

Integrity of the National Disability Insurance Scheme
Submission 15

Submission to the Joint Standing Committee on the National Disability Insurance Scheme
Inquiry into the Integrity of the National Disability Insurance Scheme



239 A'Beckett St
Melbourne VIC 3003
M 0478 783 489 | W www.ncwvic.org.au
E info@ncwvic.org.au
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Executive Summary

We make this submission as the National Council of Women Victoria, a non-partisan organisation that has represented the voices of women across Victoria for over a century. The Council brings together a diverse network of member organisations and individuals to advocate for policies that advance equality, safety, and wellbeing for women and girls. This submission is also informed by the work of Away from Keyboard Inc., a member organisation of the Council, which focuses on digital safety and the prevention of harm through education, advocacy, and systems change.

Sarah Barnbrook, Founder and CEO of Away from Keyboard Inc., is an adviser to the National Council of Women Victoria across communication, human rights, ICT, regional and rural women, and youth portfolios. In these roles, she provides advice on emerging technologies and their implications for human rights, with a focus on how system design can either prevent or enable harm. Sarah also serves as the national co-lead for the Digital Safety Futures project with Soroptimist International Australia.

We provide this submission to support the Committee's work in strengthening the integrity of the National Disability Insurance Scheme. Our aim is to bring forward the lived realities of participants, carers, and families, particularly those in regional communities, and to highlight where the system is not yet delivering the safe and sustainable outcomes it is designed to achieve.

At the centre of this submission is a clear concern. The Scheme is capable of identifying risk. What is less consistent is how the Scheme responds once that risk is identified.

Across lived experience and broader engagement, we continue to observe situations where professional assessments identify the level of support required for safe care, yet funded plans do not reflect that level. In these circumstances, the participant's needs do not reduce. The requirement for safe care remains constant. What changes is how that care is delivered.

In practice, the gap is absorbed within the household. Care is delivered by unpaid carers, often without formal recognition, without an assessment of their capacity, and without consideration of the long-term sustainability of that arrangement.

We are particularly concerned about the increasing use of structured and automated assessment systems, which can shape decisions about care in ways that are not always transparent and may not fully reflect individual circumstances.

This submission provides a case study that illustrates this issue in practice. In this case, a participant was assessed as requiring two-person support to ensure safe care. At the same time, the unpaid carer's capacity had reduced due to a serious physical injury, and the informal care arrangement had changed. Despite this, the resulting plan reduced effective support coverage.

The outcome was not a reduction in need. It was a redistribution of risk.

We are concerned that these patterns raise important questions about the integrity of the Scheme, particularly where administrative processes acknowledge risk but do not result in protective outcomes. While these practices may not meet the traditional definition of fraud or misconduct, they may reflect forms of administrative behaviour that are inconsistent with the safeguarding intent of the NDIS.

We also highlight the broader impacts. Participants may receive care under unsafe conditions. Unpaid carers experience cumulative physical strain, emotional pressure, and long-term financial disadvantage. These impacts are disproportionately borne by women and, in some cases, extend to children within the household. In regional areas, these challenges are intensified by workforce shortages and limited access to services.

The increasing reliance on unpaid carers within the NDIS also raises broader policy coherence concerns. Where funded supports do not meet assessed need, care responsibilities are frequently transferred into the household, most often to women. This appears inconsistent with the Australian Government's National Strategy to Achieve Gender Equality, particularly Priority Area 2: Unpaid and Paid Care, which recognises that unequal caring responsibilities undermine women's economic security, reduce workforce participation, and entrench long-term inequality. Where public systems depend on unpaid female labour to absorb support shortfalls, this risks reinforcing the very structural barriers the Commonwealth has committed to dismantle. We recommend a stronger alignment between evidence, decision-making, and outcomes. This includes clear escalation pathways when risk is identified, transparency where funding does not match assessed need, formal recognition of unpaid care, and strengthened accountability across administrative and digital systems.

We hope this submission supports the Committee in its work. Strengthening the integrity of the NDIS requires ensuring that when risk is known, action follows, and that the system delivers outcomes that are safe, sustainable, and fair in practice.

Introduction

This submission examines how the National Disability Insurance Scheme operates in practice when professional assessments, administrative processes, and real-world care arrangements intersect.

The focus is not on individual decisions in isolation, but on recurring system behaviours that emerge across multiple cases and contexts. These behaviours become visible when there is a gap between what the system identifies as necessary for safe care and what is ultimately funded and delivered.

Through engagement with carers, families, and community organisations, particularly in regional settings, consistent patterns have emerged. These patterns suggest that while the Scheme is capable of identifying need and risk, it does not always respond in a way that ensures those risks are reduced or managed.

This submission addresses systemic practices within the Scheme that raise integrity concerns, particularly where administrative processes acknowledge risk but do not result in protective outcomes.

System Integrity in Practice

The integrity of the NDIS is often framed in terms of compliance with rules, appropriate use of funding, and the conduct of providers. These are important considerations. However, integrity is also shaped by how the system behaves when it receives information and makes decisions.

In practice, there are circumstances where administrative processes operate as intended. Assessments are completed, evidence is recorded, and plans are issued. From a procedural perspective, the system appears complete.

However, the outcome of that process does not resolve the issue that gave rise to the need for support. The level of risk identified in assessments remains present in the participant's daily life.

This creates a disconnect between process and outcome. The system may meet procedural requirements while failing to achieve its underlying purpose, which is to enable safe and appropriate support.

Where risk is documented but not acted upon, the system allows that risk to persist. Over time, this raises questions about whether the administrative framework is capable of delivering on its safeguarding intent.

These practices raise questions about whether current processes meet the Scheme's safeguarding obligations and may constitute forms of administrative non-compliance in practice.

How Assessed Need Translates into Daily Care

Within the NDIS, support needs are identified through professional assessments that determine what is required for a participant to live safely and with dignity.

In more complex cases, these assessments identify that certain tasks require two people to be present at the same time, based on considerations such as physical safety, manual handling risks, and the need for continuous supervision.

The expectation is that these assessments inform the participant's plan and the level of funded support that is provided.

However, there are situations where the level of funded support does not reflect the level of need identified in the assessment. When this occurs, the participant's needs do not change. The requirement for safe care remains constant.

The practical question that arises is straightforward. If the system identifies the level of care required for safety, who is expected to provide that care outside the hours that funded supports are in place?

In practice, the care is delivered informally by unpaid carers. This expectation is rarely made explicit, and there is no consistent process to assess whether it is safe, sustainable, or even possible.

This creates a structural inconsistency. The system identifies what is required for safe care but does not ensure that this level of care is delivered through funded and supported arrangements.

Case Study: Escalation of Risk Despite Evidence

One member of our organisation has provided a clear example of how these dynamics may operate in practice.

A professional assessment identified that the participant required two-person support to safely meet care needs. At the same time, the unpaid carer had documented medical evidence confirming serious physical injury requiring future surgical intervention, and the informal care arrangement had changed.

Despite this, the resulting plan reduced effective support coverage, placing more pressure on the unpaid carer to deliver more care each day, despite knowing she was impaired.

The participant's needs did not reduce. The safety requirements did not reduce. The only change was how the unmet need was managed.

Reduced funded support increased reliance on unpaid care despite clear evidence that the carer's capacity had already been compromised.

This illustrates a critical governance issue. The system had access to relevant information but did not respond in alignment with it.

As a result, risk was not reduced. It was redistributed.

Impact on Participants and Families

Where funded supports do not align with assessed need, impacts on participants can be immediate. Care may be delivered under unsafe conditions, compromising safety, dignity and continuity of support.

The impact extends beyond the participant. The impact extends to families and carers. They absorb the gap through unpaid care, resulting in physical strain, emotional pressure, and reduced financial stability.

Over time, these pressures can produce cumulative harm and entrenched disadvantage, particularly for women.

Broader Economic and Gender Equality Impacts

Where formal supports are not funded at assessed levels, costs do not disappear. They are transferred through unpaid labour, reduced paid work hours, foregone earnings, injury, superannuation loss and future health burdens borne by carers and other public systems.

These impacts are strongly gendered. Women remain the majority of primary carers for people with disability and older Australians. As a result, women are more likely to absorb the economic consequences of support shortfalls.

If one arm of government seeks to improve women's economic equality while another increasingly relies on unpaid female care labour to sustain service gaps, policy settings risk working against each other.

Human Rights Implications

These issues reflect how rights are experienced in practice. Participants rely on the system to ensure safe and dignified care. When this is not delivered, those rights are not fully realised.

Carers also have rights to health and safety. In the case outlined, the carer has sustained a serious injury as a result of providing care.

Where care cannot be safely withdrawn, the expectation that it continue may not be experienced as a genuine or freely made choice.

Impact on Children and Young People

Care arrangements relying heavily on informal support affect children within the household.

Children may be exposed to high-demand care environments, emotional stress, or responsibilities beyond their developmental stage.

This represents a safeguarding concern that warrants greater policy attention.

Regional and Rural Context

These issues can be intensified in regional and rural communities where workforce shortages, travel distances and limited provider availability constrain access to formal supports.

In such settings, unpaid care can become the default not by preference, but by necessity.

Administrative Systems, Automation, and Accountability

The increasing use of structured assessment tools, digital systems, and automated processes has changed how decisions are made within the Scheme.

These systems are often described as supporting consistency and efficiency. In practice, they do more than organise information. They shape how need is interpreted, what evidence is prioritised, and what outcomes are considered reasonable.

Tools such as standardised assessment frameworks translate complex human circumstances into structured inputs. While this can assist decision-making, it can also reduce nuance and compress individual experiences into predefined categories.

This becomes particularly significant in safety-critical contexts. Disability support decisions determine whether care can be delivered safely.

Where structured or automated systems influence these decisions, there is a risk that clinical recommendations are moderated by system constraints and that decisions reflect what the system can accommodate rather than what is required.

Repeated use of these systems across reviews may reproduce the same logic, limiting responsiveness to new evidence.

Automation does not remove responsibility, but it can obscure it.

The issues outlined in this submission demonstrate that the integrity of the NDIS is not only shaped by compliance with process, but by whether those processes result in safe and effective outcomes. Where risk is identified but not acted upon, the system does not eliminate that risk. It transfers it. The following recommendations are intended to address this gap by strengthening how the Scheme responds to evidence, manages risk, and supports sustainable care arrangements in practice.

Recommendations

- 1. The Committee should recommend clear escalation requirements where identified risks must be addressed within defined timeframes.** Where professional assessments or other evidence identify that current care arrangements are unsafe, there should be a clear obligation for the system to respond within a specified timeframe. At present, risk can be recorded without triggering meaningful action. Introducing escalation requirements would ensure that identified risks lead to intervention, rather than remaining within administrative records without resolution.
- 2. The Committee should recommend transparent alignment between assessed need and funded support.** Where a participant is assessed as requiring a particular level of care for safety, and the funded plan does not reflect that level, the reasoning should be clearly documented. This should include an explanation of how any shortfall in care is expected to be addressed. Without this transparency, responsibility for delivering care is effectively shifted without acknowledgement, making it difficult to assess whether arrangements are safe or sustainable.
- 3. The Committee should recommend formal recognition and assessment of unpaid care.** Unpaid care currently functions as a critical but largely invisible component of the system. Where informal carers are relied upon, their capacity, health, and ability to sustain care over time should be explicitly assessed. This would allow decision-making to reflect the actual conditions in which care is being delivered, rather than assuming that unpaid support is always available and without consequence.
- 4. The Committee should recommend strengthened accountability mechanisms.** Responsibility for decisions within the Scheme is often distributed across multiple roles and processes. This can make it difficult to identify who is responsible when outcomes do not align with known risk. Strengthening accountability would involve clearly defining responsibility for integrating evidence, making decisions, and ensuring that identified risks are addressed. This would support more consistent and reliable outcomes.
- 5. The Committee should recommend a review of structured and automated systems to ensure they support human judgement.** Structured assessment tools and automated systems play an increasing role in decision-making. While they can support consistency, there is a risk that they constrain professional judgement, particularly in complex or safety-critical situations. A review should ensure that these systems are used to inform decisions, not determine them, and that human judgement remains central where safety is at stake.
- 6. The Committee should recommend transparency in how automated tools influence decisions.** Participants and carers are often not aware of how structured or automated systems contribute to decisions about support. Greater transparency would include clear communication about how assessments are interpreted, how outcomes are generated, and

how different inputs are weighted. This would support fairness, build trust, and enable more meaningful engagement with the decision-making process.

- 7. The Committee should recommend independent reassessment in review processes.**
Review and appeal processes should provide a genuine opportunity to reconsider decisions. Where the same structured tools or frameworks are applied without change, there is a risk that the original outcome is reproduced rather than reassessed. Ensuring independence in review processes would allow new evidence, changing circumstances, and escalating risk to be properly considered.
- 8. The Committee should recommend policy alignment with regional realities.**
Planning and funding decisions should reflect the actual availability of services, particularly in regional and rural areas. Workforce shortages and limited provider access mean that supports cannot always be delivered as planned. Policies should account for these constraints to ensure that plans are realistic and that participants are not disadvantaged by where they live.
- 9. The Committee should recommend expanded safeguarding frameworks.**
Safeguarding within the Scheme should extend beyond the participant to consider the broader care environment. This includes the wellbeing of unpaid carers and the impact on children within the household. Where care arrangements rely heavily on informal support, this should be recognised as a factor that may increase risk and require additional attention.
- 10. The Committee should recommend recognition of the long-term impacts of unpaid care.**
Sustained unpaid care has significant long-term consequences, including impacts on physical health, workforce participation, and financial security. These effects are often experienced over years and are disproportionately borne by women. Recognising these impacts within the Scheme would support more equitable and sustainable care arrangements.
- 11. The Committee should recommend alignment between NDIS settings and the National Gender Equality Strategy.**
NDIS policy and planning settings should be reviewed to ensure they do not unintentionally increase unpaid caring burdens, reduce women's workforce participation, or shift disability support costs into households. Scheme design should support gender equality objectives by recognising care labour, reducing structural disincentives to paid work, and ensuring formal supports are adequate where assessed need exists.

Conclusion

This submission has outlined a consistent pattern in how the National Disability Insurance Scheme operates when risk is identified.

The system is capable of recognising need through professional assessments and evidence.

However, there are circumstances where that recognition does not translate into outcomes that ensure safe and sustainable care. When this occurs, the responsibility for managing risk does not remain within the system. It is transferred into the household, where it is absorbed by unpaid carers and, in some cases, by children.

This transfer of responsibility is not always visible within administrative processes, but it is experienced in practice. It is reflected in physical injury, in sustained pressure on families, and in long-term impacts on health, participation, and financial security. These impacts are not incidental. They are a foreseeable consequence of decisions that do not align with identified need.

The increasing use of structured and automated systems adds a further layer of complexity. Where these systems shape how need is interpreted and decisions are made, there is a risk that safety-critical judgement becomes constrained by system logic. This makes it more difficult to ensure that decisions remain responsive to individual circumstances and evolving risk.

The integrity of the Scheme is not determined solely by whether processes are followed. It is determined by whether those processes lead to outcomes that protect people. Where risk is known, there is an expectation that action will follow, and that the system will respond in a way that reduces harm rather than redistributes it.

The economic impact of unpaid care is substantial and gendered. Women make up the majority of primary carers for people with disability and older Australians, and primary carers are nearly twice as likely to fall within the lowest income quintile compared with non-carers. When NDIS support gaps require families to provide additional unpaid care, the likely consequences include reduced paid work hours, interrupted careers, lower superannuation accumulation, and heightened long-term poverty risk. This is particularly significant for regional women, sole parents, and carers with disabilities themselves.

This submission is offered in support of the Committee's work to strengthen that alignment. Ensuring that evidence, decision-making, and outcomes are connected in practice is essential to maintaining confidence in the Scheme and to ensuring that it delivers on its purpose.

Elida Brereton

Elida Brereton
President, National Council of Women
Victoria Inc

Sarah Barnbrook

Sarah Barnbrook
Founder & CEO, Away from Keyboard Inc.
Advisor, National Council of Women
Victoria
Digital Safety Futures Co-Lead, Soroptimist
International Australia