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Attention: NDIS Access Consultation Team

Please accept this letter as Children and Young People with Disability Australia's (CYDA) submission to the Department of Health, Disability and Ageing's consultation on NDIS Access Changes. We appreciate the opportunity to provide comment on this important work.

About CYDA

CYDA is the national representative organisation for children and young people with disability, aged 0–25 years. Our vision is that children and young people with disability fully exercise their rights, realise their aspirations, and thrive in inclusive communities. Our work centres on rights-based advocacy, lived experience, and evidence-informed policy.

We acknowledge the Traditional Custodians of the Lands on which this submission has been written, and pay our respects to their Elders past and present. This is, was, and always will be Aboriginal Land.

Background: Children and young people with disability and the NDIS

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 considered to have very high support needs.¹ 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 has played an important role in the lives of children and young people. Compared with the broader disability population, participants in the Scheme are much younger. 52 per cent of all participants are aged 18 and under, and 67 per cent of new participants are aged under 15.² Eligibility rates are highest for young applicants.³

CYDA's work on access and eligibility changes

In this submission we draw on our previous work related to NDIS reforms, including access and eligibility changes:

- CYDA's national survey of 1535 young people with disability, their families and caregivers on NDIS support needs in relation to Thriving Kids
- CYDA's national survey of 222 children and young people with disability, their parents and caregivers about NDIS eligibility reassessments
- CYDA's submission to the Independent Review of the NDIS.

CYDA regularly hears that navigating NDIS access and eligibility processes is confusing, cumbersome, and inconsistent for children, young people with disability and families. This is particularly the case for those accessing the NDIS for the first time, or those being reassessed. Access changes for children and young people must be evidence-based, consistent, fair, and transparent, as well as person-centred, rights-based, and informed by disability and lived experience expertise.

General comment

CYDA welcomes the Department's consultation on NDIS Access Changes, as an opportunity to ensure the rights of children and young people with disability are reflected in the reform decisions. This is CYDA's second in a series of three submissions to the current round of NDIS reform consultations.

It is CYDA's view that NDIS reforms, as brought about by the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026, are incompatible with both international and national disability policies and legislation focused on rights, protections, and inclusion. This includes Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities⁴ and Convention on the Rights of the Child⁵, the final recommendations of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability,⁶ and the inclusive vision of Australia's Disability Strategy 2021-31.⁷

CYDA notes that the measures being introduced infringe on the rights of children and young people with disability to "*an adequate standard of living, equality and non-discrimination, health, privacy and social security*", as raised by Parliament's Human Rights Committee.⁸

The following recommendations provide practical steps to support implementation of the NDIS reforms in ways that uphold the rights of children and young people with disability. They focus on embedding rights, inclusion, choice and control in NDIS policy and practice, while putting safeguards in place to identify and address ableism and prevent further inequity.

Summary of Recommendations

1. Guiding Principles

Recommendation 1.1 Strengthen the guiding principles to explicitly require NDIS access processes to safeguard human rights and comply with Australia's international human rights obligations

Recommendation 1.2 Include in the guiding principles a commitment to transparency about the use of AI throughout the access process, including clear limits on its use and protection of children's rights

Recommendation 1.3 Include a stronger commitment to lived experience in Principle 2

2. Access decision-making process design

Recommendation 2.1 Use evidence-based co-design principles to develop an access decision-making process that is standardised as well as person-centred, fair, consistent, and transparent

Recommendation 2.2 Ensure that access and referral processes for First Nations children and young people follow First People's Disability Network (FPDN)'s Cultural Model of Inclusion, and are designed and delivered by First Nations communities

Recommendation 2.3 Assign disability/lived experience expertise navigator role to support with access and referral process

Recommendation 2.4 Guarantee interim support for applicants who wait for assessments and decisions for more than 90 days

3. Evidence requirements

Recommendation 3.1 Establish a clear approach to recognising lived experience as part of the evidence base

Recommendation 3.2 Ensure that "appropriate treatment" is clearly defined and operationalised as evidence-based, safe, accessible, and available to the child or young person with disability through public funding

Recommendation 3.3 Ensure clear and transparent standards that staff engage with and act on evidence being provided.

CYDA's Recommendations in detail

1. Guiding Principles

This section responds to the following questions from the discussion paper:

Question 1—Suitability of draft guiding principles for a future NDIS access process

Question 2—Principles to be added, removed, or changed

Recommendation 1.1 *Strengthen the guiding principles to explicitly require NDIS access processes to safeguard human rights and comply with Australia's international human rights obligations*

The guiding principles should explicitly recognise Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the United Nations Convention on the Rights of the Child (UNCRC).

In particular, human rights safeguards should be explicitly incorporated into:

Principle 5: Equitable, inclusive and safe—to ensure access decision-making is equitable, inclusive, non-discriminatory, and consistent with Australia's human rights obligations

Principle 7: Continuous quality improvement—to ensure ongoing monitoring and evaluation considers whether access processes uphold human rights, alongside their accuracy, consistency, equity, and evidence base.

The Government-appointed [Technical Advisory Group](#) (TAG) has an important role in supporting this. Given its responsibility to provide advice on strengthening access to the NDIS in a manner consistent with the objects and principles of the NDIS Act, including Australia's human rights obligations, the TAG should provide evidence-based advice to the Disability Reform Ministerial Council (DRMC) on how identified human rights concerns will be addressed in the design and implementation of the new access process.

This should include responding to the concerns raised by the Parliamentary Joint Committee on Human Rights about the impact of recent NDIS reforms on the rights of children and people with disability.⁹

To strengthen the TAG's capacity to fulfil this role, its membership should also include expertise in human rights law and the rights of children and people with disability.

Finally, Principle 7: Continuous quality improvement should be strengthened to require evaluation processes to be co-designed with children and young people with disability, using evidence-based co-design principles.¹⁰ This will ensure their

experiences and perspectives directly inform ongoing improvements to assessment approaches, workforce capability, and the quality of access decision-making.

Recommendation 1.2 *Include in the guiding principles a commitment to transparency about the use of AI throughout the access process, including clear limits on its use and protection of children's rights.*

In the absence of overarching and comprehensive legislation guiding the use of Automation and AI (AAI) decision-making by Australia's public agencies, the NDIA must put a robust ethical framework in place to guide its use across all access processes.¹¹ It should include the following:

- Details about how AAI processes and decision are guided by a commitment to UNCRPD and UNCRC obligations to protect psychological safety, privacy, and prevent bias, discriminations, and exclusion
- Transparent disclosure about which decisions and processes are subject to AAI, acknowledgement of the harm AAI has caused in the past, and what robust human oversight, transparent reasoning, and safeguards are in place to protect people
- Clear modelling of how assessment outcomes translate into funding decisions
- Mandated equity impact assessments for medium and high-risk AAI processes, including analysis of differential error rates and outcomes for children and young people, First Nations people, people with low literacy, and other marginalised groups
- Proactive public disclosure on error rates disaggregated by cohort, known limitations and how issues are being monitored
- Assurance that affected communities and representative organisations are involved in the design and review of high-risk processes
- Simple and accessible pathways for applicants to challenge any significant decisions about access that include timeframes and standards for responding to challenges and correcting errors
- Standard wording in plain language on letters, digital platforms and apps to notify people when an automated or AI-assisted process has been used in their case. This should be available in accessible formats, including Easy Read, Auslan, and multiple languages.

Recommendation 1.3 *Include a stronger commitment to lived experience in Principle 2.*

CYDA recommends re-wording this principle in line with Australia's human rights commitments, as follows:

"Principle 2. Treating lived experience as evidence, including people with disability, families and carers.

The design, implementation and ongoing refinement of the access decision-making process will recognise the expertise and lived experience of people with disability, families and carers as a legitimate and important source of evidence. Lived-experience evidence will reflect the diversity of disability experiences, backgrounds and life circumstances, including the experiences of people whose needs, functioning, or circumstances may not be adequately captured by conventional forms of evidence."

See also Recommendation 1.1 of this submission, which recommends strengthening processes for using lived experience as evidence in the access decision-making process.

2. Access decision-making process design

This section responds to the following questions from the discussion paper:

Question 3—Considerations when designing an access decision-making process that is fair, consistent, transparent, disability-informed and evidence-based

Question 4—Designing the access decision-making process, including referral pathways, to reduce administrative burden, be easier to understand, and more equitable

Question 5—Considerations to ensure the access decision-making process, as well as referral pathways, works well for all disability cohorts.

Recommendation 2.1 *Use evidence-based co-design principles to develop an access decision-making process that is standardised as well as person centred, fair, consistent, and transparent.*

The disability community, including children and young people and representative organisations, must have a central role in developing, trialling, and approving an access decision-making model that can be applied equitably across contexts and circumstances.

CYDA notes the concerns raised by Justice Equity Centre¹² that:

"Even if co-designed appropriately, a standardised approach will inevitably better accommodate some disability types than others. Such an outcome would entrench systematic biases and impede access to the Scheme. It also risks overlooking the

complexity of individual circumstances, which would lead to substantive unfairness where people are wrongly denied access.”

Co-designers must have a meaningful role in identifying problems that need addressing, and defining what a fair and effective process looks like.¹³ They should be provided with accessible information, communication supports, and remuneration for their expertise to contribute effectively in co-design.

Recommendation 2.2 *Ensure that access and referral processes for First Nations children and young people follow First People’s Disability Network (FPDN)’s Cultural Model of Inclusion, and are designed and delivered by First Nations communities*

CYDA supports self-determination as a First Nations policy priority. First Nations children and young people with disability frequently remain unidentified, unsupported and untreated during the years when early intervention has the greatest impact. Supports and processes that are culturally safe, accessible, and family-centred play a critical role in addressing underlying drivers of disadvantage, breaking intergenerational trauma, protecting wellbeing, and acting as a protective factor against child removal.

To ensure cultural safety and alignment with [Closing the Gap targets](#), access and referral processes for First Nations children and young people should be co-designed by First Nations communities including Aboriginal Controlled Community Organisations (ACCOs) and Aboriginal Controlled Community Health Organisations (ACCHOs).

Recommendation 2.3 *Assign disability/lived experience expertise navigator role to support with access and referral process*

Applicants should be assigned a navigator from the point of application until a set time after a decision is made about their application to ensure they are either successfully receiving NDIS support or support in another program. The role of the navigator should be co-designed with disability community, including children and young people, and include people across all disability cohorts to ensure all needs are accommodated via this process.

The role should include clear processes for follow up to ensure no one falls through the gaps. The assignment of a navigator should be based on access needs of the applicant, and the period of time they actively assist should be defined and decided through a community consultation process. The navigator should have specific expertise and/or lived experience with the condition or disability of the person applying. There should be practice standards and processes for navigating rare or complex conditions where it is unlikely the Scheme can find and/or employ someone with lived experience.

Recommendation 2.4 Guarantee interim support for applicants who are required to wait for assessments and decisions for more than 90 days

Develop a safeguard for applications that are delayed due to NDIA processes. Applicants should have access to alternative supports until an outcome is determined and they are either successfully receiving NDIS support or other services.

3. Evidence requirements

This section responds to the following questions from the discussion paper: Question 6—Factors/evidence to consider when determining disability permanence, including whether appropriate treatment may improve functional capacity/impact.

Recommendation 3.1 Establish a clear approach to recognising lived experience as part of the evidence base

Lived experience and carer statements should be recognised as important evidence and considered alongside professional reports, functional capacity assessments, and relevant evidence-based practice frameworks. The access process should provide a transparent approach to considering different forms of evidence and resolving instances where they conflict.

Our community has shared examples where a child or young person reports that a particular therapy or support, such as osteopathy or animal-assisted therapy, has been beneficial to them, but is advised that it is not considered evidence-based.¹⁴ Lived experience should meaningfully inform decisions about an individual child or young person's needs and circumstances, while being considered alongside established evidence and relevant frameworks, such as the [National Guidelines for Best Practice in Early Childhood Intervention](#) and the [Capability Framework for Occupational Therapists Working with Children, Young People and Families](#).

Recommendation 3.2 Ensure that “appropriate treatment” is clearly defined and operationalised as evidence-based, safe, accessible, and available to the child or young person with disability through public funding.

Accessibility should be based on geography, disability needs, and cultural preferences and requirements.¹⁵

For example, remote location might mean telehealth appointments are deemed appropriate treatment. However, telehealth appointments are often not accessible for young children or those with communication differences that mean they cannot engage in telehealth. It would therefore be inappropriate to expect the caregivers to have tried this treatment as it is not reasonably accessible.

Also, a treatment that might be considered standard for a particular condition might not be accessible based on circumstances. For instance, speech and occupational therapy could be considered a standard treatment for a child with developmental delay. However, for a family from a multicultural background, these supports might be inaccessible due to language barriers, difficulty navigating unknown systems, and high upfront costs, as per the examples in the report from the National Culturally and Linguistically Diverse Disability Reform Committee.¹⁶ It would be inequitable to reject their access application on the basis of them not having tried all appropriate treatments.

We recommend including safeguards that enable children and young people with disability and their caregivers to challenge treatments proposed for them and protect against inappropriate interventions. This is particularly important in the context of emotional or behavioural support, where requirements to pursue treatment should not result in the use of behaviour therapy or restrictive practices against the wishes or rights of the child or young person.¹⁷

Recommendation 3.3 Ensure clear and transparent standards

CYDA's community require clear and transparent information on how staff will engage with their information when making access decisions.

Children and young people with disability and their caregivers consistently share with us that their reports and other evidence are not read by NDIA planners when making access decisions. They are frustrated at having to repeat and clarify information that has already been provided, and that decisions are often made in contradiction to professional advice.¹⁸ With greater transparency, children, young people, and caregivers can more easily engage in each stage of the access process.

Thank you again for the opportunity to make a submission. If you have any questions about CYDA's submission, please contact CYDA's Head of Policy and Research at lizhudson@cyda.org.au.

Yours sincerely



Dr Liz Hudson

Acting CEO, Children and Young People with Disability Australia

Appendix: CYDA's NDIS-related submissions and reports

CYDA's work is rights-based and informed by the direct experiences and diverse voices and visions of children and young people with disability across Australia. CYDA grounds its work in evidence and a human rights approach. This submission is supported by CYDA's previous work in this area as listed below:

CYDA (2023) [Submission to the NDIS Review's Consultation into NDIS Participant Safeguarding](#)

CYDA (2023) [Submission to the Independent Review of the NDIS](#)

CYDA (2024) [Submission to the NDIS Provider and Worker Registration Taskforce](#)

CYDA (2024) [Submission to the Draft Lists of NDIS Supports](#)

CYDA (2025) [Submission to the NDIS Quality and Safeguards Commission's Consultation on the Registration of Platform Providers](#)

CYDA (2026) [Submission to NDIS Integrity and Safeguarding Amendment Bill 2025](#)

CYDA (2026) [Submission to the Getting it Right: A New Definition for NDIS Providers Consultation](#)

CYDA (2026) [Submission to the NDIS Evidence Advisory Committee Consultation](#)

CYDA (2026) [Submission to the Inquiry into the Integrity of the NDIS](#)

CYDA (2026) [Submission to the Inquiry into the NDIS \(Securing the NDIS for Future Generations\) Amendment Bill 2026](#)

Endnotes

¹ Australian Bureau of Statistics (2026) [Children and Young People with Disability, 2022 findings](#)

² National Disability Insurance Agency (2026) [NDIS Quarterly Reports 2025-6 Q4](#)

³ Australian Institute of Health and Welfare (2024) [People with Disability in Australia](#)

⁴ United Nations (2006) [Convention on the Rights of Persons with Disabilities](#)

⁵ United Nations (1989) [Convention on the Rights of the Child](#)

⁶ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023) [Final Report](#)

⁷ Department of Social Services (2024) [Australia's Disability Strategy 2024 Update](#)

⁸ Parliamentary Joint Committee on Human Rights, NDIS Amendment Bill 2026, [Report 6 of 2026](#); AUPJCHR 47.

⁹ Parliamentary Joint Committee on Human Rights, [Report 6 of 2026](#); AUPJCHR 47.

¹⁰ Altman, T., Hunter, S., & Gay, M. (2026) [From Tokenism to Transformation: Relational Guiding Principles for Genuine Co-Design with Young People with Disability Through a Critical Disability Lens](#). *Youth*, 6(2), 57.

¹¹ CYDA (2025) [Submission to Service Australia's Draft Automation and AI Ethics Policy](#)

¹² Justice Equity Centre (2026) [Submission on the NDIS Amendment Bill 2026](#)

¹³ Altman, T., Hunter, S., & Gay, M. (2026) [From Tokenism to Transformation](#). *Youth*, 6(2), 57.

¹⁴ CYDA (2025) [Masking is Not Thriving Report](#)

¹⁵ CYDA (2025) [NDIS Eligibility Reassessments Report](#)

¹⁶ National CALD Disability Reform Committee (2026) [No Child Left Out: Thriving Kids for a Diverse Australia](#)

¹⁷ CYDA (2025) [Masking is Not Thriving Report](#)

¹⁸ CYDA (2025) [NDIS Eligibility Reassessments Report](#)