

Submission on

The Draft Lists of Permitted and Prohibited 'NDIS Supports'

Introduction

Every Australian Counts (EAC) is the grassroots campaign that fought for the introduction of the National Disability Insurance Scheme (NDIS) and won. We are made up of thousands of people with disability, families, carers, and those who work to support them who have come together to fight for a fair go for people with disability in Australia.

This submission registers EAC's formal position on the Draft Lists of permitted and prohibited 'NDIS Supports'.

EAC has grave concerns with the practical implications of the draft lists of NDIS Supports, and strongly recommend their immediate withdrawal.

Our submission has drawn from the results of our recently conducted Community Survey, (See relevant extract Appendix A and full survey here) as well as from community forums and the advice and feedback of EAC's various allies and supporters.

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EAC's Position on the draft NDIS Support Lists

Every Australian Counts strongly opposes the introduction of prescriptive and restrictive support lists. The lists undermine the NDIS's core principles by limiting participants' ability to tailor supports to their unique needs, thereby reducing choice and control, preventing innovation, increasing segregation and overall costs. The draft lists are likely to negatively impact people with complex and unique support needs First Nations, culturally and linguistically diverse (CaLD) people and people from regional and remote areas. The lists should not proceed.

Accessible versions of the draft lists were only released in the middle of the second week, and even then, only a summary Easy Read version is available, which is both misleading and lacks critical details. The timeframe provided is insufficient for organisations to fully consult with their members, effectively excluding the voices of the most isolated people with disabilities who are likely to be most affected by these changes. The simultaneous brief 'consultation' on the draft NDIS Support Lists, alongside the Government's response to the Disability Royal Commission, the release of the NDIS Provider and Worker Registration Taskforce Report, and numerous amendments to NDIS legislation, does not allow for thorough and proper engagement with disability advocates on the wide range of issues being raised.

We stress that prescriptive and restrictive lists directly contradict the NDIS's fundamental principles of choice and control. By enforcing rigid categories and predefined supports, these lists restrict participants' ability to tailor services to their specific and evolving needs. Disability is highly individualised—what works for one person may not work for another, and services available to people with disabilities in metropolitan areas are often inaccessible in regional and remote communities. For individuals with diverse and complex support needs, this restriction diminishes the flexibility required for effective, responsive support and innovation, particularly where traditional options are unavailable, unsuitable, more costly, or reduce independence and community inclusion.

The draft NDIS Support Lists are particularly troubling to EAC due to their potential negative impact on several vulnerable groups:

- People with Complex Needs: The proposed lists do not adequately address the
 diverse and unique needs of individuals, leading to inadequate or inappropriate
 support, which increases segregation. The introduction of an exemption to the
 legislation fails to sufficiently address this issue.
- Regional and Remote Areas: Individuals in regional and remote areas already
 face significant barriers and challenges in accessing appropriate services,
 necessitating innovation and flexibility. The draft lists will further constrain their
 access to personalised support, worsening the inequities faced by those in
 geographically isolated locations.
- **First Nations and CaLD Communities:** Additional barriers exist for First Nations and Culturally and Linguistically Diverse (CaLD) individuals. The restrictive lists do not consider the unique cultural and community-based needs of these groups, exacerbating existing disparities.

EAC, in agreement with all Disability Representative and Carer Organisations, asserts that the lists must be withdrawn. The transitional rules should define 'NDIS Supports' based on the Reasonable and Necessary principles:

- "must be related to a participant's disability
- must not include day-to-day living costs not related to your disability support needs, such as groceries
- should represent value for money

- must be likely to be effective and work for the participant, and
- should take into account support given to you by other government services, your family, carers, networks and the community."

Overarching Concerns:

- The proposed lists remove individualisation and limit choice and control for participants.
- The draft lists are complex and confusing. The lists place undue responsibility on participants to navigate the complex interface between the NDIS and other service systems without adequate support.
- The proposed lists are overly restrictive and inflexible, which will have serious repercussions for people with complex and unique disability support needs.
- The lists are not in line with Action 3.5 of the <u>NDIS Review Final Report</u>, which states "The National Disability Insurance Agency should allow greater flexibility in how participants can spend their budget, with minimal exceptions."
- The consultation period is grossly insufficient. A minimum of 12 weeks is required for meaningful feedback. Comprehensive disability accessible information must be provided in all formats for the entirety of any consultation period regarding the NDIS.
- There are no comprehensive Easy Read version of the lists available, which is essential for ensuring accessibility for all participants. The Easy Read summaries produced are misleading and exclude important information, and were made available significantly later than the standard version of the lists, seriously limiting the opportunity for feedback from people with Intellectual Disability, who are too often given no voice in such important consultations, and often require significantly longer to understand, consider and respond to such an important and life-altering topic.
- Whilst an amendment from the Government introduced an exemption pathway for items not on these lists, it reads like the support must still be permitted under the rules. This could mean that participants will only be able to ask for supports not permitted for their class of disability. Rejection of the request for an exemption is not a reviewable decision, and it is unclear what happens if the support a participant wants is not on either list. Evidentiary requirements could be too onerous, and there is risk that the participant's lived experience will not be considered. It is unclear what happens if a requested support costs more than an alternative permitted support, but is significantly more effective and efficient (or enables greater independence of the participant than the permitted items on the list would). Of further concern is that NDIA Delegates (Planners) routinely treat Operational Guidelines as blanket rules, meaning there is significant risk of participants being routinely denied exemptions, with no right of appeal.
- The National Disability Insurance Agency (NDIA) lack the workforce to quickly respond to the large volume of exemption requests which will be submitted if the draft lists are accepted as transitional rules for 'NDIS Supports'. The current wait times to have access requests approved is up to 12 months, including for List A (diagnostic) eligible people with disability, According to the Participant Service Guarantee, access requests should be processed within 21 days. New participants experience a further 3-6 months wait for their first planning meeting. There is a backlog of 50,000 participants in the queue for a S48 plan change request to be processed, with a further 5,000 being submitted each week. The wait time for a response exceeds 8 months. These plan change requests typically occur because the original plan was not correct, the plan was auto-extended for multiple years and no longer meets needs, or there has been a change to the participant's circumstances. There will be

hundreds of thousands of exemption requests submitted if these lists proceed, blowing out processing times for every internal NDIA process - risking participant safety.

General Issues with the Draft NDIS Support Lists

- The draft lists are complex, confusing and limiting. They put all the responsibility on the participant to understand and navigate the interface between NDIS, Health, Mental Health, Education, Mainstream services etc, with very little guidance. According to the NDIS Bill, a participant could have a debt raised against them if they get it wrong, and that debt cannot may not be able to be appealed.
- The lists are text heavy, difficult to follow and understand. A table format would be significantly easier for people to understand, however the embargoed document in table format provided to the Disability Representative Organisations less than 24 hours prior to the release of the public consultation does not match the public version of the lists.
- The lists appear to be based on the 2017 provider registration groups, not the current ones, and are not in a format familiar to people with disability and families. This makes them harder for people to unpack, understand, give meaningful feedback on, and ultimately, make informed claiming decisions.
- Participants who make mistakes in interpreting these lists could incur debts under NDIS legislation that cannot be appealed, posing a significant risk for those who are already struggling to manage their support needs. Although the legislation allows for debts to be waived, the debt remains on the participant's record permanently, influencing all future decisions made about them. A NDIS participant is effectively judged as guilty without the opportunity to prove their innocence. This situation occurs in no other Australian laws, and is inherently discriminatory.
- There are a lot of contradictions and excessive use of "etc", which reduces clarity.
 The lists fluctuate between extremely vague language and extremely specific
 language. Given the above stated risk of a debt raised against a participant, clarity
 is vital.
- No consideration has been given to self-directed supports such as direct employment and "services for one". The lists fail to consider costs incurred in these supports such as bookkeepers for managing payroll, advice from accountants, bookkeeping software, subscriptions, superannuation, insurances, training of support workers and equipment for staff such as gloves, N95, masks etc.

Specific Issues in the Draft Permitted NDIS Supports List:

Accommodation and Tenancy Assistance:

 Rental costs carve out: Excluding Individual Living Options (ILO) and similar arrangements that reimburse housemates via a reduction in rent for providing support is counterproductive. ILO arrangements are significantly more inclusive and costeffective in comparison to other forms of in-home support, such as Supported Independent Living (SIL).

Assistance Animals:

 "ongoing maintenance costs": It's unclear whether this refers to grooming for assistance animals, which will be necessary for some people, especially those who are blind and vision impaired or have a physical disability.

Assistance In Coordinating or Managing Life Stages, Transitions and Supports

• "peer support": Will peer support now be claimable from NDIS plans? This has not been permitted to date.

Assistance to Access and Maintain Employment or Higher Education:

- "learning and support needs of students that primarily relate to their education and training attainment" carve out: People may need funded support to build their skills and capacity to commence and complete tertiary education. Lots of people with intellectual disability, acquired brain injury and autistic people require tutoring and significantly more support to be able to complete the Certificate 3 qualification, which is now considered entry level. Certificates 1 and 2 introductory courses are increasingly unavailable.
- "work-specific support related to recruitment processes, work arrangements or the working environment" carve out: Lots of people with intellectual disability acquired brain injury and autistic people require significantly more support to prepare for, understand and navigate recruitment processes, work arrangements, and to understand how to conduct themselves in the working environment. Others may require a support person during recruitment processes. This carve out appears to limit or prevent access to School Leavers Employment Supports (SLES) and similar Finding and Keeping a Job supports, risking decreased economic participation of people with disability.
- "funding or provision of employment services and programs" carve out. Again, this appears to limit or prevent access to School Leavers Employment Supports (SLES) and other currently funded employment supports. It also appears to exclude work readiness programmes, which are important for developing skills needed in the workplace.
- The overlap between what is included and excluded in the lists leads to considerable confusion. For example, individual employment supports like work experience, the discovery process, customised employment, and practising job tasks could be mistakenly excluded as "work-specific support related to the working environment." Such misinterpretations may deprive participants of the essential personalised support they need.
 - Moreover, the exclusion of self-employment and microenterprise options is particularly concerning. These avenues are vital for individuals who do not fit the conventional model of open employment and are crucial stepping stones towards achieving open employment. The NDIA still lacks a full understanding of how self-employment and microenterprise can significantly contribute not only to economic participation but also to social inclusion and overall well-being.

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

 "Short Term Accommodation (STA) and respite: Short Term Accommodation and respite are only referenced in this category. STA only being available in a group environment is a safety issue for many people with disability, and prevents the use of innovative and cheaper self-directed and self-managed options.

Assistive Equipment for Recreation

 "Specialist products used in competitive and non-competitive sports and other recreational pursuits": 'Specialist" is an extremely broad term, which is overused throughout these lists and is undefined. Does this imply that the equipment must be prescribed by a specialist? If so, that increases cost and reduces access.

Assistive Products for Household Tasks:

- "Specialist products to enable cooking, cleaning, washing, home maintenance and other tasks": Again, the term 'specialist' implies that these products must be prescribed by a specialist of some type, which again is undefined. There are mainstream products which assist with household tasks, are low cost and don't require a specialist prescription. Excluding low-cost, mainstream products that assist with household tasks, such as robot vacuums or electric can openers, strips participants of their independence, Increases segregation and increases the cost of NDIS to the taxpayer. Participants may be forced to use support workers or other high cost supports instead. Examples include bar fridges for people with disability unable to leave their beds, robot vacuums and mops, dishwasher, tipping kettle, large handled utensils, electric can openers and more.
- Assistive products for personal care and safety: Many common items used for personal care and safety are now listed under the 'no' category. Although these items are classified as day-to-day living expenses, they are cost-effective tools that enable individuals to maintain independence in self-care, specifically addressing disabilityrelated needs. These items are far more affordable than hiring paid support workers.

Development Of Daily Care And Life Skills

• "including supports that will enhance the ability of the participant to travel and use public transport independently": This appears to be a duplication of the Assistance with Travel and Transport Arrangements category, which people find confusing.

Disability-Related Health Supports

• "Supports for people with complex communication needs or challenging behaviours while accessing health services, including hospitals and in-patient facilities": Funded supports for people with complex communication needs or challenging behaviours while accessing health services including hospitals and inpatient facilities are consistently denied by NDIA delegate planners. supports are crucial and should be funded.

Early Intervention Supports For Early Childhood

• "mix of therapies": The phrase 'mix of therapies' is ambiguous and lacks information about what types of therapies are included, which may cause confusion and potential errors in claiming.

Home Modification Design and Construction

 Design and subsequent changes or modifications to state or territory owned public housing" carve out: There is high risk of people falling through the cracks and being denied or unable to access minor low cost modifications to state or territory owned public housing. For example, grab rails in bathrooms, removable ramps, etc. Greater clarification is needed

Household tasks

• Most of the items listed in the description for household tasks are also on the exclusion list, which is potentially confusing to people.

Innovative Community Participation

• "mainstream providers who want to enable participants to access mainstream activities": Again, the description lacks clarity and may discourage innovation from disability-specific providers.

Specialised Driver Training

 The description appears to exclude additional driving lessons for people with intellectual disability, autistic people and people with acquired brain injury who may need a lot more than 10 driving lessons. Limiting driver training funding to only people who require adaptive equipment or vehicle modification discriminates against people who have other support needs in this area.

Specialised Hearing Services

 The description contradicts earlier information about hearing services being the responsibility of Hearing Australia. The lack of clarification is confusing and could lead to people claiming supports which are not permitted and risk incurring a debt. EAC agrees that there are specific hearing services which should be the responsibility of NDIS, not Hearing Australia, but this needs to be clearly explained.

Specialised Support Coordination

 This category appears to only include Level 3 Specialist Support Coordination and does not seem to include level 1 and 2 Support Coordination and Psychosocial Recovery Coaching. The description needs to be rephrased to improve understanding.

Therapeutic Supports

The description is far too limited. It excludes supports that people need around areas
of disability like recognising, understanding and regulating emotions theory of mind,
Protective behaviours, understanding friendships and relationships, fine and gross
motor skills, balance and coordination, sensory regulation, executive function,
problem solving, decision making, etc.

Vehicle Modifications:

- **Mechanical repairs:** It's unclear whether repairs to driver adapted equipment are covered.
- **Tools:** Some safety restraints, such as those used for motorised wheelchairs and other vehicle modifications, may require specific tools to adjust them.
- **Vehicle registration:** Heavier vehicles have more expensive vehicle registration, eg. vans fitted with motorised wheelchair lifts. This is an additional cost incurred solely because of the disability and should be claimable.

Vision Equipment.

 There does not appear to be carve outs for employment and education related vision supports, which Every Australian Counts agree with. However, there needs to be equity between disability types and what relevant supports are claimable to meet those specific disability needs.

Specific Issues in the Draft Prohibited NDIS Supports List:

Day-to-Day Living Costs:

- "Rent": As previously noted, this excludes arrangements for support in the home, such as Individual Living Options (ILO) reimbursement of rent for a house-mate providing support and similar arrangements.
- "Standard home security and maintenance costs, fencing, gates and building repairs": These supports are often required for participants who tend to wander and don't have road safety awareness, and for property repairs needed as a result of

- damage incurred due to behavioural issues which are part of a person's disability. These supports are dramatically cheaper than the robust category of Specialist Disability Accommodation.
- General furniture removal and services, unwanted furniture pick up: Removal services are typically required for people with disability who would be able to independently undertake these tasks, were it not for their disability.
- Pool maintenance: People may be living in a rental house with a pool, but not be
 able to maintain it as required by the lease because of their disability. There is a
 nationwide housing crisis people do not have choices about where they live, so
 moving to a property without a pool may not be an option. A support worker may not
 be skilled or permitted to undertake these tasks.
- General home repairs, general renovations and maintenance: The language here is unclear and could be misinterpreted to mean that people who are unable to undertake their own home maintenance because of their disability are likewise unable to claim these supports.
- "Electricity bills": A percentage of electricity bills must be claimable for people with thermoregulation disabilities and those needing medical equipment such as ventilators. While States and Territories may offer a small subsidy on electricity bills, the subsidy is often insufficient for people with high and complex disability-related medical needs.
- Electricity generators: Electricity generators must be removed from this list. People with disability who are reliant on electric medical equipment, ventilators in particular require backup generators for power outages. When the power goes out, most people get out candles. People reliant on ventilators die without a backup generator. There are a host of other disability related equipment which are either plugged into electricity or require battery recharging, eg. feeding pumps, hoisting machines (people could be trapped in a bed or chair), pneumatic equipment such as AffloVests, IPC devices, stair lifts and elevators (people could be trapped in their home in an emergency). A backup generator is included in Specialist Disability Accommodation (SDA) design category "high physical support", indicating the NDIA already recognise the vital need for such a support.
- Standard household items: Many of the excluded items are replaced by much more expensive supports such as support workers, while stripping people of their independence. For example:
 - People who are immobilised in bed may need a small fridge beside the bed to access meals and drinks.
 - People needing to wash a lot of sheets and clothing due to continence issues may need a larger or separate washing machine and dryer (which again increases electricity costs).
 - A dishwasher is cheaper than paying a support worker to wash dishes.
 - o A robot vacuum is cheaper than a support worker vacuuming each day.
 - A Thermomix can empower someone to make their own meals independently and safely - cheaper in the long term than meal delivery or support worker preparing meals.
 - Other mainstream appliances enable people with disability to prepare meals independently rather than the more costly support worker / meal delivery option.
 - Deaf people need vibration and light-based fire alarms.

Finance and Payments related:

• "Home and contents insurance, car insurance": Whilst there is a carve out for vehicle insurance where additional insurance costs arrived from modified vehicles.

disability equipment increases the cost of household insurance and is dramatically cheaper than the taxpayer replacing stolen or broken disability equipment. Further, workers compensation insurance, professional indemnity insurance and public liability insurance for direct employed support workers and services for one, appear to be excluded. Workers compensation insurance for support workers is a legal requirement regardless of whether they are contracted, sole traders or directly employed.

- Superannuation for participants or related parties (exceptions apply for arm's length Employment arrangements): This is poorly worded and unclear whether superannuation for direct employment is permitted or not. It must be permitted, otherwise direct employers and services will break superannuation law.
- Business development costs, business skills development costs: This
 excludes the development of microenterprises, which typically require support for the
 participant to develop business skills. Microenterprise is an important option for
 people with disability to gain and maintain meaningful employment in a way that suits
 their needs.

Food, Beverage related:

Fast food services and takeaway food: If pre-planned meal delivery service does
not arrive as expected, people may need takeaway food delivered in order to have
something to eat. This ban is a clear example of the problematic nature of these lists.
Participants are expected to be able to anticipate issues like this occurring months in
advance of the actual need, in order to apply for an exemption which is unlikely to be
granted.

Lifestyle related:

- **Sex work:** Sex work must not be banned. People in relationships where one or both have a disability and need assistance with positioning for sex require appropriate support. Very few support workers have the skills or are willing to do this. People may need physical assistance to masturbate or learn how to masturbate in order to avoid infections (eg. sperm duct blockages due to lack of ejaculation). Without this assistance, people may be in excruciating pain, unable to communicate their pain and have it interpreted as 'behavioural'. People die from untreated infections.
- Sex toys: There are some sex toys, mainstream or adapted, which may be necessary for some people with disability to enable them to participate in sexual activities, as is their human right.
- Menstrual products: The use of menstrual products is not a 'lifestyle' choice they are a necessity for more than half of the adult population. Period underwear and other accessible menstrual products are extremely expensive, and not everyday products used by the majority of people who menstruate. Period underwear enable autistic and intellectually disabled people to manage periods more independently and hygienically. For people with physical disabilities, period underwear enable them to maintain dignity when menstruating, without the requirement and hygiene risk of a support worker assisting with the use of tampons and pads. Further, some people use period underwear for managing light incontinence.
- Trampolines: While trampolines are relatively typical play equipment for children, they are not typical for adults and may be necessary for managing sensory difficulties. Additionally, both children and adults who rely on trampolines for sensory regulation may wear the trampolines out faster than is typical, requiring frequent replacements and repairs.
- **General play equipment, indoor or outdoor:** The phrasing of this is slightly ambiguous. General play equipment often enables people to manage sensory

regulation while being very cost effective. This is especially the case for adults where it is generally considered inappropriate to use public playground equipment.

Clothing related:

- "Including smart watches": Smart watches are safety devices for many people with disability. They assist with heart rate and blood oxygen monitoring, fall alerts and GPS tracking for people who may get disoriented and lost or find themselves in unsafe locations. A smart watch might mean the difference between a person with intellectual disability navigating the community independently or requiring a family member or support worker to accompany them at all times. For people with physical disability, smart watches provide access to emergency calling for help if they are unable to access their phone. For others with disability, a smart watch facilitates independence in managing daily routines without prompting from others, remembering medication appointments, daily living tasks such as eating, drinking and hygiene requirements, and other tasks. Smart watches are not an everyday expense when using a smart watch is entirely due to the disability support needs.
- Makeup, cosmetic treatments, wigs, and cosmetics: This prevents the use of acrylic nails as orthoses. For someone with a neurological condition causing extreme pain in their fingertips, acrylic nails enable them to work up to 25 hours per week rather than a maximum of 2 hours. Having body hair removed by a professional is significantly safer, cheaper and more hygienic than having a support worker shaving someone, which also increases the risk of abuse.

Travel related:

- Cruises, holiday packages, holiday accommodation, including overseas travel, Airfares, passports, visa, meals and activities: Whilst the NDIS should not pay for holidays for participants, the cost associated with a support worker attending while the participant is travelling or on holidays should be claimable. It is unreasonable to expect participants to bear this additional cost that people without disability are not required to pay.
- **Petrol:** Participants might reimburse a neighbour or friend for transporting them to an appointment, especially for ad hoc support or when a support worker failed to arrive for a shift. This is significantly cheaper than using a support worker at the minimum 2 hour shift plus travel costs.

Pet related:

veterinarian costs. boarding, pet grooming, taxidermy. pet cremations/funeral: Aside from taxidermy costs, all of these costs must be covered for assistance animals.

Not value for money/not effective or beneficial

- Alternative and complementary therapies: There is evidence that some alternative therapies are effective and beneficial. We need to be careful not to exclude innovative and emerging therapies where the evidence base is still being developed. There are also alternative and complementary therapies that CaLD communities rely on which don't have western evidence backing them up. They should not be excluded due to a lack of western evidence. That's not culturally safe practise.
- Yoga therapy: Yoga therapy is effective and beneficial for some people with disability, helping to improve function and maintain strength and mobility.
- Neurofeedback: There is evidence for the effectiveness of neurofeedback for some people with disability.

- Gaming therapy: Dungeons and Dragons, and Lego therapy in particular, have evidence behind them for autistic and intellectually disabled youth. They are beneficial in developing turn-taking skills, cooperation, problem solving and decision making. Board games like Monopoly are useful in therapy groups to improve understanding of money skills. Including an element of fun in therapy sessions and therapy groups are vital in improving willingness to participate, interact, improve focus and develop skills.
- Somatic therapy: There is evidence for the effectiveness of somatic therapy for some people with disability.

Beauty services related:

• Hair therapy, hair and beauty services including nail salons: Many people with disability can manage their personal care in terms of showering but cannot wash their hair or shave independently. When a person requires specific support for these grooming tasks, having hair washed at a salon or a shave or beard trim at a barber is a reasonable and cheaper support to claim than having a support worker do it. It preserves dignity, reduces vulnerability and fosters inclusion in the community. Further, for some people with physical disability, having a shower to wash hair is a 3 hour ordeal, whereas the hairdresser takes around half an hour and doesn't require undressing, the use of hoists etc.

Mainstream - Health:

- Any equipment or assistive technology prescribed as a result of clinical care, treatment or management from a medical practitioner delivered in the context of clinical care: This exclusion needs to be better explained. The average person does not understand the distinction between clinical care and treatment versus disability management. It is unreasonable to expect participants and nominees to understand this distinction, when professionals often do not.
- Sleep consultant services: Difficulty with sleep or inability to sleep may be associated with the person's disability, eg. genetic conditions where the person does not produce the hormone to trigger sleep. Mainstream sleep consultancy services are often ill-equipped to understand the nuances of how disability and sleep difficulties interact.
- Palliative Care: There are disability specific supports which are necessary during
 palliative care to improve the quality of end of life, particularly for children and youth
 with life limiting disabilities. These supports may enable people with disability to be
 cared for in their own home rather than isolated in a palliative care ward in a hospital.

Mainstream - Mental Health:

"Supports related to mental health that are clinical in nature": This statement is
very poorly understood by people with disability, families, clinicians, therapists and
NDIS representatives. It is extremely rare that anyone fully understands the
distinction between capacity building supports, which is a NDIS responsibility, and
clinical supports, which the mental health system is responsible for. This distinction
needs to be very clearly explained, in order to avoid participants incurring a debt.

Mainstream - Child Protection and Family Support

Parenting programs: In contradiction to the carve out, some mainstream parenting
programmes are suitable for disability needs, especially for some parents with
disability to build skills in parenting so that their children are not removed from their
care.

- "Dating or relationship services": The wording here is problematic, especially as there is no carve out. A lot of autistic people, people with intellectual disability and acquired brain injury, want to have relationships and date, but need a lot more support in this area than people without disability.
- "Relationship counselling": For many youth and adults with disability, building capacity in understanding of relationships through counselling is entirely reasonable and necessary. A lot of autistic youth, people with intellectual disability and acquired brain injury require specialist relationship counselling and education to understand friendships and relationships, safe sexual behaviour, consent, protective behaviours and more. Mainstream programmes delivering these services are rarely sufficient to meet the needs of many people with disability.
- General parenting programs: Some parents with disability may need a lot more support with parenting than is typical, especially in order to reduce the risk of children being removed from their care.

Mainstream – Early Childhood Development

As it is very common for children with high and complex needs to be denied access to mainstream childcare, and many communities have no specialist childcare service models available, there needs to be a carve out available. The early childhood development sector is experiencing significant workforce shortages, resulting in children with disability typically being the first to be denied access to childcare, due to needing additional support staff for their placement in the childcare centre.

Mainstream - School Education

- Personalised learning or supports for students that primarily relate to their educational attainment: This excludes support for adults requiring personalised learning or supports to build written communication skills to complete tertiary education and improve employment prospects.
- "Tutors": Adults with disabilities may need a tutor to support them to build written communication skills and complete tertiary education, improving their job prospects. This is particularly needed for individuals with intellectual disability or who are autistic, as there are no Certificate I or II introductory courses available for most subjects, particularly outside of metropolitan areas. We note that Certificate III is typically considered entry level for many job opportunities now, and many people with disability require significant support and capacity building to be able to commence and complete a Certificate III.

Mainstream - Higher Education and Vocational Education and Training

- Any supports for students that primarily relate to their education and training attainment: Private Registered Training Organisations (RTOs) are not able to provide modified equipment or in class assistance for individuals with disability to access their courses. Where people with disability need this support, Private RTOs do not allow enrolment unless the person is able to arrange their own supports through NDIS or privately. EAC note that many tertiary training courses have been pushed out to private RTOs, and various courses are not available through TAFE campuses in local communities. Online training through another TAFE campus in a different area is not accessible to everyone. People with disability must be able to access courses in their local community that suit their needs, whether through a private RTO, TAFE or University.
- Transport between education or training activities: Students are often required to independently travel to different training sites. This would exclude those who have specialised transport needs from participating.

Mainstream - Employment:

- Work-specific support related to:
 - o recruitment processes,
 - work arrangements or the working environment, including workplace modifications, work-specific aids and equipment,
 - o transport within work activities and
 - work-specific support required in order to comply with laws dealing with discrimination on the basis of disability
- Employment services and programs, including both disability-targeted and open employment services, to provide advice and support to:
 - o people with disability to prepare for, find and maintain jobs
 - employers to encourage and assist them to hire and be inclusive of people with disability in the workplace (i.e. support, training and resources, funding assistance to help employers make reasonable adjustments, and incentives for hiring people with disability, e.g. wage subsidies)

The above exclusions read as though NDIS will not cover employment supports in the way that is currently funded, which will lead to significantly poorer employment outcomes for people with disability.

Mainstream – Housing and Community Infrastructure:

- "routine tenancy support.": Tenancy support may be needed to prevent homelessness for people with disability who may have difficulty understanding and maintaining their rights and responsibilities as a tenant.
- Crisis housing (excluding discharge from hospital, aged care): Crisis housing is almost never disability accessible. Options are required to ensure that people with disability are not left homeless in the middle of a housing crisis, or left with no option but languishing in hospital. Placing young people in nursing homes is not a solution.
- Rental payments: The exclusion of rental payments prevents participants from using innovative, low cost in-home supports such as ILO, which provide a significantly more inclusive and cheaper alternative to SIL.
- Council rates and taxes: People who use disposable disability related equipment (feeding equipment, continence aids etc) often need a second waste disposal service from their council, paid as additional rates.

Mainstream – Transport:

- Transport costs for pets and companion animals: The cost to transport assistance animals must be claimable from NDIS funding.
- Community transport services: Some community transport services are disability specific, and appear to be excluded. This is phrased in a way that indicates exclusion of transport around the participant's local community, including for people who cannot use public transport.

Mainstream - Justice:

• Supervision and monitoring of offenders: The exclusion of supervision and monitoring services for offenders could lead to people with disabilities being kept in institutions and custodial settings longer than necessary, as they may not receive the support required for a safe and successful reintegration into the community. Of additional concern, released offenders might be placed in accommodation with other people with disabilities without sufficient supervision and monitoring, potentially endangering the safety of co-residents.

•	Again, this excludes ctive arrangements.	Individual Living	Options and similar	value for

Recommendations

- 1) Withdraw the Draft Lists. The Government must retract the proposed draft lists of NDIS supports. These lists are counterproductive, imposing undue restrictions which threaten the core principles of choice and control, individualisation and flexibility which are the bedrock of the NDIS. The restrictions in these lists will lead to significantly increased cost of supports to participants. With capped budgets, participants are at risk of not having their support needs met.
- 2) Define 'NDIS Supports in the transitional rules according to the Reasonable and Necessary principles:
- Must be related to a participant's disability
- Must not include day-to-day living costs not related to your disability support needs, such as groceries
- Should represent value for money
- Must be likely to be effective and work for the participant, and
- Should take into account support given to you by other government services, your family, carers, networks, and the community.
 A principles-based approach will ensure that NDIS supports meet individual needs while protecting choice, control, independence and inclusion. Maintaining these guidelines will allow for the necessary flexibility and personalisation to meet the diverse needs of each NDIS participant with the least disruption whilst Category A rules are codesigned and agreed upon with the States and Territories.
- 3) Ensure adequate consultation and meaningful codesign in all future changes to the NDIS. The Government must set a minimum of 12 weeks with fully accessible communication available throughout the consultation period for all future changes to NDIS legislation and processes. This minimum period is crucial to ensure input from all relevant stakeholders, including people with disabilities and their families, and avoid unintended adverse consequences of any changes.

Conclusion

Every Australian Counts urges the Government to withdraw the draft NDIS Support lists. The current Reasonable and Necessary principles provide a sufficient framework for determining supports, ensuring that participants receive the individualised support they need to live fulfilling, inclusive lives. By withdrawing the draft lists and ensuring a principles-based approach to defining 'NDIS Supports', the Government will signal to the disability community that they are listening to people with disability and families, and the promised codesign will occur. Nothing about us without us.



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