Australian Rehabilitation and Assistive Technology Association (ARATA)

NDIS Joint Standing Committee – General Issues – Annual Report No.1 of the 48th Parliament

Response to Questions on Notice, Public Hearing, Thursday, October 23rd 2025, Sydney.

3 November 2025

For further information, please contact [redacted] or [redacted]

ARATA would like to acknowledge and thank the many ARATA members who contributed their knowledge, experiences, and expertise to inform this response.

1. Introduction

The Australian Rehabilitation and Assistive Technology Association (ARATA) is the national non-profit peak body representing assistive technology stakeholders. ARATA works to advance access to rehabilitation and assistive technologies and promote practices that ensure positive outcomes from their use for people of all abilities. ARATA includes a membership of both National Disability Insurance Scheme (NDIS) participants and NDIS providers, as well as other assistive technology (AT) stakeholders across all experiences of individual AT use, the provision of AT advice (e.g. via health professionals), AT supply, product development, and AT research and education in Australia and internationally.

ARATA provides a national forum for information sharing and liaison between people who are involved with the use, selection, customisation, supply, research and ongoing support of rehabilitation and assistive technologies. Our Association promotes, develops, and supports the national rehabilitation and assistive technology community of practice as well as contributing as a founding organisation to the Global Alliance of Assistive Technology Organizations (GAATO)[1].

Through its membership, ARATA represents the interests and opinions of the full range of assistive technology stakeholders in Australia. ARATA maintains that roles for all AT stakeholders must be considered, centred around the goals and needs of people who use AT in their own lives, and their informal supporters – including family members – who may engage with the NDIS.

2. Questions Taken on Notice, Public Hearing, October 23rd, 2025, in Sydney.

ARATA is grateful for the opportunity to respond to questions taken on notice, at the Public Hearing held by the NDIS Joint Standing Committee (General Issues), on Thursday, October 23rd, 2025. This paper is provided to the Committee in addition to our submission[2], and a tabled copy of the ARATA Opening Statement provided by ARATA President Dr. Melanie Hoyle, at the Public Hearing. The Opening Statement included an Appendix detailing case examples of the impact of the Section 33 funding periods on access to assistive technology. It is hoped that the ARATA contribution will assist the Committee, in preparation for the Annual Report No. 1 of the 48th Parliament.

ARATA was asked to provide deidentified case examples of the impact of recent NDIS changes, including changes to Section 10 of the NDIS Amendment Act (2024) on access to assistive technology. As described in the ARATA Opening Statement and evidenced by data from the Australian Institute of Health and Welfare, NDIS participant access to assistive technology has dropped by approximately 10% in the year June 30th 2025[3], meaning approximately 70,000 fewer participants had access to AT in June 2025 compared to June 2024. Reduced access to assistive technology is likely to be a consequence of the multiple and overlapping NDIS changes, including to

[1] History | GAATO

[2] Submission no. 2 Submissions – Parliament of Australia

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

Section 10 of the NDIS Amendment Act (2024) i.e. the introduction of more rigid 'in and 'out' NDIS Support lists. ARATA anticipates further drops in access rates will be seen as additional NDIS reform measures take effect, including the changes to Section 33, the therapy travel funding cuts implemented in July 2025, and a potential stronger focus on impairment-based assumptions of need arising from implementation of Section 32L and Section 34 of the Act.

3. Deidentified examples highlighting the impact of NDIS changes, including to Section 10 of the NDIS Amendment Act (2024), on access to assistive technology

The following deidentified case examples were provided by ARATA members, through the ARATA Assistive Technology and Home Modifications Issues Register (an internal system utilised by members), and through additional extensive consultation with members aiming to capture experiences with accessing assistive technology, through the NDIS.

NOTE: All names have been changed to ensure deidentification.

A. Inconsistent application of Section 10 – Everyday/Mainstream items non-approved where there is evidence the item is a cost-effective solution to a disability-need (including through Replacement Supports).

Case Example: Safira (42 years old, living with Spinal Cord Injury)

Safira is a 42-year-old woman with a spinal cord injury who requires an environmental control system to independently manage key functions in her Specialist Disability Accommodation (SDA) home, including lighting, blinds, television, and front door access. As part of this system, the inclusion of Apple HomePods was recommended as essential hardware to enable voice-activated control of these devices. Despite their critical role, the request was declined by the NDIA planner, who incorrectly categorised the HomePods as an 'app' and therefore ineligible under the 'Out' list. In reality, the HomePods are physical devices that serve as the communication hub connecting Safira's environmental control system. The total cost for the required units was under $2,000—an inexpensive and highly effective solution that would significantly increase Safira's independence, safety, and quality of life within her home environment.

Case Example: Jacob (18 years old, living with Rapid-Onset Blindness)

Jacob is an 18-year-old who has experienced rapid-onset blindness, resulting in a sudden and profound loss of independence during a key developmental life stage. Timely access to assistive technology is critical to support his goals of pursuing study and moving out of his parents' home. Despite this, the NDIA planner declined funding for the Ray-Ban Meta smart glasses, incorrectly stating they are "not disability specific," and also failed to fund core supports for daily living, community participation, or transport on the assumption that parental support was sufficient—despite Jacob's previous independence before vision loss. The Ray-Ban Meta glasses provide voice-activated, hands-free navigation and communication, real-time environmental descriptions, text reading, and live visual assistance through integration with the Be My Eyes app. For Jacob, these

glasses represent an essential low-vision support that would restore functional independence, orientation, and confidence in navigating both home and community settings. At under $2,000, this technology offers a cost-effective and evidence-based assistive solution for a young person seeking solutions for lifelong vision impairment.

Case Example: Ben (31 year old autistic person)

Ben experiences extreme sensory sensitivities that significantly impact his ability to participate in daily community activities. Without his noise-cancelling headphones, he is unable to use public transport or shop in busy supermarkets, even with the assistance of a support worker. Noise-cancelling headphones provide relief from overwhelming sensory input and are essential for Ben's functional independence and wellbeing. They enable Ben's community participation. Ben's application to have these funded as a replacement support, exchanging the headphones for a small number of support worker hours, was declined. Despite their effectiveness, funding reductions and inconsistencies in approving these sensory supports are common, as they are often classified as 'mainstream' items and included on the NDIS Support 'Out' List.

Case Example: Mark (45 years old, living with Psychosocial Disability)

Mark lives with a long-term psychosocial disability characterised by persistent paranoia and persecutory beliefs, which have been enduring features of his condition. He lives alone in a one-bedroom unit as he cannot share space with others. Prior to window tinting, his fear of being watched from outside his unit was so significant that he rarely left his bedroom, spending most of his time in darkness with curtains and blinds permanently closed. This extreme withdrawal significantly limited his ability to move around his home, complete daily tasks, or engage in calming and purposeful activities such as artwork. Following an occupational therapy recommendation, window tinting was installed, allowing Mark to feel secure in his own home while letting in natural light. This low-cost solution enabled him to open his blinds, access all areas of his home, and re-establish daily routines and activities that support his mental health and participation. It held an essential role in restoring Mark's ability to feel safe in his own home. Previously, this type of modification was fundable as a minor home modification; however, under the Section 10 changes, window tinting is now declined as an 'everyday expense'.

Case Example: Majid (55 years old, living with Visual Impairment)

Majid is a 55-year-old man with a significant visual impairment that limits his ability to participate in shared leisure activities with his family. After a lengthy appeals process with the Tribunal, he was finally approved for a large-screen television, which functions as compensatory and adaptive technology, enabling him to clearly see and enjoy visual media from a comfortable distance. This simple, mainstream solution allowed Majid to achieve his goal of sitting on the couch and watching movies with his family—an ordinary, social activity that fosters inclusion and connection. Importantly, the large-screen TV proved far more cost-effective than specialised vision-assistive technologies such as the Vision Buddy, demonstrating that mainstream adaptive solutions can meaningfully support independence and participation in everyday life.

Case Example: Jessica (43 years old, living with Complex Communication Needs)

Jessica is a 43-year-old woman with complex communication needs who relies on an off-the-shelf Android tablet with a text-to-speech app as her primary means of communication. This low-cost,

low-risk setup—previously funded under the low-cost assistive technology consumables budget—effectively enables her to communicate independently in daily life. However, since tablets have been added to the NDIS 'Out List,' Jessica is no longer able to use her funding to replace or maintain this essential device. As her plan does not include any alternative funded supports for communication, she has been forced to consider far more expensive, disability-specific communication devices. These would require a detailed speech pathology assessment and assistive technology report, and cost more than $8,000 for the device alone, in addition to the fees for assessment and reporting—compared to approximately $500 for her current tablet and app. This change has created unnecessary barriers to an otherwise simple, cost-effective, and empowering communication solution.

Case Example: Eli (25 years old, living with Neurological Disability)

Eli is a young man in his early 30s living with a neurological disability that places him at high risk of falls. To promote safety and independence, his support team explored the use of a discreet falls alert smartwatch (such as Live Life or Med Alert) as an alternative to a traditional pendant alarm, which Eli found stigmatising due to its visible association with disability. Despite the clear functional purpose of this technology, the plan manager declined the request, categorising it as an "everyday item." As a result, Eli requires additional support worker hours to ensure his safety when accessing the community—an outcome that was both less dignified and more costly to the NDIS than funding the low-risk, preventive device initially requested.

B. Inconsistent application of Section 10 Support Lists - Non approval of assistive technology

Case Example: Kate (28 year old, living with Complex Physical Disability)

Kate has a childhood-onset neurological and musculoskeletal disability resulting in severe physical limitations, chronic pain, fatigue, and reduced ability to independently move her limbs. She relies on a wheelchair for all mobility and requires 24/7 carer support. During a three-month trial of the active-passive trainer (MOTOmed) upper and lower limb motorised ergometer, Kate demonstrated significant physical and mental health improvements, including reduced dizziness and fainting, improved circulation and foot colour, decreased pain and fatigue, better sleep, and enhanced mood and social participation. She reported high satisfaction, using the device almost daily and achieving measurable improvements on standardised outcome scales. Despite these strong, evidence-based results and clear functional benefits, Kate waited over a year for a decision from her NDIA planner, and the request for funding of the passive-active trainer was ultimately declined, the decision based on an assertion it was not 'value for money'.

Case Example: Miles (32 years old, living with Physical Disability)

Miles is a 32-year-old man with a physical disability that significantly limits his hand function, impacting his ability to independently engage in sexual activity. As sexual expression and intimacy are recognised as fundamental aspects of human rights and wellbeing, Miles sought funding for a vibrating masturbation aid that could be safely held and operated within his limited grip capacity. This request was made as a form of assistive technology to support sexual activity—a legitimate aspect of self-care, autonomy, and quality of life. However, the request was declined under the NDIS item exclusion list for "sex toys," despite the absence of any provision in the "in list" recognising assistive technology for sexual activity related to disability-specific needs. Without this support,

Miles is unable to participate in a normal aspect of adult life in the same way as peers without disability.

C. Assistive technology declined due to a change in recognised disability on the NDIS system i.e. an impairment 'dropping out' or being 'switched off'.

ARATA has received several case examples in which participants and their supporters report assistive technology funding being declined because a previously NDIS-approved impairment no longer appears as current within the NDIS system. This is concerning, as the participant was unaware that their disabilities/impairments had been end-dated. This occurs where the participant has more than one impairment, and one or more no longer appear in the NDIS system, creating a barrier to accessing assistive technology.

Case Example: Aidan (22 years old, living with Autism and Ehlers-Danlos Syndrome)

Aidan is a 22-year-old man with autism and severe Ehlers-Danlos Syndrome (EDS), a condition that causes significant joint instability, pain, and fatigue, and significant limitations in his mobility. Despite clear clinical evidence of his physical disability and need for a wheelchair to safely mobilise and participate in community life, the NDIS has now stated they no longer have evidence of both conditions and accept his access only under the primary diagnosis of autism. As a result, his request for essential assistive technology has been declined, with the agency advising that he must reapply for NDIS access to include EDS as a recognised condition—requiring extensive new medical evidence. This administrative barrier has left Aidan without the mobility support he urgently needs, restricting his independence, community access, and impacting his overall health and wellbeing.

Case Example: Usha (30 years old, living with Psychosocial and Physical Disability – Spinal Injury)

Usha is a 30-year-old woman living with both psychosocial disability and significant physical impairment resulting from spinal injuries. She was accepted onto the NDIS approximately four years ago under both categories and has previously received funding for home modifications and assistive technology assessments to support her mobility and daily living. At her most recent plan review, Usha was informed that her physical disability had been "incorrectly" accepted and that future supports related to her spinal injury could no longer be funded unless she reapplied for NDIS access with new specialist medical evidence. This decision led to a substantial reduction in her supports, despite her ongoing and well-documented physical limitations—for example, she cannot get in or out of bed without assistance. The reassessment requirement has caused unnecessary stress, delays in essential support, and a loss of functional independence.

Case Example: Matt (19 years old, living with Cerebral Palsy and Intellectual Disability)

Matt is a 19-year-old man with cerebral palsy (CP) and an intellectual disability who has previously received NDIS funding for assistive technology to support his mobility and positioning needs related to his CP. At his most recent plan review, the NDIS unexpectedly "end-dated" his CP diagnosis—without informing him or his support team. As a result, his requests for essential assistive technology, including a lift recliner chair and a hi-lo bed, were declined on the basis that he no longer has CP listed as a funded disability. This administrative error has left Matt without the equipment required to manage his physical needs safely and comfortably, despite clear and ongoing functional needs.