Internal Transition Form

Submit a referral to the Complex Support Needs (CSN) Branch

CSN Triage SharePoint Page

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CSN Participant Pathway Experience - Overview

Complex Support Needs Branch

Onboarding Program

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Facilitator

Kate s47F - personal privacy

Assistant Director

Complex Support Needs Branch

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Acknowledgement of Country

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Learning Objectives

By the end of this session, learners will be able to:

- Describe the main stages of the NDIS Participant Journey
- Discover the common themes identified in CSN.
- Explore the journey of three different participants.

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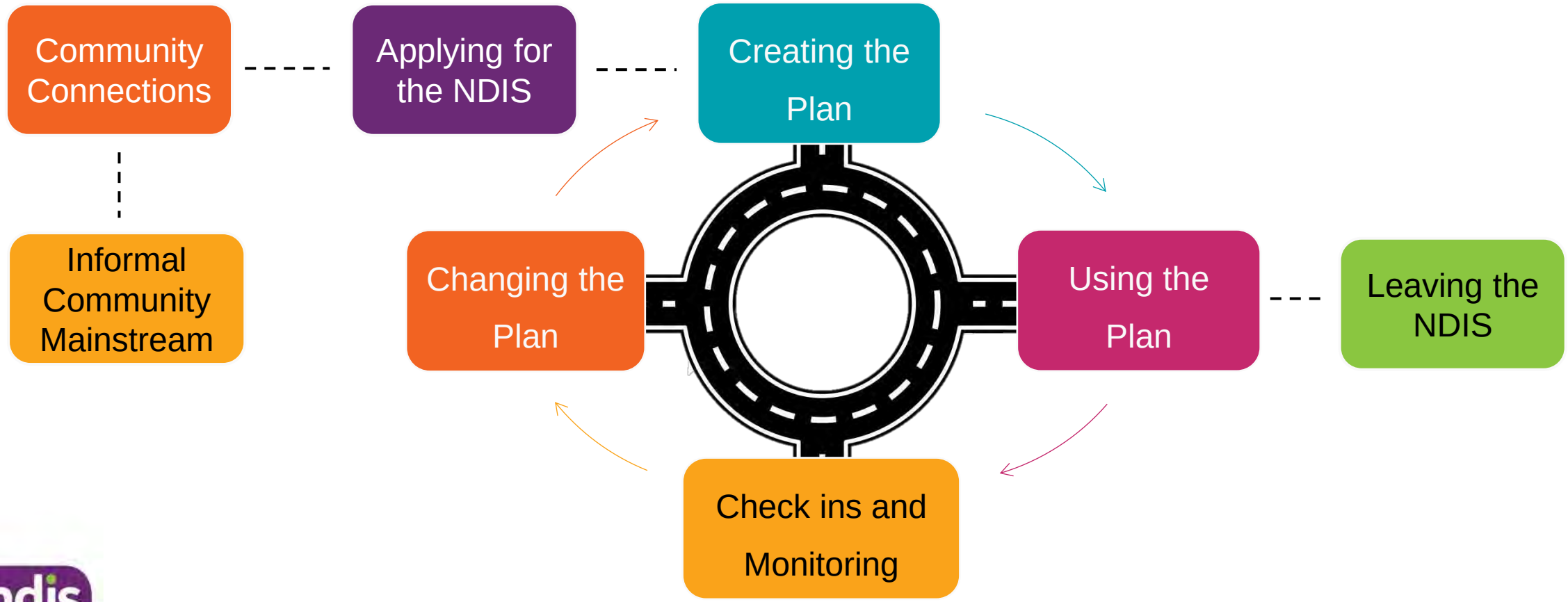
NDIS Participant Lifecycle



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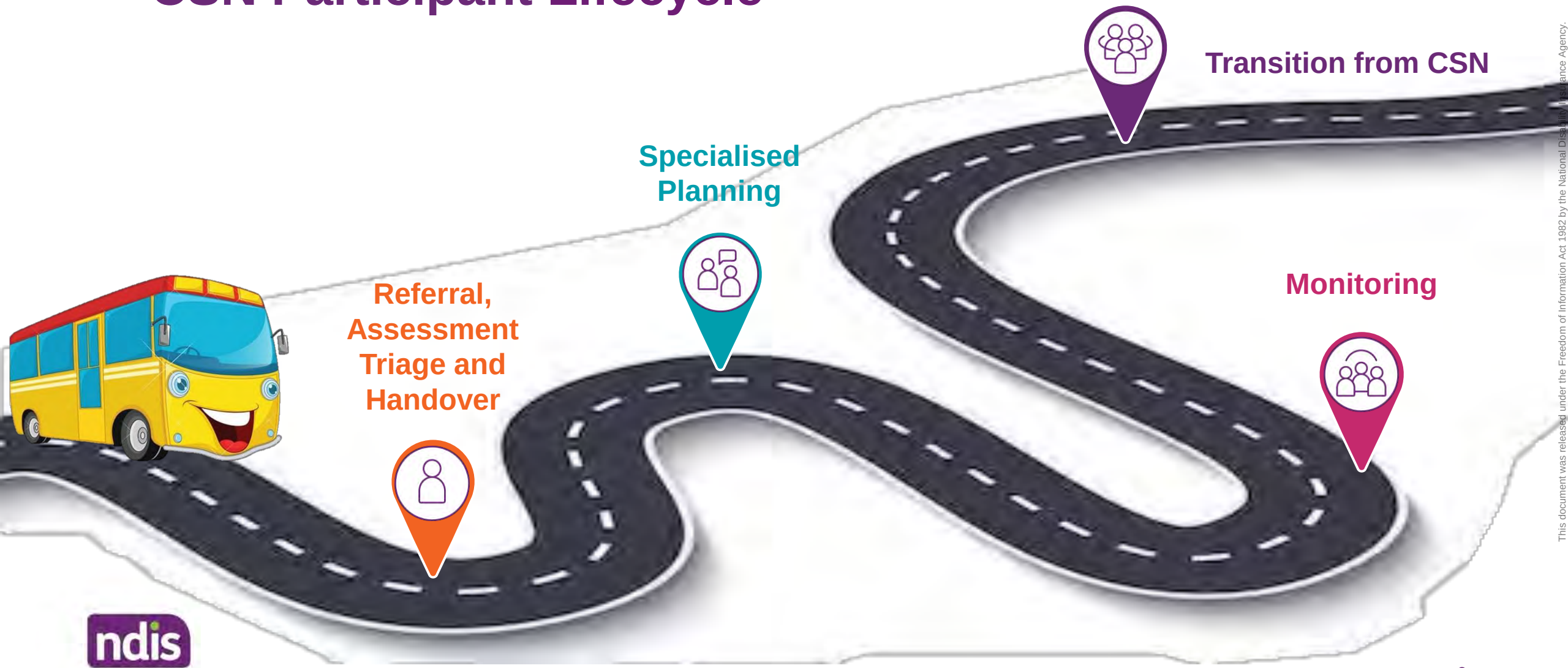
CSN Participant Lifecycle



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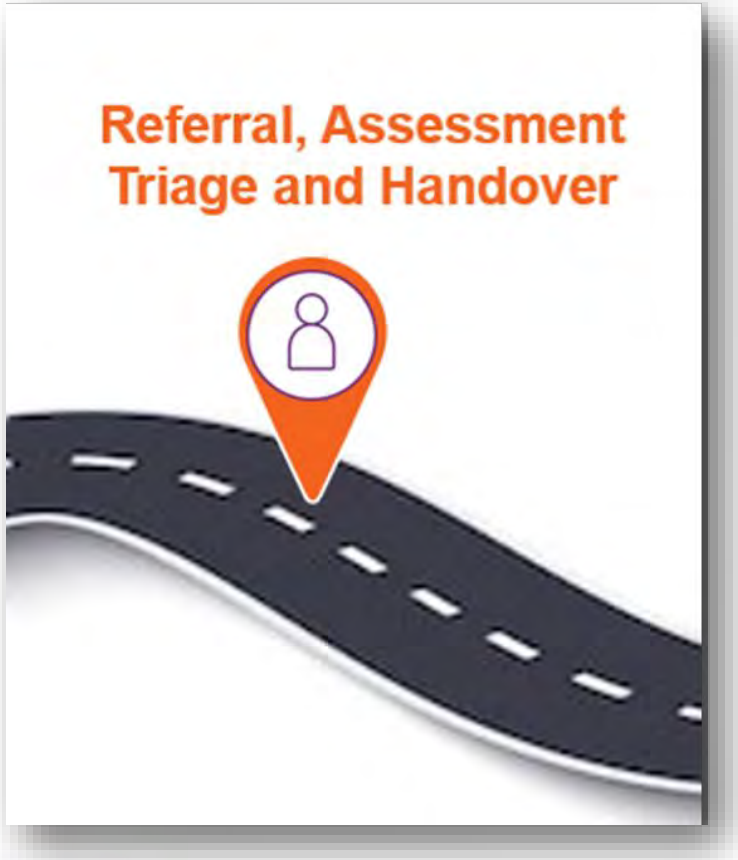
Referral, Assessment, Triage and Handover



In the Complex Support Needs (CSN) Branch, the process begins with **Referral**, where referrals are received from various sources. Next is the **Assessment** stage, where a comprehensive evaluation is conducted to identify the participant's specific needs and barriers. Finally, in the **Triage** phase, referrals are prioritised based on urgency and complexity, ensuring that high-risk participants receive timely and appropriate support. This structured approach ensures that participants receive the most effective and tailored assistance.

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Specialised Planning



Specialised Planning in the CSN Branch involves creating tailored plans to meet the unique needs of participants with complex circumstances. The process includes comprehensive assessments conducted by experienced planners, coordination with various service providers, and ongoing collaboration with participants and their families. The goal is to ensure that plans are culturally appropriate, address immediate and long-term needs, and provide a clear pathway for participants to achieve their goals and improve their quality of life. This personalised approach ensures that each participant receives the most effective and relevant support.

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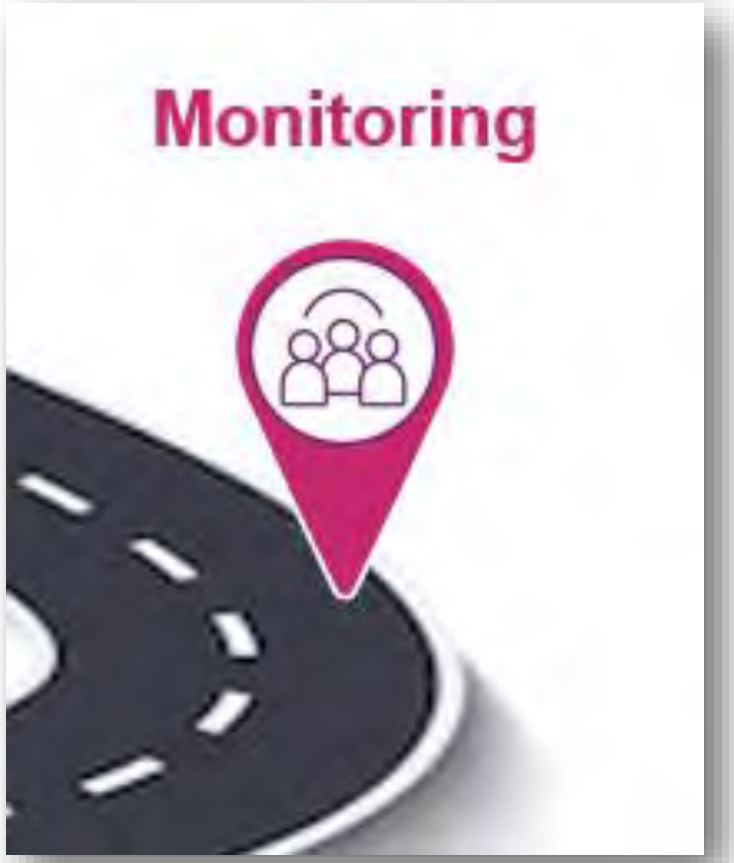
Monitoring



Monitoring in the CSN Branch involves regular assessments and reviews to ensure participants' plans are effective and remain relevant to their evolving needs. This includes continuous tracking of progress, regular communication with participants and their support networks, and adjustments to the supports as necessary. Monitoring also encompasses reporting on outcomes, addressing any emerging issues promptly, and ensuring all supports provided are culturally appropriate and safe. By maintaining consistent oversight, ensures participants receive optimal support tailored to their unique circumstances, facilitating their long-term stability and success.

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Transition from CSN



Transitioning a participant from the CSN Branch is a structured process that occurs once the participant has achieved stability in their support systems and no longer requires a CSN response. This transition is part of our usual workflow and is integrated into our operating rhythm, ensuring a seamless and efficient process. It involves regular monitoring to assess the participant's readiness, followed by a handover ensuring continued access to necessary services and maintaining the participant's stability and progress. This approach ensures that transitions are smooth and sustainable, forming an essential part of our service.

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Scenarios

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Common Themes Identified in CSN

- High-Risk and Vulnerability
- Complex Health Issues
- Social Isolation
- Housing Instability
- Legal Issues
- Cultural Considerations
- Family Dynamics
- Personal Safety
- Transition Planning
- Support Coordination
- Capacity Building
- Long-Term Stability

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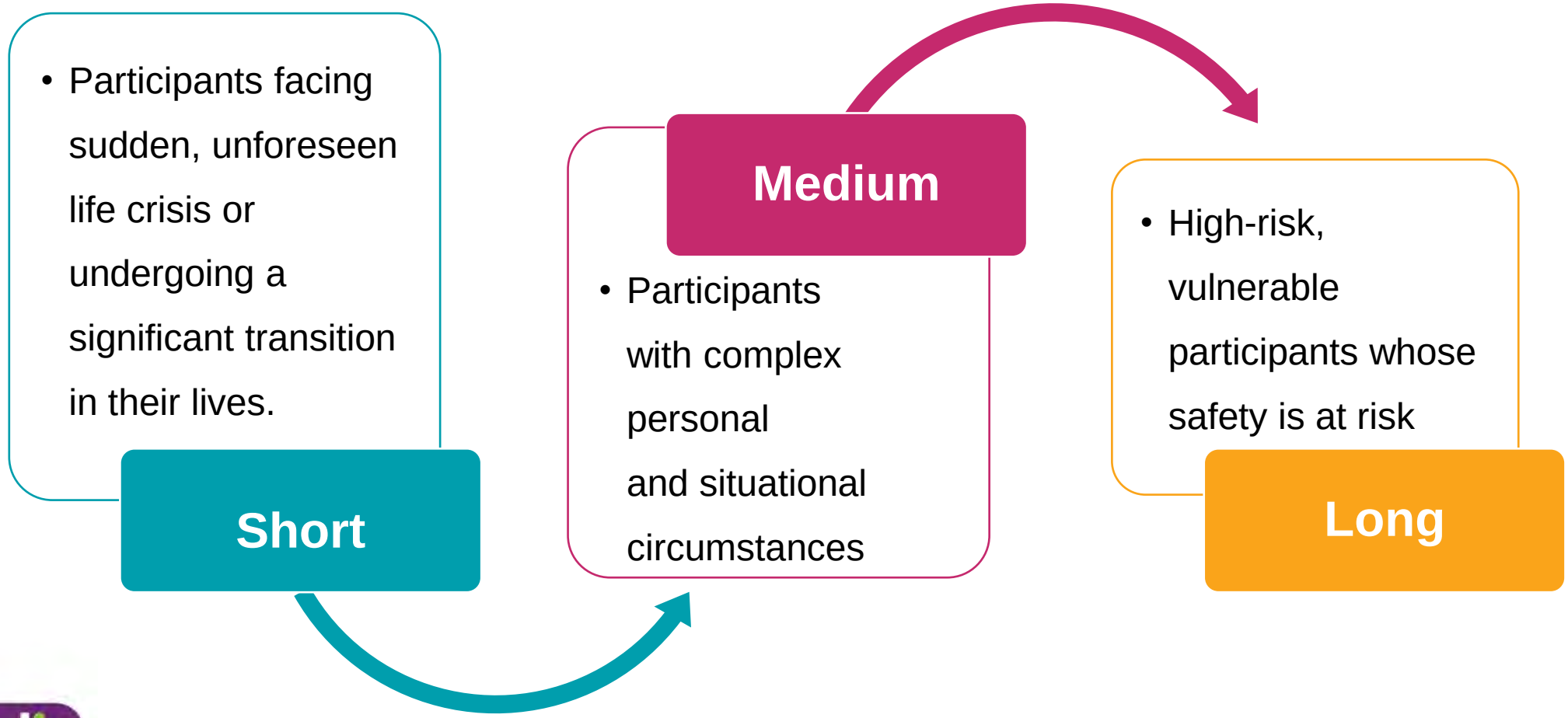
Timeframes within CSN Branch



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DOCUMENT 7

ndis

Day in the Life – CSN Participant Interface Team

Complex Support Needs Branch

Onboarding Program

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Facilitator



Kath s47F - personal privacy

PSO Team Leader

Operations, Participant Interface Team

Complex Support Needs Branch

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Acknowledgement of Country

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Learning Objectives

By the end of this session, learners will be able to:

- Describe the key roles and responsibilities of a Participant Support Officer (PSO) in the Participant Interface Team (PIT)
- Outline the PIT team Service Offer and Meeting parameters
- Discover the key tips, advice and guidance from a PIT PSO perspective.

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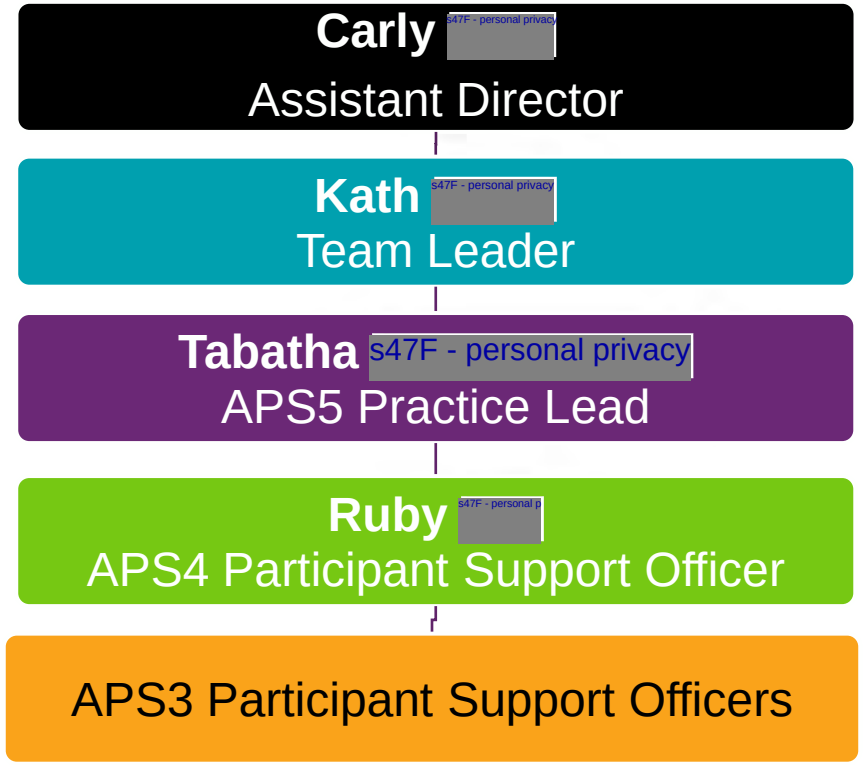
CSN Participant Interface Team Structure



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PIT PSO Role

A PIT PSO is responsible for:

- **Booking** participant meetings
- **Sending** meeting reminders
- **Rescheduling** Meetings
- **Monitoring** the Shared Outlook Inbox including reschedules and cancellations
- **Escalating** any urgent meeting requests as required
- **Remediating** on system data as required

Our team provides national services for the Complex Support Needs Branch to ensure effective operations and support quality outcomes for participants.

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Meeting Types

- First Plan meeting
- Check in Scheduled - Reassessment
- Plan Change meeting
- Plan Approval meeting
- Plan Implementation meeting
- Stakeholder meeting
- Scheduled or Discretionary Check ins

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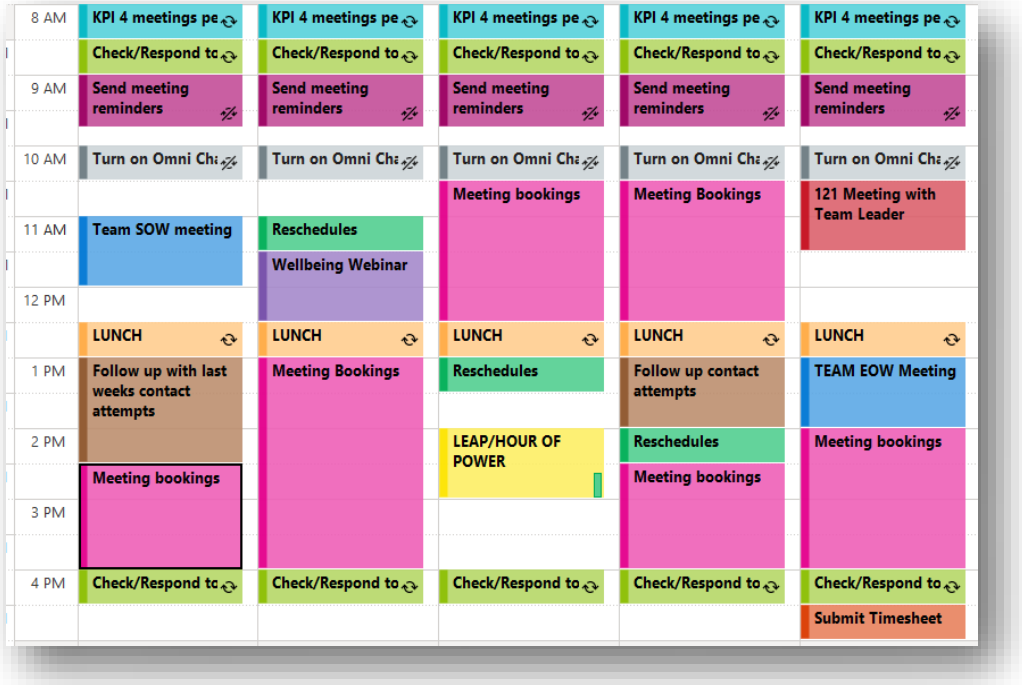
Operating Rhythm – Perfect Week



The PIT PSO has a target of scheduling x4 Meeting bookings per day.

These may be attended by multiple stakeholders who will receive the schedule meeting invite via Outlook from PIT PSOs.

Meeting bookings can take weeks to be scheduled, with engagement of participants being a key factor.

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Meeting Service Offer

- Compliance with PSG's
- Interpreters Booked
- Meeting Rooms Booked
- Outlook Calendar Invites
- Meeting Reminders 2 days prior to meeting

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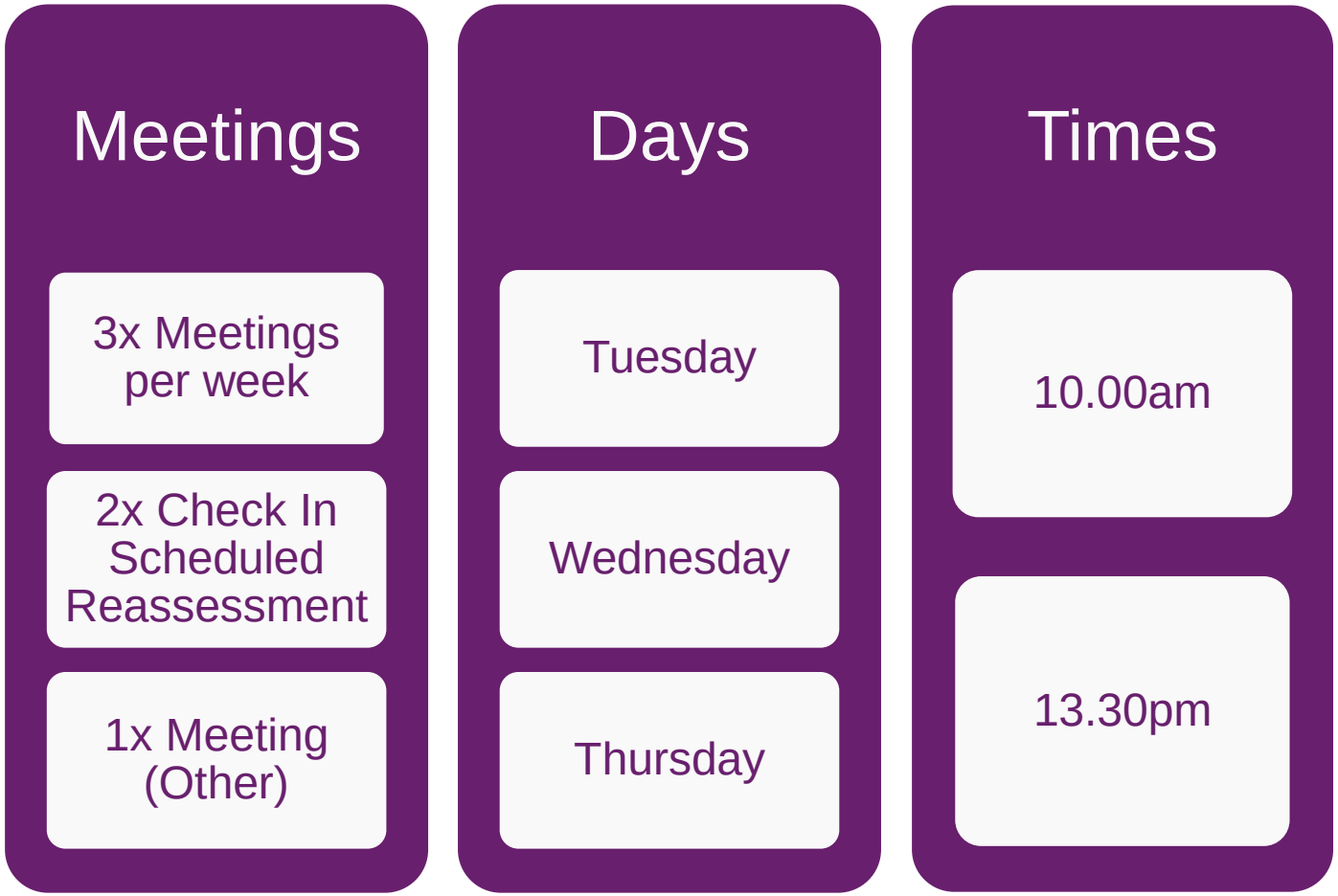
Booking Meetings – Planner Perfect Week



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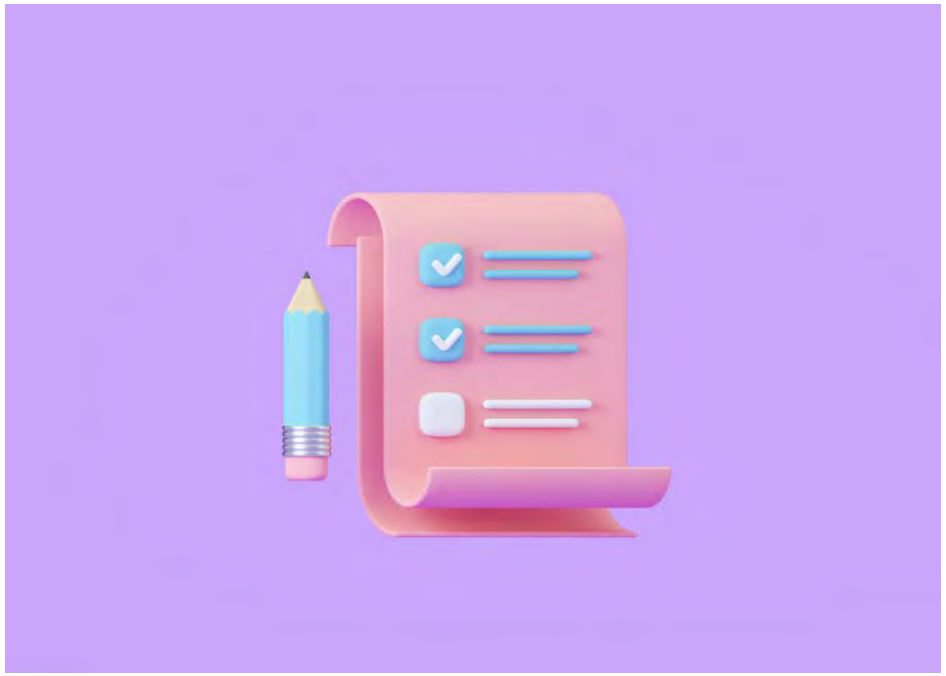
Reschedule Meeting Bookings





[CSN Meeting Reschedule Form]

[CSN Meeting Cancellation Form]

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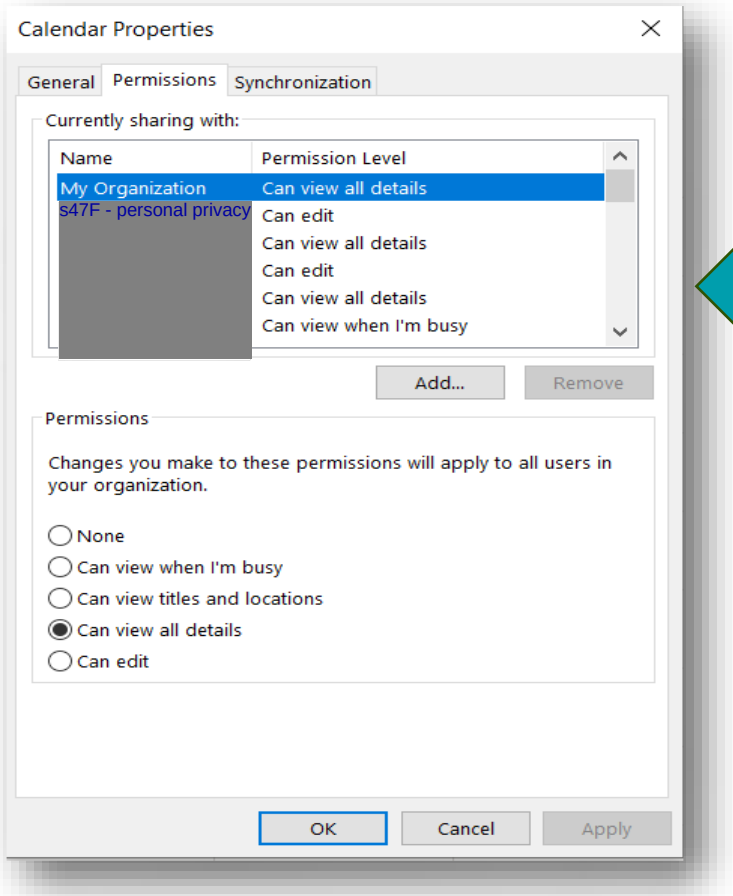
Calendar Tips



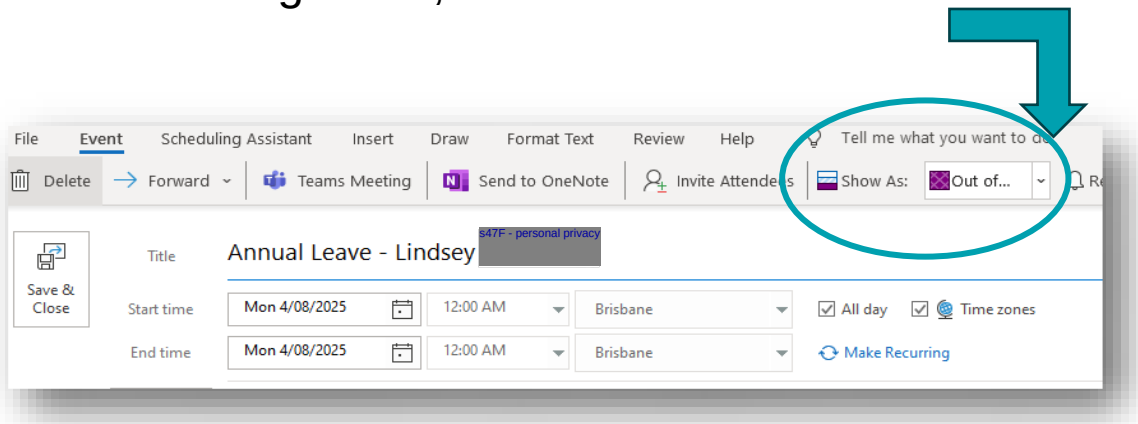
Provide Calendar Access

Select: **My Organisation**

Select Permission Level: **Can View All Details**

Add Leave to your calendar

When adding leave, use **Show as: Out of Office**



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How Can You Assist Our Team?

- Update PACE - Consents, Contacts, Contact Details, Guardianship Orders
- Provide Calendar Access
- Leave and Absences
- Ensure you format the subject line in the Enquiry case as per the Task Card
- Ensure any requirements for the meeting are outline in the meeting request

- Who you needs to attend
- Preferred Date and Times (when applicable)
- Communication requirements.



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Resources

- Participant Interface (sharepoint.com)
- Participant Interface Team - CSN SharePoint Site Page
- Request a Meeting Booking in PACE

Related links

- CSN Meeting Reschedule Form
- CSN Meeting Cancellation Form

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Questions or Feedback

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Day in the Life – CSN Planning Team Members

Complex Support Needs Branch

Onboarding Program

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Facilitator

Nathan s47F - personal privacy

Senior Planner

Complex Support Needs Branch

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Learning Objectives

By the end of this session, learners will be able to:

- Describe the key roles and responsibilities of a CSN planner.
- Describe the CSN planner operating rhythm / perfect week.
- Discover the key tips, advice and guidance, from a current CSN Planner perspective and celebrate a good news story.

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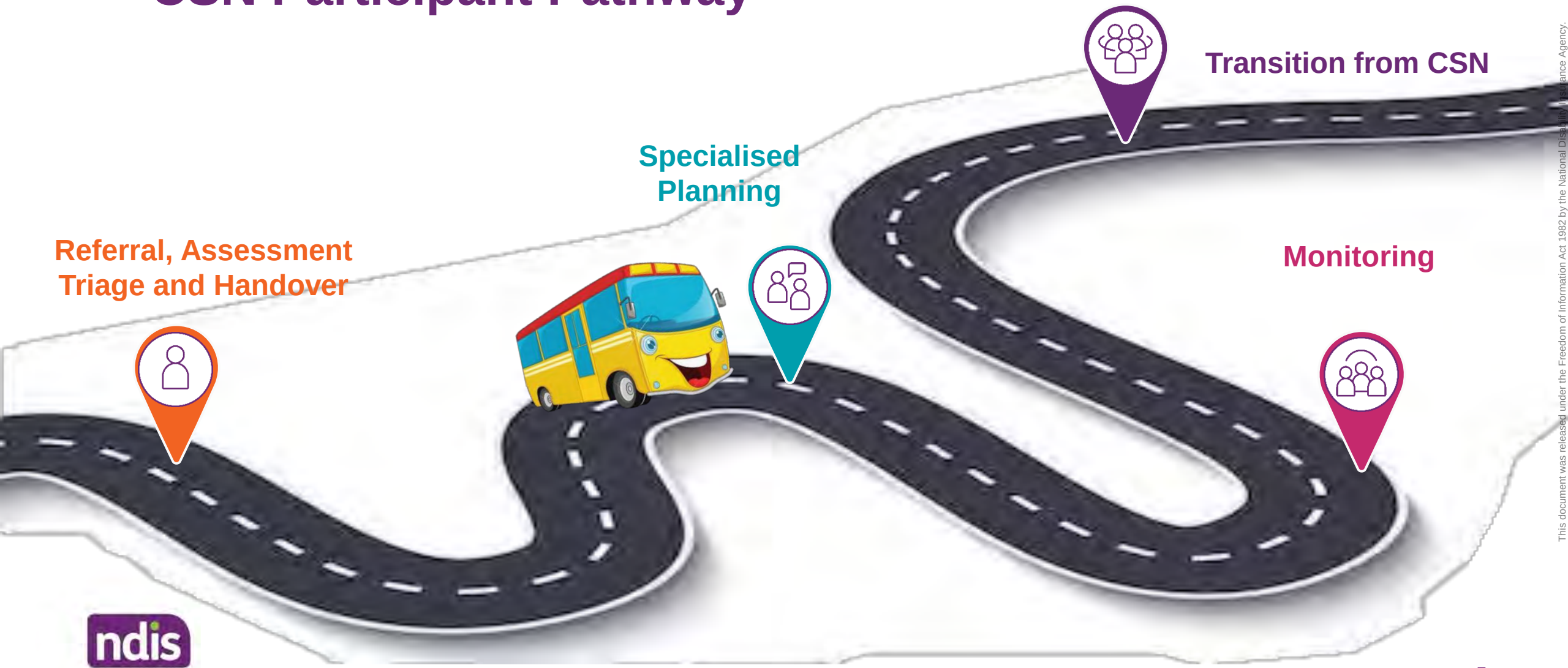
CSN Participant Pathway



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CSN Planner Role

A CSN Planner is responsible for:

- Reviewing all available documentation and meeting participant and/or family and carers, support persons and existing providers and/or services to develop a NDIS plan.
- Connecting with participant's, their nominees and carers, service providers, support coordinators and other nominated people as required for plan development and implementation.
- Developing high quality NDIS plans that consider skills development, community and mainstream supports and reasonable and necessary funding.
- Liaising with the Support Coordinator and or Specialised Support Coordinator to ensure the participants' NDIS plan are implemented and monitored as agreed.

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CSN Planner Role - continued

- Working collaboratively with participants, their nominees, service providers, community and mainstream support to ensure improved quality of life outcomes for the NDIS participant.
- Developing collaborative working relationships with external stakeholders including Support Coordinators, Behaviour Support Practitioners and other specialist providers.
- Working collaboratively with fellow team members including sharing and developing specialised knowledge in areas of expertise.
- Contributing to quality improvement that enhances service delivery practice, processes and systems that contribute to improved service quality for NDIS participants.
- Monitoring and managing your caseload ensuring plans and plan implementation monitoring activities are up to date.

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Managing Your Schedule

- Share your Outlook calendar
- Block out time for critical tasks, meetings and leave to prevent double bookings and the need to reschedule important tasks.
- Schedule time to plan your upcoming schedule for the next day / week.
- Own your time. Create your operating rhythm / perfect week.
- Start of week and end of week meetings.
- One to two planning conversations a week. Tuesdays, Wednesdays and Thursdays.
- Hour of power with the team.
- Ongoing completion of LEAP and other mandatory training.
- 121s and Check-ins with Assistant Director.

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Operating Rhythm – Planner Perfect Week

<table>
<tr><th>Time</th><th>Monday</th><th>Tuesday</th><th>Wednesday</th><th>Thursday</th><th>Friday</th></tr>
<tr><td>8.30am</td><td colspan="5">Email / Admin / Calls</td></tr>
<tr><td>9.00am
9:30am</td><td colspan="5">Task review and action: using planner dashboard and individual CRM inbox</td></tr>
<tr><td>10.00am</td><td>Sow prep</td><td rowspan="3">Planning Tasks;
Participant Meetings/Pre-Planning/Plan
Build/Implementation
/Monitoring</td><td rowspan="2">Planning Tasks;
Participant Meetings/Pre-Planning/Plan
Build/Implementation
/Monitoring</td><td rowspan="3">Planning Tasks;
Participant Meetings/Pre-Planning/Plan
Build/Implementation
/Monitoring</td><td rowspan="2">Hour of Power</td></tr>
<tr><td>10.30am
11.00am</td><td rowspan="2">Monthly 121 with AD – Option 1</td></tr>
<tr><td>11.30am</td><td rowspan="2">SoW AD’s and Planners</td><td rowspan="2">Lunch</td><td rowspan="2">EoW AD’s and Planners</td></tr>
<tr><td>12.00pm</td></tr>
<tr><td>12.30pm
1.00pm</td><td rowspan="2">Lunch</td><td rowspan="2">Lunch</td><td rowspan="4">Planning Tasks;
Participant Meetings/Pre-Planning/Plan
Build/Implementation
/Monitoring
TAB FASTTRACK</td><td rowspan="2">Lunch</td><td rowspan="2">Lunch</td></tr>
<tr><td>1.30pm
2.00pm
2.30pm</td><td rowspan="2">Prepare for the week: Review documents/ prepare for weekly meetings/check required & outstanding tasks for upcoming scheduled and unscheduled weekly meetings</td><td rowspan="3">.

Planning Tasks;
Participant Meetings/Pre-Planning/Plan
Build/Implementation
/Monitoring</td><td rowspan="2">Planning Tasks;
Participant Meetings/Pre-Planning/Plan
Build/Implementation
/Monitoring</td><td rowspan="2">Monthly 121 with AD – Option 2</td></tr>
<tr><td>3.00pm
3.30pm</td><td rowspan="2">LEAP/Training</td><td>EoW Prep</td><td rowspan="2">Prepare for next week; Review documents/ prepare for weekly meetings/ check required & outstanding tasks for upcoming scheduled and unscheduled weekly meetings</td></tr>
<tr><td>4.00pm
4.30pm
5.00pm</td><td colspan="5">Email / Admin / Calls</td></tr>
</table>

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Key Advice

- New Participant allocation - Go back to basics
- Complete desktop review. Complete handover with previous planner
- Check PACE open cases, payments and claims, documents
- Check Ins, evidenced based Plan Builds and Justifications.
- Plan implementation, monitoring and reporting requirements
- Stakeholder engagement, meetings
- Case conference with CSN Leadership - AD/Director
- Technical Advice and Practice Improvement Branch



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CSN Case Consults

Case conference with CSN Leadership (AD/Director) if:

- Over $1M plan
- Under 12 months duration
- Includes Short Term Accommodation (STA) over 28 days or Medium Term Accommodation (MTA)
- Ministerial escalations
- Decision on Reasonable and Necessary if difficult for planner to make
- 2:1 supports
- Funding Mainstream gaps
- Non-mandatory Technical Advisory and Practice Improvement Branch (TAPIB) advice.

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CSN Home and Living Form

- The Home and Living Supplementary Information form is used to capture and summarise critical information to inform the Home and Living panel of the presenting complexities in a participant's circumstances and support the decision-making process.
- All CSN planners completing a PACE Home and Living application should upload the form, along with all other relevant documentation to the participant's PACE record.
- Please note, the form does not replace existing - create and submit a Home and Living application Knowledge Article on PACE. Home and Living decision requests need to be made as per usual instructions with the new form providing supporting documentation for the panel to consider. You can find more information at Complex Support Needs – Planning (ndia.gov.au).

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Applied Principles and Tables of Support (APTOS)

Applied Principles and Tables of Support (APTOS)

- Access to mainstream services, community-based activities and other government programs is a shared responsibility across many services.
- All areas work together so people with disability receive support to meet their individual needs.
- A key tool is the Applied Principles and Tables of Support (APTOS).
- APTOS outlines the roles and responsibilities of different sectors that deliver supports to people with disability.



[The Applied Principles and Tables of Support to Determine Responsibilities NDIS and other service | Department of Social Services, Australian Government (dss.gov.au)]

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Celebrate Success



- Share good news stories with your team.
- Celebrate the wins.
- When your colleague provides support, give them a “shout out”, recognise them on LEAP or in a start or end of week huddle.
- Pick up the phone and say thank you or have a virtual coffee.

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Be kind to yourself – Wellbeing is important



- Familiarise yourself with wellbeing resources.
- Reach out to the wellbeing officer.
- Take a break.
- Have lunch away from your desk.
- Debrief with a trusted colleague.
- Leave work at work.
- Manage your time.

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Good News Story

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Meet Jackson

- Jackson is a 17-year-old boy living in Sunbury Victoria.
- Jackson began to experience significant challenges in attending school, medical appointments, and became isolated from community participation due to his severe behaviours of concern by the time he was 17.
- Jackson's mother Kristy is also an NDIS participant and suffers extreme anxiety and is a single parent.
- Jackson had limited funding for support workers, no respite funding, and limited therapy input.
- Jackson's mother Kristy was often the target of verbal and physical aggression and was close to relinquishing Jackson as she believed he would never be able to leave the house after he left school, and was daunted by having to care for him in adulthood.

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- CSN has supported Jackson since mid 2024
- CSN delivered a new, high-quality plan and guidance to the family and support coordinator that enabled Jackson to link into more therapy supports, including a new behaviour support practitioner, occupational therapy, speech therapist, and support worker company.
- This plan also included respite, which allowed Kristy to have some respite and allow Jackson to experience community activities in a safe and structured environment. The plan was adjusted to include 2:1 supports for 6 months after it was clear community engagement outside short term accommodation (STA), including medical appointments, was not safe at a 1:1 ratio. This allowed for real community participation and making friends for the first time in years for Jackson.
- CSN collaborated with Jackson's family, NDIS, and mainstream supports including his school to develop a unified approach to building both Jackson's and Kristy's capacity, including risk and crisis management plans with the new positive behaviour support plan and therapy strategies.

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- With CSN support stakeholders, Jackson has been able to successful stepdown to 1:1 supports again while maintaining participation in activities he enjoyed.
- His behaviours, both at home and school, significantly reduced in both frequency and intensity, and his functional skills were able to be built enough for him to begin managing his hygiene activities without physical assistance.
- Kristy was overwhelmed with relief and no longer felt the need to relinquish care and was able to work on her own therapy strategies within her NDIS plan. She feels she can finally be a mother to her son again, not just another support worker. Kristy and Jackson's father are starting to spend more time with Jackson without support.
- Jackson is now looking to finish school, thinking about what day program or job he wants to do, and continue enjoying his favourite community activities, including swimming, train rides, and walking in local parks.

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Resources

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Key links

- Frontline Services Hub
- Our Guidelines
- Would we fund it | NDIS
- Understanding the NDIS | NDIS
- National Disability Insurance Scheme Act 2013 (legislation.gov.au)
- NDIS and other government services | NDIS
- What does NDIS fund? | NDIS
- What your support coordinator should do | NDIS

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Questions

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DOCUMENT 9

ndis

Principles of Stakeholder Engagement

Complex Support Needs Branch

Onboarding Program

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Acknowledgement of Country



Before we begin, I would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders, past present and emerging. I would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples here today.

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Facilitator

Breeze s47F - personal privacy

Senior Project Officer

Operations, Capability and Project Engagement

Complex Support Needs Branch

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Learning Objectives

By the end of this session, learners will be able to:

- Understand what stakeholder engagement is and why it matters
- Identify key CSN stakeholders and their priorities.
- Apply engagement principles and customer service skills
- Use effective language and behaviours in interactions
- Practice strategies in a group activity.

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Stakeholder Basics

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What is a Stakeholder?

What is a Stakeholder?

- A stakeholder is anyone who has a stake in your organisation, either through interest, influence or both.

Oxford dictionary defines a stakeholder as:

- A person with an interest or concern in something, especially a business.
- Denoting a type of organisation or system in which all the members or participants are seen as having an interest in its success.

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Stakeholder Engagement

What is Stakeholder Engagement and why is it Important?

A process that we can follow to listen, collaborate and inform key stakeholders.

- Two-way process that considers the best approach for communication while making the best use of available resources.
- Good stakeholder engagement can lead to:
    - Proactive planning for participants.
    - Build trust and foster connections.
    - Generate buy-in and support greater collaboration and negotiation.
    - Build confidence, mitigate risks and reduce conflict.
    - Reducing uncertainty, dissatisfaction, disengagement, and resistance to change.

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Who are our Stakeholders?



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Primary Internal Stakeholders / Customers:

- Each other
- Servicey Delivery Planning Teams
- Enabling teams e.g. Technical Advice and Practice Improvement Branch (TAPIB), National Contact Centre (NCC)
- Executive Leadership

Primary External Stakeholders / Customers:

- People with a disability
- NDIS participants
- Mainstream state and territory government services
- Community services
- Circle of Support e.g. Family members/Guardians, Support Coordinator, Aboriginal Liaison Officer
- Allied Health Professional

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What is important to our Stakeholders?

1. That we follow through on what we say we will do
2. That we partner with them and are solution focussed
3. That we operate as one NDIA
4. That we are professional, helpful and approachable
5. That we actively assist our external customers to understand the role of the Scheme and the Agency
6. That we don’t pass the buck
7. That we acknowledge when we get it wrong or don’t understand
8. That we know our jurisdiction and our subject content but we’re also willing to reflect and learn
9. That we authentically understand the challenges of each other’s work and show mutual respect
10. That we recognise our active role and we take responsibility, each and every day.

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Stakeholder Principals and Framework

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Stakeholder Engagement Principles

Key Objective

Engage early with stakeholders to get their buy-in and tap into their expertise

Common Problems

Not having clear plan or purpose to stakeholder engagement from the beginning

Not having a plan for capturing and incorporating stakeholder feedback

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NDIA Strategic Direction

The 2025–2026 Corporate plan outlines the agency's purpose, operating context and performance framework

Outcome Statement: Improve the independence, and the social and economic participation, of eligible people with disability through the management of a financially sustainable National Disability Insurance Scheme with proper, efficient and effective use of resources.



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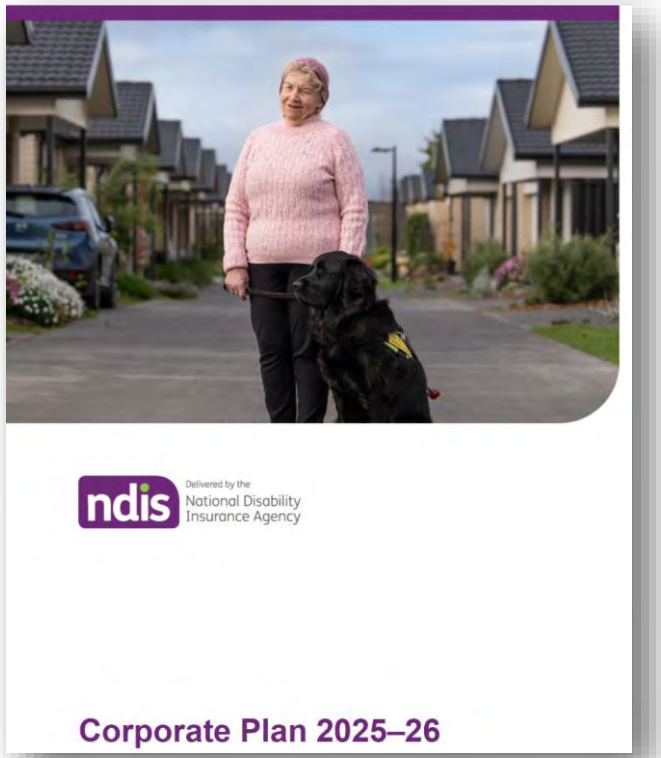
What does our Agency say about stakeholders?

We know people with disability achieve the best outcomes when they have access to the same services and facilities as the broader community. We use the NDIS Act as the foundation for governments to work together, to adopt an insurance-based approach and to deliver a national regulatory framework for the funding and provision of supports and service.



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Stakeholder Engagement Framework



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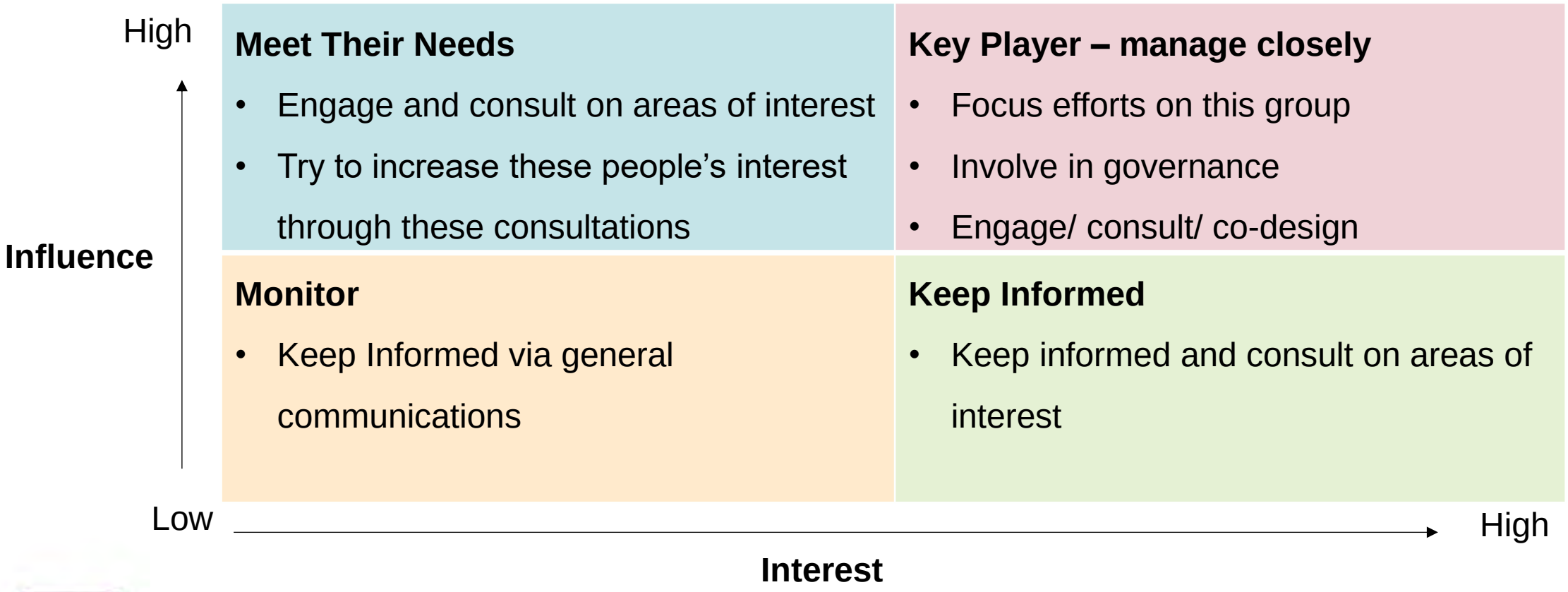
Stakeholder Mapping



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Language and Behaviours

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Elements of Customer Service



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Good Arguments



Bo Seo On Productive Disagreements in GOOD ARGUMENTS

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All team members should avoid

1. Over committing to what you or the Agency can or will do
2. Over sharing about yourself and/or our internal business
3. Us vs them (that includes internally)
4. Don’t pick up the rope, it’s not a battle
5. Being a gate keeper
6. Back and forward emails or teams chat “*death by email*”
7. Talking over your stakeholder or only listening to reply
8. After hours emails to external stakeholder
9. Creating work arounds
10. Promoting chaos / whirlwind, consider the benefit of a “*therapeutic wait*”



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Language to use	Language not to use
yes, can, do, will	not, cannot, can't, don't, won't
thank you, please	wrong, unacceptable, neglected
solution, situation, opportunity, choice	but, however, unfortunately
support, assistance.	failure, problem
if you can provide X, we can Y	always, never
the information we have suggests	obviously, clearly
our records indicate	you neglected to specify
the options available	you failed to, you overlooked
we need to	you claim, say, state that
we can, I will	you don't, you didn't
thanks for explaining.	there are rules.

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All team members should focus on



1. When you commit to doing something, ensure you do it. Otherwise known as **closing the loop**.
2. Listen and acknowledge stakeholders, including their frustrations or view, it doesn't mean you're agreeing
3. Be solution focussed
4. Read the room!
5. Be clear and concise
6. Pick up the phone – it builds relationships and helps to navigate solutions **together**

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All team members should focus on (continued)

7. Be honest – it's okay to say "That's a great question, I want to ensure I give you an accurate answer, so let me get back to you by [xx/xx] date"
8. Reflect on your attitude – how do you make your customers, stakeholders feel?
9. Professional presentation
10. Prepare, prepare, prepare – utilise pre-meets and ensure structure (agenda / meeting summary)
11. Arrive on time to meetings



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Group Activity

In your groups:

- Make note of your breakout room number and identify your scenario.
- Select one person to scribe and report back
- Review the scenario.
- Discuss and report back with your answer.

Scenario 1 – Rooms 1 and 2

Scenario 2 – Rooms 3 and 4

Scenario 3 – Rooms 5 and 6

Scenario 4 – Rooms 7 and 8



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Scenario 1 – Rooms 1 and 2

Eshan is 20 years old and lives at home with his parents. Eshan has a spinal cord injury. In July, after weeks of attempting to arrange a plan reassessment meeting, Eshan's mother answers the phone. She does not understand why we are calling her when Eshan's plan ends in October. She was expecting a plan rollover. She starts talking in a negative tone and begins to tell you all the things that Eshan will no longer be able to do, since his accident.

Questions:

1. Identify the key stakeholders involved.
2. What do you think the different stakeholders may be feeling and experiencing?
3. What communication strategies could the NDIA staff member use to build rapport with Eshan's mother and enaction the task of booking the meeting?

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Scenario 2 – Rooms 3 and 4

Mary is 57, lives in her own home and has been diagnosed with Early-Onset Dementia. Mary's relationship with her daughter is fractured. Mary has had a fall which has left her hospitalised for three weeks and she is waiting to be discharged from hospital. Mary wants to stay living in her own home but during the planning meeting her daughter constantly speaks in a negative tone and keeps interrupting Mary, the Support Coordinator and the planner, demanding Mary be moved into an aged care facility.

Questions:

1. Identify the key stakeholders involved.
2. What do you think the different stakeholders may be feeling and experiencing?
3. What are some of the actions the NDIA staff member could do to ensure the conversation is focused on the Mary's goals rather than on Mary's daughter's wishes?

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Scenario 3 – Rooms 5 and 6

John is 17 and has been diagnosed with Autism level 2 and a moderate intellectual disability. He has successfully completed his final school of secondary school and currently lives at home with his father. At the planning meeting, John's father advises the NDIA staff member that John has advised him he wants to move out of home and get a job. Throughout the conversation, John is constantly looking away and changing the subject. At that point, the NDIA staff member realised John may not understand what is being discussed.

Questions:

1. Identify the key stakeholders involved.
2. What do you think the different stakeholders may be feeling and experiencing?
3. How can the NDIA staff member adapt their communication style to ensure John understands what is being discussed with him?

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Scenario 4 – Rooms 7 and 8

Tully is 27 and has been diagnosed with Fetal Alcohol Spectrum Disorder (FASD). She is currently residing in a correctional facility and is due to be released, pending an upcoming court hearing. Tully would like to reconnect with her family and find appropriate housing. At Tully's stakeholder meeting, there are over ten stakeholders present, all with mixed opinions and perceptions of what should occur.

Questions:

1. Identify the key stakeholders involved.
2. What do you think the different stakeholders may be feeling and experiencing?
3. What are some actions the NDIA staff member can take to navigate a meeting where there are mixed opinions and perceptions of what should occur for the participant?

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Reflection

- We value people
- We grow together
- We aim higher
- We take care



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DOCUMENT 10



Positive Behaviour Support and Regulated Restrictive Practices

Complex Support Needs Branch

Onboarding Program

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Facilitator

Nicole s47F - personal privacy

Director

Complex Support Needs Branch

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Acknowledgement of Country

I would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders past, present and emerging.

I would like to extend that acknowledgement and respect to any First Nations peoples here today.

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Learning Objectives

By the end of this session, learners will be able to:

- Describe historical approaches to positive behaviour support
- List key aspects of contemporary approaches
- Define behaviours of concern
- Outline the components of positive behaviour support
- Understand the link with the use of regulated restrictive practices
- Identify relevant NDIS legislation
- Apply NDIA practice and guidelines

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Safe Learning Space

The content of this course may be difficult for some of us at times.

Please make sure you:

- Take breaks any time you need
- Ask a colleague in the session to support you, if needed
- Speak up if you feel uncomfortable
- Engage in this learning in a way that is respectful and creates a safe environment for your peers
- Be available and responsive if a peer needs to reach out to you during the day
- Connect with our Wellbeing Resources / EAP support, if required



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Before we start…

Where are you now?

CONFIDENCE in working with people with behaviours of concern

1	2	3	4	5
Not at all	Somewhat	Confident	Very confident	Extremely confident

KNOWLEDGE about working with people with behaviours of concern

1	2	3	4	5
No knowledge	A little	Adequate	High level	Expert

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A brief history of behaviour support

Approaches to behaviour reflected societal attitudes and understanding of people with a disability.

- Institutionalisation
- Medical Model
- Behaviourist Model
- Applied Behaviour Analysis

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Food for thought

Attitudes, beliefs and assumptions

- People need consequences in order to learn
- It is sometimes necessary to override professionals' advice
- Some people are just bad and won't change
- Restrictive practices are unethical and inhumane
- Some people have certain types of behaviour that I would prefer not to work with
- "They're just like children and need to stop playing up"
- "It's just attention seeking"



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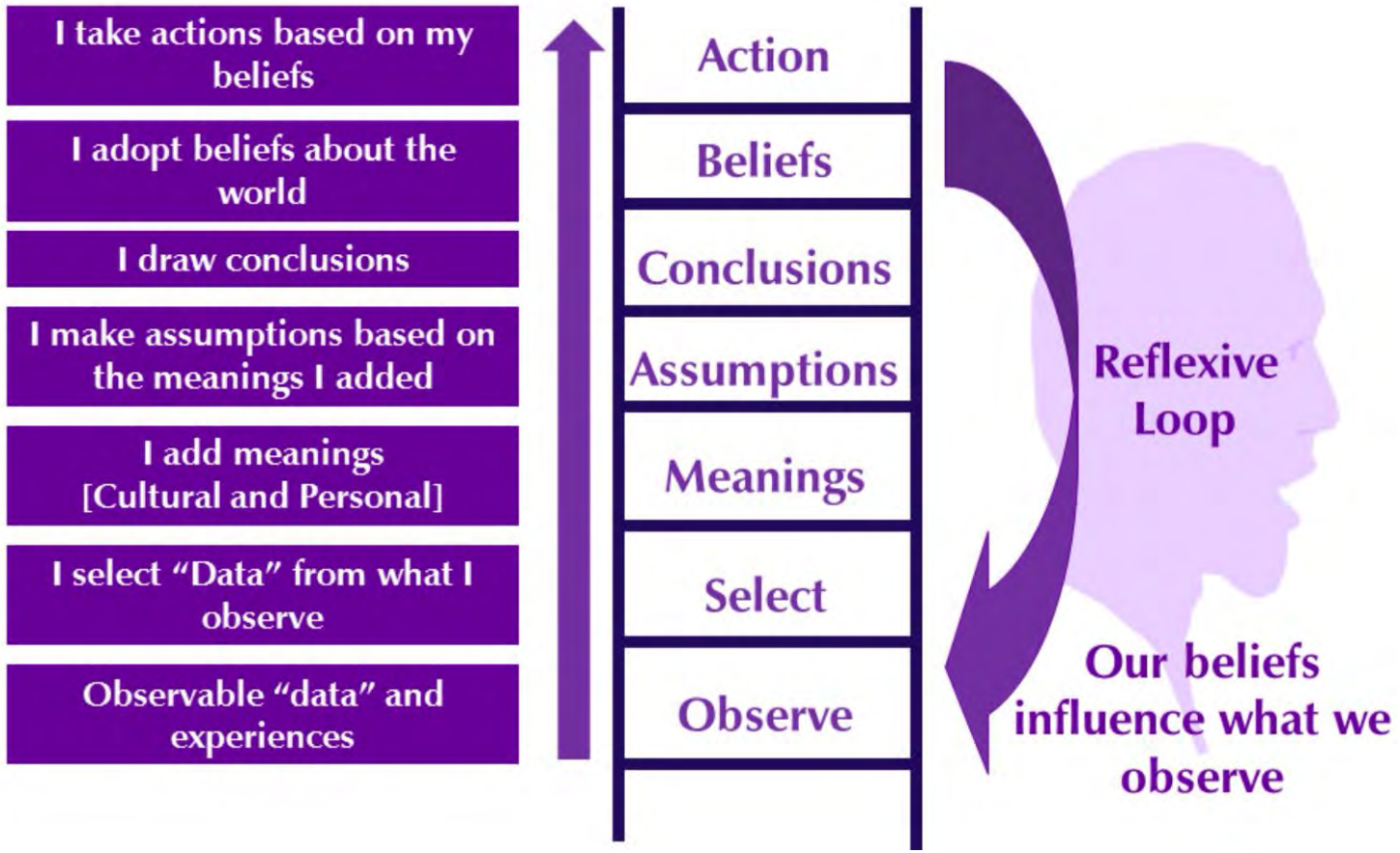
The Ladder of Inference



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Contemporary Approaches

A Rights Based Perspective – UN Convention on the Rights of Persons with Disabilities (2006)

- Article 12: Equal recognition as a person before the law.
- Article 13: The right to justice.
- Article 14: The right to liberty and security.
- Article 16: Freedom from exploitation, violence and abuse. This article is the most direct link with the Australian Government's (2014) commitment to the reduction and elimination of restrictive practices and is supported by a Zero Tolerance Framework (National Disability Services, 2016; 2018).
- Article 19: Living independently and being included in the community.
- Article 21: Freedom of expression and opinion, and access to information.
- Article 26: Habilitation and rehabilitation. This article covers actions that make it possible for people with disability to enjoy maximum independence, full abilities, and be involved in all aspects of life.

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Contemporary Approaches – continued

Recognising an individual's rights is paramount. Restrictive practices should occur only in very limited and specific circumstances, as a last resort and utilising the least restrictive practice and for the shortest period of time possible under the circumstances. Restrictive practices should only be used where they are proportionate and justified in order to protect the rights or safety of the person or others.

Source: The Positive Behaviour Support Capability Framework, Office of the Senior Practitioner, NDIS Quality and Safeguards Commission, June 2019

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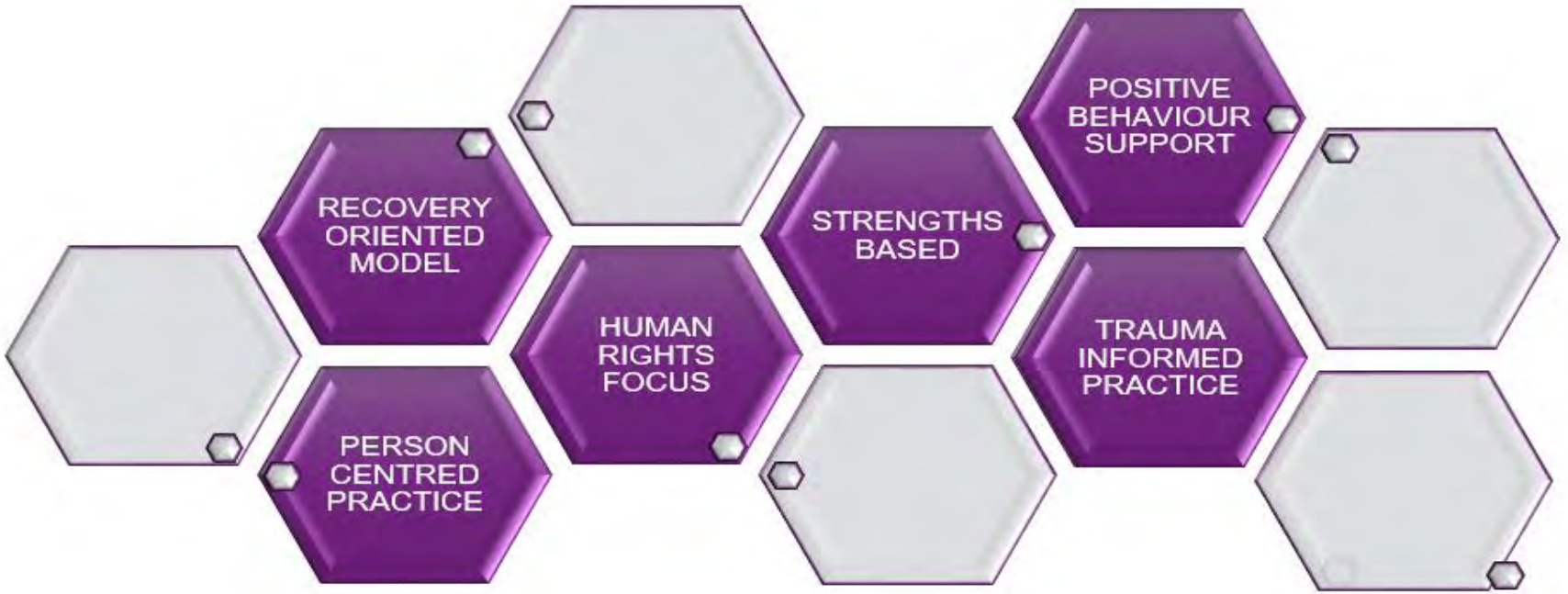
Contemporary Approaches Model

National framework for reducing and eliminating the use of restrictive practices in the disability services sector (Australian Government, 2014)

Underpinning practice and theoretical models:



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Human Behaviour



We all use the skills and tools available to us to communicate our needs. One of the main tools we use is our behaviour. Our behaviours are a way of communicating a message and they serve a purpose and function.

Every behaviour has a purpose and is a way of communicating a message. You might use certain behaviours, for example, to communicate what you want, a need that's not being met or something you want changed in your environment.

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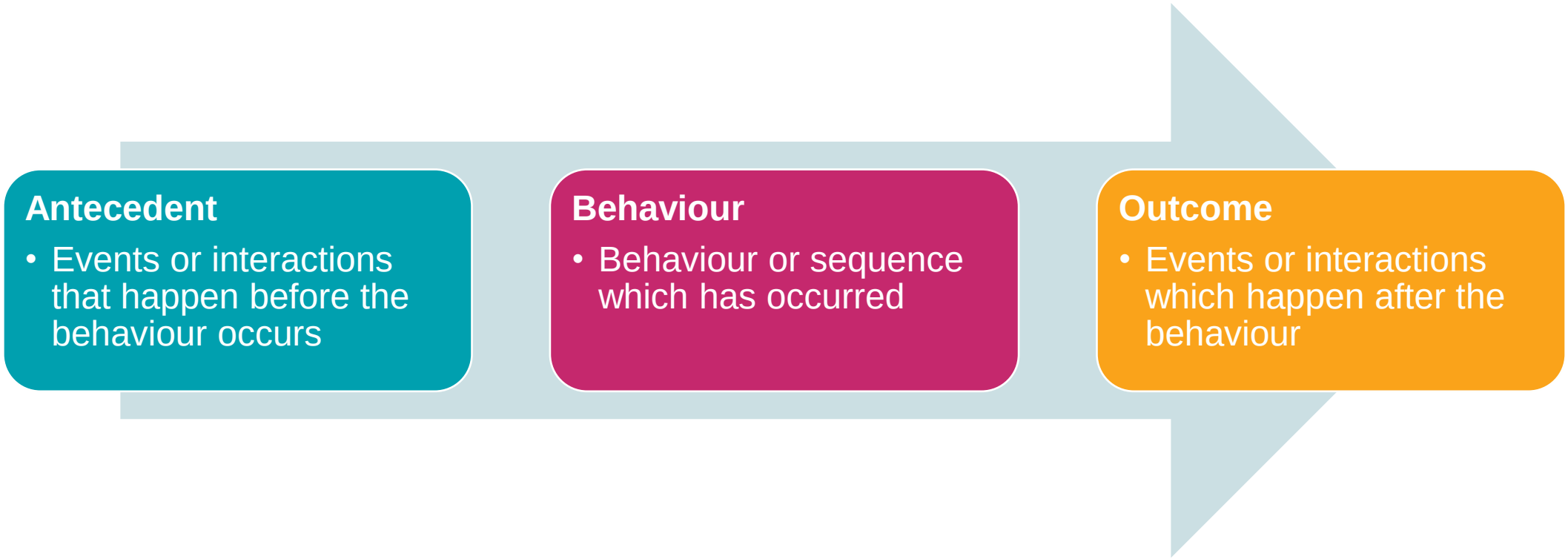
Understanding Human Behaviour



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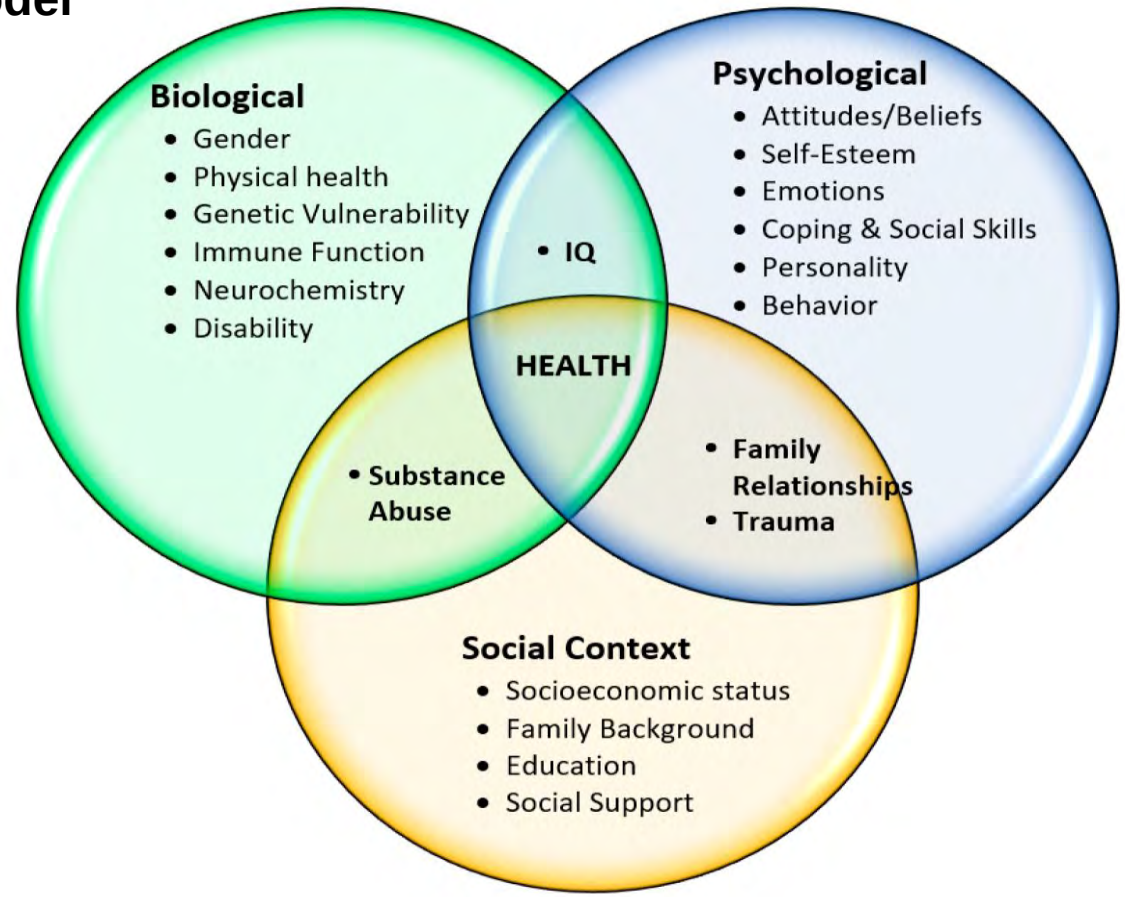
Understanding Human Behaviour Model

Biopsychosocial Model



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What do we mean by behaviours of concern?

Behaviours of Concern (BoC) refer to a wide range of behaviours of an intensity, frequency or persistence that threatens the quality of life, physical safety of the individual and/or others and generally results in limiting access to the community.

BoC can be any behaviour that results in an adverse impact on the person's quality of life. This may include:

- physical or verbal aggression
- property damage
- inappropriate sexual behaviour
- disinhibited and impulsive behaviour
- self-harming behaviour.

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Understanding Human Behaviour

Question:

What do you think causes behaviours of concern?

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Understanding Human Behaviour (continued)

Behaviours of concern can be attributed to one or more of the following:

- underlying physical, neurological, mental or emotional health issues
- the physiological effects of substances, including alcohol, illegal drugs or medications
- breakdowns in communication
- an inability to self-regulate desire for things
- a lack of appropriate learning opportunities or role models
- the failure of service systems or support networks, or other environmental problems
- the effects of relationships with other people.

(Chan et al, p37, 2012)

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Break

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What is Positive Behaviour Support?

Positive behaviour support is the term used to describe the integration of the contemporary ideology of disability service provision with the clinical framework of applied behaviour analysis. Positive behaviour supports are supported by evidence encompassing strategies and methods that aim to increase the person's quality of life, which will lead to a reduction in behaviours of concern.

(Carr, et al., 2002; Singer and Wang, 2009)

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What is Positive Behaviour Support? (continued)

Behaviour Support is a specific type of support that may be funded by the NDIS. A behaviour support practitioner will work with a participant and their family, carers, providers, and support workers to develop a shared understanding about their support needs and why they might use certain behaviours. They will do assessments, develop a behaviour support plan and look at positive behaviour support strategies that will help reduce the need to use behaviours of concern. These could be:

- changes to the environment
- support and awareness for people helping the participant
- strategies to build the participant's skills to recognise and respond differently to their emotions

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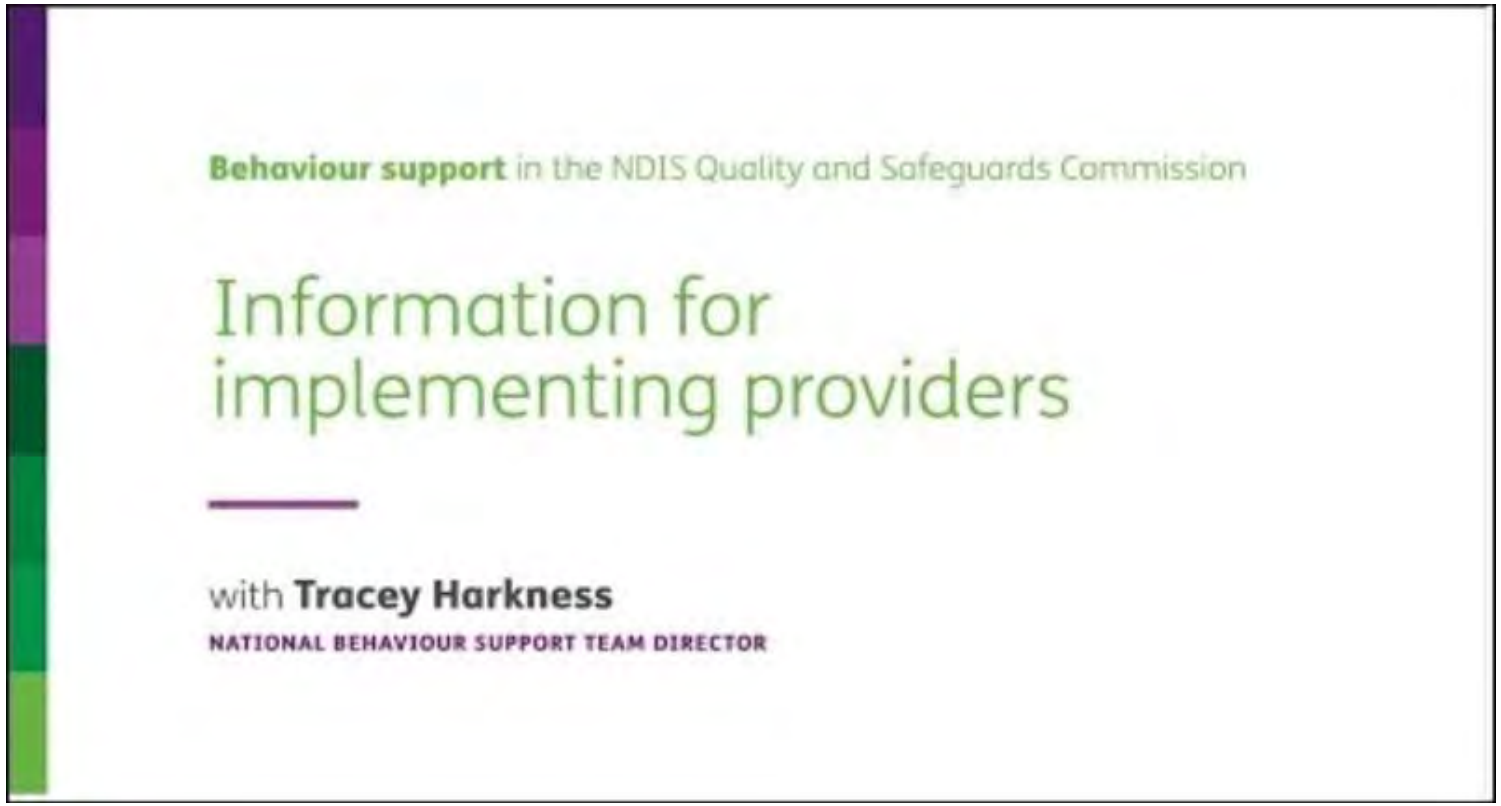
Positive Behaviour Support – An overview



[For Providers: Behaviour Support in the NDIS Commission - YouTube]

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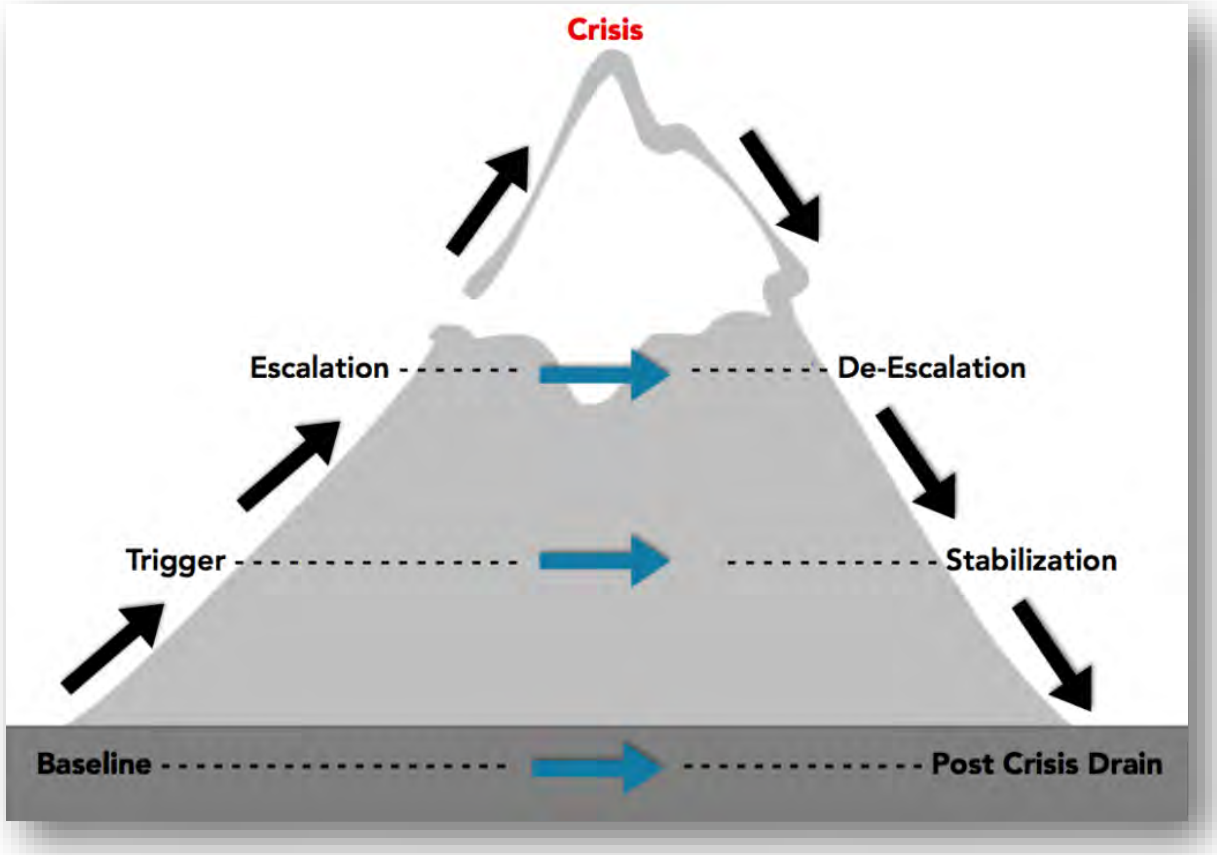
Positive Behaviour Support Process

Functional behaviour assessment (Escalation Cycle)



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Positive Behaviour Support Process (continued)

- Functional behaviour assessment (Escalation Cycle)
- Interim Behaviour Support Plan (Safety Plan; Incident Prevention and Response Plan; Reactive Strategy)
- Comprehensive Functional Behaviour Assessment
- Comprehensive Behaviour Support Plan
- Training and Implementation Support
- Monitoring
- Review at least every 12 months if RRPs – revisit functional behaviour assessment

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Positive Behaviour Support

- It works!
- Not a linear process
- Holistic and Integrated
- A Systems Approach
- Includes crisis response and plan revision as required
- Should have multi-disciplinary input
- Can include regulated restrictive practices, with an emphasis on reduction and elimination

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What is a Behaviour Support Plan?

A Behaviour Support Plan will contain strategies that are proven to work and focus on individual behaviour support needs. It will outline specifically designed positive behaviour support strategies.

The behaviour support practitioner will recommend positive behaviour strategies that:

- supports safety and wellbeing
- builds on strengths
- look at ways to build capacity and help connect with community and mainstream services
- increase life skills
- help to make sure the plan and supports will be stable in the long-term.

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Interim Behaviour Support Plan

An Interim BSP is a short document that contains general preventative and responsive strategies designed to keep the person with disability and others safe.

It clearly describes the behaviours of concern and includes protocols to follow to minimise the risk of harm. It also identifies if, when and how any regulated restrictive practices are to be applied.

An Interim BSP focuses on safeguarding and risk mitigation whilst a functional behavioural assessment is undertaken and a Comprehensive Behaviour Support Plan is developed with the person with disability.

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Comprehensive Behaviour Support Plan

A Comprehensive Behaviour Support Plan (Comprehensive BSP) is a holistic document based on a behaviour support assessment, (including a functional behaviour assessment).

It contains proactive and evidence-informed strategies to improve a person's quality of life and support their progress towards positive change. It addresses the underlying function(s) of the person's behaviour of concern and where appropriate, identifies functionally equivalent replacement behaviours.

A Comprehensive BSP outlines any environmental changes required, provides skill development opportunities and includes response strategies to be followed when the behaviour(s) of concern occurs. The plan also identifies if, when and how any regulated restrictive practices are to be applied and includes fade out strategies to promote their reduction and elimination over time.

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Timeframes

From the first day the behaviour support practitioner meets the participant, they will have:

- **1 month** to complete an interim behaviour support plan
- **6 months** to develop a comprehensive behaviour support plan.

Once the behaviour support practitioner has developed an interim plan, they will then complete a functional behaviour assessment with the participant and develop a comprehensive behaviour support plan.

If the behaviour support plan includes a restrictive practice, they must lodge it with the NDIS Commission, as soon as practicable, after it is developed.

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Who can provide behaviour support?

Behaviour support is provided by a **specialist behaviour support provider**. The provider must be registered with the NDIS Commission. Behaviour support practitioners must be considered suitable to provide specialist behaviour supports to NDIS participants by the NDIS Commission.

A behaviour support provider must:

- meet the requirements in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
- let the NDIS Commission know about the behaviour support practitioners they will be using to do assessments and develop behaviour support plans.

The specialist behaviour support provider must be registered for:

- behaviour support assessments, including functional behaviour assessments
- developing behaviour support plans

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Regulated Restrictive Practices

At times, when behaviours being used are high risk, people supporting the participant might need to use a restrictive practice.

A restrictive practice can only be used when all other strategies have been tried and haven't worked. This means the participant is still using behaviours towards themself or others that concerns the people who support them. There are important rules a practitioner and providers must follow if they use a restrictive practice.

If the participant needs behaviour support, it must :

- be appropriate to the participant's needs
- be based on evidence-based practices
- comply with relevant Commonwealth, State and Territory laws and policies.

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What are Regulated Restrictive Practices?



What are restrictive practices?

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Regulated Restrictive Practices in a BSP

The behaviour support practitioner must take steps to identify whether supports are using restrictive practices or not.

The specialist behaviour support provider must clearly state in the behaviour support plan if it includes a regulated restrictive practice. It must follow the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.

If the behaviour support plan includes restrictive practices, the specialist behaviour support provider must lodge the plan with the NDIS Quality and Safeguards Commission.

If the behaviour support plan does not include restrictive practices, the provider does not have to lodge it with the NDIS Commission. However, the behaviour support plan must still be developed by a specialist behaviour support provider who is registered with the NDIS Commission.

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Regulated Restrictive Practices

Question:

What are the 5 types of regulated restrictive practices?

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What are Regulated Restrictive Practices?

A behaviour support practitioner can only consider restrictive practices if they are the least restrictive alternative and are in line with the approaches of positive behaviour support strategies. The NDIS (Restrictive Practices and Behaviour Support) Rules 2018 identify 5 types of restrictive practices providers may be able to use that are subject to safeguards. These are called regulated restrictive practices.

A restrictive practice is a regulated restrictive practice if it is or involves:

- seclusion
- chemical restraint
- mechanical restraint
- physical restraint
- environmental restraint.

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Laws and Regulations for Restrictive Practices

Each state and territory have laws or policies about the use of restrictive practices in behaviour support. States and territories are responsible for the specific legislation, policy and procedures related to which restrictive practices a provider can use.

All behaviour support providers and practitioners must also follow the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

Implementing providers must be registered with the NDIS Commission for the type of support they are providing and have module 2A in their registration.

Implementing providers must report monthly on the use of regulated restrictive practices. The implementing provider must follow the regulations for restrictive practices in the NDIS Rules.

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Responsibilities of the NDIS Commission

The NDIS Quality and Safeguards Commission is responsible for many things, including:

- Assessing and screening the suitability of anyone applying to be an NDIS behaviour support provider, practitioner or worker
- Deciding who can deliver behaviour support against the capability framework
- Providing best practice guidance and information
- Focusing on education, training and advice on the use of behaviour supports and the reduction and elimination of the use of restrictive practices
- Responding to concerns, complaints and reportable incidents about behaviour support
- Overseeing and monitoring the use of restrictive practices in the NDIS.

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NDIA Responsibilities

The National Disability Insurance Agency is responsible for many things, including:

- Determining the reasonable and necessary supports in a participant's NDIS plan
- Supporting the participant to engage with a registered specialist behaviour support provider
- Making decisions about funding reasonable and necessary supports to help the participant implement the strategies in their behaviour support plan
- Monitoring the funded supports in your NDIS plan to make sure they're meeting the participant's support needs.

We will check that:

- Any restrictive practices are clearly identified in a behaviour support plan
- Any regulated restrictive practices in a behaviour support plan have been authorised by the state and territory government and we will confirm that there is approved authorisation
- A behaviour support plan has been lodged with the NDIS Commission.

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Reflecting on your self-rating…

Where are you now?

CONFIDENCE in working with people with behaviours of concern

1	2	3	4	5
Not at all	Somewhat	Confident	Very confident	Extremely confident

KNOWLEDGE about working with people with behaviours of concern

1	2	3	4	5
No knowledge	A little	Adequate	High level	Expert

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Resources

- For Providers: Behaviour Support in the NDIS Commission – YouTube
- Practice Alerts | NDIS Quality and Safeguards Commission (ndiscommission.gov.au)
- NDIS Quality and Safeguards Commission - The Positive Behaviour Support Capability Framework
- Community and mainstream services
- NDIS Quality and Safeguards Commission
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
- National Disability Insurance Scheme (NDIS) Act 2013
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Services Sector

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Resources

- Convention on the Rights of Persons with Disabilities (CRPD)
- NDIS Quality and Safeguarding Framework
- NDIS Quality and Safeguards Commission - Legislation, rules and policies
- Understanding behaviour support and restrictive practices – for participants
- Understanding behaviour support and restrictive practices - for providers
- Disability Rights | Australian Human Rights Commission
- NDIS Practice Standards and Quality Indicators
- The Positive Behaviour Support Capability Framework
- NDIS Code of Conduct
- NDIS Practice Standards



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Thank you for your participation and contribution!

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DOCUMENT 11



ndis

CSN Children and Young People Team

Complex Support Needs Branch

Onboarding Program

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Facilitator

Nadia s47F - personal privacy

Assistant Director

Children and Young People Team

Complex Support Needs Branch

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Acknowledgement of Country

I would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to both their Elders past and present and extend that acknowledgement and respect to any First Nations peoples here today.

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Learning Objectives

By the end of this session, learners will be able to:

- Describe the key focus of the Children and Young People (CYP) Team
- Define the characteristics and indicators of participants supported by the CYP
- Explain the different planning considerations of support that might be required for child participants
- Understand the different approaches within the CYP Team

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Children and Young People (CYP)



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The Children and Young People Team is a specialised team within the Complex Support Needs pathway made up of three dedicated streams:

- **Complex** – early intervention and prevention approach that supports complex children and young people to access the disability supports they need during key life stages and transition points.
- **MOU** – implementation of the Memorandum of Understanding (MOU) across each jurisdiction, to work collaboratively to support at risk complex children and young people with significant disability, to remain living in their family home or alternative supports under a voluntary out of home arrangement.
- **Child Protection Liaison** – support outcomes for children and young people with disability who have an interface with child protection systems. A pilot project across two jurisdictions in Victoria and Western Australia for a 12-month period that commenced on 4 August 2025.

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Team Names



Platypus and Echidna teams are known as the **MCYP** Team.

Does anyone know what the 'M' stands for?



Glider, Quokka, Wombat and Bilby teams are known as the **CCYP** Team.

Is anyone keen to have a guess at what the 'C' stands for?



Kelpies are known as the **CPL** team is our newest team

Does anyone know what CPL stands for?

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CYP Team Structure



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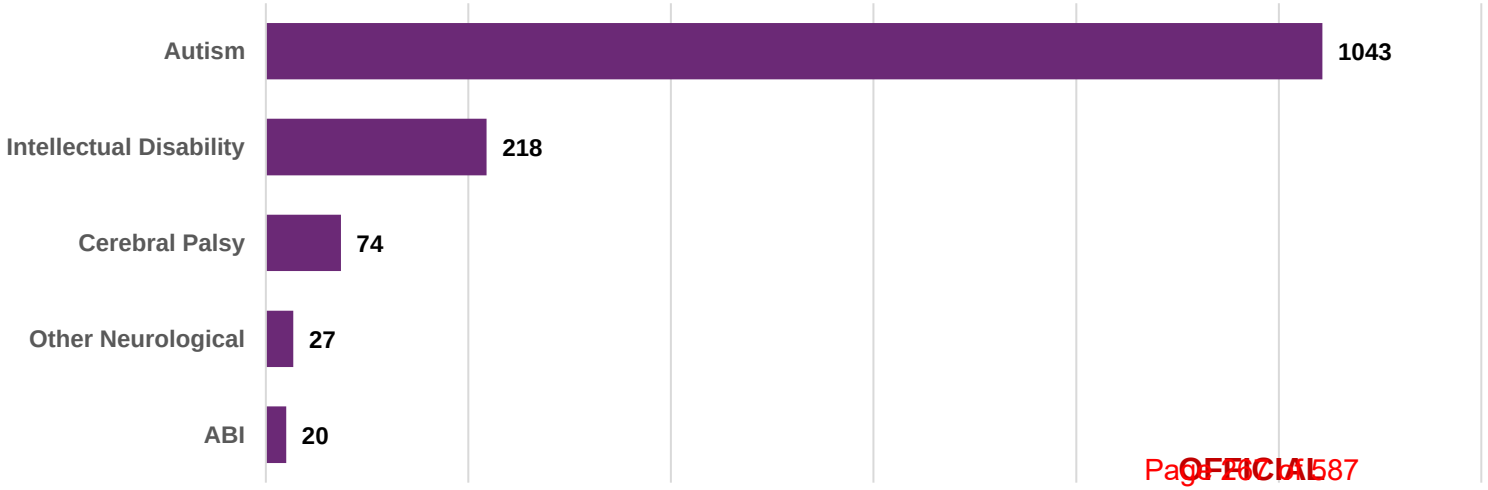
CYP Participants

Participants by State of Residence

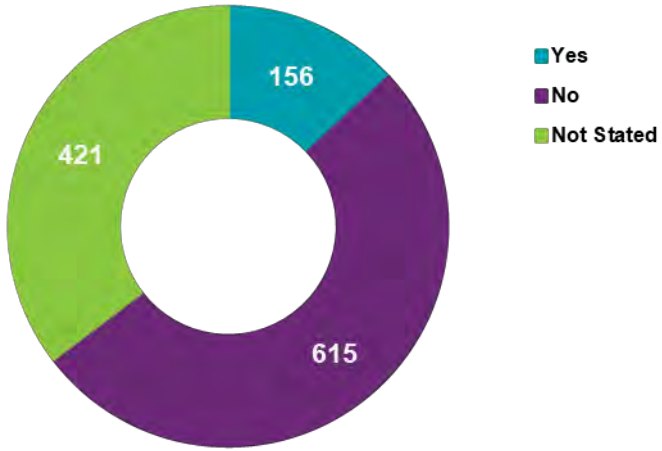


5 Most Common Disability Types CYP

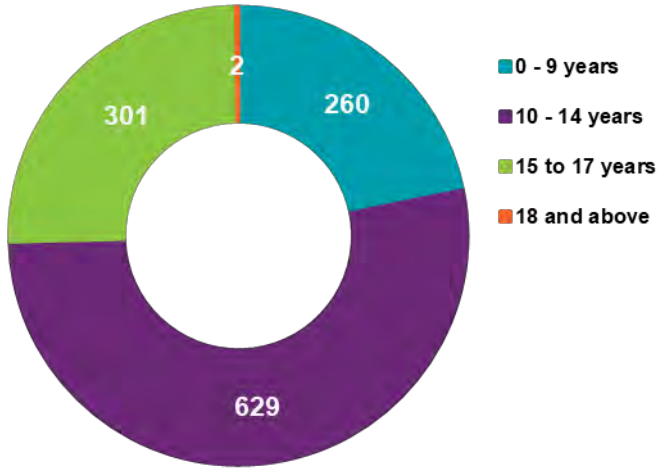


Total CCYP Participants 1192

First Nations Status



Age Range Participants



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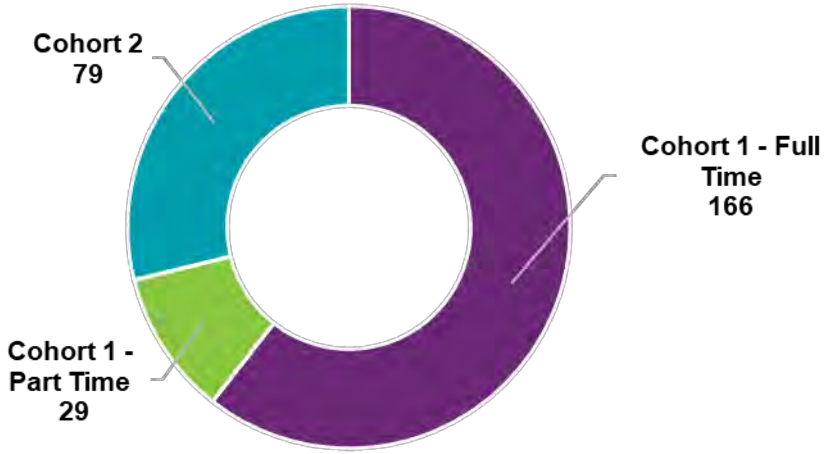
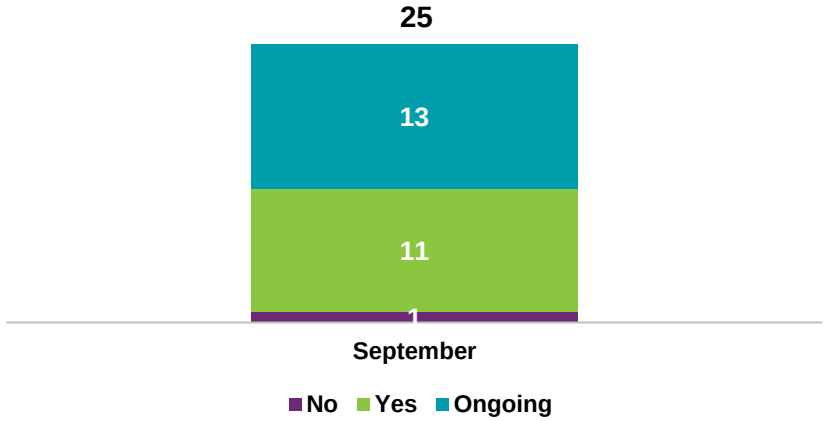
MOU Participants

MOU by Cohort



MOU total Consults by Referral Recommended



- 57.1% (n=12) decrease in property damage claims.
- 9 property damage claims made.
- 43% decrease in Property damage costs.
- 274 MOU participants are in the MCYP pathway.
- There are no MCYP (not MOU) participants
- 13 participants entered MCYP in September.

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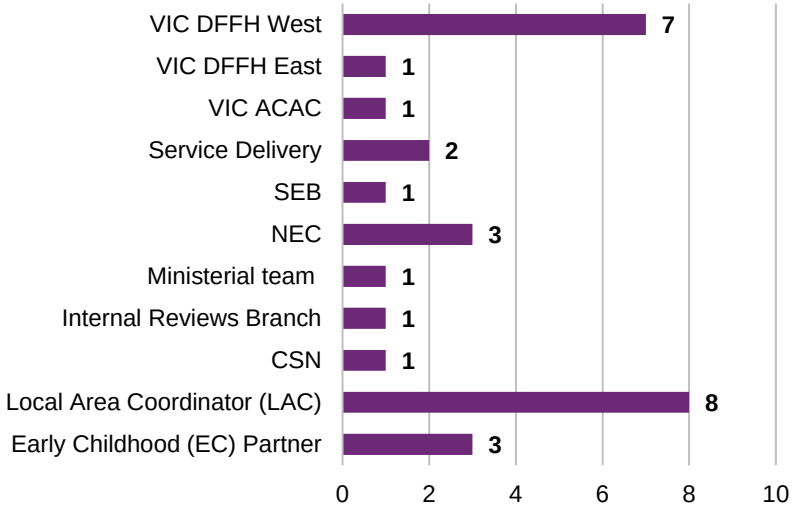
Child Protection Liaison Team

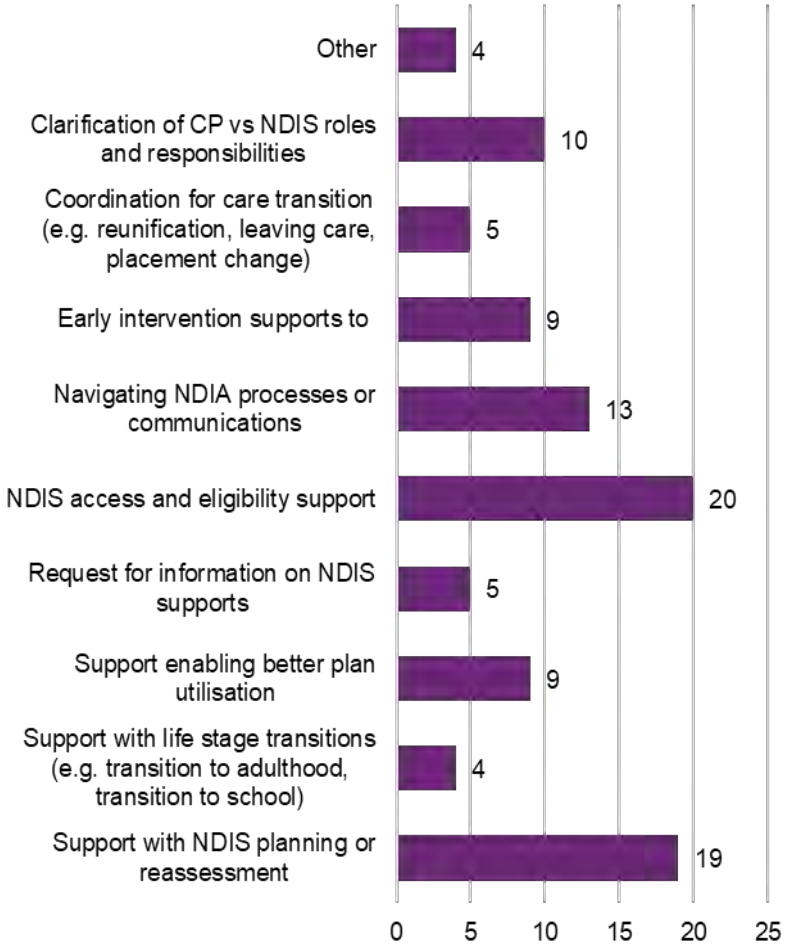
Referral Source



During the month of September

- 3 Transitions
- Active participants Average days open = 30
- 38 consult requests

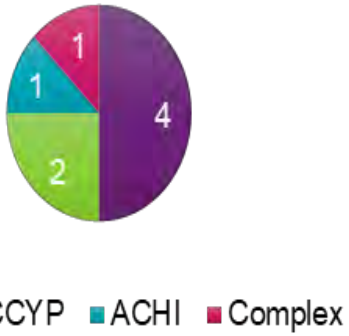
Referral Reason



CPL Suitability



Exiting to



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Contributing to outcomes for children NDIA wide

- In supporting children and young people, early identification and action is key.
- The Agency is committed to improvements for supporting children and young people and ensuring appropriate supports for both NDIS planning and community and mainstream services.
- The CYP team supports complex participants and actively engages across the Agency and Partners to provide a consult service for advice and recommendation to support complex participant matters.
- At the end of August 2025 CYP team had 37 planners and 6 liaison officers
- CYP also contribute to broader Agency knowledge and skill by leading best practice planning for children and young people, including contribution to resource development such as Knowledge Articles and Practice Guidance.

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Collaboration

CYP work collaboratively with a range of internal stakeholders as well as providing support and subject matter expertise. This includes:

- Children's Strategy and Services and National Early Childhood Branch
- Regional Services
- Partners in the Community (PitC)
- Technical Advice and Practice Improvement Branch (TAPIB)
- Health and Justice liaison and planning teams
- Short Term Response and Specialised Resolutions Team
- Administrative Review Tribunal (ART), High Decision Delegate (HDD) , Del 5 panel.



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Complex CYP Team - CCYP

The CCYP team supports CSN participants, typically under the age of 17. The participants often present with specific and unique needs due to the combination of disability impact and a range of challenging personal and situational factors that may be present in their lives.

These factors may include (but are not limited to):

- Contact with other government systems (Education, Child protection, Mental Health/Health)
- Limited or gaps in informal supports to assist with planning and decision making
- Risk to self or others due significant behaviours of concerns
- Unable to secure service delivery (exhausted market, thin market)
- Multiple family members with disability
- Stressed care arrangements with risk to sustaining care
- Complex and multiple disabilities.

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MOU CYP Team - MCYP

APS6 Planners are based nationally to support children and young people under a specialised Memorandum of Understanding (MOU) between the NDIA and each individual State and Territory Government.

The MCYP team work collaboratively with the relevant State or Territory Government to ensure supports are provided to sustain families and informal support relationships. The primary goal is to sustain children living in the family home by supporting positive and age typical connections to family, the community and appropriate mainstream services.

The aim of this approach is that together we can wrap disability and mainstream supports around a child and their family to support them to maintain their relationship and build their capacity.

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What is the MOU?

- The Memorandum of Understanding (MOU) is a high-level agreement between the NDIA and each individual State and Territory Government.
- The MOU was developed as an agreement between NDIA and each State/Territory jurisdiction to work collaboratively to ensure supports are provided to keep families together and for children with disability to remain living in their family home.
- The aim of this approach is to wrap disability, and mainstream supports around a child and their family to support them to maintain their relationships and build their capacity.
- The MOU is predominantly an early intervention approach to sustain children with significant disability supports in the family home.
- In extreme cases, there are a small number of children who are supported to live outside the family home. This is a last resort option and only after every other approach has been explored, trialled and implemented. This option is individualised to each participant situation, with a focus on family reunification and returning the child to the family home.

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Child Protection Liaison (CPL)?

The CPL pilot will run for 12 months from August 2025 with an evaluation to follow. It's open to participants in Victoria and Western Australia who meet these requirements:

- **Victoria**: children and young people in the child protection investigations phase (entry point into care).
- **Western Australia**: children and young people involved with the child protection central intake team and those in family-based care arrangements under the Guardianship of Department of Communities in the Midland and Pilbara region.
- NDIA staff and partners can refer a participant to the CPL team where:
  - they meet the requirements of the pilot
  - you have approval from your team leader or line manager to proceed.
  - use the guidance in the ‘Submit a Referral to the Child Protection Liaison (CPL) team’ knowledge article in PACE.

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Child Protection Liaison

The Child Protection Liaison (CPL) role will provide support to:

- Children and young people who are NDIS participants, where the state or territory is the appointed decision maker
- Children and families engaged with community and mainstream 'family supports', considered 'in contact with' the child protection system
- Children and families who require engagement with the above supports and services for the first time.
- This team aims to enable children, young people and families to receive supports from the NDIS, and the wider ecosystem as they need, timed appropriately for their life stage and goals.

To find more information please refer to Complex Support Needs - Child Protection Liaison page.

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Let’s talk about complexities

- What we know
- Indicators
- Child characteristics
- Family characteristics
- Protective concerns

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What we know

- The best place for a child or young person is within the family home – the definition of family is broad. A child needs to live with their loved ones.

- The longer a child is outside of the family home, the harder it can be for them to return.

- Early identification is key, the sooner supports are in place the better - in-home supports, capacity building, behaviour support, staff training, etc.

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Child Characteristics

- Severe and complex neurodevelopmental disability (typically Autism Spectrum Disorder II or III and/or intellectual impairment).
- Escalating complex and challenging behaviours that put themselves, other people or property at risk of harm/damage.
- Significant functional impacts across all domains, and particularly communication and learning (for example often non-verbal); escalation of behaviours of concern. This may often occur when the child is approaching puberty.
- Severe and complex physical impairments with moderate to severe intellectual impairment as well as disability-related health care needs requiring high levels of one-on-one care (for example PEG feeding; continence issues; full assistance/prompting with eating, dressing, bathing).

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Family Characteristics

- Large families or single parent carers overwhelmed by the support needs of their child and/or other family members (including other children), who may also have a disability or complex health needs.
- Parents experiencing relationship distress and/or breakdown.
- Parents experiencing social isolation and do not have a network of family and friends for support.
- Parents have limited access to appropriate services due to rural or remote location or availability of appropriately qualified approved providers.
- Family has siblings with or without disability and expresses concern about the impact of the child's support needs or behaviours on other siblings.

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Protective Concerns

In the event that an employee, contractor or partner worker becomes aware of any abuse or neglect towards a child or vulnerable person through their work with the NDIA, they must:

- Contact the police if there is an immediate threat to the safety, welfare or well-being of a child or vulnerable person.
- Report the incident to the NDIA Protective Security Team, following the Security Incident Reporting process.
- Complete a Participant Critical Incident if appropriate.
- Determine if the incident should be referred to the relevant State or Territory authorities and, if so, report the incident as per the Australian Institute of Family Studies publications.

To find more information please refer to the Reporting child abuse and neglect | Australian Institute of Family Studies page.

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Planning Considerations

- Many young people who are supported by the scheme, also live with complexities that interface with their disabilities
- This might include mental health diagnoses, complex family dynamics or challenges, an experience of trauma, or 'youth at risk' behaviours
- The NDIA needs to ensure that all funding decisions meet our Legislation, Rules and Operational Guidelines
- Consider the new legislation, ensure that decision relates to the Disabilities that a young person has met access to the scheme for.

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Capacity Building

- **Capacity Building** should always be the focus – this includes building the capacity of parents, teachers, support workers and of course the child/young person.
- **Support Coordination and Specialist Support Coordination** is vital – there are usually a large number of stakeholders and supports required which can be overwhelming particularly when the family are already experiencing burnout or crisis.
- **Case Conferencing** – funding should be included to ensure collaborative case conferencing and communication approach to support the child and their family.
- **Parent and Carer Training** is essential – to build capacity for the parents understanding and supporting the disability needs and to support their child.

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Short Term Accommodation

- **Short Term Accommodation (STA)** should be considered, however should not be the focus of the plan build. STA should be age appropriate. STA is important to allow the family to have a break, however the focus of the plan should be based on ongoing longer term sustainable supports that are available and can be utilised on a regular basis.

Note: Always liaise with your line manager before including more than 28 days of STA per year in a plan.

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Implementation

Funding will only be beneficial if the participant knows how to utilise.

- Families can be at breaking point or experiencing crisis and will often require significant support to implement their child's plan – Support Coordination and Specialist Support Coordination is vital in a successful implementation and support to access services and supports.
- A detailed and clear Request For Service (RFS) with detailed plan comments, accountability, timeframes and expectations is essential to ensure the plan is utilised as intended and to support the good outcomes for the child participant and their family.

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Summary

- NDIS promotes children living within the family home with early intervention being the key focus to ensure family placement is sustained.
- NDIS does not fund accommodation for children outside their home.
- Short Term Accommodation is just that SHORT TERM – a period of short-term support which can allow for effective planning and the building of a robust, balanced approach to planning to keep the child within their family home with family engagement – not as a replacement to the family home.
- Evidence confirms that the longer a child is outside the family home the more difficult it is for a return home.

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Summary (continued)

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Resources and Support

How to access support when planning for children and young people - Please liaise with your Assistant Director in the first instance! If you require a consultation with the Children and Young People's Team, this can be requested via webform CYP Consults Webform (office.com).

Supports available on our intranet page:

- Children and Young People Team Memorandum of Understanding MOU Talking Points
- Quality support for children | NDIS
- Quality supports for children | NDIS Quality and Safeguards Commission
- Guide - How to support children and young people to remain in their family home (external) (in PACE)
- Guide - Children living in statutory out-of-home care (external) (in PACE)
- Short Term Respite - NDIS (external)

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Referral

For participants not currently streamed Complex - all referrals need to go through the CSN Referral process with a completed CSN referral form.

Please review Children and Young People's intranet page for further information.

For participants already streamed Complex – To refer a participant from CSN to the MOU under the CYP team, please review Complex Support Needs intranet page for further information.

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DOCUMENT 12



ndis

CSN Participant Pathway Experience Monitoring

Complex Support Needs Branch

Onboarding Program

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Facilitator

Sean s47F - personal privacy

Assistant Director

Complex Support Needs Branch

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Acknowledgement of Country

I would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders past, present and emerging.

I would like to extend that acknowledgement and respect to any First Nations peoples here today.

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Learning Objectives

By the end of this session, learners will be able to:

- Discuss what is monitoring and why it is important
- Identify what is effective monitoring
- Identify the CSN monitoring cycle.
- Identify your role within High Quality Record Keeping

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The CSN Monitoring Framework

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CSN Monitoring Framework

Monitoring is a key component of the Complex Support Needs Branch service offer.

- The CSN Branch has developed a Framework that clearly explains the Monitoring process and our responsibilities in supporting positive participant outcomes.

The Complex Support Needs Monitoring Framework will guide you to:

- Understand the Complex Support Needs Branch (CSNB) approach to monitoring;
- Understand the different types of monitoring and determine the appropriate type of PACE case;
- Consider the participant circumstances to be addressed during monitoring; and
- Determine how to document the monitoring activity completed.

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What is Monitoring?

- A process that CSN staff undertake on a regular and ongoing basis.
- Aims to observe progress, review evidence/reports, monitor NDIS plan implementation and utilisation.
- Actively supports vulnerable participants to maximise positive impacts and minimise risk.
- An opportunity to foster strong working relationship and engage in meaningful participant focussed discussions with participants.

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Why is Monitoring important?

- Unless we plan to be proactive, we may end up reacting to events.
- Responding to a ‘fire’ always consumes more time than planning to avoid the problem in the first place.
- There are key supports in the plan that we need to make sure are implemented correctly.
- Meeting records are important to define who is responsible for key aspects and provide progress or barrier updates.

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Effective Monitoring

- Proactive Mindset, predicting and anticipating barriers and risks early (Early Intervention).
- Collaborative and transparent.
- Builds relationships and clearly defines roles.
- Adopts a risk management approach.
- Focuses on continuous improvement.

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Tips and Traps

Tips

- Schedule key meetings and milestones
- Allow an hour a week to reflect upon what has happened and plan for the next steps
- Set up routines at the start of the plan
- Your relationships are pivotal
- Read the plan and liaise with the previous planner
- Obligations of the family / providers
- Check the SC/SSC has read the plan and understood the plan and their role

Traps

- Reacting to events
- Assuming the plan will manage itself
- Not reading the plan
- Fitting in the plan monitoring task ‘when you have time’
- Assuming everyone understands the plan
- Skim reading the plan and not checking your understanding of the plan

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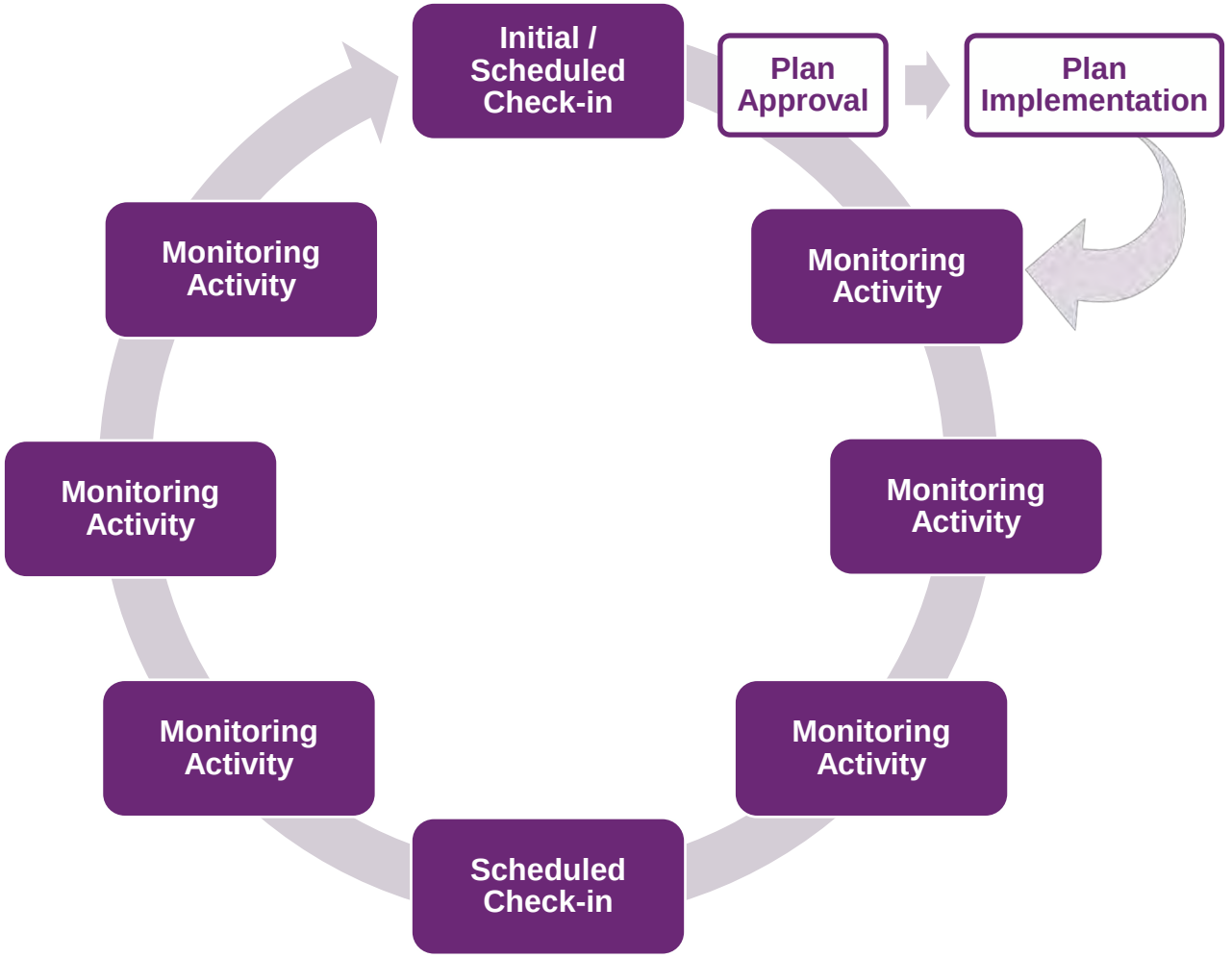
CSN Monitoring Cycle



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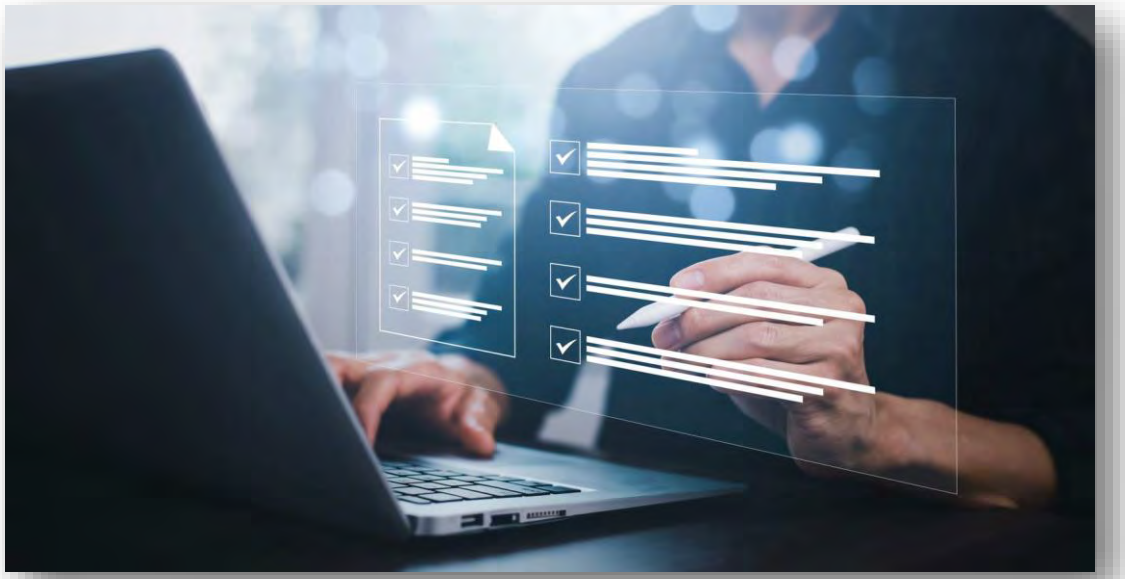
Initial Contact

Participant allocated to CSN Planner

- Contact within 2 to 5 business days
- Check-in completed
- Plan change completed as part of check-in
- Implementation meeting scheduled
- Ensure all authorised reps and bank account details are up to date.



Persons right hand on laptop keyboard and left hand holding a digital pen checking off a holographic checklist.

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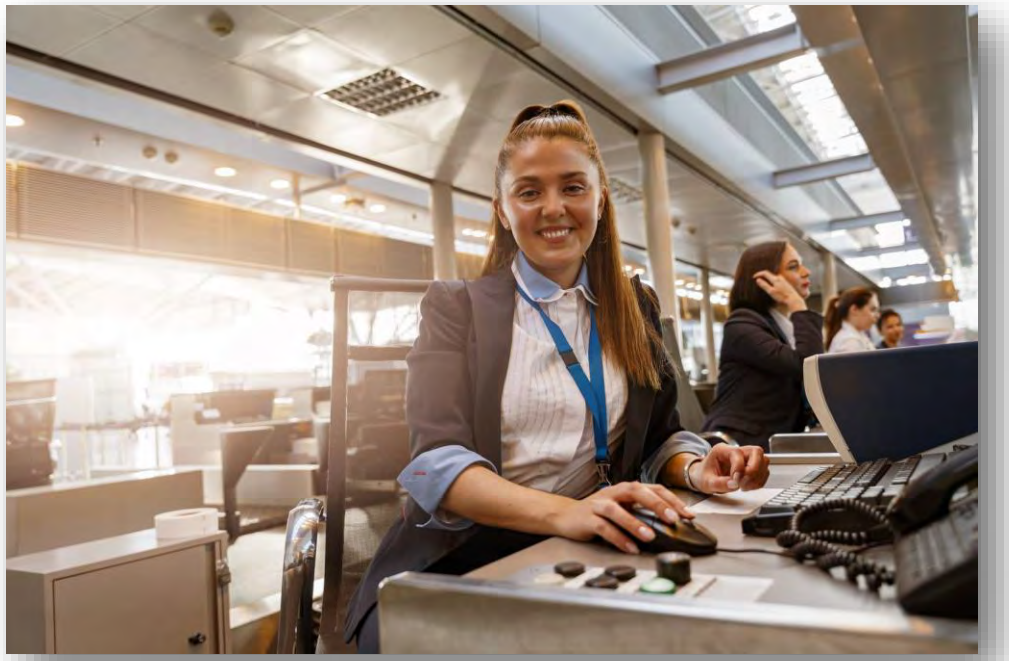
New Plan Implementation



A person with brown hair, and office clothing, sitting at a computer desk with their hand on the computer mouse.

Plan Approval Meeting

- Discuss approved plan
- Discuss declined supports
- Discuss and schedule implementation meeting (if cannot be completed as part of this meeting)

Using the Plan

- Plan implementation
- Request for Service (RFS) completed
- Set next check-in

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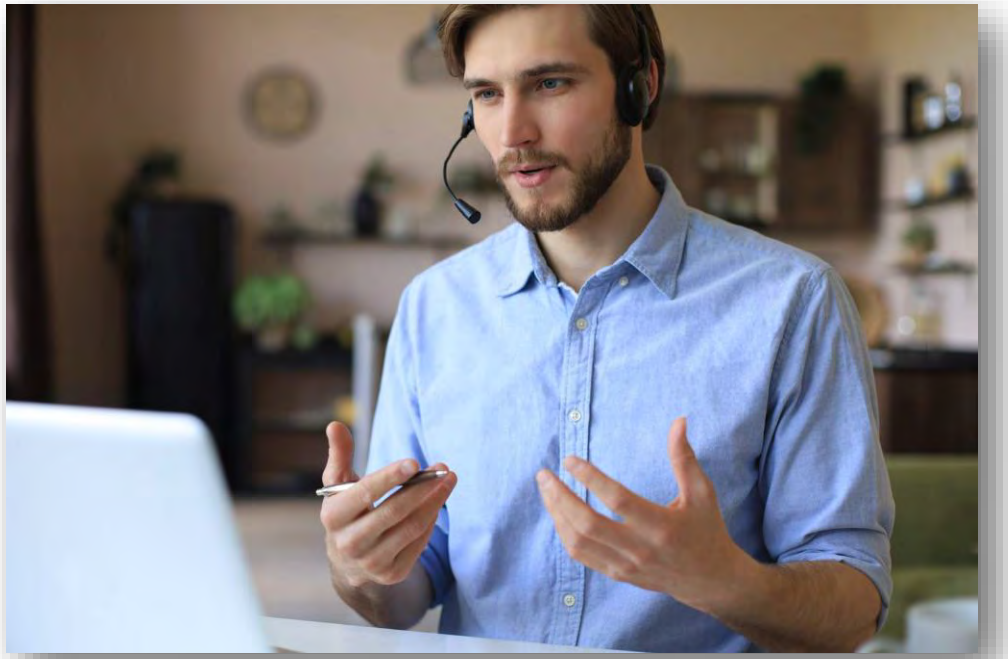
Scheduled Check-ins

- Review how plan is working for participant, including budget and supports
- Discuss any participant concerns
- Ensure any risks and vulnerabilities noted and mitigated
- Complete the scheduled check in case as prescribed
- Determine any adjustments required to plan
- Set check-in frequency for next check-in
- Reassessment if suitable for transition to Service Delivery.



Person with headphones facing a laptop talking using hand gestures.

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Monitoring Activities

Monitoring activities can include:

- Initial contact with participant when they enter the CSN Branch
- Implementation meetings
- Six weekly check-in types (telephone/desktop/email/report)
- Scheduled check-ins (to be completed every six 6 months and set up as a task in PACE)
- Discretionary check-ins as required due to vulnerability/risk/discretion of Planner
- Discretionary Check-ins required to discuss transition Core Service Delivery
- Desktop reviews, Transition Suitability Reviews and Stakeholder Engagement.

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Plan Reassessment Check-in

- Determine plan next steps
- Review how plan is working for participant, including budget and supports
- Review documentation
- Review goals, participant statement and informal, community and mainstream supports
- Ensure any risks and vulnerabilities noted and mitigated
- Complete the scheduled check in case as prescribed
- Determine adjustments required to plan
- Set plan approval meeting.

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High Quality Record Keeping

High quality, accurate interactions safeguard both participants and staff. Recording interactions are essential for record keeping when you are gathering information from participants. They also provide a nationally consistent approach for service delivery.

1. What type of case should we use to record monitoring?
2. What information should we include?
3. What type of information should NOT be included?



Person with both hands on a laptop keyboard typing.

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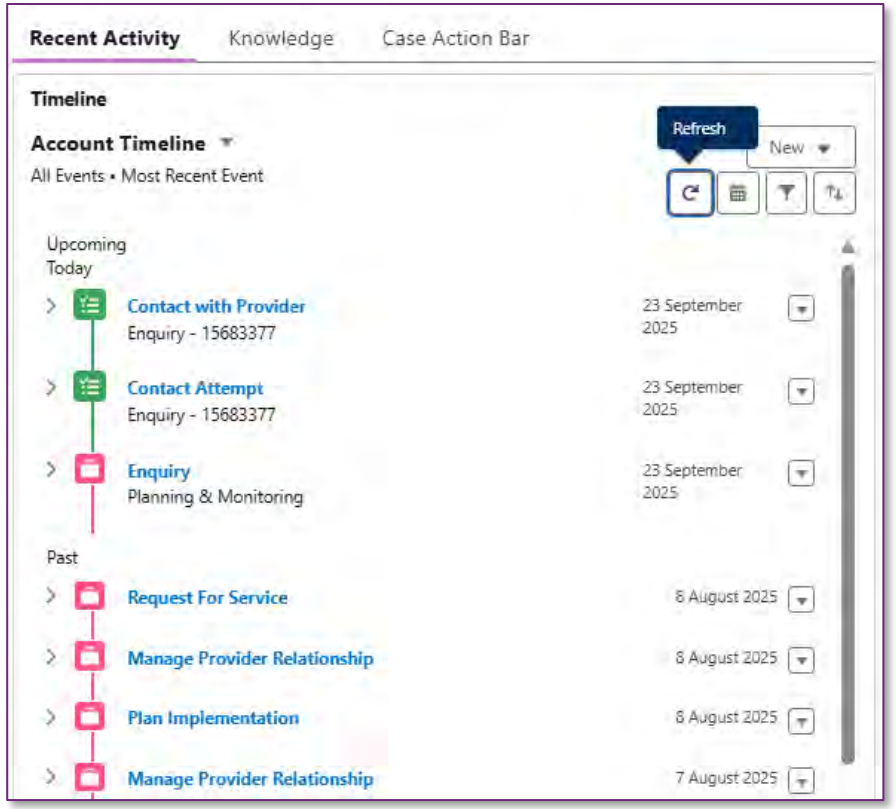
High Quality Record Keeping (part 2)

Staff across the CSNB are consistently engaging in monitoring activities. It is essential we are recording this information through a mix of enquiry, check-in and other PACE Cases.

Using tasks and activities to support future desktop reviews and planning activities ensures that information is easily accessible for all CSNB staff.



A screenshot of the PACE Activity Timeline.

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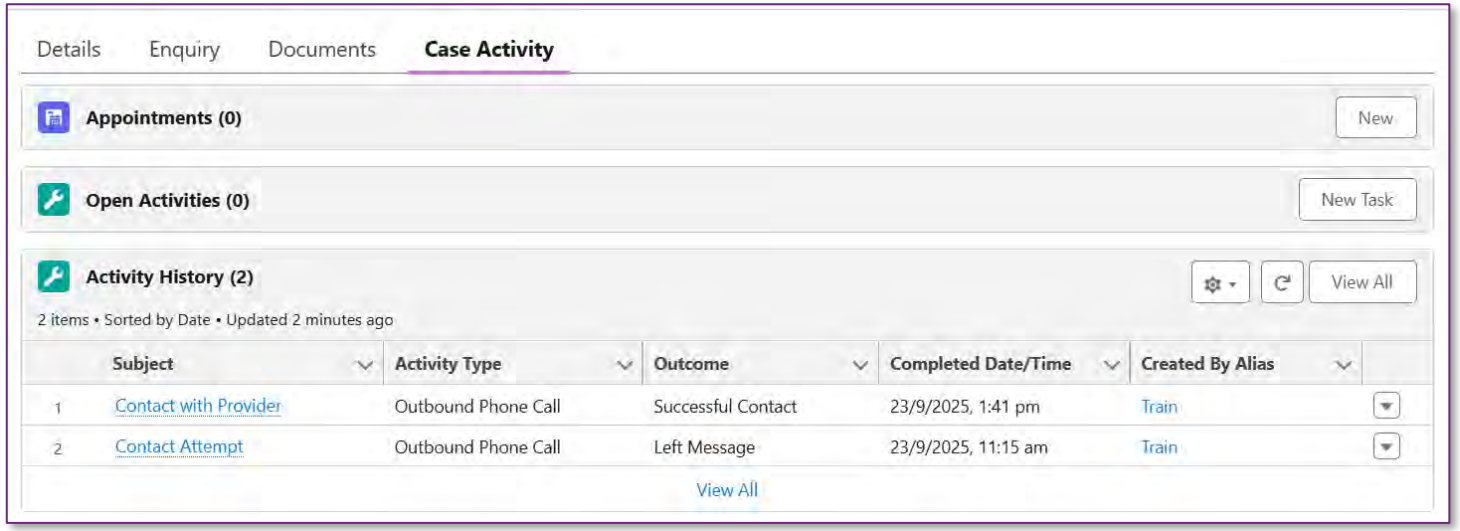
High Quality Record Keeping (part 3)

Case activities are used to record any engagement and/or activity completed by staff.

Must be from an open case in PACE. Remember all contact attempts must be recorded.



A screenshot of the PACE Activity History.

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High Quality Record Keeping (part 4)

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A screenshot of the PACE Activity History – detailed view.

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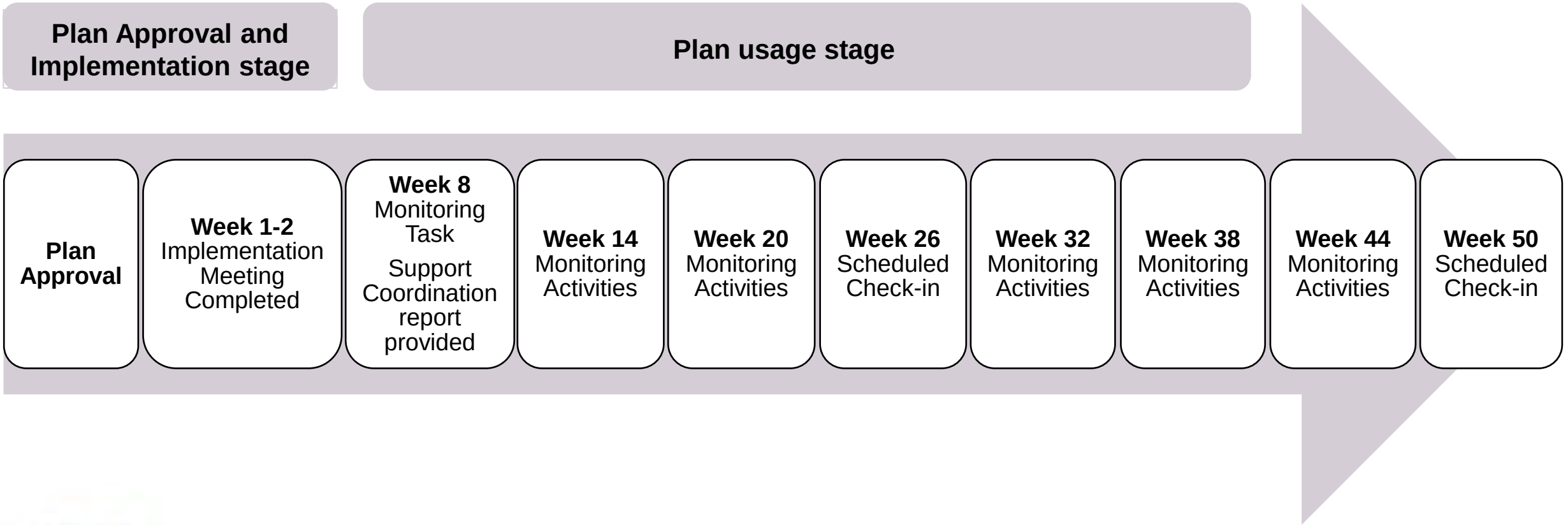
Monitoring across the Plan



The weeks displayed in the image above may not reflect an exact timeline within PACE.

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Resources

CSN Monitoring Framework

CSN Monitoring Work Instructions

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DOCUMENT 13

Specialised Resolution Team

Complex Supports Needs Branch

Onboarding Program

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Facilitators

Nathan s47F - personal privacy **and Ben** s47F - personal privacy

Assistant Directors

Specialised Resolution Team

Specialised Service Delivery

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Acknowledgement of Country

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Learning Objectives

By the end of this session, learners will be able to:

- Describe the key aim of the Specialised Resolution Team
- Define the key functions and responsibilities of the Specialised Resolution Team
- Define the end-to-end process for participants supported by the Specialised Resolution Team

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Who Are We?

The Specialised Resolution Team is dedicated group providing a divisional response to participants in the Complex Support Needs (CSN) and Aged Care Hospital Interface (ACHI) Branches.

Each team within the broader group is led by a dedicated Assistant Director who will hold portfolio which supports participant safeguards and promoting a positive participant experience.

- Short Term Response Team
- Aged Care and Hospital Interface (ACHI) Escalations
- Divisional Executive Coordination
- Complex Support Needs (CSN) Escalations
- Communications and Practice Improvement

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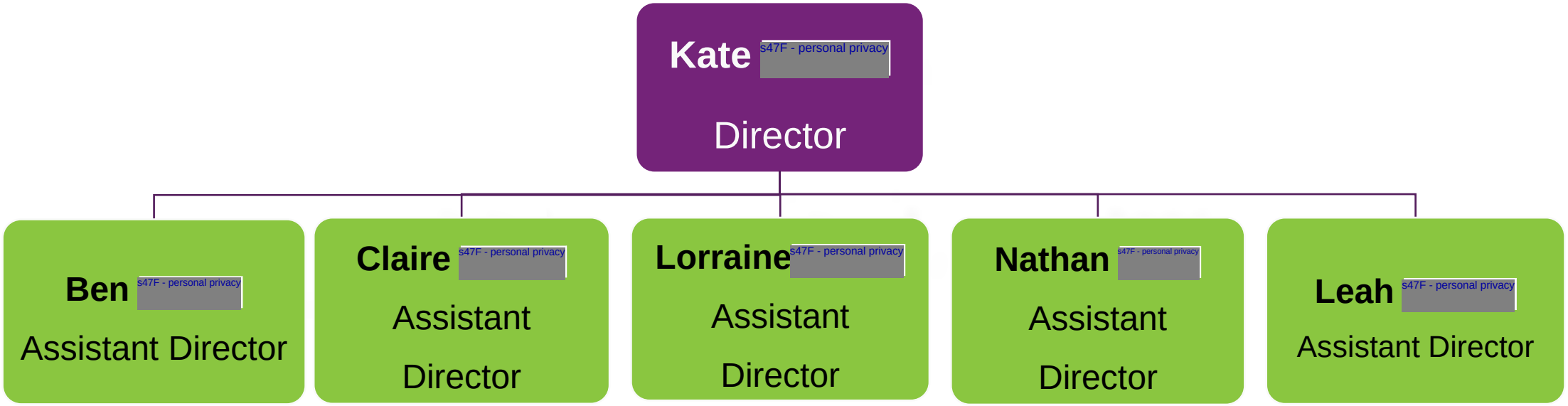
Leadership Team



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Short Term Response

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What is Short Term Response (STR)?

- The STR team aims to provide participants time sensitive, intensive support and close monitoring over a short period (16 weeks) to stabilise the participant's circumstances as a short-term early intervention mechanism.
- In addition, STR has been planning for and stabilising circumstances for Participants experiencing exceptional complexity. This specialist, intensive service is designed to provide planning and case management support for Participants referred by the General or Branch Managers.
- The STR Team is a dedicated planning team that is made up of skilled planners, experienced in working with specific complex support cohorts such as justice, psychosocial and /or allied health.
- Find more information on Short-Term Response (STR) Team (ndia.gov.au)

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Entry to Short Term Response

- During the planning process Service Delivery Delegates or Partners in the community may identify the participant has complex support needs and refer the participant to the CSN Pathway.
- Referrals are made via the CSN referral pathway. The triage team assess the participants suitability.
- The triage team make the determination of whether the participant is suitable for the CSN pathway or STR.
- At the point of entry, the participant will be streamed as Complex.

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Suitability for STR Pathway

Participants may be identified as suitable for the STR based on factors including but not limited to:

- Change in life situation
- Mainstream Interface/s
- Risk
- Current Plan is not fit for purpose
- Youth Justice

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Role of the STR Planner

1. Completes a desktop file review and has a conversation with the referrer.
2. Assesses possible issues /risks.
3. Makes initial contact with the Participant (or guardian) and their Support Coordinator within 3 business days of allocation for:

- Introductions
- To discuss expectations
- To discuss the role of the STR Planner
- To discuss and identify challenges/barriers
- To develop a Short-Term Response Case Plan
- Implements Agreed Activities
- Builds the capabilities of the Support Coordinator

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Short Term Response Case Plan

Participant	**Jayden**
Date	**20 September 2024**
STR Goals	1. To reassess Jayden's plan with provided professional reports. 2. To implement Jayden's new plan and create connections with appropriate providers. 3. To create connections with appropriate mainstream and community services.
Activity	• Child representative and support coordinator to gather and provide professional reports to support a reassessment of Jayden's NDIS plan. • The planner will reassess Jayden's plan. • Upon plan approval, the planner will meet with the child representative and support coordinator to explain Jayden's plan. • The support coordinator will assist the child representative with implementing the new plan and creating connections with appropriate providers. • The support coordinator will assist the child representative with mainstream and community connections for services supporting Jayden's health, mental health, and youth needs. • The support coordinator will assist the child representative with connections to services that support carers. • Starting in the week ending 6 October: The support coordinator will provide fortnightly email updates on actions and activities. • Starting in the week ending 29 September: The support coordinator and planner will check in fortnightly to discuss STR goals and actions. The child representative will be invited and can attend wherever they want to. • The support coordinator will provide formal updates on STR goals and activities by the 27 October and 15 December 2023. • Jayden will transition out of the STR Pathway by the 22 December 2023.

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Transition out of STR

- The activities to achieve STR Goals will be used to measure outcomes and readiness to transition back to Service Delivery or identify if the participant may benefit from ongoing CSN support.
- Once determined the STR planner will discuss the transition with the participant and Support Coordinator.
- The STR planner will arrange for a warm handover with the incoming delegate
- If a participant has been deemed suitable to transition back to Service Delivery/Local Area Coordinator a handover is to be booked in within 2 business days if a new MY NDIS contact is available.
- A written handover is to be emailed to the referrer and will be uploaded to participants PACE file.
- Participant will be restreamed at point of transition.

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STR Achievements

STR have assisted 524 participants since its inception in July 2023.

- All supports have been delivered in a time sensitive manner.
- Each request to provide immediate support for escalated cases has been actioned on the same day of request.
- Planning support has been intensive and tailored to individual need, with a participant-centric approach.
- 396 participants have already transitioned from the pathway.
- This transition process back to Service Delivery strongly supports the effectiveness of the STR approach for stabilising supports or identifying a high level of need which would be better addressed by the participant being supported in the CSN Planning environment.

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Complex Support Needs Escalations Team

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CSN Escalations Team

- CSN Escalations team was established as part of CSN Branch's service offer of end-to-end service.
- Members of the team are experienced in complaints handling, and work with internal teams, CSN planners, Assistant Directors and Directors to progress and resolve complaints/referrals/escalations.
- The CSN Escalations team has subject matter expertise to liaise with participants, nominees, support coordinators, providers and other external stakeholders to assist with issues.
- The CSN Escalations team liaise extensively with internal stakeholders.

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Why was the team established?

- CSN Escalations team act as a buffer between complaints and CSN planners, to ensure planners can focus on their core business of building and monitoring participants' plans – taking 'noise' away from planners.
- The team aims to filter the high volume of correspondence externally to investigate issues raised.
- In many instances, escalations can be resolved without liaising with the planner.
- The team provides a single point of contact for internal stakeholders to escalate participant matters.

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What and how?

What kind of escalations do the team receive?

- Complaints Request for Action (RFA), Member and Senator Contact Office (MaSCO), and Ministerial and CEOs office.



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Age Care Hospital Interface (ACHI) Escalations

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ACHI Escalations

- Prior to the establishment of the Health Interface Escalations team in late 2022/Early 2023, escalations entered the Branch via a number of different pathways and individuals, which made it difficult to record, monitor and track key themes.
- Escalations are from both internal and external stakeholders. Internal stakeholders may include Complaints, incorporating ministerial and Ministerial and Senator Contact Officer (MaSCO) referrals, the media team, other Agency branches and partners. External stakeholders include health districts, hospitals, and state and territory governments. We work closely with Health Liaison Officer (HLO) and HLO Assistant Directors to be reactive and responsive.
- In early 2024, the Health Interface Escalations team expanded to take on Aged Care escalations and became ACHI Escalations.

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All Escalations types

- A complaint Request for Action (RFA) from complaints/MaSCO for a participant in hospital or aged care
- An urgent request to undertake or complete a planning related action for a participant in hospital or aged care in accordance with risk matrix – first plans, variations or reassessments which are considered urgent

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Communications and Practice Improvement

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Communications and Practice Improvement

Our dedicated Communications and Practice Improvement team will work with the CSN Planning Team and provide support to implement strategies to reduce the risk of harm to staff, Participants and stakeholders. This includes:

- Case Consults with CSN Planning Teams to discuss unreasonable behaviour and ways forward, e.g. education or a Communication Strategy
- Implementing and reviewing Communication Strategies
- Compiling monthly summaries to CSN Planning Assistant Directors and Directors on unreasonable behaviour for Participants on a Communication Strategy

You will learn more about this team in the Managing Unreasonable Behaviour and Communication Strategies Presentation of your onboarding training.

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Divisional Executive Coordination

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Divisional Executive Coordination (part 1)

Divisional Executive Coordination (DEC) Service Offer

The Divisional Executive Coordination (DEC) team supports participants in the Complex Support Needs (CSN) and Young People in Residential Aged Care (YPIRAC) pathways:

This may include:

- Coordinate and contribute to executive communications and briefings including the development of material for senate estimates hearings.
- Drafting and responding to Ministerial, Freedom of Information (FoI) and Legal (LEX) requests.
- Coordination of provider exits for CSN and YPIRAC participants.

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Divisional Executive Coordination (part 2)

Coordinate and contribute to executive communications:

- Consultation and research to develop participant briefings to inform senior leadership.
- Contribute to the preparation of information for NDIA to appear before senate hearings, including the drafting of briefing material and follow up, such as responding to Questions on Notice (QoN) and other follow up requests for information from Senators.
- Assist other areas of the Division with advice and contribution to strategic internal and external stakeholder communication.

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Divisional Executive Coordination (part 3)

Completion of Freedom of Information requests and LEX (legal) matters:

- These matters can be a simple request for copies of documents to detailed responses to a Coroner's inquest.
- This information gathering requires a deep dive into the participants record for compiling information and analysis of key issues.
- A brief is developed and cleared through branch leadership, dependant on the complexity and/or sensitivity of the information
- The cleared response is provided to our legal branch to make the decision on what is disclosed.

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Divisional Executive Coordination (part 4)

Coordinate of Provider Exits:

- Engagement with Scheme Integrity Response Team (SIRT) and Provider Engagement Branch when a provider exits the market by choice or through action by the fraud fusion taskforce or NDIS Quality and Safeguards Commission.
- Coordination of actions for CSN and YPIRAC participants including follow up and reporting.
- Where required undertake delegate actions on behalf of the planner such as conducting participant check in's and updating consent, and participant and provider relationships in the PACE business system.

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Questions

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DOCUMENT 14



Managing Unreasonable Behaviour and Communication Strategies

Complex Support Needs Branch

Onboarding Program

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Facilitator

Lorraine s47F - personal privacy

Assistant Director

Specialised Resolution Team

Complex Support Needs Branch

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Learning Objectives

By the end of this session learners will be able to:

- Learn about managing unreasonable behaviour, including strategies and supports to manage this.
- Learn about the importance of staff safety and security.
- Learn about the types of Communication Strategies and the implementation and review process.
- Identify proactive approaches to personal security.

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Setting the Scene

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Your Wellbeing at Work

- The NDIA is committed to a safe and respectful workplace for all. The Ashton Review highlighted the serious impacts of unreasonable behaviours directed at staff, reinforcing the urgent need to address these issues across all levels.
- Everyone has the right to feel safe and supported at work. It is everyone's responsibility to foster a culture where respect is the norm and where harmful behaviours are recognised, reported and appropriately addressed. It takes all of us to create a safer, healthier work environment for everyone.

Report - Ashton review of security and safety at NDIA.pdf and
Summary - Ashton security and safety report recommendations.docx

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Managing Unreasonable Behaviour

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What is Unreasonable Behaviour?

- Unreasonable behaviour is conduct that may compromise the health, safety, wellbeing, and security of staff, other service users, or the individual exhibiting the unreasonable behaviour.
- It is recognised that some manner of verbalising a complaint such as ‘venting’ or ‘letting off steam’ can be considered as acceptable and understandable behaviour.
- However, when anger or aggression becomes directed at a person that is persistent or abusive, this becomes unacceptable.
- The Agency's Managing Unreasonable Behaviour (MUB) guidelines are available on the intranet page Managing Unreasonable Behaviour.

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Types of Unreasonable Behaviour?

Unreasonable behaviour can include:

- Acts of aggression, verbal abuse, derogatory, racist or defamatory remarks
- Harassment, intimidation or physical violence
- Confronting and/or threatening correspondence or behaviour
- Threats to harm self or third parties, threats with a weapon or threats to damage property
- Stalking

The Agency does not tolerate any abuse or threats directed towards its personnel. Any conduct of this nature will be dealt with under this procedure and in accordance with the NDIA's duty of care and work health and safety responsibilities.

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How to Manage Unreasonable Behaviour?

What can you do:

- You’re not expected to respond to every email or call – doing so may set unrealistic expectations.
- Be assertive in managing your time and ensuring fairness to all participants.
- Clearly communicate a mutually agreed approach to contact, such as 6-weekly phone check-ins.
- If you encounter abusive or threatening behaviour, report it via Speak Up. For ongoing concerns, speak with your Assistant Director to explore a communication strategy.

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Report via Speak Up

- Speak up is the all-staff doorway to raise incidents, issues or concerns.
- At the NDIA, we take care of each other and our community by ensuring we raise incidents and concerns quickly so the Agency can address and mitigate issues.
- Speaking up is part of contributing to a positive risk culture at the Agency.

Speak up Reporting Categories

- Unreasonable behaviour
- Work health and safety
- Security
- Business continuity
- Other

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Staff Safety and Security Recommendations

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Advice for all Staff (part 1)

- **Prior to any meeting**, staff should conduct a desktop risk assessment to identify potential risks or triggers that may impact the interaction. Based on the assessment, staff should adjust their communication style accordingly to support effective engagement.
- **Home visit requests** involving known risks require prior endorsement from the Assistant Director and/or Director to ensure appropriate oversight and risk management.
- **Planners** can adjust their MS Teams meeting settings, so their full name and details do not appear when attending virtual meetings. Please note, however, that if you post a message in a chat, your full name will still be visible to meeting attendees. More information can be found via the link: How to create an anonymous Microsoft Teams Meeting - ICT Help Centre.



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Advice for all Staff (part 2)

- **During check-ins or virtual meetings**, if a participant becomes frustrated, staff should apply appropriate de-escalation techniques such as active listening, showing empathy, remaining calm, and maintaining a resolution-focused approach.
- **When a participant is displaying unreasonable behaviour**, staff should consider communicating via email using PACE, ensuring the signature block includes first name only, and removing surname, email address, and other relevant contact details.
- **Always maintain clear boundaries** with participants by keeping conversations aligned with your role and purpose and avoid committing to any funding outcomes.

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Advice for all Staff (part 3)

- **Set clear written expectations** with the participant; SRT has developed education materials and scripting examples to assist with this, which are available upon request.
- **If persistent unreasonable behaviour continues**, this should be raised with the line manager, who can request a case consult with SRT to discuss communication strategies.
- **Staff are encouraged to complete** a Case Consult Request Form and include up to 4–5 examples of the participant's unreasonable behaviour. Additionally, please include any instances where education or guidance on respectful communication has been provided.
- **If any threats are directed toward you**, this should be reported immediately to your line manager and through Speak Up. Ensure all interactions are documented in detail, including dates, times, and key behaviours observed.

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Communication Strategy Case Consult Request

The Communication Strategy Case Consult Request process provides guidance for the Complex Support Needs (CSN) Planning Teams on the key steps involved in initiating and supporting a request for a Communication Strategy Case Consult.

Communication Strategy Case Consult Request Process V0.3.docx

SRT has created a Communication Strategy Case Consult Request Form, to be completed by the Planner when they have identified that a CSN participant is displaying unreasonable behaviour that is adversely affecting their psychological wellbeing.

Communication Strategy Case Consult Request Form - (insert participant name and number)_V0.3.docx

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Communication Strategies

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Communication Strategies

A communication strategy outlines clear guidelines for how a participant can interact with the Agency following instances of unreasonable behaviour. There are 6 communication strategy types that can be implemented to support the management of unreasonable behaviour.

These strategy types are:

- Email Redirection
- No Phone Contact (email contact only)
- No Direct Contact with Participant (Third party only)
- Appointment Only
- Withdrawal of Face-to-Face Services
- No Agency Initiated Contact



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Communication Strategy - Email Redirection

In addition to implementing an email redirection in response to unreasonable behaviour, this type of communication strategy may also be considered when a participant is sending a high volume of emails such as 20 or more per week on an ongoing basis that do not require delegate action or oversight.

This approach is considered a **last resort**, to be explored only after other strategies have been attempted. These may include:

- Educating the participant on the roles of the planner and support coordinator
- Setting clear expectations around communication
- Establishing monitoring timeframes, such as scheduled monthly phone contact

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Communication Strategy Implementation Process

If it is determined during a case consult that a formal communication strategy is required, the following process includes:

- SRT will conduct a participant file review and develop a participant briefing, which may include planning recommendations for the CSN Planning Team to action.
- Liaise with the CSN Planner and Assistant Director to gather and confirm relevant information.
- Liaise with Security, where applicable.
- Seek input from the CSN Planning Director.
- Request endorsement from the CSN Branch Manager.
- Once endorsed, and where applicable, communicate the decision to the participant and relevant internal stakeholders.

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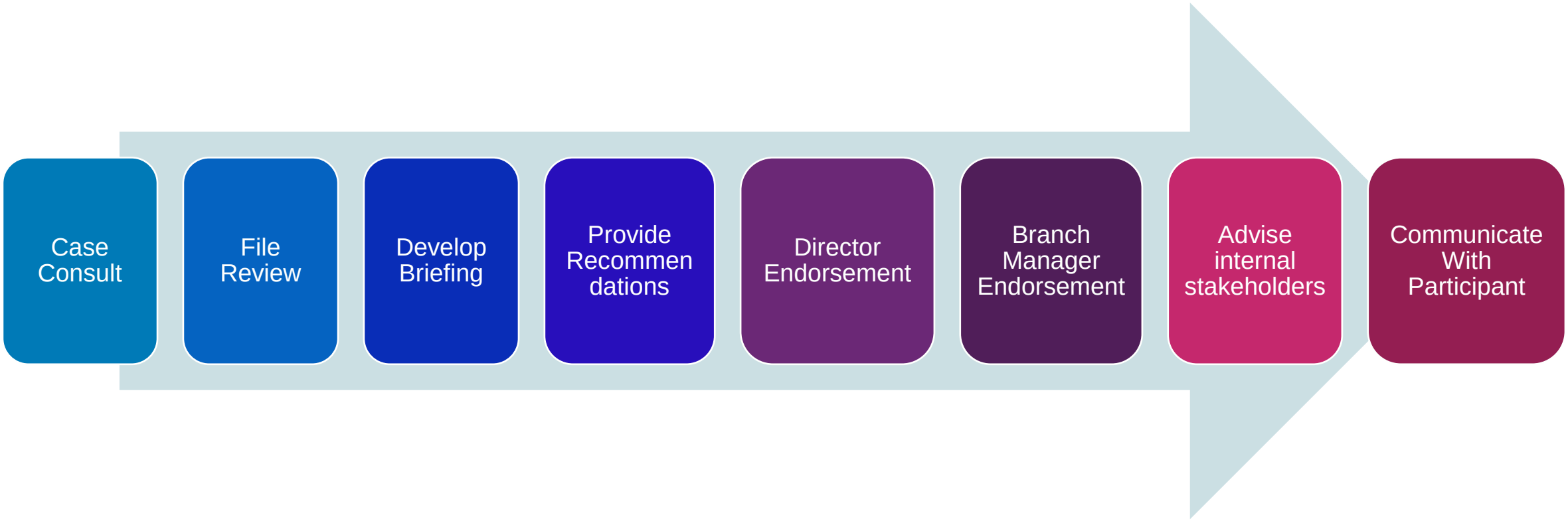
Communication Strategy Implementation Process



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What does the data show?

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Communication Strategy Data

Communication Strategies apply to a very small proportion of participants supporting by the CSN Branch. As of 27 October 2025, there are a total of 59 Communication Strategies are in place and applied to 44 CSN participants.

All Communication Strategies implemented, excluding email redirections, are communicated to the participant and/or authorised representative via letter, and alerts are reflected on the business system.

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Communication Strategy Data

59

Total Comms

44

Total Participants



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Communication Strategy Data continued

CSN Team

s47F - Personal Privacy

Participant State

s47F - Personal Privacy

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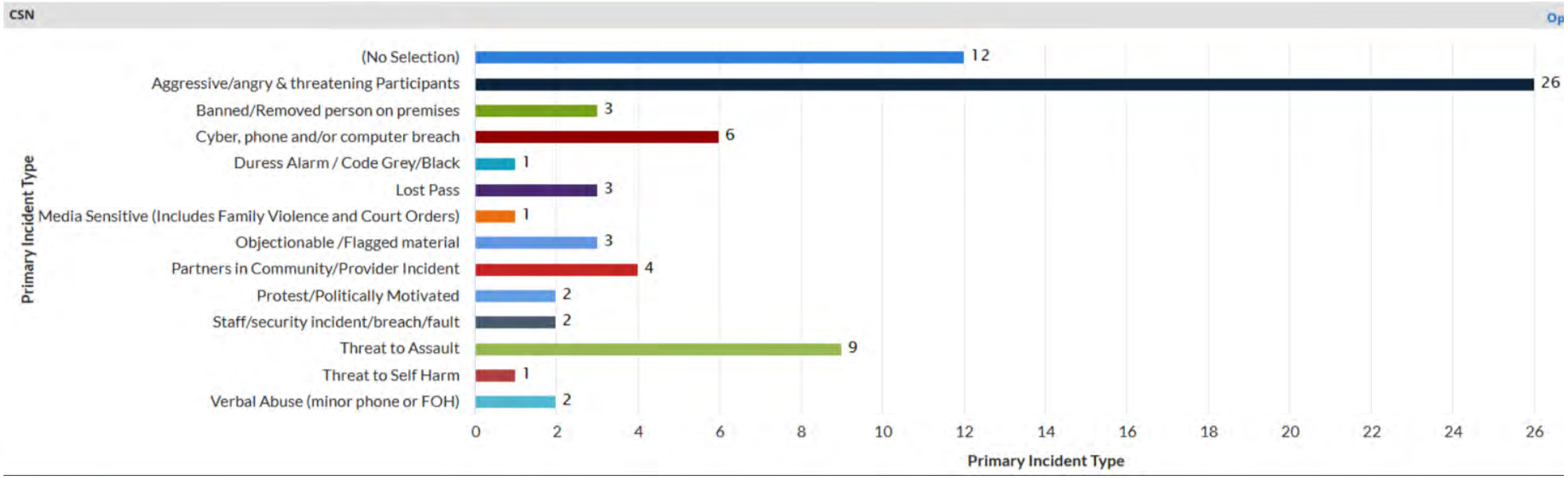
Speak Up Data

Between January and October 2025, Security received **140 Speak Ups** related to CSN Participants. 75 Speak Up were submitted by CSN staff and 65 Speak Ups were submitted by other agency staff.



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Proactive Approach to Personal Security



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What ways can you protect your Personal Security?

s47E(d) - certain operations of agencies

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Take care of your health and wellbeing



- Look after your mental health – take regular breaks, exercise, and spend time in nature.
- Keep up hobbies or activities you enjoy to maintain balance and personal wellbeing.
- Debrief with a colleague to reflect on challenging interactions and share support.
- Use the Employee Assistance Program (EAP) for confidential counselling and support services.
- Access LEAP resources, including *Managing Vicarious Trauma*, to support emotional resilience.

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Intranet Resources

- Safe and respectful workplace
- Managing unreasonable behaviour
- Speak up
- Crisis coordination and continuity
- WHS procedures, forms and supporting documents
- Report a privacy incident
- Information security
- Cyber security
- Property

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Resources and eLearning Modules

- Managing Unreasonable Behaviour Guidelines
- Communication Strategy Case Consult Request Process V0.3.docx
- Communication Strategy Case Consult Request Form_V0.3.docx
- Guide - Quick guide 7 – Managing unreasonable behaviour example phrases for de-escalation.pdf
- Participant critical incidents
- People and Culture
- Lifeline - Lifeline telephone number - 13 11 14
- Conversations Matter
- Insight
- Security Awareness
- Managing Unreasonable Behaviour (MUB)
- Work Health Safety and Wellbeing
- Privacy and Information Handling

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DOCUMENT 15



Cultural Considerations

Complex Support Needs Branch

Onboarding Program

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Facilitator

Peta s47F - personal privacy

Assistant Director, Planning

Complex Support Needs Branch

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Acknowledgement of Country

I would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders past, present and emerging.

I would like to extend that acknowledgement and respect to any First Nations peoples here today.

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Learning Objectives

By the end of this session learners will be able to:

- Reflect on your own culture and beliefs and how this may impact on service delivery and engagement.
- Understand why cultural inclusion matters
- Discuss common barriers
- Explore real stories
- Find resources, networks and further learning.

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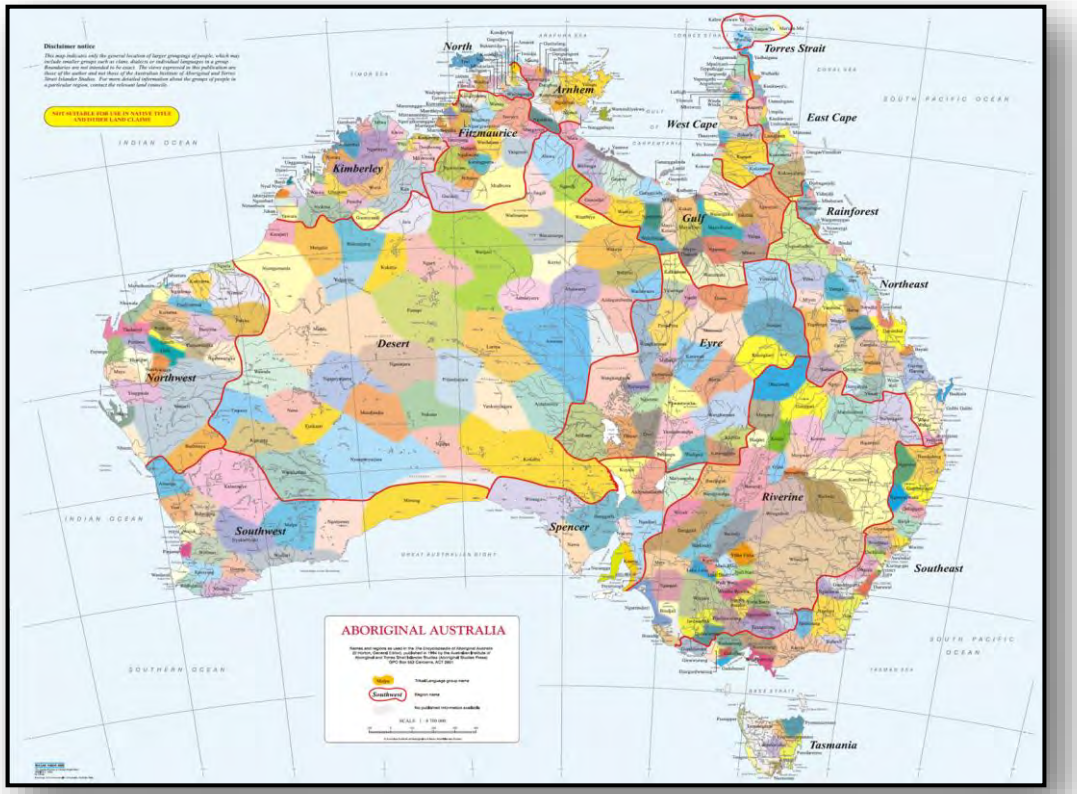
Diversity of Nations, Connection to Country



[Native Land Digital]

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What is Culture?

- Shared values, beliefs, traditions, and behaviours
- Shapes how we see the world and relate to others
- Everyone has a culture - including you



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Key Cultural Concepts

- Worldview: how we understand life and meaning
- Family and community roles
- Language, traditions, and customs
- Attitudes to health, disability, and support



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Self Reflection



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Thinking About Your Own Culture

We all bring our own culture to our work. What shaped your values, communication style, and beliefs? Self-awareness helps reduce bias

Option A

- Inequalities among people should be minimised
- Leaders expect initiative from staff in workplace
- Resources should be shared with relatives.
- Children learn to think in terms of "we."
- Concern with social and status obligations.
- Friendships are predetermined.

Option B

- Inequalities among people are expected and desired.
- Leaders should take all initiative in workplace.
- Individual ownership of resources, even for children.
- Children learn to think in terms of "I."
- Willingness to subordinate oneself for a purpose
- Friendships are voluntary and should be fostered.

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Communication

Cross-cultural communication is complex, but if we analyse contacts, behaviours and situations, four elements are usually present, though one or two may stand out.

1. **Verbal behaviour:** What we say and how we say it. Communication varies across cultures
2. **Non-verbal behaviour:** What we say when we're not talking. Eye contact, body language, tone, and silence
3. **Communication style:** How we prefer to express ourselves. Direct vs. indirect communication
4. **Values, attitudes and prejudices:** What we believe is right. Ask, don't assume.

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What's your cultural communication style?

Option A

- Loudly-spoken person
- Fast talker
- Touch others a lot in social interactions
- "Yes" means "Yes"
- Silence in conversation is uncomfortable
- Greet a with a hand-shake

Option B

- Softly-spoken person
- Slow talker
- Touch others only a little in social interactions
- "Yes" may mean "Maybe" or "No" or "I hear what you say"
- Silence in conversation shows thoughtfulness and respect.
- Greet a with a kiss

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Common Cultural Barriers

- No word for ‘disability’
- Distrust of the Government and other systems
- Undiagnosed or unrecognised disability
- Poor access to information and services
- Language – English may not be their first language
- Lack of culturally appropriate disability services
- Limited awareness of disability services within communities
- Stigma and discrimination from wider community
- Issues of cultural safety when dealing with staff unfamiliar with cultural customs and practices.
- Individualised models of care and support may not reflect appropriate kinship/community models

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Esther's Story



[Esther Simbi: My Story (youtube.com)]

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Working with Aboriginal and Torres Strait Islander Communities

Trust and connection are foundational.

Respecting cultural protocols, taking time to build relationships, and understanding the impact of colonisation are key.

Yarning, for example, may be more effective than formal interviews.

- Understand historical trauma
- Build trust and relationships
- Respect protocols and communication styles

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Strategies for Cultural Inclusion

There are five principles that will provide practical support to engage in the “proper way”.

Principle 1 – Engage respectfully to build ongoing relationships.

Principle 2 – Recognise diversity and modify your approach.

Principle 3 – Understand the importance of country, community and culture.

Principle 4 – Recognise the importance of language.

Principle 5 – Communicate effectively and respectfully.

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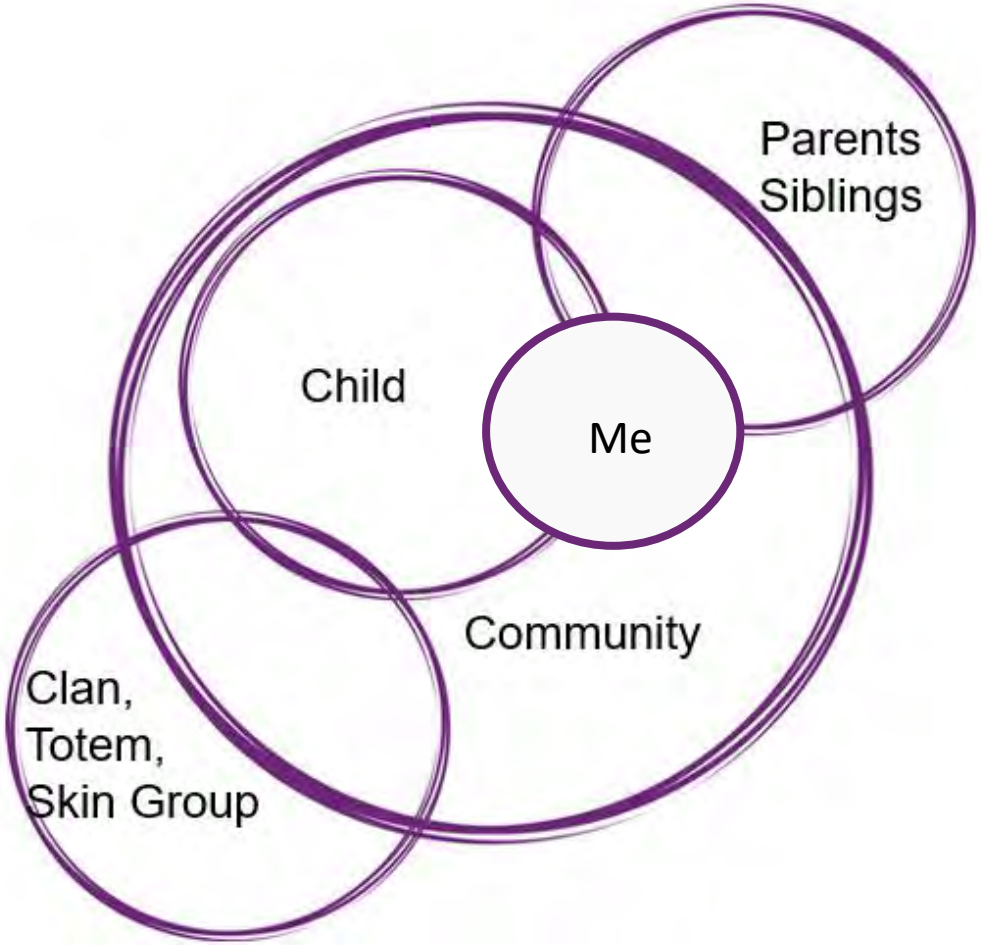
Family and Kinship



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Travis' Journey to First Nations Artist



[Travis' journey from lost soul to First Nations artist (youtube.com)]

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Culturally Inclusive

The following are a few ways in which we can go about doing this.

- Be aware of the different communication styles and values; don't assume that the majority's way is the right way.
- Consider your own cultural identity and how this has shaped your views and perceptions and formed unconscious bias.
- Be curious. Ask people about their cultures, viewpoints, practices and customs.
- Listen and engage with people with lived experiences of migration, racism and injustice.
- Participate in multicultural events or festivals.

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Reflections and Resources

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Takeaway Actions for Inclusive Practice

- Reflect on your role
- Reflect on personal biases
- Engage in cultural training
- Tailor plans to be inclusive of a participant's culture
- Advocate for inclusive policies
- Are there blind spots? How can we be more inclusive? Think of one change you can make today to foster inclusion.

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Key Resources, Inclusion Plans, and Initiatives

- Go to the Inclusion and diversity intranet page to view the Inclusion and Diversity Framework and learn about the Agency Staff Networks and SES Champions.
- The Booking an interpreter intranet page provides information on International languages, AUSLAN interpreters, First Nation languages and Translating documents.

LEAP eLearning modules

- Acknowledge This!
- Celebrating Diversity: First Nations Cultures
- Celebrating Diversity: Multicultural Awareness

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Transitioning a Participant From Complex Support Needs

Complex Support Needs Branch

Onboarding Program

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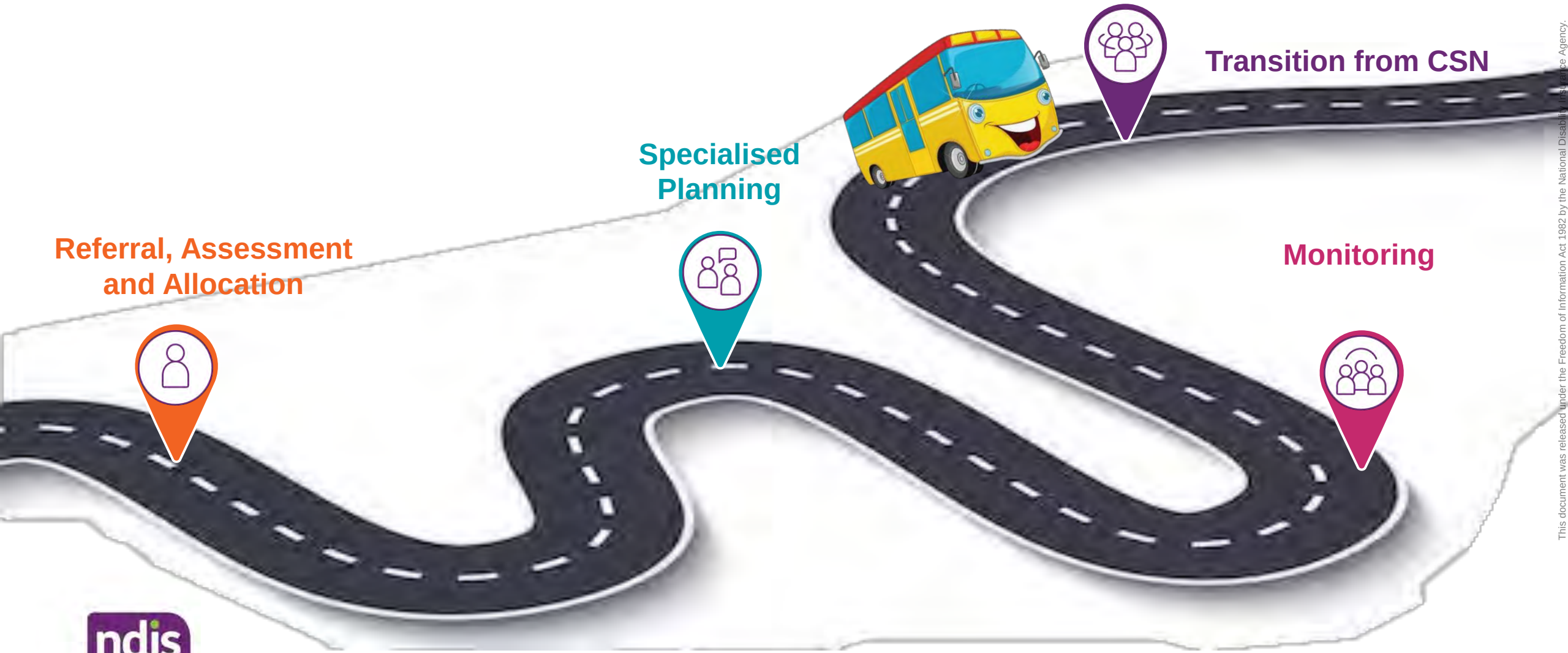
CSN Participant Branch



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Facilitator

Nikki s47F - personal privacy

Participant Support Officer Practice Lead

Operations, Complex Support Needs Branch

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Acknowledgement of Country

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Learning Objectives

By the end of this session learners will be able to:

- Determine a participant's suitability to transition from Complex Support Needs (CSN) Branch.
- Identify the requirements for completing the CSN Transition Form.
- Describe the process of transition including the responsibilities of the CSN Planner and the CSN Operations Team.

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Introduction with Key Statistics

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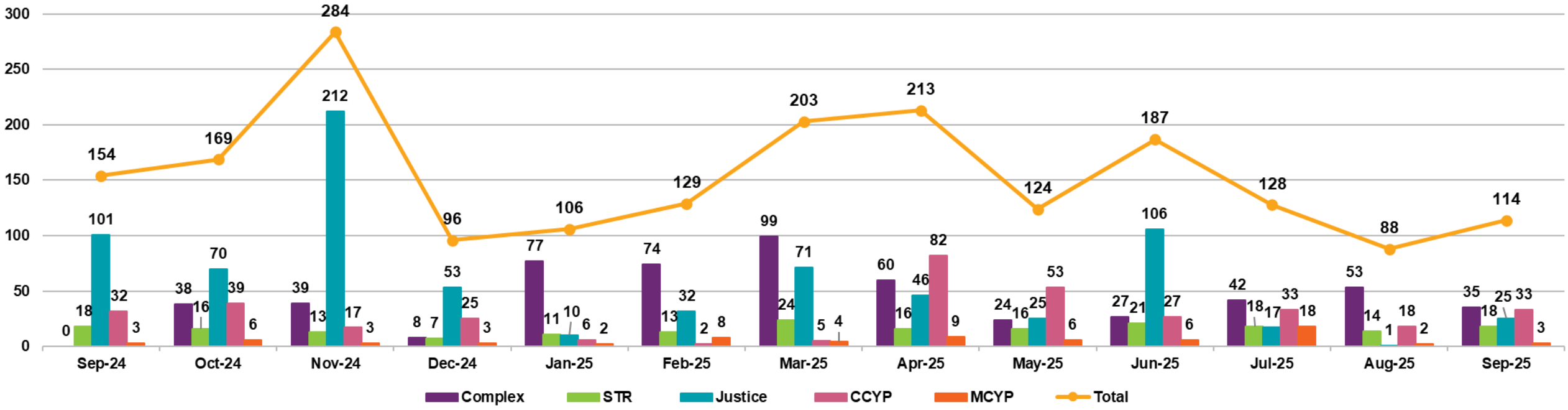
CSN Entry Summary

Total Entries by Team



* Data represented by allocation date.

During the month of September

- Complex Entries decreased 34% (n=18)
- STR Entries increased 22.2% (n=4)
- Justice Entries increased 96% (n=24)
- MCYP Entries increased 33.3% (n=1)
- CCYP Entries increased 45.5% (n=15)

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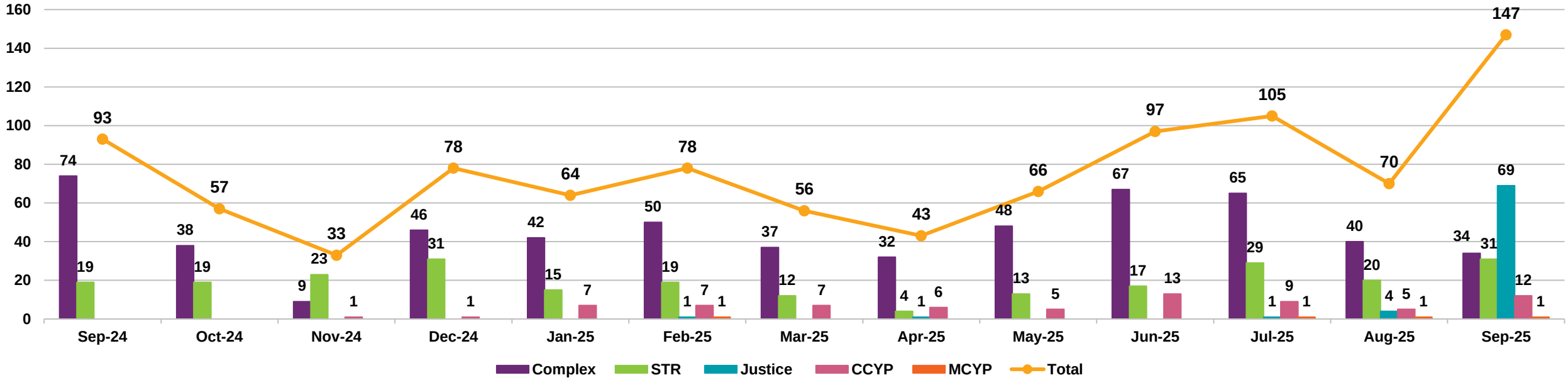
CSN Transition Summary

Total Transitions by Team



* Data represented by transition and allocation date.

During the month of September

- There was a total of 147 transitions across the Branch.
- Complex transitions decreased 15% (n=6)
- STR transitions increased 35.5% (n=11)
- JPT transitions increased by 94.2% (n=65)
- CCYP transitions increased by 58.3% (n=7)
- MCYP transitions stayed the same (n=1)

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Your Transition Knowledge

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Your Confidence / Experience

Has anyone heard of or has been involved in completing a **Transition from CSN?**



This is new to me



Yes, I have heard



Yes, I have completed

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CSN Operations Team – Triage

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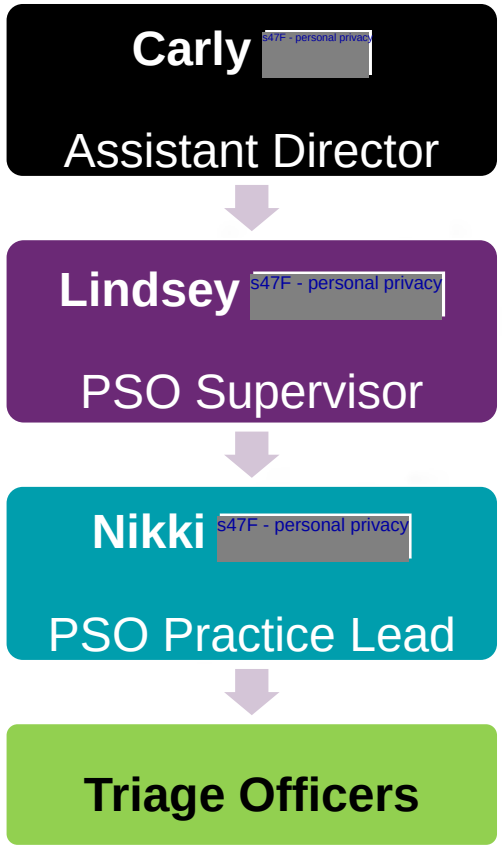
CSN Triage Team Structure



Contact the team - s47E(d) - certain operations of agencies @ndis.gov.au

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Transition From CSN

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Transition From Complex Support Needs

- A participant's readiness to transition from Complex Support Needs (CSN) Branch is a significant accomplishment for both the participant and the CSN Planner.
- Transition from CSN will occur when the participant reaches a place of stability, is achieving their goals, and identified risks have been reduced.
- Transitions from CSN provides an opportunity for another participant to receive the support of the CSN Branch.
- Reviewing a participant's suitability to transition from CSN is part of our regular monitoring process.

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Expected Participant Outcomes for Transition

The Participant:

- Is connected with informal, mainstream and community supports.
- Has strengthened their social, community and economic participation.
- Has a reduction in identified behaviours of concern. Risk has been mitigated with appropriate intervention and support systems.
- Is actively working with a variety of agencies to provide supports and services.

The CSN Planner can confirm:

- The Participant is utilising funded supports in their plan.
- Stabilisation of the Participants situation reduced the need for additional funded supports.
- Participant monitoring has been regularly undertaken.
- Support Coordinator reporting obligations have been met.

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Preparing the participant to Transition from CSN

The Planner must undertake a conversation with Participant and/or their informal and formal supports and record this on the participant record. They will -

- Explain the transition from CSN to Service Delivery or Partners for future planning.
- Allow time to discuss any questions or concerns the participant might have.
- Use positive and empowering language:

"Over the past xx months, you have worked hard to achieve your goals. You have achieved [*specific participant goal*], which is a great outcome. The initial reason/s for referral to Complex Support Needs Branch has been resolved. I would like to support you to transition out of CSN for ongoing planning. Your support coordinator will continue to be a key contact and you will still be able to contact the Agency at any time."

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Transition Form and Mandatory Requirements

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Mandatory Requirements

To submit a transition referral the following criteria must be met or the referral will be Unable to Progress.

- Participant does not have a current Communication strategy.
- There are no open Cases on the participant record. This includes, but is not limited to, Check in Scheduled Reassessments, Plan Change Cases, Plan Approval cases and Plan implementation
- Request for Service is accepted.
- If Behaviour Support Funding is included in the participants plan, ensure a Behaviour Support Plan has been developed and is uploaded to the record or evidence exists to indicate it is being developed.
- Restrictive Practices are regulated and evidence is documented on the participant record.

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Mandatory Requirements (continued)

- Documents and reports from the previous 12 months have been uploaded to the participant record.
- Evidence that the participants readiness for transition to Service Delivery/PiTC has been discussed with the Participant/ Supports and or Support Coordinator is included on the participant record.
- Participant record is updated with current guardianship, nominee, and contact details, including participant address and email.
- If the participant is Unable to Contact, ensure the relevant Knowledge Article has been followed and any outstanding cases closed as Unable to Contact.

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Additional Justice Planning Team Requirements

The Justice Planning Transition criteria includes the following:

- Participant has been living in the community post release without further justice involvement for a minimum of 12 months. Justice involvement includes but is not limited to:
- Police engagement (e.g. arrests, interviews, charges)
- Breaches of parole or community corrections orders
- Court appearances or legal proceedings
- Custodial remand or incarceration
- Active supervision by justice authorities. This includes but is not limited to extended supervision, justice, or parole orders.
- You will be required to provide a date of the participants transition from a custodial setting. If the participant has had justice involvement post this date, they will require 12 months of no engagement with justice prior to transitioning.

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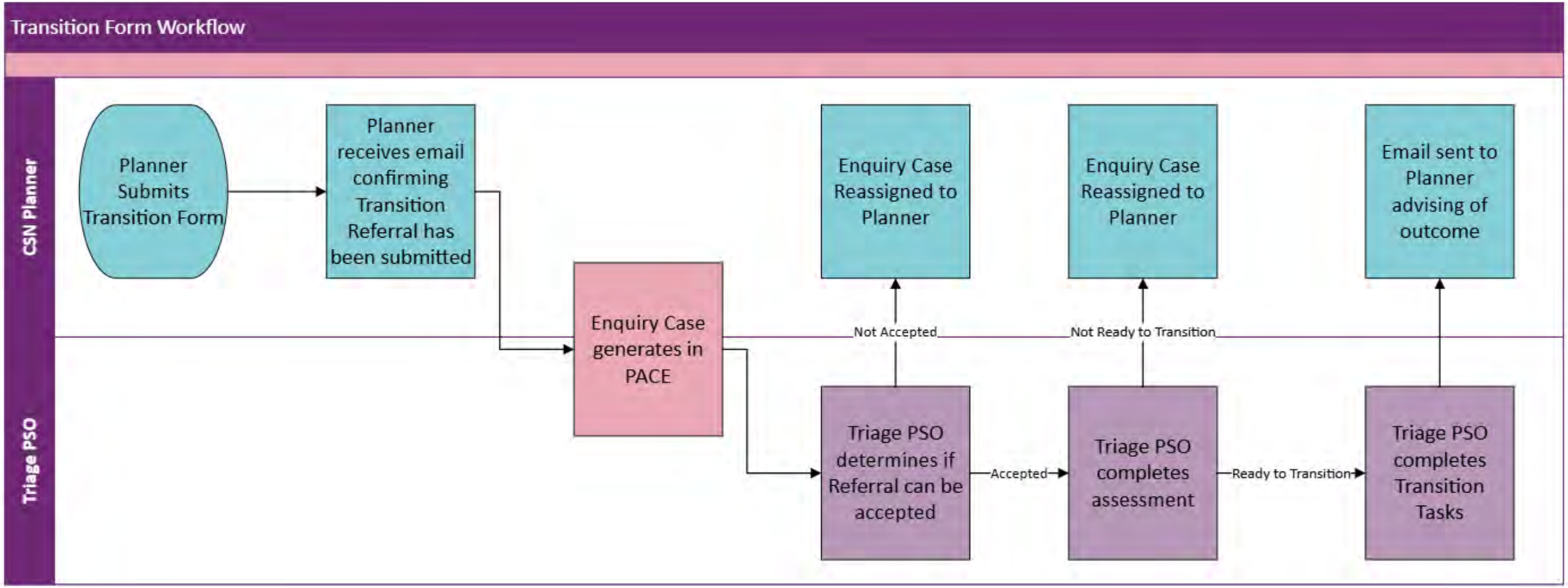
Transition Form Workflow



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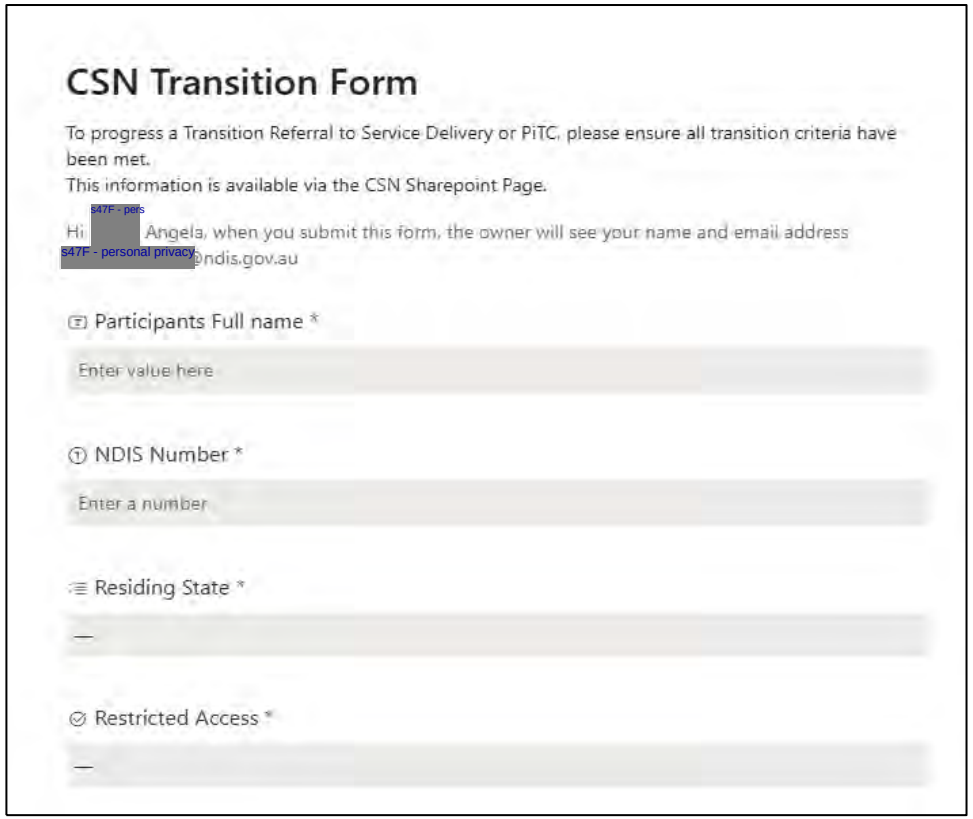
Submitting the CSN Transition Form

- Refer to the Task Card - Submit a Transition Referral located on the CSN SharePoint Page Transition Referrals
- Open CSN Transition Referral Form.
- Complete ALL fields and include evidence where required.



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CSN Operations Team Procedures

- CSN Operations review the CSN Transition Form and supporting evidence within the participant record to support the transition.
- If insufficient information is provided to inform a decision, CSN Triage Team will contact the referring CSN Planner over a period of 3 business days to request further information.

Examples of additional information required include:

- Participant record doesn’t contain evidence to support statements included in the CSN Transition Form.
- Transition discussion between CSN Planner and Participant is not documented on participant record.
- Request for Service has expired or not included in Participant record.
- Open activities identified on participant record.

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Finalising Transition

CSN Operations Team will undertake all required steps to transition the participant for future planning:

- Restream the participant to the appropriate Streaming level.
- End date all CSN Branch related alerts.
- Submit an enquiry case requesting Core Planning to update the My NDIS Contact.
- Remove participant from the CSN tracker.

Reviewing Transition Referral Outcome

If you are not satisfied with the CSN Transition Referral Outcome and would like to discuss the decision, please send an email to s47E(d) - certain @ndis.gov.au with the Participant's name and NDIS number.

A CSN Operations Team member will contact you to discuss the outcome within 2 business days.

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Group Activity

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Scenario

- David is a CSN participant who entered the pathway in 2023.
- A plan reassessment meeting has occurred, and a new plan is in place.
- David's planner has identified that he no longer requires the support of CSN and is ready to transition back to service delivery.

What does the CSN planner need to ensure before submitting a CSN Transition Form?

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Resources

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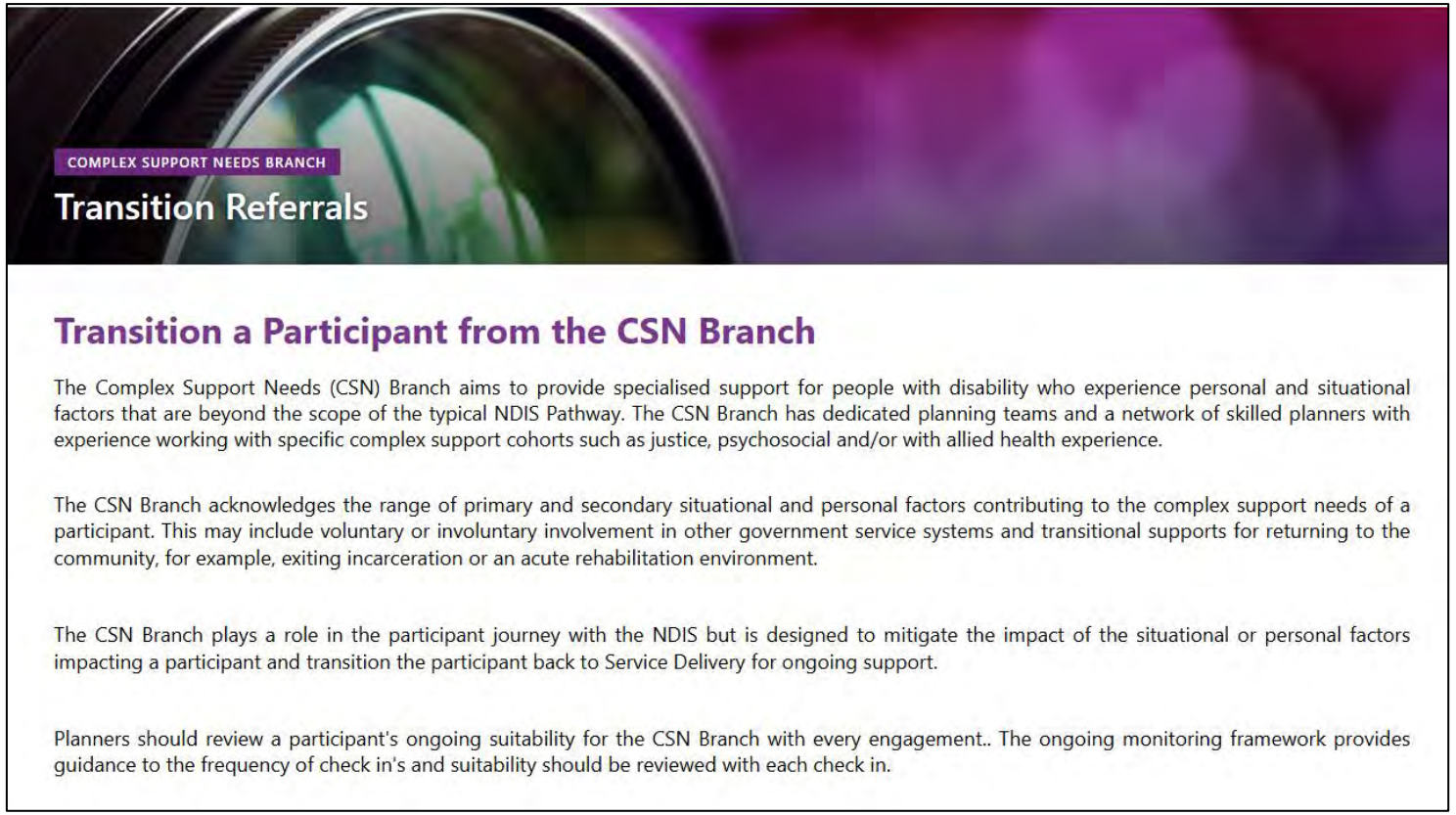
CSN Operations Sharepoint page



Transition Referrals

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Resources and SharePoint page

- Complex Support Needs Branch (intranet)
- CSN Sharepoint - Transition a Participant from CSN Branch
- CSN Transition Form
- Task Card – Submit a Transition Referral from the Complex Support Needs Branch
- CSN Communities of Practice

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Questions

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Thank you for your participation and contribution!

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DOCUMENT 17



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Complex Support Needs Branch

Learning and Development Guide

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1. Welcome to the Complex Support Needs Branch

When you join the Complex Support Needs (CSN) Branch, you will participate in virtual training, be supported in your self-directed learning to complete mandatory and recommended LEAP modules and develop your skills through on-the-job learning.

You will be supported by your Team Leader, People and Culture and the CSN Operations Capability and Project Engagement (CAPE) Team.

We look forward to supporting you with your personal and professional learning and development, now and throughout your career within the CSN Branch and the Agency.

2. Accessibility

Accessibility is everyone's responsibility. It is important that we ensure that everyone can participate. The Agency's Accessibility Hub is our primary resource for guidance and information on accessibility.

The Workplace Support team provide leadership, advice and support to ensure the workplace health, wellbeing, access and inclusion needs of employees with illness, injury and disability are addressed.

The workplace Support Team can assist with Assistive Technology and workplace assessments and adjustments.

Please contact the team prior to training to support your participation and accessibility requirements.

3. Complex Support Needs Capability Framework

The CSN Capability Framework aims to support the development of skills, knowledge, and expertise required for CSN staff. The CSN Capability Framework is designed on 3 Tiers:

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3.1 Tier 1: CSN Foundations – Introduction to CSN

Tier 1 of the CSN Capability Framework focuses on the foundational capabilities required for a person performing any role within the CSN Branch.

The delivery approach at this foundation level includes:

- NDIA Agency Corporate Induction and Disability Awareness
- Frontline Essentials Program for new Planners and Justice Liaison Officers
- Specialised Service Delivery Division (SSDD) Wellbeing onboarding
- CSN facilitated virtual onboarding modules
- Self-paced learning (welcome videos and Branch Introduction)
- Pre and post manager/peer support.

3.2 Tier 2: CSN Technical Capability – CSN Role Specific

Tier 2 of the CSN Capability Framework focuses on role specific technical capabilities required for CSN staff. Tier 2 topics are identified by the CSN Executive Leadership Team. The CSN Capability Team then works with subject matter experts, enabling teams and relevant internal and external stakeholders to develop learning modules and support the delivery of these sessions to the wider branch.

The delivery approach at this level may include:

- Facilitated virtual modules
- Self-paced e-learning modules
- Videos on Demand (VOD's)
- Pre, during and post manager/peer support
- Reference-based approach to building knowledge of processes and steps.

3.3 Tier 3: CSN Technical Expertise – Disability Expertise

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Tier 3 of the CSN Capability Framework focuses on the technical capabilities required for CSN staff working with and supporting specific disability types identified by the CSN Executive Leadership Team. The delivery approach to build and strengthen capabilities for working with specific disability types will reflect the CSN Branch Champions Model and may involve:

- Facilitated virtual modules – delivered by SMEs and External Providers
- Coaching and support by CSN Branch Disability Champions
- Formal training delivered to CSN Branch Disability Champions
- Coaching, support and facilitation delivered by Branch Disability Champions
- Pre, during and post manager/peer support.

4. Employee Responsibilities

- Share knowledge, participate in social learning activities, and contribute to building learning environments within the Agency.
- Discuss their learning and development as part of the performance planning process and include agreed learning and development objectives in their plan.
- Explore internal Agency sponsored learning and development opportunities before considering external learning and development solutions.
- Work with their manager to transfer new knowledge and skills acquired from learning and development activities into the team or workplace.
- Participate in capability and behavioural change evaluations and assessments.

5. New Starter Learning Journey

5.1 Welcome to the NDIA Workshop

This workshop familiarises **new starters** with the National Disability Insurance Agency (NDIA) and the National Disability Insurance Scheme (NDIS).

This virtual workshop is designed to introduce you to key concepts about working in the NDIA and working for the Australian Public Service (APS) along with Accessibility and Inclusion.

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As a new starter, you will be automatically enrolled in the Welcome to the NDIA Workshop via LEAP.
For more information, please contact the People and Culture service desk (external).

5.2 Mandatory and Recommended Learning

The Mandatory Induction Program is a series of development opportunities that are assigned to new employees in LEAP, upon employment commencement, to ensure our healthy and safe culture is maintained, our values are understood and lived, and our legislative and operational obligations are met. These modules form part of Agency risk mitigation and legislative compliance activities and are assigned based on the Mandatory Learning Policy and the associated Mandatory Learning Matrix.
LEAP is the Agency's performance, talent and learning management system. All Agency and partner staff have access to LEAP. Employees will be assigned any Mandatory eLearning courses they are required to complete in LEAP. Please complete eLearning within specific timeframes. For further LEAP information, please visit the LEAP intranet page.

5.3 Frontline Enable: A NDIA Learning program

The Frontline Enable: A NDIA Learning Program is a mandatory program for all new planning delegates and participant support officers in frontline roles at the NDIA. Enable comprises three courses and is delivered over an 8-week period.
Once enrolled in the Frontline Enable program, it will appear under My Learning in your LEAP.
If you have any further questions in relation to this training, please raise a ticket through the Frontline Learning Service Desk.

5.4. Wellbeing

Wellbeing Onboarding

All new staff to the Division are required to enrol in a Specialised Service Delivery Division - Wellbeing Onboarding Session. Within these sessions you will learn about our wellbeing strategy and initiatives, Employee Assistance Program (EAP), Contact

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Officers, Safe and respectful Workplaces, Speak Up, the Culture Champion Network and much more!

Monthly Wellbeing Sessions

The Wellbeing Officers facilitate monthly wellbeing sessions which are scheduled for the 3rd week of each month, falling on a Tuesday and Wednesday. The 30-minute sessions go through the Monthly Wellbeing Packs in greater depth, providing staff with the opportunity to ask questions and engage in a wellbeing session.

How can you attend?

You will receive an outlook calendar invitation.

If you have any questions, email s47E(d) - certain operations of agencies @ndis.gov.au.

5.5 Complex Support Needs Onboarding Program

The Complex Support Needs Onboarding Program is mandatory for all new staff joining the CSN branch. The course is presented by Subject Matter Experts (SMEs) within the branch over one week consisting of half days.

The CSN Capability and Project Engagement (CAPE) Team will enrol new starters in LEAP and issue Outlook invitations along with a copy of the schedule. Resources throughout the program will also be provided.

Please contact the CSN Capability and Project Engagement Team if you have any questions regarding the program.

5.6 On the Job Learning

On the job learning will be overseen by Team Leaders / Assistant Directors. New Starters will also be supported by a workplace mentor who will share their knowledge and expertise, provide support and guidance through on the job learning and be available to answer role specific questions.

Additional on the job learning will be provided through learning circles and other team-based knowledge sharing opportunities.

6. CSN SharePoint Page

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The Complex Support Needs Branch home page links staff to additional resources and information including CSN team page sites, capability resources, recruitment information, to find out more go to the Welcome to the Complex Support Needs Hub.

7. CSN Capability and Project Engagement Team Contact Details

Find out more about CSN Learning and Development on the Complex Support Needs - Operations intranet page or email the Capability and Project Engagement Team at CSN Capability and Project Engagement Team.

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Complex Support Needs Branch

For Internal Use Only



Complex Support Needs Branch Monitoring Framework

July 2026

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Complex Support Needs Branch (CSN) Monitoring Framework

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1. Purpose

This framework will guide you to:

- Understand the CSN approach to plan monitoring.
- Understand the different types of monitoring activity that a planner is to complete and record appropriately on PACE.
- Consider the participant circumstances to be addressed during monitoring.
- Determine how to document the monitoring activity.

The framework should be used by:

- Delegates, including CSN planners, resolution officers
- Liaison officers
- CSN participant support officers (PSOs)

This document should be read in conjunction with the CSN Monitoring Work Instructions document on CSN SharePoint.

CSN supports participants with unique and significant needs arising from personal and situational factors as well as ensuring these participants receive tailored, coordinated, and responsive service delivered through a caseload management approach. One of the key components of the CSN service offer is regular monitoring of a participant's plan from initial allocation.

Monitoring in CSN is a **proactive, structured, and participant-centred process** designed to ensure that individuals with complex needs receive the right supports at the right time. It is a **core function** of the CSN service offer and is essential for safeguarding participant outcomes, identifying emerging risks, and ensuring that NDIS plans are implemented effectively.

The **purpose of monitoring** is to ensure that participants with complex needs are **receiving the right supports, at the right time, in the right way**. Monitoring is not just about oversight—it's a proactive, participant-focused process that helps maintain the quality, safety, and effectiveness of funded, community and mainstream supports. It is also important for ensuring that:

- You ensure plan implementation aligns with the participant's goals and needs.
- You identify and respond to changes in the participant's circumstances.

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- You foster collaboration among stakeholders, including support coordinators, guardians, other government services and service providers.
- You facilitate timely responses and changes to supports where necessary.
- You evaluate the need for transition to other planning teams, such as core service delivery, MND or justice planning teams.

If safeguarding concerns arise during the monitoring cycle, or support is needed to determine and escalate next steps for a participant, delegates should consult an Assistant Director or Director. Refer to the CSN Case Consult Guidance for further information.

2. Monitoring cycle

The **CSN monitoring cycle** is a continuous process designed to ensure consistent oversight and support throughout the duration of a plan. It is recommended that a **monitoring activity** occurs **at least every six weeks** and a scheduled check-in occurs every 6 months, while a participant is supported within CSN. A delegate or liaison officer's engagement may be **more frequent** based on the participant's level of risk, involvement with the justice system, child protection, health, or other situational factors.

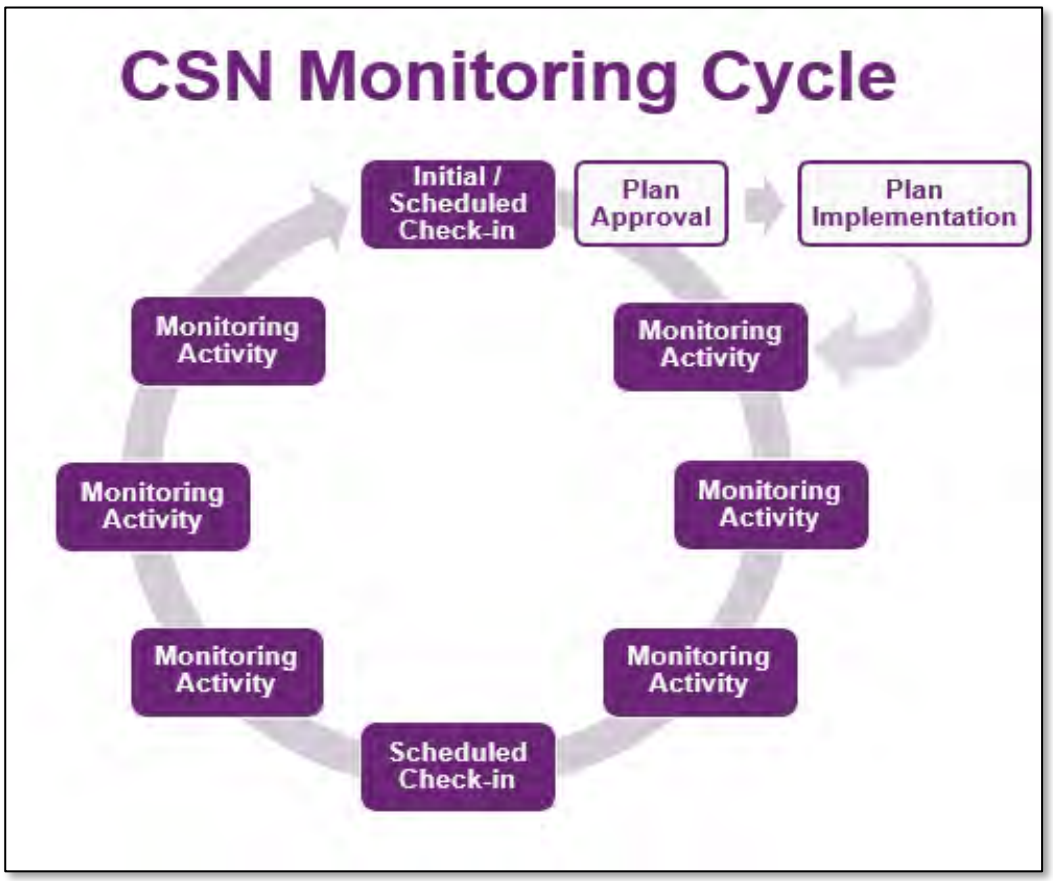

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Image caption: The CSN monitoring cycle for a Participant where 6-weekly monitoring tasks are performed. The cycle follows a structured, clockwise sequence of steps that repeat over time.

Where the Participant is engaged with an alternate pathway in the Specialised Service Delivery division, the following advice should be considered:

Justice interface

The **Justice Planning** and **Liaison teams** within Specialised Services Division (SSD) provide a service for participants involved in the justice interface, incorporating a tailored and responsive approach to monitoring. For more information on monitoring and check-in approaches for participants supported by the justice planning and liaison teams, please refer to appendix a.

Specialised Resolution Team

The Specialised Resolution Team (SRT) is a dedicated team providing a divisional response for at risk participants in the Complex Support Needs (CSN), Compensation and Justice and Aged Care Hospital Interface (ACHI) Branches, supporting participant safeguards and promoting a positive participant experience. This team provide immediate responses where needed and do not typically undertake regular case management work. SRT can however, action participant critical incident (PCI) reports and undertake welfare checks as required and provide education, advice and guidance to third party representatives as required.

Child Protection Liaison

The Child Protection Liaison (CPL) is a time limited pilot initiative aimed at enhancing outcomes for children, young people and their families. The project will test the concept of CPL roles within selected cohorts in Western Australia (WA) and Victoria (VIC). The initial trial period commenced in August 2025 and will move to an evaluation phase in late 2026. If successful, the intention would be to expand the service offer across other states and territories.

The CPL will not undertake participant check-in activities as outlined in check-in approaches. The role of the CPL is to provide an important link between external stakeholders supporting people with disability interfacing with the child protection system and the NDIA. This support is provided regardless of the pathway the participant is aligned

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to. The CPL will work collaboratively with internal staff to ensure all relevant information and contact is recorded in line with PACE knowledge articles.

3. Monitoring activities and check-in definitions

Monitoring is not a single action but a range of purposeful engagements that provide insight into how well a participant's plan is providing support to achieve goals and improve the quality of their life.

These may include:

Activity	Key purpose
Initial contact	Establishing rapport and understanding the participant's immediate needs upon entry into the CSN pathway. Initial contact is the foundational part of the monitoring framework because it marks the beginning of active oversight and engagement with the participant (and/or their guardian). While it may seem introductory, it plays a critical role in setting up expectations of support and to inform of the regular monitoring activities that will occur throughout the participant's journey in the CSN pathway. For more information on participant allocations, please refer to the CSN knowledge article manage a new participant allocation.
Implementation meeting	This is a structured opportunity to review plan implementation activity and set the scene with stakeholders on the expectations of services and, will also identify any risks that may be present. A plan implementation meeting allows for coordination among stakeholders to ensure supports are effective and aligned with the participant's goals. It is also an opportunity to inform stakeholders of the monitoring activities that will occur as part of the CSN service offer and arrange for any required assessments or progress reports to be submitted within required timeframes.

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Activity	Key purpose
	The meeting should be offered within **7 calendar days** of plan approval. For further information relating to plan implementation processes refer to knowledge article understanding implementation meetings.
Scheduled check-in	Is a planned and regular point of contact between CSN and the participant (or their support network) to monitor how their NDIS plan is progressing and, to assess participant wellbeing. A scheduled check-in can be conducted via phone, MS teams call, or in person, depending on the participant's needs and preferences. They may involve the participant directly, or their guardian, plan nominee, or support coordinator. It is a requirement of the monitoring framework that a **scheduled check-in** occurs every **6 months**.
Discretionary check-in	A discretionary check-in (including system generated risk flag) is flexible, unscheduled engagement initiated in response to specific concerns, changes in a participant's circumstances, or through your own judgment where additional contact is needed. A discretionary check-in may be required to respond quickly to emerging risks or issues (e.g. a breakdown in supports, hospitalisation, housing instability).
Transition suitability reviews	Assessing whether the participant's support needs have stabilised and, whether they are ready to move from CSN to a different support model such as core service delivery. This can occur at any stage within the CSN monitoring cycle and at a minimum at every scheduled check-in. When it is assessed that a participant may no longer meet the criteria for the CSN planning pathway, it may be appropriate to consider a transition back to core service delivery. Refer to transition referrals for more information.

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Activity	Key purpose
Desktop review	A desktop review is a type of monitoring activity that involves reviewing a participant's information and progress without direct contact with the participant or their support network. It can typically be conducted by examining available documentation and PACE records to assess the participants current plan and goal progression. Please review the PACE knowledge article for more information on how to perform a desktop review.
Stakeholder engagement	Usually intentional, collaborative communication between CSN staff and key individuals or organisations involved in a participant's support network. This can include support coordinators, guardians, plan nominees, service providers, other government agencies and other relevant professionals.

What monitoring is not

It's important to recognise monitoring activities from administrative or procedural activities that do not directly provide information about a participant's progress. These activities are important for the participant to access supports and are not counted as monitoring activities:

- Processing claims or payments
- Creating a request for service (RFS)
- Internal escalations or consultations
- Receiving or reviewing quotes
- Application for assistive technology, vehicle modifications, home modifications, or home and living supports
- Contacting stakeholders solely to gather evidence
- Updating participant contact details in PACE

Monitoring is a **broader category** that includes any action taken to assess how well a participant's NDIS plan is being implemented and if it continues to meet their needs. Monitoring activities are intentional, documented, and outcome focused. They contribute to the formal oversight of the participant's plan.

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A **check-in** is a **type of monitoring activity -** usually a **direct engagement** with the participant or their support network to gather updates, assess wellbeing, or follow up on specific issues. These include scheduled check-ins **(6 monthly),** and discretionary check-ins (as needed).

4. Monitoring activities and check-in approaches

Throughout the CSN monitoring process a CSN planner will be required to undertake monitoring activities and check-ins. Below is a table summarising the differences.

Feature	Monitoring activity	Scheduled check-in
Frequency	Every 6 weeks	Every 6 months
Formality	Can be informal	Formal and structured
Contact required	Not always	Yes, direct contact
Purpose	Ongoing oversight	Comprehensive review
Documentation	Required PACE enquiry case	Required PACE check-in case
Examples	Desktop review, stakeholder contact	Phone / MS teams / in-person check-in

Guidelines for engagement

To support meaningful and effective engagement, staff undertaking monitoring should consider the following when speaking with the participant and their support network:

- Be participant centred - this approach focuses on the individual's needs, preferences, and goals, rather than just their disability or diagnosis. By placing the individual at the centre of the care planning process, person-centred practice empowers participants to take an active role in decision-making and ensures that the support services provided are tailored to their unique needs and circumstances.
- Promote self-advocacy by providing participants (or if a child their child representative) with the knowledge, skills, and confidence to advocate for themselves, this can assist participants to take control of their lives and make

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informed decisions about their care. This, in turn, promotes autonomy, self-esteem, and overall well-being.

- Review the participant's PACE record and supporting documents before making contact (complete a desktop review). Familiarise yourself with their circumstances and supports including any Participant Critical Incidents. Consider if safeguarding measures are adequate and if not, how this can be mitigated. Always talk to your line manager if you have immediate safeguarding concerns for a participant.
- Introduce yourself to the participant and their informal/formal supports.
- Confirm your understanding of the participant's background and existing information held by the NDIS.
- Discuss the participant's individual circumstances, including informal, community, and mainstream supports.
- Ask how the funded supports in the participant's plan are helping them pursue their goals.
- Enquire how the participant is managing their plan budget.
- Ensure the participant and their support network understand and can access the supports in the plan.
- Respond to any open queries or outstanding requests from the participant.
- If needed (or applicable to the participant), request that the support coordinator or specialist support coordinator assist in linking the participant to appropriate services.
- Advise the participant that regular check-ins will occur and that their support coordinator will provide ongoing updates to the NDIA.
- Take a multi-disciplinary approach with the participants consent, collaborate with the participants support ecosystem, both informal, formal and mainstream. By working together with a range of professionals, including healthcare providers, therapists, and support workers, support coordinators can ensure that individuals with disabilities receive comprehensive and coordinated care that address their complex needs and ensure everyone involved understands their roles and responsibilities. Initial contact

4.1. Initial Contact

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When a participant is allocated or re-assigned to a CSN planner, initial contact must be made:

- Within 2 business days for priority allocations, or
- Within 5 business days for standard allocations.

This contact ensures the participant is aware they have a new my NDIS contact (CSN planner) and understand the role of the Complex Support Needs (CSN) Branch. The interaction must be recorded in PACE as an enquiry case.

For more information on participant allocations, please refer to the CSN knowledge article, manage a new participant allocation.

To request assistance from CSN **Operations** or the **Participant Support Team (PIT)** in booking a meeting, please follow the steps outlined in request a meeting booking in PACE.

Preparation prior to contact

Delegates are expected to conduct a desktop review before initiating contact. Critical to the desktop review is reading through the CSN suitability checker which gives a holistic overview of the participant's personal and situational factors. This review helps guide the conversation and ensures the planner is informed about the participant's background and current supports.

4.2. Implementation meeting

After a plan is approved, participants can start using the funding outlined in their NDIS plan to access supports. This stage is called implementation, and it helps participants understand and make the best use of their plan.

An **implementation meeting** should be offered to support the participant (or their guardian) in:

- Gaining a clear understanding of their plan
- Learn how to begin utilising their funded supports
- Understand how their plan is managed and how payments are made
- Connect with service providers of their choice
- Understand the purpose and function of service agreements

This meeting also provides an opportunity to **identify any risks** the participant may face when using their funding.

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Once a plan approval case is finalised, a **plan implementation case** is automatically generated in PACE. Where appropriate, the implementation meeting may be conducted at the same time as the plan approval meeting. If not, the meeting should be offered within **7 calendar days** of plan approval.

To request assistance from CSN **Operations** or **Participant Support Team (PIT)** in booking a meeting, please follow the steps outlined in request a meeting booking in PACE.

If the participant advises that an implementation meeting is not required, this decision must be recorded in the implementation case on PACE. The next **scheduled check-in** should be booked within **six months**.

For more information relating to the stages of monitoring within a participant's plan, please refer to appendix b.

4.3. Desktop review

A desktop review is a monitoring activity undertaken without direct participant contact. This activity is used to assess the participant's current situation, plan implementation, risks, and progress toward their goals. It supports informed decision-making regarding scheduled or discretionary check-ins, plan changes, referrals to CSN, transition activities, and ongoing budget monitoring.

When conducting a desktop review, you must review the participant's Person Account in PACE, including:

- Open and closed cases
- Plan and budget information
- Uploaded reports and correspondence
- Consent and authority records

You must also review budget expenditure using PANDA to understand utilisation, identify emerging pressures, and inform your monitoring approach.

You are expected to use these systems to build a comprehensive understanding of the participant's circumstances. This enables you to identify early signals, monitor trends, and ensure your monitoring remains proportionate to the participant's needs and risks.

As part of every desktop review, you must complete an environmental and situational analysis. This analysis provides a point-in-time overview of the participant's circumstances

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and is a critical component of proactive safeguarding and informed decision-making. You must consider the broader context, including family members who are also NDIS participants, particularly children under 18.

Your environmental and situational analysis must include consideration of:

- Safeguarding concerns
- Supported decision-making arrangements
- Participant critical incidents
- Carer fatigue and sustainability of supports
- Family dynamics and circumstances
- Communication preferences (including who we engage with)
- Accommodation arrangements
- Budget utilisation and emerging pressures

All monitoring activities must be recorded in accordance with CSN recording requirements to ensure accurate, complete, and auditable documentation.

For detailed steps on how to complete a desktop review, refer to the CSN Monitoring Work Instructions.

4.4. Check-in types

Check-in overview

There are different types of check-ins in PACE, which are explained below. For more details, see the knowledge article understand types of check-ins.

A check-in is a direct conversation with a participant or their authorised representative. It is a requirement that direct contact is made with the participant (or their authorised representative) to complete a check-in. This ensures the conversation is meaningful, participant-led, and supports accurate and up-to-date information gathering. It's a chance to build a strong relationship and have a meaningful, participant-led discussion.

Check-ins help make sure the plan is working well, and that the participant has the right supports in place. They also help keep the participant's information up to date. During the

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check-in consider other family members who may be residing with the participant and if they would require a referral to CSN.

To request assistance from the CSN **Operations** or **Participant Support Team (PIT)** in booking a meeting, please follow the steps outlined in request a meeting booking in PACE.

Types of check-ins	Purpose of check-in
Scheduled check-in	A scheduled check-in is a key component of ongoing engagement with participants in CSN. They help ensure participants continue to receive appropriate supports and that their plans remain effective. At the initial contact the date for the first scheduled check-in is to be arranged for six months time. Depending on the duration of the plan, it is recommended that a **scheduled check-in** occurs **at least every six** months, however if the plan end-date is less than six months a plan **reassessment check-in** will automatically generate. Refer to the knowledge article explaining the purpose and outcomes of a check-in to assist you in communicating the purpose and expected outcomes of check-in conversations with participants or their authorised contacts.
Discretionary check-in	Discretionary check-ins can occur as needed and are manually created in PACE. These check-ins are typically prompted by a specific reason, which will guide your conversation with the participant, their plan nominee, and/or guardian. The reason may stem from an enquiry or an s47E(d) - certain operations of agencies

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Types of check-ins	Purpose of check-in
s47E(d) - certain operations of agencies	
Reassessment check-in	If you are completing the last check-in before a plan reassessment, this is called a reassessment check-in. During this check-in, you'll support the participant to prepare for an upcoming plan reassessment. You'll record detailed information and upload any new evidence. The information you record will assist the participant to make informed decisions based on what they want and prefer for their next plan. This will help create a plan which meets their needs. It also means the participant does not have to retell their story or repeat information. A check-in for the purpose of reassessment will **automatically generate 116 days** from the plan end date.
Check-in to determine suitability for transition	During the participant's journey in CSN, the CSN planner will be responsible for regularly reviewing a participant's suitability to remain in the CSN pathway during a scheduled check-in. Transition reviews should consider the participant's stability, progress toward their goals, the

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Types of check-ins	Purpose of check-in
	effectiveness of current supports, and any emerging risks or needs. If a participant is assessed as ready to transition to core service delivery, a transition referral must be completed and submitted to the CSN **Operations Triage Team** for assessment and realignment.

5. Record management for monitoring activities

Recording of all interactions related to a participant is **mandatory**. It is essential for information gathering, record keeping and a nationally consistent approach. Please refer to knowledge articles on PACE for further details.

6. Feedback

If you wish to provide any feedback, please complete Monitoring Framework feedback form.

7. Version control

Version	Amended by	Description of change	Status	Date
V3.0	SW0065	Revised version	Approved	2026-07-07
V2.4	QVERHJ	Removed reference to short term response team. Amended information on Justice Interface. Updated desktop reviews details.	Review	2026-07-06
V2.3	QVERHJ	Minor changes with the use of the terms monitoring activity and task.	APPROVED	2025-10-22

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V2.2	QVERHJ	Amended JPT table and minor change to the related information (Appendix A).	APPROVED	2025-08-21
V2.1	QVERHJ	Approved version	APPROVED	2025-07-08
1.0	AH0030	New CSN monitoring framework	DRAFT	31-07-2024

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Appendix A

Justice interface

The Justice Planning Team (JPT) and Justice Liaison Team (JLT) within SSD support participants who interface with the justice system. While some participants are eligible for support from JPT, others may not meet the eligibility criteria. In these cases, support will continue to be provided through CSN, Core Service Delivery, and JLT, as appropriate.

The JPT consists of justice planners who undertake monitoring activities using available information and have a high-level of contact with internal and external stakeholders. This includes a close working relationship with Justice Liaison Officers (JLO) related to participant matters.

The Justice service offer aims to support successful transition for participants from a custodial environment in collaboration with all stakeholders, ensuring a considered approach of NDIS funded supports.

Justice Planning Team monitoring

The Justice Planning Team (JPT) is a dedicated team in SSD supporting participants that have met the JPT eligibility criteria.

Justice planners work with participants and their stakeholders to ensure the appropriate mainstream and NDIS funded supports are engaged, particularly when transitioning from a custodial setting into the community.

The JPT includes intensive, super intensive and complex participants, all are steamed sub-type as ‘Justice’ in PACE with monitoring activities and check-in frequencies occurring for each stream as outlined in table 1 below:

Table 1

Streaming	Required monitoring activity frequency	Required check-in frequency
Intensive	Not Applicable	6-monthly
Super intensive	12-weekly	6-monthly

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Complex	6-weekly	6-monthly

Justice Liaison Team monitoring

The Justice Liaison Team is a national team that provides support to internal and external stakeholders working alongside people with disability who intersect with the justice system. This support is provided by the Justice Liaison Officers (JLO) in each state and territory. The JLOs operate from both NDIS Offices and onsite at prisons, youth detention centres and forensic hospitals.

The JLOs do not undertake participant check-in activities as outlined in check-in approaches. The role of the JLO is to provide an important link between external stakeholders supporting people with disability interfacing with the justice system and the NDIA. This support is provided regardless of the pathway the participant is aligned to.

The JLO will support internal and external stakeholders with:

- The NDIS access process for applicants intersecting with the justice system.
- Informing planners of any changes or updates regarding the participant's legal orders and/or status for transition to the community.
- Submitting referrals to the CSN and JPT pathway after collaboration with the national delivery planner.
- Supporting the planning, reassessment, and monitoring process by ensuring the planner has the most up to date information regarding situational factors.
- Monitoring planning, reassessment and home and living decisions and providing support by removing barriers and requesting escalations as required.

For further information and a full overview of the JLO role, visit the Justice Liaison Team intranet page.

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Appendix B

Stages of monitoring and check-ins from plan approval

The diagram is a **timeline** that outlines key activities during two main stages of a plan:

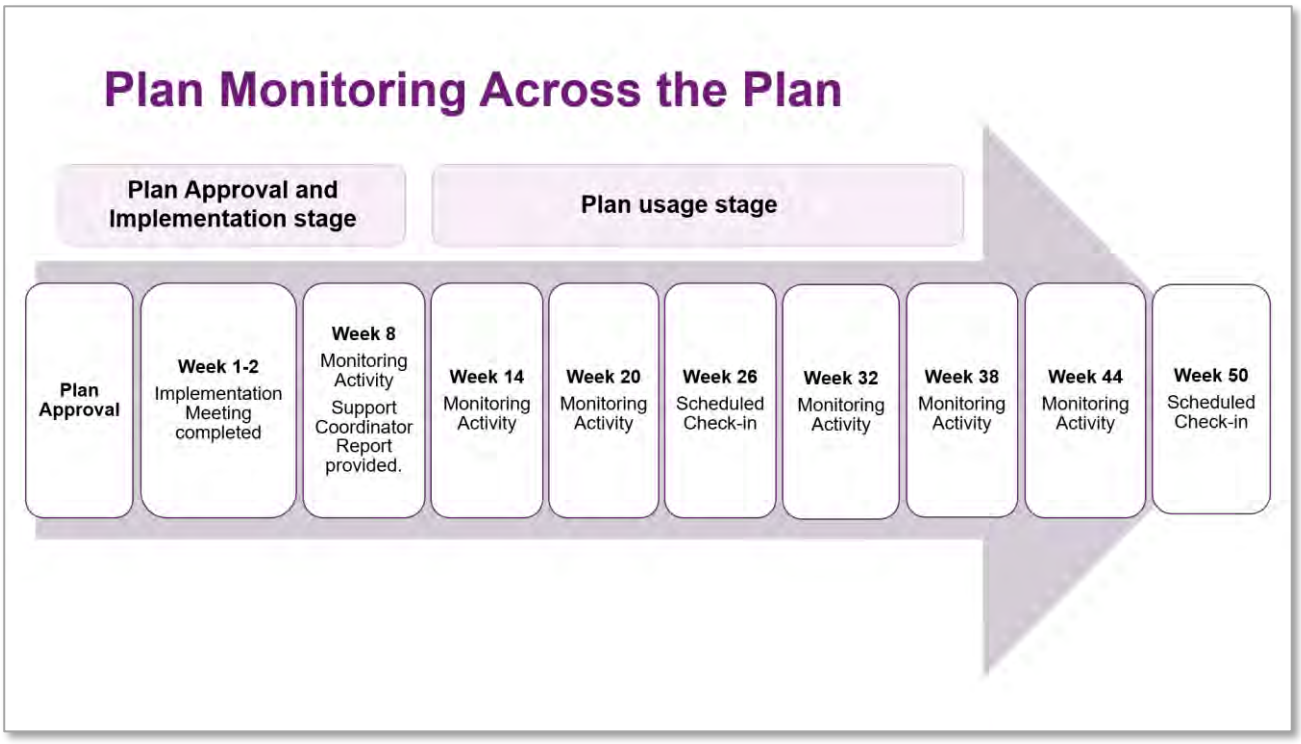

Image caption: A timeline outlining key activities from plan approval through to implementation and ongoing monitoring activities, including scheduled check-ins and monitoring milestones performed at regular intervals.

Note: The weeks displayed in the image above may not reflect the exact timeline within PACE.

Stages Include:

1. Plan approval and implementation stage

This initial phase spans the first eight weeks:

- **Weeks 1 to 2:** The plan is formally approved, and an implementation meeting is conducted to initiate the process.

Week 8: A monitoring activity is carried out, and a report is submitted by the Support Coordinator to assess early progress.

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2. Plan usage stage

This phase covers the remainder of the plan's duration, from week 14 to week 50, and includes regular monitoring and scheduled check-ins:

- **Week 14 and week 20:** Monitoring activities are conducted to track ongoing progress.
- **Week 26:** A scheduled check-in is held to review the plan's effectiveness and make any necessary adjustments.
- **Week 32, week 38 and week 44:** Additional monitoring activities are performed. The later monitoring activities can be used to prepare the participant and stakeholders with preparing for upcoming reassessment check-in.
- **Week 50:** Dependent on length of plan a **scheduled check-in or reassessment check-in** is completed.

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	Monday 16 February 2026	Tuesday 17 February 2026	Wednesday 18 February 2026	Thursday 19 February 2026	Friday 20 February 2026
Week 1	Welcome and Introduction CSN Operations Welcome	Participant Pathway Experience - Entry, Journey and Transition from CSN Day in the Life – CSN Participant Interface Team	CSN Justice Liaison Team CSN Justice Planning Team CSN Children and Young People Team	Cultural Considerations Specialised Resolution Team Managing Unreasonable Behaviour and Communication Strategies	Positive Behaviour Support and Regulated Restrictive Practices

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	Monday 10 November 2025	Tuesday 11 November 2025	Wednesday 12 November 2025	Thursday 13 November 2025	Friday 14 November 2025
Week 1	Welcome and Introduction Overview of Your Learning	Specialised Service Delivery (SSD) and CSN Branch Introduction and Overview CSN Leadership Support and Engagement CSN Operations Director Welcome	CSN Participant Pathway Experience - Overview CSN Participant Pathway Experience – Entry Day in the Life - CSN Participant Interface Team	Day in the Life - CSN Planning Team Members Principles of Stakeholder Engagement	Positive Behaviour Support and Regulated Restrictive Practices
	Monday 17 November 2025	Tuesday 18 November 2025	Wednesday 19 November 2025	Thursday 20 November 2025	
Week 2	CSN Children and Young People Team CSN Participant Pathway Experience - Monitoring	CSN Justice Liaison Team CSN Justice Planning Team	The Specialised Resolution Team Managing Unreasonable Behaviour and Communication Strategies	Cultural Considerations CSN Participant Pathway Experience - Transitioning a Participant from CSN	

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CSNP Home and Living Supplementary Information Form

Work Instructions:	• Complete the form and upload to the Participant CRM Record as an inbound document. • Ensure you upload any relevant information/reports/assessments to support the Planner recommendations with the form in inbound documents for the panel to consider. Inbound Doc title: **CSNP H&L Supplementary Information Form**
Participant Name:	
CRM:	
Age:	
Salesforce ID	
Planner	
Assistant Director	
Home and Living Mandatory Referral	**Participants with an existing home and living decision.** ☐ The participant's most recent home and living daily activities funding decision was prior to 30 June 2020 ☐ The participant has a home and living decision BUT their disability support needs have changed, and they have submitted appropriate evidence to support a request for. ☐ an alternative / different home and living SDA decision. ☐ increased daily activities funding of more than an additional *4 hours per day and / or request for an increase to the level of support intensity (i.e., higher from standard) ☐ a change to active overnight supports ☐ a change to shared support ratio (if relevant) that the current flexible funding cannot cover on an ongoing basis. **Participants who do not have an existing home and living decision.** ☐ The participant wants to move from their current environment AND the participant does not have a home and living decision AND they have submitted appropriate evidence to determine.

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	• eligibility for SDA and/ or • suitability for home and living daily activities funding option/s. **Note:** This criterion applies to participants from 16 years who require a transition to adulthood home and living decision. ☐ The participant wants to remain living in their current environment AND does not have a home and living decision AND they require more than 12 hours per day of funded assistance with self-care. **Note:** If TAB have provided advice for continuous active 1:1 support under core daily/ social civic and community participant budget then there is no requirement for a referral to home and living. ☐ Participants who are over 16 and require a home and living decision for future planning when they turn 18.
Participant Cohort *Select appropriate response*	☐ CSN ☐ CYP cohort 1 ☐ Transition to adulthood ☐ CYP cohort 2 ☐ Hospital Discharge ☐ Justice
Review Request/Escalation Reason *Select appropriate response*	☐ Scheduled reassessment ☐ S48 ☐ S100 **Has the planner completed an escalation to HaL for an urgent decision for this application:** ☐ Yes ☐ No **Detail escalation reason**:
Does the Participant have a Legal Guardian? *Select appropriate response and ensure you upload the guardianship order in inbound documents*	☐ Yes ☐ No **Type Of Guardianship Order**: ☐ Child Protection ☐ OPA/OPG ☐ Community Guardian ☐ Other **Date of Order**: **Powers appointed under the Guardianship Order**:
Background Summary *Include information on the reason for HaL submission and current living situation. If the current living situation is not suitable detail, why.*	

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Does the participant have a current SDA Decision? *Select appropriate response.*	☐ Yes ☐ No **Level of Support**: **Category of SDA**: ☐ High Physical Support ☐ Robust ☐ Fully Accessible ☐ Improved Liveability **Type of SDA**: ☐ House ☐ Villa/Duplex/Townhouse ☐ Apartment
Does the Participant have a previous H&L decision. *Select appropriate response.*	☐ Yes ☐ No **If yes, provide details below.** **Date**: **Level of Support for DA**: ☐ Standard ☐ High Intensity **Level of Support for SCCP**: ☐ Standard ☐ High Intensity **Level of Overnight Support**: ☐ Active ☐ Passive ☐ Active and Passive **If the model of support is an ILO or not a 24:7 model detail informal support provided to the participant**:
Has there been any TAB advice Provided? *If Yes, Planner to Copy and Paste TAB Recommendation (Only) where applicable*	☐ Yes ☐ No **Tab Recommendation**:
Evidence to Support Application *Note: Ideally reports should not be more than 12 months old.*	☐ OT report ☐ FCA ☐ Psychology/ Physiatrist Report ☐ Sensory Assessment ☐ PBSP ☐ Incident Reports ☐ Sleep Logs ☐ Transition Plan

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	☐ Discharge Summaries ☐ SC or SSC Progress Report ☐ Justice Orders ☐ Other **If there are no supportive documents/reports/assessments undertaken within the last 12 months, please detail the barriers to obtaining them**:
Planner Recommendation:	**SDA Recommendations** **Is There a need to review the SDA decision**: ☐ Yes ☐ No **Level of Support**: **Category of SDA**: ☐ High Physical Support ☐ Robust ☐ Fully Accessible ☐ Improved Liveability **Type of SDA**: ☐ House ☐ Villa/Duplex/Townhouse ☐ Apartment **Core Support Recommendations** Is there a need to review the Core Supports. ☐ Yes ☐ No **Level of Support for DA**: ☐ Standard ☐ High Intensity **Level of Support for SCCP**: ☐ Standard ☐ High Intensity **Level of Overnight Support**: ☐ Active ☐ Passive ☐ Active and Passive **If the model of support is an ILO or not a 24:7 model detail informal support provided to the participant**:

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	If the planner is recommending a step down of supports, please make a recommendation for each stage of that step down: s47E(d) - certain operations of agencies
Other additional comments or considerations from the Planner	**Please add any further detail you would like the Panel to consider**:

Version control

Version	Owner	Brief Description of Change	Status	Date
1.0	MAK693 KH0036	Initial Version	FINAL	05/04/2022

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Version	Owner	Brief Description of Change	Status	Date
2.0	MAK693	Revised Version	FINAL	03/04/2023

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Complete the Complex Support Needs Pathway Home & Living Supplementary Information Form

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The CSNP H&L Supplementary Information Form is used to capture and summarise critical information to inform the Home & Living Complex Assessment Meeting (CAM) of the presenting complexities in a Participant's circumstances and support the decision-making process.

This Work Instruction is to be used by:

- CSN Planners completing a PACE Home & Living Application.

IMPORTANT: The CSNP H&L Supplementary Information Form will be referenced as supporting evidence when creating a home and living application in PACE.

This Work Instruction does not replace existing Home and Living SoPs.

1. Checklist

Topic	Checklist
Pre-requisites	You have: ❑ read and understood the relevant: - SOP Create A Home and Living Application

2. Instructions

1. Complete the CSNP Home & Living Supplementary Form using the example template as a guide to the level of detail required.
2. Upload the Supplementary Form, along with all other relevant documentation to the Participant CRM Record with Document Title: **CSNP H&L Supplementary Info Form**

   Relevant information could include (but not limited to):

   - Behaviour Support Plan;
   - Functional Capacity Assessment;
   - Incident Reports; and/or

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- Sleep Charts.

3. Create a home and living application by following the Standard Operating Procedure Create A Home and Living Application

   In Step 18 of the Standard Operating Procedure Create A Home and Living Application add ‘Current CSN Participant’ in the prioritisation reason. This will enable the Home & Living team to allocate the decsion to the right assessment meeting .

4. In the NDIS Business System create an interaction advising of the uploaded CSN Home & Living Supplementary Information Form to support the PACE application for home and living.

3. Related procedures or resources

- National Disability Insurance Scheme (Specialist Disability Accommodation) Rules 2020
- Our Guideline – Specialist Disability Accommodation (SDA)
- Specialist Disability Accommodation (SDA) intranet page
- ACE Business System intranet page
- Standard Operating Procedure – View and update a home and living application.

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Identify risks and vulnerabilities

SGP KP Publishing

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FOI 26.27-1036

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This article provides guidance for all NDIA staff and partners to identify:

- participant risk factors
- financial risk factors
- social risk factors
- domestic and family violence risk factors
- family risk factors
- plan risk factors
- health risk factors
- provider risk factors
- critical incidents.

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1 Recent updates

1 July 2026

- Updated short term respite to short term accommodation
- added link to article Understand participant critical incidents in section Critical Incidents
- added link to article Assess the participant critical incident risk level in section Next Steps
- Minor updates to formatting and grammar.

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2 Before you start

You have read and understood:

- article Guide – Conversation style guide
- Our Guideline – Your plan (external).

If you are completing a check-in case, you have:

- completed the **Changes in Situation** screen using article Identify and record a change in situation during a check-in.

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3 Identify risk factors and vulnerabilities

When talking with the participant, you may identify risk factors or vulnerabilities.

Schedule a check-in if you identify the participant has either:

- a priority factor
- multiple secondary factors.

To learn more about check-ins, go to article Understand types of check-ins.

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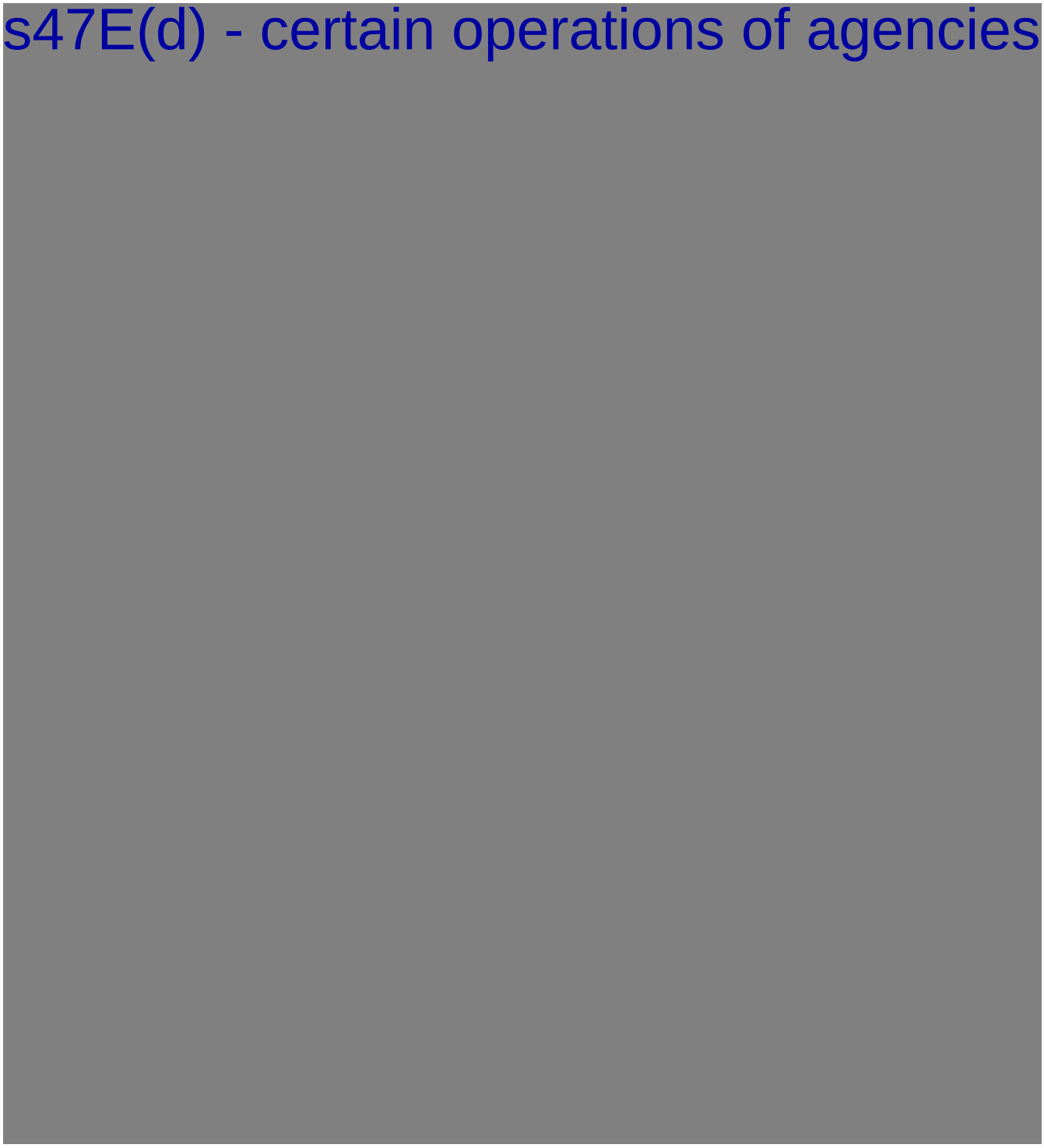

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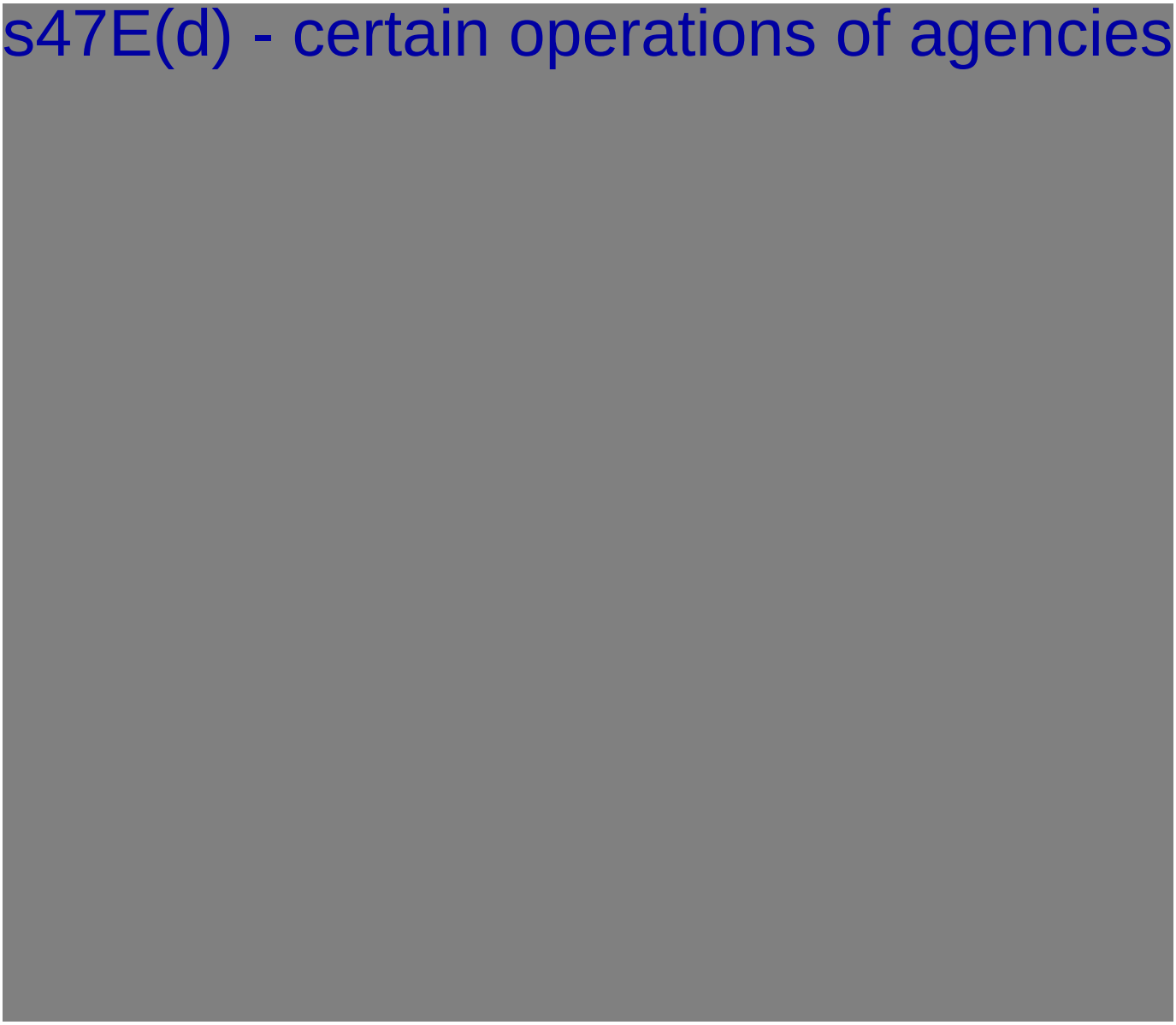

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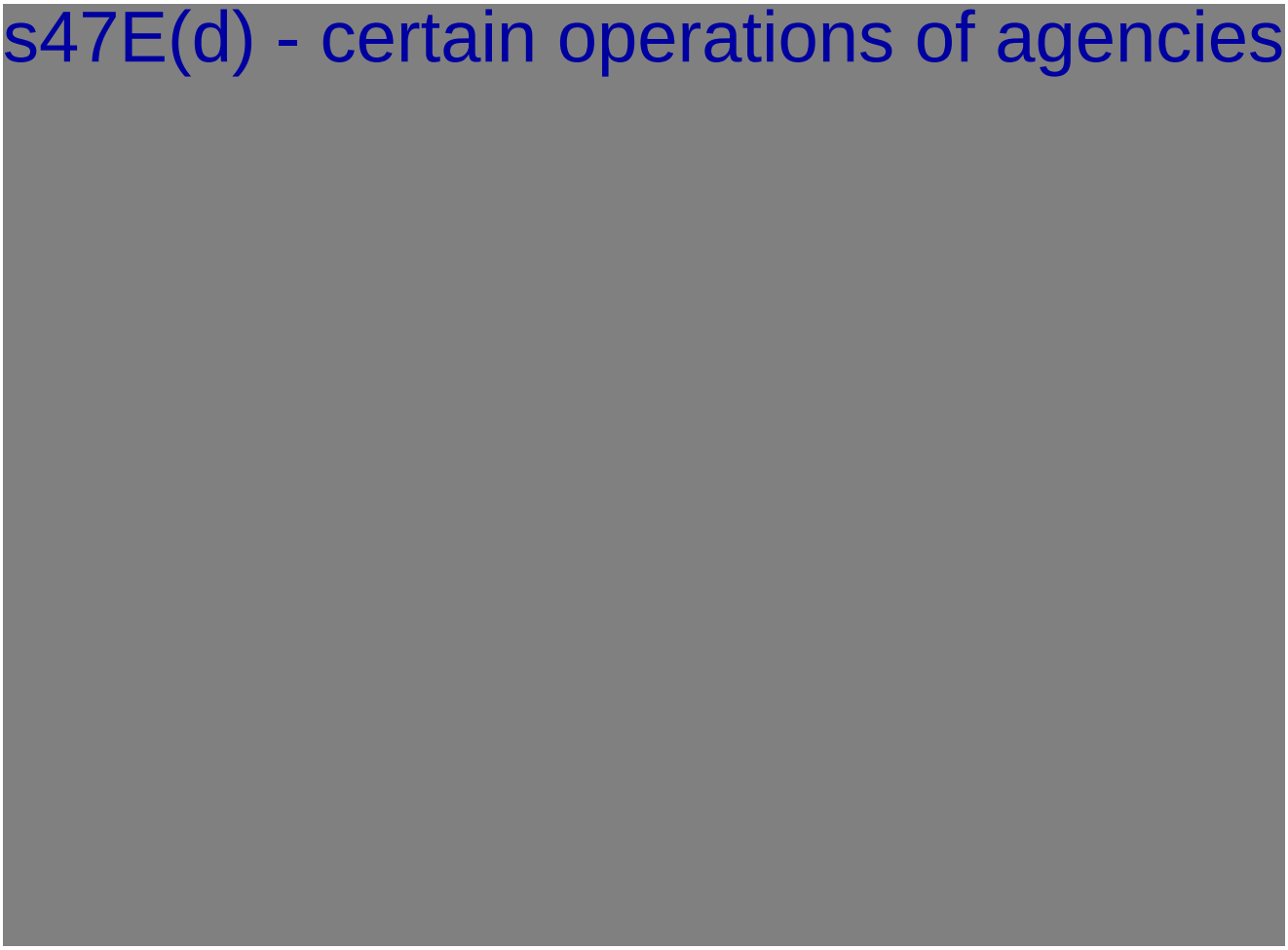

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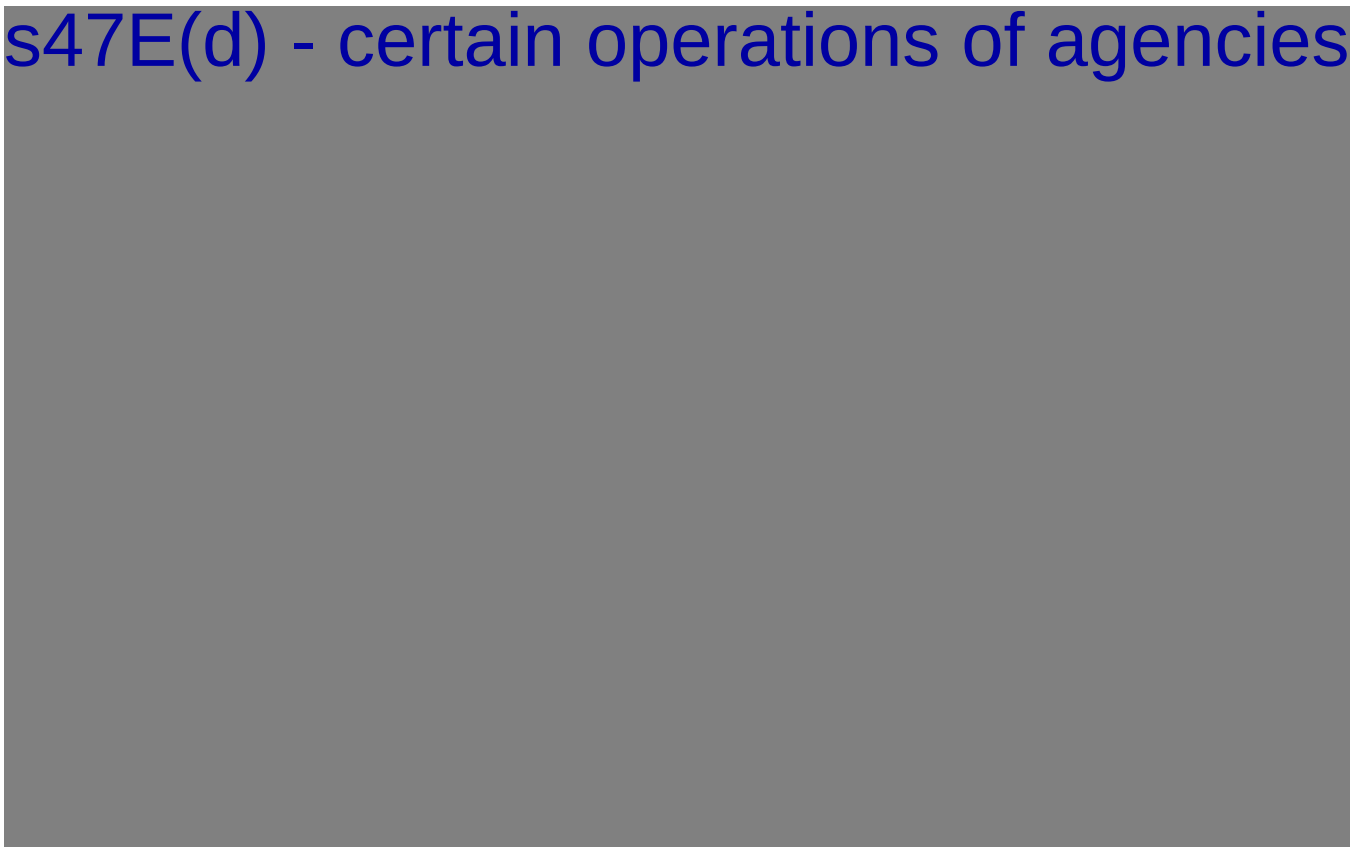

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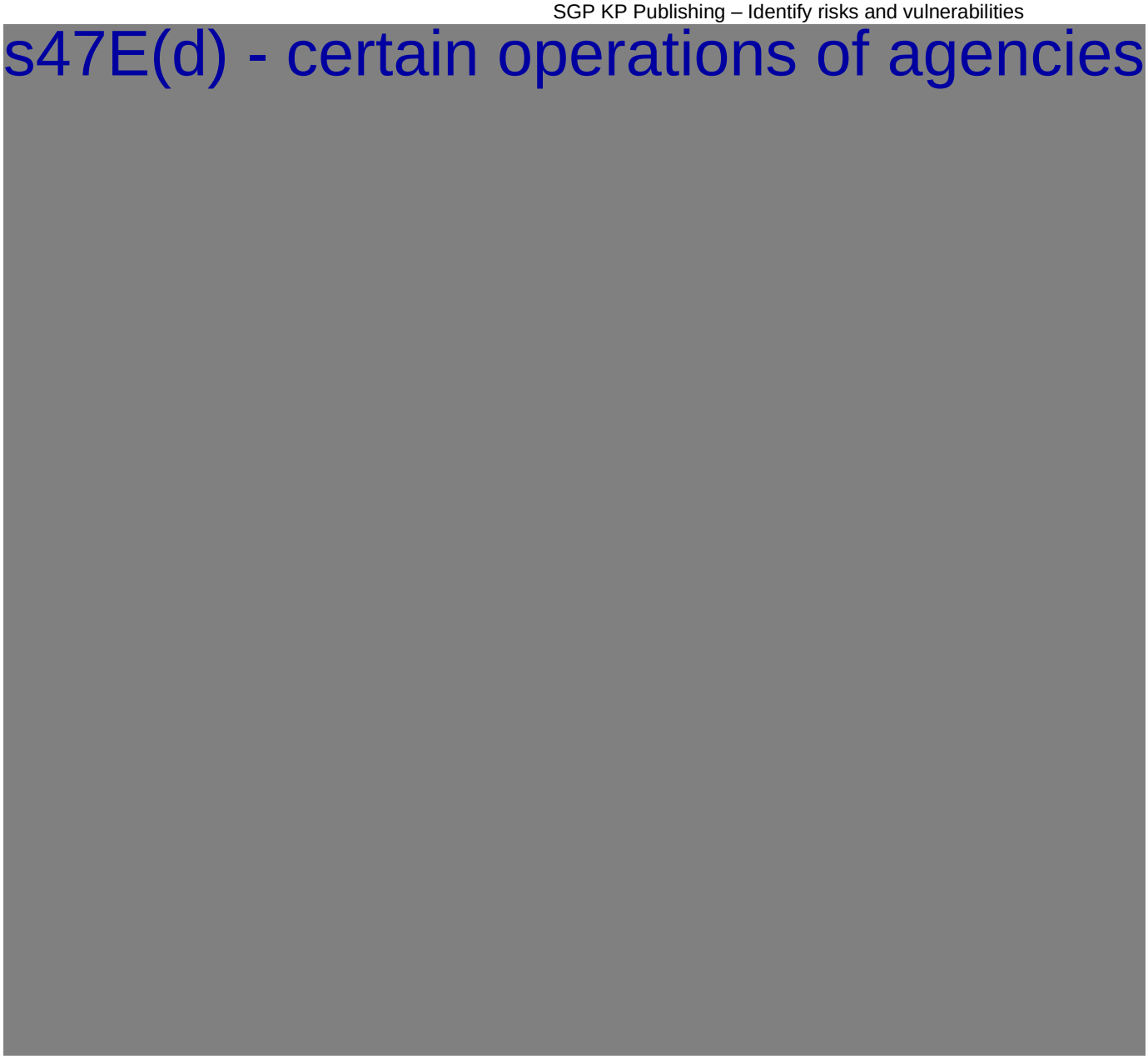

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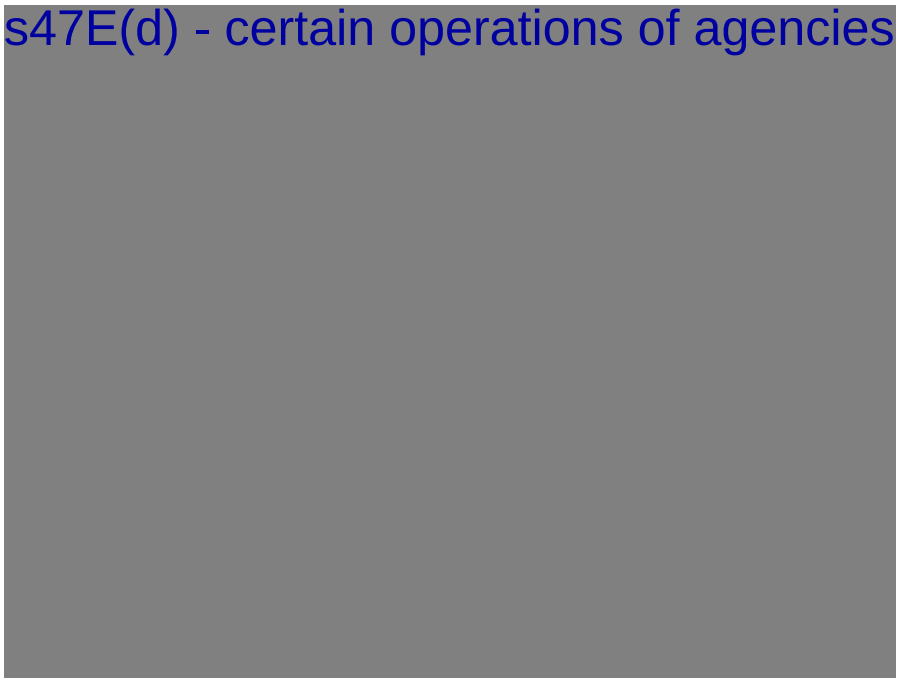

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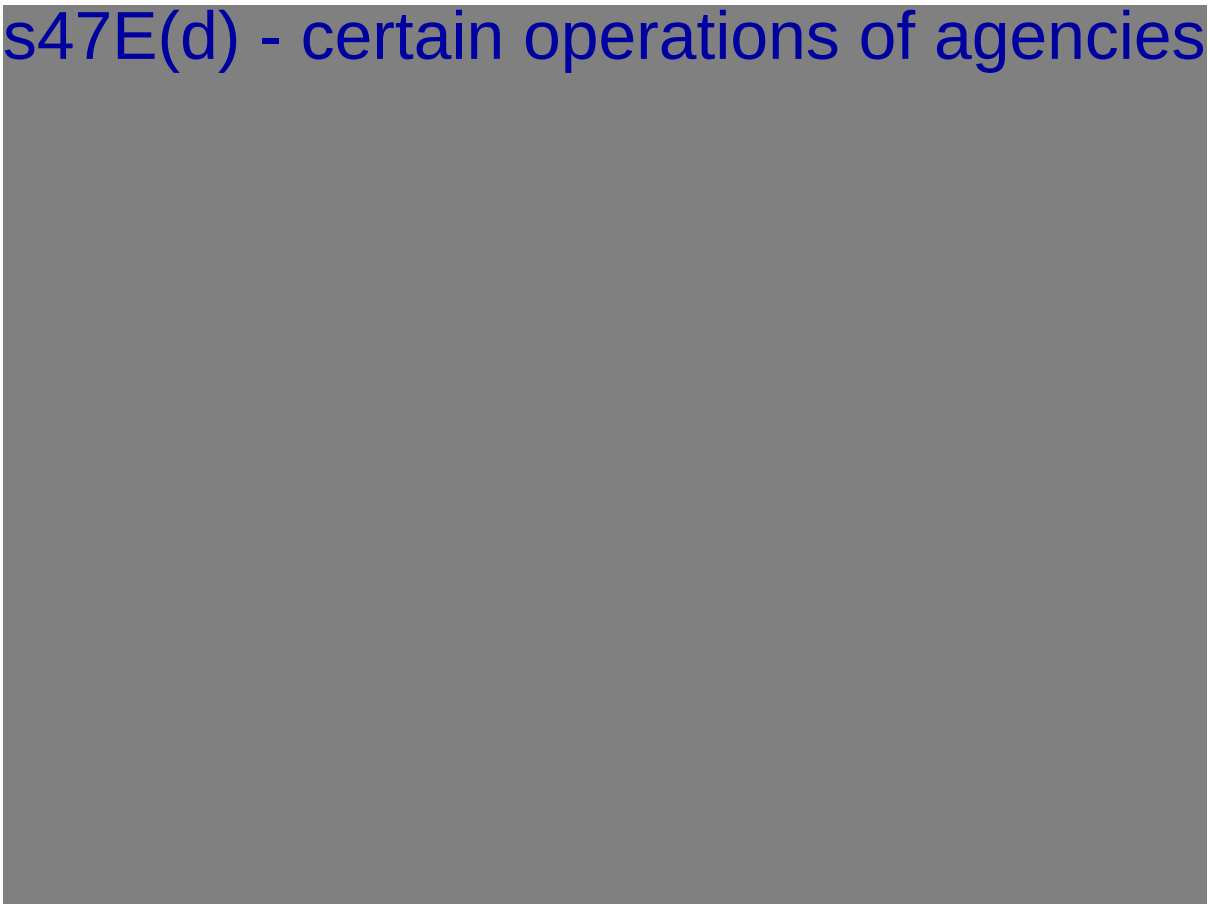

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12 Critical incidents

If you're concerned a critical incident has occurred, or is likely to occur, you must follow the reporting process. Learn more on the Participant Critical Incidents intranet page, and in articles Understand participant critical incidents and Respond to participant critical incidents.

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13 Next steps

To continue with a check-in case, go to article Record risks and vulnerabilities during a check-in

To determine the type and severity of any risks you identify, go to article Assess the participant critical incident risk level

To understand what safeguards to put in place for the participant, go to Guide – Safeguarding the participant's interests

To understand if a participant risk assessment is needed, go to article Create and complete a participant risk assessment case.

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Knowledge Article

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Identify risks and vulnerabilities

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for all NDIA staff and partners to identify:

- participant risk factors
- financial risk factors
- social risk factors
- domestic and family violence risk factors
- family risk factors
- plan risk factors
- health risk factors
- provider risk factors
- critical incidents.

Recent updates

15 December 2025

Added link to article Understand conflict of interest.

Before you start

You have read and understood:

- article Guide - Conversation style guide
- Our Guideline – Your plan (external).

If you are completing a check-in case, you have:

- completed the **Changes in Situation** screen using article Identify and record a change in situation during a check-in.

Identify risk factors and vulnerabilities

When talking with the participant, you may identify risk factors or vulnerabilities.

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Knowledge Article

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Schedule a check-in if you identify the participant has either:

- a priority factor
- multiple secondary factors.

To learn more about check-ins, go to article Understand types of check-ins.

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Knowledge Article

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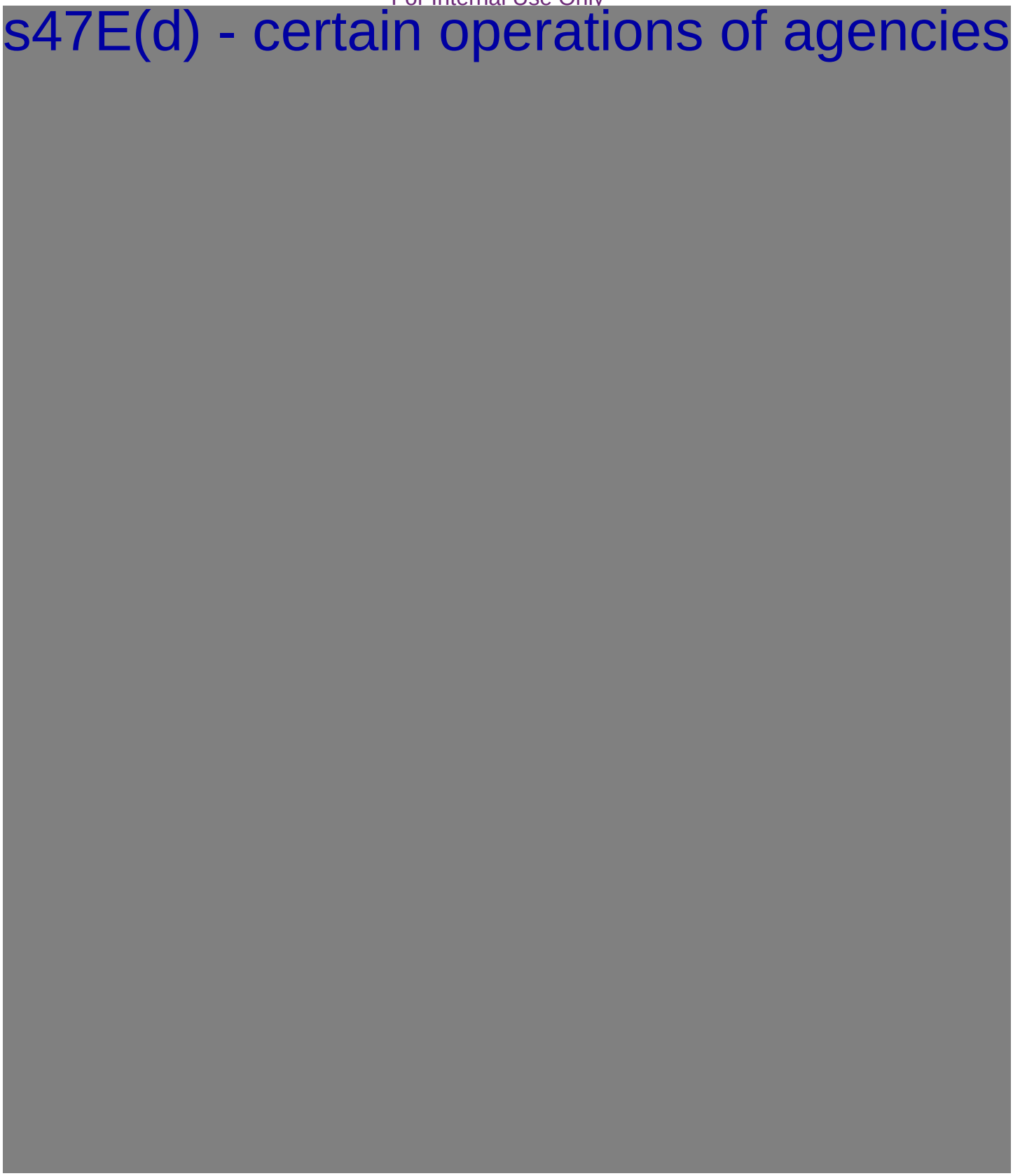

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- children left for long periods without supervision.

Knowledge Article

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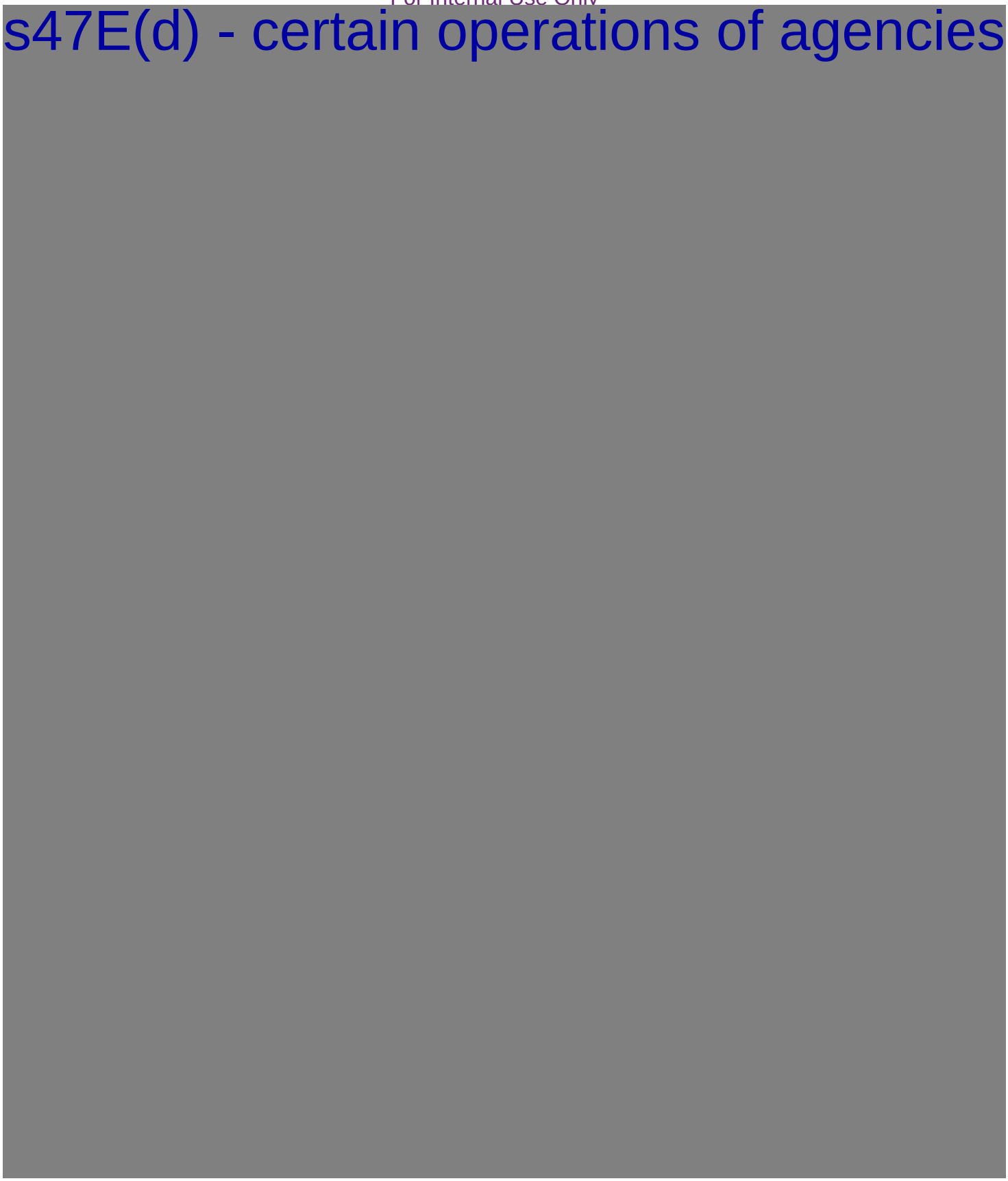

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s47E(d) - certain operations of agencies

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If you're concerned a critical incident has occurred, or is likely to occur, you must follow the reporting process. Learn more on the Participant Critical Incidents intranet page, and in article Respond to participant critical incidents.

Next steps

To continue with a check-in case, go to article Record risks and vulnerabilities during a check-in

To determine the type and severity of any risks you identify, go to article Complete the risk matrix for a technical advice case

To understand what safeguards to put in place for the participant, go to Guide – Safeguarding the participant's interests

Knowledge Article

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To understand if a participant risk assessment is needed, go to article Create and complete a participant risk assessment case.

Article labels

PACE user role names

Delete: dc_users_reviewofficer, dc_users_plannerdelegate, dc_users_localareacoordinator, dc_users_earlychildhoodpartner, dc_users_complaintsofficer, dc_users_participantsupportofficer

Topics

No change.

Case names

No change.

Ownership

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date
3.0	EMN960	Class 1 approval. Updated link from Raise a PRA enquiry to Create and complete a participant risk assessment case.	APPROVED	2025-08-18
4.0	GCP654	Class 1 approved - language updated to align with new OG STR– Short term accommodation (STA) changed to short term respite (STR) Minor plain English and grammar updates PACE user roles updated	APPROVED	2025-09-19
5.0	KSK561	Class 1 approval	APPROVED	2025-11-26

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		Added link to article Understand conflict of interest.		

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Knowledge Article

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Identify risks and vulnerabilities

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This article provides guidance for a planner delegate, local area coordinator, early childhood partner, review officer, participant support officer or complaints officer to identify:

- participant risk factors
- financial risk factors
- social risk factors
- domestic and family violence risk factors
- family risk factors
- plan risk factors
- health risk factors
- provider risk factors
- critical incidents.

Recent updates

20 October 2025

Updated language to align with new Our Guideline – Short term respite (STR). Previously Short term accommodation (STA).

Before you start

You have read and understood:

- article Guide - Conversation style guide
- Our Guideline – Your plan (external).

If you are completing a check-in case, you have:

- completed the Changes in Situation screen using article Identify and record a change in situation during a check-in.

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Knowledge Article

For Internal Use Only

Identify risk factors and vulnerabilities

When talking with the participant, you may identify risk factors or vulnerabilities.

Schedule a check-in if you identify the participant has either:

- a priority factor
- multiple secondary factors.

To learn more about check-ins, go to article Understand types of check-ins.

s47E(d) - certain operations of agencies

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Knowledge Article

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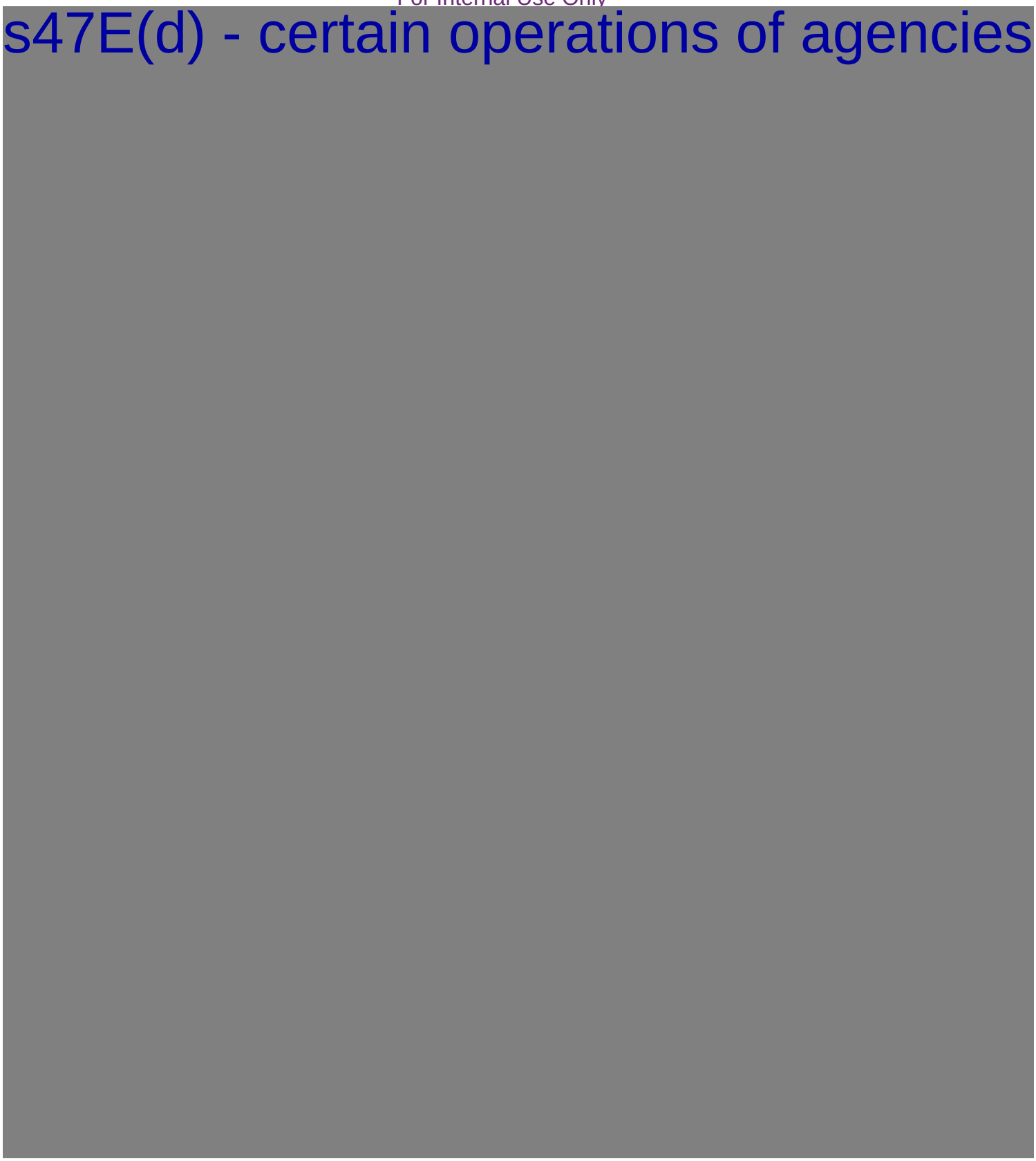

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Critical incidents

If you're concerned a critical incident has occurred, or is likely to occur, you must follow the reporting process. Learn more on the Participant Critical Incidents intranet page, and in article Respond to participant critical incidents.

Next steps

- To continue with a check-in case, go to article Record risks and vulnerabilities during a check-in
- To determine the type and severity of any risks you identify, go to article Complete the risk matrix for a technical advice case

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- To understand what safeguards to put in place for the participant, go to Guide – Safeguarding the participant's interests
- To understand if a participant risk assessment is needed, go to article Create and complete a participant risk assessment case.

Article labels

PACE user role names

- dc_users_plannerdelegate
- dc_users_localareacoordinator
- dc_users_earlychildhoodpartner
- dc_users_reviewofficer
- dc_users_participantsupportofficer
- dc_users_complaintsofficer

Topics

No change.

Case names

No change.

Ownership

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date
3.0	EMN960	Class 1 approval. Updated link from Raise a PRA enquiry to Create and complete a participant risk assessment case.	APPROVED	2025-08-18

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Knowledge Article

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4.0	GCP654	Class 1 approved - language updated to align with new OG STR– Short term accommodation (STA) changed to short term respite (STR) Minor plain English and grammar updates PACE user roles updated	APPROVED	2025-09-19

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Knowledge Article

For Internal Use Only

The contents of this document are OFFICIAL.

Identify risks and vulnerabilities

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for a **planner delegate, local area coordinator, early childhood partner, internal review delegate, participant support officer** or **complaints officer** to identify:

- participant risk factors
- financial risk factors
- social risk factors
- domestic and family violence risk factors
- family risk factors
- plan risk factors
- health risk factors
- provider risk factors.

Recent updates

8 September 2025

Updated link from Raise a PRA enquiry to Create and complete a participant risk assessment case.

Before you start

You have read and understood:

- the Guide - Conversation style guide
- Our Guideline – Your plan (external).

If you are completing a check-in case, you have:

- completed the **Change in situation** screen using article Identify and record a change in situation during a check-in.

Identify risk factors and vulnerabilities

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Knowledge Article

For Internal Use Only

When talking with the participant, you may identify risk factors or vulnerabilities.

Schedule a check-in if you identify the participant has either:

- a priority factor
- multiple secondary factors.

To learn more about check-ins, go to article Understand types of check-ins.

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Critical incidents

If you're concerned a critical incident has occurred, or is likely to occur, you must follow the reporting process. Learn more on the Participant Critical Incidents intranet page, and in article How to identify and report a critical incident.

Next steps

- To continue with a check-in case, go to article Record risks and vulnerabilities during a check-in.
- To determine the type and severity of any risks you identify, go to article How to complete the risk matrix.
- To understand what safeguards to put in place for the participant, go to Guide – Safeguarding the participant's interests.

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- To understand if a participant risk assessment is needed, go to article Create and complete a participant risk assessment case.

Article labels

PACE user role names

No change.

Topics

No change.

Case names

No change.

Ownership

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date
3.0	EMN960	Class 1 approval. Updated link from Raise a PRA enquiry to Create and complete a participant risk assessment case.	APPROVED	2025-08-18

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Understand and determine a risk using the Risk and Escalation matrix

SGP KP Publishing

Exported on 2026-10-09 04:16:48

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FOI 26.27-1036

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5 How to determine the level of complaint risk 8
6 Next steps 9

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

This article provides guidance for all NDIA staff and partners to understand:

- why we determine complaint risk
- why we use the Risk and Escalation matrix to determine complaint risk
- how to determine the risk level.

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

1 Recent updates

09 June 2026
New article to help you use the Risk and Escalation matrix. Includes guidance from archived article Review the escalation and prioritisation matrix.

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2 Before you start

You have read and understood the:

- Participant Service Charter
- Participant Service Guarantee (external)
- Enquires, Feedback and Complaints policy (external)
- NDIS Complaints and Feedback Framework
- guidance in article Understand compliments, feedback and complaints.

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3 Why we determine complaint risk

When we say 'complaint risk' we mean the possibility of the person, or people impacted, experiencing harm from violence, abuse, neglect or exploitation.
Complaint risk is also about the possibility of the Agency's reputation or relationship with stakeholders being negatively impacted.

Determining complaint risk helps us decide:

- who needs to be notified of the complaint
- the priority for the Agency's response and the mode of response
- who will need to be involved in the investigation, resolution, and response.

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4 Why we use the risk and escalation matrix to determine complaint risk

When you receive a complaint, you're responsible for assessing the risk of that complaint. You should first complete the Risk and Escalation Matrix (matrix), which will help determine the complaint risk and whether a Participant Critical Incident pathway is needed.

The matrix is a tool that will help you assess the risk associated with the events and context of the complaint.

Using the matrix, alongside the Participant Safeguarding Policy (external) makes sure our actions:

- are consistent
- protect participants from risk of violence, abuse, neglect and exploitation
- help us fulfil our commitments to the Participant Service Charter (external).

The policy requires you to take into account the person's circumstances and any indicators of potential risk, including:

- cohort-specific risks
- intersectionality
- disability type.

4.1 What about Participant Critical Incidents?

Incidents of violence, abuse, neglect and exploitation are managed in line with the Participant Critical Incident (PCI) framework. Learn more in article Understand participant critical incidents.

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5 How to determine the level of complaint risk

You will record the complaint risk in a PACE Feedback and Complaints Case. The case lists 8 types of risk:

- Risk to health and wellbeing
- Risk to ability to live an ordinary life
- Impact on job
- Impact on the day to day
- Change of care arrangements
- Change of accommodation arrangements
- Risk to agency reputation
- Deterioration of key stakeholder bodies.

Select the type that is most suited to the risk you've identified.

To determine the risk level, go to article Risk Matrix Standard Operating Procedure.

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6 Next steps

Follow guidance in article Create a feedback and complaints case.

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Guide – Safeguarding the participant's interests

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This article provides guidance for all NDIA staff and partners to understand:

- risks and safeguards
- pre-planning considerations
- risk assessments and plan duration
- planning considerations.

For risk assessment and safeguarding practices for NDIS applicants, use these resources:

- the PACE – Access Pre-decision Quality Check Guide on the Participant journey Intranet page
- article Request priority eligibility decision
- Our Guideline – Applying to the NDIS.

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1 Recent updates

7 April 2026
PEC case question age range changed to younger than 9 to align with system change
Linked article name update
24 November 2025
Guidance updated to acknowledge a linked article name change from 'Guide – Psychosocial disability' to 'Understand psychosocial disability'.

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

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2 Before you start

You have read and understood:

- Participant safeguarding policy (external)
- article Guide – Safeguarding the participant's interests – Context and background
- article Guide – Conversation style guide
- article Identify risk factors and vulnerabilities
- Our Guideline – Creating your plan (external)
- Our Guideline – Your plan (external)
- Participant critical incidents.

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3 Risks and safeguards

Risk and safeguard assessments happen during the planning process. Planner delegates look at all the information to create a plan that meets the needs of the participant. This can include:

- reviewing participant information
- requesting further information or reports
- thinking about the budget and plan length
- making plan management decisions
- conducting the plan meeting
- assessing risks and safeguards.

A general principle which guides actions under the NDIS Act is to support people with disability to exercise choice and control. This includes choice in how they pursue their goals during the planning process and how we deliver their supports. This also includes being able to take reasonable risks. You can learn more about choice, control and dignity of risk in the Participant safeguarding policy (external).

An NDIA function is to make sure there's a reasonable balance between safety and the participant's right to be part of activities that involve risk.

To manage the risk, the NDIA puts safeguards in place with a minimum of necessary restrictions. This is to balance the safety of the participant with the risk of harm. This recognises their ability to take reasonable risks and make reasonable mistakes, giving participants choice and control over their life.

The participant's plan meeting is an opportunity for open conversation. While developing their plan, you may identify actual and potential risks. Together with the participant, you can explore a range of safeguards and support mechanisms to minimise or mitigate risk. These could be:

- **Choice and control** – participant empowerment to make their own decisions about their supports and how funding in their plan is managed.
- **Risk-based and person-centred approach** – safeguards are proportionate to the actual level of risk the participant faces. This is based on their functional capacity, natural support network and available supports.
- **Capacity presumption** – the participant is presumed to have the capacity to exercise choice and control, with support to be provided to develop and exercise this capacity.

To reduce the participant's potential exposure to harm or to manage the exposure, they're encouraged to develop their own strategies and safeguards. Use the following safeguard levels to guide the development of appropriate measures:

- **Individual safeguard level** – informal and formal – Informal safeguards recognise the participant is more likely to be safe when they're actively involved with their family and the community. The things that make people safe can be seen as the same things that are needed to have a good life. For example, caring relationships and increased chances to be part of daily life. Formal safeguards include restrictive practices and serious incident reporting.

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- **Service safeguard level** – include quality frameworks, complaint mechanisms and workforce requirements. For example, delivery of contracted goods or services, appropriate qualifications, recruitment practices and performance standards. For many providers, an appropriate service safeguard level will be a requirement for NDIA registration.
- **System safeguard level** – the NDIA will use existing system safeguard levels to protect the participant. These include internal and external processes for complaints and to review decisions by an independent body and statutory power.
- **Community-based safeguards** – the NDIA uses and operates with existing safeguards that aren't part of the formal disability service system. These include advocacy organisations, community visitor schemes, public advocates or guardians, ombudsman offices and discrimination commissioners. People with disability can also use a range of community safeguards including anti-discrimination and consumer protection legislation.

Additional safeguards that can be included in the participant's plan are to:

- set a shorter period between plan reassessments
- establish arrangements for regular contact between the participant and NDIA
- provide funding for supports to assist the participant to manage their own plan – for example, budget training.

Safeguards also include supporting the participant with their decision making and interactions if they require that level of support. The participant may be appointed a plan nominee, correspondence nominee, or be supported by a third party with authority and consent. To learn more, go to Our Guideline – Appointing a nominee (external).

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4 Pre-planning

Pre-planning is the time to discuss and develop safeguards to make sure the participant's interests are considered, risks identified and mitigated where necessary.

4.1 Streaming

Streaming helps predict the support level each participant will likely need to deal with the NDIS. Streaming won't affect the level of reasonable and necessary supports in the participant's plan. Participant streaming levels safeguard them to make sure there's appropriate resources and expertise.

The participant may also be referred to the Complex Support Needs pathway for extra support. To learn more, go to articles:

- Complete a streaming case (streaming and restreaming)
- Submit a referral to the Complex Support Needs (CSN) Branch.

Note: the term 'streaming' is for internal use only. We don't use this term with a person externally.

4.2 Personal and environmental circumstances (PEC)

When a person applies to the NDIS, we ask questions to help us understand:

- the person's support needs
- how the person manages daily life.

This information may highlight a participant risk and can help inform other areas of the planning process. To learn more, go to article Complete personal and environmental circumstances case.

The PEC questions will be done again for children younger than 9 by the early childhood partner during a check-in. To learn more, go to article EC Early childhood intervention supports overview.

4.3 Functional capacity assessment

A functional capacity assessment is how we assess the impact of a person's disability on their daily activities. This information may highlight a participant risk and can help inform other areas of the planning process.

To learn more, go to article Understand functional capacity assessments.

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4.4 Participant profile

The participant profile captures their environmental and personal information. The participant's interests guide the planning process, through talking about living arrangements, relationships, daily life and strengths. The participant's goals and informal, community and mainstream supports are also recorded. Where appropriate, safeguard information can be recorded in this section. For example, referral to family support services and child learning programs may be needed to reach a family-orientated goal. If any risks are identified, go to article Identify risks and vulnerabilities.

To learn more, go to Our Guideline – Creating your plan (external) and article Conduct the plan meeting – Complete the participant profile.

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5 Risk assessment and plan duration

The risk assessment should be used to identify risks and record safeguards in the participant's life when developing the plan. Do this by asking questions and recording the information from the planning conversation and other available supporting evidence. To learn more, go to articles:

- Change plan duration
- Create and complete a participant risk assessment case.

Plan duration should be determined based on the criteria set out in Our Guidelines – Creating your plan (external). We might give a shorter plan duration if the participant is experiencing higher risk, until their condition stabilises.

Note: all new plans created after 3 October 2024 will be 12 months.

5.1 Planning conversation for complex needs

The Complex Support Needs (CSN) branch works with participants with specific and unique needs. The CSN branch supports participants who need a higher support level to use their plan and pursue their goals.

To learn more, go to article Submit a referral to the Complex Support Needs (CSN) Branch.

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6 Planning

6.1 General planning principles to safeguard the participant's interests

6.1.1 Reasonable and necessary supports

Reasonable and necessary supports are the supports included in the participant's plan to meet their disability support needs. These supports are in the budget areas of core, capacity building and capital.

NDIS laws determine what we can and can't fund. You must think about if supports are NDIS supports for the participant. To learn more about what is and isn't an NDIS support, go to What does the NDIS fund? (external).

A support won't be funded under the NDIS if it is likely to cause harm to the participant or be a risk to others.

To learn more, go to Our Guideline – Reasonable and necessary supports (external).

6.1.2 Planning guidance for specialist areas

You need to refer to guidance for participants with certain disabilities, in specific cohorts or with specialist needs. For example, there's specific guidance for participants with motor neurone disease to have supports in place for a quick response to a rapidly declining function as a safeguard for the participant.

6.1.3 Stated supports

A stated support makes sure the funds are used for a vital service and can't be used flexibly for an alternate support. An example of a stated support is support coordination. To learn more, go to article Support Categories.

6.1.4 Core supports

Core supports help the participant manage daily living areas such as self-care, community access, and consumable items such as daily adaptive equipment and transport. The appropriate funding level is included in the plan to make sure needs are met and the participant is safeguarded from risks. To learn more, go to article Support Categories.

6.1.5 Core flexibility

Core support flexibility in the participant's plan assists them to vary levels of control over how they use their support and responds to their changing needs. The flexible support will help reduce the likelihood of risks that may come up during the plan duration. To learn more, go to article Support Categories.

6.1.6 Low cost assistive technology

For more information on assistive technology (AT), go to section **Capital supports** in this article.

Low cost AT is less than $1,500 in value and is generally low risk. These funds can be included

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to allow the participant to purchase low cost items. For example, a walking stick or basic shower chair. Funds can also be for minor AT repairs or to help the participant to decide which AT to purchase. This gives the participant immediate access and flexibility to purchase AT. This also minimises the risks from waiting for an assessment or purchase approval.

To learn more, go to:

- Our Guideline – Assistive Technology (external)
- article Support Categories.

6.1.7 Capacity building supports

Capacity building supports link to the participant's goals and aspirations. Funding is allocated to the specific support areas needed by the participant in their daily life.

Including NDIS supports in the plan to build capacity for independence or to build skills in an identified area can be in response to a risk, and therefore a safeguard.

To learn more, go to article Support Categories.

6.1.8 Support coordination

Plan developers consider the support level the participant needs to build their capacity to connect with supports and services. This includes informal and mainstream supports. Support coordination helps the participant to understand their plan and how to:

- use NDIS supports
- build capacity
- strengthen their ability to pursue their goals.

If multiple mainstream interfaces are involved, or there's a high-risk level, then specialist support coordination may be included in the plan.

To learn more, go to articles:

- Record support coordination information
- Understand support coordination and psychosocial recovery coach funding.

6.1.9 Psychosocial recovery coach (recovery coach)

Participants with a primary psychosocial disability can have support from a recovery coach. A recovery coach is a qualified mental health worker. From their own experiences and training, they understand the impacts of mental health. They can support the participant to build confidence and motivation to achieve their goals and use their supports to live a fulfilling life. A recovery coach will also support the participant to understand how the NDIS works with other supports including mainstream and community supports.

To learn more, go to articles:

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- Understand psychosocial disability
- Understand support coordination and psychosocial recovery coach funding.

6.1.10 Specialist behaviour support

Some participants may need positive behaviour support to address behaviours of concern that are a risk to themselves or to others. These supports are recommended to:

- support the participant's safety and wellbeing
- promote options for increasing the participant's capacity and community and mainstream connections to pursue plan goals
- provide long term sustainability of the participant's plan and informal support systems.

Including specialist behaviour support in the plan to identify and reduce behaviours of concern can improve the participant's quality of life, uphold their dignity and safeguard their rights. As a further participant safeguard, positive behaviour support must be provided in accordance with the NDIS Quality and Safeguards Commission's requirements. This means these support providers must be registered with the Commission. This makes sure that restrictive practices are regulated.

To learn more, go to Our Guideline – Behaviour support (external).

6.1.11 Capital supports

Capital supports include AT, repairs and AT maintenance, vehicle modifications and home modifications (HM). The following AT processes make sure the participant's interests and risks to them are looked at to minimise delay in vital equipment needs.

6.1.12 Higher cost assistive technology and home modifications

There's a higher risk of injury, hospitalisation or even death if appropriate assessment, setup or construction isn't done for higher cost or complex AT.

Specialised and complex AT requires an assessment and supporting evidence from a qualified AT assessor. To learn more, go to article Understand high-cost assistive technology (AT) funding.

Home modifications will require assessment, usually by an occupational therapist. In more complex cases a building professional is also involved. To learn more, go to article Support categories or Our Guideline – Home modifications (external).

6.1.13 Replacement assistive technology

Replacement AT involves a streamlined process to avoid delays and provide a like-for-like equipment replacement. This needs to follow specific criteria to make sure there are no unreasonable risks to the participant.

6.1.14 Rental or hire of assistive technology

Funding for rental of AT may be included in a participant's plan, for example if there's a supply delay, or if AT requirements are still being decided. This will usually be for a specific time period. This will make sure there's no risk to the participant's safety while the AT is obtained. To learn more, go to article Support Categories.

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6.1.15 Assistive technology during the course of the plan period

AT supports are included in the plan based on the available information at that point in time. If we get an AT assessment recommendation during the plan period, the delegate must determine if:

- there are any risks to the participant in delaying access to the AT supports
- the recommended AT is reasonable and necessary.

A planner delegate must consider if the AT needs to be funded immediately to mitigate risks, or it can be funded at the next plan change.

To learn more, go to Our Guideline – Assistive Technology (external).

6.1.16 Plan management

Plan management is how the support budget is managed by the participant or their representative. The participant's funds can be managed in three ways:

- self-managed
- using a registered plan manager
- Agency-managed.

The participant can also use a combination of all three plan management options.

In the applying, planning and implementation stages, the benefits and responsibilities of each plan management option are discussed with the participant.

For self-management or when the participant is using a registered plan manager, we need to decide if this approach is an unreasonable participant risk. There are things we must and must not consider when we make this decision. We will only decide a risk is unreasonable if there are no suitable safeguards, strategies or supports we can include in the participant's plan to manage the risk.

To learn more about the things we must and must not consider, go to Our Guideline – Creating your plan (external).

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7 Next steps

Related knowledge articles:

- Record risks and vulnerabilities during a check-in
- Identify risks and vulnerabilities
- Create and complete a participant risk assessment case.

Related external guidance:

- NDIS Safeguards (external)
- Our Guideline – Your plan (external)
- Guide to self-management (external)
- Providing assistive technology (external)
- Understand assistive technology evidence, advice, assessments and quotes (external).

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DOCUMENT 29

Knowledge Article

For Internal Use Only

The contents of this document are OFFICIAL.

Guide – Safeguarding the participant's interests

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This article provides guidance for all NDIA staff and partners to understand:

- risks and safeguards
- pre-planning considerations
- risk assessments and plan duration
- planning considerations.

For risk assessment and safeguarding practices for NDIS applicants, use these resources:

- the PACE – Access Pre-decision Quality Check Guide on the Participant journey Intranet page
- article Request priority eligibility decision
- Our Guideline – Applying to the NDIS.

Recent updates

24 November 2025

Guidance updated to acknowledge a linked article name change from 'Guide – Psychosocial disability' to 'Understand psychosocial disability'.

Before you start

You have read and understood:

- Participant safeguarding policy (external)
- article Guide – Safeguarding the participant's interests – Context and background
- article Guide – Conversation style guide
- article Identify risk factors and vulnerabilities
- Our Guideline – Creating your plan (external)
- Our Guideline – Your plan (external)
- Participant critical incidents.

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Knowledge Article

For Internal Use Only

Risks and safeguards

Risk and safeguard assessments happen during the planning process. Planner delegates look at all the information to create a plan that meets the needs of the participant. This can include:

- reviewing participant information
- requesting further information or reports
- thinking about the budget and plan length
- making plan management decisions
- conducting the plan meeting
- assessing risks and safeguards.

A general principle which guides actions under the NDIS Act is to support people with disability to exercise choice and control. This includes choice in how they pursue their goals during the planning process and how we deliver their supports. This also includes being able to take reasonable risks. You can learn more about choice, control and dignity of risk in the Participant safeguarding policy (external).

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The participant's plan meeting is an opportunity for open conversation. While developing their plan, you may identify actual and potential risks. Together with the participant, you can explore a range of safeguards and support mechanisms to minimise or mitigate risk. These could be:

- **Choice and control** – participant empowerment to make their own decisions about their supports and how funding in their plan is managed.
- **Risk-based and person-centred approach** – safeguards are proportionate to the actual level of risk the participant faces. This is based on their functional capacity, natural support network and available supports.
- **Capacity presumption** – the participant is presumed to have the capacity to exercise choice and control, with support to be provided to develop and exercise this capacity.

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To reduce the participant's potential exposure to harm or to manage the exposure, they're encouraged to develop their own strategies and safeguards. Use the following safeguard levels to guide the development of appropriate measures:

- **Individual safeguard level** – informal and formal – Informal safeguards recognise the participant is more likely to be safe when they're actively involved with their family and the community. The things that make people safe can be seen as the same things that are needed to have a good life. For example, caring relationships and increased chances to be part of daily life. Formal safeguards include restrictive practices and serious incident reporting.
- **Service safeguard level** – include quality frameworks, complaint mechanisms and workforce requirements. For example, delivery of contracted goods or services, appropriate qualifications, recruitment practices and performance standards. For many providers, an appropriate service safeguard level will be a requirement for NDIA registration.
- **System safeguard level** – the NDIA will use existing system safeguard levels to protect the participant. These include internal and external processes for complaints and to review decisions by an independent body and statutory power.
- **Community-based safeguards** – the NDIA uses and operates with existing safeguards that aren't part of the formal disability service system. These include advocacy organisations, community visitor schemes, public advocates or guardians, ombudsman offices and discrimination commissioners. People with disability can also use a range of community safeguards including anti-discrimination and consumer protection legislation.

Additional safeguards that can be included in the participant's plan are to:

- set a shorter period between plan reassessments
- establish arrangements for regular contact between the participant and NDIA
- provide funding for supports to assist the participant to manage their own plan – for example, budget training.

Safeguards also include supporting the participant with their decision making and interactions if they require that level of support. The participant may be appointed a plan nominee, correspondence nominee, or be supported by a third party with authority and consent. To learn more, go to Our Guideline – Appointing a nominee (external).

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

Pre-planning

Pre-planning is the time to discuss and develop safeguards to make sure the participant's interests are considered, risks identified and mitigated where necessary.

Streaming

Streaming helps predict the support level each participant will likely need to deal with the NDIS. Streaming won't affect the level of reasonable and necessary supports in the participant's plan. Participant streaming levels safeguard them to make sure there's appropriate resources and expertise.

The participant may also be referred to the Complex Support Needs pathway for extra support. To learn more, go to articles:

- Complete a streaming case (streaming and restreaming)
- Submit a referral to the Complex Support Needs (CSN) Branch.

Note: the term 'streaming' is for internal use only. We don't use this term with a person externally.

Personal and environmental circumstances (PEC)

When a person applies to the NDIS, we ask questions to help us understand:

- the person's support needs
- how the person manages daily life.

This information may highlight a participant risk and can help inform other areas of the planning process. To learn more, go to article Complete personal and environmental circumstances case.

The PEC questions will be done again for children younger than 7 by the early childhood partner during a check-in. To learn more, go to article EC Early intervention supports for early childhood overview.

Functional capacity assessment

A functional capacity assessment is how we assess the impact of a person’s disability on their daily activities. This information may highlight a participant risk and can help inform other areas of the planning process.

To learn more, go to article Understand functional capacity assessments.

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Knowledge Article

For Internal Use Only

Participant profile

The participant profile captures their environmental and personal information. The participant's interests guide the planning process, through talking about living arrangements, relationships, daily life and strengths. The participant's goals and informal, community and mainstream supports are also recorded. Where appropriate, safeguard information can be recorded in this section. For example, referral to family support services and child learning programs may be needed to reach a family-orientated goal. If any risks are identified, go to article Identify risks and vulnerabilities.

To learn more, go to Our Guideline – Creating your plan (external) and article Conduct the plan meeting – Complete the participant profile.

Risk assessment and plan duration

The risk assessment should be used to identify risks and record safeguards in the participant's life when developing the plan. Do this by asking questions and recording the information from the planning conversation and other available supporting evidence. To learn more, go to articles:

- Change plan duration
- Create and complete a participant risk assessment case.

Plan duration should be determined based on the criteria set out in Our Guidelines – Creating your plan (external). We might give a shorter plan duration if the participant is experiencing higher risk, until their condition stabilises.

Note: all new plans created after 3 October 2024 will be 12 months.

Planning conversation for complex needs

The Complex Support Needs (CSN) branch works with participants with specific and unique needs. The CSN branch supports participants who need a higher support level to use their plan and pursue their goals.

To learn more, go to article Submit a referral to the Complex Support Needs (CSN) Branch.

Planning

General planning principles to safeguard the participant's interests

Reasonable and necessary supports

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

Reasonable and necessary supports are the supports included in the participant's plan to meet their disability support needs. These supports are in the budget areas of core, capacity building and capital.

NDIS laws determine what we can and can't fund. You must think about if supports are NDIS supports for the participant. To learn more about what is and isn't an NDIS support, go to What does the NDIS fund? (external).

A support won't be funded under the NDIS if it is likely to cause harm to the participant or be a risk to others.

To learn more, go to Our Guideline – Reasonable and necessary supports (external).

Planning guidance for specialist areas

You need to refer to guidance for participants with certain disabilities, in specific cohorts or with specialist needs. For example, there's specific guidance for participants with motor neurone disease to have supports in place for a quick response to a rapidly declining function as a safeguard for the participant.

Stated supports

A stated support makes sure the funds are used for a vital service and can't be used flexibly for an alternate support. An example of a stated support is support coordination. To learn more, go to article Support Categories.

Core supports

Core supports help the participant manage daily living areas such as self-care, community access, and consumable items such as daily adaptive equipment and transport. The appropriate funding level is included in the plan to make sure needs are met and the participant is safeguarded from risks. To learn more, go to article Support Categories.

Core flexibility

Core support flexibility in the participant's plan assists them to vary levels of control over how they use their support and responds to their changing needs. The flexible support will help reduce the likelihood of risks that may come up during the plan duration. To learn more, go to article Support Categories.

Low cost assistive technology

For more information on assistive technology (AT), go to section **Capital supports** in this article.

Low cost AT is less than $1,500 in value and is generally low risk. These funds can be included to allow the participant to purchase low cost items. For example, a walking stick or

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basic shower chair. Funds can also be for minor AT repairs or to help the participant to decide which AT to purchase. This gives the participant immediate access and flexibility to purchase AT. This also minimises the risks from waiting for an assessment or purchase approval.

To learn more, go to:

- Our Guideline – Assistive Technology (external)
- article Support Categories.

Capacity building supports

Capacity building supports link to the participant's goals and aspirations. Funding is allocated to the specific support areas needed by the participant in their daily life.

Including NDIS supports in the plan to build capacity for independence or to build skills in an identified area can be in response to a risk, and therefore a safeguard.

To learn more, go to article Support Categories.

Support coordination

Plan developers consider the support level the participant needs to build their capacity to connect with supports and services. This includes informal and mainstream supports. Support coordination helps the participant to understand their plan and how to:

- use NDIS supports
- build capacity
- strengthen their ability to pursue their goals.

If multiple mainstream interfaces are involved, or there's a high-risk level, then specialist support coordination may be included in the plan.

To learn more, go to articles:

- Record support coordination information
- Understand support coordination and psychosocial recovery coach funding.

Psychosocial recovery coach (recovery coach)

Participants with a primary psychosocial disability can have support from a recovery coach. A recovery coach is a qualified mental health worker. From their own experiences and training, they understand the impacts of mental health. They can support the participant to build confidence and motivation to achieve their goals and use their supports to live a fulfilling life. A recovery coach will also support the participant to understand how the NDIS works with other supports including mainstream and community supports.

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To learn more, go to articles:

- Understand psychosocial disability
- Understand support coordination and psychosocial recovery coach funding.

Specialist behaviour support

Some participants may need positive behaviour support to address behaviours of concern that are a risk to themselves or to others. These supports are recommended to:

- support the participant's safety and wellbeing
- promote options for increasing the participant's capacity and community and mainstream connections to pursue plan goals
- provide long term sustainability of the participant's plan and informal support systems.

Including specialist behaviour support in the plan to identify and reduce behaviours of concern can improve the participant's quality of life, uphold their dignity and safeguard their rights. As a further participant safeguard, positive behaviour support must be provided in accordance with the NDIS Quality and Safeguards Commission's requirements. This means these support providers must be registered with the Commission. This makes sure that restrictive practices are regulated.

To learn more, go to Our Guideline – Behaviour support (external).

Capital supports

Capital supports include AT, repairs and AT maintenance, vehicle modifications and home modifications (HM). The following AT processes make sure the participant's interests and risks to them are looked at to minimise delay in vital equipment needs.

Higher cost assistive technology and home modifications

There's a higher risk of injury, hospitalisation or even death if appropriate assessment, setup or construction isn't done for higher cost or complex AT.

Specialised and complex AT requires an assessment and supporting evidence from a qualified AT assessor. To learn more, go to article Understand high-cost assistive technology (AT) funding.

Home modifications will require assessment, usually by an occupational therapist. In more complex cases a building professional is also involved. To learn more, go to article Support categories or Our Guideline – Home modifications (external).

Replacement assistive technology

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

Replacement AT involves a streamlined process to avoid delays and provide a like-for-like equipment replacement. This needs to follow specific criteria to make sure there are no unreasonable risks to the participant.

Rental or hire of assistive technology

Funding for rental of AT may be included in a participant's plan, for example if there's a supply delay, or if AT requirements are still being decided. This will usually be for a specific time period. This will make sure there's no risk to the participant's safety while the AT is obtained. To learn more, go to article Support Categories.

Assistive technology during the course of the plan period

AT supports are included in the plan based on the available information at that point in time. If we get an AT assessment recommendation during the plan period, the delegate must determine if:

- there are any risks to the participant in delaying access to the AT supports
- the recommended AT is reasonable and necessary.

A planner delegate must consider if the AT needs to be funded immediately to mitigate risks, or it can be funded at the next plan change.

To learn more, go to Our Guideline – Assistive Technology (external).

Plan management

Plan management is how the support budget is managed by the participant or their representative. The participant's funds can be managed in three ways:

- self-managed
- using a registered plan manager
- Agency-managed.

The participant can also use a combination of all three plan management options.

In the applying, planning and implementation stages, the benefits and responsibilities of each plan management option are discussed with the participant.

For self-management or when the participant is using a registered plan manager, we need to decide if this approach is an unreasonable participant risk. There are things we must and must not consider when we make this decision. We will only decide a risk is unreasonable if there are no suitable safeguards, strategies or supports we can include in the participant's plan to manage the risk.

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Knowledge Article

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To learn more about the things we must and must not consider, go to Our Guideline – Creating your plan (external).

Next steps

Related knowledge articles:

- Record risks and vulnerabilities during a check-in
- Identify risks and vulnerabilities
- Create and complete a participant risk assessment case.

Related external guidance:

- NDIS Safeguards (external)
- Our Guideline – Your plan (external)
- Guide to self-management (external)
- Providing assistive technology (external)
- Understand assistive technology evidence, advice, assessments and quotes (external).

Article labels

PACE user role names

No change.

Topics

No change.

Case names

No change.

Ownership

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date

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Knowledge Article

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6.0	GCP654	Class 1 approval	APPROVED	2025-03-31
7.0	AHB706	Class 1 approval Link to Guide – Psychosocial disability updated to Understand psychosocial disability.	APPROVED	2025-10-22

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DOCUMENT 30

Knowledge Article

For Internal Use Only

The contents of this document are OFFICIAL.

Guide – Safeguarding the participant's interests

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for all NDIA staff and partners to understand:

- risks and safeguards
- pre-planning considerations
- planning considerations.

Note: for risk assessment and safeguarding practices for NDIS applicants, use these resources:

- PACE - Access Pre-decision Quality Check Guide (DOCX 338KB)
- Request priority eligibility decision
- Our Guideline – Applying to the NDIS.

Recent updates

3 April 2025

Link to Guide – Behaviour support has been updated to Our Guideline – Behaviour support.

3 March 2025

Guidance updated to refer to Our Guideline – Creating your plan for what to consider when deciding if the participant's plan management method is an unreasonable risk to them.

Before you start

You have read and understood:

- Participant safeguarding policy (external)
- Guide – Safeguarding the participant's interests – Context and background
- Guide – Conversation style guide
- Identify risk factors and vulnerabilities
- Our Guideline – Creating your plan (external)
- Our Guideline – Your plan (external)
- Participant Critical Incident Framework (DOCX 64KB).

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Knowledge Article

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Risks and safeguards

Risk and safeguard assessments happen during the planning process. Planner delegates look at all the information to create a plan that meets the needs of the participant. This can include:

- reviewing participant information
- requesting further information or reports
- thinking about the budget and plan length
- making plan management decisions
- conducting the plan meeting
- assessing risks and safeguards.

A general principle which guides actions under the NDIS Act is to support people with disability to exercise choice and pursue their goals during the planning process, and how we deliver their supports. This choice includes being able to take reasonable risks. You can learn more about choice, control and dignity of risk in the Participant safeguarding policy (external).

An NDIA function is to make sure there's a reasonable balance between safety and the participant's right to be part of activities that involve risk.

To manage the risk, the NDIA puts in place safeguards with a minimum of necessary restrictions. This is to balance the safety of the participant with the risk of harm. This recognises their ability to take reasonable risks and make reasonable mistakes, giving participants choice and control over their life.

The participant's plan meeting is an opportunity for open conversation. While developing their plan, you may identify actual and potential risks. Together with the participant, you can explore a range of safeguards and support mechanisms to minimise or mitigate risk. These could be:

- **Choice and control** – participant empowerment to make their own decisions about their supports and how funding in their plan is managed.
- **Risk-based and person-centred approach** – safeguards are proportionate to the actual level of risk the participant faces. This is based on their functional capacity, natural support network and available supports.
- **Capacity presumption** – the participant is presumed to have the capacity to exercise choice and control, with support to be provided to develop and exercise this capacity.

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To reduce the participant's potential exposure to harm or to manage the exposure, they're encouraged to develop their own strategies and safeguards. Use the following safeguard levels to guide the development of appropriate measures:

- **Individual safeguard level** – informal and formal – Informal safeguards recognise the participant is more likely to be safe when they're actively involved with their family and the community. The things that make people safe can be seen as the same things that are needed to have a good life. For example, caring relationships and increased chances to be part of daily life. Formal safeguards include restrictive practices and serious incident reporting.
- **Service safeguard level** – include quality frameworks, complaint mechanisms and workforce requirements. For example, delivery of contracted goods or services, appropriate qualifications, recruitment practices and performance standards. For many providers, an appropriate service safeguard level will be a requirement for NDIA registration.
- **System safeguard level** – the NDIA will use existing system safeguard levels to protect the participant. These include internal and external processes for complaints and to review decisions by an independent body and statutory power.
- **Community-based safeguards** – the NDIA uses and operates with existing safeguards that aren't part of the formal disability service system. These include advocacy organisations, community visitor schemes, public advocates or guardians, ombudsman offices and discrimination commissioners. People with disability can also use a range of community safeguards including anti-discrimination and consumer protection legislation.

Additional safeguards that can be included in the participant's plan are to:

- set a shorter period between plan reassessments
- establish arrangements for regular contact between the participant and NDIA
- provide funding for supports to assist the participant to manage their own plan – for example, budget training.

Safeguards also include supporting the participant with their decision making and interactions if they require that level of support. The participant may be appointed a plan nominee, correspondence nominee, or be supported by a third party with authority and consent. For more information, go to Our Guideline – Appointing a nominee (external).

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Knowledge Article

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Pre-planning

Pre-planning is the time to discuss and develop safeguards to make sure the participant's interests are considered, risks identified and mitigated where necessary.

Streaming

Streaming helps predict the support level each participant will likely need to deal with the NDIS. Streaming won't affect the level of reasonable and necessary supports in the participant's plan. Participant streaming levels safeguard them to make sure there's appropriate resources and expertise.

The participant may also be referred to the Complex Support Needs pathway for extra support. For more information, go to articles:

- Complete a streaming case (Streaming and Restreaming)
- Guide – Complex support needs (CSN) pathway
- Submit a referral to the Complex Support Needs (CSN) Branch.

Note: the term 'streaming' is for internal use only. We don't use this term with a person externally.

Personal and environmental circumstances (PEC)

When a person applies to the NDIS, we ask questions to help us understand:

- the person's support needs
- how the person manages daily life.

This information may highlight a participant risk and can help inform other areas of the planning process. For more information, go to article Complete personal and environmental circumstances case.

The PEC questions will be done again for children younger than 7 by the early childhood partner during a check-in. For more information, go to article EC: PEC – Capacity Building – Early childhood supports overview.

Functional capacity assessment

Functional capacity assessment information assesses the impact level the participant's disability has on their daily activities. This information may highlight a participant risk and can help inform other areas of the planning process.

For more information, go to article to Understand functional capacity assessments.

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Knowledge Article

For Internal Use Only

Participant profile

The participant profile captures their environmental and personal information. The participant's interests guide the planning process, through talking about living arrangements, relationships, daily life and strengths. The participant's goals and informal, community and mainstream supports are also recorded. Where appropriate, safeguard information can be recorded in this section. For example, referral to family support services and child learning programs may be needed to reach a family-orientated goal. If any risks are identified, go to article Identify risks and vulnerabilities.

For more information, go to Our Guideline – Creating your plan (external) and article Conduct the plan meeting - Complete the participant profile.

Risk assessment and plan duration

The risk assessment should be used to identify risks and record safeguards in the participant's life when developing the plan. Do this by asking questions and recording the information from the planning conversation and other available supporting evidence. For more information, go to articles:

- Change plan duration
- Create and complete a participant risk assessment case.

Plan duration should be determined based on the criteria set out in Our Guidelines – Creating your plan (external). We might give a shorter plan duration if the participant is experiencing higher risk, until their condition stabilises.

Note: all new plans created after 3 October 2024 will be 12 months.

For more information, go to article Change plan duration.

Planning conversation for complex needs

The Complex Support Needs (CSN) branch works with participants with specific and unique needs. The CSN branch supports participants who need a higher support level to use their plan and pursue their goals.

For more information, go to article Guide – Complex support needs (CSN) pathway.

Planning

General planning principles to safeguard the participant's interests

Reasonable and necessary support

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Knowledge Article

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Reasonable and necessary supports are the supports included in the participant's plan to meet their disability support needs. These supports are in the budget areas of core, capacity building and capital.

NDIS laws determine what we can and can't fund. You must think about if supports are NDIS supports for the participant. For more information on what is and isn't an NDIS support, go to What does the NDIS fund? (external).

A support won't be funded under the NDIS if it is likely to cause harm to the participant or be a risk to others.

For more information, go to Our Guideline – Reasonable and necessary supports (external).

Planning guidance for specialist areas

You need to refer to guidance for participants with certain disabilities, in specific cohorts or with specialist needs. For example, there's specific guidance for participants with motor neurone disease to have supports in place for a quick response to a rapidly declining function as a safeguard for the participant.

Stated supports

A stated support makes sure the funds are used for a vital service and can't be used flexibly for an alternate support. An example of a stated support is support coordination. For more information, go to article Support Categories.

Core supports

Core supports help the participant manage daily living areas such as self-care, community access, and consumable items such as daily adaptive equipment and transport. The appropriate funding level is included in the plan to make sure needs are met and the participant is safeguarded from risks. For more information, go to article Support Categories.

Core flexibility

Core support flexibility in the participant's plan assists them to vary levels of control over how they use their support and responds to their changing needs. The flexible support will help reduce the likelihood of risks that may come up during the plan duration. For more information, go to article Support Categories.

Low cost assistive technology

For more information on assistive technology (AT), go to section **Capital supports** in this article.

Low cost AT is less than $1,500 in value and is generally low risk. These funds can be included to allow the participant to purchase low-cost items. For example, a walking stick or basic shower chair. Funds can also be for minor AT repairs or to help the participant to decide

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which AT to purchase. This gives the participant immediate access and flexibility to purchase AT. This also minimises the risks from waiting for an assessment or purchase approval.

For more information, go to:

- Assistive technology – Guide for Low Cost support funding (DOCX 71KB)
- Our Guideline – Assistive Technology (external)
- article Support Categories.

Capacity building supports

Capacity building supports link to the participant's goals and aspirations. Funding is allocated to the specific support areas needed by the participant in their daily life.

Including NDIS supports in the plan to build capacity for independence or to build skills in an identified area can be in response to a risk, and therefore a safeguard.

For more information, go to article Support Categories.

Support coordination

Plan developers consider the support level the participant needs to build their capacity to connect with supports and services. This includes informal and mainstream supports. Support coordination helps the participant to understand their plan, and how to:

- use NDIS supports
- build capacity
- strengthen their ability to pursue their goals.

If multiple mainstream interfaces are involved, or there's a high-risk level, then specialist support coordination may be included in the plan.

For more information, go to articles:

- Record support coordination information
- Understand support coordination and psychosocial recovery coach funding.

Psychosocial recovery coach

Participants with a primary psychosocial disability can have support from a recovery coach. A recovery coach is a qualified mental health worker. From their own experiences and training, they understand the impacts of mental health. They can support the participant to build confidence and motivation to achieve their goals and use their supports to live a fulfilling life. A recovery coach will also support the participant to understand how the NDIS works with other supports including mainstream and community supports.

For more information, go to articles:

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

- Guide – Psychosocial disability
- Understand support coordination and psychosocial recovery coach funding.

Specialist behaviour support

Some participants may need positive behaviour support to address behaviours of concern that are a risk to themselves or to others. These supports are recommended to:

- support the participant's safety and wellbeing
- promote options for increasing the participant's capacity and community and mainstream connections to pursue plan goals
- provide long term sustainability of the participant's plan and informal support systems.

Including specialist behaviour support in the plan to identify and reduce behaviours of concern can improve the participant's quality of life, uphold their dignity and safeguard their rights. As a further participant safeguard, positive behaviour support must be provided in accordance with the NDIS Quality and Safeguards Commission's requirements. This means these support providers must be registered with the Commission and ensures the regulation of restrictive practices.

For more information, go to Our Guideline – Behaviour support (external).

Capital supports

Capital supports include AT, repairs and AT maintenance, vehicle modifications and home modifications (HM). The following AT processes make sure the participant's interests and risks to them are looked at to minimise delay in vital equipment needs.

Higher cost assistive technology and home modifications

There's a higher risk of injury, hospitalisation or even death if appropriate assessment, setup or construction isn't done for higher cost or complex AT.

Specialised and complex AT requires an assessment and supporting evidence from a qualified AT assessor. For more information, go to article Understand high-cost assistive technology (AT) funding.

Home modifications will require assessment, usually by an occupational therapist. In more complex cases a building professional is also involved. For more information, go to article Support categories or Our Guideline – Home modifications (external).

Replacement assistive technology

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Replacement AT involves a streamlined process to avoid delays and provide a like-for-like equipment replacement. This needs to follow specific criteria to make sure there are no unreasonable risks to the participant.

Rental or hire of assistive technology

Funding for rental of AT may be included in a participant's plan, for example if there's a supply delay, or if AT requirements are still being decided. This will usually be for a specific time period. This will make sure there's no risk to the participant's safety while the AT is obtained. For more information, go to article Support Categories.

Assistive technology during the course of the plan period

AT supports are included in the plan based on the available information at that point in time. If we get an AT assessment recommendation during the plan period, the delegate must determine if:

- there are any risks to the participant in delaying access to the AT supports
- the recommended AT is reasonable and necessary.

A planner delegate must consider if the AT needs to be funded immediately to mitigate risks, or it can be funded at the next plan change.

For more information, go to Our Guideline – Assistive Technology (external).

Plan management

Plan management is how the support budget is managed by the participant or their representative. The participant's funds can be managed in three ways:

- self-managed
- using a registered plan manager
- agency-managed.

The participant can also use a combination of all three plan management options.

In the applying, planning and implementation stages, the benefits and responsibilities of each plan management option are discussed with the participant.

For self-management or when the participant is using a registered plan manager, we need to decide if this approach is an unreasonable participant risk. There are things we must and must not consider when we make this decision. We will only decide a risk is unreasonable if there are no suitable safeguards, strategies or supports we can include in the participant's plan to manage the risk.

For more information on the things we must and must not consider, go to Our Guideline – Creating your plan (external).

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Knowledge Article

For Internal Use Only

Next steps

Related knowledge articles:

- Record risks and vulnerabilities during a check-in
- Identify risks and vulnerabilities
- Create and complete a participant risk assessment case.

Related external guidance:

- NDIS Safeguards (external)
- Our Guideline – Your plan (external)
- Guide to self-management (external)
- Providing assistive technology (external)
- Understand assistive technology evidence, advice, assessments and quotes (DOCX 67KB).

Article labels

PACE user role names

No change.

Topics

No change.

Case names

No change.

Ownership

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date
5.1	MSM312	Class 1 update: Link to Guide – Behaviour support has been	DRAFT	2025-03-28

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		updated to OG - Behaviour support.		
5.2	GCP654	Class 1 approval	DRAFT	2025-03-31
5.3	MSM312	Action EL1 feedback	DRAFT	2025-03-31
6.0	GCP654	Class 1 approval	APPROVED	2025-03-31

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Knowledge Article

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Guide – Safeguarding the participant's interests

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for all NDIA staff and partners to understand:

- risks and safeguards
- pre-planning considerations
- planning considerations.

Note: for risk assessment and safeguarding practices for NDIS applicants, use these resources:

- PACE - Access Pre-decision Quality Check Guide (DOCX 338KB)
- Request priority eligibility decision
- Our Guideline – Applying to the NDIS.

Recent updates

3 March 2025

Guidance updated to refer to Our Guideline – Creating your plan for what to consider when deciding if the participant's plan management method is an unreasonable risk to them.

Before you start

You have read and understood:

- Participant safeguarding policy (external)
- Guide – Safeguarding the participant's interests – Context and background
- Guide – Conversation style guide
- Identify risk factors and vulnerabilities
- Our Guideline – Creating your plan (external)
- Our Guideline – Your plan (external)
- Participant Critical Incident Framework (DOCX 64KB)

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Knowledge Article

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Risks and safeguards

Risk and safeguard assessments happen during the planning process. Planner delegates look at all the information to create a plan that meets the needs of the participant. This can include:

- reviewing participant information
- requesting further information or reports
- thinking about the budget and plan length
- making plan management decisions
- conducting the plan meeting
- assessing risks and safeguards.

A general principle which guides actions under the NDIS Act is to support people with disability to exercise choice and pursue their goals during the planning process, and how we deliver their supports. This choice includes being able to take reasonable risks. You can learn more about choice, control and dignity of risk in the Participant safeguarding policy (external).

An NDIA function is to make sure there's a reasonable balance between safety and the participant's right to be part of activities that involve risk.

To manage the risk, the NDIA puts in place safeguards with a minimum of necessary restrictions. This is to balance the safety of the participant with the risk of harm. This recognises their ability to take reasonable risks and make reasonable mistakes, giving participants choice and control over their life.

The participant's plan meeting is an opportunity for open conversation. While developing their plan, you may identify actual and potential risks. Together with the participant, you can explore a range of safeguards and support mechanisms to minimise or mitigate risk. These could be:

- **Choice and control** – participant empowerment to make their own decisions about their supports and how funding in their plan is managed.
- **Risk-based and person-centred approach** – safeguards are proportionate to the actual level of risk the participant faces. This is based on their functional capacity, natural support network and available supports.
- **Capacity presumption** – the participant is presumed to have the capacity to exercise choice and control, with support to be provided to develop and exercise this capacity.

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To reduce the participant's potential exposure to harm or to manage the exposure, they're encouraged to develop their own strategies and safeguards. Use the following safeguard levels to guide the development of appropriate measures:

- **Individual safeguard level** – informal and formal – Informal safeguards recognise the participant is more likely to be safe when they're actively involved with their family and the community. The things that make people safe can be seen as the same things that are needed to have a good life. For example, caring relationships and increased chances to be part of daily life. Formal safeguards include restrictive practices and serious incident reporting.
- **Service safeguard level** – include quality frameworks, complaint mechanisms and workforce requirements. For example, delivery of contracted goods or services, appropriate qualifications, recruitment practices and performance standards. For many providers, an appropriate service safeguard level will be a requirement for NDIA registration.
- **System safeguard level** – the NDIA will use existing system safeguard levels to protect the participant. These include internal and external processes for complaints and to review decisions by an independent body and statutory power.
- **Community-based safeguards** – the NDIA uses and operates with existing safeguards that aren't part of the formal disability service system. These include advocacy organisations, community visitor schemes, public advocates or guardians, ombudsman offices and discrimination commissioners. People with disability can also use a range of community safeguards including anti-discrimination and consumer protection legislation.

Additional safeguards that can be included in the participant's plan are to:

- set a shorter period between plan reassessments
- establish arrangements for regular contact between the participant and NDIA
- provide funding for supports to assist the participant to manage their own plan – for example, budget training.

Safeguards also include supporting the participant with their decision making and interactions if they require that level of support. The participant may be appointed a plan nominee, correspondence nominee, or be supported by a third party with authority and consent. For more information, go to Our Guideline – Appointing a nominee (external).

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Knowledge Article

For Internal Use Only

Pre-planning

Pre-planning is the time to discuss and develop safeguards to make sure the participant's interests are considered, risks identified and mitigated where necessary.

Streaming

Streaming helps predict the support level each participant will likely need to deal with the NDIS. Streaming won't affect the level of reasonable and necessary supports in the participant's plan. Participant streaming levels safeguard them to make sure there's appropriate resources and expertise.

The participant may also be referred to the Complex Support Needs pathway for extra support. For more information, go to articles:

- Complete a streaming case (Streaming and Restreaming)
- Guide – Complex support needs (CSN) pathway
- Submit a referral to the Complex Support Needs (CSN) Branch

Note: the term 'streaming' is for internal use only. We don't use this term with a person externally.

Personal and environmental circumstances (PEC)

When a person applies to the NDIS, we ask questions to help us understand:

- the person's support needs
- how the person manages daily life.

This information may highlight a participant risk and can help inform other areas of the planning process. For more information, go to article Complete personal and environmental circumstances case.

The PEC questions will be done again for children younger than 7 by the early childhood partner during a check-in. For more information, go to article EC: PEC – Capacity Building – Early childhood supports overview.

Functional capacity assessment

Functional capacity assessment information assesses the impact level the participant's disability has on their daily activities. This information may highlight a participant risk and can help inform other areas of the planning process.

For more information, go to article to Understand functional capacity assessments.

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Participant profile

The participant profile captures their environmental and personal information. The participant's interests guide the planning process, through talking about living arrangements, relationships, daily life and strengths. The participant's goals and informal, community and mainstream supports are also recorded. Where appropriate, safeguard information can be recorded in this section. For example, referral to family support services and child learning programs may be needed to reach a family-orientated goal. If any risks are identified, go to article Identify risks and vulnerabilities.

For more information, go to Our Guideline – Creating your plan (external) and article Conduct the plan meeting - Complete the participant profile.

Risk assessment and plan duration

The risk assessment should be used to identify risks and record safeguards in the participant's life when developing the plan. Do this by asking questions and recording the information from the planning conversation and other available supporting evidence. For more information, go to articles:

- Change plan duration
- Create and complete a participant risk assessment case.

Plan duration should be determined based on the criteria set out in Our Guidelines – Creating your plan (external). We might give a shorter plan duration if the participant is experiencing higher risk, until their condition stabilises.

Note: all new plans created after 3 October 2024 will be 12 months.

For more information, go to article Change plan duration.

Planning conversation for complex needs

The Complex Support Needs (CSN) branch works with participants with specific and unique needs. The CSN branch supports participants who need a higher support level to use their plan and pursue their goals.

For more information, go to article Guide – Complex support needs (CSN) pathway.

Planning

General planning principles to safeguard the participant's interests

Reasonable and necessary support

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Knowledge Article

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Reasonable and necessary supports are the supports included in the participant's plan to meet their disability support needs. These supports are in the budget areas of core, capacity building and capital.

NDIS laws determine what we can and can't fund. You must think about if supports are NDIS supports for the participant. For more information on what is and isn't an NDIS support, go to What does the NDIS fund? (external).

A support won't be funded under the NDIS if it is likely to cause harm to the participant or be a risk to others.

For more information, go to Our Guideline – Reasonable and necessary supports (external).

Planning guidance for specialist areas

You need to refer to guidance for participants with certain disabilities, in specific cohorts or with specialist needs. For example, there's specific guidance for participants with motor neurone disease to have supports in place for a quick response to a rapidly declining function as a safeguard for the participant.

Stated supports

A stated support makes sure the funds are used for a vital service and can't be used flexibly for an alternate support. An example of a stated support is support coordination. For more information, go to article Support Categories.

Core supports

Core supports help the participant manage daily living areas such as self-care, community access, and consumable items such as daily adaptive equipment and transport. The appropriate funding level is included in the plan to make sure needs are met and the participant is safeguarded from risks. For more information, go to article Support Categories.

Core flexibility

Core support flexibility in the participant's plan assists them to vary levels of control over how they use their support, and responds to their changing needs. The flexible support will help reduce the likelihood of risks that may come up during the plan duration. For more information, go to article Support Categories.

Low cost assistive technology

For more information on assistive technology (AT), go to section **Capital supports** in this article.

Low cost AT is less than $1,500 in value and is generally low risk. These funds can be included to allow the participant to purchase low-cost items. For example, a walking stick or

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basic shower chair. Funds can also be for minor AT repairs or to help the participant to decide which AT to purchase. This gives the participant immediate access and flexibility to purchase AT. This also minimises the risks from waiting for an assessment or purchase approval.

For more information, go to:

- Assistive technology – Guide for Low Cost support funding (DOCX 71KB)
- Our Guideline – Assistive Technology (external)
- article Support Categories.

Capacity building supports

Capacity building supports link to the participant's goals and aspirations. Funding is allocated to the specific support areas needed by the participant in their daily life.

Including NDIS supports in the plan to build capacity for independence or to build skills in an identified area can be in response to a risk, and therefore a safeguard.

For more information, go to article Support Categories.

Support coordination

Plan developers consider the support level the participant needs to build their capacity to connect with supports and services. This includes informal and mainstream supports. Support coordination helps the participant to understand their plan, and how to:

- use NDIS supports
- build capacity
- strengthen their ability to pursue their goals.

If multiple mainstream interfaces are involved, or there's a high-risk level, then specialist support coordination may be included in the plan.

For more information, go to articles:

- Record support coordination information
- Understand support coordination and psychosocial recovery coach funding.

Psychosocial recovery coach

Participants with a primary psychosocial disability can have support from a recovery coach. A recovery coach is a qualified mental health worker. From their own experiences and training, they understand the impacts of mental health. They can support the participant to build confidence and motivation to achieve their goals and use their supports to live a fulfilling life. A

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recovery coach will also support the participant to understand how the NDIS works with other supports including mainstream and community supports.

For more information, go to articles:

- Guide – Psychosocial disability
- Understand support coordination and psychosocial recovery coach funding.

Specialist behaviour support

Some participants may need positive behaviour support to address behaviours of concern that are a risk to themselves or to others. These supports are recommended to:

- support the participant's safety and wellbeing
- promote options for increasing the participant's capacity and community and mainstream connections to pursue plan goals
- provide long term sustainability of the participant's plan and informal support systems.

Including specialist behaviour support in the plan to identify and reduce behaviours of concern can improve the participant's quality of life, uphold their dignity and safeguard their rights. As a further participant safeguard, positive behaviour support must be provided in accordance with the NDIS Quality and Safeguards Commission's requirements. This means these support providers must be registered with the Commission and ensures the regulation of restrictive practices.

For more information go to Guide – Behaviour support.

Capital supports

Capital supports include AT, repairs and AT maintenance, vehicle modifications and home modifications (HM). The following AT processes make sure the participant's interests and risks to them are looked at to minimise delay in vital equipment needs.

Higher cost assistive technology and home modifications

There's a higher risk of injury, hospitalisation or even death if appropriate assessment, setup or construction isn't done for higher cost or complex AT.

Specialised and complex AT requires an assessment and supporting evidence from a qualified AT assessor. For more information, go to article Understand high-cost assistive technology (AT) funding.

Home modifications will require assessment, usually by an occupational therapist. In more complex cases a building professional is also involved. For more information, go to article Support categories or Our Guideline – Home modifications (external).

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Replacement assistive technology

Replacement AT involves a streamlined process to avoid delays and provide a like-for-like equipment replacement. This needs to follow specific criteria to make sure there are no unreasonable risks to the participant.

Rental or hire of assistive technology

Funding for rental of AT may be included in a participant's plan, for example if there's a supply delay, or if AT requirements are still being decided. This will usually be for a specific time period. This will make sure there's no risk to the participant's safety while the AT is obtained. For more information, go to article Support Categories.

Assistive technology during the course of the plan period

AT supports are included in the plan based on the available information at that point in time. If we get an AT assessment recommendation during the plan period, the delegate must determine if:

- there are any risks to the participant in delaying access to the AT supports
- the recommended AT is reasonable and necessary.

A planner delegate must consider if the AT needs to be funded immediately to mitigate risks, or it can be funded at the next plan change.

For more information, go to Our Guideline – Assistive Technology (external).

Plan management

Plan management is how the support budget is managed by the participant or their representative. The participant's funds can be managed in three ways:

- self-managed
- using a registered plan manager
- agency-managed

The participant can also use a combination of all three plan management options.

In the applying, planning and implementation stages, the benefits and responsibilities of each plan management option are discussed with the participant.

For self-management or when the participant is using a registered plan manager, we need to decide if this approach is an unreasonable participant risk. There are things we must and must not consider when we make this decision. We will only decide a risk is unreasonable if there are no suitable safeguards, strategies or supports we can include in the participant's plan to manage the risk.

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For more information on the things we must and must not consider, go to Our Guideline – Creating your plan (external).

Next steps

Related knowledge articles:

- Record risks and vulnerabilities during a check-in
- Identify risks and vulnerabilities
- Create and complete a participant risk assessment case.

Related external guidance:

- NDIS Safeguards (external)
- Our Guideline – Your plan (external)
- Guide to self-management (external)
- Providing assistive technology (external)
- Understand assistive technology evidence, advice, assessments and quotes (DOCX 67KB).

Article labels

PACE user role names

No change.

Topics

No change.

Case names

No change.

Ownership

No change.

Version control

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Knowledge Article

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Version	Amended by	Brief Description of Change	Status	Date
4.0	JS0082	Class 1 Approval Updated guidance to remove retired articles and update articles that have had a name change.	APPROVED	2024-08-06
5.0	AJG505	Class 1 Approved Class 1 updates in line with new s44(3) s44(5) plan management rules.	APPROVED	2025-02-12

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Understand restricted access

SGP KP Publishing

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FOI 26.27-1036

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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 all NDIA staff and partners to understand:

- restricted access and why someone would request it
- what happens when someone applies for restricted access
- what happens when restricted access is applied
- if restricted access can be removed.

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FOI 26.27-1036

1 Recent updates

1 September 2025

Updated links to the NDIA staff intranet.

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2 Before you start

You have:

- received a request for information about restricted access from a participant
- read Our Guideline – Your privacy and information (external), section **What if you need extra privacy protections (restricted access)?**

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3 Understand restricted access

3.1 What is restricted access?

Sometimes a person asks to have extra privacy for their NDIS information. This is called restricted access. Restricted access adds more privacy protection to a person's NDIS records. Staff with restricted access permissions are the only people who can view these records. For more information, go to article Responsibilities of restricted access permissions.

Only participants can apply for restricted access. Don't submit a restricted access request for a new application. Restricted access requests should **only** be submitted when the applicant becomes an access met participant. For more information, go to article Record a request to apply for restricted access.

3.2 Why would someone request restricted access?

If a participant wants extra privacy applied to their record, they can ask for restricted access. However, they must meet certain requirements for restricted access to be applied. The list of reasons we may apply restricted access is in Our Guideline – Your privacy and information (external) section **What if you need extra privacy protections (restricted access)?**.

3.3 What happens when someone applies for restricted access?

A participant or their representative can ask for restricted access at any time. We record the reason the participant asked for restricted access. Once the request case is submitted, it's allocated to the Network Support Team for review. The Service Level Agreement states a restricted access request case must be decided and communicated in writing within **14 days**.

The Network Support Team will contact the person to advise if their request for restricted access:

- has been approved
- has been declined.

They'll use a person's preferred communication method, and the person will also receive a letter. See article Check a person's preferred contact method. If the request to add restricted access has been approved, restricted access is applied to the person's account.

3.4 What happens when restricted access is applied?

When a restricted access request is approved:

- the participant's record can only be opened by staff with restricted access permissions
- the my NDIS contact is changed to one with restricted access permissions, see article Update the my NDIS contact

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- any open cases are re-assigned to the new my NDIS contact or staff with restricted access permissions
- a letter is automatically sent with this decision.

Only staff with restricted access permissions can access the person's record. Staff with restricted access permissions have skills and training to view a restricted access record. Other staff can only view the person's first name, last name and NDIS number. They can't open the person's record.

If a participant with restricted access contacts you, you need to direct them to staff with restricted access permission. All business areas have staff with restricted access permissions. The National Contact Centre also has a dedicated restricted access phone line: **1800 879 472**.

Staff with restricted access permissions can't have a conflict of interest when they work with a participant with restricted access. This is to make sure we maintain the privacy of the people we work with. For more information, see the Policy - Conflict of Interest intrant page.

3.5 Can restricted access be removed?

A participant or their representative can request to remove a participant's restricted access at any time. To understand how to remove restricted access, see article Request to remove restricted access.

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4 Next steps

1. If the participant wants to apply for restricted access, see article Record a request to apply for restricted access.
2. If the participant wants to remove restricted access, see article Request to remove restricted access.
3. If the participant wants to review their restricted access request outcome, see article Review a restricted access decision.
4. Refer the person to Our Guideline – Your privacy and information (external) for more information about privacy and restricted access.

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Knowledge

Record a request to apply for restricted access

Article Record Type	Article Number	Publication Status	Last Modified Date	Version Number
Guidance	000001761	Published	15/12/2025, 5:15 am	6

Details Related Versions

Information

Title

Record a request to apply for restricted access

Description

Search Queue Tool Advanced Person Search Omni-Channel Magic Script

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FOI 26.27-1036

This article provides guidance for all NDIA staff and partners to:

- understand when a restricted access request can be made
- create the restricted access case
- contact the case owner about an in progress case.

Recent updates

15 December 2025
Replaced link to archived article Consent to act on applicant behalf with article Check consent, nominee, child representative or self-representation authorities.

Before you start

You have:

- received a request for restricted access for a participant, from the participant or their authorised representative
- checked consent and authority if the request is from a representative for the participant, using article Check consent, nominee, child representative or self-representation authorities (https://ndia.my.salesforce.com/articles/Knowledge/229723868)
- read Our Guidelines – Your privacy and information (external) (https://ndis.gov.au/our-guidelines), section **What if you need extra privacy protections (restricted access)?**
- explained restricted access to the participant or their representative, using article Understand restricted access (https://ndia.my.salesforce.com/articles/Knowledge/285182347).

Record a request for restricted access

Restricted access requests for new applications to the NDIS

You shouldn't submit a restricted access request for new applications that aren't yet access met. PACE will reflect this applicant as a person with a disability. Restricted access requests should only be submitted when the applicant becomes an access met participant.

Open access request cases

When there's an open access request case and a restricted access request has also been submitted, restricted access can't be applied to the person account until the access met decision has been made.

If you submit a restricted access request without an open access request, you'll need to withdraw and resubmit the restricted access request if the person meets access.

The below process to create a restricted access case should only be for access met participants.

Create the restricted access case

If the request is to remove restricted access, use article Request to remove restricted access (https://ndia.my.salesforce.com/articles/Knowledge/285510123).

From the **Person Account**:

1. Open the **Cases** tab, select **New**. Check for any open cases with the status of **In Progress**. If found, notify the case owner there are changes being made to the person account. Go to section **Contact the case owner about an in progress case** in this article for guidance.
2. Select **Restricted Access**, select **Next**.
3. If there's an enquiry case, find the case number for the enquiry in either the **Person Account Cases** tab, or in the **Enquiry** case. Add this number to **Parent Case**. This will link the restricted access request to the original request or enquiry.
4. Complete the **New Case: Restricted Access** information.
   - Under **Type**, select **Add** for a restricted access request.
   - Select **Case Origin**.
5. Select **Save**.
6. From the **Restricted Access** case, select the **Request** tab.
7. Select the **Date** the request was received and who made the request. Select **Next**.
8. Select the **Request Reason**. You can select multiple options.
   - if **Other** is selected, explain the reason in **Do you have any additional information to add?**
   - you must add further relevant details such as who made the request and why. It's important that you add enough detail about the request so the Network Support Team can make an informed decision about whether to approve or deny the request.
9. If the participant is an NDIA staff member, complete the **RA Preferences** step. Ask if they want a my NDIS contact from a different Local Government Area (LGA). This reduces the chance of them being known by the my NDIS contact.
   - Record their response and information relevant to the request in the **Comments** free text field.
10. Select **Next**.
11. At **Submit RA Request**, review the **Summary**.

Article Type	Guidelines
Summary	
URL Name	229723800
Version Number	6
Visible to Customer	☐
Visible In Internal App	✓
Featured	☐

Assignment Details

Assigned To	
Assigned By	
Assignment Note	

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Assignment Date

Assignment Due Date

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8 5

Categories (0)

No assigned categories.

12. Select **Submit**. The case is submitted for review.

Contact the case owner about an in progress case

1. For ~~**In Progress** cases, advise the **Case Owner**~~:
   - the participant is requesting restricted access
   - a restricted access case request will be submitted
   - the current case needs to be completed so that restricted access can be applied to the person account.
2. Before cases are re-routed, the case owner needs to log an activity to the case and add relevant information for each case. Use article Log an activity or internal note (https://ndia.my.salesforce.com/articles/Knowledge/285329519).
3. Tell the case owner the person account will be assigned to the **Restricted Access Routing Queue** for reviewed.

Expand All

Note:

- The Network Support Team will check the cases are closed and reassign any open cases to the my NDIS contact.
- If restricted access is applied, the my NDIS contact may also need to be updated to a my NDIS contact with restricted access.

Next steps

1. The restricted access case is automatically routed to the **Restricted Access Routing Queue**. The case will be allocated to the Network Support Team for review within **14 days**.
2. Once a decision is made for a request to **add** or **decline** restricted access to the participant record, the Network Support Team will contact the participant using their preferred communication method to advise of the outcome. Use article Check a person's preferred contact method (https://ndia.my.salesforce.com/articles/Knowledge/229717025).
3. A system generated letter will be issued by the Network Support Team to the participant or their representative. **Note:** if the participant has a statutory guardian and the relationship is established with an organisation account, you'll need to manually send the auto-created letter to the statutory guardian. To do this, go to article Send a letter to a statutory guardian or trustee (https://ndia.my.salesforce.com/articles/Knowledge/494054799).

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Knowledge

Understand restricted access

Article Record ...	Article Nu...	Publication St...	Last Modified D...	Version Nu...
Guidance	000001962	Published	1/9/2025, 6:0...	6

Details Related Versions

Information

Title

Understand restricted access

Description

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

This article provides guidance for all NDIA staff and partners to understand:

- restricted access and why someone would request it
- what happens when someone applies for restricted access
- what happens when restricted access is applied
- if restricted access can be removed.

Recent updates

1 September 2025
Updated links to the NDIA staff intranet.

Before you start

You have:

- received a request for information about restricted access from a participant
- read Our Guideline Your privacy and information (external) (https://www.ndis.gov.au/our-guidelines), section **What if you need extra privacy protections (restricted access)?**

Understand restricted access

What is restricted access?

Sometimes a person asks to have extra privacy for their NDIS information. This is called restricted access. Restricted access adds more privacy protection to a person's NDIS records. Staff with restricted access permissions are the only people who can view these records. For more information, go to article Responsibilities of restricted access permissions (https://ndia.my.salesforce.com/articles/Knowledge/285313432).

Only participants can apply for restricted access. Don't submit a restricted access request for a new application. Restricted access requests should **only** be submitted when the applicant becomes an access met participant. For more information, go to article Record a request to apply for restricted access (https://ndia.my.salesforce.com/articles/Knowledge/229723800).

Why would someone request restricted access?

If a participant wants extra privacy applied to their record, they can ask for restricted access. However, they must meet certain requirements for restricted access to be applied. The list of reasons we may apply restricted access is in Our Guideline – Your privacy and information (external) (https://www.ndis.gov.au/our-guidelines) section **What if you need extra privacy protections (restricted access)?**.

What happens when someone applies for restricted access?

A participant or their representative can ask for restricted access at any time. We record the reason the participant asked for restricted access. Once the request case is submitted, it's allocated to the Network Support Team for review. The Service Level Agreement states a restricted access request case must be decided and communicated

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Article Type	in writing within **14 days**. Guidelines
Summary	The Network Support Team will contact the person to advise if their request for restricted access:
URL Name	285182347
Version Number	6
Visible to Customer	They'll use a person's preferred communication method, and the person will also receive a letter. See article Check a person's preferred contact method (https://ndia.my.salesforce.com/articles/Knowledge/229717025). If the request to add restricted access has been approved, restricted access is applied to the person's account.
Visible In Internal App	✓
Featured	

- has been approved
- has been declined.

What happens when restricted access is applied?

When a restricted access request is approved:

- the participant's record can only be opened by staff with restricted access permissions
- the my NDIS contact is changed to one with restricted access permissions, see article Update the my NDIS contact (https://ndia.my.salesforce.com/articles/Knowledge/229724227)
- any open cases are re-assigned to the new my NDIS contact or staff with restricted access permissions
- a letter is automatically sent with this decision.

Only staff with restricted access permissions can access the person's record. Staff with restricted access permissions have skills and training to view a restricted access record. Other staff can only view the person's first name, last name and NDIS number. They can't open the person's record.

If a participant with restricted access contacts you, you need to direct them to staff with restricted access permission. All business areas have staff with restricted access permissions. The National Contact Centre also has a dedicated restricted access phone line: **1800 879 472**.

Staff with restricted access permissions can't have a conflict of interest when they work with a participant with restricted access. This is to make sure we maintain the privacy of the people we work with. For more information, see the Policy - Conflict of Interest (https://ndisgovau.sharepoint.com/sites/ModernExample/SitePages/Policy-library.aspx) intrant page.

Can restricted access be removed?

A participant or their representative can request to remove a participant's restricted access at any time. To understand how to remove restricted access, see article Request to remove restricted access (https://ndia.my.salesforce.com/articles/Knowledge/285510123).

Assignment Details

Assigned To

Assigned By

Assignment Note

Assignment Date

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No assigned categories.

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Next steps

1. If the participant wants to apply for restricted access, see article Record a request to apply for restricted access (https://ndia.my.salesforce.com/articles/Knowledge/229723800).
2. If the participant wants to remove restricted access, see article Request to remove restricted access (https://ndia.my.salesforce.com/articles/Knowledge/285510123).
3. If the participant wants to review their restricted access request outcome, see article Review a restricted access decision (https://ndia.my.salesforce.com/articles/Knowledge/192242257).
4. Refer the person to Our Guideline – Your privacy and information (external) (https://www.ndis.gov.au/our_guidelines) for more information about privacy and restricted access.

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