Best practice description
Since July 2016, the National Disability Insurance Scheme (NDIS) has provided individualized support to people with disability, their families and carers. The main objectives are to support the independence, autonomy, and social and economic participation of people with disability, and to provide reasonable, necessary, high quality and innovative supports, that are chosen and planned by people with disability. The program will provide support for education, employment, social participation, independence, living arrangements and health and wellbeing. Disability-related health support cover for instance: continence, diabetic management, dysphagia, epilepsy, nutrition, podiatry, respiratory and wound and pressure care supports. To be eligible, individuals must:
1. Reside in Australia, be an Australian citizen, permanent resident or Protected Special Category Visa holder
2. Meet the disability or early intervention requirements
3. Be under 65 years of age when the access request is made

Origin / impetus for best practice
• Around 4.4 million people in Australia have a disability, or 17.6% of the Australian population.
• The needs of people with disability had been overlooked and support programs were inconsistent across different states and territories across Australia.
• The disability and care sectors in Australia campaigned for a new mechanism to fund support for people with disability because the existing system was "fragmented, underfunded, and inefficient", and gave differential treatment based on the cause or origin of disability.
• The NDIS, a new disability care and support scheme, was established under the National Disability Insurance Scheme Act 2013 and the National Disability Insurance Agency (NDIA) was created to administer the scheme.

Impact / results of implementing best practice
• Under full implementation, the NDIS is expected to cover 500,000 Australians by 2023.

Impact statement
• ...

Critical success factors for best practice
• Universal health coverage and high-performing health system.
• DPO advocacy, who drive the political agenda, and have funding available to support their work.
• Disability representation in the Australian national parliament.
• $21.6 billion fund in 2019-20 for the scheme; half covered by the Australian government.

Lessons learned
• High burden of proof and cost of significant medical assessments make it difficult for people with disability to meet NDIS requirements.
• NDIA assessors require more training about disability and the scheme.
• The next National Disability Strategy requires further monitoring, implementation support, and disability-disaggregated data collection.
• How to address the needs of those not eligible for the NDIS still need to be decided.

Sources
• The National Disability Insurance Scheme: a quick guide
• People with disability in Australia
• National Disability Insurance Scheme Bill 2012

Further links & information
• NDIS Website