National Centre of Excellence in Intellectual Disability Health

Ms Alisa Chambers
Deputy Commissioner
NDIS Quality and Safeguards Commission

By email:

6 March 2026

Dear Alisa

NDIS Standards Review and health of people with disability

Thank-you and Assistant Commissioner Mahar for meeting with us on 20 February where we discussed how the NDIS Standards and Quality Indicators could better reflect an appropriate role for disability support services in enhancing the health of people with disability.

As you suggested, we now write to advocate for some important enhancements of the existing standards and quality indicators.

NDIS services of course are not intended to be a replacement for health services such as GPs, medical specialists, dentists, hospitals etc.

However, NDIS services have vital roles in providing the disability supports that participants will often need for promotion of healthy lifestyles, identifying signs of illness, accessing appropriate health services and implementing the advice of health professionals.

The original Practice Standards were largely silent on these issues. However, the National Roadmap for Improving the Health of People with Intellectual Disability was released by Health Minister Hunt in 2021 and commitment to it has been explicitly maintained by the now Labor Government.
National Roadmap for Improving the Health of People with Intellectual Disability | Australian Government Department of Health, Disability and Ageing

The development and implementation of the Roadmap has included senior representation from the NDIS Commission.

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The National Roadmap required review of the NDIS Standards

The Roadmap says in section B4:

> The health and well- being of people with intellectual disability is influenced by a range of factors including access to health care, disability support services, education, employment and housing. Stronger coordination between sectors is needed to improve health outcomes for people with intellectual disability. In particular health and disability providers need a better understanding of their respective roles and more effective ways of communicating to ensure people with intellectual disability achieve the best possible health outcomes.....
>
> Disability service providers can play a key role in preventing ill health by promoting healthy lifestyles and initiating access to health services for people with intellectual disability. However, disability support workers do not always have the necessary health literacy or knowledge of the health system to support this approach....
>
> Many health professionals would benefit greatly from the expertise of people working in the disability sector, particularly on ways of communicating with and understanding the needs of people with intellectual disability....
>
> Workers in both sectors need to collaborate to better understand, identify and respond to the causes of challenging behaviour, including physical or mental illness, in order to minimise the use of restrictive practises and better protect human rights of people with intellectual disability.

A Key Action in section B4 of the Roadmap is:

> NDIS Quality and Safeguards Commission to:
>
> - review and update NDIS Practice Standards and Quality Indicators where appropriate to support healthy lifestyles and optimal access to health services for people with intellectual disability;
> - include in its Workforce Capability Framework a strong focus on the role of disability workforce in supporting healthy lifestyles and access to health services

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Response to date by the NDIS Commission

The NDIS Commission picked up strongly on the above Roadmap Key Action in the development of the Workforce Capability Framework and we had substantial input to that process.

The Commission also made a number of valuable additions to the NDIS Practice Standards and Quality Indicators as now reflected in the current Version 4.

These additions included requirements for:

1. mitigation of health risks to people with disability in emergency and disaster management situations (page 11)
2. reasonable adjustments to support environments to ensure participants' health (p 12)
3. participants' support plans including, where required, "preventative health measures, including support to access recommended vaccinations, dental checkups, comprehensive health assessments and allied health services" (p 13)
4. collaboration between disability support providers and health care providers (pp 15, 16)
5. ensuring that transitions between providers, including hospitalisations, identify and responds to risks (p 15)
6. ensuring support workers understand communication needs of participants and the manner in which they express emerging health concerns (p 16)
7. protocols for each participant about how to respond to medical emergencies (p 16)
8. systems for escalation in urgent health situations (p 16)
9. meal time management supports and assessments (pp 17-18)
10. addressing health issues in high intensity daily personal activities (pp 19-22)
11. specialist behaviour support module:
    a. engagement of Health practitioners following a reportable incident or unauthorised use of a restricted practise (pp 30-31)
    b. collaboration with health clinicians when developing an interim behaviour support plan (p 31)

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Our recommendations for further enhancement of the NDIS Standards

We welcome the above requirements in Version 4 of the Standards and Quality Indicators. However, we see a number of important gaps which we advocate should be remedied in the current review:

1. Healthy lifestyles - Disability support should routinely include supporting participants to maintain healthy lifestyles including in relation to diet, exercise, smoking and intake of drugs and alcohol. Except in extreme circumstances where the guardianship systems around Australia might be invoked, decisions on those issues ultimately should be based on the choices of participants. However, NDIS providers have vital roles in providing participants with information and support to promote healthy choices. Assertive supports in these areas will reduce illness, reduce escalation of disability support needs, and reduce preventable deaths.

2. Disability support in hospitals - There is an ongoing chronic and unresolved demarcation between the responsibilities of disability support providers and hospital nurses in relation to the provision of disability supports, generally supports that the person needs whether or not they are in hospital. Whilst the Standards of themselves cannot resolve this problem, they should at least put a very explicit responsibility on disability support services to collaborate strongly with hospitals prior to and during admissions so as to maximise the degree to which participants disability support needs are understood and met in the hospital environment.

3. Specialist behaviour support module - Except in the narrow circumstances noted in 11. above, this module is silent in relation to the very important issue of the interplay between the roles of health practitioners and specialist behaviour support in responding to challenging behaviour. The standard should require:

    a. NDIS providers to support a person with behaviours of concern to access a comprehensive health assessment (which may well identify underlying physical or mental health issues which are

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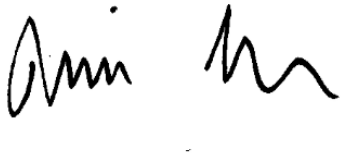
causing or contributing to the behaviours of concern, for example undiagnosed physical pain or a mental health condition).

b. Collaboration between behaviour support practitioner and any medical practitioner who is prescribing psychotropic medication. Far too often, the responses to behaviours of concern by NDIS providers and relevant doctors occur in parallel rather than by the behaviour practitioner and doctor sharing their understanding of the person's behaviour and needs and arriving at collaborative and holistic responses. This collaboration is needed whether the psychotropic medication is characterised as a mental health treatment or as chemical restraint. The distinction between these two characterizations is often cloudy and in the eye of the prescriber and, in any case, responses need to be holistic and collaborative

4. Specialist Support coordination module - Complex physical or mental health needs should be acknowledged as an important contributor to the need for complex support coordination and as leading to the support taking a very active role in linking the participant to appropriate health professionals and liaising with those professionals to ensure holistic meeting of the person's needs.

We urge you to act on our recommendations in the current review and are of course happy to engage further with you on them

Sincerely,



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About us

The National Centre of Excellence in Intellectual Disability Health ('the Centre') is an important initiative supported by the Australian Government Department of Health, Disability and Ageing. The Centre is a consortium of nine organisations including:

1. UNSW Sydney,
2. Centre for Disability Studies (University of Sydney),
3. Council for Intellectual Disability,
4. Down Syndrome Australia,
5. First Peoples Disability Network,
6. Queensland Centre of Excellence in Autism and Intellectual Disability Health
7. Queenslanders with Disability Network,
8. The Kids Institute and,
9. University of Melbourne.

The Centre also includes another 56 health and disability organisations as partners and collaborators. The vision of the Centre is to ensure that the 500,000 people with intellectual disability in Australia receive the highest attainable level of healthcare.