

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

Community Affairs Legislation Committee

Submitter:

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Introduction

I welcome the opportunity to make this submission to the inquiry into the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026.

This submission supports strong action against fraud, rorting, overcharging, conflicts of interest, provider capture and exploitation of participants. Public money intended for disability support should be spent on disability support. It should not be captured by weak providers, predatory intermediaries, inflated prices, manipulation of plans, poor records, conflicted plan managers or organised criminal activity.

However, the bill should not pass in its present form.

The central problem is that the bill correctly identifies serious integrity failures, but then uses those failures to justify a much broader architecture of cost control, reduced review rights, ministerial funding reduction powers, automatic plan renewal, tighter access, stricter permanence tests, plan suspension, automation and future rule making. Some of those measures may be justified if properly constrained. Others risk shifting the burden of a failed market model onto participants, families, carers and state systems.

The bill also relies heavily on the language of sustainability, but the source documents do not define unsustainable in any disciplined statutory sense. Instead, unsustainable operates as a policy assertion that is then used to justify significant legal powers to reduce supports, narrow access and limit review. That is not adequate. If Parliament is to authorise reductions to disability supports on sustainability grounds, the bill should

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state the threshold, the evidence required, the decision maker's obligations, and the safeguards that protect participants from harm.

More fundamentally, the bill frames sustainability too narrowly as fiscal sustainability. That misstates the real issue. The Commonwealth is the issuer of the Australian dollar. It is not financially constrained in the same way as a household, business, charity, council or state government. The legitimate sustainability question is not whether the Commonwealth can find Australian dollars. The legitimate question is whether Australia has, or can build, the real resources required to provide safe, effective, necessary and accountable disability support. Those real resources include trained workers, allied health capacity, housing, transport, assistive technology, supervision, administration, public service capability, community infrastructure and local service capacity.

Properly understood, NDIS sustainability is real resource sustainability. It means maintaining and expanding the real capacity of the scheme to support people with permanent and significant disability over time. It does not mean reducing participant support merely because aggregate expenditure has increased. It does not mean shifting disability need onto families, carers, unpaid labour, state systems or under resourced community organisations. It does not mean preserving the scheme by hollowing out the supports that give the scheme its purpose. Its limit is reached where a proposed saving creates a material risk of harm, neglect, isolation, loss of essential functioning, carer collapse, institutionalisation, homelessness, or withdrawal of support before a genuine alternative is practically available.

The Committee should separate two very different propositions.

The first proposition is that the NDIS must be protected from fraud, rorting, provider extraction, overcharging and market manipulation. That proposition is sound.

The second proposition is that the NDIS should be secured by narrowing access, reducing support funding, limiting reassessment, weakening individual review, relying more heavily on informal care, and treating fiscal sustainability as the dominant organising principle. That proposition is dangerous and rests on a false understanding of the Commonwealth's fiscal capacity.

The proper public purpose test is not whether the bill reduces Commonwealth outlays. The proper test is whether the bill improves participant safety, support quality, public accountability, workforce capacity, inclusion, integrity and continuity of care, while using Australia's real resources wisely and building the public capacity needed to support people with disability over time.

On that test, the bill needs substantial amendment.

The core position

The NDIS is one of Australia's most important public commitments. It should be protected, but it should be protected as a human service, not merely as a budget line.

The bill proceeds from a legitimate concern that the scheme is growing quickly and that parts of the provider market are not working. The second reading speech and explanatory material repeatedly refer to fraud, weak provider regulation, plan manager risks, spending growth, unscheduled reassessments, overcharging, conflicts of interest and a need to return the scheme to its original intent. Those concerns are serious.

But the deeper problem is not simply that some providers have behaved badly inside an otherwise sound system. The deeper problem is that the NDIS has been built around a fragmented privatised provider market that invites extraction from vulnerability, dependence, complexity and weak bargaining power.

Fraud, sharp practices, over servicing, inducements, price inflation, worker churn, conflicts of interest and poor continuity do not appear in a vacuum. They arise where the structure itself rewards revenue capture more reliably than care, continuity and accountability.

That is why this bill should not be treated only as an integrity bill. It should also be treated as evidence that the market architecture itself has failed the integrity test.

Strong compliance powers may be necessary. They are not sufficient. A system that must constantly expand its arsenal against rorting, overcharging, conflicts of interest, inflated claims, poor records, neglect and exploitation is not exhibiting health. It is exhibiting chronic design stress.

The Committee should therefore recommend amendments that retain serious provider integrity measures, while rejecting blunt participant rationing and requiring the Commonwealth to build direct public disability support capacity.

Financial sustainability must not become a cover for rationing

The bill places financial sustainability close to the centre of the scheme. It would embed financial sustainability in the objects and principles of the NDIS Act. It would allow ministerial determinations that reduce funding for groups of supports. It would allow funding to be less than the full cost of supports. It would replace plan continuation with plan renewal. It would stop unused funding carrying forward. It would tighten reasonable and necessary supports. It would limit unscheduled reassessments. It would alter access and permanence tests.

That is a major shift.

Financial sustainability cannot be allowed to become a polite phrase for rationing support away from people with disability. Nor should it be used to disguise the failure of government to regulate providers, build public workforce capacity, stop price gouging, strengthen mainstream services or remove extraction from the scheme.

The Commonwealth is the issuer of the Australian dollar. It is not financially constrained in the same way as a household, business, charity, local council or state government. The true constraint is not whether the Commonwealth can create Australian dollars. It can. The true constraint is whether Australia has the real labour, skills, training systems, housing, transport, care capacity, allied health capacity, administration, supervision, equipment and community infrastructure required to support people with disability properly.

That distinction matters.

If NDIS spending is rising because participants are receiving essential support that reflects real disability need, then the answer is not to cut support. The answer is to build the real service capacity required.

If NDIS spending is rising because public money is being captured by inflated prices, weak providers, conflicts of interest, poor market design, unnecessary intermediaries, duplicated services or organised fraud, then the answer is not to punish participants. The answer is to cut the extractor out of the system.

Cost growth is not self-proving evidence of excessive participant support. It may be evidence of market failure.

The bill should be amended so that financial sustainability is expressly subordinate to participant safety, human rights, continuity of essential support and public accountability. It should not be treated as an independent licence to reduce supports by class, remove review rights or shift costs onto families and state systems.

Provider integrity measures should be strengthened and targeted

The bill is right to strengthen action against fraud, noncompliance, overcharging and provider misconduct.

The Committee should support stronger regulatory powers where they are directed at providers, plan managers, support coordinators, nominees, intermediaries and organised misconduct. The NDIS should not be a soft target. It should not be a business opportunity for actors who see public disability funding as a revenue stream to be mined.

The proposed focus on provider registration, record keeping, civil penalties, information gathering, claim time limits and plan manager reform is broadly within scope and

necessary. The second reading speech itself acknowledges that the plan management market is not working and that many intermediaries carry integrity risk flags. That admission should be treated as important evidence. It confirms that the problem is not only participant behaviour. It is market design.

However, the bill should be amended to make clear that participants must not be treated as the default compliance target.

Many participants rely on others to manage information, claims, plans, appointments, invoices and service arrangements. Some participants are subject to nominee arrangements, family control, provider influence or substitute decision making. Some have cognitive, psychosocial, communication, literacy or executive function barriers. Some are in crisis. Some are isolated. Some are dependent on the very provider who may be exploiting them.

A compliance framework that does not recognise that reality can easily punish the victim of the failure rather than the cause of the failure.

The bill should therefore include express safeguards against recovering debts from participants where the relevant conduct was substantially caused by a provider, plan manager, support coordinator, nominee or other third party. It should also require the NDIA to consider participant vulnerability, coercion, dependence, disability related barriers and the conduct of intermediaries before taking adverse action against a participant.

The Committee should recommend a clear principle. The integrity system should pursue the party with control, knowledge, benefit and fault. It should not take the easiest path by shifting loss back onto the participant.

The bill validates the case for public provision

The bill's own premises point to a larger conclusion.

The Government says the NDIS needs stronger powers because it is paying more than 50 billion dollars a year through a system exposed to fraud and weak regulation. It says provider registration is needed because only a small share of providers are registered. It says the plan management market is not working. It says support coordination has poor and inconsistent service quality, conflicts of interest and fraudulent practices. It says pricing has not always been transparent. It says the scheme needs more control over payments and supports.

Those claims are not just arguments for more policing. They are arguments against the market architecture that made such policing necessary.

The NDIS is already national in legal and funding terms. What is not nationalised is the delivery architecture. That is where reform must occur.

The Commonwealth should progressively build direct public disability support capacity. Core supports should be treated as public service infrastructure, not as a field for entrepreneurial extraction. Public provision would not magically remove every failure. No serious person should claim otherwise. But it would align accountability more directly with care, continuity, training, records, supervision, public purpose and service quality.

The bill should be amended to require the Commonwealth to develop and publish a public NDIS service capacity plan. That plan should identify areas where market provision is failing, where thin markets create risk, where participant vulnerability is high, where provider integrity risks are persistent, and where direct public provision should be established or expanded.

Commissioning a panel of plan managers may be better than the present model. It is not enough. The public should not simply move from an uncontrolled private market to a controlled private panel. The Commonwealth should build public options capable of setting a benchmark for price, quality, safety, continuity and accountability.

A CES style public NDIS service structure

The bill should not merely tighten the private provider market. It should begin the transition to a public service structure capable of delivering, coordinating and benchmarking disability support directly.

A useful model is a modern CES style public structure. The former Commonwealth Employment Service provided a national public institutional footprint through which employment services were organised as a public function rather than primarily as a private market. The NDIS needs an equivalent public architecture for disability support. It should not be left to a fragmented provider market, conflicted intermediaries and thin local service capacity.

A CES style NDIS structure would mean local public NDIS service offices with direct responsibility for participant support coordination, service navigation, workforce formation, provider oversight, public delivery options and local service mapping. These offices should not merely process plans or police claims. They should actively build and organise local disability support capacity.

Such a structure would give participants somewhere public, accountable and locally present to go. It would reduce reliance on conflicted intermediaries. It would provide a public benchmark for service quality, pricing, worker standards and continuity of care. It

would also allow government to see where support is actually unavailable, rather than pretending that market choice exists because a list of nominal providers exists.

This is especially important in thin markets, regional areas, high risk supports and circumstances where participants have limited bargaining power. In those settings, private choice is often fictional. Participants may be forced to accept what is available, tolerate poor continuity, rely on family exhaustion, or deal with providers whose incentives are not aligned with long term care. A public structure would make the Commonwealth responsible for organising capacity rather than merely funding a market and reacting when that market fails.

A CES style structure would also support the workforce strategy this submission recommends. Public NDIS offices could identify local workforce gaps, coordinate paid training pathways, connect Job Guarantee workers to supervised entry roles, support career progression, and develop public service delivery teams where private supply is weak or exploitative. That would treat disability support capability as national social infrastructure rather than as a labour cost to be squeezed.

This approach would strengthen integrity. Fraud control is easier where public officers know local services, understand participant needs, can detect provider patterns, and have a direct public alternative to offer. It is much harder where the Commonwealth relies on remote administration, automated systems, private plan managers and after the event enforcement.

The bill's current architecture risks moving from an uncontrolled private market to a more tightly controlled private market. That is not enough. The proper reform direction is a mixed transition, beginning with a strong public option and moving core disability supports into public provision where participant vulnerability is high, market failure is persistent, or real service capacity is absent.

The Committee should therefore recommend that the bill be amended to require the Commonwealth to develop a national public NDIS service structure. That structure should include local public offices, direct public provision capacity, public support coordination, workforce development functions, thin market intervention powers, and a clear pathway for integrating a Job Guarantee into disability support workforce formation.

Securing the NDIS for future generations requires more than controlling costs and policing providers. It requires a public institution capable of building, coordinating and delivering the real supports participants need. A CES style NDIS structure would move the scheme away from market dependence and toward public capacity, public accountability and practical service delivery.

Access and functional capacity changes require stronger safeguards

The bill proposes changes to functional capacity, access, permanence and eligibility where other service systems may be available. A more consistent access process may be desirable. Inconsistent decision making is unfair. Diagnosis based advantage can favour people with resources and advocacy capacity.

However, consistency is not the same as justice.

A standardised assessment can produce consistent exclusion as easily as consistent inclusion. It can narrow complex lives into administratively convenient categories. It can underestimate support needs where environmental conditions, informal support failure, housing instability, family pressure or market thinness are excluded from the assessment frame. It can also create false confidence in technical instruments that appear objective but still depend on design choices, thresholds and assumptions.

The Committee should not allow the most important access details to be settled after passage through later rules, instruments, advisory processes or unpublished operational guidance. Parliament should not be asked to approve the skeleton of exclusion while the flesh is added later.

The bill should be amended so that any functional capacity threshold, assessment method or access classification must be subject to public consultation, disability community scrutiny, independent expert review, publication of evidence, clear appeal rights and parliamentary disallowance.

Existing participants should not be removed or materially disadvantaged by reassessment unless the Commonwealth can prove that equivalent and accessible supports are actually available elsewhere. It is not enough to say that another system should provide the support. Health, education, housing, transport, child development, mental health and state disability systems are often themselves under strain. An entitlement should not be removed on the theory that another system might act.

The Committee should recommend a no wrong door safeguard. Where the NDIS refuses or removes support on the basis that another system is responsible, the participant should not be left unsupported. The relevant system should be identified, the support pathway should be confirmed, and continuity of essential support should be maintained until responsibility is practically transferred.

Permanence and treatment rules must not create cruel exclusions

The proposed tightening of permanence is understandable where the NDIS is being asked to fund support that should properly be delivered through health, rehabilitation or

treatment systems. The NDIS should not be used as a substitute for functioning health services.

However, the permanence test must not punish people because appropriate treatment is theoretically available but practically inaccessible. A treatment may exist in Australia but be unavailable in a region, unaffordable in practice, subject to unacceptable delay, culturally inappropriate, clinically unsuitable, traumatic, risky or unsupported by the person's broader circumstances.

It would be unjust to deny NDIS access because a person has not completed treatment that the public system has failed to provide.

The bill should therefore be amended to ensure that the treatment requirement is assessed in the real world, not in an abstract service map. A person should not be excluded because of treatment they cannot practically, safely and reasonably access. The test should consider waiting times, geography, affordability, clinical risk, cultural safety, trauma, disability related barriers and the actual availability of treatment through mainstream systems.

The Commonwealth should not say that the NDIS is not responsible because health should act, while doing nothing to ensure health actually acts.

Reasonable and necessary supports must remain grounded in real support need

The bill seeks to clarify reasonable and necessary supports and strengthen the link between eligible impairments and funded supports. Some clarification may be useful. But the proposed direct link approach risks oversimplifying disability.

People do not live as legal categories. Impairments interact. Disability support needs often arise from the combined effect of eligible impairments, other conditions, environment, housing, family capacity, transport, communication, behaviour, safety and social context.

A narrow direct cause test may look administratively clean but produce unfair outcomes. It risks denying supports that are necessary because the eligible impairment cannot be safely managed without accounting for other interacting factors.

The Committee should recommend that the bill be amended to preserve a functional and practical test. Where an eligible impairment is a substantial cause of a support need, and where the support is necessary to allow the participant to function safely and with dignity, the support should not be excluded merely because another impairment or environmental factor also contributes.

The proposed family support provisions also require care. Families and carers play a vital role. But the NDIS should not rebuild itself on an assumption that unpaid care can

absorb what the scheme withdraws. Informal care can be loving and essential, but it can also be exhausted, unsafe, coercive, unsustainable or unavailable.

The bill should be amended to state clearly that reliance on family, carers and informal networks must not expose the participant or carer to harm, neglect, coercion, family breakdown, poverty, injury or unreasonable burden. It should also require the NDIA to consider carer sustainability in practical terms, not merely as an administrative presumption.

Support determinations are the most concerning part of the bill

The proposed power for the Minister to reduce funding for specified groups of supports is one of the most serious issues in the bill.

This is not merely a technical funding mechanism. It is a power to reduce support funding by class. The explanatory material indicates that a support determination may apply even where the result is that funding is less than the total cost of the support. The bill also treats such reductions as broad legislative action rather than individual reviewable decisions.

That is a major accountability problem.

A decision can be general in form and still devastating in individual effect. A class reduction to social, community or civic participation may look like a scheme level measure, but for the person affected it may mean isolation, loss of routine, loss of work readiness, deterioration in mental health, carer overload or increased crisis risk.

The Committee should not accept the proposition that broad application automatically removes the need for individual safeguards. Legislation like decisions can still cause concrete personal harm.

The bill should be amended so that support determinations cannot take effect unless there is published evidence, independent advice, disability community consultation, a human rights impact assessment, a participant safety assessment, and parliamentary scrutiny. There should also be an individual hardship and safety exemption, with merits review.

No funding reduction should apply where it would create a material risk of harm, neglect, loss of essential functioning, carer collapse, homelessness, institutionalisation or avoidable crisis.

The Committee should also require that savings from reduced support categories are not simply removed from the scheme. Where reductions are justified by claims about community inclusion, the Commonwealth should be required to invest in real public and community capacity before supports are withdrawn.

The Inclusive Communities Fund is not enough if it becomes a symbolic offset for actual support cuts. Community inclusion cannot be rebuilt by reducing individual supports and hoping community organisations somehow absorb the need.

Plan renewals should not remove accountability

The bill proposes plan renewal by operation of law. It would prevent unused funds from rolling forward and remove one off funding. It would also mean renewed plans are not themselves reviewable decisions.

There is a legitimate concern about plan inflation through automatic continuation. But the solution should not be automatic renewal without adequate individual accountability.

Unused funding can have many explanations. It may reflect provider shortage, workforce unavailability, hospitalisation, carer disruption, regional service failure, participant confusion, administrative delay, fear of doing the wrong thing, or a failure by the market to provide the funded support. It should not automatically be treated as evidence that the support was unnecessary.

The bill should be amended so that plan renewal includes meaningful notice, explanation, accessible communication, an opportunity to respond, support to understand the effect of renewal, and review rights where the renewal materially reduces practical access to support.

Where one off funding is removed, the NDIA should be required to check whether the relevant item or modification has actually been supplied, remains fit for purpose, and does not require related ongoing maintenance, repair or replacement.

Limiting unscheduled reassessments is justified only with a strong safety valve

The bill is right to address cases where support coordinators, plan managers or other intermediaries request reassessments without the participant's knowledge or to expand billable funding. That conduct is unacceptable.

However, limiting unscheduled reassessments can also harm participants whose lives change quickly. Disability support needs may change because of carer illness, family breakdown, domestic violence, housing loss, school exclusion, employment change, hospital discharge, deterioration in function, assistive technology failure, provider collapse or a sudden loss of informal support.

The bill recognises some of these categories, but the safeguards should be stronger.

The Committee should recommend a broad safety valve allowing urgent plan variation or reassessment where delay would risk harm, neglect, loss of accommodation, carer

collapse, institutionalisation or loss of essential functioning. The NDIA should be required to act quickly in urgent cases and maintain interim supports while the request is assessed.

The bill should also distinguish between abusive reassessment requests by intermediaries and genuine requests made with support. Participants should be allowed to receive assistance to prepare a request. The problem is not assistance. The problem is conflicted control.

Plan suspension is dangerous without stronger protections

The bill would allow plan suspension where the participant is not contactable after reasonable attempts to seek information or reports. It would also allow revocation after 90 days in certain circumstances.

This is a high-risk power.

People may be uncontactable for reasons directly related to disability, homelessness, hospitalisation, domestic violence, mental illness, cognitive impairment, communication barriers, digital exclusion, unstable phone access, language barriers, remote location, carer control or fear of government agencies.

Suspending a plan may stop the very supports that would help the person re engage. It may also give abusive or negligent third parties more power over the participant.

The bill should be amended to require intensive outreach before suspension. That should include multiple modes of contact, use of known support networks where safe, checking with current providers where appropriate, accessible communication, disability advocacy referral, and consideration of whether the participant may be at risk.

Essential supports should not be suspended where suspension would create a material risk to safety, housing, health, personal care, communication or freedom from neglect. Any suspension should be reviewable, time limited, actively managed and subject to automatic senior review.

The NDIA should not be permitted to suspend support simply because contact is administratively difficult.

Pricing should not sit solely with the Minister

The bill would make the Minister the decision maker on NDIS pricing. Clearer pricing is needed. Participants should be protected from over charging, and providers should not be permitted to treat the NDIS as a premium price opportunity.

However, pricing decisions are too important to be treated as ordinary ministerial discretion. Prices affect participant access, provider behaviour, workforce wages,

service quality, thin markets, regional availability and the viability of public and community provision. If pricing is set through a false fiscal frame, it may produce harmful decisions. The Commonwealth is the issuer of the Australian dollar. The relevant constraint is not whether the Commonwealth can fund necessary supports in its own currency. The relevant constraint is whether Australia has, or can build, the real workforce, service capacity, supervision, equipment and infrastructure required to deliver those supports safely and effectively.

The Committee should therefore recommend independent pricing advice, published methodology, consultation with participants and workers, regional analysis, transparent explanation and explicit assessment of real resource impacts before pricing determinations are made. The Minister may remain legally responsible, but the advice and method should be public.

Pricing should not become a quiet mechanism for reducing supports by making services uneconomic, suppressing wages, driving workers out of the sector, weakening regional services or pushing providers to cut labour costs. A pricing decision may appear prudent only within a false fiscal frame, but be destructive in reality if it suppresses wages, weakens regional services, makes supports uneconomic or depletes the real capacity needed to support participants.

Automation must be tightly confined

The bill contains provisions for automation of administrative action. The second reading speech acknowledges the risks of technology in human services and says those mistakes will not be repeated.

That assurance is not enough.

Automated action in human services can cause serious harm. It can scale error, obscure responsibility, intimidate vulnerable people, generate false debts, deny support, and make review difficult. The NDIS involves people with disability, complex circumstances, variable communication needs and high stakes support decisions. It is precisely the kind of system where automated error can be damaging.

The bill should be amended to prohibit fully automated adverse action against participants. No suspension, debt, support reduction, access refusal, plan reduction or adverse compliance outcome should occur without meaningful human review by an accountable officer.

Automation should be limited to genuinely low risk administrative functions unless Parliament expressly approves otherwise. Standard operating procedures should be public, accessible and legally enforceable. Participants should be told when

automation has been used, what data was relied on, what rule or model was applied, and how to obtain human review.

The Committee should insist on audit, error reporting, external oversight and transparency. In human services, speed is not a public good if it simply accelerates mistakes.

What the bill is missing

The bill contains extensive machinery for controlling participants, providers, plans, prices, claims, records, eligibility and administrative action. What it does not contain is an adequate plan to build the public capacity needed to deliver disability support directly and accountably.

That is the central omission.

The NDIS cannot be secured merely by narrowing eligibility, reducing support categories, tightening claims and increasing penalties. It can only be secured if Australia builds the workforce, public institutions and service infrastructure required to deliver support safely.

The Commonwealth should establish a public national disability workforce strategy built around paid training, supervised entry, accreditation, regional workforce development, secure employment, proper supervision and career progression.

A Job Guarantee should form part of that strategy.

A Job Guarantee would provide properly paid, socially useful work tailored to abilities, to anyone willing and able to work, with standard conditions and appropriate safeguards. It would be federally funded, locally organised and directed toward unmet public needs.

In the NDIS context, it could assist in two ways.

First, it could help build disability support capacity by creating pathways into supervised public service work, administration, community access support, transport assistance, maintenance, local inclusion activities and related support functions.

Second, it could create dignified employment pathways for some participants who want structured work designed around their capacities. That should never be coercive. It should not be used to push people off support. But where suitable and chosen, it could provide paid work, routine, social connection, confidence, skill development, increased independence and a bridge to other employment.

This matters because meaningful work can increase productive capacity while also improving social interaction, confidence, community participation and personal agency. For some participants, properly supported work may reduce avoidable reliance

on NDIS funded supports and family support structures over time, not by withdrawing support, but by building capability, connection and independence. That is the correct public purpose sequence. Build capacity first. Let reduced reliance follow only where it genuinely follows from the person's own improved position.

That is a more serious inclusion strategy than relying on private employers to hire only where profitability and risk calculations suit them.

Recommendations

Recommendation 1

The Committee should recommend that the bill not pass in its current form.

Recommendation 2

The Committee should support strong measures against fraud, rorting, over charging, poor records, unregistered provider risk, civil penalty breaches, conflicted plan management and provider misconduct, provided those measures are amended to protect participants from being punished for misconduct by providers, plan managers, support coordinators, nominees or other intermediaries.

Recommendation 3

The bill should be amended to define sustainability in real resource terms. NDIS sustainability should mean maintaining and expanding the real capacity of the scheme to provide safe, effective, necessary and accountable support to people with permanent and significant disability over time. It should not mean reducing supports merely because aggregate Commonwealth expenditure has increased.

Recommendation 4

The bill should reject fiscal sustainability as the dominant organising principle. The Commonwealth is the issuer of the Australian dollar. The relevant constraint is not whether the Commonwealth can find Australian dollars, but whether Australia has, or can build, the real workforce, service capacity, supervision, equipment, housing, transport, allied health capacity, administration and community infrastructure required to support participants properly.

Recommendation 5

The bill should be amended to state that participant safety, continuity of essential support, human rights, freedom from neglect and real resource capacity prevail over fiscal savings where those objectives conflict.

Recommendation 6

The bill should distinguish clearly between cutting provider extraction and cutting participant support. Savings should come first from fraud, price gouging, conflicts of interest, duplicated intermediaries, weak provider governance, poor market design and market failure, not from essential participant supports.

Recommendation 7

Support determinations that reduce funding for groups of supports should require published evidence, independent advice, disability community consultation, a human rights assessment, a participant safety assessment, parliamentary scrutiny and an individual hardship exemption with merits review.

Recommendation 8

No support determination should apply where it would create a material risk of harm, neglect, isolation, loss of essential functioning, carer collapse, homelessness, institutionalisation or withdrawal of support before a genuine alternative is practically available.

Recommendation 9

Plan renewals should include meaningful notice, accessible explanation, an opportunity to respond, support to understand changes, and review rights where renewal materially reduces practical access to support.

Recommendation 10

The functional capacity framework, access thresholds and permanence rules should not commence until the assessment tools, thresholds, evidence base, review rights and safeguards have been publicly released and scrutinised.

Recommendation 11

No participant should lose NDIS support on the basis that another service system is responsible unless that other system is practically available, accessible and ready to provide the support. Essential support should continue until responsibility is practically transferred.

Recommendation 12

Plan suspension powers should be narrowed and subject to stronger outreach, advocacy, risk assessment, senior review and protection for essential supports. The NDIA should not be permitted to suspend support merely because contact is administratively difficult.

Recommendation 13

Automation should not be permitted to make or trigger adverse participant outcomes without meaningful human review. Participants should be told when automation is used and should have access to explanation, correction and review.

Recommendation 14

NDIS pricing should be based on independent published advice, transparent methodology, participant and worker consultation, regional service analysis and explicit assessment of real resource impacts. Ministerial control should not become opaque price rationing.

Recommendation 15

Pricing decisions should not be made through a false fiscal frame. A price that appears fiscally prudent on paper may be destructive in reality if it suppresses wages, drives workers out of the sector, weakens regional services, makes supports uneconomic or depletes the real capacity needed to support participants.

Recommendation 16

The Commonwealth should be required to develop a public NDIS service capacity plan, including direct public provision in thin markets, high risk supports and areas of persistent provider failure.

Recommendation 17

The Commonwealth should establish a modern CES style public NDIS service structure, with local public offices responsible for service navigation, public support coordination, local service mapping, workforce development, thin market intervention, provider oversight and direct public delivery options.

Recommendation 18

The CES style public NDIS structure should provide a public benchmark for service quality, pricing, worker standards, continuity of care and accountability. It should give participants a visible, local and accountable public pathway instead of forcing them to rely on fragmented private providers and conflicted intermediaries.

Recommendation 19

The Commonwealth should establish an aggressive national disability workforce strategy, including paid training, supervised entry, accreditation, secure employment, regional workforce development, proper supervision and career progression.

Recommendation 20

The Commonwealth should integrate a Job Guarantee into the broader NDIS reform agenda, both to assist public disability workforce formation and to create suitable, voluntary, properly paid work pathways for participants who want them.

Recommendation 21

The Job Guarantee should be designed to increase productive capacity, social interaction, confidence, community participation, independence and personal agency. Where suitable and chosen by the participant, properly supported work may reduce avoidable reliance on NDIS funded supports and family support structures over time by building capability first, not by withdrawing support first.

Recommendation 22

The Committee should recommend that the long-term direction of reform be toward direct public disability support capacity, a CES style public NDIS service structure, public workforce formation and public accountability, rather than further reliance on a fragmented privatised provider market that has already failed the integrity test.

Conclusion

The NDIS should be secured for future generations. But it will not be secured by confusing integrity with austerity, or by treating fiscal sustainability as though it were the same thing as real sustainability.

Fraud should be attacked. Rorting should be attacked. Overcharging should be attacked. Conflicted plan managers, weak providers, organised criminal activity and market extraction should be attacked. Public money intended for disability support should not be allowed to leak into private margin, inflated billing, poor records or predatory conduct.

But participants should not be made the shock absorbers for a failed market model.

The bill is strongest where it confronts provider misconduct and intermediary failure. It is weakest where it converts those failures into broad powers to narrow access, reduce funding, limit reassessment, suspend plans, automate administration and avoid individual review.

The Committee should therefore recommend substantial amendment. It should retain integrity measures that pursue the actors with control, benefit and fault. It should reject blunt rationing disguised as sustainability. It should protect participants from automated and administrative harm. It should insist that support reductions are

evidence based, reviewable and safe. It should require practical alternatives before supports are withdrawn.

Most importantly, the Committee should reject the false premise that the NDIS is secured merely by reducing Commonwealth expenditure. The Commonwealth is the issuer of the Australian dollar. The relevant constraint is not whether the Commonwealth can find dollars. The relevant constraint is whether Australia has, or can build, the real resources needed to provide safe, effective, necessary and accountable disability support. Those resources include trained workers, allied health capacity, housing, transport, assistive technology, supervision, administration, public service capability, community infrastructure and local service capacity.

Properly understood, NDIS sustainability is real resource sustainability. It means maintaining and expanding the real capacity of the scheme to support people with permanent and significant disability over time. It does not mean preserving the scheme by hollowing out the supports that give the scheme its purpose. A proposed saving ceases to be legitimate where it creates material risk of harm, neglect, isolation, loss of essential functioning, carer collapse, institutionalisation, homelessness, or withdrawal of support before a genuine alternative is practically available.

The deeper truth exposed by the bill is that the NDIS has a structural problem, not merely a compliance problem. A system that constantly needs more policing, more restrictions, more pricing control, more registration, more penalties and more administrative machinery is not merely experiencing isolated misconduct. It is showing the consequences of building an essential human service around a fragmented privatised provider market.

The proper long-term answer is public capacity. Disability support should be organised around care rather than capture, public purpose rather than private margin, and capability rather than excuse. That requires direct public provision where markets fail, a serious national disability workforce strategy, proper training and supervision, secure employment, regional service formation and transparent public accountability.

A modern CES style public NDIS service structure should form part of that answer. Participants need a visible, local and accountable public pathway, not just a funded plan and a list of private providers. Local public NDIS offices could coordinate service navigation, public support coordination, workforce development, thin market intervention, provider oversight and direct public delivery options. That would give the Commonwealth real institutional capacity, not merely stronger powers to police a market after it fails.

A Job Guarantee should also form part of that reconstruction. Properly designed, it can help build public disability support capacity while also creating suitable, voluntary and

properly paid work pathways for participants who want them. Where chosen and appropriate, such work can increase productive capacity, social interaction, confidence, community participation, independence and personal agency. Any reduced reliance on NDIS funded supports or family support structures should follow from improved capability and connection, not from the withdrawal of support.

Securing the NDIS for future generations should mean securing the people the scheme exists to serve. It should not mean protecting false fiscal logic by making participants carry the cost of a failed private market the government designed.

Reference Sources

- Cook, Beth, Mitchell, William, Quirk, Victor and Watts, Martin, *Creating effective local labour markets: a new framework for regional employment policy*, Centre of Full Employment and Equity, University of Newcastle, November 25, 2008.
- Mitchell, William F. and Mosler, Warren B., *Fiscal Policy and the Job Guarantee*, Centre for Economic Policy Research, Australian National University, Discussion Paper No. 441, December 2001.
- Senate Economics Legislation Committee, Estimates, 28 May 2020, evidence of Philip Lowe, Governor, Reserve Bank of Australia.
- Sanderson, Michael, *Integrity of the National Disability Insurance Scheme, submission to the Joint Standing Committee on the National Disability Insurance Scheme, 14 April 2026*. This submission sets out the broader position that NDIS integrity failures are substantially connected to a fragmented private provider architecture, and argues for direct public provision, public workforce formation and a Job Guarantee based workforce strategy.

(Note: One or all of the above sources can be supplied on demand)