**NDIS General Issues Joint Standing Committee**
**Public Hearing, Sydney, 23 October 2025**

## Opening Statement by the Australian Rehabilitation and Assistive Technology Association (ARATA)

My name is Melanie Hoyle and I am the current President of the Australian Rehabilitation and Assistive Technology Association or ARATA. I am joined today by Muriel Cummins, our national policy and strategy officer. Together, we represent ARATA today.

ARATA is the national non-profit peak body representing assistive technology stakeholders including users, advisors , suppliers, developers, researchers, and educators. ARATA promotes, develops, and supports the national rehabilitation and assistive technology community of practice.

The World Health Organization defines assistive technology (AT) as an umbrella term for assistive products and their related systems and services. Assistive products include physical products such as wheelchairs, glasses, prosthetic limbs, white canes, and hearing aids; to digital solutions such as speech recognition or time management software and captioning services. Assistive services may be delivered by health professionals who provide assessment, advice and training on assistive products, or peer supporters who provide lived experience perspectives.

The World Health Organization defines assistive technology (AT) as an umbrella term incorporating assistive products, and associated systems, and services. Assistive products range from physical items such as wheelchairs, glasses, prosthetic limbs, to digital solutions including speech recognition software, time management applications, and captioning services. Assistive services are delivered by health professionals who provide assessment, advice, and training, and peer supporters who offer lived experience perspectives.

The World Health Organization recognises that assistive technology supports people across all life domains, including in education, employment, leisure and other everyday activities such as self-care and cooking. Assistive technology can positively impact a person, their family and friends, and has broader socioeconomic benefits.

The NDIS provides assistive technology to participants with identified needs. ARATA supports **broad** NDIS reform to ensure the scheme is financially sustainable while effectively identifying and meeting the support needs of people living with significant disability. ARATA also supports **specific**

reforms that will ensure the NDIS can properly identify and meet participants' assistive technology and home modification needs.

ARATA is, however, concerned that the proportion of participants accessing assistive technology has dropped by approximately 10% between October 2024, when the NDIS legislative changes took effect, and June 2025[1]. This accelerates a downward trend in assistive technology access evident since Quarter 2 of 2021-2022. These findings align with anecdotal experiences reported by ARATA members regarding the impact of these changes on assistive technology access.

Further, current data also demonstrates inequities across disability groups. For example, First Nations participants and those living in remote or very remote areas have significantly lower access to assistive technology.

In our latest submission to the Joint Standing Committee on the NDIS, we've called for stronger, fairer, and more responsive access to assistive technology. We know that assistive technology is not a luxury — it's an essential enabler of participation, ensuring safety, and independence. ARATA seeks that the **Section 10 permanent Rules**, which will update and expand the transitional support lists, be applied with flexibility and transparency. These changes must make it easier — not harder — for participants to access the right technology (including mainstream or commercial items that meet a disability-related need) when they need it. The NDIA should support clinical judgement, innovation, and individual choice, rather than impose new barriers or rigid limits.

ARATA members have also raised concerns about the **Section 33 funding period reforms**. While longer NDIS plan durations can give people more stability, they mustn't come at the cost of flexibility. People's needs — including their technologies — can change quickly. ARATA is calling for built-in mechanisms that allow assistive technology reviews and mid-plan adjustments, ensuring participants are not left waiting without required assistive technology or relying on outdated or unsuitable equipment. More broadly, we've called for investment in a sustainable AT ecosystem — one that includes clear funding pathways, equitable access to skilled professionals, and better coordination between the NDIS, health, education, and community sectors. If we get this right, the NDIS can deliver timely, equitable, and life-changing assistive technology supports for every Australian who depends on them to pursue their goals and participate in all aspects of life.

[1] NDIS participants use of assistive technology - Personal and community support - Australian Institute of Health and Welfare

ARATA's analysis of the 2024–25 Annual Pricing Review identified a critical concern: the reduction in allied health travel cost reimbursement from 100% to 50%. This change threatens the viability of face-to-face, community-based assessments that are essential for many participants — particularly those with mobility, sensory, cognitive, or communication disabilities. The cut risks undermining access to skilled assessors and jeopardizing the provision of appropriate assistive technology and home modifications.

The Review also undervalued the complexity and skill involved in assistive technology and home modification assessments, creating pressure on experienced clinicians and driving some out of the workforce. ARATA is calling for full travel cost recovery to remain, independent cost-of-service modelling, and genuine consultation with professional and disability-led organisations to ensure pricing reflects real-world practice and supports quality, equitable service provision.

Lastly, ARATA in principle welcomes new **NDIS assessment processes** that are trauma-informed, fit-for-purpose and can bring enhanced equity and efficiency to the Scheme. We do note, however, that the current proposed support needs assessment tool, the I-CAN, **does not have capacity to determine assistive technology or home modification needs**. We seek that NDIS decision makers expand on current proposed assessment methods to ensure that assistive technology and home modification needs can be identified and met. This will require a suitably skilled and qualified assessor workforce, and an assessment and budget-setting process that is valid, reliable and safe. It is our recommendation that support needs assessment processes, tools and delivery methods be co-designed with NDIS participants and peak bodies, with subsequent piloting occurring prior to full Scheme rollout.

Given the significant and challenging reforms NDIS participants and providers have endured since late 2024, it is of vital importance that the Joint Standing Committee document the issues being experienced, and closely consider solutions to address them. ARATA, as Australia's peak body for assistive technology stakeholders, calls for an NDIS that provides fair, timely, and person-centred access to the assistive technology and home modifications that enable people with disability to participate fully in society in the ways that they choose.

Thank you.

# APPENDIX

## 1. NDIS Amendment Act - Section 33 - Funding Periods:

**1.1** - These have an impact on access to assistive technology and home modifications, in the following manner:

- ARATA members describe that both participant preference and clinical advice around the funding periods are not consistently reflected in decisions around funding periods, leading to the inappropriate or unsafe application of restrictive funding periods that impact access to supports, including assistive technology and home modifications.
- Requests to 'front-load' funding to enable timely access to assistive technology and home modifications are ignored, resulting in long delays to access of essential assistive technology, home modifications, and other supports.

**1.2 - CASE EXAMPLES:**

**Client A**

This participant "Anna"* has a severe intellectual disability and physical impairments from a rare condition that includes progressive degenerative physical changes and significant epilepsy. Anna requires intensive 24/7 support, substantial assistive technology, and a modified environment.

Application of 3 monthly funding periods in an underfunded plan (category – Capacity Building – Improved Daily Living), has meant:

- Delayed essential assistive technology prescription e.g. adaptive positioning bed.
- Insufficient occupational therapy hours means high-risk positioning-adaptation issues and care team education have been insufficiently addressed e.g. severe extension of head/neck in lying, bringing risks associated with swallowing and breathing problems.
- Delayed purchase of assistive technology items.
- Falls and safety risks in transfers for both Anna, and her care-team.
- Existing assistive technology is becoming increasingly inappropriate due to changes in her degenerative condition.
- Delays in this instance will result in unnecessary risks - many of which are entirely avoidable.

**Client B**

The participant, "Jake"*, lives with primary progressive Multiple Sclerosis. This means his needs are dynamic and can change rapidly or in an unforeseen manner. He requires flexible funding to address his changing needs in a timely manner. For example, he needs an assessment for a powered wheelchair but because his funding has not been 'frontloaded' despite this being recommended by his occupational therapist at plan reassessment, he will now wait 6 to 9 months before assessment prescription and purchase of his wheelchair can occur.

**Client C**

Participant "Sanja"* has a spinal cord injury and has a modified home and uses assistive technology in her home environment. She will move to a new home environment this year, meaning she will require intensive support to relocate her assistive technology and set it up in a new home environment, and adapt the environment in accordance to her needs. Her allied health team, (including occupational therapy and physiotherapy) requested a flexible plan funding period of 12 months to accommodate the significant pending change of circumstances for the client. This request was also supported by the participant. However, 3 monthly plan periods were applied, creating substantial challenges in planning for relocation to Sanja's new home.

**Names have been changed to protect identity.*

## 2. ARATA Assistive Technology and Modifications Register

**2.1** - ARATA has developed a member-register to record issues arising from the assistive technology and home modification application, decision making, and funding allocation processes across any and all funding schemes. This can be utilised by all members, who use a personal login to contribute to the register. This is a snapshot of issues arising over the past 12 months related to the NDIS. The two top concerns were:

A. Response from funding body representative contravenes home modification guidance published by the funding body.
B. Acknowledgement or receipt received, but no response to funding application submitted for extended periods of time.

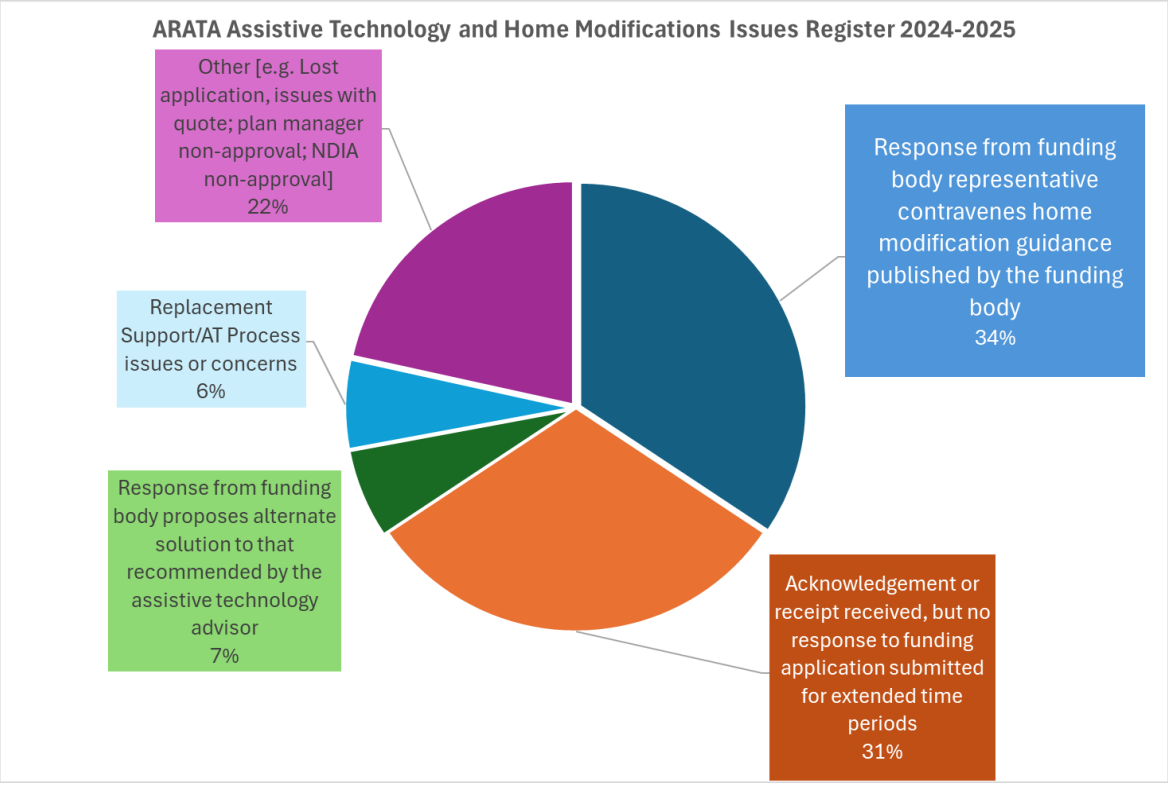


**Figure 1: Distribution of NDIS-Related Issues by Percentage**

## 3. Assistive technology missing from Specialist Disability Accommodation (SDA)

**3.1 -** The SDA Design Standard only makes *provision* for assistive technology such as electric ceiling hoist, front door, or ceiling blinds. It's up to the NDIS participant to separately arrange an assessment and subsequent NDIS approval for funding for those items, and any other assistive technology required.

ARATA emphasises that assistive technology is an essential element for some NDIS participants eligible for SDA.

Further there's the problem of appropriate assistive technology for NDIS participants eligible for SDA with cognitive impairments. The SDA Design Standard simply does not incorporate the specific assistive technology required for NDIS participants with an acquired brain injury (ABI), cerebral palsy, intellectual disability, or participants who are neurodiverse or have psychosocial disability.

The following figure (see Figure 2)[2] illustrates both the *overall* numbers of people with very high support needs due to extreme functional impairment, currently eligible for SDA, but also the expected future *increase* in numbers.

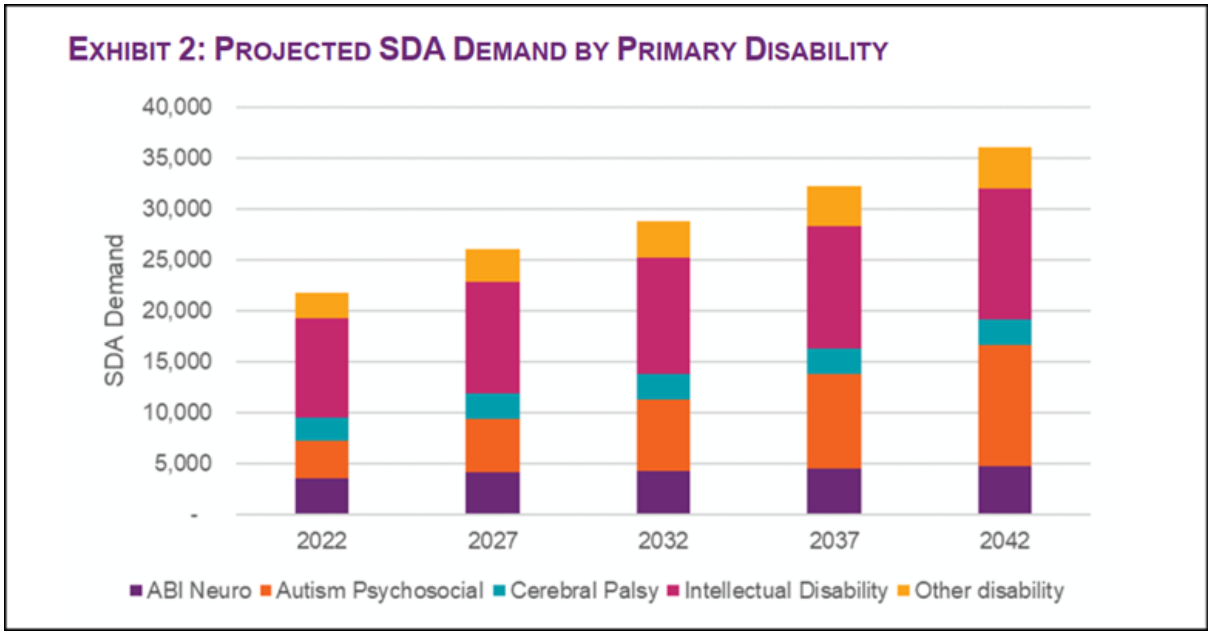


**Figure 2: Projected SDA Demand by Primary Disability, 2022 to 2042.**

Add to the list computer-based assistive technology, elements of mainstream home automation that have been co-opted for the disability community as assistive technology, and a range of other issues including cyber security, backup power supplies and a variety of emerging technologies which need to be incorporated into the building structure and fabric.

[2] NDIS Specialist Disability Accommodation Pricing Review 2022-23 - Demand Projections, June 2023

These very high assistive technology costs are not being sufficiently acknowledged for SDA participants.

For example, the 2023 pricing review[3] made provision for more than $80,000 of additional electrical work - predominantly assistive technology - in a 3 resident high physical support home compared to a basic home. That's part of a nearly $600,000 increase in build cost (total HPS $1,233,172) compared to a total build cost for a basic home of $633,579[4]. A portion of which is assistive technology.

None of which is *required* to be identified or assessed by an appropriately qualified allied health professional according to the SDA operational guidelines.

**Recommendation**: Committee to consider an independent review for identifying, costing, and correctly attributing the costs of assistive technology requirements for NDIS participants with very high support needs due to extreme functional impairment - including those with cognitive impairments - incorporated in specific SDA properties when required by the participant, but not currently catered for in the existing SDA Design Standard or SDA reports.

**3.2** - The introduction of the 2019 SDA Design Standard template introduced two sets of rules regarding funding housing.

On the one hand, home modifications require a minimum of a 4 year university degree, registration as an allied health professional, and complying with state and territory legislation. NDIS operational guidelines require extensive paperwork exercising professional judgement and making an informed assessment.

On the other hand, the SDA assessors who determine the acceptability or otherwise of SDA, require a minimum qualification of Certificate IV In Access Consulting and are only qualified to complete a building compliance checklist based on the SDA Design Standard.

It is notable that the NDIA specific role of "SDA assessor" is not recognised by the Department of Employment and Workplace Relations (DEWR), and bypasses state and territory legislation (including registration) requirements.

This would explain why the regulator may have been misled, with the claim during the 2021 CPP 400821 Certificate 4 in Access Consulting 2021 reaccreditation claiming that[5] *"no licensing, legislative or certification requirements apply to this qualification at the time of publication."*

**Recommendation**: Committee should consider an independent review of the current onerous registration requirements and minimum qualifications for allied health professionals conducting home modification assessments, compared to the requirements for SDA Assessors who review and approve multimillion-dollar SDA developments.

---

[3] *Cost Estimate Report 01 Prepared for Ernst and Young by MBM Quantity Consulting* - Reference MBM 1244-0015 dated 18th of May 2023, Element CD-163 in Appendix A - Houses and Group Home

[4] *Ernst & Young Technical Report - Benchmark Construction Costs* dated 18 May 2023, NDIA Pricing Review 2022-23, Table 1, 2023 Benchmark Estimated Construction Costs (Excluding GST, Including Contingency)

[5] *CPP Property Services Training Package Companion Volume Implementation Guide* – Release 17.0. December 2022 page 289

**Recommendation** The committee may also consider an investigation regarding implementing the Shergold Report[6] recommendations addressing minimum registration requirements for professions and trades involved in the building industry.

## 4. Public review of SDA including operational guidelines

Finally, ARATA would like to use this opportunity to request that decision makers consider conducting a public review of the NDIS SDA Design Standard and associated assistive technology requirements.

The current program was developed by building industry interests under a $250,000 contract signed by NDIA with Livable Housing Australia in 2018[7]. Excluded were representatives from disability communities, allied health professionals, and advocates for a range of specific disabilities. Despite this, the NDIA has never conducted a public review or released any cost effectiveness or value for money data regarding individual items in the SDA Design Standard. Making it impossible to present evidence-based recommendations.

SDA doesn't work without a range of professions and construction trades including support coordinators, occupational therapists, building experts, and rehabilitation engineers - they need to have a voice in the SDA Design Standard.

**Recommendation** Committee should consider an independent review of the SDA Design Standard, including the assistive technology recommendations for SDA updates provided by the Access Institute[8]. These NDIA-approved CPD recommendations are not included in the current SDA review.

[6] *Building Confidence Report - A case for intervention* - The Centre for International Economics (Prepared for The Australian Building Codes Board ) 2021

[7] Contract M00000541 between NDIS and Liveable Housing Australia (9FOI22/23-0348) dated Tuesday, 21 November 2018

[8] Accredited SDA Assessor Update - 4 December 2021 - Access Institute