



Consultation on draft lists of NDIS Supports

Inclusion Tree submission – August 2024



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We commit to reconciliation and acknowledge Aboriginal and Torres Strait Islander peoples', their histories, cultures and communities. We acknowledge the lands of Australia were never ceded and we respect the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the land



Consultation on draft lists of NDIS supports – Inclusion Tree Submission

Our organisation 'Inclusion Tree' and our supporters welcome the opportunity to provide a submission in response to the Proposed National Disability Insurance Scheme (NDIS) draft lists of NDIS Supports.

Who we are and who we support

Inclusion Tree provides human-centred support services, in most all States and Territories of Australia. Our services are individually tailored, strengths-focused, trauma-informed, and inspired by leading edge practices and social innovations.

We enjoy compassionately inquiring together to co-create solutions that make a difference to the people experiencing disability and mental health.

We know that investing in our people and acknowledging their gifts is what makes our business grow. We are committed to nurturing the personal and professional development of all our staff through an intentional culture of growth and learning, based on 'We-Flow' principles and practices.

We do this through providing Support Coordination, Capacity building and allied health services to NDIS participants. We support 560 participants of which 63% manage their own supports through independent workers and 'service for one' models.

We actively participate in industry working groups, events, roadshows, as well as policy and consultation sessions, advocating tirelessly for the rights of individuals to maintain control of their lives.

The draft lists of NDIS Supports

We are submitting our response considering the government's recently proposed NDIS List of Supports. We believe these lists pose significant threats to the well-being and quality of life of people with disabilities across Australia.

Our submission outlines the detrimental impacts these lists will have and emphasises the urgent need for a more inclusive, participant-centered approach that respects the unique needs of each person

The proposed NDIS lists will have a profoundly negative impact on people with disabilities. In contrast, a principle-based approach would empower individuals and their families to continue using innovative and cost-effective solutions that enable them to lead fulfilling lives within their communities.

The NDIS review emphasised the importance of a flexible participant budget with minimal restrictions, yet these lists ignore that recommendation and impose significant restrictions on participants. By imposing severe limitations, this approach not only reduces access to vital services and supports but also risks reintroducing segregation between people with disabilities and the broader community, potentially undoing decades of hard-won progress in normalising disability, promoting community acceptance and in fully implementing the UNCRPD.



Section 10 of the legislation must be amended to define NDIS supports based on the existing 'Reasonable and Necessary' principles, rather than these restrictive and authoritarian lists. The disability community has strongly opposed this list-based approach, raising numerous critical and significant concerns. These lists were developed without adequate consultation with people with disabilities, advocates, or representative organisations, leading to a proposal that fails to meet the needs of those it intends to serve.

The proposed NDIS support lists and carve-outs are fundamentally flawed, outdated, and out of touch with the realities of current and future needs of people with disabilities. These lists rely on obsolete provider registration groups and are riddled with contradictions, creating confusion and drastically limiting supports that are currently available and funded today.

These lists are not only rushed and poorly thought out but also have the potential to inflict significant and lasting harm on people with disabilities. A rules-based approach to supports undermines the NDIS's core principle of 'choice and control', directly contradicting the recommendations by the NDIS Review and eroding the autonomy and dignity of participants.

Another critical issue is the lack of adequate collaboration between State and Territory governments. These governments have made it clear that they are neither willing nor able to replace NDIS supports as envisioned in this bill. The legislation relies on foundational supports, rules, and legislative instruments that currently do not exist. The expectation that State and Territory governments will provide these supports is unrealistic and leaves people with disabilities at risk of losing essential services without any viable alternatives.

The uncertainty surrounding the unspecified foundational supports in the new legislation further exacerbates these concerns. Participants will be stripped of their ability to advocate for or secure additional funding for individual needs. The Amendment Bill and the proposed lists pose a grave risk to the quality of life for NDIS participants by drastically reducing their access to essential services and supports, threatening their ability to live independently and with dignity.

In situations where people with disability require additional assistance to manage their daily lives and access and use of mainstream services, having a blanket exclusions list completely disregards the uniqueness and individuality of people with Disability and their support needs.

Here are some key callouts from the proposed lists and funding changes:

Removal of Support in Open Employment: The proposed elimination of funding for support workers to assist with personal care in open employment is discriminatory and short-sighted. This policy places an unreasonable burden on employers, who are unlikely to take on these additional responsibilities. As a result, participants will face increased segregation and exclusion, exacerbating the stigmatisation of people with disabilities. Moreover, this approach contravenes the UN Convention on the Rights of Persons with Disabilities (CRPD) and the Employment Discrimination Act, leading to:

- Harmful impacts on both participants and potential employers.
- A reduction in the dignity and autonomy of participants, stripping them of the right to choose their place of work.
- Significant financial disadvantages due to barriers in securing employment.
- A deterrent effect on employers, who may be reluctant to hire participants due to the added obligations and costs.



Exclusion of Therapists/Therapies in Schools or Workplaces: The refusal to fund occupational therapy (OT) and other support services in work or school environments is restrictive and counterproductive. This policy limits participants to clinical remediation rather than capacity-building therapies that are crucial for enhancing their abilities and enabling meaningful participation in the community.

Intimacy Coaches/Sex Workers: The proposed prohibition on NDIS funding for sex work services ignores the critical support these services provide for some participants. This move overrides established Federal Court precedent and disregards the importance of intimacy to people with disability. Having someone in the sex industry assist a couple with physical disabilities get into manageable intimate positions is exponentially more appropriate than requesting a support worker to assist in this manner. This will maintain the dignity and well-being of individuals and couples with disabilities.

Elimination of Technology Funding: Discontinuing funding for essential assistive technologies, such as smartwatches for people with significant disability related health issues, is short-sighted and detrimental. These devices provide critical monitoring functions—such as tracking falls, heart rate, blood pressure, and stress levels—that can alert caregivers and prevent medical emergencies. Investing in this technology promotes self-management, reduces reliance on the healthcare system, and enhances the independence and safety of participants.

Restricting Short-Term Accommodation (STA) to Disability-Only Providers: Restricting STA funding to disability-only providers is not only more costly but also counteracts the principles of inclusion and choice. Participants achieve much better outcomes when they are supported in mainstream accommodation by their familiar team of workers. This approach fosters greater independence and integration into the community, rather than isolating participants in specialised settings.

Removal of Community Transport Funding: Eliminating funding for community transport will force participants to rely on public transport, which is often inaccessible for those with physical or intellectual disabilities or people with complex support needs. This policy will lead to isolation, significantly limiting their ability to engage with and contribute to their communities. The lack of accessible transportation options is a major barrier to social inclusion and participation for people with disabilities.

Limiting Funding for Housing Modifications: Reducing access to funding for home modifications directly undermines participants' independence, dignity, and self-determination. For example, providing kitchen modifications for someone in a wheelchair enables them to cook and clean independently, thereby reducing reliance on costly support workers and promoting autonomy.

Temperature Controls: People who have difficulty regulating their body temperature due to their disability are at risk of severe health consequences without proper support. Failure to fund temperature control systems will not only increase personal expenses but also lead to preventable hospitalisations, placing additional strain on the healthcare system.

Alternative Therapies: There is a critical need for continued support for alternative therapies that focus on both improvement and maintenance, as well as preventing the degradation of disability-related conditions. For example, therapies such as music therapy or equine therapy can be life-changing for some participants, even if they are not applicable to the majority.



Working with a Nutritionist instead of a Dietician instead of a GP can have life-changing effects for some participants with disability related health conditions. The NDIS must recognise the value of these therapies in improving quality of life and long-term outcomes. One size certainly does not fit many with therapy.

If the criteria for funding remains as '*reasonable and necessary*' and '*demonstration of value for money*', then;

- Funding a washing machine now prevents ten years of ongoing laundry service costs, which would otherwise be borne by the NDIS.
- Providing a sex aid or intimacy coach for someone with physical disabilities upholds their dignity, reduces the need for costly support worker interventions, prevents property damage and personal harm, and minimises the risk of entering the health and/or justice system.
- Paying for a hairdresser to wash a participant's hair when they are physically unable to do so preserves their dignity, reduces the need for additional support workers, and ensures they maintain control over who sees their body.
- Investing in a smartwatch today yields long-term savings in support worker costs, reduces healthcare expenses, and promotes greater independence. It also acts as a preventative tool, monitoring health to prevent avoidable emergencies and hospitalisations.

These examples are just a small fraction of the thousands of unique cases where individualised support is essential. While these supports may not be necessary for the majority of NDIS participants, they are absolutely critical for some, with the potential to be life-changing and / or life-saving.

Further to the points raised above, we also have a number of other concerns about the potential impacts of implementing these lists of '*NDIS supports*'.

Inadequate Time and Consultation:

We are deeply concerned that the consultation period provided is grossly insufficient for our community to thoroughly assess the true impact of these proposed lists. These changes will affect over 650,000 participants and their supporters, influencing every aspect of their lives—including their homes, schools, workplaces, and communities.

The initial two-week timeframe for review and response was alarmingly inadequate, again raising serious doubts about the government's commitment to genuine consultation and co-design in such a critical overhaul of the NDIS. While the additional one-week extension offers some relief, it remains insufficient given the profound impact these changes will have on people's lives. Moreover, the intent behind these binary lists remains unclear and unexplained by the government.

These lists were not collaboratively designed with the disability community, again breaking the government's promise to co-design with those directly impacted. This failure to engage with the community represents another missed opportunity and have once again broken their promise of co-design.



Access to Mainstream Products:

Many people with disabilities have effectively used NDIS funding to adapt mainstream, cost-effective products to meet their specific needs. However, these proposed lists would push participants toward disability-specific suppliers, which are often significantly more expensive and historically far less progressive and innovative. Forcing people to rely on disability-specific services to accomplish everyday tasks will not only drive up the cost of support but also strip participants of their dignity, autonomy, choice and control.

Disability-Only Services:

The "What's IN" list includes services that are solely disability-specific, these services may not necessarily align with the actual support needs of people with disabilities. Relying on these disability specific services will increase costs, stifle innovation, foster segregation, and inevitably lead to poorer outcomes. This shift toward more expensive, disability-specific services, such as using support workers for tasks that could be more affordably handled by community service providers, will make the NDIS far less cost-effective. Due to increased costs, participants will receive fewer support hours, which will lead to fewer opportunities and worse outcomes, leading to a drastically reduced quality of life.

These lists force people with disabilities into segregated, disability-only settings rather than promoting their inclusion in the broader community, directly contradicting the NDIS's goals of participation and integration.

Intersections with other Support Systems (Health, Aged Care, Justice, Child Protection, etc):

The introduction of these reference lists will create gaps between what the NDIS will fund and what is covered by other systems, leaving participants without essential supports in critical areas such as employment, education, housing, and transportation. This gap creates uncertainty and risk, particularly in situations where support from other funding bodies is not guaranteed.

Even when funding is theoretically available, it does not ensure the necessary services are accessible—especially in rural and remote areas. Limiting participant choice and control to disability-specific service providers, particularly where options are already scarce, will force individuals to select providers out of necessity, potentially settling for substandard care from monopolised providers instead of no support at all.

The responsibility for navigating these complex and overlapping systems—NDIS, health, housing, justice, child protection and education—will increasingly fall back on participants, their families, and supporters. As these various funding bodies dispute responsibility, participants may be left without support, exposing them to risks such as harm, homelessness, abuse, and neglect.

When participants are eventually forced to re-enter the NDIS due to the deterioration of their condition, their needs will be much greater and more costly to support. This unnecessary escalation of needs will drive up costs for the NDIS and other support systems, making the scheme less sustainable in the long run.



The NDIS reforms cannot proceed until agreements have been made and signed with the states and territories and other relevant government agencies to ensure that these intersections are fully supported, and participants are not left **vulnerable**.

Consequences of Regression and Reduced Funding:

Without access to the necessary supports and technologies, participants face severe risks, including homelessness, hospitalisation, and even death. This shortfall in support will place additional burdens on hospitals, the healthcare system, and aged care facilities, and increase strain on the justice system due to heightened risks of harm and exploitation. The inevitable reduction in supports will intensify pressures on family, carers and informal supports, leading to burnout and a corresponding decline in the quality of care provided.

One inevitable consequence of implementing rigid, broad lists is that they fail to account for the unique circumstances and needs of each participant. Coupled with existing challenges and delays within the NDIA, we are deeply concerned that decisions will be increasingly made by solely referencing these lists, leading to harmful outcomes for people with disabilities.

We are simply asking for the ability to spend the funds we have already been allocated in ways that make sense to us and that work for our community.

In conclusion, we strongly urge the government to reconsider the proposed lists of NDIS Supports, as it fails to meet the unique and diverse needs of people with disabilities. We believe that with genuine co-design and meaningful collaboration, it is possible to create and refine a system that truly upholds the principles of choice, control, and individualised support.

We would greatly appreciate the opportunity to work with the government in a constructive and inclusive manner to help ensure that the NDIS reforms serve the best interests of all participants and their communities.

I urge the government to consider these concerns and their promise to co-design ALL NDIS changes and work with our community to ensure we protect and promote the rights and dignity of all NDIS participants, not jeopardise the livelihood of people with disability.

Thank you for considering our submission. I am hopeful that together, we can ensure the NDIS continues to be a vital and supportive framework for people with disabilities across Australia. It is imperative that legislative changes uphold the principles of equity, dignity, and empowerment for all participants.

We welcome the opportunity to work collaboratively with you to co-design and continue to improve the NDIS.

Kind regards,

The Inclusion Tree team

