National Mental Health Consumer & Carer Forum

National Mental Health Consumer and Carer Forum Official Statement on the National Disability Insurance Scheme (NDIS) Final Report

The National Mental Health Consumer and Carer Forum (NMHCCF) is a combined national voice for mental health consumers and carers. We listen, learn, influence, and advocate in matters of mental health reform.

The NMHCCF was established in 2002 by the Australian Health Ministers' Advisory Council. It has historically been funded through contributions from each state and territory government, which have now (FY23-24 onwards) been amalgamated and are afforded by the Australian Government Department of Health and Aged Care. It is currently auspiced by Mental Health Australia.

NMHCCF members represent mental health consumers and carers on many national bodies, such as government committees and advisory groups, professional bodies and other consultative forums and events.

Members use their lived experience, understanding of the mental health system and communication skills to advocate and promote the issues and concerns of consumers and carers.

As the Disability Representative Organisation (DRO) and Disability Representative and Carer Organisation (DRCO) for psychosocial disability, the NMHCCF aims to uphold the rights and improve the lives of people with psychosocial disability and their family, carers, and kin through its tireless systemic advocacy.

Recommendations in the NDIS Final Report that are Missing or Require Expansion in Implementation

1. Close engagement and co-design of the NDIS Review recommendations between the Australian Government and people with psychosocial disability and their carers, family, and kin. This is especially vital when implementing the proposed 'early intervention pathway' for new participants with psychosocial disability and the design of 'independent assessments'.
2. Nationally consistent definitions of the terms 'psychosocial disability', which follows that provided in the NMHCCF's position statement, and 'psychosocial disability service provider'.
3. That the NDIS operates from a better understanding of 'recovery' as it relates to psychosocial disability, which needs to be considered in the implementation of all actions proposed under Recommendation 7.
4. Standardisation of peer work certification across the mental health, disability, and social services sectors.
5. Ensuring that members of the clinical workforce working with individuals with psychosocial disability have the proper education, qualifications, competencies, and

skills. The NMHCCF strongly urges that the *World Health Organisation (WHO) QualityRights Materials for Training, Guidance, and Transformation* for specific mental health and trauma-informed training is mandatorily undertaken by the clinical mental health workforce (Action 27, *Fifth National Mental Health and Suicide Plan*[1]).

6. The Australian Government broaden its scope of the health workforce capability recommendations to include psychosocial disability upon implementation, and that the *National Mental Health Workforce Strategy 2022-2032* be followed as a guide for implementation, which requires it first being adequately resourced and funded[2].
7. That NDIS psychosocial planners are compliant with the proposed Psychosocial Practice Standard under Action 7.4. Planners involved in assessments must have set competencies, be well-trained, and be family-inclusive in their practice.
8. NDIS Navigators for psychosocial disability must be independent from service providers.
9. Commonwealth, State, and Territory entities to take an approach encompassing the 'social model of disability'.
10. The Commonwealth should consider the NDIS Review Final Report and the Disability Royal Commission (DRC) Final Report as a single piece of work and that implementation of the recommendations of both documents is aligned and undertaken simultaneously. This is vitally important because the DRC Final Report makes up for the shortfall of the lack of human rights recommendations in the NDIS Review Final Report. Implementing the recommendations in the NDIS Review Final Report without implementing the human rights recommendations in the DRC Final Report will severely impact people with psychosocial disability, especially in relation to 'choice and control' remaining within the scope of the National Disability Insurance Agency (NDIA) and authorities implementing restrictive practices.
11. The *WHO/OHCHR's Mental Health, Human Rights, and Legislation: Guidance and Practice* should be used by Australian Governments as the legislative lynchpin for psychosocial disability reform.
12. In alignment with implementing Recommendation 10 above, extending the DRC Final Report's human rights recommendations to facilities that overwhelmingly affect people with psychosocial disability and mental-ill health. These are namely, forensic psychiatric facilities and mental health inpatient units, which are not covered by international human rights treaties.
13. Cultural safety recommendations to include CALD communities and cover a wider array of settings than merely criminal justice and the introduction of specific First Nations forensic psychosocial disability services that align with *Closing The Gap* targets to reduce disproportionate incarceration.
14. Avoid creating a separate 'foundational support system' in addition to the current mental health, Alcohol and Other Drugs (AoD), suicide prevention, disability, NDIS, and health systems.

[1] National Mental Health Commission. (2021). *Fifth national mental health and suicide prevention plan*. https://www.mentalhealthcommission.gov.au/monitoring-and-reporting/fifth-plan

[2] Mental Health Australia. (2024). *2024-25 pre-budget submission*. https://mhaustralia.org/sites/default/files/docs/pre-budget_submission_2024.pdf

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Summary of Position

Overall, the NMHCCF welcomes the release of the NDIS Review and the intentions behind some of the recommendations made for psychosocial disability. It appreciates the recognition that more foundational supports within the community will better serve those with psychosocial disability, as well as a more humanised planning process. In addition, a mental health system that is better integrated and coordinated will benefit people with psychosocial disability and their family, carers, and kin. However, the Lived Experience community is generally disappointed that service providers have been favoured in the recommendations and feel that their voices were not adequately heard. Choice and control remaining within the Scheme, misunderstanding the meaning of recovery, the reintroduction of independent assessments, and recommending that navigators be employed by service providers are just some examples of the Review failing to sufficiently listen to mental health consumers and carers. Recommendations to the NDIS Review were provided directly by the NMHCCF in this submission and then in this summary report after it was provided extra funding as a DRO to undertake consultations with people with psychosocial disability and their family, carers, and kin, specifically to inform the Review. These recommendations appear to have come secondary to those made by service providers, which is disappointing to the Lived Experience community. Unless there is close engagement and ongoing co-design with consumers and carers in the prioritisation, implementation, and evaluation of the recommendations by the Australian Government, the Review may well have been futile for those most in need of psychosocial support.

Providers and registration

The NMHCCF are concerned the focus on registration pathways favours larger service providers, particularly when there is not a nationally consistent definition for what constitutes a 'psychosocial disability provider'. A definition would be essential prior to the NMHCCF providing further constructive recommendations regarding registration pathways. The NMHCCF recommends that a nationally consistent definition of a 'psychosocial disability service provider' is established to reduce misconceptions and to ensure all providers offer appropriate services. Co-design of worker and provider registration pathways must be undertaken with people with psychosocial disability and their family, carers, and kin.

Recovery-focus

The members of the NMHCCF note that there appears to be a misconceived and unrealistic focus on recovery which may be problematic when considering that many individuals on the NDIS experience life-long psychosocial disability. Recovery in sectors such as AoD is often recognised as the end goal of treatment programs and would lead to participants exiting programs, which is not necessarily the case for how recovery is defined by people with psychosocial disability. Personal recovery for psychosocial disability is *"different to the medical basis of symptoms and cure"* (p. 5)[3] and should be acknowledged as an ongoing journey rather than an end target for individuals to leave the Scheme.

The emphasis on recovery can also hinder the supports provided by support workers. This is particularly depicted when workers are only permitted to complete tasks 'with' individuals and

[3] National Disability Insurance Scheme. (2021). *Psychosocial disability recovery-oriented framework*. https://www.ndis.gov.au/media/3957/download?attachment

not 'for' individuals. Such a concept of limiting supports becomes discriminatory for those with psychosocial disability when considering the following example:

> *"An individual may not be able to complete a certain task on a particular day due to their psychosocial disability. If their support worker is due to come that day to provide support, and only comes on a fortnightly or monthly basis, the participant's bins may not be taken out or their house may not be cleaned because the NDIS has taken this notion of recovery in a very narrow, literal sense"* – Carer Representative.

Early intervention pathway

The Review outlines the importance of evidence-based early intervention services and specific pathways for people with a psychosocial disability entering the Scheme. The nature of psychosocial disability and its formation over an extended period contradicts the relevance of an early intervention pathway, particularly within the Scheme. Early intervention pathways should be implemented at a community level, with the Scheme providing support for more complex needs.

Early intervention pathways are also typically time sensitive and time limited, which conflicts with the ongoing nature of psychosocial disability recovery principles. Members of the NMHCCF are concerned the conclusion of an early intervention service could lead to additional levels of anxiety for consumers and carers and does not acknowledge the complexity and often episodic nature of psychosocial disability. There is also a fear amongst the Lived Experience community that an early intervention pathway will be used to try to fast-track participants out of the NDIS.

An additional concern with implementing an early intervention pathway into the Scheme is whether the age of participants may be used. Age has been an influential part of eligibility criteria for many NDIS activities. It is essential this approach is not implemented within the psychosocial disability space. Young people, for example, experience disadvantage when needing to comply with evidentiary requirements. Evidence is particularly challenging to source when complexity and engagement are not well acknowledged by mainstream services. Therefore, without substantial evidence, young people with a psychosocial disability would be unable to join the Scheme.

The NMHCCF members also question how the expansion of foundational supports and the establishment of an early intervention pathway will limit the Scheme's overall annual growth to just 8%. It would appreciate if funding models were provided by the NDIS Review.

Workforce

It is noteworthy that there are no formal qualifications specific to the psychosocial disability peer workforce, which becomes an issue if a general registration pathway requires formal qualifications to work within the Scheme. Currently, the Mental Health Peer Work Certificate sits separately to the Community and Disability Support Certificates. There needs to be standardisation of peer work certification across the mental health, disability, and social services sectors.

There is great concern regarding the NDIS Review's heavy reliance on large psychosocial service providers' advice. In particular, the recommendations presented in the *Australian*

Psychosocial Alliance's (APA) NDIS Review submission appear to be an exclusive source of advice. In not adequately including the voice of Lived Experience in its Final Report, the NDIS Review has taken the advice of the Australian Psychosocial Alliance (APA) in recommending a narrower accreditation process. This is seen by the Lived Experience community as intended to increase the main service provider's market share as opposed to helping consumers recover.

Being clinically trained (for example, an Occupational Therapist or Support Worker) does not mean this person has the proper training to understand the needs of someone with mental-ill health. It needs to be ensured that whoever is working with individuals experiencing psychosocial disability has the proper education, qualifications, competencies, and skills. The NMHCCF strongly urges that the *World Health Organisation (WHO) QualityRights Materials for Training, Guidance, and Transformation* for specific mental health and trauma-informed training is mandatorily undertaken by the clinical mental health workforce (Action 27, *Fifth National Mental Health and Suicide Plan*[4]).

A stronger, more equitable, and improved workforce is a necessity to improve psychosocial outcomes and recovery, which includes supporting the mental health peer workforce and the many benefits it provides. The mental health peer workforce is also able to espouse and uphold the values and principles of psychosocial recovery. The Department of Health and Aged Care has established the *National Mental Health Workforce Strategy 2022-2032*, which is a roadmap to building and sustaining an appropriate mental health workforce across Australia. The NMHCCF suggests that the Australian Government broaden its scope of the health workforce capability recommendations to include psychosocial disability upon implementation, and that the Workforce Strategy be followed as a guide for implementation. As a caveat, these workforce recommendations are specifically targeted to benefit people with psychosocial disability and may not be suitable for people with co-occurring disabilities.

Specialist planners

There are some positive recommendations in relation to the planning process, including the need to humanise it, that applications become based on an individual's need and not their diagnosis, and more flexible budgeting based on a whole-of-person level, not for line items[5]. Participants ask for continuity, understanding, and collaboration from planners. The NMHCCF suggests that the Psychosocial Practice Standard also extends to planners managing psychosocial plans.

Planners involved in assessments must have set competencies, be well-trained, and be family-inclusive in their practice. 'Family' means those the applicant lives with, supporters, carers, friends, kin, and loved ones in the community.

Understanding of psychosocial disability

The move towards being respectful of the fluctuating nature of psychosocial disability and the general move away from short, activity-limiting plans is promising. However, this requires

[4] National Mental Health Commission. (2021). *Fifth national mental health and suicide prevention plan*. https://www.mentalhealthcommission.gov.au/monitoring-and-reporting/fifth-plan

[5] Ministers for the Department of Social Services. (2023, December 7). *The Hon Bill Shorten MP: Speeches.* https://ministers.dss.gov.au/speeches/13421

significant workforce development and a big funding injection into the community sector to be successful. First and foremost, there needs to be a nationally consistent definition of psychosocial disability, which follows that provided in the NMHCCF's position statement.

Co-design

There is a strong need for co-design around all these recommendations with people with lived experience of psychosocial disability and their carers, family, and kin. The Lived Experience community of psychosocial disability is distrustful of the NDIS Review recommendations in that they predominantly appear to favour the recommendations submitted by the large psychosocial service providers in their *APA NDIS Review submission*. This distrust will continue if mental health consumers and carers are not leading the implementation process.

NDIS Navigators

The concept of having navigators is positive but they must be independent. The Australian Psychosocial Alliance (APA) in their submission have proposed that they provide the navigators. This will inevitably mean that peoples' choices will more than likely be limited to the service provider the navigator is employed by. This concern indicates a general scepticism within the Lived Experience community that the primary motivation behind the recommendations made by the APA, and now the Review, is to increase the market share of the large psychosocial service providers. Recent data demonstrates that the market share of the top 10 providers for psychosocial services shrunk from 6% on 30 September 2022 to 5% on 30 June 2023, and that the use of unregistered providers increased from 82% to 87% of total providers used over the same time period[6]. This appears to show that given more choice and control of provider, NDIS participants with psychosocial disability tend to prefer smaller, independent providers that can better meet their broad range of needs.

Independent assessments

It has been recommended that the NDIA maintain authority to decide what is 'fair and reasonable' in terms of supports, and they have proposed a return to independent assessments. This is a major concern for people with psychosocial disability, as their historical experience of an independent assessment involves a 20-30 minute assessment by an unknown person. The assessment method to have access to the Scheme is particularly important for people with a psychosocial disability and this requires a great amount of care and articulation. Minister Shorten has outlined that *"comprehensive assessments of support needs should be completed – in person – by trained, qualified assessors"* (p. 1)[5]. These assessments need to be completed over a period of time, held in different contexts, and involve the applicant's support environment and family situation. A team approach should be taken, where case conferencing is conducted by the NDIS and engaged supports.

Lack of choice and control

Minister Shorten stated: *"As has always been the case, choice and control, and 'reasonable and necessary' will remain at the heart of the Scheme"* (p. 1)[5]. This is particularly concerning for people with psychosocial disability who experience this as having others decide what will

[6] National Disability Insurance Scheme. (2023, November 15). *Psychosocial disability summary, June 2023*. https://data.ndis.gov.au/reports-and-analyses/participant-dashboards/psychosocial

make them 'better'. In practice, this involves forced admissions, restraint practices, forced medications, and community treatment orders. This recommendation of the Review is considered a frightful injustice for people with a psychosocial disability.

Restrictive practices

Recommendation 7.3 appears strong in theory, however consumers and carers feel that it may duplicate services. In addition, whenever terms like 'complex care' and 'complex needs' are mentioned, participants and their carers, family, and kin immediately picture NDIS 'behavioural management plans' and restrictive practices being placed on the person with psychosocial disability.

Restrictive practices need to be clearly defined, outlined, and aligned with the recommendations made by the Disability Royal Commission in its Final Report[7]. However, in doing this, as the NMHCCF has stated in its *Official Statement on the Disability Royal Commission Final Report*, the recommendations in the DRC on restrictive practices need to go further. People with psychosocial disability often have severe trauma as part of their histories, and restrictive practices can cause re-traumatisation and heightened psychological distress amongst this cohort[8]. The NMHCCF supports that specific forms of restraint have been recommended to not be used in health and mental health settings, however these largely revolve around placing people in seclusion, some forms of mechanical restraint, and *"drugs, or higher doses of drugs, that create continuous sedation to manage behaviour"* (p. 34)[9]. *"The NMHCCF believes that recovery approaches and trauma-informed principles assist services to reduce and eliminate the use of restrictive practices. Furthermore, all mental health treatment programs should operate from a positive and strengths-based perspective to provide recovery-oriented, person-centred, trauma-informed, and human rights-based practice"* (p. 1)[10]. In addition, clear and stringent nationally consistent guidelines around restrictive practices need to be implemented. For further understanding of the NMHCCF's recommendations to eliminate restrictive practices, please see its submission.

NDIS removal

There is a palpable fear from both NDIS psychosocial participants, and their carers, family, and kin that they may lose their NDIS funding in either a partial or total capacity due to latent consequences upon the implementation of the new assessment method, the introduction of targeted foundational supports, and the establishment of an early intervention pathway. The NMHCCF strongly recommends that the implementation of these three recommendations is co-designed with NDIS participants and their families, carers, and kin to ensure that current NDIS psychosocial package recipients do not lose their individualised support.

[7] Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability. (2023). *Final report*. https://disability.royalcommission.gov.au/publications/final-report

[8] Disability Advocacy Resource Unit. (2021, March 3). *Regulated restrictive practice*. https://www.daru.org.au/resource/regulated-restrictive-practice

[9] Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability. (2023). *Enabling autonomy and access, final report volume 6*. https://disability.royalcommission.gov.au/

[10] National Mental Health Consumer and Carer Forum. (2021, May 1). *Restrictive practices in mental health services.* https://nmhccf.org.au/our-work/advocacy-briefs/restrictive-practices-in-mental-health-services

Families, carers, and kin and the environment

Families, carers, kin, and supporters are, overall, missing from the Final Report. The NDIA recognises how important the role of families, carers, and kin are in providing help and support, advocacy, and an environment fit for recovery for NDIS participants[11]. The NMHCCF strongly urges that co-design of the implementation of the recommendations is undertaken with people with lived experience of psychosocial disability and their families, carers, and kin.

There also needs to be a more significant focus on fixing the environment, not the people. This would involve adherence by the Australian Government to a 'social model of disability', which sees treatment and recovery as a holistic, whole-of-person perspective, not a narrowly defined diagnostic model. This would accept that people with disability often have co-occurring disabilities and that treatment and recovery are led by the person with disability and can require coordinated care teams, consisting of staff which all need to have appropriate training and understanding of the social model.

Human rights

There are significant omissions relating to human rights in the Final Report and there needs to be more rights-based training. The NMHCCF understands that this may be due to the Disability Royal Commission's Final Report having a strong rights focus and that the Australian Government is looking to treat these two documents as a single piece of work, which the NMHCCF strongly encourages in its *Official Statement on the DRC Final Report*. However, the DRC Final Report falls short in not providing human rights recommendations for facilities that overwhelmingly affect people with psychosocial disability and mental-ill health. These are namely, forensic psychiatric facilities and mental health inpatient units. Like in the recommendations, these facilities are not covered under international human rights treaties, which allows for a significant gap in places not covered for human rights breaches and allows for the continuation of violence, abuse, neglect, and exploitation of people with disability held in these institutions. The NDIS currently engages in these human rights breaches by discontinuing individualised support for those entering a custodial setting[12]. Furthermore, those placed in a forensic mental health facility can have orders of indefinite detention, another significant human rights breach that then indefinitely arrests the person's NDIS supports[13]. The NMHCCF strongly urges compliance with the guidance recommendations outlined in the *WHO/OHCHR's Mental Health, Human Rights, and Legislation: Guidance and Practice* as the legislative lynchpin for psychosocial disability reform.

In a submission, which saw it invited to provide evidence to the Parliamentary Joint Committee on Human Rights, the NMHCCF strongly advocates taking a rights-based approach to mental health and psychosocial disability.

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[11] National Disability Insurance Scheme. (2022, May 19). *How we can help carers*. https://www.ndis.gov.au/understanding/families-and-carers/how-we-can-help-carers

[12] Mental Health Carers NSW (Submission 64), Parliament of Australia, Joint Standing Committee on the National Disability Insurance Scheme. (2017). *Submissions: Submission received by the Committee*. https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/MentalHealth/Submissions

[13] Parliament of Australia, Joint Standing Committee on the National Disability Insurance Scheme. (2017). *Report: Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition*. https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/MentalHealth/Report

Culturally and Linguistically Diverse Communities (CALD) and Aboriginal and Torress Strait Islander peoples

Cultural safety is paramount to the recovery of people with psychosocial disability from First Nations and CALD backgrounds, yet there is only a recommendation on improving access to supports for First Nations participants and for those in remote communities through alternative commissioning arrangements (Recommendation 14[14]). This needs to include CALD communities and be implemented across a wider range of settings. The NMHCCF would like to go further and suggest that the NDIS and Australian Government introduce specific First Nations forensic psychosocial disability services that align with *Closing The Gap* targets to reduce disproportionate incarceration[15], especially the high rates of Indigenous people incarcerated with a disability[16]. These services require sufficient integration and coordination with transitional and community-based First Nations-specific disability services. Remote workforce development is also vital, especially for Indigenous people with psychosocial disability. In particular, it is important to develop education and care that tackle intergenerational trauma for Indigenous communities, remote and otherwise, which the Australian Government should focus on in implementing this recommendation.

Language, terminology, and 'foundational supports'

As discussed in the recovery-focus section above, the language of recovery is different across different sectors (e.g., mental health and AoD). There also needs to be a strong, nationally consistent definition of 'psychosocial disability', following that provided in this NMHCCF position statement, and it is vital that this is used correctly and not co-opted. In addition, people with psychosocial disability state that 'early intervention' is an inappropriate, clinically-driven term that suggests a top-down 'care' approach (i.e., provider or Scheme deciding what is best for the participant) that is not focused on the person's recovery.

The NMHCCF wants to avoid creating a separate 'foundational support system' in addition to the current mental health, AoD, suicide prevention, disability, the NDIS, and health systems. There is concern that, in creating an additional tier, this will just convolute services a lot more, create more bureaucratic and navigational barriers in transitioning between tiers, and be used as an excuse to discontinue individualised support for people on the NDIS. Again, co-design of an additional foundational supports layer must be done with people with psychosocial disability and their family, carers, and kin.

Background

In October 2022, the Hon Minister Bill Shorten announced an Independent Review into the NDIS, run by the Department of the Prime Minister and Cabinet. The NDIS Review released its

[14] NDIS Review, Australian Government. (2023). *Working together to deliver the NDIS: The final report*. https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis

[15] Productivity Commission. (n.d.). *Closing the gap: Information repository*. https://www.pc.gov.au/closing-the-gap-data/dashboard

[16] People with Disability Australia. (2021). *First Nations people with disability and the criminal justice system – part 1*. https://ourroyalcommission.com.au/first-nations-people-with-disability-and-the-criminal-justice-system-part-1/

final report on 7 December 2023[17], ten years after it was originally legislated[18]. The NDIS Review looked at the design, operations, and sustainability of the NDIS on one hand, and examined ways to build a more responsive, supportive, and sustainable market and workforce on the other[19]. The Independent Review Panel consisted of the following members[20]:

- Professor Bruce Bonyhady AM – Co-Chair
- Ms Lisa Paul AO PSM – Co-Chair
- Ms Judith Brewer AO
- Mr Kevin Cocks AM
- Professor Kirsten Deane OAM
- Mr Douglas Herd
- Dr Stephen King

The NDIS Final Report made 26 recommendations along with 139 actions to be taken by the Australia, State, and Territory governments and their relevant departments. The overarching stated aims of the recommendations are to develop a unified system of support for people with disability, create markets and support systems that empower people with disability, steward this new united ecosystem with appropriate safeguards and governance mechanisms, and implement this all within a five-year time period[14].

The NMHCCF produced its first submission for the NDIS Review on 22 December 2022. In March 2023, the NDIS Review Panel offered funding to all DROs to consult with their members and networks to gather on-the-ground information as to how the NDIS could work better for people with disability. In conjunction with the Review, the NMHCCF, as the DRO for psychosocial disability, developed an engagement plan in order to inform the Final Report.

As part of the engagement plan, the NMHCCF held a total of six consultations with people with a psychosocial disability and their carers, family, and kin. Furthermore, the NMHCCF targeted cohorts that are underrepresented in the data for psychosocial supports, such as NDIS participants and their family, carers, and kin with co-occurring disabilities, and Lived Experience with intersectionalities. Consultation sessions were held from 28 August to 6 September 2023, and totalled 32 participants: 18 consumers and 14 carers.

This summary report was handed to the Review Secretariat on 2 October 2023, with the goal of having all of its recommendations included in the Independent Review's final report. This was with the ultimate aim of subsequently having the recommendations implemented by the Australian Government to benefit people living with a psychosocial disability and those loving and caring for them.

[17] NDIS Review, Australian Government. (2023). *The final report has been published*. https://www.ndisreview.gov.au/news/final-report-has-been-published
[18] National Disability Insurance Scheme. (2023, July 12). *History of the NDIS*. https://www.ndis.gov.au/about-us/history-ndis
[19] NDIS Review, Australian Government. (2023). *About the NDIS review*. https://www.ndisreview.gov.au/about
[20] NDIS Review, Australian Government. (2023). *Independent review panel*. https://www.ndisreview.gov.au/about/independent-review-panel