Submission on the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026

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1. Executive summary

This submission responds to the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026.

My position is that the Bill presents an unacceptable level of risk to disabled people, NDIS participants, families, workers, providers, state and territory service systems, and the long-term integrity of the NDIS.

The Bill should be withdrawn.

The Government should work with disabled people, families, carers, First Nations communities, people with communication support needs, self-managers, providers, workers, advocates, states and territories, and Disabled People's Organisations to redesign the reforms.

The Bill does not merely make technical amendments. It creates broad new powers to reduce funding, narrow access, suspend or revoke plans, automate decisions, restrict reassessments, shift costs to other service systems, and reshape the provider market.

Many of the most serious impacts will be determined later through rules, legislative instruments, operational guidance, assessment tools and administrative systems. This means Parliament is being asked to pass a Bill before the community can properly understand who will lose support, who will be redirected to other systems, how funding will be calculated, and what safeguards will exist in practice.

The risk is too high.

If the Bill is not withdrawn, the Senate committee process must be extended. The committee should allow more time for consultation, public hearings, independent modelling, accessible community engagement, and detailed evaluation of the Bill's practical impact.

2. Primary recommendations

Recommendation 1

The Bill should be withdrawn.

The Government should recommence the reform process in genuine partnership with disabled people and their representative organisations, consistent with the principle of nothing about us without us.

Recommendation 2

If the Bill is not withdrawn, the Senate committee should extend the inquiry timeframe to allow meaningful consultation and evaluation.

This should include accessible hearings, Easy English materials, targeted engagement with people most affected by the Bill, and enough time for the community to analyse the rules, instruments, tools and modelling that sit behind the Bill.

Recommendation 3

The Government should release all relevant modelling before the Bill proceeds, including modelling on:

- who is expected to lose NDIS access;
- who is expected to receive reduced plan funding;
- the impact on children, autistic people, people with psychosocial disability, people with intellectual disability, people with communication support needs and people with multiple impairments;
- the impact on social and community participation;
- the impact on self-management and direct employment;

- the impact on regional, rural and remote participants;
- cost-shifting to state and territory systems;
- workforce and market impacts;
- expected use of automated decision-making.

Recommendation 4

No power to reduce funding across a support category should commence unless individual safeguards, merits review rights and minimum service guarantees are included in the legislation.

Recommendation 5

No access changes should commence until Foundational Supports, Thriving Kids, state and territory services, and mainstream systems are fully operational, properly funded, independently evaluated and proven to be accessible.

Recommendation 6

The Bill should be amended to protect self-management, direct employment, trusted personal care arrangements, communication rights, and participant choice and control.

Recommendation 7

Automated decision-making should not proceed unless there are strong legislative safeguards, transparent rules, human review, accessible reasons, independent auditing, and a clear right to challenge decisions.

3. Risk assessment summary

This submission assesses the Bill as a high-risk reform package.

The Bill carries high risk because it combines several major changes at once:

- tighter access requirements;
- narrower interpretation of reasonable and necessary supports;
- new powers to reduce funding by support category;
- changes to plan renewals and unspent funds;
- tighter rules for participant-requested reassessments;
- suspension and possible revocation of plans where participants are considered not contactable;
- increased reliance on other service systems;
- expanded provider registration and compliance powers;
- possible disruption to personal care and self-directed support arrangements;
- plan management market restructuring;
- record-keeping and claiming time limits;
- automated decision-making.

Each of these changes carries risk on its own. Together, they create a reform package that could fundamentally reduce access to support before replacement systems are ready.

The Bill should not proceed in its current form.

No.	Risk area	Risk rating	Why it matters
1	Broad funding reduction powers	**Extreme**	Category-wide reductions may reduce funding below what a participant needs to purchase supports.

No.	Risk area	Risk rating	Why it matters
2	Social and community participation reductions	**Extreme**	May increase isolation, carer pressure, crisis and safeguarding risk.
3	Narrow "direct impairment" test	**High**	May fragment people with multiple or interacting impairments and exclude necessary supports.
4	Tighter participant-requested reassessments	**High**	May leave people unsupported when urgent or serious changes do not fit narrow criteria.
5	Plan suspension and revocation for non-response	**Extreme**	May punish people who are unsafe, disconnected, hospitalised, homeless or communication disabled.
6	Access changes before replacement systems exist	**Extreme**	May redirect people to Foundational Supports, Thriving Kids or mainstream systems before those systems are ready.
7	Cost-shifting to states and territories	**High**	May increase pressure on health, education, housing, justice, child and compensation systems.
8	Mandatory registration and personal care	**High**	May reduce trusted workers, direct employment, self-management and thin market supply if poorly designed.
9	Automated decision-making	**High**	May make rigid or opaque decisions without enough human review or accessible reasons.
10	Administrative burden on participants and self-managers	**Medium to high**	May penalise honest mistakes, disability-related barriers or provider failures.

4. Risk 1: Broad funding reduction powers

The Bill creates a mechanism for funding to be reduced across specified groups of supports. This creates one of the highest risks in the Bill.

The concern is not only that funding may be reduced. The concern is that funding may be reduced by category rather than by a proper individual assessment of need.

This means a participant may have a plan that recognises a support need, but the funding available to purchase that support may be reduced below the actual cost of the support.

This is especially concerning for supports such as:

☐ social and community participation;
☐ transport;
☐ support coordination;
☐ psychosocial recovery coaching;
☐ daily living supports;
☐ behaviour support;
☐ assistive technology;

- home modifications;
- other supports that enable people to live safely and participate in community life.

Why this is high risk

A category-wide funding reduction may not account for individual circumstances such as:

- communication support needs;
- family violence;
- lack of informal supports;
- rural and remote service gaps;
- thin markets;
- cultural safety;
- complex behaviour support needs;
- safeguarding risks;
- transport barriers;
- housing instability;
- hospital discharge needs;
- the cumulative impact of multiple impairments.

Recommendation: The Bill should remove the power to reduce funding by support category. If any such power remains, it must include individual assessment, a clear safety test, accessible notice and reasons, merits review rights, and protections against reducing support below what is needed for safe and dignified living.

5. Risk 2: Social and community participation may be treated as optional

A major concern is that social and community participation may be treated as less important than personal care or daily living support.

This is a false distinction.

Social and community participation is not a luxury. It is often the support that enables disabled people to:

- leave home;
- maintain relationships;
- participate in culture, community and civic life;
- study or work;
- attend appointments;
- reduce isolation;
- build independence;
- maintain mental health;
- prevent crisis;
- reduce family and carer pressure;
- stay visible and connected to safeguards.

Isolation is a safeguarding risk.

When disabled people are cut off from community, the risk of abuse, neglect, violence, poor mental health, carer burnout and crisis increases.

Recommendation: The Bill should not allow broad reductions to social and community participation funding. Any reform to community participation supports must be co-designed with disabled people and must protect people who require one-to-one, relationship-based, communication-aware or trauma-informed support to participate safely.

6. Risk 3: Narrowing supports to needs arising directly from eligible impairments

The Bill narrows the link between a participant’s support needs and the impairment or impairments that made them eligible for the NDIS.

This creates a serious risk for people with complex, multiple, overlapping or fluctuating impairments.

Disabled people do not live in separate diagnostic boxes. A person’s support needs often arise from the interaction between physical, intellectual, sensory, psychosocial, cognitive, communication, chronic health and environmental factors.

A narrow direct impairment test may lead to decision-makers splitting a participant into eligible and ineligible parts.

Example of risk

A participant may enter the NDIS because of a physical impairment but also have ADHD, chronic pain, autism, psychosocial disability or a communication impairment. Under a narrow approach, supports connected to those other impairments may be excluded unless the participant can prove they also meet access requirements for those impairments.

This may increase disputes, evidence costs and unfair decisions.

Recommendation: The Bill should be amended so that reasonable and necessary supports are assessed holistically, based on the participant’s real functional support needs and the interaction between impairments, environments and circumstances. The legislation should prevent decision-makers from excluding necessary supports merely because a person has multiple impairments or complex disability.

7. Risk 4: Tighter reassessment rules may leave people unsupported in crisis

The Bill limits when participants can request unscheduled plan reassessments.

I recognise the need to prevent provider-driven plan inflation. However, the proposed approach may go too far and may stop people getting support when their circumstances change.

A participant may need urgent extra support because of:

☐ loss of a carer;
☐ family violence;
☐ provider failure;
☐ hospital discharge;
☐ mental health crisis;
☐ housing instability;
☐ sudden workforce shortages;
☐ bereavement;
☐ communication breakdown;
☐ school exclusion;
☐ employment changes;
☐ deterioration in informal supports;
☐ underfunding in the original plan.

Not all serious changes are permanent. Not all urgent changes fit neatly into the Bill’s categories.

Recommendation: The Bill should preserve a broad and accessible right to request reassessment where a participant's support needs cannot be safely met under their current plan. The legislation should include a fast, accessible pathway for urgent reassessment or interim funding where there is risk of harm, isolation, family breakdown, hospitalisation, homelessness or loss of essential support.

8. Risk 5: Plan suspension and revocation for being not contactable

The Bill allows a participant's plan to be suspended where the NDIA has made reasonable attempts to contact the participant and the participant has not responded to requests for relevant information. A participant's status may later be revoked.

This is a very high-risk proposal.

The people most likely to be considered not contactable may be people experiencing the highest risk, including people who:

☐ use communication supports;
☐ have intellectual disability;
☐ have psychosocial disability;
☐ have cognitive disability or brain injury;
☐ are in hospital;
☐ are homeless or in unstable housing;
☐ are experiencing family violence;
☐ rely on an unsafe nominee;
☐ have limited digital access;
☐ have language or literacy barriers;
☐ are in prison or transitioning from prison;
☐ are disconnected from services;
☐ have been neglected by providers or informal supports.

Non-response should not be treated as evidence that support is not needed. It may be evidence that the person is unsafe.

Recommendation: The plan suspension and revocation provisions should be removed. If they remain, the Bill must include mandatory risk screening, independent advocacy, accessible communication, family violence and homelessness checks, no suspension of essential supports without human review, review rights, reinstatement protections and public reporting.

9. Risk 6: Access changes before replacement supports exist

The Bill is linked to broader reform, including Foundational Supports and Thriving Kids.

The central risk is timing.

People may lose access to the NDIS, or be denied access to the NDIS, before alternative supports are available, funded, accessible and enforceable.

This creates particular risk for:

☐ children with developmental delay;
☐ autistic children;
☐ children with low to "moderate" support needs;
☐ families in regional and rural areas;
☐ people with psychosocial disability;
☐ people with chronic and complex conditions;

- people with communication support needs;
- people who require early intervention;
- people who rely on thin or specialist markets.

Recommendation: No access changes should commence until replacement systems are fully operational and independently evaluated. The Government should publish service guarantees for Foundational Supports, Thriving Kids and mainstream systems before any participant is excluded, redirected or removed from the NDIS.

10. Risk 7: Cost-shifting to state and territory governments

The Bill may reduce Commonwealth NDIS expenditure by shifting demand to state and territory systems.

This affects health, mental health, education, early childhood, child protection, housing, justice, public transport, community services, workers compensation and motor accident schemes.

Many of these systems are already under pressure.

If the NDIS narrows access before other systems are ready, disabled people may be bounced between systems.

Recommendation: The Bill should not proceed until there is public modelling of the expected impact on state and territory systems. States and territories should not be asked to agree to rules or implementation timelines without clear funding, workforce plans, service guarantees and accountability mechanisms.

11. Risk 8: Mandatory registration and personal care

Personal care is a high-safeguarding area. It can involve intimate support such as showering, toileting, dressing, menstrual care, transfers, eating, medication prompts and overnight routines.

Stronger safeguards may be appropriate.

However, mandatory registration of personal care also creates risks if it is not designed carefully.

Participants may lose trusted workers. Sole traders and small providers may leave the market. Direct employment may become harder. Thin markets may become thinner. Large providers may gain more control. Participants may be pushed into agency models that are less flexible, less personal and sometimes less safe.

Personal care safety is not only about provider registration. It is also about trust, communication, consent, continuity, cultural safety, relationship, worker skill and the participant’s ability to choose who supports their body.

Recommendation: Personal care registration must be risk-proportionate and designed to protect self-directed support. The legislation and rules should guarantee that self-management and direct employment remain available, trusted workers can transition without participants losing support, registration costs are not shifted onto participants, thin markets are protected, and registration does not become a backdoor reduction in choice and control.

12. Risk 9: Automated decision-making

The Bill enables automated decision-making in the NDIS.

This is high risk because NDIS decisions are often complex, personal and context-dependent.

Even where a decision appears administrative or objective, there may be important context behind it. For example, a late claim may be caused by disability, hospitalisation, family violence, provider failure, technology barriers, nominee failure or communication barriers.

Automation can make decisions faster, but speed is not fairness.

Recommendation: Automated decision-making should not proceed without strong legislative safeguards. At minimum, the Bill should require public disclosure, accessible reasons, immediate human review, independent auditing, disability impact testing, publication of error rates, protection against discriminatory outcomes, and a clear rule that safeguard failures can invalidate affected decisions.

13. Risk 10: Increased administrative burden on participants and self-managers

The Bill introduces or strengthens record-keeping, claiming timeframes and compliance expectations.

These changes may be intended to reduce fraud, but they may also create new burdens for participants, nominees and self-managers.

Self-management is an important expression of choice and control. Many participants self-manage because it allows them to employ trusted workers, use flexible arrangements, respond to thin markets and design supports around their actual life.

Administrative complexity should not be used to push people away from self-management.

Recommendation: The Bill should include specific protections for self-managers, including accessible guidance, transition periods, practical record-keeping tools, disability-related exemptions, and safeguards to ensure participants are not penalised for honest mistakes or provider failures.

14. Human rights concerns

This is my personal submission. I am concerned that this Bill, as written, presents the biggest risk to the human rights foundations of the NDIS since the Scheme was created.

The NDIS was not created as a welfare program or a discretionary charity program. It was created as part of Australia's disability rights framework. The objects of the NDIS Act include giving effect to Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities, known as the UNCRPD.

The UNCRPD framework matters because it changes the question from:

"How much support can government afford to give disabled people?"

To: "What supports are required so disabled people can live with dignity, equality, freedom, safety and real participation in community life?"

The Bill moves the NDIS further away from that rights-based foundation. It places financial sustainability, scheme control, fraud response and administrative efficiency at the centre of the legislation, while leaving too many participant rights to later rules, instruments, assessment tools and operational decisions.

I do not dispute that the NDIS needs reform. I do not dispute that fraud should be addressed. I do not dispute that public money should be used carefully. But reform must strengthen rights, not weaken them. It must make the Scheme fairer, safer, clearer and more accountable. This Bill does not do that in its current form.

The Government's own human rights material recognises that the Bill engages several UNCRPD rights, including the rights of disabled people under Articles 3, 4(3), 19 and 28, the right to freedom from exploitation, violence and abuse under Article 16, the right to health under Article 25, equality and non-discrimination, privacy, and the obligation to progressively realise rights.

That acknowledgement is important. It confirms that this Bill is not just administrative. It directly affects how disabled people live, move, communicate, participate, stay safe, access support, and exercise choice and control.

In my view, the Bill creates an unacceptable risk of retrogression. Instead of progressively realising disabled people's rights, the Bill may reduce practical access to support before alternative systems are available, enforceable or proven to work.

Examples of how the Bill may impact the UNCRPD framework

1. Independent living and community inclusion

Article 19 of the UNCRPD recognises the right of disabled people to live independently and be included in the community. The Bill risks undermining this right by allowing broad funding reductions to groups of supports, including supports that enable people to leave home, participate in community life, build relationships, study, work, volunteer and stay connected. Social and community participation is not optional. It is often the difference between being part of the community and being isolated at home. If the Bill allows community participation supports to be reduced without individual assessment, disabled people may lose the practical support required to exercise their Article 19 rights.

2. Equality and non-discrimination

Articles 3 and 5 of the UNCRPD require equality and non-discrimination. The Bill risks creating unequal outcomes for people with complex, multiple or interacting impairments. The proposed focus on needs arising directly from an eligible impairment may split people into separate diagnostic categories, even though disabled people experience their lives as whole people. This may particularly disadvantage people with psychosocial disability, cognitive disability, communication support needs, chronic illness, neurodivergence, multiple impairments and fluctuating support needs. A person should not lose necessary support because their disability does not fit neatly into the NDIA's preferred legal category.

3. Participation in decisions that affect disabled people

Article 4(3) of the UNCRPD requires governments to closely consult with and actively involve disabled people, including through their representative organisations, when developing laws and policies that affect them. This Bill leaves many of the most important details to later rules, legislative instruments, assessment tools, operational guidance and automated systems. That means disabled people are being asked to respond to a reform package without seeing the full design. Consultation after the core legislative architecture has been decided is not enough. Consultation must be early, accessible, informed and capable of changing the outcome. The Bill should be withdrawn and redesigned with disabled people, not passed first and consulted on later.

4. Freedom from violence, abuse, neglect and exploitation

Article 16 of the UNCRPD requires governments to protect disabled people from violence, abuse, neglect and exploitation. Some parts of the Bill are presented as safeguarding measures. However, the Bill may also create new safeguarding risks. For example, reducing community participation, support coordination, trusted personal care arrangements, plan management choice, or self-directed support may make some people less visible and less safe. The suspension and revocation provisions are especially concerning. A participant who is not contactable may be unsafe, isolated, hospitalised, homeless, experiencing family violence, relying on an unsafe nominee, or unable to communicate in the way the NDIA expects. Non-response should trigger support and safeguarding, not punishment.

5. Adequate standard of living, social protection and progressive realisation

Article 28 of the UNCRPD recognises disabled people's right to an adequate standard of living and social protection. Article 4(2) requires governments to progressively realise economic, social and cultural rights using the maximum of available resources. The Bill frames sustainability as necessary to protect the NDIS for the future. But sustainability cannot be achieved by reducing current disabled people's practical access to essential support without strong safeguards. If a person's plan recognises that they need support, but a funding determination reduces the money available to buy that support, the right becomes theoretical rather than real. A human right that cannot be exercised in practice is not a meaningful right.

Recommendation: The Bill should be withdrawn because it presents an unacceptable risk to the UNCRPD foundations of the NDIS. If the Bill is not withdrawn, it should not proceed until there has been an independent human rights assessment led by disabled people and their representative organisations.

That assessment should examine whether the Bill is compatible with:

- Article 3, general principles;
- Article 4(3), consultation and active involvement;
- Article 5, equality and non-discrimination;
- Article 9, accessibility;
- Article 12, equal recognition before the law;
- Article 16, freedom from violence, abuse, neglect and exploitation;
- Article 19, independent living and community inclusion;
- Article 20, personal mobility;
- Article 21, access to information and communication;
- Article 25, health;
- Article 26, habilitation and rehabilitation;
- Article 27, work and employment;
- Article 28, adequate standard of living and social protection;
- Article 30, participation in cultural life, recreation, leisure and sport.

The Senate committee should require the Government to explain, in practical terms, how each major measure in the Bill will protect or improve disabled people's rights, not merely how it will reduce expenditure.

15. Consultation concerns

The reforms are too significant to proceed without deeper community engagement.

Many of the most important details are not fully contained in the Bill. They will be decided later through rules, instruments, assessment tools, pricing decisions, operational guidance and automated systems.

That means the community is being asked to respond to a reform package without seeing the full design.

Consultation must be capable of changing the outcome. It cannot simply occur after the core decisions have already been made.

Recommendation: The Senate committee should not proceed on a compressed timeline. If the Bill is not withdrawn, the committee should extend the submission period, hold public hearings in every state and territory, provide Easy English, Auslan, captioned and screen-reader accessible materials, fund participation by disabled people and grassroots organisations, hear from self-managers and people with communication support needs, require the Government to release modelling and draft rules, and publish a detailed risk assessment before reporting.

16. Conclusion

This Bill asks disabled people to accept a very high level of risk.

It risks reducing support before replacement systems exist. It risks narrowing access before the community has seen the rules. It risks treating community participation as optional. It risks fragmenting people with multiple impairments. It risks suspending people who are hardest to contact. It risks automating decisions in a system already difficult to navigate. It risks shifting costs to state and territory systems that are not ready. It risks undermining self-management and trusted personal care arrangements.

The NDIS needs reform, but reform must make the Scheme fairer, safer, more transparent and more rights-based.

This Bill does not yet meet that test.

The Bill should be withdrawn and redesigned with disabled people and their representative organisations.

If the Bill is not withdrawn, the Senate committee must allow more time for consultation, evidence, modelling and evaluation before Parliament is asked to proceed.

Appendix: Summary of recommendations

No.	Recommendation
1	Withdraw the Bill.
2	If the Bill is not withdrawn, extend the Senate committee process.
3	Release modelling on access, funding, state system impacts, workforce impacts and participant outcomes.
4	Remove or heavily constrain support determination powers.
5	Do not cut social and community participation without individual safeguards and review rights.
6	Assess support needs holistically, not by splitting people into eligible and ineligible impairments.
7	Preserve accessible reassessment rights, including urgent reassessment pathways.
8	Remove or significantly amend suspension and revocation provisions.
9	Do not commence access changes until replacement supports are operational and evaluated.
10	Publish cost-shifting analysis for state and territory systems.
11	Protect self-management, direct employment and trusted personal care arrangements.
12	Ensure registration is risk-proportionate and does not reduce choice and control.
13	Prohibit or tightly regulate automated decision-making.
14	Protect self-managers from excessive administrative burden.
15	Conduct an independent human rights review.
16	Ensure consultation is accessible, meaningful and capable of changing the reforms.