

Submission to the Inquiry into the National Disability Insurance Scheme Amendment (Integrity and Safeguarding) Bill 2025

Submitted by: An NDIS Participant (name withheld)

### 1. Introduction

I am an NDIS participant with complex, high support needs arising from a neurological disability and multiple co-occurring medical conditions. I am also a parent to children, including children who are NDIS participants.

I make this submission to explain how the National Disability Insurance Scheme Amendment (Integrity and Safeguarding) Bill 2025 is negatively affecting participant safety, health, and wellbeing.

While the stated intent of the Bill is to improve integrity and safeguarding, the lived reality for participants with complex needs is increased harm, administrative burden, and risk, while misuse of the scheme remains largely unaddressed.

### 2. Life-Critical Supports and Repeated Reviews

For participants with complex disabilities, NDIS supports are life-preserving rather than discretionary.

Repeated reviews and reassessments are required to access or retain supports essential to survival, including assistance with transfers, personal care, medical feeding supports, and continuous safety supervision.

These processes are destabilising and have, in multiple cases, preceded hospital admissions for malnutrition, dehydration, and functional collapse.

This cycle is not safeguarding. It is systemic harm.

### 3. Integrity Measures That Disproportionately Harm Disabled People

Integrity measures disproportionately impact participants with complex or fluctuating disabilities through narrow interpretations of reasonable and necessary supports, administrative rejection of clinical evidence, and harmful delays.

These measures fail to meaningfully address deliberate misuse of the scheme.

### 4. Harm Resulting From Cuts and Delays

Participants are being placed at serious risk due to funding cuts, delays, and refusals.

Approving equipment without staffing to use it safely creates an illusion of support while increasing risk of injury or hospitalisation.

### 5. Degrading and Wasteful Administrative Burden

Participants are required to submit extensive clinical evidence that is often not meaningfully considered by decision-makers lacking disability expertise.

This is degrading for participants and a waste of public funds.

### 6. Lack of Disability Expertise in Decision-Making

Safeguarding cannot occur without disability-informed, clinically literate decision-making.

### 7. What Safeguarding Should Mean

True safeguarding must prioritise participant safety, prevention of harm, trained NDIA staff, and respect for multidisciplinary evidence.

### 8. Key Recommendations

- Ensure senior, disability-trained planners assess participants with complex needs
- Prioritise participant safety and health over cost containment
- Respect multidisciplinary clinical evidence in decision-making
- Provide interim supports where risk is known
- Focus integrity measures on misuse, not disabled participants

### 9. Conclusion

The Integrity and Safeguarding Bill 2025 risks increasing harm for people with complex disabilities. Disabled people deserve a system that values expertise, trusts evidence, and prioritises human life and wellbeing.