

Submission to the Senate Community Affairs Legislation Committee

Re: NDIS (Integrity and Safeguarding) Bill 2025

Background

I am an Occupational Therapist working exclusively in the community with individuals who are participants of the NDIS. I support people aged 16 years and over and work primarily with participants with autism, ADHD, acquired/traumatic brain injury, intellectual impairment, stroke, multiple sclerosis, Parkinson's disease, and dementia. This list is not exhaustive and reflects the most common disability presentations within my current caseload.

I work closely with participants over time, often across fluctuating presentations, changing environments, and evolving support needs.

I welcome the stated intent of the *NDIS (Integrity and Safeguarding) Bill 2025* to improve safety, accountability, and integrity within the Scheme. These are goals shared by participants, providers, and the broader disability community. However, I hold serious concerns about how several proposed measures may operate in practice and the unintended consequences they may have for participant safety, equity, and trust.

Safeguarding risks associated with disregarding allied health evidence

Occupational Therapists are trained to consider the interaction between a person, their environment, their daily activities, and their supports when forming conclusions and recommendations to promote their health, safety, and quality of life. This holistic approach is fundamental to accurate functional assessment and safeguarding.

I draw the Committee's attention to the safeguarding risks associated with insufficient consideration of disability evidence provided by participants' treating allied health professionals. These risks include inappropriate or ineffective funding decisions; increased likelihood of under- or over-funding individual plans; escalation of review and complaint processes; and potential impacts on participant safety, wellbeing, and functional participation. I also draw to your attention to the data that 70% of NDIS-focused decisions at the Administrative Review Tribunal overturned the original NDIS decisions on funding supports.

In my practice, I have encountered multiple instances where the NDIA appears not to have held accurate or complete contextual information about a participant's functional capacity. For example, I support a participant who relies on a four-wheeled walker for short-distance mobility and a powered wheelchair for longer distances and community access. Despite these mobility supports having been previously funded by the NDIS, discussion with a planner noted that the participant's plan recorded that she did not have any physical disabilities or limitations.

This error resulted in significant underfunding and restricted access to essential assistive technology and therapy supports. The consequences were not merely administrative; they directly affected the participant's safety, independence, and ability to participate in daily activities. This example highlights the safeguarding risks that arise when functional context and allied health evidence are not accurately considered or carried forward in decision-making processes.

Treating allied health professionals and members of the participant's support network are willing and well placed to provide timely input that could readily address such issues. However, when this input is not sought or acted upon, resolution is delayed by administrative processes, unnecessarily extending the period during which participants are exposed to avoidable risk and unmet support needs.

Independence and conflict of interest in Support Needs Assessments

I hold significant concerns regarding proposals for Support Needs Assessments (SNAs) to be conducted by assessors who are not independent from the NDIA. Where assessment outcomes directly inform eligibility, budget-setting, and access to supports, lack of independence presents a perceived and practical conflict of interest.

Independence is a cornerstone of fair and defensible assessment processes. Without it, there is an increased risk of reduced transparency, diminished procedural fairness, and erosion of participant trust in decision-making outcomes.

In clinical practice, it is common for participants to describe themselves as "independent," despite demonstrating significant functional limitations when assessed through observation, task analysis, and contextual enquiry. Identifying these discrepancies requires years of university training, advanced clinical reasoning, professional judgement, and more time than a three-hour assessment to gather accurate information. In my experience, I have encountered this discrepancy hundreds of times across different populations – it is a common presentation.

Where assessors lack independence, clinical training, or the mandate to undertake this level of enquiry, there is a heightened risk that participants such as those with complex, fluctuating, or invisible disabilities will have their support needs underestimated. This raises significant ethical concerns and creates inequitable outcomes, particularly for those participants who already experience systemic disadvantage.

Limitations of assessment without clinical reasoning and collateral information

Accurate functional assessment cannot rely solely on participant self-report. Many participants do not have the capacity to fully understand, articulate, or advocate for their support needs due to factors such as cognitive impairment, trauma history, neurodivergence, communication barriers, or lack of insight into their own functional limitations.

Comprehensive assessment routinely requires observation across environments, review of collateral information, and consultation with family members, support coordinators, and treating health professionals. These steps are essential to forming an accurate understanding of risk, support dependency, and functional capacity over time.

I am concerned that the proposed SNA process may not consistently allow for, or prioritise, this level of information gathering. Without observations, collateral input, and interpretation by trained clinicians, assessments risk relying predominantly on incomplete or misleading information and omission of important factors. This significantly increases the likelihood of inappropriate funding decisions and places participants at risk of unmet needs.

Trauma, mistrust, and the risks of rushed implementation

Many participants are already experiencing significant distress and trauma in their interactions with the NDIA. In my practice, I have repeatedly seen participants caught off guard by unplanned “check-in” phone calls, only to subsequently discover that substantial portions of their funding have been reduced without input from treating health professionals or existing supports.

For participants who lack capacity to comprehend complex NDIS processes or advocate for themselves, these experiences can be profoundly destabilising. They contribute to fear, confusion, disengagement, and deterioration in mental health and functional capacity. Participants who desperately need assistance through NDIS are considering leaving the scheme based on how much stress it causes.

Rushing the implementation of new assessment and decision-making processes without adequate safeguards risks compounding this trauma. It also risks further eroding trust not only in the NDIS, but in government systems more broadly. From both participant and provider perspectives, trust is already significantly compromised.

As a treating clinician, I am deeply concerned by the cumulative harm I have witnessed within the disability community and the allied health workforce as a result of repeated system changes implemented without genuine co-design or adequate trialling. These impacts are real, ongoing, and preventable.

I also wish to draw the Committee’s attention to concerns regarding previous trials of independent assessment models within the NDIS. These trials did not demonstrate outcomes that were acceptable to participants, families, or providers, and were ultimately discontinued. From a clinician and community perspective, there was limited transparency about the plans for these trials and the results. This lack of transparency has contributed to significant mistrust within the disability community and allied health workforce.

Trust in any safeguarding framework relies on openness, evidence, and genuine engagement with those affected. Without clear public reporting, it is difficult for participants and providers to have confidence that proposed reforms will avoid repeating past mistakes.

Meaningful transparency is essential not only to rebuild trust, but to ensure that future assessment models are safe, effective, and fit for purpose. Without transparency and accountability, further change risks compounding harm and further eroding trust in the Scheme and Parliament as a whole.

Lack of co-design and missed opportunity to strengthen the Scheme

I am concerned by the limited evidence of meaningful co-design with allied health professionals in the development of Support Needs Assessment processes. Assessing functional capacity and support needs is core Occupational Therapy practice. Allied health professionals are not adversaries of the NDIS; we are essential contributors to its effectiveness and sustainability.

There is a strong willingness within the allied health workforce to collaborate constructively in strengthening the Scheme. Excluding or sidelining this expertise represents a missed opportunity to improve safety, consistency, and participant experience.

Matters for Parliament to consider

I respectfully urge Parliament to consider the following:

1. Prioritising the co-design of a trauma-informed NDIS Support Needs Assessment, aligned with recognised international best practice and delivered as a flexible, bulk-billed MBS item.
2. Establishing a regulated National Endorsed Assessor Team (NEAT), comprising appropriately qualified, AHPRA-registered allied health professionals operating within scope of practice and applying clinical reasoning to synthesise multiple evidence sources.
3. Ensuring that SNA processes and outputs that inform eligibility and budget-setting are rigorously trialled and evaluated with transparency, prior to full implementation, to minimise harm and protect participant safety.
4. Ensuring that treating allied health evidence is meaningfully considered and transparently weighted in decision-making processes.
5. Preserving assessment and funding independence to mitigate conflicts of interest and safeguard procedural fairness, equity, and public confidence in the Scheme.

6. Recognising the complexity and fluctuating nature of many disabilities and implementing clear safeguards against funding reductions without clinical input, particularly where participants lack capacity to self-advocate.

These risks are foreseeable and preventable through independent, clinically led assessment processes that appropriately utilise allied health expertise. Failure to address these issues risks compounding harm to participants and further eroding confidence in the NDIS. Clinically informed, independent, and transparent assessment processes are essential to safeguarding participant wellbeing and restoring trust in the Scheme.

Sincerely,

Occupational Therapist