

## On the timeframe for consultation

I strongly oppose the narrow timeframe given to the disabled community for providing feedback on these proposals. This limited window effectively restricts the consultation to:

- Those who independently sought out and understood the opportunity to give feedback.
- Those who found it accessible to produce a response within the timeframe.

As a result, the feedback collected could be incomplete and not truly representative of the disabled community's diverse experiences. I'm particularly concerned that the narrow timeframe may prevent people with certain accessibility needs from accessing the necessary assistance to understand the proposed changes and/or share their thoughts.

For instance:

- Individuals who need support to become aware of this feedback opportunity may miss out.
- People with communication support needs might require time to arrange for a support worker or advocate to help them make a submission. Given current advocacy wait times, and the need for a referral (by self or other) this group may not yet have had the chance to provide input.
- Those with multiple commitments (e.g., parents with multiple children with disabilities) may not have had sufficient time to engage with the process.
- Disabled individuals with frequent specialist or hospital appointments, or those who are employed, may not have had enough days to respond to such an in-depth and critical document.

Therefore, I call for a minimum three-month consultation period. This extended timeframe will help to ensure that the feedback more accurately reflects the collective experiences of the disabled community as a whole.

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## On hair dressing

I am writing to express my concern regarding the proposed ban on hairdressing services as part of the NDIS support. Many individuals with disabilities rely on professional hairdressing services to assist with hair washing, a task that can be challenging for support workers who often lack the necessary training in this area.

As someone with personal care needs, it is frustrating and undignified when support workers are unable to help, especially since I do not require full physical assistance in the shower but do need help with washing my hair due to physical disability.

Even support workers trained in personal care are often not trained in offering privacy sheets and hair washing. Utilising a hairdresser would allow me to maintain my dignity by avoiding the need for a shower and instead using a basin. Additionally, it is worth noting that visiting a hairdresser would be more cost-effective than an hour of support work.

Thank you for considering these concerns. I hope that any changes to NDIS support will take into account the importance of preserving the dignity and well-being of individuals with disabilities.

## Takeaway Food

I also live with a cognitive disability that impacts my ability to perform tasks that are longer or more complex than two steps, and greatly affects my ability to plan in advance, among other things. This makes meal preparation really difficult, and often impossible without support.

However, there are a number of barriers to getting support with meal preparation.

- a) I really struggle with having support as often as I need it. Having help to meal prep as often as would be needed is so much socialising and too much. For this reason I only generally eat about one meal a day most days because I have been avoiding having support/have been limiting support work time.
- b) Meals for people with disability sadly often don't meet the same standards of meals as for people without disability. I have tried so many providers over a number of years and nearly all disability specific providers have been very poor quality in comparison to similar options for abled people. There are also often really finite meal options so often one has to have the same meals over and over each week.
  - Point b could be solved by using non disability specific providers however that's often than financially a barrier as one has to pay the full cost before being reimbursed for the preparation and delivery portion.
- c) I often find that even with support, planning more than one meal in advance is not accessible
- d) All meal providers outside of takeaway require having to have the cognitive skills to chose and order multiple meals in advance.

For this reason, it would be really helpful if the preparation and delivery (not ingredients) component of takeaway could be covered.

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## Accommodation/tenancy assistance

I strongly hold that the following supports should be funded by the NDIS:

- Supports that guide, prompt, or assist a participant to undertake activities that ensure they obtain/retain appropriate accommodation.
- This may include assisting a participant to apply for a rental tenancy or to undertake tenancy obligations in line with the participant's tenancy agreement.

I also strongly hold that supports should be covered where they relate to:

- Quality of life and ongoing support where needed, not just capacity building

It is my view that the following costs should be funded by the NDIS, but only in circumstances where they are incurred as a cost solely and directly as a result of disability and would not otherwise be incurred.

- Rental costs
- Bond costs
- Mortgage repayments

Examples:

- A couple that is forced to live separately and pay double rent against their will solely and directly due to disability.

- A family in which one of their children must live in a separate house due to potential to harm other children others due to disability, effectively doubling the rent the family would otherwise have to pay
- In these cases and others it is my view that the extra cost and only the extra cost incurred should be covered.

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## Assistance animals

I agree that there should be no carve outs for assistance animals. I agree that assistance animals are the responsibility of the scheme.

I also strongly hold that supports should be covered where they relate to:

- Quality of life, not just capacity building
- Increased independence, including in cases where support work is still needed

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## Assistance In Coordinating or Managing Life Stages, Transitions and Supports

I agree that there should be no carve outs for Assistance In Coordinating or Managing Life Stages, Transitions and Supports. I agree that Assistance In Coordinating or Managing Life Stages, Transitions and Supports is the responsibility of the scheme.

I strongly hold that the following should be covered by the NDIS:

- Supports to establish assistance within the participant's home or community to develop skills.
- Support coordination & specialist support coordination
- Mentoring
- Peer support
- Individual skill development including but not limited to as attending appointments, shopping, bill paying, taking part in social activities and maintaining contact with others.
- Planning and transition assistance to move out of hospital prior to hospital discharge
- Ongoing maintenance support

I also strongly hold that supports should be covered where they relate to:

- Quality of life, not just capacity building
- Situations in which ongoing support is needed

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## Assistance to Access and Maintain Employment or higher education

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- Assistance that enables a participant to successfully obtain and/or retain employment in the open or supported labour market, including individual employment support, employment preparation and support in a group and school leaver employment supports to assist students transitioning from school to employment.

I also hold that the NDIS should cover:

- Documentation relating to what work arrangements/adjustments are needed
  - Peer led employment counselling
  - Support work in the workplace
  - Support work to work and/or to travel to and from work where disability relevant
  - Neuroaffirming speech therapy for autistic people as a secondary strategy (after peer led employment counselling) to assist with getting into and maintaining employment as I strongly hold that these approaches would be the most value for money
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- It is my firm view as a person with disability who has accessed mainstream DES providers that mainstream DES providers do close to nothing to assist people with disabilities to get into work or to address the primary barriers to working for disabled people. Rather, they appear to claim credit for disabled people getting themselves into work but do little if anything to assist.

I also strongly hold that supports should be covered by the NDIS where they relate to:

- Quality of life, not just capacity building

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## Assistance With Daily Life Tasks in a Group or Shared Living Arrangement

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- Assistance with and/or supervision of tasks of daily life in a shared living environment, which is either temporary or ongoing, with a focus on developing the skills of each individual to live as autonomously as possible, including short term accommodation and respite.

I also strongly hold that supports should be covered where they relate to:

- Quality of life, not just capacity building
- Non shared living

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## Assistance With Travel/Transport Arrangements

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including:

- Transport assistance, including training, activity-based transport, provider travel, and costs associated with the use of taxis/private transport, where the participant cannot travel independently or use public transport due to the impact of their impairment/s on their functional capacity.
- Transporting participants to funded supports and other activities including school, educational facility, employment, or the community.

- Assistive technology

I also strongly hold that supports should be covered where they relate to:

- Quality of life, not just capacity building

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## Assistive Equipment for Recreation

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including:

- Specialist products used in competitive and non-competitive sports and other recreational pursuits.

However I also strongly hold that virtual reality should be approved where it is solely and directly needed due to disability e.g. as recreation for people who are bed-bound or housebound.

I also hold that at home recreation kits should be covered by the NDIA for people with executive function difficulties who struggle with planning and organising hobbies independently (not the cost of materials but the cost of organising collating and delivery)

I also strongly hold that supports should be covered where they relate to:

- Quality of life, not just capacity building

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## Assistive Products for Household Tasks

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- Specialist products to enable cooking, cleaning, washing, home maintenance and other tasks.

I strongly hold that these products should be funded to help with independence, even if a support worker is needed anyway.

I also strongly hold that supports should be covered where they relate to:

- Quality of life, not just capacity building

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## Assistive Products for Personal Care And Safety

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- Specialist products for personal care or safety including beds and pressure mattresses, toilet and bathroom equipment, specialised clothing and continence needs.

I also strongly hold that supports and products should be covered where they relate to:

- Products for personal care and safety for people with non physical disabilities (e.g. cognitive, psychosocial, developmental etc).
- For example, many autistic women struggle with sensory overload as a result of their periods. For those significantly impacted, this can lead to smearing behaviour and/or distress due to trying to remove the blood from touching the skin on an extremely frequent basis. This is further exacerbated by impaired decision making ability also associated with autism due to processing, planning and sequencing deficits. Tampons also likely aren't possible for a lot of these women due to sensory barriers. Wipes can be a dignified solution that can help support workers or autistic women to manage the process of constantly removing all blood in a more independent manner.
- Many people with psychosocial disability also struggle with showering and hygiene and can also need products to assist

I also strongly hold that supports and products should be covered where they relate to:

- Quality of life, not just capacity building

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## Specialist Positive Behaviour Support

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- Support provided by professionals with specialist skills in positive behaviour support including assessment, development and delivery of a comprehensive plan that aims to reduce and manage behaviours of concern, and training and ongoing monitoring of staff in plan implementation.

However it is my view as a person with disability that these services should be peer led and staffed wherever possible.

I also strongly hold that supports should be covered where they relate to:

- Quality of life, not just capacity building

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## Communication And Information Equipment

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- Products to assist with alternate communication or to access written or spoken communication via electronic or other means.

I also strongly hold that supports should be covered where they relate to:

- Quality of life, not just capacity building

## Therapies

- It is my firm and steadfast view that therapies should be funded by the scheme people with disability including for quality of life and preventing deterioration not just capacity building and that these should be funded ongoing if needed not on a time limited basis
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## Clothing

- It is my firm view that modified clothing is and can be needed by people with disabilities including people with physical disabilities and/or sensory processing disorder and that this should be covered by the scheme as otherwise disabled people incur additional costs beyond what clothing would usually cost
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## Psychosocial disability

- It is my firm and steadfast view that psychology should continue to be funded for participants who live with psychosocial disability, particularly for those who need it in order to prevent functional deterioration
  - To fund anything less would be in my view discrimination against people with psychosocial disabilities
  - People will die if this funding is cut
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## Community Nursing Care

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- Provision of specialist care for participants who have high care needs requiring a high level of skill.
  - I am of the opinion that support workers are often unable to be trained to such a standard as a nurse would have, and that attempting this puts disabled people at risk.
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## Customised Prosthetics (includes Orthotics)

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- Prescription and manufacture of customised prostheses or orthoses requiring specialist skills.
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## Daily Personal Activities

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- Assistance with and/or supervision of personal tasks of daily life to enable a participant to live as autonomously as possible in a range of environments, including but not limited to, the participant's own home.

I also strongly hold that supports should be covered where they relate to:

- Quality of life, not just capacity building
- Ongoing support where needed, not just capacity building

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## Development Of Daily Care And Life Skills

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- Development of daily living and life skills focuses on training and development activities undertaken by a participant or their carer to increase their ability to live as autonomously as possible, including supports that will enhance the ability of the participant to travel and use public transport independently.

I also strongly hold that supports should be covered where they relate to:

- Quality of life, not just capacity building
- Ongoing skill building, not just time limited skill building

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## Disability-Related Health Supports

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- Disability-related health supports where the supports are a regular part of the participant's daily life. This includes continence, dysphagia, respiratory, nutrition, diabetic management, epilepsy, podiatry and foot care, and wound and pressure care supports.
- Supports for people with complex communication needs or challenging behaviours while accessing health services, including hospitals and in-patient facilities.

I am highly concerned about this only applying to NDIS registered disabilities instead of viewing the whole person and their functional impairment and needs holistically.

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## Early Intervention Supports For Early Childhood

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- Provision of a mix of therapies, and a key worker for the family. Supports for all children 0-9 years with developmental delay or disability and their families to achieve better long-term outcomes, regardless of diagnosis.

I am however concerned that by better long term outcomes, the NDIA intends to remove more children from the scheme who may need ongoing support.

I am also concerned that masking will be further encouraged and promoted for autistic people, leading to documented adverse mental health outcomes as outlined in the latest academic research.

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## Exercise Physiology & Personal Well-being Activities

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

Physical wellbeing activities to promote and encourage physical well-being, including exercise.

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## Group And Centre Based Activities

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- Assistance for participants to access and participate in community, social and recreational activities provided in a group setting, either in the community or in a centre.

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## High Intensity Daily Personal Activities

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

Assistance with and/or supervision of tasks of daily life to enable a participant with complex needs to live as autonomously as possible in a range of environments, including but not limited to, the participant's own home.

These supports are provided by a worker with additional qualifications and experience relevant to the participants' complex needs.

- I am concerned about the definition of complex needs and would request extensive consultation with disabled people and disability providers.
- I am also concerned about the level of qualification or lack thereof required of these support workers

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## Home Modification Design and Construction

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

Design and subsequent changes or modification to a participant's home, including installation of equipment or changes to building structures, fixture or fittings to enable participants to live as independently as possible or to live safely at home.

I am highly concerned about the following being excluded, as state and territory public housing rarely if ever provides people with disabilities with the modifications they need to live:

- Design and subsequent changes or modifications to state or territory owned public housing

It is critical that this need be addressed.

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## Household tasks

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- Essential household tasks that a participant is not able to undertake because of their disability, including meal preparation and delivery, house or yard maintenance, cleaning and laundry.

I am however concerned that these tasks particularly meal preparation and delivery and laundry services are often requested of support workers when a significant number of disabled people may struggle with the amount of social contact required for a support worker to be at their home often enough to assist with this.

Bulk meal preparation often doesn't work for a lot of people with disabilities even with assistance as it often takes more time/ability than many they are capable of in one lot.

I am highly concerned that this support doesn't mention helping people with disabilities who need assistance but can do some things themselves.

I also strongly hold that supports should be covered where they relate to:

- Quality of life, not just capacity building
- Ongoing skill building and support not just time limited skill building or support

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## Innovative Community Participation

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including:

Activities not included under other community participation registration groups; for mainstream providers who want to enable participants to access mainstream activities.

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## Interpreting and Translation

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including *but not limited to*:

- Assistance to a participant to enable independent communication in essential personal, social or community activities

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## Management of Funding for Supports

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including:

Management of funding for supports by a registered plan management provider

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## Participation in Community, Social and Civic Activities

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including:

Assisting a participant to participate actively in community, social and civic activities; including supporting participants during these activities and developing participants' ability to partake in these activities.

I also strongly hold that supports should be covered where they relate to:

- Quality of life, not just capacity building
- Ongoing skill building and support not just time limited skill building or support

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## Personal Mobility Equipment

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- Products to enable personal mobility, including equipment for walking, wheelchairs and transfer aids.

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## Specialist Disability Accommodation (SDA)

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS. I am highly concerned that SDA is limited to people with extreme functional impairment or very high support needs when other participants may also require SDA as a result of their disability.

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## Specialised Driver Training

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including:

- Driver training using adapted equipment or vehicle modification.

I also strongly hold that the NDIS should also fund:

- Driving training where extra or specialised driving lessons are required directly and solely as the result of disability e.g. due to motor deficits associated with developmental disability

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## Specialised Supported Employment

- This support is and has been life changing for me. I am working ongoing for the first time in my life.

I strongly hold that the NDIA should also fund:

- Assistive technology for equitable workplace access
  - Including but not limited to Grammarly tone analyser and suggestions for people who have trouble reading social cues (this feature is only available on a paid version), close captioning software, and note taking software where this need is directly a result of the person's disability.

As if employers are further burdened with this responsibility it further disincentives hiring disabled people. It would also mean self employed disabled people have extra costs than self employed non disabled people. A level playing field is needed.

I also strongly hold that:

Assistance to work should also be covered for people with disability so they can try or maintain being self employed. If the government were to invest in self employment options for people with disability, particularly working from home initiatives this could be more effective than any other intervention or program to date in terms of seeing an increase of disabled people in the workforce.

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## Specialised Support Coordination

I agree that there should be no carve outs in this area and that this area is the responsibility of the NDIS, including but not limited to:

- The provision of Support Coordination within a specialist framework necessitated by specific high-level risks in the participant's situation. Support focuses on addressing barriers and reducing complexity in the support environment, while assisting the participant to connect with supports and build capacity and resilience.

I am of the opinion that support workers are often unable to be trained to such a standard as a specialist support coordinators would have, and that attempting to transition to a support work model puts disabled people at risk. Ongoing support for many participants is needed.

I strongly disagree with support coordination level 2 being excluded from the scheme. It is widely recognised that people with disability have repeatedly faced maltreatment, dishonest conduct and violations of model litigant standards from the NDIA. It is not appropriate given this history to make this role an internal role in the form of navigators. Transparency, accountability and external assistance are key to maintaining and rebuilding trust in the scheme.

**Support coordinators level 2 must remain.**

Training for support coordinators or demonstration of knowledge however should be mandatory.

## Therapeutic Supports

I strongly disagree that therapies must be evidence based in terms of the literature.

Why?

- a) Because evidence is updating and emerging. Even if the research is out now, it often takes 5-10 years for that to become widespread knowledge.  
e.g. evidence is emerging that oxygen therapy is helpful for functional capacity in cerebral palsy, however it will likely be 5-10 years before this research is well known enough that it would be implemented and accessible.
- b) Because we know that 'evidence based' practice is primarily based in western literature, and fails to take into account experiences other communities, cultures and the experiences of marginalised groups. For example, evidence based literature is only recently emerging around acupuncture.

I do believe however that if someone is going to access alternative therapies, evidence should be provided that this will assist their functional capacity (e.g. in a statement of lived experience).

I also strongly hold that supports should be covered where they relate to:

- Quality of life, not just capacity building
- Ongoing skill building, not just time limited skill building

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## Vehicle modifications

I strongly hold that the NDIS should either:

- a) Dispose of the requirement that in order to be modified a car must be new or
- b) Assist participants by funding the difference between the car they would buy if they didn't have a disability and the car they have to buy because the NDIA requires it to be a new car so that it can be modified

I also am of the view that the NDIA should cover:

- Additional insurance costs incurred solely and directly as a result of being disabled, including additional insurance costs for a modified vehicle above and beyond what would regularly be required
- Disability specific tool costs incurred solely and directly as a result of being disabled
- Vehicle registration or car purchase where the cost is incurred solely and directly as a result of being disabled (e.g. additional vehicle needed solely and directly because of disability) e.g. in the case where a disabled person already has a working car that they would use however can't because it can't fit their mobility aid for example and modifications aren't an option.
- All disability specific costs incurred solely and directly as a result of being disabled that would not otherwise be incurred (e.g. motorbike modifications, mechanical repairs to modification parts, mechanical repairs that are more expensive because the car has been modified)

While this may seem more costly, I hold that it would be more cost effective in the long run if participants could be as independent as possible to reduce the need for hours of community access assistance.

For example, right now participants who can drive but are unable to access their car without modifications so their wheelchair can enter. Therefore, they have to rely on support workers for community access.

Why? Because participants in general can only afford an old car, not a new car, and new cars are required in order to receive modifications under present NDIA practice. This reduces independence and increases reliance on support workers.

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## Home Security and Maintenance

- I strongly disagree that home security and maintenance can't be a disability related cost, as it can be.
  - For example:
    - In the case of an absconding of a child with disability who needs a security system to alert their family to where they are in the house or if they are absconding/at risk of going out on the road
    - For a camera so that a person with disability can tell who is at the door even if they can't leave bed so they can enable their front door automation to let them in where a camera wouldn't be needed otherwise
    - For home maintenance tasks that someone would very likely be able to do themselves if it wasn't for disability e.g. putting in picture hook, changing a light bulb
    - For costs caused by damages by a child or adult who causes damage to a home (due to for example not understanding the impacts and consequences of one's actions and living with cognitive disability and autism)
    - For costs where a home is ill equipped for a wheelchair user resulting in wall damage where no other more accessible accommodation is available

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## Removalist costs

- I strongly disagree that removalist costs can't be a disability related cost, as it can be.

For example (not an exhaustive list):

- For example, my bed is a specialist product. It is electric and needed for disability related reasons to assist me with sitting and transferring when I am otherwise not physically able to.
  - Regular removalists cannot assist with this product without risking breaking it, as they are not familiar with the technology. The weight of the bed also often poses an issue. This means when I move, I have to pay for one moving truck to move all my non disability related furniture, and pay for a second specialist moving truck for my electric mobility scooter and bed.
  - It is also important to note that by paying for the disability specific service, the NDIA would be making a more cost effective decision than risking breaking equipment funded by the scheme by sending specialist equipment with a regular removalist, who does not have a hoist that can lift an electric bed as heavy as mine from experience.

- One may need to hire a removalist for items one could otherwise fit in one's car due to physical disability and not being able to independently put the item's in one's car

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## Electricity

- I strongly disagree that a portion of electricity can't be a disability related cost, as a *portion* of electricity bills can certainly be a disability related cost. For example, I have an electric bed, and an electric mobility scooter which I must charge daily. This costs me more electricity solely and directly because I am disabled.
- Generators can be a disability related cost, for example for back up breathing support or machines that someone would die without. Another example is if power goes out in an area and you have to evacuate, what if you are an electric wheelchair user and your chair has run out of batteries, and emergency services have yet to arrive?

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## Appliances

- I believe dishwashers, clothes dryers, appliances and other white and household goods should be funded when it is solely and directly a disability related cost (e.g. where an individual can provide information around how that they wouldn't have this cost if they weren't disabled)

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## Sex Toys

I back those with disability who call for sex toys to be funded when they are solely and directly needed as a result of disability e.g. where intimacy for example would not be physically possible otherwise due to disability.

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## Sex Work

I am concerned about the health implications of defunding this service for people with disability where release is not physically possible otherwise.

I hold that this service should only be funded if:

- It is solely and directly a disability related need
- Assistive technology or aids could not ascertain the same outcome

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## Smart Devices

- I disagree that this can not be a disability related cost
- For example:
- Smart watches and smart scales can be highly important for monitoring of exercise for example when a participant is unable to independently keep track of and report back to their

professionals (e.g. whether they've done their exercises or report back on the physical impact of those exercises). This is quite common for those who have difficulties with communication and/or interoception.

- Smart watches can also be used as fall detection devices if one doesn't want to signal to the world "hey I'm disabled and I need to use a falls device constantly). It's often also a lot better value for money, but is not appropriate in all cases.
- This increases dignity as it prevents the intrusive nature of a support worker documenting the day hour by hour or monitoring weight. It also makes disability related products more subtle and makes the wearer less likely to be othered or seen differently.

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## Travel and Trips

- Support worker costs e.g. separate room, expenses should be covered for travel and holidays including overseas travel if someone must have a support worker travel with them solely and directly because of their disability e.g. the person with disability shouldn't have to pay for the support worker's accommodation, and expenses just because they have a disability as this would mean people with disabilities have to pay often double than people without disabilities for holidays
- I disagree that cruises can't be a solely and directly disability related cost.
  - For example, many respite venues aren't able to accommodate mobility aid users, however because cruises are built for older populations, they often can, making it a better respite option than most venues available in terms of physical layout e.g. shower access.
  - Many 'wheelchair accessible' venues don't have sufficient space for the turning circle of a wheelchair or surfaces e.g. kitchen bench the right height

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## Sensory & Fidget tools

I strongly support that autistic people should be able to purchase fidget tools, headphones, and other sensory related products.

This is because for non autistic people fidgets may be fun or relieve boredom, however for autistic people fidget tools play a different role in helping to reducing harmful stims that often occur when autistic people are distressed.

This is also because sensory items (e.g. swings) play a really key role in independence emotion regulation for autistic people, including autistic adults.

Lastly, noise cancelling headphones are so often key and crucial to being able to go food shopping, and leave the home for autistic people.

Ear muffs would not assist as it serves to create social ostracisation and othering. Blending in is important for dignity, social acceptance, connection and quality of life.

To decline headphones on the basis of exposure therapy would be a fundamental misunderstanding of what exposure therapy is and how it works, and what it is and isn't suited for.

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## On gaming therapy and virtual reality

I am writing to express my concern regarding the proposed ban on the use of gaming in therapeutic settings. I am concerned for the well-being of individuals, particularly children with disabilities and adults with developmental disabilities, who may find it challenging to engage in traditional therapy methods.

To clarify, I am advocating for the continued approval of services such as speech pathology, psychology, and physiotherapy that incorporate gaming as a tool, rather than promoting gaming as a standalone therapy. The integration of gaming into therapeutic sessions is crucial for individuals who may face difficulties in processing sessions due to challenges with interpreting facial expressions or maintaining eye contact. These barriers can significantly impact the effectiveness of therapy and the ability to retain what is learned.

Additionally, I urge the consideration of virtual reality as a means of community access for those who face severe barriers, such as being bed-bound or housebound due to disability. Virtual reality could offer these individuals a vital connection to the outside world and provide opportunities for engagement that they would otherwise miss, greatly increasing quality of life. Gaming based social groups for community access for children with disabilities and adults with developmental disabilities can also be a great bridge to socialising without having to engage in eye contact or process body language.

The use of gaming and virtual reality can enhance both social and therapeutic engagement and, consequently, the overall success of therapy for those who might otherwise struggle with traditional methods.

I wish to flag that in the literature progressively exposure therapy around eye contact and approaches that attempt to shape behavioural change in autistic people may not be best practice.

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## Nail Salons

- Nail prosthetics may be needed for some disabilities
- Nail and toe nail cutting services where someone isn't independent could be needed with some disabilities

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## Purifiers

Air purifiers can be needed for disability related reasons, particular for those with breathing related disabilities or who are often or always confined to the one room due to disability as this can drastically impact air quality. This risk increases if personal care is done in the room.