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

Children and Young People with Disability Australia's Submission to the Senate Community Affairs Legislation Committee Inquiry

"They'll put money towards making roads safer but then not when it comes to saving people's lives through NDIS."

-Young person with disability under 18, CYDA's NDIS Changes focus group, 2026

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cyda Children and Young People with Disability Australia

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A note on terminology:

In this submission, Children and Young People with Disability Australia (CYDA) uses person-first language, e.g., person with disability. However, we recognise many people with disability choose to use identity-first language, e.g., disabled person.

Content warning: Reference to trauma, stress, burden, and suicidality for disabled children, young people, parents and caregivers.

Acknowledgements:

Children and Young People with Disability Australia would like to acknowledge the Traditional Custodians of the Lands on which this report has been written, reviewed and produced, whose cultures and customs have nurtured and continue to nurture this Land since the Dreamtime. We pay our respects to their Elders past and present. This is, was, and always will be Aboriginal Land.

About Children and Young People with Disability Australia (CYDA)

Children and Young People with Disability Australia (CYDA) is the national representative organisation for children and young people with disability aged 0 to 25 years. CYDA has extensive national networks of young people with disability, their families and caregivers, and advocacy and community organisations.

Our vision is that children and young people with disability in Australia will fully exercise their rights, realise their aspirations, and thrive in all communities.

Background

Approximately 12.1 per cent of Australian children and young people aged 0–24 have disability, with around six per cent considered to have profound disability. Most require assistance with everyday activities, and over half have multiple types of disability, reflecting the complexity of supports required for this group.

The National Disability Insurance Scheme (NDIS) plays a critically important role in the lives of children and young people, with the latest NDIS Quarterly Report showing 52 per cent of participants are aged 18 and under, and improvement across ALL areas of NDIS support for children from birth to when they start school.

Yet more support is needed. Many children and caregivers experience support gaps, with more than four in five children with disability having unmet support needs, particularly for therapies, school-based supports, and support workers. Gaps and barriers to access are greater for children from low-income households, single-parent families, First Nations backgrounds, culturally diverse communities, and regional or remote areas, and for girls and children with intellectual disability.

CYDA's response to the Senate Inquiry

CYDA's response to the Senate Inquiry into the NDIS Amendment (Securing the NDIS for Future Generations) Bill has two parts:

1. CYDA's recommendations, based on the lived experiences of our disability community and endorsed by three youth disability advocacy organisations
2. Two appendices, containing three lived experience case studies and a supporting evidence submission.

CYDA wishes to explicitly point out the detrimental impact of the short Inquiry timeframe. As noted in the joint statement by Disability Representative Organisations on 14 May 2026, the disability sector and community have struggled to contribute in a meaningful way to a reform of significant magnitude.

Summary of CYDA's recommendations

Priority Area 1: Eligibility based on functional capacity

Recommendation 1a. Guarantee that children aged 8 and under are not removed from the NDIS before adequate safeguards, alternative supports, and pathways for reassessment throughout their development are established.

Recommendation 1b. Provide a definition and assessment of parental responsibility that accounts for the significant variation in level and complexity of support needs.

Recommendation 1c. Amend proposed section 9B(1)(b) to ensure that fluctuation is considered in the definition of functional capacity, and availability of informal and community supports is considered in the context of a person's environmental and personal circumstances.

Recommendation 1d. Amend Section 211 so that the Minister "must consult with the disability community in relation to a legislative instrument made under this [NDIS] Act".

Priority Area 2: Support determinations

Recommendation 2a. Allocate funding based on level of need determined by functional capacity in the context of daily life, rather than blanket cuts to social and community participation funding that risk a pipeline back to segregated settings.

Recommendation 2b. Do not include children and young people aged 0 to 25 in the reduction of capacity building funding, to protect access to therapeutic supports as part of early intervention and during significant life transitions.

Priority Area 3: Definition of permanence

Recommendation 3a. Provide evidence-based, disability-affirming definitions of "appropriate treatment" and "material improvement", with measurable minimum thresholds and reasonable timeframes to ensure provision of adequate supports both within and outside the NDIS.

Recommendation 3b. Provide financial support to enable equity in the capacity to access all appropriate treatment.

Recommendation 3c. Ensure that the requirement to undertake all appropriate treatment in the context of emotional or behavioural support does not enforce the use of behavioural therapy or restrictive practices.

Priority Area 4: Other aspects of the Bill

Recommendation 4a. Abolish the ministerial centralisation of power in the Bill, and replace it with oversight by the Disability Reform Ministerial Council in consultation with the NDIS Reform Advisory Committee.

Recommendation 4b. Reinstate principles relating to rights, choice, control, and reasonable and necessary supports in the Act, and ensure additional responsibilities to families and communities to meet needs are accompanied by dedicated resourcing.

Recommendation 4c. Ensure that automated decision-making is not used in determining participant Plan budgets and eligibility for the NDIS.

CYDA's Priority Areas

1. Eligibility based on functional capacity

Recommendation 1a. Guarantee that children aged 8 and under are not removed from the NDIS before adequate safeguards, alternative supports, and pathways for reassessment throughout their development are established

CYDA and our disability community have strong concerns about the short timeframes and process for the removal of children aged 8 and under from the Scheme through Thriving Kids.

In CYDA's Masking is Not Thriving 2025 Report, parents and caregivers emphasised that blanket removal should not continue without a trial period to ensure evidence-based user testing and validation of the supports provided by Thriving Kids before removal of other supports.

> *"They are rushing to try and get something implemented and underway before their electoral term has ended to prove they did something, when all it's going to do is break families and cause so much distress to the families who need these services for the children this is affecting."*
> *– Parent/caregiver, CYDA's Masking is Not Thriving Report, 2025*

Recommendation 1b. Provide a definition and assessment of parental responsibility that accounts for the significant variation in level and complexity of support needs

CYDA is concerned about the assumption of parental responsibility without adjustment for need. Proposed subsections on parental responsibility and use of informal supports create an elevated risk that families whose children require intensive emotional and behavioural support may still be deemed ineligible for the Scheme.

CYDA has heard from surveying our disability community that they are already at breaking point with changes to their NDIS supports, absorbing support needs that are not met. The proposed subsections place additional burden on families by weighting the Bill towards placing emphasis on informal or other supports outside the NDIS that do not currently exist. They create a false equivalence between parental responsibility of children with disability versus parents of children without disability, with vastly different experiences of providing emotional and behavioural support.

Additionally, these subsections disadvantage families with child/ren with complex or multiple needs that require tailored and intensive supports, families with multiple children with "moderate" support needs who are ineligible for the NDIS, women who make up 68 per cent of primary carers, and parents with disability who are more likely to become involved with child protection due to inadequate support.

"The LAC [Local Area Coordinator] was very much like, 'No, she's under seven, it's all parent responsibility.' And I was like, 'Well, which parent needs to do all this stuff 24 hours a day'"?
– Parent/caregiver, Reimagining NDIS focus group, 2023

Recommendation 1c. Amend proposed section 9B(1)(b) to ensure that fluctuation is considered in the definition of functional capacity, and availability of informal and community supports is considered in the context of a person's environmental and personal circumstances

CYDA is concerned that assessment based on functional capacity is unsuitable for those aged 0-25 years, whose disability-related needs and capacity develop and fluctuate in line with, and appropriate to, their developmental phases. Further, some disability types will have more fluctuation in capacity across time.

An accurate assessment of functional capacity cannot be formed in isolation from personal and environmental circumstances that may impact functional capacity. Excluding context relies on the assumption that the same level of support is available to everyone, when in reality this is intersectionally impacted by culture, gender, family size, family dynamics, or location.

"The assessment tool may not always be fair because hidden, fluctuating, or complex disabilities can be misunderstood."
– Young person with disability under 18, CYDA's NDIS Changes focus group, 2026

Recommendation 1d. Amend Section 211 of the NDIS Act so that the Minister "must consult with the disability community in relation to a legislative instrument made under this Act"

CYDA strongly urges the government to ensure that any new tool to assess functional capacity is:

- evidence-based
- disability and neuro-affirming
- co-designed with users
- tested and validated by clinicians and experts
- fit-for purpose, not repurposed from a tool used for other means.

Our disability community have also told us which assessment tool features would not be suitable for them. Based on user testing CYDA conducted on 20 May 2026 in our NDIS Changes focus group with young Autistic NDIS participants (using the World Health Organisation's Disability Assessment Schedule as an example), features deemed unsuitable were:

- a short 30-day window for capturing assessments
- numbered scales for measuring capacity
- static metrics
- general or broad criteria.

"I just find it incredibly ignorant to dictate lived experience into a numbered scale of zero to four. Disability is so much more complex and layered than that" – Young person with disability 18-25 years, CYDA's NDIS Changes focus group, 2026

2. Support determinations

Recommendation 2a. Allocate funding based on level of need determined by functional capacity in the context of daily life, rather than blanket cuts to social and community participation funding that risk a pipeline back to segregated settings

CYDA strongly rejects the blanket reduction of social and community participation funding, justified by the government on the basis that that this reduction "does not impact the health and safety of participants."

The reduction is contrary to the rights-based principles of choice and control the NDIS was founded upon, as well as the Convention on the Rights of People with Disability: "full inclusion and participation in all aspects of life". Reduction is also not appropriate for every age, stage, and context of a person's life. Children and young people with disability are at increased risk of being excluded from the everyday lives of their peers without this funding. Funding cuts, along with the existing social media ban, will reduce their capacity to build connections and belonging in their community, harming development and impacting mental health.

CYDA is also concerned that the government's proposed $200 million Inclusion Community Fund is insufficient and will not reach children and young people with disability who are unable to attend community settings without additional support.

"If my community budget is cut, I will lose almost all of my independence from my parents." – Young person with disability 18-25 years, CYDA's NDIS Changes focus group, 2026

Recommendation 2b. Do not include children and young people aged 0 to 25 in the reduction of capacity building funding, to protect access to therapeutic supports as part of early intervention and during significant life transitions

CYDA is deeply concerned about the potential harm caused to children and young people if their access to capacity building funding is cut.

Capacity building funding therapeutically supports children and young people navigating developmental milestones and transitions to maturity, with the added complexity of disability. Reducing their capacity to manage these experiences is contrary to the early intervention concept, likely decreasing functional capacity and leading to additional therapeutic requirements later in life.

> *"My child has received life changing assistance from the NDIS. We privately paid for allied health services for 1 year, and when my child was 3, we were able to access NDIS. The progress made was immeasurable and we are now at a mainstream school. While my child still requires supports, I believe that early intervention greatly changed the trajectory of my child's life." – Parent/caregiver, CYDA's Masking is Not Thriving Report, 2025*

3. Definition of permanence

Recommendation 3a. Provide evidence-based, disability-affirming definitions of "appropriate treatment" and "material improvement", with measurable minimum thresholds and reasonable timeframes to ensure provision of adequate supports both within and outside the NDIS

CYDA is troubled by the subjective nature of the terms "appropriate" and "material improvement", and advocates for the use of evidence-based assessments and safeguards to ensure support is not withheld based on inconsistent application of definitions.

The application of appropriateness is open to subjective interpretation. It is therefore vitally important that the assessor defining appropriate treatment has adequate knowledge and understanding of disability from a disability and neuro-affirming stance, as well as of disability and treatment options as they relate to different developmental stages for children and young people.

We also argue that individual circumstances should be considered when assessing appropriate treatment, including personal and circumstantial factors. For example, personal and circumstantial factors that may impact appropriateness could include availability and cost of treatment, or loss of other supports such as

early intervention because community or mainstream ones are not yet available (due to long waitlists, or thin markets in regional or rural areas) or are too expensive.

There are currently no safeguards to ensure that a person's eligibility for the Scheme will not be denied based on lack of appropriate treatment, or due to a barely perceptible increase in their material improvement.

> *"Are people with disability going to be left to guess and spend a whole bunch of money and time? How long do they expect a treatment to be? Are they going to be specific [about duration], saying we would expect you to undertake a certain amount of therapy for x months?" – Young person with disability under 18 (via communication partner), CYDA's NDIS Changes focus group, 2026*

Recommendation 3b. Provide financial support to enable equity in accessing all appropriate treatment

CYDA notes that there is potential for the "appropriate treatment" clause to act as a barrier to NDIS eligibility, by making it impossible for people without the financial means to access all appropriate treatment. This means that they would automatically not qualify for NDIS eligibility as they would not be able to meet the criteria of accessing all appropriate treatment due to lack of affordability.

This will also further entrench the longstanding issue of low NDIS participation rates for people in regional and rural areas with thin markets, who may not be able to find available appropriate treatment in their location.

> *"In the country [regional areas], the therapists don't exist to embed anywhere." – Parent/caregiver, CYDA's Masking is Not Thriving Report*

Recommendation 3c. Ensure that the requirement to undertake all appropriate treatment in the context of emotional or behavioural support does not enforce the use of behavioural therapy or restrictive practices

CYDA's chief concern is that harmful and inappropriate treatments be explicitly excluded from the requirement to undertake all appropriate treatment to qualify for the NDIS. Our disability community feels particularly strongly that therapies for emotional and behavioural support only draw from best practice trauma-informed relational models, and not the coercive and restrictive approaches used in Applied Behaviour Therapy and similar. CYDA is equally concerned that this clause could enable the normalisation of medication as chemical restraint, amounting to restrictive practices and leading to serious harm.

"ABA - Do not try to force autistic people to behave as though they're not autistic. It is dehumanising, and traumatising. We're different, not inferior." – Parent/caregiver, CYDA's Masking is Not Thriving Report

4. Other aspects of the Bill

Recommendation 4a. Abolish the ministerial centralisation of power in the Bill, and replace it with oversight by the Disability Reform Ministerial Council in consultation with the NDIS Reform Advisory Committee

CYDA cautions that the ministerial centralisation of decision-making power without accountability and oversight mechanisms undermines the integrity of democratic governance. This broad decision-making power also contradicts the National Disability Insurance Agency's (NDIA) emphasis on the importance of drawing on evidence-based approaches.

There is evidence from the Australian National Audit Office that high levels of ministerial power lead to resource misallocation, corruption, and erode public trust.

Recommendation 4b. Reinstate principles relating to rights, choice, control, and reasonable and necessary supports in the Act, and ensure additional responsibilities to families and communities to meet needs are accompanied by dedicated resourcing

CYDA points to the problematic removal of "reasonable and necessary" and individualised features from supports, alongside the additional emphasis on sustainability and the role of the community in supporting people with disability.

CYDA notes that these changes to principles in the NDIS Act highlight a worrying move away from a focus on rights, choice, and control, replacing this with cost-saving measures and reliance on family and informal networks.

Recommendation 4c. Ensure that automated decision-making is not used in determining participant Plan budgets and eligibility for the NDIS

CYDA is gravely concerned about the introduction of automated decision-making into NDIS processes.

While automated decision-making could be applied to administrative functions of the NDIS to improve efficiency, CYDA strongly cautions against its application in any domains that require evidence-based, fair, appropriate, or person-centred decision-making. This includes, but is not limited to, determining participant Plan budgets and eligibility for the NDIS.

Appendix 1: Case Studies

Case Study 1: Impact of Parental Responsibility

"My son Tommy (pseudonym) is now 10 and has been on the NDIS since he was four. I've been trying to get more NDIS support since he was almost five. I called an NDIS planner in desperation and explained what was happening in my home due to my son's disability. **I was told I couldn't get funding for a support worker because this was considered parental responsibility**. The Local Area Coordinator said the same thing each time I asked and advised me to use my informal supports.

When you have a child who is so highly activated by everyday life that he screams, throws things, spits, and hits out of pure distress, "informal supports" tend to evaporate. Nobody would look after Tommy and if we tried to have people come to our house, he'd have violent meltdowns and visitors left in a hurry. I couldn't leave both children unsupervised ever because he would hurt his sister in frustration. I also couldn't take both children out by myself because I couldn't keep them both safe if Tommy became distressed. Unsurprisingly, **we found ourselves isolated with no friends and very little family support.**

Even when Tommy wasn't distressed, his poor impulse control and executive functioning meant he needed more help with daily tasks than his sister who is three years younger. If left unsupervised he would climb onto our roof, empty out entire cupboards while "looking for something", and break things or hurt himself because of the slightest frustration. **I had to be his constant emotional regulation** to guide him through these moments. I also had to tend to his little sister, keep up with all the therapy, and try and maintain a household. There was a period where I had to feed the children cereal for dinner because I couldn't supervise them and cook food.

My own mental health became worse from the exhaustion and overwhelm of the level of care required, from my "parental responsibility." I looked into options for sending him to a group home for respite. Luckily, his second plan review added core supports so I could get a support worker and this turned things around for Tommy and our family. He slowly learned to trust another person and as the pressure reduced across the family, he began to be more regulated. I could cook dinners, we could go for short trips to the park, and Tommy experienced some success while playing with peers in the community. **He couldn't have made these leaps without the additional funding for a support worker**."

- ***Parent/caregiver of a child with disability, CYDA community member***

Case Study 2: Cutting social and community participation costs more in the long term

“My name is Alex (pseudonym). I am 22 years old and live independently in rental accommodation. I have a psychosocial disability, including severe anxiety, depression, and I am Autistic.

My supports
I currently get support worker assistance of 6-10 hours per week, mainly for community access, and social and community participation. For me, this looks like participating in community activities 2-3 times per week, working 8 hours a week, volunteering and having a routine.

If my plan gets cut
If funding for social and community participation and support worker hours are reduced, I will no longer be able to reliably access things that make my life worth living.

Without support:

- I will no longer be able to volunteer
- I won’t be able leave the house and spend time with my friends
- I will become isolated, and my routine will break down
- My anxiety about travel will increase
- I will probably lose shifts and eventually lose my job.

System impact
Reducing my supports **will not remove costs**. It will make other parts of society take on those costs, such as the health system, emergency services, as well as the justice system.

Health system: I would need more intensive psychological supports and long-term case management. I may need to go into supported accommodation because I won’t be able to look after myself or my home.

Economic participation: I will probably lose my job which means that not only will I earn less and pay less tax, but I may need to go onto Jobseeker.

[Social and community participation] supports are the reason I am stable and can live a normal life. They help me leave the house, stay connected, have a routine, sleep properly, and work. Without them, everything starts to fall apart. For me, community participation is not a ‘nice to have.’ It is a core part of my mental health support, a way to prevent isolation and gives me a foundation for employment and independence. I deserve to have a normal life, I deserve to have a life.”

- ***Young person with disability, Youth Disability Advocacy Network (YDAN) community member***

Case Study 3: Functional capacity and permanency

“I’m Jayden (pseudonym) I’m 9 years old, and I live with my family in [a regional town] in Western Australia. My Mum helped me write this. I live with Cerebral Palsy and Autism. Sometimes my body and brain don’t always do what I want them to do. It can be hard for me to move, talk, and know what’s going on around me. I need help with lots of everyday things and that is okay.

I get help through the NDIS. My support workers help me go out into the community, practice how I communicate, and do activities that help me learn. When I have my supports, even if I am tired or dysregulated, my days feel full.

Because of the [proposed changes], **people might say that I don’t have ‘substantially reduced functional capacity’ in the right way**, or that my family should just be able to do more for me because I’m young, but my family is already doing so much. When you look at just me, it might seem like my family can support me. But when you add everyone together, it is too much. My family isn’t just supporting one child with disability—they are supporting many differing needs at the same time. If my supports are reduced, it won’t just affect me, it will impact everyone I love.

I’ve also heard people talk about **“permanence”** and needing to try all treatments. I am still growing and body is still changing. My brain is still learning. No one really knows yet what I will be able to do in the future, but I know I need help now to keep learning. **Some treatments don’t work for me, and some do not feel safe or right.** Not all ‘treatments’ help me feel better or more like myself. The things that help me the most is being in community, having support, and having people who understand me.

Because we live in a regional area, it’s even harder. There aren’t many services nearby and there are less and less options. If I lose support, there isn’t something else that can take its place. That means I miss out more.

When people look at rules like ‘substantially reduced functional capacity’, I hope they see the full picture. Not just me on my own but my whole family. People need to see that my life is more than my good days, I need support to keep me safe and growing every day.

If my supports are taken away, my world gets smaller. If I keep my supports then, I get a chance to grow, learn, and be part of my community with my family.”

- ***Child with disability, YDAN community member***

Appendix 2: Supporting Evidence Submission

Introduction

Children and Young People with Disability Australia (CYDA) is the national representative organisation for children and young people with disability aged 0 to 25 years. CYDA has extensive national networks of young people with disability, families and caregivers of children with disability, and advocacy and community organisations.

Our vision is for children and young people with disability in Australia to fully exercise their rights, realise their aspirations, and thrive in all communities. We do this by:

- Raising community attitudes and expectations
- Championing initiatives that promote the best start in the early years
- Leading social change to transform education systems to be inclusive
- Advocating for systems that facilitate successful life transitions to adulthood
- Leading innovative initiatives to ensure sector sustainability and impact.

CYDA's response to the Senate Inquiry

CYDA welcomes the opportunity to prepare a submission to the Inquiry into the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 (the Bill).

Our response is informed by the lived and living experience and expertise of our membership of children and young people with disability and their families and caregivers, as well as CYDA staff with lived and family experience of disability.

We wish to explicitly note the detrimental impact of the short Inquiry timeframe. As noted in the joint statement by Disability Representative Organisations on 14 May 2026, the disability sector and community have struggled to contribute in a meaningful way to a reform of significant magnitude, faced with a lengthy Bill that encompasses the biggest changes to the NDIS since its inception. The timing, when there are competing international disability commitments such as The Conference of States Parties, demonstrates a lack of care or recognition from the government about sector priorities, and the toll on a community already suffering from reform fatigue.

Despite this, due to proactive preparation before the Inquiry was announced, CYDA organised and conducted **a focus group "NDIS Changes: What Matters to you?" on Wednesday 20 May 2026**, where 10 young Autistic people discussed the potential impacts of new functional capacity assessments and cuts to social and community participation funding. Quotes from this focus group contribute current relevant lived evidence to our submission.

Our submission is also informed by previous relevant CYDA consultations conducted in 2023, 2024, and 2025 with young people with disability, their families and caregivers:

- Masking is Not Thriving Survey Report on Thriving Kids (**1235 responses**)
- NDIS Eligibility Re-assessments Survey Report (**222 responses**)
- NDIS Provider Registration Survey Report (**161 responses**)
- Reimagining NDIS Consultations, informing the NDIS Review Final Report.

Background and context

Children and young people represent a significant and growing proportion of people with disability in Australia. In 2022, around 12.1 per cent of children and young people aged 0–24 years had disability, with six per cent experiencing profound or severe disability. Most required assistance with everyday activities, and over half experienced multiple types of disability, reflecting the complexity of supports required for this group.

The NDIS plays a particularly important role in the lives of children and young people. Compared with the broader disability population, participants in the Scheme are much younger, with 52 per cent aged 18 and under. Eligibility rates are highest for young applicants, and 67 per cent of all new participants are aged under 15. According to the latest NDIS Quarterly Report, from birth to when they start school, children show improvements across ALL areas receiving NDIS support. For participants aged 15 and over, the greatest improvements are in choice and control, daily living, health and wellbeing, and social and community participation.

The NDIS has thus proved crucial in improving outcomes for children and young people with disability. At the same time, more support is still needed, with many experiencing gaps in support. More than four in five children with disability have unmet support needs, particularly for therapies, school-based supports, and support workers. These gaps are greater for children from low-income households, single-parent families, First Nations backgrounds, culturally diverse communities, and regional or remote areas, as well as girls and children with intellectual disability.

Submission structure

Our submission has four key Priority Areas where we respond to the following Parts of the Bill, identifying key issues and recommendations relevant to our community:

Priority Area 1: Eligibility based on functional capacity (Schedule 1, Part 1, amended section 9)

Priority Area 2: Support determinations (Schedule 1, Part 4, new section 32A)

Priority Area 3: Definition of permanence (Schedule 1, Part 8, amended sections 9, 24 and 25 and new section 25A)

Priority Area 4: Other aspects of the Bill.

Summary of CYDA's recommendations

Priority Area 1: Eligibility based on functional capacity

Recommendation 1a. Guarantee that children aged 8 and under are not removed from the NDIS before adequate safeguards, alternative supports, and pathways for reassessment throughout their development are established.

Recommendation 1b. Provide a definition and assessment of parental responsibility that accounts for the significant variation in level and complexity of support needs.

Recommendation 1c. Amend proposed section 9B(1)(b) to ensure that fluctuation is considered in the definition of functional capacity, and availability of informal and community supports is considered in the context of a person's environmental and personal circumstances.

Recommendation 1d. Amend Section 211 so that the Minister "must consult with the disability community in relation to a legislative instrument made under this [NDIS] Act".

Priority Area 2: Support determinations

Recommendation 2a. Allocate funding based on level of need determined by functional capacity in the context of daily life, rather than blanket cuts to social and community participation funding that risk a pipeline back to segregated settings.

Recommendation 2b. Do not include children and young people aged 0 to 25 in the reduction of capacity building funding, to protect access to therapeutic supports as part of early intervention and during significant life transitions.

Priority Area 3: Definition of permanence

Recommendation 3a. Provide evidence-based, disability-affirming definitions of "appropriate treatment" and "material improvement", with measurable minimum thresholds and reasonable timeframes to ensure adequate supports are being provided both within and outside the NDIS.

Recommendation 3b. Provide financial support to enable equity in the capacity to access all appropriate treatment.

Recommendation 3c. Ensure that the requirement to undertake all appropriate treatment in the context of emotional or behavioural support does not enforce the use of behavioural therapy or restrictive practices.

Priority Area 4: Other aspects of the Bill

Recommendation 4a. Abolish the ministerial centralisation of power in the Bill, and replace it with oversight by the Disability Reform Ministerial Council in consultation with the NDIS Reform Advisory Committee.

Recommendation 4b. Reinstate principles relating to rights, choice, control, and reasonable and necessary supports in the Act, and ensure additional responsibilities to families and communities to meet needs are accompanied by dedicated resourcing.

Recommendation 4c. Ensure that automated decision-making is not used in determining participant Plan budgets and eligibility for the NDIS.

Priority Area 1: Eligibility based on functional capacity

Issue 1a: Removal of children from the NDIS without established safeguards or supports

Recommendation 1a. Guarantee that children aged 8 and under are not removed from the NDIS before adequate safeguards, alternative supports, and pathways for reassessment throughout their development are established

According to the Department of Disability, Health and Ageing's website on NDIS Changes, children aged 8 and under with developmental delay and/or autism and low to moderate support needs will no longer be eligible for the NDIS, and will instead be supported by the new Thriving Kids program.

Removal of this cohort of children aged 8 and under from the NDIS is being justified by changes to the definition of "functional capacity" and how "reasonable and necessary supports" are described, even though Autism is not explicitly named in the legislation (see Issue 1c of this submission).

As needs continue and evolve across childhood, adolescence, and young adulthood, parents and caregivers told CYDA that they want Thriving Kids to be designed as the front end of a linked system, with clear transfer to NDIS pathways, continuity guarantees, and participation funding so supports do not fall away after age nine.

CYDA is concerned about the timeframes and process for the removal of children aged 8 and under from the Scheme. We have highlighted these issues in our previous submission to the Parliamentary Inquiry on Thriving Kids endorsed by 15 disability and peak organisations, and our Masking is Not Thriving Report based on 1235 responses from our disability community of children and young people with disability, their parents and caregivers.

Apart from the lack of suitability of using functional capacity as the basis for assessment for children with fluctuating needs (see Issue 1c), the key issues with the removal of children from the NDIS to Thriving Kids are the speed of the transition which does not allow for genuine co-design, nor the adequate establishment of safeguards or alternative supports. This would require, at a minimum:

- guarantees that accessing Thriving Kids does not disqualify dual access to the NDIS if required
- guaranteed mechanisms to ensure that children can reapply to the NDIS after they transition out of Thriving Kids at age 9
- establishment of alternative supports through Thriving Kids before children are removed from the NDIS

- a trial period to ensure evidence-based user testing and validation of the supports provided by Thriving Kids before removal of other supports
- adequate funding for capacity building and workforce development to ensure that support provided through Thriving Kids meets best practice standards.

"They are rushing to try and get something implemented and underway before their electoral term has ended to prove they did something, when all it's going to do is break families and cause so much distress to the families who need these services for the children this is affecting." – Parent/caregiver, CYDA's Masking is Not Thriving Report, 2025

Issue 1b: Assumption of parental responsibility without adjustment for need

Recommendation 1b. Provide a definition and assessment of parental responsibility that accounts for the significant variation in level and complexity of support needs

The Bill inserts new subsections 34(1G), (1H) and (1J), that relate to parental responsibility.

Subsection 34(1G) sets out a presumption that "parents are responsible for providing substantial care and support for their children".

According to subsection (1H), substantial care and support includes:

(a) supervision, personal care, transport, emotional support and behavioural support, and

(b) other assistance with the activities of daily living that, regardless of the child's disability, would reasonably be expected of a parent of a child of a similar age.

This blanket reference to emotional and behavioural support, without any recognition or adjustment for different levels of support need, implies that it is considered reasonable for parents to provide any level of emotional and behavioural support required.

This creates an elevated risk that families whose children require intensive emotional and behavioural support may still be deemed ineligible for the Scheme.

CYDA is particularly concerned that this may place an additional burden on families who have already indicated they are at breaking point with multiple changes to their NDIS supports, and who already absorb support needs that are not met through the NDIS:

"We were told that most of what we requested were not covered under my child's impairment even though they had been previously covered. We were told that mainstream supports were better suited even though there was no mainstream service, we were told that because my son was under 18 that everything was deemed parental responsibility. I was told that if I couldn't fulfill my parental responsibility that I would be reported to Department of Children Services" – Parent/caregiver of young person with disability, 15-17 years, CYDA's NDIS Eligibility Reassessments Report, 2025

This focus on parental responsibility as a universal requirement also creates a false equivalence between parental responsibility of children with disability versus parents of children without disability, when their experiences of providing emotional and behavioural support to their children may be vastly different:

"I'm not eligible for travel or anything like that because it falls under parental responsibility and I've never had this responsibility with any of my other kids [without disability] where I've had to go to appointments three times a week an hour away" – Parent/caregiver, Reimagining NDIS consultations, 2023

"The LAC [Local Area Coordinator] was very much like, 'No, she's under seven, it's all parent responsibility.' And I was like, 'Well, which parent needs to do all this stuff 24 hours a day?'" – Parent/caregiver, Reimagining NDIS consultations, 2023

Section 34(1J) means the CEO of the National Disability Insurance Agency (NDIA) is not permitted to consider factors such as reducing burdens on families, improving household efficiency, or a parent's preference for support to be provided otherwise than by parental care. This limits what can be taken into account when considering what is reasonable to expect of families/caregivers.

Further, when read together, subsections 34(1K)(a) and 34(1K)(b) appear to weight the Bill towards placing emphasis on informal or other supports outside the NDIS that do not currently exist.

Subsection 34(1K)(a) means the CEO is required to consider whether relying on family, carers, or informal networks or communities would expose the child to a material risk of harm, abuse, or neglect that cannot be mitigated.

Subsection 34(1K)(b) requires the CEO to consider the "desirability of supporting, maintaining and strengthening informal supports and community networks in

preference to replacing those supports and networks with funded supports, except in cases in which replacement of those supports and networks is necessary."

In reality, this will place a huge burden upon families, especially those who have a child or children with complex or multiple needs that requires tailored and intensive supports (see Appendix 1, Case Study 1). It will also disadvantage families with more than one child with disability and/or "moderate" support needs when none of those children are eligible on their own for the NDIS, but when taken together have significant support needs.

With females making up 68 per cent of primary carers in Australia, it will also disproportionately impact women, who are consequently less likely to be in the workforce at the level they desire and more likely to experience poor health. Moreover, as reported by the Disability Royal Commission, parents who themselves have disability are more likely to become involved with child protection services due to inadequate support.

Parents and caregivers responding to CYDA's NDIS Eligibility Reassessments Survey 2025 Report expressed extreme fear and stress from losing NDIS supports:

> *"Suicidal - like I am having my disability used against me and my boys are going to suffer as I am not prepared" - Parent/caregiver, NDIS Eligibility Reassessments Report, 2025*

> *"The NDIS is killing me and my kids through neglect and apathy" - Parent/caregiver, NDIS Eligibility Reassessments Report, 2025*

> *"If I drop dead tomorrow, I'm unclear if [my son] has the safety net of ongoing NDIS or will he end up being caught in what feels like a cost-saving exercise by government. I'm worried for his future and feel less confident in the NDIS. My son has always, and will always, live as a disabled person. This won't change. He will always have a need for disability specific support and services. I don't believe he/we should have to live with the threat of proving his eligibility" - Parent/caregiver, NDIS Eligibility Reassessments Report, 2025*

Issue 1c: Exclusion of circumstances and fluctuation from definition of functional capacity

Recommendation 1c. Amend proposed section 9B(1)(b) to ensure that fluctuation is considered in the definition of functional capacity, and availability of informal and community supports is considered in the context of a person's environmental and personal circumstances

The Bill will establish the legal framework for determining access based on "substantially reduced functional capacity", and provide a definition of functional capacity.

Proposed subsection 9B(1) defines functional capacity as a person's ability to undertake an activity "without assistance from other people, assistive technology or modification."

The shift from diagnostic to functionality-based eligibility is designed to ensure that only those with "substantially reduced" functional capacity will be eligible for the Scheme.

CYDA is concerned as evidence shows that especially for children, needs and capacity are still developing and fluctuating in line with and appropriate to their developmental phases. This is not to suggest that their diagnosis and disability will not be lifelong or permanent, but rather that how it relates to functional capacity may not be a linear relationship.

Further, many disabilities such as Autism are dynamic, and thus fluctuate over time.

> *"Autism is a dynamic disability, and support needs may fluctuate over a lifetime." – Parent/caregiver, CYDA's Masking Not Thriving Report, 2025*

This means that tying them to an assessment of functional capacity will not necessarily yield an accurate result in terms of the level of support need required. This is particularly relevant to children and young people with disability, who have a high prevalence of Autism and developmental delay.

> *"There's no such thing as mild autism. All individuals with autism can have low and high support needs depending on the moment, day, week or season that they're in." – Parent/caregiver, CYDA's Masking Not Thriving Report, 2025*

> *"The assessment tool may not always be fair because hidden, fluctuating, or complex disabilities can be misunderstood" – Young*

person with disability under 18, CYDA's NDIS Changes focus group, 2026

This new definition of functional capacity also requires explicit exclusion "…as far as possible, (of) the impact of the person's environmental and personal circumstances."

CYDA is concerned about the intentional omission of environmental and personal circumstances from assessment, as this contradicts principles of holistic, person-centred support that have long been advocated for as best practice in the disability community. Doing so is also contrary to the principles of the social model of disability, upon which the NDIS was founded.

It is impossible to make an accurate assessment of functional capacity in isolation from personal and environmental circumstances that may impact functional capacity.

Doing so also contains implicit assumptions about the same levels of support being available to everyone, when people may experience factors that impact access to or availability of supports, such as and not limited to culture, gender, family size, family dynamics, or location. Removing assessments from the social context in which they occur does not support an intersectional lens or consider ways in which people may be multiply marginalised.

"…functioning can vary quite significantly between different environments. So, it would be really helpful to have that put into a tool, so that people with disability can really have their voices heard around their different areas of functioning based on their environments." – Young person with disability under 18 (via a communication partner), CYDA's NDIS Changes focus group, 2026

Issue 1d: Suitability of new tool for functional capacity assessments

Recommendation 1d. Amend Section 211 of the NDIS Act so that the Minister "must consult with the disability community in relation to a legislative instrument made under this Act"

New subsection 9B(2) allows for rules to be made that prescribe the "methods or criteria to be applied" when determining any matter in relation to functional capacity, "including classifications and thresholds relevant to an assessment of a person's ability to undertake an activity."

If passed, the Bill will give the NDIS the power to set methods, criteria, classifications, and thresholds relating to assessing functional capacity that do not exist yet.

In practice, this will likely mean the introduction of a new tool for functional capacity assessments.

At this stage it is impossible to provide meaningful feedback on the impact of this, because it is not clear who will be impacted, to what extent, and what the tool may look like.

CYDA thus provides high level suggestions on what such a functional capacity assessment should look like. Any functional capacity assessment tool should be:

- evidence-based
- disability and neuro-affirming
- co-designed with users
- tested and validated by clinicians and experts
- designed to be fit-for purpose, not repurposed from a tool used for other means.

In our recently held NDIS Changes focus group on Wed 20 May 2026, we presented the World Health Organisation's Disability Assessment Schedule (WHODAS) as an example of a functional capacity assessment tool, and user tested it with young Autistic NDIS participants to see what features represented their experience.

Focus group participants told CYDA that they would like functional capacity assessment tools to be:

- responsive to fluctuating capacity
- accessible
- individualised
- person-centred.

Features that were deemed unsuitable included:

- the short 30-day window for capturing assessments
- numbered scales for measuring capacity
- static metrics
- general or broad criteria.

"I just find it incredibly ignorant to dictate lived experience into a numbered scale of zero to four. Disability is so much more complex and layered than that" – Young person with disability 18-25, CYDA's NDIS Changes focus group, 2026

"Because the assessment had to be created generally for all ages and disabilities, it's just not super relevant with the sort of things that it asks

me personally." – Young person with disability under 18, CYDA's NDIS Changes focus group, 2026

"I feel it's not complete, because after going to this assessment, I don't have the satisfaction of, you know, anybody that's going to receive this assessment can know what is my real problem or what I need." – Young person with disability 18-25, CYDA's NDIS Changes focus group, 2026

CYDA emphasises that it is vitally important that any functional capacity assessment tool is designed in collaboration with users in the disability community.

Section 211 of the NDIS Act already requires a description of the nature of consultations undertaken with respect to legislative instruments (such as rules) made under the Act to be contained in an explanatory statement for the instrument.

While this means it will be clear if the disability community was consulted on the making of legislative instruments such as the one about functional capacity, it does not compel the government to consult with people with disability on the instrument itself.

Recommended solutions

1a. Guarantee that children aged 8 and under are not removed from the NDIS before adequate safeguards, alternative supports, and pathways for reassessment throughout their development are established.

1b. Provide a definition and assessment of parental responsibility that accounts for the significant variation in level and complexity of support needs.

1c. Amend proposed section 9B(1)(b) to ensure that fluctuation must be considered in the definition of functional capacity, and availability of informal and community supports must be considered in the context of a person's environmental and personal circumstances.

1d. Amend Section 211 of the NDIS Act so that the Minister "must consult with the disability community in relation to a legislative instrument made under this Act".

Priority Area 2: Support determinations

Issue 2a: Reduction of social and community participation funding

Recommendation 2a. Allocate funding based on level of need determined by functional capacity in the context of daily life, rather than blanket cuts to social and community participation funding that risk a pipeline back to segregated settings

The Bill inserts a new section, 34A, (Determination reducing funding for groups of supports).

This section enables the Minister to reduce funding across groups of supports by any percentage lower than 100 per cent. The Explanatory Memorandum to the Bill describes instances where budgets for social and community participation will be reduced by 50 per cent, and the impact analysis section states:

"The decision to reduce this budget was preferred over others because it does not impact the health and safety of participants".

CYDA strongly rejects this claim, and urges the government to consider that this top-down mechanism is contrary to the rights-based principles of choice and control the NDIS was founded upon. Prioritising cost saving over the holistic needs of individuals will disproportionately impact those with the least capacity to absorb this loss.

According to the participants of our NDIS Changes focus group, their safety and wellbeing is closely connected to being able to be out in their community like their peers without disability. They told us about the potential impact to their mental health and sense of belonging in the world.

> *"It would become harder for me to leave the house, build confidence, and stay connected with others. Many young people who need more support could become isolated, anxious, and less independent, especially those with higher support needs like me, and communication difficulties." – Young person with disability under 18, CYDA's NDIS Changes focus group, 2026*

For many participants, their current use of social and community participation funding has enabled them to build skills and independence.

> *"There's so many things that I can do, and I know I can do with the right support I'm so much more higher functioning and happier, and I've been in dark places where I didn't have support like that, and I felt an incredible sense of isolation." – Young person with disability 18-25, CYDA's NDIS Changes focus group, 2026*

"I'm dependent on that support worker for transport, cleaning, gardening, social contact, and teaching me life skills like cooking and operating a household, if so, if my community budget is cut, I will lose almost all of my independence from my parents." – Young person with disability 18-25, CYDA's NDIS Changes focus group, 2026

"It's not just activities and community experiences, it's, it's a livelihood, it's, it's the difference between me being able to make a living and an income and supporting myself somewhat financially on my two feet and not being able to do that" – Young person with disability 18-25, CYDA's NDIS Changes focus group, 2026

This amendment is thus not appropriate for every age, stage and context of a person's life. Children and young people with disability in particular, are at increased risk of being excluded from the everyday lives of their peers without this funding. Reducing their capacity to build social connections and experience a sense of belonging in their community will significantly harm their development. This will also have a pronounced effect on children under 16 due to the impact of social media ban, which means that they no longer have access to online communities if they are unable to access physical communities for support and connection.

The $200 million Inclusive Communities Fund included in the Federal Budget intends to rebuild capability among community organisations and strengthen community-based inclusion. CYDA is concerned that this funding will not reach children and young people with disability who are unable to attend community settings without additional support. Moreover, without careful design these programs might funnel children and young people with disability back into segregated settings, which have been shown to increase the level of harm and risk of harm.

CYDA suggests this is not a sufficient amount to meet the needs of community organisations across Australia to carefully design and deliver this outcome.

Issue 2b: Reduction of capacity building funding

Recommendation 2b. Do not include children and young people aged 0 to 25 in the reduction of capacity building funding, to protect access to therapeutic supports as part of early intervention and during significant life transitions

Section 34A, (Determination reducing funding for groups of supports) enables the Minister to reduce funding across groups of supports by any percentage lower than 100 per cent. The Explanatory Memorandum to the Bill describes instances where budgets for capacity building are reduced by 10 per cent.

CYDA argues that this amendment is not appropriate to apply to children and young people with disability aged 0 to 25.

Children and young people experience critical developmental periods and transitions as they mature into young adulthood. Therefore, cutting a budget item dedicated to building their capacity and supporting them through these changes using therapeutic approaches is likely to decrease capacity substantially in this cohort.

Participants in CYDA's Masking is Not Thriving Report described the impact that having access to trained therapists has had on their families. They shared the gains made and the hope that this has given them for the future.

> *"My child has received life changing assistance from the NDIS. We privately paid for allied health services for 1 year and when my child was 3, we were able to access NDIS. The progress made was immeasurable and we are now at a mainstream school. While my child still needs and requires supports, I believe that early intervention greatly changed the trajectory of my child's life." – Parent/caregiver, CYDA's Masking is Not Thriving Report, 2025*

> *"NDIS has been a lifeline for not just our son but our family. It has allowed us to access therapies where our son is respected for who he is while learning skills. … my son can thrive with educated professionals helping him while I can relax and take a breath from the constant worry that is being a carer to a child with a lifelong disability." – Parent/caregiver, CYDA's Masking is Not Thriving Report, 2025*

Participants also shared their deep concerns about the harm they might experience if these capacity building supports are removed.

> *"We already homeschool due to school trauma… If we lose allied health funding, our family will break down." – Parent/caregiver, CYDA's Masking is Not Thriving Report, 2025*

Recommended solutions

2a. Allocate funding based on level of need determined by functional capacity in the context of daily life, rather than blanket cuts to social and community participation funding that risk a pipeline back to segregated settings.

2b. Do not include children and young people aged 0 to 25 in the reduction of capacity building funding, to protect access to therapeutic supports as part of early intervention and during significant life transitions.

Priority Area 3: Definition of permanence

Issue 3a: Definitions of “all appropriate treatment” and “material improvement”

Recommendation 3a. Provide evidence-based, disability-affirming definitions of “appropriate treatment” and “material improvement”, with measurable minimum thresholds and reasonable timeframes to ensure adequate supports are being provided both within and outside the NDIS

The Bill clarifies the definition of permanence according to three criteria:

“Access will only be granted when

(i) all appropriate treatment that can remedy or alleviate an impairment has been undertaken,

(ii) no other treatment is likely to materially improve the impact of the impairment, and

(iii) the impairment is likely to be lifelong.”

CYDA has concerns that this requirement may delay or block access to essential early intervention for children, essentially keeping people waiting for years to access NDIS supports.

> *“There's a whole section of NDIS dedicated to early intervention. I feel like if you need to go through every possible treatment first, that whole area just won't exist anymore”. – Young person with disability under 18, CYDA’s NDIS Changes focus group, 2026*

Further, it is not clear who is defining and assessing the appropriateness of treatment in the legislative instrument. Appropriate is a term that implies that an action or measure is proportionate or fitting for a particular context or circumstance, which leaves its application open to subjective interpretation.

Responses to CYDA’s NDIS Eligibility Reassessment 2025 survey by NDIS participants emphasised that reassessments were being conducted according to criteria that were neither reasonable nor fair, that appeared to vary depending on the assessors’ subjective views. Reports by medical experts that participants were asked to provide as additional evidence were not taken into account in reassessments.

It is therefore crucially important that the assessor defining appropriate treatment has adequate knowledge and understanding of disability from a disability and neuro-affirming stance, as well as understanding of disability and treatment options as they relate to different developmental stages for children and young people who are growing and developing rapidly.

Considering the proposed assessment of functional capacity does not take into account personal or environmental circumstances, this also leaves open questions of whether and how such factors will be taken into account in definitions and assessments of appropriateness.

We argue that individual circumstances should be considered when assessing appropriate treatment, including personal and circumstantial factors. For example, personal and circumstantial factors that may impact appropriateness could include the availability and cost of treatment for the person, or loss of other supports such as early intervention supports because community or mainstream ones are not yet available (due to long waitlists, or thin markets in regional or rural areas) or are too expensive.

Similarly, CYDA questions how a material improvement will be determined in the legislative instrument. Material improvement is another subjective term that can be applied variably depending on who is making the assessment.

There are currently no safeguards to ensure that a person's eligibility for the Scheme will not be denied based on a barely perceptible increase in their material improvement.

CYDA recommends that there should be a measurable minimum threshold for material improvement, to ensure that no-one is denied access to NDIS supports with only minimal improvement.

> *"Are people with disability going to be able to weigh in on what those treatments are, or are people just going to be left to guess and spend a whole bunch of money and time trying to go through treatments that they think the NDIS are wanting them to do, because perhaps they're not going to put out a list, and how long do they expect a treatment to be? Are they going to be specific [about duration], saying we would expect you to undertake a certain amount of therapy for x number of months?" – Young person with disability under 18 (via communication partner), NDIS Changes focus group, 2026*

Issue 3b: Equity of "all appropriate treatment"

Recommendation 3b. Provide financial support to enable equity in accessing all appropriate treatment

The introduction of new section 25A in the proposed Bill clarifies that the meaning of appropriate treatment will explicitly exclude consideration of a person's individual circumstances that restrict them from accessing treatment, including financial circumstances.

There is potential for this exclusion to act as a barrier to NDIS eligibility, by making it impossible for people without the financial means to access all appropriate treatment. This means that they would automatically not qualify for NDIS eligibility as they would not be able to meet the criteria of accessing all appropriate treatment due to lack of affordability.

CYDA also points out that it is contradictory to state that personal and environmental circumstances will not be taken into account in the context of defining functional capacity, yet these very circumstances will be central to the new definition of permanence as they will obviously define whether someone is able to access all appropriate treatment before they can apply for the NDIS.

This will also further entrench the longstanding issue of low NDIS participation rates for people in regional/rural areas with thin markets, who may not be able to find available appropriate treatment in their location.

> *"In the country [regional areas], the therapists don't exist to embed anywhere." – Parent/caregiver, CYDA's Masking is Not Thriving Report, 2025*

Issue 3c: Treatment for emotional or behavioural support

Recommendation 3c. Ensure that the requirement to undertake all appropriate treatment in the context of emotional or behavioural support does not enforce the use of behavioural therapy or restrictive practices

New subsection 25A(3)(a) of the Bill states: "if the person has undertaken all appropriate treatment for the impairment or impairments except appropriate medical treatment the person cannot undertake for medical reasons."

This leaves questions about what is considered appropriate treatment, and how this may be applied in the context of emotional and behavioural support.

CYDA is concerned about the potential for appropriate treatment for emotional and behavioural support to include Applied Behavioural Therapy models that many parents and young people in our Masking is Not Thriving Report explicitly disavowed as non neuro-affirming and traumatising:

> *"ABA - Do not try to force autistic people to behave as though they're not autistic. It is dehumanising, and traumatising. We're different, not inferior." – Parent/caregiver, CYDA's Masking is Not Thriving Report, 2025*

CYDA is also alarmed that the requirement to exhaust all appropriate treatment could amount to coercion and mandating the use of medication as chemical restraint

(restrictive practice) as a condition to qualifying for the NDIS. We strongly reject the use of restrictive practices, in line with the recommendations of the Disability Royal Commission.

> *"What happens if the treatment that the person tries works, but then they forget to take the treatment, so thinking of a medication treatment. If they're requiring people to go on medication, it might work for a little bit, and then all of a sudden it stops working, or it might be something that is fluctuating for helping their impairment. I think that treatment list needs to be really weighed in on by people that have the disability and lived experience." – Young person with disability under 18 (via communication partner), NDIS Changes focus group, 2026*

> *"A person might choose not to do a treatment because sometimes it's unsafe, or it's experimental, or it's just not something they're comfortable with at all, and they shouldn't be forced to do that just so they can prove that they need help. It can also be extremely expensive." – Young person with disability under 18, NDIS Changes focus group, 2026*

Recommended solutions

3a. Provide evidence-based, disability-affirming definitions of "appropriate treatment" and "material improvement", with measurable minimum thresholds and reasonable timeframes to ensure provision of adequate supports both within and outside the NDIS.

3b. Provide financial support to enable equity in the capacity to access all appropriate treatment.

3c. Ensure that the requirement to undertake all appropriate treatment in the context of emotional or behavioural support does not enforce the use of behavioural therapy or restrictive practices.

Priority Area 4: Other aspects of the Bill

Issue 4a: Ministerial centralisation of power over decision-making

Recommendation 4a. Abolish the ministerial centralisation of power in the Bill, and replace it with oversight by the Disability Reform Ministerial Council in consultation with the NDIS Reform Advisory Committee

The Bill introduces a range of extensive powers for the Minister, including:

- making determinations to reduce funding for groups of supports, such as social and community participation and capacity building daily activities supports
- setting pricing, including differentiated pricing.

This centralisation of decision-making power without checks or balances or recourse to participant review or appeal undermines the integrity of democratic governance, and erodes accountability for decisions. This broad decision-making power undermines the emphasis from the NDIA about evidence-based approaches.

There is also evidence from the Australian National Audit Office that high levels of ministerial power lead to misallocation of resources, enable corruption, and erode public trust.

Issue 4b: Changes to principles throughout the Act

Recommendation 4b. Reinstate principles relating to rights, choice, control, and reasonable and necessary supports in the Act, and ensure additional responsibilities to families and communities to meet needs are accompanied by dedicated resourcing

Several changes have been proposed to principles throughout the NDIS Act:

- In section 4 (General principles guiding actions under this Act), “reasonable and necessary supports” has been replaced with “NDIS supports.” This removes a fundamental understanding of the characteristics of funded supports.
- Section 17A (Principles relating to the participation of people with disability) will now include additional principles about the role of family, relationships, and support for communities to respond to individual needs. This introduces additional responsibilities for these groups to provide supports without extra dedicated resourcing or capacity building.
- New section 17B is being added, which is ‘Principles relating to Scheme sustainability’. While CYDA understands the need for sustainability, if this

principle is used to deny needed supports due to cost, this sends a very dangerous message about the value of the lives of people with disability.

- Section 31 is being repealed which is 'Principles relating to plans.' The Explanatory Memorandum to the Bill states that the relevant principles will be included elsewhere, namely, amended section 4 (general principles guiding actions) and new section 17B (Scheme sustainability). However, in practice this means that principles about disability supports needing to be individualised and directed by the participant are no longer in the Act.

CYDA notes a worrying trend within these changes to principles in the NDIS Act that move away from a focus on rights, choice, and control, replacing this with cost-saving measures and reliance on family and informal networks.

We recommend reinstating rights-based principles in the Act, and providing resourcing to ensure that burdens are not shifted onto families and communities without adequate support.

Issue 4c: Automated decision-making

Recommendation 4c. Ensure that automated decision-making is not used in determining participant Plan budgets and eligibility for the NDIS

CYDA is gravely concerned about the introduction of automated decision-making into NDIS processes.

While automated decision-making could be applied to administrative functions of the NDIS to improve efficiency, we strongly caution against its application in any domains that require evidence-based, fair, appropriate, or person-centred decision-making. This includes, but is not limited to, determining participant Plan budgets and eligibility for the NDIS.

Recommended solutions

4a. Abolish the ministerial centralisation of power in the Bill, and replace it with oversight by the Disability Reform Ministerial Council in consultation with the NDIS Reform Advisory Committee.

4b. Reinstate principles relating to rights, choice, control, and reasonable and necessary supports in the Act, and ensure additional responsibilities to families and communities to meet needs are accompanied by dedicated resourcing.

4c. Ensure that automated decision-making is not used in determining participant Plan budgets and eligibility for the NDIS.

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