“Restoring Balance to the NDIS: A Rights-Based, Co-Designed Future”

A Submission to The Joint Standing Committee on the National Disability Insurance Scheme

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Abstract:

This submission to the Joint Standing Committee on the National Disability Insurance Scheme critically examines the trajectory of the NDIS and its divergence from its original rights-based, participant-led vision. It argues that current reforms, marked by rigid support lists, prescriptive needs assessments, and bureaucratic control, risk entrenching institutional models of disability support and undermining participant choice, autonomy, and dignity. Drawing on community development theory, the UN Convention on the Rights of Persons with Disabilities (UNCRPD), and Tribunal precedents, the paper highlights the imbalance between individualised, relational support and service-driven systems, framing this through the metaphor of Yin and Yang. Across its sections, the submission advances three central arguments: first, that restoring balance between individual and service forms is essential for a just and sustainable NDIS; second, that co-designed governance structures such as National Disability Co-Design Assembly and Community Design Circles are required to embed lived experience in decision-making; and third, that a principles-based approach to defining supports under Section 10 of the NDIS Act offers a transparent, equitable, and flexible alternative to list-based restrictions. The submission concludes by calling for legislative and policy reforms to reaffirm participant-led decision-making, safeguard human rights, and re-establish the NDIS as a system grounded in community wisdom, inclusion, and personal dignity.

Introduction:

The National Disability Insurance Scheme (NDIS) was conceived as a landmark reform in Australian social policy, a rights-based system designed to uphold the dignity, autonomy, and full citizenship of people with disability. Rooted in the principles of the UN Convention on the Rights of Persons with Disabilities (UNCRPD), it promised to replace fragmented welfare arrangements with a scheme centred on individual choice, control, and participation. For many, the NDIS stood for not only a new funding model but also a profound cultural shift. A recognition that people with disability are best placed to decide the supports they need to live inclusive, meaningful lives.

Yet, more than a decade after its establishment, the NDIS stands at a crossroads. Recent legislative amendments, prescriptive support lists, and the proposed Needs Assessment have accelerated a drift away from the scheme's original intent. Instead of empowering participants, reforms have increasingly entrenched bureaucratic processes, provider dominance, and standardised funding models. These changes are most acutely felt by people with complex needs, who face heightened risks of exclusion, institutionalisation, and the erosion of their fundamental rights.

This submission is written in response to this moment of crisis and opportunity. It seeks to articulate both a critique of the current trajectory of the NDIS and a constructive vision for its renewal. Drawing on community development theory, Tribunal precedents, disability rights frameworks, and lived experience, it proposes alternatives that restore balance between systemic safeguards and personal autonomy. It argues that genuine co-design, principles-based decision-making, and the recognition of both individual and community forms of support are essential if the NDIS is to meet its original purpose.

The structure of this submission is as follows:

- **Part One: A Question of Balance:** Explores the philosophical and practical tensions within the NDIS, using the metaphors of Yin and Yang and Kelly & Sewell's "With Head, Heart and Hand" to frame the imbalance between individual and service forms.
- **Part Two: Implementing a Co-Designed, Rights-Based NDIS:** Proposes the creation of a National Disability Co-Design Assembly and Community Design Circles to embed lived experience and community wisdom at the centre of governance and reform.
- **Part Three: Determining NDIS Supports: A Principles-Based Approach:** Responds to the DSS consultation on support rules, advocating for a transparent, flexible, and participant-led alternative to prescriptive lists under Section 10 of the Act.
- **Part Four: Impact of Prescribed Support Lists on People with Complex Support Needs:** Analyses the detrimental effects of list-based supports, particularly for people with high and complex needs, and highlights risks of re-institutionalisation and breaches of UNCRPD obligations.
- **Part Five: The NDIS Needs Assessment: Another Broken Promise?:** Critiques the proposed I-CAN Needs Assessment as a cost-containment tool disguised as reform, warning of its potential to undermine individualisation and choice.

Ultimately, this submission calls for a fundamental reorientation of the scheme: away from cost-containment and standardisation, and toward inclusion, dignity, and ethical action. It urges the Committee to consider reforms that honour the grassroots movement that gave birth to the NDIS, and to ensure that Australia does not return to the institutional practices the scheme was designed to leave behind.

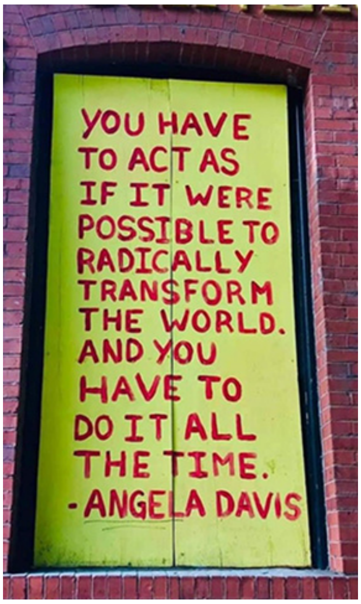
This submission is respectfully presented to the Joint Standing Committee with the hope that it will inform its deliberations, challenge the dominance of bureaucratic and provider-driven narratives, and help restore the NDIS as a genuine vehicle for rights, choice, and inclusion for all Australians with disability.

Part 1: *"A Question of Balance"*

Summary:

This section explores the philosophical, policy, and practical tensions within Australia's National Disability Insurance Scheme (NDIS), arguing that the scheme has deviated from its original rights-based, participant-led vision toward a rigid, bureaucratic, and market-dominated system. Drawing on community development theory, particularly Tony Kelly and Sandra Sewell's "With Head, Heart and Hand", and the Chinese concept of Yin and Yang, the crisis within the NDIS is framed as a loss of balance between two essential forms: the Individual (Yin) and the Service (Yang). The section critiques current NDIS reforms for prioritising standardisation, efficiency, and control (Yang) at the expense of personal agency, relational support, and co-designed innovation (Yin). Through detailed analysis and conceptual metaphors, it advocates for restoring harmony by integrating structure and flexibility, governance and lived experience, and systemic safeguards with relational depth. This section calls for a paradigm shift away from binary choices and toward a dynamic synthesis that honours the full humanity of disabled people and the communities that support them.

This section does not seek to detail features of the framework. It promotes a structure to guide an alternative conversation to fundamentally change the current and deeply flawed approach to disability care and support social policy development and implementation to a more balanced approach that recognises both the Service Form and the Community Form in balance.



Introduction

Over recent months, I have observed a steady and continued decline in the core intention of the NDIS, marked by the introduction of funds rationing, through plan periods, and the release of the new Pricing Arrangements, whose development lacks the transparency and co-design we have been continuously promised.

Despite ongoing criticism of changes to the scheme, which the Minister and the NDIA allege are reforms, they seem to be obsessed with pursuing their agenda and digging themselves deeper and deeper into a morass of confusion, disorganisation and wanton destruction of a scheme that showed so much promise as defining a fresh, exciting approach to disability policy development. Rather than reforming the scheme, these changes are "re-forming" it into leaderless, directionless chaos. This is the foundation of that chaos:

Summary Table: From Vision to Reality

Theme	Original Purpose	Current Direction
Rights-Based Framework	UNCRPD-aligned, empowering choice and control	Bureaucratic, compliance-driven system
Individualised Funding	Tailored to personal goals and needs	Benchmarked budgets, plan caps
Participant-Led Market	Diverse, responsive providers	Large provider dominance, thin markets
Support Determination	Based on life goals and disability needs	List-based restrictions and internal policy guides
Planning Approach	Human-centred, collaborative planning	Impersonal, scripted, planner-constrained process
Governance	Disability-led co-design and accountability	Technocratic, consultant-driven, risk-averse
Restrictive Practices	Minimise and eliminate	Normalised in group homes and support settings
Advocacy	Independent, participant-driven	Undermined, underfunded, retaliated against

The NDIS is out of balance with its original intent. The scheme was envisioned as a revolutionary reform built on rights, participation, and personal empowerment. Over time, cost-containment pressures, bureaucratic logic, and a market-first ideology have reshaped it into a system that increasingly fails those with complex or individualised needs. Reclaiming the original purpose will require:

- Reinstating **human rights** and **dignity** as the scheme's foundation.
- Strengthening **participant voice**, co-design, and advocacy.
- Replacing rigid support lists with **principles-based decision-making**.
- Investing in **innovative, support models** that prioritise relationships, inclusion, and autonomy.

My community development mentor and teacher, Tony Kelly, often quoted the well-known phrase:

"If you want to change the culture, you have to change the conversation"

The dominant disability care and support culture has not served our disability community well. This has been documented time and time again through endless reports and enquiries. Yet this culture persists and is currently engaged in the wholesale destruction of the NDIS scheme, whose principles were born out of a grassroots movement for reform driven by disabled people. If we want to change this culture, we must change the dominant provider/finance narrative that currently drives the conversation. This section attempts to outline the framing of an alternative discussion.

Tony Kelly and Sandra Sewell's influential book, ***With Head, Heart and Hand: Dimensions of Community Building*** (2005), draws from years of practice-based wisdom. Within the pages of this small tome, we find wisdom that offers a way to **bridge the gap** between formal disability services and organic community connections, offering a rich framework for community-building practice. This framework describes community building as an act of integration: of thinking, feeling, and doing; of policy, relationships, and lived experience. Kelly argues that sustainable and inclusive communities are created not through top-down programs alone, but through a combination of:

- Head: clear thinking, planning, and governance
- Heart: compassion, relational depth, and moral vision
- Hand: practical action and grounded engagement

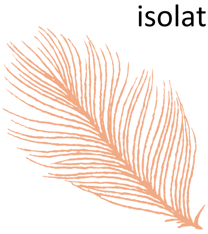
This section will not delve deeply into the rich learning offered up by this book. That deserves separate contemplation. This book, through his extensive teaching and mentorship in community development practice, Tony (and Sandra) offer the observation that true community building work is a synergy between the Service Form and the Community Form

- **The Service Form**:
    - Structured, professional, and formalised ways of providing support.
    - Often risk-averse, bureaucratic, and driven by outcomes and compliance.
- **The Community Form**:
    - Informal, relational, and organic networks of support and inclusion.
    - Built on natural connections, shared lives, and a sense of belonging.
- **Balance**: True community building **requires both** forms, with careful attention to their dynamic tension and synergy.

Disability care and support are not just technical or administrative tasks. They are deeply human practices grounded in relationships, values, and the kind of society we choose to build.

Drawing on the ancient Chinese philosophy of Yin and Yang, we can explore the tension between individualised (Yin) and service-driven (Yang) approaches to disability support: Not as competing forces, but as complementary dimensions that must remain in balance for systems to serve people well.

When this balance is lost, when rigid systems overpower individual voice, or when people are left isolated without structural support, both individuals and communities suffer.



The Head, Heart and Hand triad mirrors the Yin-Yang dynamic: the *Head* and *Hand* echo the structured, visible elements of Yang, while the *Heart* embodies the responsive, intuitive, and relational qualities of Yin. In disability care, when systems operate with only the Head and Hand, without the Heart, services become transactional. When care operates with Heart but lacks structural support, it becomes emotionally unsustainable.

This teaching tool invites reflection on how we hold this balance in our disability support systems. How do we build systems that uphold both the individual's right to live a meaningful, self-directed life and the collective responsibility to resource, scaffold, and sustain that life? And how do we ensure our communities, as Kelly and Sewell suggest, engage with all three dimensions—thinking, feeling, and doing—in ways that are truly inclusive?

When viewed through the lens of Yin and Yang philosophy, we can draw a rich, symbolic contrast between individualised and service provider-driven approaches to disability care and support. While Yin and Yang are interdependent and complementary rather than oppositional, they can be used to explore tensions and dynamics in how support is structured.

Yin – Individualised Approaches to Support

Yin is traditionally associated with:

- Receptivity
- Flexibility
- Intuition
- Darkness and mystery (things not yet defined or formed)
- The feminine principle
- Subjectivity, depth, and inner experience

In the context of disability care, Yin aligns with:

Yin Characteristics	Individualised Support
Responsive and adaptive	Tailored to the person's strengths, needs, preferences, and evolving life context
Emphasis on relationship and trust	Co-designed with the person, family, and community in an ongoing dialogue
Decentralised and fluid	Flexible funding and creative solutions (e.g. microboards, peer networks, self-managed supports)
Valuing the invisible and intrinsic	Recognition of lived experience, personal goals, and dignity of risk
Emphasis on process, not product	Focus on inclusion, belonging, and meaning—not just service outcomes

Yin respects the "quiet power" of the individual: Their voice, agency, and complexity, even when it's not easily measured.

Yang – Service Provider-Driven Approaches

Yang is associated with:

- Structure and control
- Logic and rules
- Activity and force
- Light and visibility
- The masculine principle
- Objectivity, boundaries, and external measures

In the context of disability care and support, Yang aligns with:

Yang Characteristics	Service Provider-Driven Support
Standardisation and structure	Use of pre-approved support categories, staff rosters, and funding silos.
Emphasis on efficiency and scale	Block funding, group programs, ratio-based staffing models (e.g. 1:3 support)
Centralised authority	Professionals, politicians and bureaucrats determining what is "reasonable and necessary" with limited input.
Visibility and compliance	Focus on KPIs, audits, visible documentation, and measurable "outputs".
Active doing rather than being	Task-focused service delivery rather than relational or experiential support

Yang reflects the "visible power" of systems—order, governance, and production—but risks becoming rigid, impersonal, or disconnected from lived realities.

Integrating Yin and Yang

True harmony in disability care and support systems might come from a dynamic balance between Yin and Yang:

- Too much Yin (The Individual Form): risks a lack of structure, unclear roles, and burnout from under-supported care relationships.

- Too much Yang (The Service form): leads to mechanised, paternalistic systems where people become service recipients rather than co-creators.

Summary Table

Element	Yin (Individualised Support)	Yang (Service-Driven Support)
Orientation	Person-centred, relational	System-centred, procedural
Decision-making	Collaborative, emergent	Hierarchical, rules-based
Support flexibility	Adaptive, evolving with the person	Fixed plans, set programs
Risk	Shared, embraced with safeguards	Avoided, minimised at all costs
Measures of success	Inclusion, empowerment, quality of life	Outputs, compliance, efficiency

In the context of our disability care and support, the philosophical balance of Yin (Individual Form) and Yang (Service Form) is essential for a just, empowering, and effective system. When either side dominates, significant risks emerge, undermining the rights, well-being, and autonomy of disabled people.

The Importance of Balance

Yin and Yang are not opposing forces but complementary, interdependent aspects of a unified whole. In disability support:

- Yin (Individual Form) represents personalised, relationship-based, community-rooted care that honours each person's story, agency, and evolving needs.
- Yang (Service Form) represents the structure, resources, safeguards, and system coordination needed to ensure consistency, scale, and professional standards.

The aim is to integrate both, to ensure that structure serves individuality, not suppresses it.

When Yang (Service Form) Dominates:

There are Risks of Over-Standardisation

This is currently the dominant risk in most disability systems, including within the NDIS.

Manifestation	Description	Consequences
Over-systematisation	Needs and supports are fitted into rigid categories, ratios, or benchmarked costs.	Loss of creativity, exclusion of complex needs that don't fit the mould.
Efficiency over personhood	Supports are delivered in ways that prioritise throughput, rosters, and policies.	Person is seen as a "client" to manage, not a citizen to support.
Disempowerment	Professionals or algorithms decide what's "reasonable," with limited collaboration.	Participants lose control, voice, and confidence in their own judgment.
Group-based solutions	Reliance on shared supports (e.g. 1:3 ratios) and congregated housing (e.g. group homes).	Social isolation, institutional risk, and erosion of rights.
Data obsession	Focus on what can be audited, measured, or reported to funders.	Loss of attention to human connection, meaning, and quality of life.

Summary Risk: The person becomes secondary to the system. Human support is reduced to service transactions, often stripping away dignity, flexibility, and community.

When Yin (Individual Form) Dominates:

There are Risks of Under-Resourcing and Isolation

While far less common in system-led environments, unbalanced Yin can emerge in self-managed or grassroots contexts if not supported properly.

Manifestation	Description	Consequences
Lack of infrastructure	Families and individuals are left to coordinate everything alone.	Burnout, fractured care, and unaddressed risks.
Over-personalisation	Every decision is custom, without guiding structure or shared learning.	Inefficiency, lost time, gaps in support.
Invisibility to systems	Unique, relationship-based supports aren't recognised or funded.	Loss of access to resources and formal entitlements.
Emotional overextension	Deep relational care without system backup can overwhelm natural supports.	Family strain, boundary violations, or unsafe situations.

Summary Risk: Without stable Yang, Yin collapses under its own weight. Individual approaches become fragile, dependent on goodwill, and vulnerable to system neglect.

Dynamic Tensions and False Choices

The most dangerous outcome is when systems frame Yin and Yang as mutually exclusive, as if a choice must be made between personalised, flexible support *or* consistent, regulated services.

This binary fuels:

- Arguments that individualised support is too risky or costly
- The belief that service-led models are more “realistic” or “accountable”
- Policies that shift the burden of risk and care to families or informal networks, while enforcing rigid compliance rules on providers.

I contend that the chaos we are seeing in the NDIS at this time arises as a direct consequence of the synergistic relationship between the Service Form and the Individual Form of disability policy and support development and implementation being out of balance. In a desperate pursuit of cost reductions and some arbitrary, ill-defined notion of scheme viability, the bureaucratic Service Form has pushed aside, often callously, and almost completely disregarded the vital counterbalancing Individual Form. At the time of the release of the NDIS Review, I reflected on this tension in the drawing included below. This describes the sense of betrayal we felt, and continue to feel, as these “reforms” rolled out, crushing the lifeforce out of the scheme that was meant to liberate, not push and brutalise.

Toward Integration: Restoring Harmony

I will just put this brief table here to ponder what the principles of an alternative balanced approach to implementing the NDIS might look like if we took a more balanced approach.

Principle	Application
Structure should serve people	Use frameworks (Yang) that enable personalised design (Yin), not constrain it.
Systems should co-learn with individuals	Embed feedback and co-design into program governance.
Guardrails, not guard towers	Risk management should be enabling, not disabling.
Build flexible infrastructure	Fund supports that can adapt without bureaucratic penalty.
Recognise relational labour	Value the informal, intuitive, and invisible work that sustains wellbeing.

Final Thought

Within a dynamic disability support community, unbalanced Yang leads to institutionalisation by design. Unbalanced Yin risks isolation by default. Neither outcome is consistent with the vision of the UNCRPD, NDIS Act, or a just society.

The solution is not to choose between Yin or Yang, but to harmonise them so that support is both person-led and system-enabled.

Part 2: *“Implementing a Co-Designed, Rights-Based NDIS”*

Summary:

The initiative described in this section, based on the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and community development practices, aims to shift from a bureaucratic system to a community-guided approach. By creating a National Disability Co-Design Assembly and Community Design Circles, the initiative empowers people with disabilities to shape the NDIS design, policy, and evaluation. It focuses on building community capacity, transforming support funding, and establishing oversight and accountability, prioritising the inclusion and leadership of people with complex needs. The goal is to rebuild the NDIS as a system grounded in community wisdom, personal dignity, and ethical action, where people with disabilities are co-creators of inclusive communities.

Introduction:

The National Disability Insurance Scheme (NDIS) is at a pivotal moment in its evolution. This section outlines a transformative initiative aimed at co-designing and implementing a future direction for the NDIS that is inclusive of all participants, especially those with complex needs. Rooted in the principles of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and traditional community development practices, this initiative seeks to shift from a bureaucratic and market-led system to a community-guided, relationship-centred, and ethically grounded approach to disability support in Australia.

The foundational vision and values of this initiative emphasise participation and inclusion, autonomy and dignity, equality and non-discrimination, and independent living and community life. By creating a National Disability Co-Design Assembly and establishing Community Design Circles, the initiative aims to build a national and local governance framework that empowers people with disability to shape the NDIS design, policy, and evaluation.

Through phases of building community capacity, transforming support funding and organisation, and establishing meaningful oversight and accountability, this initiative prioritises the inclusion and leadership of people with complex needs, particularly those with judgemental labels such as “challenging”, “non-verbal” and “profoundly disabled”. It redefines the role of the NDIA from a regulator and gatekeeper to a partner and facilitator of community-led change, promoting trust, responsiveness, and well-being.

Ultimately, this initiative aspires to rebuild the NDIS as a system grounded in community wisdom, personal dignity, and ethical action, reclaiming the original spirit of the Scheme where people with disabilities are not merely recipients of services but co-creators of just, inclusive, and flourishing communities.

1. Foundational Vision and Values

This initiative would represent a shift from a bureaucratic and market-led system to a community-guided, relationship-centred, and ethically grounded approach to disability support. It would be rooted in two major frameworks:

a. UN Convention on the Rights of Persons with Disabilities (UNCRPD)

- **Participation and Inclusion**: Every person with disability has the right to be actively involved in decisions affecting their life and the policies that govern them.
- **Autonomy and Dignity**: All supports must enhance, not diminish, the personal agency of individuals with disability.
- **Equality and Non-Discrimination**: Communities must ensure the inclusion of people with complex needs and historically marginalised groups.
- **Independent Living and Community Life**: The focus must be on meaningful belonging, not managed care or compliance.

b. Community Development Ethic

- **Locally driven change**, built around the needs and aspirations of those directly affected.
- **Service-oriented leadership**, where those with institutional power support, not direct, community action.
- **Collective care and responsibility**, with decisions made for the benefit of all, especially the most excluded.
- **Respectful dialogue and non-coercive processes**, ensuring people are never pressured into arrangements that do not work for them.

2. Roadmap for Inclusive Implementation

Phase 1: Build a National and Local Governance Framework

a. Create a National Disability Co-Design Assembly

- A standing body led by disabled people, reflecting diversity across disability type, cultural background, geography, and support needs.
- Holds formal power to shape NDIS design, policy, and evaluation.

b. Establish Community Design Circles

- Local assemblies of people with disability, families, allies, and community members who meet regularly to discuss needs, evaluate services, and propose locally relevant solutions.
- Designed to ensure safe and supported participation of people with complex communication or behavioural needs through multiple modes of access and expression.

Phase 2: Build the Capacity of Communities to Participate

a. Fund and Train Community Facilitators

- Skilled individuals who support dialogue, collaboration, and ethical listening within local design circles.
- Ensure they reflect community diversity and are trained in communication support, trauma-informed care, and inclusive practices.

b. Remove Barriers to Participation

- Provide support for communication access (interpreters, AAC), transport, support workers, respite care, and technology.
- Develop accessible information and provide dedicated support to help people prepare for and engage in co-design activities.

Phase 3: Transform How Supports Are Funded and Organised

a. Enable Collective Decision-Making Over Support Resources

- Allocate a proportion of NDIS funds to be governed by local communities for their own priorities, such as accessible housing, peer networks, or small-scale support providers.
- Replace fixed service contracts with flexible, community-controlled funding models for building community-led capacity-building initiatives.

b. Phase Out Inflexible and Coercive Support Models

- Abolish funding structures that force people into shared support or housing they do not choose.
- Replace these with supports designed collaboratively with the individual and their community, with a focus on long-term relationships and well-being.

Phase 4: Establish Meaningful Oversight and Accountability

a. Create a National Truth and Reform Commission

- Document and acknowledge the harm caused by systemic neglect, exclusion, and paternalistic models of support.
- Develop national strategies for reparation, healing, and structural change based on testimony from those with lived experience.

b. Shift Outcome Measures

Replace cost-efficiency metrics with measures of:

- Self-reported dignity and quality of life based on the UNCRPD Principles.
- Control over supports and environment.
- Participation in community life.
- Reduction in restrictive or standardised practices.

3. Prioritising the Inclusion of People with Complex Needs

At every stage, this initiative would actively prioritise the involvement and leadership of people who are most often excluded: Those showing complex behaviours of protest, significant cognitive impairments, psychosocial disabilities, or those who do not communicate in conventional ways. It has been my long-held belief that when we understand what it takes for those who are most complex to experience opportunities for genuine choice and control and social and economic participation, we have found ways to make these a reality for everyone. It is through this collaboration and focus that we will challenge outdated, traditional and institutional mindsets.

- Use relational, supported decision-making models instead of standardised consultation processes.
- Provide continuous engagement, not one-off events, allowing people time to develop trust and confidence in the process.
- Respect the right not to participate in traditional ways and create alternative pathways for people to express their values and preferences.

4. Redefining the Role of the NDIA

To support this transformation, the NDIA would need to fundamentally change its role and structure:

- Move from a regulator and gatekeeper to a partner and facilitator of community-led change.
- Shift from prioritising compliance and efficiency to promoting trust, responsiveness, and wellbeing.
- Embed a culture of learning, humility, and accountability to people with disability, not just political powerbrokers or providers.

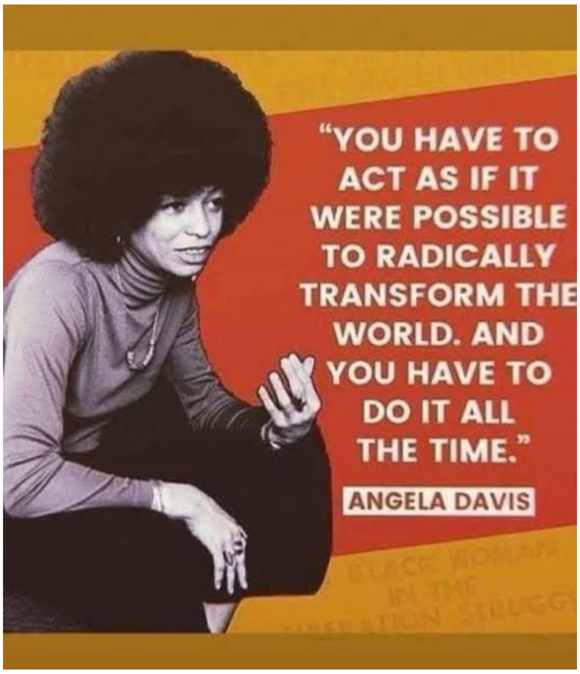
Conclusion

This initiative would rebuild the NDIS as a system grounded in community wisdom, personal dignity, and ethical action. It would not only meet Australia’s obligations under the UNCRPD, it would **reclaim the original spirit of the scheme**, where people with disability are not recipients of services but co-creators of just, inclusive and flourishing communities.

To make this vision a reality, it is crucial for policymakers, community leaders, and individuals to actively engage in the co-design process. By participating in the proposed National Disability Co-Design Assembly and Community Design Circles, we can collectively shape a future where the NDIS truly reflects the needs and aspirations of all its participants. Let's come together to champion this approach to transformation and ensure that every voice is heard in the creation of a more inclusive and empowering NDIS.

A first step towards this approach to the transformation of our NDIS is for the NDIA, the Minister, Service Providers and representative organisations to acknowledge that what is currently promoted as co-design is inadequate and the entire process needs to be re-imagined in collaboration with Australia’s disability community.

Now is the time to implement a co-designed, rights-based NDIS.



Part 3: *“Determining NDIS Supports: A Principles-Based Approach”*

Summary:

This section is a response to the Department of Social Services' 2025 consultation on the NDIS Support Rules, challenging the current use of prescriptive support lists to determine what constitutes a funded NDIS support under Section 10 of the NDIS Act. It argues that the list-based approach is overly rigid, lacks transparency, and undermines participant autonomy, particularly for individuals with complex needs. Instead, this section proposes a principles-based approach grounded in the original intent of the NDIS: Flexibility, individualisation, equity, and self-determination. It outlines how such an approach aligns with the legislative criteria of reasonableness, necessity, equity, consistency, and transparency, and better reflects the diversity of participants’ lived experiences. Drawing on Tribunal precedents, UNCRPD obligations, and ethical considerations, this section presents a detailed framework for replacing the current lists with a transparent, adaptable, and participant-led decision-making process. This approach, it argues, would restore the NDIS’s foundational goals of inclusion and empowerment and resist the creeping institutionalisation embedded in recent reforms.

There is an alternative to
The Lists
and it’s
Principles-Based

Introduction:

The Department of Social Services initiated a public consultation process on NDIS Supports, which ran from 16th June to 27th July 2025.

This formed part of a broader NDIS Rules consultation process DSS has outlined, which includes:

- May Disability sector engagement on NDIS Supports
- June: 16 June-27 July: Public consultation on NDIS Supports
- 24 June: Public webinar on NDIS supports
- July: Disability sector engagement on new framework plans to prepare for public consultation in August.

This public consultation on NDIS supports provided only one opportunity to have input about the NDIS Support Lists: The "Your experience of the NDIS Supports rules (Support lists)" survey. This survey does not include an opportunity to discuss whether the NDIS Support Lists are the only way of meeting the requirements of defining an NDIS Support under Section 10 of the legislation, even though the disability community has overwhelmingly rejected the list approach promoted by DSS and the NDIA.

In the documents that provide background to this "consultation" it is stated:

"Disability peak bodies and others have asked for a principles-based approach to the NDIS Supports rule. The NDIS Act says the rule must state what is, and is not, an NDIS support.

This was based on hearing from the community that they wanted it to be clearer whether a support can be funded by the NDIS or not.

A principles-based approach would mean there aren't clear definitions. People would have to make complex decisions. This is not supported by the intention of the NDIS Supports rule or the changes to the NDIS Act.

This means the NDIS Supports lists need to stay."

There are many within our disability community who challenge this statement. We do not believe that it is true to say that the only way of meeting the requirements of Section 10 of the Act is the NDIS Support Lists in their current form. We believe that a principles-based approach can be put in place, but that discussion has been deliberately shut down. This "consultation" has not been open to alternative views about defining what is and is not an NDIS Support. In doing so, this "consultation" further entrenches the approach that the government and their bureaucrats have adopted to defining supports…. an approach that moves closer to "one size fits all" standardised templates and away from the individualised approach that was at the core of the NDIS. Disability care and support funding is being progressively reinstitutionalised as a consequence of this move away from the original definition and function of reasonable and necessary support.

It s important for us to maintain an open mind to the possibility that the in and out lists is not the only way of translating Section 10 into policy and practice.

During the June 24th public webinar conducted by DSS on NDIS Supports an unconvincing argument was put as to why, for the Commonwealth to meet their obligations under the constitution, Section 10 and the lists of items that are in and out in the form they are present now is the only option. The DSS representatives at this webinar also said that they would not release the legal advice they had received to support their case. During the course of the webinar it became apparent that there were other ways of defining what can and cannot be funded without resorting to prescriptive lists. In fact, paradoxically, if it is true that prescriptive lists are the only way to meet the requirements of Section 10, then you must, by logical extension, list every item that could possibly be funded and why. This is a nonsense, and, in fact, the current lists acknowledge this by categorising support. If that is happening now, and there is no legal objection to it, then we should be able to categorise supports using Reasonable and Necessary principles that are tested in forums like the Administrative Review Tribunal. We also have 10 years of cases from Tribunal hearings where what is considered Reasonable and Necessary has been decided through an independent decision-making system where evidence and individual circumstances were considered when making a determination. The statistical reality that the majority of the NDIA's decisions were overturned by the Tribunal is testament to the fact that the NDIA's determinations about which NDIS Supports are not Reasonable and Necessary do not hold up to scrutiny. In addition, it has become very evident that the lists create an opportunity for vested interests to lobby for items to be included or excluded because of personal bias and without any evidence to support their case. We have already seen this happen, notably in determinations about funding sexual services.

It is unethical and immoral that we are now in a funding environment where the black and white application of support lists is creating circumstances where arguing for the full range of individualised supports required by someone with complex needs will be almost impossible to challenge in the ART, inevitably resulting in the reinstitutionalisation of people who had escaped those facilities.

An associated concern is that it was mentioned during the webinar that DSS has someone mapping the UNCRPD Principles against the legislation and its implementation. I commented in the webinar chat that I had already done this analysis with the original legislation and showed categorically that the legislation and its implementation it did not align and, worse still, there was evidence of selective rewriting of some aspects of the UNCRPD Principles to create the illusion of alignment. They also cherry-picked those aspects of the principles that supported their case, while ignoring large sections of the Convention. The most heinous of these was reinterpreting Article 19 in a way that would allow the justification of shared support.

Determining what is reasonable and necessary support can be achieved through a principles-based approach. This requires a series of Australia-wide co-design forums and opportunities to build the principles-based approach, based on original Reasonable and Necessary criteria, and to publicly unpack how best to meet any constitutional challenges this approach may pose. To continue to do otherwise contributes to fostering a culture that devalues the original intent of the NDIS and perpetuates the ableist mindset that sabotages progress towards disabled Australians having agency and control over their own lives, rather than their lives being held captive by the vagaries of political whim and the vested interests of the service provider establishment.

Delivering on the original intent of the NDIS does not require these draconian changes that strip away individual choice, autonomy and agency. It requires politicians, bureaucrats and service providers to become committed, without reservation, to the ideal that all citizens, irrespective of the complexity of the support they require, can live with real presence, participation and valued roles as part of a vibrant Australian community that includes rather than segregates. It requires these groups to relinquish their power and build the next iteration of the NDIS in collaboration with the disability community.

This change can be supported by adopting a principles-based approach to determining the most appropriate NDIS Supports for each Participant.

A Principles Based Approach: Alignment with Section 10

A principles-based approach to defining NDIS supports aligns with the criteria set out in Section 10 of the NDIS Act, which outlines the legislative framework for determining whether a support is reasonable and necessary for a participant. This approach emphasises flexibility, individualisation, and fairness, making it better suited to the diverse needs of people with disability while remaining true to the core principles of the NDIS. Below, I will explore why a principles-based approach meets the criteria of Section 10, which are:

- Reasonableness
- Necessity
- Equity and Access
- Consistency and Transparency

1. Reasonableness

Under Section 10 of the NDIS Act, a support is considered reasonable if it is appropriate and suitable for the participant's needs, goals, and circumstances, considering the costs involved and available alternatives. A principles-based approach provides the flexibility to define supports in a way that recognises the individual context of each participant, making it easier to assess whether a particular support is reasonable.

In a traditional list-based model, supports are often assessed through rigid, predefined categories that do not account for the uniqueness of each participant's situation. In contrast, a principles-based approach allows decision-makers to assess reasonableness in the context of the participant's specific needs, goals, and the broader societal factors at play. For instance, a support that might be considered unnecessary or unreasonable for one participant may be deemed necessary for another due to the complexity of their disability or the specific barriers they face in daily life.

The principle of flexibility inherent in a principles-based approach means that the NDIS can consider the most appropriate solution for each individual, rather than strictly adhering to a list of approved supports. For example, the use of assistive technology for a participant with severe mobility impairments may be considered reasonable if it significantly enhances their independence and overall quality of life, even if that particular technology is not widely used by other participants. This adaptability ensures that supports are reasonable in the context of each participant's personal goals, rather than applying a blanket standard.

2. Necessity

Section 10 of the NDIS Act further defines supports as necessary if they are required to assist the participant to achieve their goals and participate fully in society. The necessity of a support is typically determined by its relationship to the participant’s functional capacity: That is, whether it enables them to engage in activities that other citizens without disability might participate in without additional support, such as education, employment, social interaction, or independent living.

A principles-based approach to defining supports allows for a deeper, more individualised understanding of necessity. Rather than relying on predefined lists, which may not adequately capture all the supports an individual needs, this approach considers the complexity and specificity of the participant’s needs. By focusing on the goals and aspirations of the individual, a principles-based approach can ensure that only supports which are genuinely necessary to help the person live an “ordinary life”are included in their plan.

For example, a participant with complex mental health needs may require specialised psychosocial support that is not typically included in a standard list of NDIS supports but is critical to their well-being and ability to function independently. A principles-based approach would recognise this necessity, ensuring that supports are tailored to the person’s individual situation, rather than imposing a standardised approach.

The individualisation of necessity in a principles-based model ensures that the NDIS fulfils its obligation to provide supports that truly meet participants’ needs. In doing so, it promotes the empowerment of participants by giving them the tools to live a more independent and fulfilling life, in line with their personal aspirations.

3. Equity and Access

Equity is a central tenet of the NDIS, as the scheme aims to provide equal access to supports for all people with disability, regardless of their background, location, or the complexity of their needs. Section 10 emphasises the need for equitable access to supports that are tailored to an individual’s requirements, without discrimination.

A principles-based approach directly supports this by allowing for more flexible definitions of supports that can be adapted to meet the diverse needs of people with disability. This approach is particularly important for participants with complex, multiple, or fluctuating disabilities, whose needs may not be adequately addressed by the rigid, list-based approach. In such cases, a principles-based framework ensures that supports are provided on an individualised basis, rather than forcing participants to fit into predefined categories.

For example, rural and remote participants often face unique barriers to accessing disability services due to geographical limitations. A principles-based approach can ensure that participants in these areas receive equitable support by considering the specific challenges they face, such as limited access to service providers or the availability of particular supports. The framework would allow for more tailored solutions, such as remote support options or funding for travel costs, ensuring that all participants can access the same quality of care, regardless of location.

This flexibility in defining supports also ensures that participants from marginalised backgrounds, such as people with cultural or linguistic diversity or those from disadvantaged socioeconomic backgrounds, are not excluded from receiving the supports they need. A principles-based approach ensures that the NDIS responds to these disparities by prioritising accessibility and inclusivity in the delivery of services.

4. Consistency and Transparency

For the NDIS to be truly effective, it must maintain consistency and transparency in how supports are defined and delivered, ensuring that decisions are fair and predictable. This is a key aspect of Section 10, which aims to prevent arbitrary or inconsistent decisions in the funding of supports.

A principles-based approach supports both consistency and transparency by establishing clear criteria for defining supports that can be applied across a range of support scenarios. Instead of using arbitrary lists that may vary in interpretation or application, the principles-based framework provides a consistent foundation for understanding the types of supports that are reasonable and necessary.

While the principles-based approach offers flexibility in assessing individual needs, it does not leave decisions to subjective judgment. Rather, it relies on clear principles that guide decision-making, ensuring that there is a transparent and consistent process for defining supports. This can be achieved through clear guidelines and accountability mechanisms that ensure the consistent application of these principles across the NDIS system.

Additionally, the principles-based approach emphasises participant involvement in the decision-making process, which promotes transparency. Participants are encouraged to be active participants in their support planning, ensuring that they have access to information about how decisions are made and why certain supports are considered reasonable or necessary. This openness helps build trust in the system, as participants can see how their needs are being addressed in a way that is consistent with the NDIS principles and values.

Conclusion

In conclusion, a principles-based approach to defining NDIS supports meets the criteria of Section 10 of the NDIS Act by ensuring that supports are reasonable, necessary, equitable, and provided consistently and transparently. By focusing on underlying principles rather than rigid lists, this approach allows for more individualised and flexible support definitions that better align with the diverse needs of people with disability. It emphasises participant empowerment, self-determination, and inclusivity, ensuring that the NDIS remains a fair, accessible, and effective system for all Australians with disability.

This approach offers a more adaptive, responsive, and holistic way of delivering disability services, ultimately fostering a system that respects the rights and aspirations of people with disability while meeting their real, individual needs.

Determining NDIS Supports: The Principles

Introduction

The National Disability Insurance Scheme (NDIS) was designed to provide individualised support to people with disabilities in Australia, empowering them to live a more inclusive, autonomous, and fulfilling life. The framework for defining and delivering supports under the NDIS, specifically Section 10 of the NDIS Act, aims to ensure that the needs of participants are met in a way that is fair, reasonable, and necessary. Currently, this process is guided by lists of supports that are either funded or not funded by the NDIS, creating a rigid and prescriptive system that does not always align with the diverse and evolving needs of individuals.

A principles-based approach, in contrast, moves away from these lists and focuses on underlying principles to define supports. This allows for greater flexibility, participant control, and adaptability, ensuring that the NDIS can better meet the individual needs of its participants. A principles-based approach is not only more aligned with human rights but also facilitates a more holistic and inclusive model of disability support, ensuring equity, transparency, and sustainability. In this section, I will explore the key components of a principles-based approach and how it can be applied to NDIS supports in accordance with Section 10 of the NDIS Act.

1. Participant-Centred Approach

The first key component of a principles-based approach to defining NDIS supports is a participant-centred model. This approach is grounded in the philosophy of person-centred planning, which has been a cornerstone of progressive disability services for decades. Person-centred planning recognises the autonomy of the individual, ensuring that they are at the centre of decisions about their life, goals, and supports. It emphasises self-determination, choice, and control, principles that are fundamental to the dignity and rights of people with disability.

In a person-centred approach, supports are not simply chosen from a pre-determined list; instead, they are developed through consultation and collaboration between the participant, their family or caregivers, and relevant professionals. This co-design process ensures that the supports are tailored to the individual’s specific needs, preferences, and circumstances, rather than being imposed from above. It is essential that the participant's voice is heard and that their goals and aspirations guide the decision-making process.

Implementing this participant-centred approach within a principles-based framework requires flexibility and responsiveness from the system. Supports must be individualised, not only in terms of the type of services but also in how they are delivered and coordinated. This adaptability allows the NDIS to better serve participants with a wide range of needs, including those with complex or fluctuating disabilities. One of the core strengths of a principles-based approach is that it allows for the recognition of these complexities, ensuring that supports can evolve as the participant’s needs change over time.

For example, a participant who experiences a progressive disability may require different supports at various stages of their life. A principles-based framework would ensure that these changes are accounted for, and supports are continuously adjusted to reflect the person's current needs and goals. This contrasts with a list-based system, where changes in need might not always be recognised or accommodated.

2. Reasonable and Necessary Supports

The principles of reasonable and necessary supports, outlined in Section 34 of the NDIS Act, are fundamental to defining the supports that can be funded by the NDIS. Under these principles, supports must be categorised as an NDIS support under Section 10 and must meet the reasonable and necessary criteria. These are:

a) the support will assist the participant to pursue the goals, objectives and aspirations included in the participant's statement of goals and aspirations;

b) the support will assist the participant to undertake activities, so as to facilitate the participant's social and economic participation;

c) the support represents value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support;

d) the support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice;

e) the funding or provision of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide;

f) the support is most appropriately funded or provided through the National Disability Insurance Scheme, and is not more appropriately funded or provided through other general systems of service delivery or support services offered by a person, agency or body, or systems of service delivery or support services offered:
    i. as part of a universal service obligation; or
    ii. in accordance with reasonable adjustments required under a law dealing with discrimination on the basis of disability.

A principles-based approach does not rigidly apply a list of services but instead applies these principles to each individual situation, allowing for a more nuanced understanding of what is required. As we have seen over the years that the NDIS has been in operation, the application and testing of these principles in thousands of individual circumstances, often with the Administrative Appeals Tribunal as the independent arbiter, there has emerged greater clarity about what supports are clearly in scope, what supports are out of scope and, most notably, and those supports whose acceptance as an NDIS Support is conditional on individual circumstance. This history shows that it is possible to use a principles-based approach and still meet the definitional requirements of Section 10.

Reasonableness, in this context, refers to the expectation that supports should be appropriate for the participant’s needs and goals, while considering the costs and alternatives. The necessity of a support is determined by its relevance to the participant’s functional capacity and their ability to participate fully in society. These definitions, however, should not be viewed as fixed. They must be adaptable to the unique circumstances of each individual. For example, a participant with a rare disability or complex health needs may require supports that are not commonly available or easily categorised. A principles-based approach provides the flexibility to define what is reasonable and necessary for such individuals in a way that is consistent with their rights and needs.

Furthermore, a principles-based approach encourages consideration of the broader context in which supports are provided. For instance, supports should not only address immediate needs but also consider long-term outcomes such as independence, community participation, and personal development. This is a shift from a purely financial or cost-based assessment to one that also prioritises the well-being and aspirations of the individual.

There is also the issue of balancing financial sustainability with participant needs. One of the criticisms of the NDIS under its current framework is the tendency to prioritise budgetary constraints over the lived experiences of participants. A principles-based approach ensures that supports are not only affordable but also aligned with the participant's goals. While cost-effectiveness remains a concern, it should not come at the expense of the individual’s rights or the quality of their life.

3. Equity and Access

Equity is one of the most crucial aspects of a principles-based approach. The NDIS was established with the goal of providing equitable access to disability support for all Australians, regardless of their background, location, or personal circumstances. However, the current system often fails to achieve this ideal, especially for participants from marginalised or disadvantaged groups.

A principles-based approach to defining supports ensures that all participants have an equal opportunity to access the supports they need. This approach recognises that different participants may face different barriers to accessing services, and it works to remove those barriers by offering tailored solutions. For example, participants from rural and remote areas may experience difficulties accessing the same range of services as those in urban centres. A principles-based system would take these geographic disparities into account, ensuring that funding is allocated in a way that addresses these issues. It could involve measures such as increasing the availability of services in underserved areas or allowing participants to access supports in a more flexible manner.

Moreover, a principles-based approach aligns with the social model of disability, which posits that disability is not an inherent trait of the individual but the result of barriers in society. By focusing on these external barriers, a principles-based system can better address the needs of participants, particularly those from disadvantaged backgrounds who face compounded barriers due to factors such as race, gender, or socioeconomic status. The approach ensures that support services are designed with inclusivity in mind, providing a level playing field for all participants.

Ultimately, equity in access also requires addressing systemic inequalities that have historically hindered the full inclusion of people with disability in society. A principles-based approach is better equipped to challenge and dismantle these systemic barriers, ensuring that supports are provided to those who need them the most.

4. Transparency and Accountability

For a principles-based approach to be effective, it must be transparent and accountable. Transparency in decision-making ensures that participants, families, and providers understand how decisions about supports are made. This clarity builds trust in the system and helps to prevent misunderstandings or grievances.

Transparency means that the criteria used to define supports should be easily accessible and clearly communicated. This allows participants to understand why certain supports are funded and others are not, based on the principles of reasonable necessity and individual needs. Transparency also involves clear communication about the processes through which decisions are made, how supports are reviewed, and how adjustments can be requested.

Alongside transparency, accountability mechanisms are essential to ensure that the principles-based approach is applied consistently and fairly. Decision-makers must be held accountable for their actions and should be required to justify their decisions based on the principles of the NDIS. This accountability should extend to service providers, who must also be accountable for delivering high-quality, ethical services that align with the principles of the NDIS.

A principles-based approach must also ensure that participants have avenues to challenge decisions that they believe are unjust or incorrect. This could involve a transparent review process that allows for participant feedback, ensuring that decisions are subject to ongoing scrutiny and refinement.

5. Flexibility and Adaptability

One of the key advantages of a principles-based approach is its flexibility. Unlike rigid list-based systems, which are often slow to respond to changes in a participant's circumstances, a principles-based approach allows the NDIS to be adaptable. This flexibility ensures that supports can be tailored to meet the unique and evolving needs of participants.

The concept of flexibility extends to both the types of supports provided and how they are delivered. For example, a participant’s needs may change over time, whether due to a progression in their disability, changes in life circumstances, or shifts in their personal goals. A principles-based framework would allow for ongoing assessments and adjustments to supports, ensuring that participants receive the right level of assistance at every stage of their life.

Moreover, this flexibility empowers participants to take a more active role in managing their supports. It supports the idea of self-management, where participants have the autonomy to make decisions about how and when they receive support. This approach aligns with the broader goals of the NDIS to foster independence and self-determination.

Flexibility in defining supports also helps to reduce rigidity in the system, ensuring that participants are not restricted by predefined categories of support. Instead, they can access a range of services that are best suited to their individual needs, ensuring that they are not left without support simply because it does not fit into a pre-determined category.

6. Inclusivity and Non-Discrimination

A principles-based approach must also focus on inclusivity and non-discrimination. The NDIS should not only be about providing services to people with disability but also about ensuring that all individuals, regardless of their disability, race, gender, or background, have the opportunity to participate fully in society.

The principles-based model allows the NDIS to move away from a system that might unintentionally exclude certain individuals due to rigid definitions of disability or support needs. By emphasising inclusivity, the system can be designed to be more welcoming and accommodating for all participants, especially those with less visible or more complex needs.

Non-discrimination is a critical element of this approach. It ensures that all decisions regarding support are made without bias, and that the diverse needs of participants are recognised and addressed. The NDIS must actively work to prevent discriminatory practices that may arise due to ableism, racism, sexism, or other forms of discrimination. A principles-based approach ensures that the system remains inclusive by allowing for a more holistic understanding of disability, one that goes beyond the impairment itself and addresses the broader barriers individuals face.

7. Quality and Safeguarding

Ensuring quality and safeguarding is essential for any disability support system. In a principles-based framework, the focus on quality ensures that the supports provided are not just adequate but are of the highest standard. This involves meeting both the basic functional needs of participants and promoting their overall well-being, dignity, and independence.

The NDIS Quality and Safeguarding Framework plays a key role in ensuring that supports meet high standards and that participants are protected from harm. In a principles-based system, safeguarding goes beyond just preventing abuse or neglect; it also involves protecting participants from restrictive practices and ensuring that their autonomy and rights are respected.

Quality and safeguarding also tie into the broader goals of the NDIS, such as enabling community participation and promoting life opportunities for people with disabilities. By prioritising quality and safeguarding within the principles-based framework, the NDIS can ensure that all participants receive the supports they need to live independent, fulfilling lives.

Concluding Comments

The principles-based approach to defining NDIS supports is a transformative shift that aligns more closely with the values of inclusion, equity, and respect for the rights of people with disability By focusing on the underlying principles that should guide the definition of supports, the NDIS can move away from a rigid, one-size-fits-all model and towards a more flexible, individualised, and participant-centred system.

While there are challenges in implementing such an approach, including the need for clear guidelines and accountability mechanisms, the benefits for participants are significant. This framework allows the NDIS to meet the diverse needs of its participants, promote self-determination, and foster an inclusive society. By continuously refining and adapting the system in response to feedback and evolving needs, the NDIS can better fulfil its promise of providing fair and equitable support to all Australians with disabilities.

The approach taken by DSS and the NDIA to implementing Section 10 of the NDIS Act is, essentially, already using a set of principles to categorise and determine what is an NDIS Support. While these principles have not been made public, they clearly exist and are being used to create a regime of NDIS supports that are inflexible in their application and lack the individualisation necessary to reflect the wide range of support scenarios of NDIS participants.

This section presents a detailed framework for replacing the current lists with a transparent, adaptable, and participant-led decision-making process. This approach would restore the NDIS's foundational goals of inclusion and empowerment and resist the creeping institutionalisation embedded in recent reforms.

Part 4: *"Impact of NDIS Prescribed Support Lists on People with Complex Support Needs"*

Summary:

This section examines the impact of the increasing reliance on prescribed lists of approved supports within the National Disability Insurance Scheme (NDIS), particularly following the NDIS Amendment (Getting the NDIS Back on Track No. 1) Act 2024. It argues that these lists fundamentally compromise the ability of people with complex support needs to access truly individualised and flexible support, contradicting the original legislative intent of the NDIS. Drawing on the original principles of "reasonable and necessary supports" in section 34 of the NDIS Act, this section highlights how prescribed lists create rigid decision-making processes, reinforce institutional models, and shift the burden of proof onto participants. Legal challenges and policy concerns, including potential breaches of Australia's obligations under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), are explored. The document concludes with a set of summary recommendations, including legislative reforms to limit the legal dominance of prescribed lists, measures to restore co-design and participant rights, and the establishment of robust, independent review mechanisms. A formal policy statement underscores the urgent need to reaffirm participant-led decision-making as the core principle of the NDIS.

Introduction:

The NDIS was established under the National Disability Insurance Scheme Act 2013 (NDIS Act), which enshrines the principle of funding “reasonable and necessary” supports that are tailored to the unique needs of each participant (s34). However, the move towards prescribed lists of approved supports, particularly in the revised operational guidelines and new legislation, such as the NDIS Amendment (Getting the NDIS Back on Track No. 1) Act 2024, poses significant challenges for people with complex support needs.

It could be argued that the lists themselves are the outward manifestation of political and bureaucratic deal-making, self-interest and hubris, which subjugates Participants, intentionally violates their human rights, deliberately erodes their ability to explore creative support solutions and ultimately confines them to the provider-dominated institutional support models and attitudes that the NDIS was intended to eradicate.

The Concept of Reasonable and Necessary Supports: Original Legislative Intention

Foundational Principle

The concept of “reasonable and necessary supports” is set out in section 34 of the NDIS Act 2013. It was one of the foundational pillars of the NDIS, created to ensure that funded supports would respond to the individual circumstances, goals, and aspirations of each participant, while also reflecting the NDIS’s role as a public insurance scheme.

Key Intentions and Principles

- **Individualisation**
  The original intention was to ensure that every decision about what supports a participant could receive was based on an individual assessment of their unique needs, preferences, and life circumstances. It recognised that disability support is not a one-size-fits-all approach and must be flexible and adaptive.

- **Equity and Consistency**
  The concept was designed to ensure participants had equitable access to the supports they needed to participate fully in Australian society, regardless of their disability type or location. While funding decisions had to be made fairly and consistently, the aim was always to do so through the lens of the individual’s life.

- **Participant-Driven Decision-Making**
  Embedded in the Act is the principle of choice and control (ss3 & 4), which recognises that participants themselves (with support where needed) are the best people to determine what supports will help them achieve their goals. The concept of “reasonable and necessary” was never meant to be a rigid checklist but a holistic framework for planners to work in partnership with participants.

- **Flexibility and Innovation**
  The original legislation envisioned that supports could be innovative and creative, particularly for people with complex needs or in thin markets. It was intended to empower participants to find new ways of meeting their goals, not to limit them to conventional or pre-approved options.

- **Balancing Individual Needs with Sustainability**
  The term “reasonable and necessary” also reflected a balance. While the scheme was meant to be participant-driven, it also needed to ensure that supports were value for money (s34(1)(c)) and consistent with the insurance principles of the scheme (s34(1)(e)). This balance was not meant to be an excuse to restrict participants’ choices but rather to ensure the long-term viability of the scheme while still meeting individual needs.

Key Takeaway

The original legislative intention of “reasonable and necessary supports” was to safeguard flexibility and individualisation. It was a participant-centred safeguard to ensure people with disability had the power to direct their own lives and access supports that met their goals, rather than a tool for governments to control or ration what they could receive.

NDIS Policies and the Shift Towards Prescribed Lists

- **Section 10 of the Amended NDIS Act**
  The introduction of Section 10 in the 2024 amendments explicitly empowers the Minister to create legislative instruments prescribing the “general supports” and “reasonable and necessary supports” that can be funded. This move signals a shift from participant-led, evidence-based decision-making to a more top-down approach where the Minister (and the NDIA) determine what supports are “inherently reasonable and necessary”, irrespective of the participant’s lived experience. We have already seen, during the debates around amendments to the Legislation, where these decisions about “reasonable and necessary supports” can easily become the product of political deal-making and personal ideologies imposed on the Scheme without any regard to the original intent of reasonable and necessary.

- **NDIS Operational Guidelines (Updated 2024)**
  The updated guidelines increasingly reference prescribed support lists to guide planners’ decisions. While these lists are presented as “guides,” in practice, they are treated as binding, discouraging planners from considering or funding innovative or bespoke supports outside the lists. This particularly affects participants with complex support needs, whose requirements often defy standard categorisation.

- **NDIS Pricing Arrangements and Price Limits**
  The annual price limits and itemised support codes further entrench the dominance of prescribed lists. While intended to ensure transparency and fairness, these codifications can become default “funding templates,” discouraging funding for supports that are not explicitly itemised, particularly if they are innovative, wraparound, or participant-designed.

Legal Challenges and Precedent

- **Administrative Appeals Tribunal (AAT) Disputes:**
  Numerous AAT cases have challenged the NDIA's refusal to fund supports not listed in pricing arrangements or "typical supports" (e.g., *WRMF v National Disability Insurance Agency [2017]*, *NDIS v McGarrigle [2017]*). The AAT has frequently ruled that the NDIS Act requires a case-by-case analysis based on individual circumstances, not reliance on lists or general policy statements. However, the introduction of legislative instruments prescribing supports threatens to override this legal precedent by creating an explicit legal basis for lists to dominate planning decisions.

- **Potential UNCRPD Breaches:**
  Australia has ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD), which underpins the NDIS framework and commits to providing supports enabling people with disabilities to live independently and participate fully in the community (Articles 19, 26). The growing reliance on prescribed lists, particularly where they reinforce group-based or restrictive models, risks breaching these obligations by reducing the scope for participants to choose innovative or community-based options.

How Prescribed Lists Impact People with Complex Needs

For participants with complex needs, such as those requiring 24/7 support, trapped in Supported Independent Living co-tenancies and behavioural support, prescribed lists present several barriers:

- **Rigidity**. They prevent funding of nuanced, adaptive supports that may be more responsive to changing needs.

- **Institutional Bias**. Lists often favour supports that fit neatly into service provider models (like shared living) rather than individualised, participant-driven supports.

- **Burden of Proof**. Participants must now prove why their required supports, which may not be on the list, should still be considered "reasonable and necessary," a task complicated by NDIA reliance on these lists as de facto rules.

- **Reduced Co-Design Opportunities**. The promise of "co-design" in the NDIS is eroded when supports must be "pre-approved" by a Ministerial list rather than negotiated and shaped collaboratively between participant and planner.

Implications for Choice and Control

These developments undermine the core NDIS principles outlined in the Act, particularly:

- **Section 3(1)(a)**: “People with disability have the same right as others to realise their potential.”
- **Section 3(1)(d)**: “People with disability are central to the decision-making processes.”
- **Section 4(8)**: “The role of families and carers is to be respected in decision-making.”

By prioritising Ministerial discretion and top-down lists, the NDIS is drifting away from these commitments—especially for people with complex needs whose circumstances require tailored, flexible, and sometimes creative supports.

Conclusion and the Path Forward

The shift towards prescribed lists of supports, particularly in the wake of the 2024 NDIS legislative amendments, threatens to re-entrench an institutional mindset in disability support, undermining the original spirit of the NDIS. For people with complex support needs, this shift risks re-institutionalisation by proxy, narrowing pathways to independence and self-determination.

The lists themselves are an outward manifestation of political and bureaucratic deal making, self-interest and hubris which subjugates Participants, intentionally violates their human rights, deliberately erodes their ability to explore creative support solutions and ultimately confines them to the provider dominated institutional support models and attitudes that the NDIS was intended to eradicate. They have nothing to do with fostering self-determination and everything to do with creating another bureaucratic mechanism to exercise control over the lives of NDIS participants and deny them opportunities to be liberated from the institutional practices of the past.

A rights-based approach demands a reaffirmation of participant-led planning and the principle that supports must always be based on *individual* circumstances, not predetermined lists. Any future reforms should explicitly prioritise co-design and flexibility, rather than consolidating Ministerial power to dictate what is “reasonable and necessary” for everyone based on their personal opinion or political expediency.

Advocating for Change

- **Legislative Reform**
  - Advocate for amending the NDIS Act to ensure any lists of supports are *advisory only* and explicitly subordinate to the principle of reasonable and necessary decision-making based on individual circumstances.
  - Insert a clause in s10 stating: “Any legislative instrument prescribing general or reasonable and necessary supports shall not limit or override the consideration of a participant’s individual circumstances under s34.”

- **Restore Co-Design**
  - Establish a formal co-design mechanism to develop any lists, with mandatory representation of people with complex support needs, families, carers, and independent advocates.
  - Require regular reviews of the lists by participants, not just NDIA or government decision-makers.

- **Strengthen Participant Rights**
  - Enshrine an explicit participant right in the NDIS Act: “Participants have the right to propose supports outside the suggested list of supports where they are reasonable and necessary in their individual circumstances.”
  - Establish an independent review body to consider disputes over supports not included in the lists.

- **Advocate for Broader Accountability**
  - Call for parliamentary scrutiny and disallowance powers to apply to any legislative instruments prescribing supports to prevent executive overreach.
  - Ensure that human rights and disability advocacy organisations (e.g., Australian Human Rights Commission, Disability Discrimination Commissioner) have standing to challenge the impacts of these lists on people with complex needs.

Formal Policy Statement

Policy Statement: The Section 10 Prescribed Lists Undermine the Intent of the NDIS for all Participants and Particularly those with Complex Support Needs

The NDIS was created to uphold the rights, choice, and control of people with disability. However, the increasing reliance on prescribed lists of approved supports fundamentally compromises the Scheme's capacity to respond to the unique and complex needs of its participants.

Prescribed lists risk replacing participant led decision-making with top-down administrative convenience, reinforcing institutional models of care and denying the flexibility essential for people with complex support needs to live safely, autonomously, and with dignity in the community.

To address this undermining of the core principles of the NDIS the Australian Government should:

- Amend the NDIS Act to ensure prescribed support lists are advisory only and cannot override the reasonable and necessary principle based on individual circumstances.

- Establish transparent, participant led co-design processes for any lists of supports.

- Recognise and enshrine the right of participants to propose supports outside of lists where these meet their needs.

- Embed robust, independent review mechanisms to ensure prescribed lists do not become barriers to genuine choice and control.

- Uphold Australia's obligations under the UNCRPD to ensure people with complex support needs can live and participate fully in their communities.

The future of the NDIS must be grounded in genuine flexibility, participant-led planning, and the human rights of people with disability, not in the imposition of standardised lists that cannot meet the realities of complex and high-needs lives.

The NDIS was meant to liberate, not institutionalise, it's Participants.

Part Five: *"The NDIS Needs Assessment: Another Broken Promise?"*

The proposed NDIS Needs Assessment is a framework being developed by the National Disability Insurance Agency (NDIA) to streamline and standardise the way participant needs are identified, assessed, and supported. We were promised, like so many other aspects of these alleged reforms, that the Needs Assessment would be co-designed with the disability community. With the timer ticking to meet the artificial "reform" timeline, it is clear that this promise was also an elusive smokescreen. Given that we continue to be kept in the dark about the form that this Needs Assessment will take, save for general public announcements about using I-CAN as the foundation of the Participant Assessment Mechanism, all that we have left to us is speculation.

Firstly, I think that we can dispense with the pretence that this tool intends to benefit Participants by making decisions about funding and support that are consistent, transparent, and evidence-based. Given that these lofty ideals have eluded NDIA decision-making to date, we can't assume that the leopard will change its spots on this one significant occasion. Evidence of recent "reform?" strategies implemented by DSS and the NDIA has been that they are focused on cutting costs not on the well-being of Participants. Phase 1 of the cost-cutting agenda saw the implementation of policies to make as many people as possible ineligible for the scheme and to exit as many people from the scheme as possible and without any of the promised Foundational Supports in place. The callous disregard for due process, procedural fairness and ignoring the NDIAs responsibility to act as a model litigant provides a template for what we can expect in Phase 2 of the cost-cutting: Targeting participants remaining on the scheme to reduce the value of their plan. Right from the first big reveal of the NDIS Amendments Bill, it has been clear that the Needs Assessment, in an unholy alliance with the Budget Setting tool, is the mechanism by which Participants' plans could be cut utilising a secret algorithm-driven process that, once a decision has been made, would be almost impossible to challenge in the Administrative Review Tribunal.

The I-CAN Tool

Despite constant requests for information about the Needs Assessment and the Budget Setting tools we still know precious little about these. The shroud of secrecy surrounding them has been comprehensive so all we are left with is speculation. Recent announcements from the Minister and the NDIA reveal that one such item of speculation has proved to be correct. That is, the Needs Assessment will be based on the Centre for Disability Studies I-CAN Tool. This was not unexpected because the CDS has already been contracted to develop a modified version of the I-CAN Tool for disabled people receiving funding through the DSOA (Disability Supports for Older Australians) program.

The Centre for Disability Studies states, on their website that the I-CAN stands for The Instrument for the Classification and Assessment of Support Needs.

They say it is a holistic support needs assessment tool designed for people with a disability aged 16 years and above. The tool can only be used by trained and certified I-CAN assessors.

The website says “the I-CAN was developed by the Centre for Disability Studies (CDS), based on extensive research into the need for an innovative, rigorous and robust system of identifying and classifying support needs. This research was funded by an Australian Research Council Linkage Grant. The first version of the I-CAN was launched in 2002. Prior to this, the tool was known as the Support Classification and Assessment of Needs (SCAN). The I-CAN has been reviewed and updated regularly, with Version 6 launched in 2022.”

According to CDS, the I-CAN is conceptually based on the World Health Organisation’s International Classification of Functioning, Disability and Health (ICF), and maps a person’s support needs to 12 domains.

The ICF’s Activity and Participation domains are supplemented by three domains based on health and wellbeing, resulting in a total of 12 domains:

1. Mobility
2. Domestic Life
3. Self Care
4. Community, Social & Civic Life
5. Communication
6. Learning & Applying Knowledge
7. General Tasks and Demands
8. Lifelong Learning
9. Interpersonal Interactions & Relationships
10. Behaviours of Concern
11. Mental & Emotional Health
12. Physical Health

Each domain is then broken into four sub-domains, for example, Mobility includes:

Transfers & Positioning Carrying, Moving & Handling Objects Walking & Moving Transport

The only domain that is not broken into four sub-domains is Physical Health, which has 10 sub-domains in order to ensure that complex health needs can be accurately captured.

So who can become an I-CAN Assessor?

The I-CAN training is available to following people:

- Allied health clinicians with a tertiary qualification, such as: Occupational Therapist, Physiotherapist, Speech Pathologist, Social Worker, Dietitian, Psychologist, Exercise Physiologist, Rehabilitation Counsellor, Counsellor, Psychotherapist
- Registered nurses (RN)
- Enrolled nurses (EN)
- Clinicians with an Education degree
- NDIS Behaviour Support Practitioner

This is a link to a sample I-CAN Version 6 Report:

https://cds.org.au/wp-content/uploads/2025/01/I-CAN-v6-Sample-Report-2025.pdf

Given we are forced into speculation due to the failure of current NDIS decision makers to honour their promise of co-design, using the I-CAN as a reference point to raise questions about the Needs Assessment is useful.

Some Thoughts About Assessment:

1. What is the best approach to gaining a comprehensive understanding of Participant needs?

Strip away the fluff and tinsel from the I-CAN assessment, and we see in the sample report nothing more unique and enlightening than any of the functional capacity assessments that have been produced for decades now. These assessments have proved inadequate for describing the full range of support a person requires to be present in the community, to participate in the community, to exercise choice, to make their contribution and to have valued roles.

We have known for decades now that to truly understand the full range of funded supports a person with complex needs requires it is necessary to move beyond these narrow and simplistic evaluations of what a person can and cannot do. These only lead to the development of a series of disconnected adhoc programs, provided you can get services and support workers to implement them, that have very little impact on the person's opportunities for social and economic participation. These assessments don't question the status quo. They maintain and perpetuate it.

We have known for decades that real change comes about when we collaborate with the person and those who know them well to articulate a “vision” for their future that explores the life they want to lead and aligns that with broad principles like the UNCRPD. We then know that having done that work we have to go back and look at:

- The actions that need to be undertaken to achieve that vision, including the support that will be necessary.
- We have to understand the full range of funded and unfunded supports that are necessary to make the vision happen. A tool like I-CAN only assists us in completing part of this story.
- We have to identify the people who will be necessary to support that vision coming to fruition.
- We have to identify the barriers that are likely to inhibit achieving that vision.
- Having undertaken those tasks, we can then develop a comprehensive service design that puts the person’s vision into motion with a short, medium-term and long-term plans.
- With these details at hand, we can then develop a comprehensive budget of funded supports.

This process can take several months of careful planning and discussion. Given we have an NDIA that is engaging in the practice of funding people requiring 24/7 support based on the assumption of shared support and telling them they should be moving into group homes, do we really believe they are going to undertake a comprehensive planning process like the one outlined above? Of course, they are not. The purpose of the so-called “assessment” is to categorise people into groups so they can be assigned their predetermined funding allocation. Under these circumstances, tools like the I-CAN can be weaponised to aid and abet this process, not challenge it. Without a firm commitment to upholding principles such as those outlined by the UNCRPD, the “needs assessment” is likely to be used to add faux legitimacy to what we can already see is a predetermined outcome.

2. What is the best approach to translating information about Participant needs into a budget?

Tools like I-CAN were never designed to set funding amounts. At best, they are a very poor indicator of the range of support a Participant may require. Like the WHODAS 2.0, these tools provide insights into the range of people who fit into their very limited support domains, which may be a useful adjunct to the development of social policy, but they do not provide anywhere near enough information to set an individual support budget. This can only happen on a person by person basis using a framework such as the one I have mentioned above. Under this framework each budget is tailored to the unique circumstances of each individual

Rather than this personalised approach it is clear that what is being promoted by DSS and the NDIA is not an assessment, as we understand that term, but rather a categorisation and cataloguing system that aims to slot people into predetermined groups for the purpose of allocating a predetermined funding amount. This cataloguing system will make it easier to automate the whole offensive process. To gloss over the reality that the individual needs of

Participants are being ignored, the term “flexible budget” has been coined to describe the funding allocation. We already know that this budget will be far from flexible.

As many have said before me, this is Independent Assessments rebranded.

3. Will the assessment content, structure, implementation and format be tailored to each individual participant.

The answer to that question is “highly unlikely”. Individualisation doesn’t fit with the assessment standardisation agenda adopted by DSS and the NDIA.

4. Who will undertake the Needs Assessment?

The reality is that DSS and the NDIA have not been upfront about this question, but it is clear that whoever the assessors are, they will be handpicked by the NDIA and required to implement the “assessment” according to guidelines developed by the Agency and DSS with no option for personalisation.

5. On the I-CAN website is the statement:

“CDS has been contracted by the Commonwealth Department of Health to provide support needs assessments for the Disability Supports for Older Australians (DSOA) cohort, using a customised version of the I-CAN tool.

The customised tool provides a breakdown of support required based on the client’s support needs, which is used to guide service provision under the DSOA Program. The tool can also be used to assess a client’s change of needs.

The Commonwealth Department of Health manage the referral process for these assessments. CDS is unable to accept direct assessment requests that have not followed the correct pathway.

Once CDS receives a referral, the assessment is completed by one of their pool of contracted Assessors, made up of predominantly allied health professionals. Assessors receive training in the use of the customised assessment tool and ongoing clinical and administrative support through CDS.”

This statement raises further interesting and concerning questions for us:

1. Does the NDIA intend to dictate that their Needs Assessment conducted by their handpicked Assessors will be the only mechanism for establishing the support a Participant requires?
2. Does the NDIA intend to dictate the assessment pathway and reject all other options for Participants to contribute to gaining a comprehensive understanding of their needs?

3. Does the NDIA intend to follow universally accepted guidelines for undertaking individual assessments, or do they intend to corrupt the tool to reflect their purpose of categorisation and labelling? (Sounds like a game of NDIS Monopoly. “Congratulations, you are a 24/7er. Pack up your belongings. Ask no questions. Your appeal rights are exhausted. Go straight to the group home.”)

In summary, the secrecy surrounding the “Needs Assessment” and the haste with which it is being progressed without co-design leads us to reasonably speculate that the assessment approach and the associated budget tool have already been largely developed and are being built into the new upgraded data management system. We can also expect therefore, that any “consultation” about the needs assessment will be superficial and designed to perpetuate the illusion of consultation.

If we want to save the remnants of our shattered NDIS and protect Participants from further cuts to their plans and compromises to the choice and control we must challenge the way the NDIA and DSS currently do business, demand they enter into genuine co-design with our disability community and help them understand that the current systematic destruction of the NDIS is a hot political issue that is not going away.

Closing Comments: Fitting the Pieces Together

On the first page of this submission is an image. I included this without comment or reference. With these concluding remarks, I would like to present a practice framework that is my attempt at articulating how the various elements of the NDIS puzzle could fit together. The framework presents a relational and developmental model of inclusion, depicting how individual, community, and organisational systems interconnect to generate social capital and enable genuine participation of people with disabilities in everyday life. It illustrates a dynamic ecosystem where *personal*, *community*, and *governance* domains are interdependent, each contributing to the growth of the others. At its conceptual core, the model emphasises social capital and circles of support as the essential mediators through which sustainable inclusion and empowerment are achieved.

1. Central Concepts: Social Capital and Circles of Support

At the centre of the framework lie two interrelated constructs: *social capital* and *circles of support*.

Social capital refers to the network of relationships, trust, reciprocity, and shared norms that exist within communities and between individuals. In the context of disability support, social capital functions as the connective tissue that enables individuals to participate, contribute, and belong.

Circles of support represent the personal and relational networks surrounding an individual, comprising family, friends, allies, and community members, who work collaboratively to sustain the person's vision for a good life. This relational infrastructure is crucial in translating formal supports into genuine opportunities for participation and belonging. The placement of these concepts at the centre of the framework symbolises their integrative and cross-cutting role in linking personal agency, community inclusion, and governance practices.

2. Domain 1: Individualised and Personalised Activities

The first domain, Individualised and Personalised Activities, reflects the paradigm of *person-centred practice* and *self-determination* that underpins contemporary disability policy, including the National Disability Insurance Scheme (NDIS). It is characterised by the principles of *choice and control*, wherein individuals are supported to design, direct, and manage supports that align with their preferences, goals, and identity.

Within this domain, the process of individual capacity building is central. It involves developing a person's skills, confidence, and agency to make decisions, manage supports, and engage meaningfully with their community. The framework situates this form of development within the *personal story*, recognising that personal empowerment emerges through lived experience and relational support rather than through service prescription.

3. Domain 2: Community Building Activities

The second domain, Community Building Activities, highlights the necessity of strengthening communities to be inclusive, welcoming, and participatory. The goal is not only the integration of individuals into pre-existing social structures but the co-creation of inclusive communities in which diversity is valued and mutual benefit is achieved.

This domain is underpinned by community capacity building, which focuses on fostering collective capability through education, collaboration, shared leadership, and accessibility initiatives, enabling communities to engage all members as active participants. The framework explicitly links this to *social* and *economic participation*, suggesting that inclusion must extend beyond social connectedness to encompass meaningful contribution in work, volunteering, learning, and civic life.

4. Domain 3: Governance and Organisational Practices

The third domain, Governance and Organisational Practices, acknowledges that individual and community empowerment cannot be sustained without equitable and responsive organisational structures. This domain encompasses quality standards, workforce and organisational capacity, and accountable governance.

The emphasis is on ensuring that governance structures and systems, in their many and varied forms, operate according to values of transparency, co-design, and responsiveness, rather than service-centric efficiency. It reflects a shift towards *enabling governance*, in which the role of these structures is to support self-determination, nurture community capacity, and facilitate collaborative networks rather than impose standardised service models. This approach to Governance encourages a move away from the traditional service provider models to practices that embrace self-direction, individual and family-governed strategies.

5. The Three Stories of Development

Surrounding the three domains are three developmental narratives: Personal Story, Community Story, and Governance Story, each representing a continuum of transformation.

1. The Personal Story traces a journey from *service-managed* to *self-managed* supports, reflecting increasing autonomy, self-determination, and personhood.

2. The Community Story depicts a transition from *isolation* to *inclusion*, illustrating how community development occurs when people with disabilities are recognised as active citizens and co-creators of community life.

3. The Governance Story represents the organisational journey from *service-centric* to *community-centred* and *person-led* governance, where policy, practice, and accountability mechanisms are aligned with rights-based and participatory principles.

These narratives are interlinked through continuous developmental cycles, suggesting that progress in one sphere, such as individual empowerment, both depends upon and contributes to advancements in the others.

6. Integrative Meaning: A System of Mutual Reinforcement

Collectively, the framework conveys a systems approach to inclusion, where sustainable change is achieved through the mutual reinforcement of personal, community, and organisational development. The placement of *social capital* at the centre underscores that meaningful inclusion is relationally produced; it arises through trust, reciprocity, and collective effort rather than through isolated programmatic interventions.

> This model thus challenges reductionist and service-centric paradigms, advocating instead for a *whole-of-community* approach grounded in co-design, participation, and ethical governance. It resonates strongly with contemporary disability rights frameworks, including the United Nations Convention on the Rights of Persons with Disabilities (CRPD), particularly Article 19, which enshrines the right to live independently and be included in the community, and with broader social theories of capability, participation, and empowerment.

This integrated development framework provides a conceptual roadmap for aligning personal, community, and organisational transformation. By embedding circles of support and social capital at its centre, it positions inclusion not merely as a service outcome but as a collective social achievement. It reinforces that sustainable progress in disability inclusion requires coordinated development across all levels of the ecosystem, empowered individuals, inclusive communities, and ethically governed organisations, each contributing to and drawing strength from the others.

The National Disability Insurance Scheme was never intended to become a vehicle for bureaucratic convenience or cost containment. It was born from a grassroots movement led by people with disability and their allies, who demanded a system that would honour dignity, autonomy, and inclusion. Over time, however, the balance has shifted. Prescriptive lists, technocratic assessments, and ministerial discretion have come to dominate the Scheme, distancing it from its original purpose and threatening the rights of those it was designed to serve.

This submission has outlined both the risks of the current trajectory and the opportunities for reform. It has been argued that the future of the NDIS depends on restoring balance between individual and service forms of support, embedding genuine co-design at every level of governance, and replacing rigid lists with a transparent, principles-based framework for decision-making. These shifts are not abstract ideals but practical necessities if the Scheme is to remain viable, just, and true to its founding vision.

The voices of people with disability, particularly those with complex needs who are most at risk of exclusion and institutionalisation, must be at the heart of every decision. Without this, the NDIS risks betraying its promise and perpetuating the very injustices it was created to end. With it, the Scheme has the potential to become once again a global model of rights-based reform and community inclusion.

This is a critical moment. The choices made now by government, parliament, and the NDIA will determine whether the NDIS becomes a mechanism of liberation or control. The reforms proposed here are grounded in law, ethics, and lived experience. They provide a clear path forward: one that honours the UNCRPD, restores trust, and places people with disability at the centre of their own lives.

I respectfully urge the Committee to take these recommendations seriously and to use its influence to ensure that the NDIS does not lose sight of its heart, people, relationships, and the right of every person with disability to live a life of dignity, choice, and belonging in their community.