Submission to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS)

From: Nobody Worse Off Coalition

Date: Friday, August 15, 2025.

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"My wife said that they have never felt more Disabled than when dealing with the NDIS."

1. About the Nobody Worse Off Coalition

The Nobody Worse Off Coalition[1] is a national alliance of Disabled people, Disabled People Organisations (DPOs),[2] families, support workers, unions, and allies standing against harmful cuts to the NDIS.

Our member organisations include:

- Australian Neurodivergent Parents Association (ANPA)
- Regional Autistic Engagement Network Tasmania (RAEN)
- Disability Action Dharawal
- Disabled People Against Cuts (DPAC)
- Over 1,500 allied health professionals.

We are united in our commitment to an NDIS that is fair, accessible, and fully funded. An Australia that honours Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)[3] and stays true to the original intent of the *National Disability Insurance Scheme Act 2013*.[4]

2. About the Harm Tracker

The Harm Tracker[5] is a national, independent, grassroots public interest project co-designed and led by Disabled people in partnership with allied health workers. It collects and documents real-world evidence of harm caused by NDIS cuts, policy changes, and administrative decisions. Reports are stored securely, de-identified, and used to produce accessible maps, graphs, and reports that reveal the scale, spread, and nature of harm.

Purpose:

- Capture what supports were lost or changed
- Identify the resulting harm (e.g., injury, isolation, mental health decline)
- Map who is affected and where
- Build an evidence base for systemic advocacy, policy reform, and accountability.

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[1] The Nobody Worse Off Coalition
[2] Treasury. Disabled People Organisations (DPO's). Australian Government, Canberra.
[3] United Nations. (2006). *Convention on the Rights of Persons with Disabilities*.
[4] National Disability Insurance Agency. (2025). *National Disability Insurance Scheme Act 2013*.
[5] Australian Neurodivergent Parents Association. (2025). Harm Tracker Project.

2.1. Why the Harm Tracker Was Developed

The Harm Tracker was developed in early 2025 in direct response to a surge in reports from Disabled people, families, and providers about sudden NDIS cuts, service withdrawals, and restrictive policy changes. At that time, there was no formal or transparent mechanism for capturing the real-world consequences of these decisions, and official NDIA reporting did not account for the cumulative harm caused to individuals, communities, and the service market.

Frontline advocates and allied health professionals saw the same patterns of harm repeated across the country, from loss of critical therapies to providers withdrawing from regional areas, yet these impacts were largely invisible in public policy discussions.

The Harm Tracker was created to:

- **Make this harm visible** through independent, community-led evidence;
- **Fill the gap** left by the absence of government-led harm monitoring; and
- **Ensure that lived experience is central** to identifying problems, shaping solutions, and holding decision-makers to account.

By systematically documenting and mapping harm, the Harm Tracker provides governments, organisations, policy makers, media, and the public with a clear, data-driven picture of what is happening on the ground, along with the urgency of reversing harmful changes before more lives are impacted. This accountability effort has been well received by our community, with one report writer commenting:

"I am reaching out to you in the hope that you can assist us, and other participants, to…maintain dignity, choice, and control in our lives and our disability supports."

3. Context for This Submission

The Nobody Worse Off Coalition makes this submission at a time of significant upheaval in the National Disability Insurance Scheme (NDIS). *The NDIS Amendment Bill 2024*,[6] introduced in August 2024, was followed by a suite of restrictive rules and policy changes that have drastically reduced participant access to supports and destabilised the disability services market.

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[6] Parliament of Australia. (2024). *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024*.

These include:

- The introduction of **transitional “In” and “Out” support lists in October 2024**,[7] which, as highlighted by many Disabled people and representative organisations, have restricted funding to supports that are ‘Disability’ specific and limited the ability of participants to access essential, innovative and cost-effective supports;[8]
- **The rollout of Eligibility reassessments** and significant plan cuts en masse, resulting in the loss of previously approved supports;[9]
- **The removal of Disabled people from the scheme,** particularly children (some of whom are referred to as having developmental delay), in large numbers, before any Foundational Supports have been designed or implemented;[10]
- **Travel funding cuts** and **pricing changes**,[11] making it financially unviable for providers to continue delivering services, resulting in a loss of support for participants, particularly those in rural, regional and remote areas;[12]
- Proposals to **restrict the scope of NDIS providers**, including through the introduction of mandatory registration,[13] which would push smaller, specialised, community-run and culturally safe services out of the market and reduce genuine choice and control for participants.

These developments undermine the core purpose of the NDIS as set out in the *National Disability Insurance Scheme Act 2013*,[14] to enable the social and economic participation of Disabled people and run counter to Australia’s obligations under the UNCRPD. As one woman wrote:

“Prior to the NDIS I wasn’t required to do this level of work. The NDIS plans have been the equivalent to managing four small businesses, as well as being a carer and a person with a disability. I cannot go on like this! The whole experience is demeaning and devalues our humanity. Every day is spent managing NDIS administration,

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[7] National Disability Insurance Agency. (2024, December 5). What does the NDIS fund?

[8] See e.g: Disability Advocacy Network Australia. (2025). Disability Representative Organisations call for NDIS Support Decisions to be clear, fair, and inclusive; Every Australian Counts. (2025, July 23). NDIS Support Lists Are Failing People with Disability, National Survey Finds.

[9] See e.g. Morton, M. (2025, January 11). Exclusive: Children targeted in NDIS crackdown; Children and Young People with Disability Australia. (2025). The impact of NDIS eligibility reassessments.

[10] Ibid.

[11] National Disability Insurance Agency. (2025). *Pricing Arrangements and Price Limits 2025-2026*. National Disability Insurance Scheme.

[12] See e.g. Oong, S. (2025). Healthcare providers warn some regional services will be 'unviable' as NDIS cuts travel allowance in half. *ABC News*.

[13] National Quality and Safeguards Commission. (2025). Mandatory Registration.

[14] National Disability Insurance Agency. (2025). *National Disability Insurance Scheme Act 2013*.

emails, paperwork, managing supports and now the few things that were actually working have been stripped away…I have heard so many tell the same story and I wonder how many people have been swallowed by the hopelessness of their experiences with the NDIS and taken their own lives. I have heard of two alone this week, both cited the NDIS as the reason. I understand exactly why they reached that point.”

The issues documented in this submission are not isolated cases or anecdotal complaints. They reflect systemic patterns of exclusion, market destabilisation, and rights violations, consistent with concerns already raised by other Disabled people’s (DPOs) and disability representative organisations (DROs).

The Harm Tracker data presented here offers an independent, grassroots evidence base, collected from Disabled people directly affected and their providers who are witnessing the ongoing and systemic impacts stemming from NDIS policy decisions. This data confirms the scale and nature of harm and demonstrates the urgent need for Parliamentary oversight, immediate reinstatement of lost or reduced supports, and structural reforms to ensure no participant is left worse off.

4. Data Summary (as at 15th of August, 2025).

4.1. Reach

Estimated total impacted (participant and provider reports): 6,313
Reports from all states and territories, with strong regional representation

4.2. Respondent Main Type Breakdown

Participant Type (310 respondents)	**Count**	**Percent**
Provider	128	41.3%
Disabled Person/Participant	94	30.3%
Carer or Family Member	88	28.4%

There were 39 respondents identified as a provider in addition to being a Disabled Person/Participant or Carer or Family Member, making a total of 167 Providers.

Estimated minimum number of Participants impacted according to the survey

4.3.

Participant Numbers	**Count**	**Total number of participants**
Disabled Person/Participant responded	94	94
Carer or Family Member responded	88	88
Providers with 1-5 participants	28	28
Providers with 6-10 participants	24	144
Providers with 11-20 participants	30	330
Providers with 21-50 participants	41	861
Providers with 51-99 participant	19	969
Providers with 100+ participants	26	2600
Total		5,114

What Harm Tracker Reporters Said

"Carer, provider and Disabled person - hitting me from all sides."

“Both Disabled person and carer of two Disabled children”

“I'm a participant and solo parent of 3 school-aged children who are all participants.”

4.4. Top Reported Harms

Top results of how NDIS participants have been impacted (185 responders)	**Count**	***Percent**
My mental health has been negatively affected by the changes, e.g. anxiety, depression	153	82.7%
I no longer have access to one or more of the different supports I need	134	72.4%
I no longer have access to enough of a specific support I need, e.g. Physio, Support worker.	121	65.4%
I am more socially isolated	107	57.8%
My funding has been cut	92	49.7
Top results of how NDIS participants’ family or carer have been impacted (159 responders)	**Count**	***Percent**
My mental health has been negatively affected by the changes, e.g. anxiety, depression	136	85.5%
I need to financially support the participant	87	54.7%
I find it harder to understand and manage the participant's NDIS plan	81	50.9%
I have to provide transport to clinic appointments that were previously home or community visits	68	42.8%
Top responses from providers of how NDIS participants have been impacted (167 responders)	**Count**	***Percent**

Loss of choice and control of how people use their funding - intensive periods of support are restricted by funding periods	124	74.3%
Reduced choice of provider	99	59.3%
They no longer have services	98	58.7%
No longer able to access home visits	94	56.3%
Have to travel to see therapists	83	49.7%

Top responses of how the NDIS changes have impacted businesses (168 responders)	**Count**	***Percent**
Increased risk of burnout	148	88.1%
Increased financial strain	127	75.6%
Loss of revenue	125	74.4%
We have had to put restrictions on where and when we travel a particular participation or location	110	65.5
We have had to put restrictions on travel	101	65.5%
The recent funding cuts in plans have impacting therapy provision	99	58.9%
Increased admin burden (PAPL, Section 33, Stated supports)	93	55.4%
We are no longer supporting some communities and participants	82	48.8%
We have had to increase KPIs to remain viable adding to work pressures	65	38.7%
We are no longer supporting some communities	61	36.3%
Withdrawn from providing specific NDIS services (e.g. travel, therapy, rural visits, AHA, groups)	60	35.7%

* The percentage listed is the percentage of respondents in the category that identified the answer. Example: 185 survey participants responded about the impact on participants. 153 responded advising of an impact of “*no longer have access to enough of a specific support I need, e.g. Physio, Support worker.*” This means 82.7% of respondents advised of an impact on this area.

What Harm Tracker Reporters Said About Their Experiences

“My son is ASD level 2, so obviously struggles with food due to sensory issues. Under early intervention, he saw a dietician. However, after his plan review last year, despite extensive reports supporting the use of dietetics, our funding was cut, and capacity building was made a stated support explicitly saying we could not use dietetics. My son has now fallen off his growth curve. His paediatrician is concerned with the weight loss, and we’ll need to find money to pay a dietician.”

“Reduction of supports from 2:1 to 1:1. No longer receiving respite, and increased harm to family, and property damage. At risk of homelessness.”

“When we were made agency managed, they did not tell us. It was a week before we even found out. We had an appointment for a phone meeting, and on the day, it was cancelled, which we only found out when we followed up to see what time it would be. We were expecting a follow-up appointment to be made. A week later, we were informed that a new plan was uploaded. So I looked. Over $200k gone from her plan, and agency managed.”

“Even though I live in the metro area, the changes have completely cut us off and isolated us from accessing support. It’s already resulted in an ambulance called and a report made to Department of Child Protection due to the impact the lack of supports has had on my capacity to meet my dependents' needs.”

“All progress made through the scheme has been lost. Function Capacity, supports, trust and “hope” all disintegrated. Even “maintained” supports to effectively manage daily life have fallen through, resulting in bills not being paid on time and utilities/rent being terminated. Participant will be homeless in days, no informal supports at all, and will lose possession of NDIS-purchased AT's [given] the participant is unable to afford or access storage units for these products. Doubt that NDIS will approve duplicate replacements for those AT's (after new accommodation is found?). So those supports are lost forever…"

"Changes to funding use and therapy use is absolutely ridiculous as what I could achieve for my mental health and disorders before was benificial. The changes affect a lot of these supports being able to support me which also helps me be able to try to support my son."

"Family unit breakdown, escalation of family violence."

"I am in agony 24/7 and pretty sure I am dying. I am in torment from the NDIS planners always refused a proper planning meeting and supports burning out. I am forced to come off important medications because I am unable to see my doctor for S8 meds and the others I am so confused from so much neglect for so long that I keep forgetting if I had tablets and accidentally have them again."

"I struggle to go outside, even my front and backyard at my house. I've been struggling to be in certain areas of where I live, struggling with household chores, personal hygiene, cleaning and maintaining things here. I'm struggling so much I'm at a point of looking at rehoming my dog because I can't do what he needs and have no support, and not being able to meet his needs makes me feel even worse than I already do with all my unmet needs. I feel hopeless and like I can't access supports I need. I need help."

"I'm going to end up back in hospital or worse - dead."

"It is costing me over $300/week for the changes to my plan. I am fortunate that my family is loaning me the money to be able to access the most critical services that aren't being funded properly. I am being pushed into debt as a result of the changes, and my functional capacity is being reduced. This is traumatising and financially abusive. If I was in a domestic relationship with the NDIS and they were a person, it would be classed as domestic violence. I am a pensioner and I cannot financially afford the impacts this is having for myself as an NDIS participant as well as for my child. I provided evidence that directly linked my support needs to my disability, including using the diagnostic manual and had the most current peer-reviewed, recent evidence and most recent evidence-based literature ignored. I am being told to use supports that don't exist. I will have to go through the ART, because my new plan has lost supports I had under the plan I got from going to the AAT."

Where Participants Will Turn for Support and Services Now

Top responses of services/supports participants will require now (167 respondents)	**Count**	**Percent**
I don't have any other options for support	111	66.5%
Emergency Department	50	30%
Department of Health, including community health	47	28.1%
Family and Community Welfare supports (including Child Protection)	41	24.6%
Paying privately for services and supports	17	10.2%

What Harm Tracker Reporters Said About Their Experiences

"Community health supports won't allow access if you are an NDIS participant"

“Funeral home (not a joke - this is truth)”

“Opting out of making use of funding available to them because they don't match what they actually need, or it's too hard and draining to find services and providers that are human-centred and provide support services with dignity”

“Dept communities for housing, dep health for the non existent mental health services that support pwd - there is already strain here and with ndis pushing people to use mental health care plans plus gaps from a dsp income this mental health demand for services will increase. The mental health is directly related to living with a disability in this country which does not support disabled people to live full lives.”

“There are no other supports for people with disabilities. In WA we don't have community allied health, or free public school for yr 11 and 12, or energy rebate for the majority of issues (autism, thermoregulation, etc are all specifically excluded).”

“It’s even harder to find paediatric careers that also have the experience and qualifications to look after our highly dependent, complex medical needs child.”

“Without an advocate i cannot access medical professionals because they repeatedly dismiss me and harm me(mentally and physically). I have so much medical trauma that from 24 april 2024 i decided to never ever try UNLESS i have a support and advocate”

“Private health insurance. More GP appointments. More dental appointments.”

“Increased informal support from spouse, despite burnout after 20 plus years of unpaid caring. Sharp increased burden on personal finances for disability related things now deemed to be not NDIS supports.”

“Child is PDA so is just not using a new provider so is burning out and now needs a modified attendance plan for the first time ever”

4.5. Geographic Spread of Respondents

State	**Count for State Participant resides in**	**Count for State Provider services**	**Total**
Australian Capital Territory	7	3	10
New South Wales	40	51	91
Northern Territory	1	1	2
Queensland	45	40	85
South Australia	17	15	32
Tasmania	8	6	14
Victoria	41	35	76

Western Australia	16	13	31
National	0	3	3

5. Discussion

The data collected through the Harm Tracker highlights a pattern of systemic harm that extends beyond isolated administrative errors or individual planning disputes. Instead, it points to structural problems within the NDIS that have intensified since the introduction of the *NDIS Amendment Bill*[15] and the subsequent rollout of restrictive rules. These changes, including but not limited to the narrowing of eligible supports, large-scale eligibility reassessments, plan cuts, and removing participants from the scheme before any tangible Foundational Supports being in place, have fundamentally shifted the scheme away from its original vision.

Participants are not only losing access to critical supports; they are also experiencing devastating disruptions to their lives, including a deterioration in mental and physical health, increased isolation, and loss of independence. The impacts are often immediate and severe, particularly for those in rural and regional areas who face reduced provider availability due to travel funding cuts, cuts to the pricing limit, as well as pricing freezes. The proposed restrictions on NDIS providers further exacerbate these issues, with small and community-run providers, many of whom are trusted, flexible, and culturally safe, being forced out of the market. This consolidation of services into fewer, often larger, providers increases the risk of unsafe practices, reduces the specialisation required to meet the unique needs of individuals and limits the diversity of options available to participants.

The development of the Harm Tracker was a direct, grassroots response to this escalating crisis. Designed and led by Disabled people in collaboration with allied health professionals, the Harm Tracker bridges the gap between anecdotal stories and systemic evidence as an independent, evidence-based tool to capture the scale, spread, and nature of harm. It ensures that the voices of those most affected are heard and documented in a way that can inform advocacy, policy reform, and legal accountability.

Ultimately, the findings from the Harm Tracker demonstrate that the NDIS is moving further away from its founding principle, that nobody should be worse off, and is instead creating

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[15] Parliament of Australia. (2024). *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024*.

new forms of exclusion and disadvantage. Without urgent intervention, the harm will continue to grow, eroding public trust in the scheme and undermining Australia's obligations under the UNCRPD.

Evidence of Pre-Planning and Intentional Design of Harmful Cuts

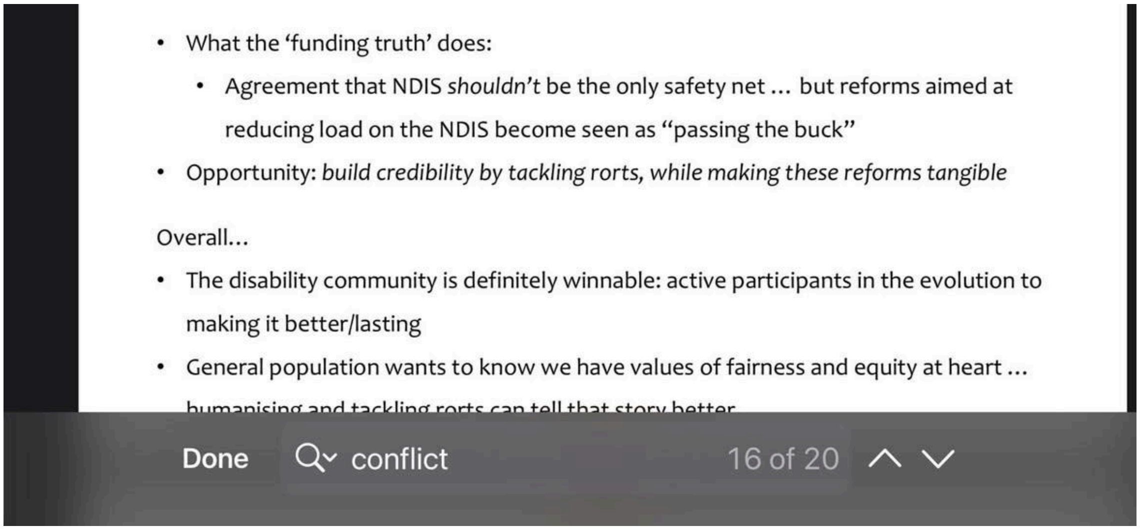
The harm documented in the Harm Tracker is not the result of unforeseen administrative errors. Multiple Freedom of Information (FOI) releases show that recent NDIS policy changes — including restrictive "In" and "Out" lists, mass eligibility reassessments, travel funding cuts, and pricing changes — were **deliberately planned**, with foreknowledge that they would cause significant disruption to participant supports, be likely seen as unfair and inequitable, and destabilise the provider market.

1. The RedBridge FOI – Sequencing and Messaging Cuts

FOI documents from the **RedBridge Group** engagement, released to Disability Advocates in August, reveal that the NDIA commissioned political and communications research to support the staged introduction of cuts. These documents included:

- **Sequencing strategies** to limit early backlash, before expanding changes to the wider Scheme.
- **Message testing** to reframe service reductions as a "return to original intent" and reform as going after "rorts" of the scheme
- **Recognition of foreseeable harm**, including increased unmet need that would likely be resisted strongly by the public.

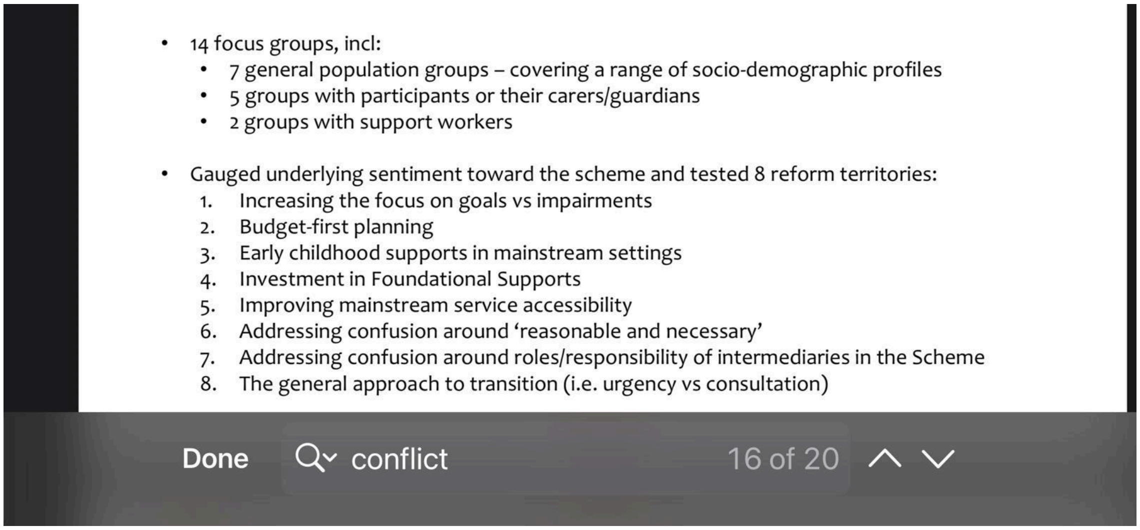
These documents demonstrate that loss of services, market contraction, and shifting costs to state systems were anticipated and accepted outcomes.



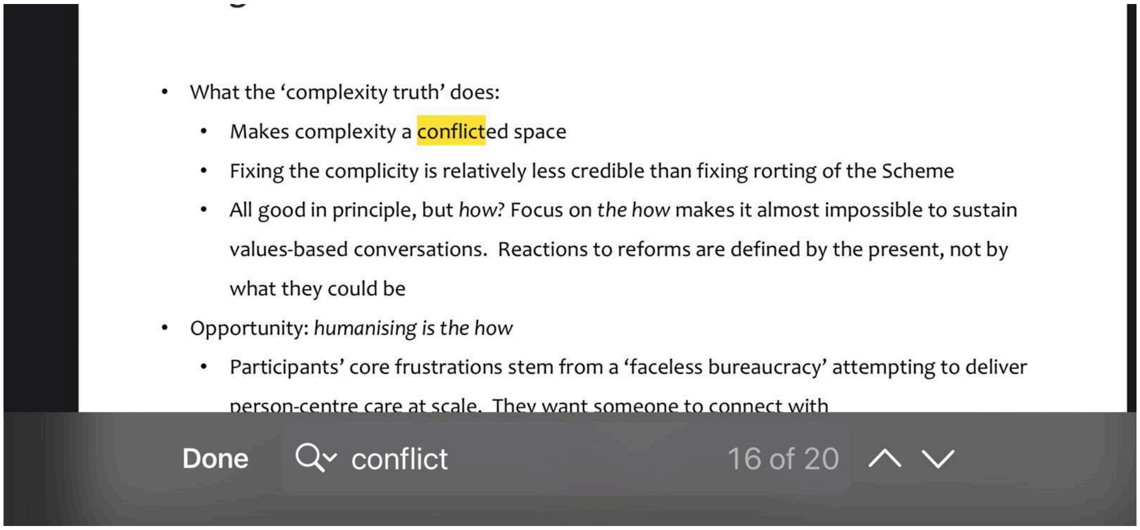
- What the ‘funding truth’ does:
  - Agreement that NDIS *shouldn’t* be the only safety net … but reforms aimed at reducing load on the NDIS become seen as “passing the buck”
- Opportunity: *build credibility by tackling rorts, while making these reforms tangible*

Overall…

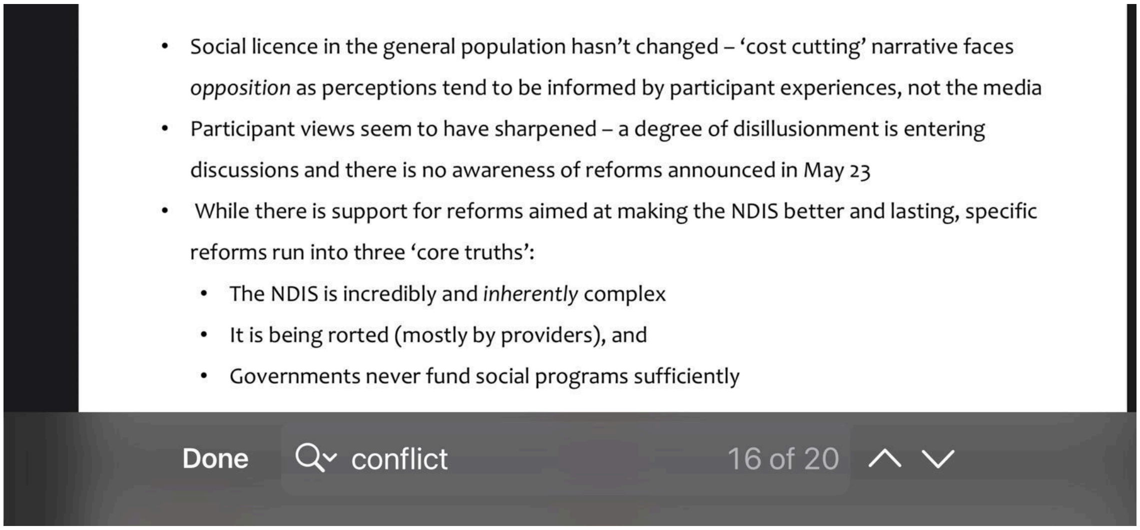
- The disability community is definitely winnable: active participants in the evolution to making it better/lasting
- General population wants to know we have values of fairness and equity at heart … humanising and tackling rorts can tell that story better



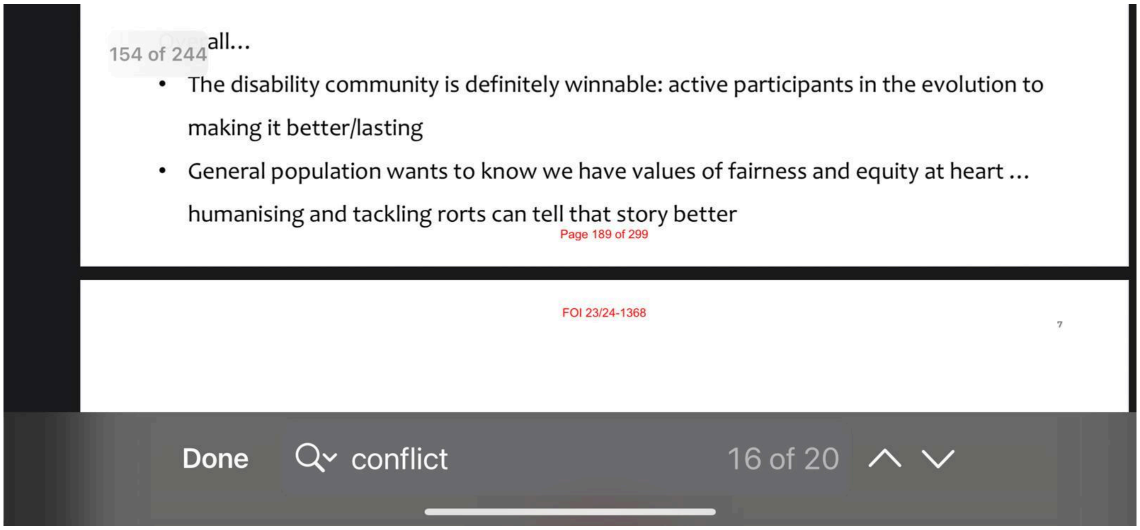
- 14 focus groups, incl:
  - 7 general population groups – covering a range of socio-demographic profiles
  - 5 groups with participants or their carers/guardians
  - 2 groups with support workers
- Gauged underlying sentiment toward the scheme and tested 8 reform territories:
  1. Increasing the focus on goals vs impairments
  2. Budget-first planning
  3. Early childhood supports in mainstream settings
  4. Investment in Foundational Supports
  5. Improving mainstream service accessibility
  6. Addressing confusion around ‘reasonable and necessary’
  7. Addressing confusion around roles/responsibility of intermediaries in the Scheme
  8. The general approach to transition (i.e. urgency vs consultation)



- What the ‘complexity truth’ does:
  - Makes complexity a conflicted space
  - Fixing the complicity is relatively less credible than fixing rorting of the Scheme
  - All good in principle, but *how?* Focus on *the how* makes it almost impossible to sustain values-based conversations. Reactions to reforms are defined by the present, not by what they could be
- Opportunity: *humanising is the how*
  - Participants’ core frustrations stem from a ‘faceless bureaucracy’ attempting to deliver person-centre care at scale. They want someone to connect with



- Social licence in the general population hasn't changed – 'cost cutting' narrative faces *opposition* as perceptions tend to be informed by participant experiences, not the media
- Participant views seem to have sharpened – a degree of disillusionment is entering discussions and there is no awareness of reforms announced in May 23
- While there is support for reforms aimed at making the NDIS better and lasting, specific reforms run into three 'core truths':
  - The NDIS is incredibly and *inherently* complex
  - It is being rorted (mostly by providers), and
  - Governments never fund social programs sufficiently



all…

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FOI 23/24-1368

Above: Snippets of the FOI release of Redbridge procurement consultation which profiled the Disability community and engaged in message testing to cultivate acceptance of the NDIS cuts as "reform".

2. Ministerial Briefings FOI – Disregarding Disability Community Opposition

A separate FOI release obtained mid-year by Disability Advocates contains NDIA briefing notes to incoming NDIS Ministers **Jenny McAllister** and **Mark Butler**. These briefings:

- Informed Ministers of the planned reforms and their fiscal drivers.

- Documented strong opposition from Disabled People's Organisations (DPOs) and the broader disability community.

- Advised Ministers to **disregard the express wishes of the disability community**, framing concerns as "resistance to change" rather than legitimate safety and rights issues. The release of this information has caused strong distress and anger in the Disability community. It is not an overstatement to say that there is a widespread sense of betrayal and disillusionment in the Disability Community.

This advice **directly breaches Australia's binding obligations** under the **UN Convention on the Rights of Persons with Disabilities (UNCRPD)**, specifically:

- **Article 4(3)** — requiring States Parties to closely consult with and actively involve Disabled people, through their representative organisations, in the development and implementation of laws and policies affecting them.

- **Article 33(3)** — requiring the full participation of DPOs in monitoring and implementation processes.

The **UNCRPD Committee's General Comment No. 7 (2018)** makes clear that such consultation must be:

- **Meaningful, ongoing, and timely** (not after decisions are effectively made);

- Inclusive of **all representative organisations**, particularly those most affected;

- Conducted **in good faith**, with genuine consideration of input and with reasonable timeframes.

Advising Ministers to ignore the expressed views of DPOs and affected communities is the opposite of compliance with these obligations.

3. Breach of UNCRPD Obligations and Potential International Complaint

The FOI evidence showing that Ministers were advised to disregard the express wishes of the Disability community, combined with the RedBridge FOI showing pre-planned cuts to services and supports that they anticipated would be resisted as unfair and inequitable, raises serious questions of compliance with the **UN Convention on the Rights of Persons with Disabilities (UNCRPD)**.

Relevant UNCRPD Obligations

- **Article 4(3)** — Australia must *closely consult with and actively involve* Disabled people, through their representative organisations, in the development and implementation of all policies and legislation affecting them.

- **Article 33(3)** — Australia must ensure the *full participation* of Disabled People's Organisations in monitoring the Convention's implementation.

The **UNCRPD Committee's General Comment No. 7 (2018)** further clarifies that:

- Consultations must occur **before and during decision-making**, not after.

- States Parties must give *due weight* to the views of Disabled people and their organisations.

- Disregarding or dismissing representative organisations' views is inconsistent with the obligation to act in good faith.

Optional Protocol Complaint

Australia ratified the **Optional Protocol to the UNCRPD** in 2009, giving individuals and representative organisations the right to submit a formal communication to the UNCRPD Committee when:

1. There is evidence of a breach of Convention rights, and

2. All available domestic remedies have been exhausted or are ineffective; this may be set aside when these remedies would take too long to address harm happening now, and that delay would cause a situation which breaches the Convention.

On the evidence from the FOIs, the Nobody Worse Off Coalition and its member organisations — including the Australian Neurodivergent Parents Association (ANPA) — could potentially lodge a complaint, supported by Harm Tracker data, alleging:

- Systematic exclusion of Disabled people from genuine policy co-design, contrary to Articles 4(3) and 33(3);
- Implementation of pre-planned reforms with foreseeable harmful impacts, contrary to the general obligations in Article 4(1) and the rights to independence, participation, and adequate supports under Articles 19, 25, and 26.

Consequences of a Finding

If the UNCRPD Committee finds Australia in breach, it can:

- Issue formal **Views and Recommendations** requiring the Government to reverse harmful measures, reinstate meaningful consultation processes, and report back on compliance;
- Refer the matter to other UN human rights mechanisms for follow-up; including seeking support from other UN mechanisms to escalate the matter to the International Court of Justice.
- Increase international and domestic scrutiny on Australia's disability policy, including through the UN Human Rights Council's Universal Periodic Review.

Given the scale of documented harm, the consistency of reports across jurisdictions, and the FOI evidence of deliberate disregard for community input, the risk of adverse international findings is significant.

6. Key Observations

1. **The Harm Tracker data shows that harm from recent NDIS policy changes is both widespread and escalating.** Reports have been received from every state and territory, with metropolitan and regional communities experiencing significant negative impacts. The consistency of reports across jurisdictions indicates that this is not the result of isolated administrative errors but systemic issues in scheme design and implementation.
2. **Mental health decline emerges as a dominant and recurring impact.** 82.7% of respondents reported an impact to participant's mental welbeing following changes to

their NDIS plan or the withdrawal of services. In many cases, these mental health impacts are compounded by existing barriers to accessing appropriate mental health support in the community, particularly in rural and remote areas. This also significantly impacted the carers and families of NDIS participants with 85.5% responding that their mntal welbeing has been impacted.

3. **Access to essential services is collapsing for many participants.** Almost 70% reported losing one or more critical supports, often due to providers withdrawing from the market due to funding changes, travel cuts, and pricing freezes. This reduction in service availability directly undermines participants' choice and control, forcing them to accept reduced quality, travel long distances, or go without supports entirely. It also means essentialTravel funding cuts disproportionately affect Rural and regional participants increasing pressure on acute services, like hospital emergency departments, and increasing risks of morbidity and mortality. These impacts will be felt most acutely in states like Tasmania, where health systems are already stretched and alternatives to NDIS-funded supports are limited.[16]

4. **The data also highlights a growing inequity between metropolitan and regional participants.** Rural and regional participants are disproportionately affected by travel funding cuts, as these changes make it financially unsustainable for providers to service dispersed communities. This further limits options for participants already facing geographic disadvantage.

5. **Finally, the changes are distorting the service market.** Small-to-medium and community-run providers, many of whom offer more personalised, culturally safe, and flexible supports, are being pushed out, leaving participants dependent on larger providers who may not be able or willing to meet their specific needs. On the basis of significant collective professional and lived experience, Disability Advocates have expressed strong concern within our ranks, to government and to media that this consolidation of the market will result in unsafe practices. In response, the ANPA and Nobody Worse Off Coalition have lodged a complaint with the Australian Competition and Consumer Commission (ACCC)[17] against the NDIA for market distortion and abuse of market power, highlighting the urgent need for regulatory scrutiny.

6. **The Australian Federal government, and the National Disability Insurance Agency, are currently and have been conducting themselves in a manner which**

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[16] AMA Tasmania. (2022, March 17). AMA report paints worrying picture of failing Tasmanian public hospitals.

[17] Parliament of Australia. (2024). *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024*.

likely breaches International Law, and may inform adverse findings from the United Nati

7. Recommendations

To address the systemic harm documented by the Harm Tracker and ensure compliance with the UNCRPD, the NDIS Act, and the “no one worse off” principle, the Committee should recommend that the Australian Government and NDIA:

Recommendation 1 - Urgently reinstate essential supports

Reverse cuts caused by eligibility changes, support denials, plan reviews, and restrictive support lists, especially when they remove supports for inclusion in mainstream settings but still fund segregated services.

Recommendation 2 - Reform and remove harmful support lists

Replace the current “In” and “Out” lists with a principles-based approach that assesses supports based on their function, not their label, and allows participants the flexibility to access the supports that are cost-effective and right for their circumstances.

Recommendation 3 - Prevent further harm from market changes

Reinstate funding for travel at market rates, remove travel caps, reverse discipline-specific pricing cuts, and release price freezes. Uplift based (at minimum) on CPI, and minimise administrative burden on providers that are driving bespoke providers out of the market, reducing choice and control and creating unsafe monopolies.

Recommendation 4 - Ensure foundational supports are in place before any further participant removals

Halt mass removals of participants from the Scheme until state and territory foundational supports are fully funded, operational are required tol, and accessible, with safeguards to prevent gaps in essential supports.

Recommendation 5 - Embed independent harm monitoring

Require the NDIA and/or the relevant Australian Government Department to commission regular, independent evaluations of the impact of major pricing, eligibility, and policy changes, including targeted surveys of participants, families, and providers (including participants who have been removed from the scheme), with results tabled in Parliament.

These evaluations should be co-designed with Disabled people and their representative organisations and used to inform mid-course corrections to avoid systemic harm and market failure.

Recommendation 6 - Mandate genuine co-design in all reforms

Require that Disabled people, families, and representative organisations — including those most impacted — be centrally involved in the design and testing of all NDIS policies, rules, and operational changes.

Recommendation 7 - Strengthen Parliamentary oversight

Require independent parliamentary scrutiny of all NDIS rules and policy changes, with mandatory human rights compatibility statements and an assessment of impacts against the “no one worse off” principle before implementation.

8. Conclusion

The Harm Tracker evidence shows that the NDIA are currently failing thousands of Australians. Cuts and policy shifts are causing measurable, widespread harm — including mental health decline, increased isolation, and loss of essential services.

We urge the Committee to act swiftly to prevent further harm, restore lost supports, assist the market to flourish and ensure the NDIS delivers on its founding promise: Choice, control and nobody worse off; nobody left behind.

In Power and the Strength of Our Collective -

Sarah Langston

Nicole Moran

Pip Cullen

Heidi La Paglia

Alecia Hurrell

On behalf of the Nobody Worse Off Coalition.