25 July 2025

NDIS Consultations
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By email - NDISConsultations@dss.gov.au

Dear NDIS Consultations team,

Amaze submission to NDIS Supports rules consultation

Amaze works to build acceptance and understanding of autism in communities, educational settings, organisations and businesses, and wider society. Informed by evidence, experts and lived experience, we influence policy change for Autistic people and provide independent, credible information and resources to individuals, families, professionals, government, and the wider community. We are closely connected with the community through our national Autism Connect helpline, peer support networks and capacity building initiatives.

We strongly endorse the submissions being provided by the Disability Representative Organisations and the Australian Autism Alliance. We also take this opportunity to share data regarding our community's experiences of the NDIS Supports Lists ("Lists") and help ensure the concerns of Autistic people and their supporters are heard.

While the Lists have provided clarity for some participants, they have also caused significant uncertainty and confusion. Communications about the Lists have been poor and it has been difficult for participants to obtain clarity regarding their scope from the NDIA. Participants have been particularly confused about STA related funding, access to communication devices and assistive technology (particularly via the replacement supports process), sensory items, assistance animals, home modifications and the types of therapies covered. [1]

Amaze is currently undertaking a community NDIS and Health Experience survey. The survey opened on 1 July and to date we have received 47 responses from participants and their families and carers. Of these respondents, 8 (17%) reported that they were unaware of the NDIS Supports Lists. Of the respondents that were aware of the Lists:

- 6 (only 15%) reported that they found the Lists easy to understand.
- 9 (only 23%) reported that the Lists had helped them understand how NDIS funds can be spent.
- 18 (46%) reported that the Lists had stopped them accessing reasonable and necessary supports. In their qualitative responses, respondents stated that they had stopped accessing supports for a range of reasons, including uncertainties about whether supports were NDIS Supports. Respondents also expressed frustration about not being able to access various sensory supports, holiday programs, therapies and SDA related supports.

"Not being sure has kept us a bit passive, so as not to get in trouble or lose more support"
"Because I am unsure, I have been very cautious in accessing support"
"Anything related to autism is on the out list!"
Responses to our NDIS and Health experiences survey, 2025

[1] NDIA 2025. The introduction of defined NDIS supports, funding amounts, funding periods and funding components – Early observations on implementation. June 2025. https://dataresearch.ndis.gov.au/media/4345/download?attachment

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Summary of recommendations

The Lists fail to strike a balance between clarifying NDIS supports and upholding participants' rights to choice and control over flexible, individualised, and cost-effective supports. While we maintain the view that a principles-based approach would provide for greater choice and control, flexibility and cost-effectiveness, we understand this consultation relates to the ongoing use of NDIS Supports Lists. Accordingly, if the Lists are to remain, we recommend:

1. Provide access to standard items that provide a distinct functional benefit.

- Replace the current approach to standard items with a principles based carve-out for participants to purchase standard items (products and services) where those items will provide a distinct functional benefit.
- Alternatively, if the Replacement Supports List is to remain:
  - Codesign autism accessible information resources about the replacement list and process, and actively promote it to the Autistic community, including vulnerable cohorts.
  - Make the replacement mechanism available for any item on the List of supports that are not NDIS Supports.
  - Identify a decision to reject an application for a replacement support as a reviewable decision.

2. Address aspects of the Lists that are unclear and confusing.

- Ensure the Lists are accessible, clear and meaningful, including by providing scenarios or examples to support understandings and a set of accessible principles to be used alongside the Lists.
- Clarify the scope of therapies and sensory tools that are NDIS Supports and the coverage of supports for: executive functioning and sensory/emotional regulation; participation in Autistic led social groups connecting Autistic people; disability specific sleep specialists; and supports for students experiencing School Can't.
- Ensure the Lists are subject to annual review, while remaining live documents that can respond quickly to the NDIS Evidence Advisory Committee, stakeholder feedback and legislative and policy reform.

3. Increase transparency and accountability regarding service system responsibility for supports.

- On the List of supports that are not NDIS supports- where supports are listed on the basis that they are the responsibility of another service system, identify the service system responsible.
- Ensure no participant is referred to Foundational Supports before they are in place.
- Create a mechanism to connect the NDIA with other service systems to resolve interface disputes.

4. Take the time needed to build community understanding and embed transparency

- Codesign accessible information resources, staff training and communication strategies, including for vulnerable and hard to reach cohorts, prior to the new Lists coming into effect
- Embed transparency regarding participant experiences with the Lists, non-compliant claims, changes in claiming behaviour and shifts in plan utilisation and spending to drive future improvements.

1. Provide access to standard items that provide a distinct functional benefit.

There is considerable concern across the community about the exclusion of standard items (including products and services) from NDIS supports. The current lists fail to recognise that what may be a standard item for many people, can in fact provide a distinct functional benefit, and be an essential support for a person with disability, for reason of their disability.

The current approach risks increasing costs for participants and the NDIS, by requiring participants to purchase supports out of their own pocket or requiring the NDIS to fund the purchase of more expensive specialist supports. The exclusion of access to standard services that may be essential due a person's disability and instead requiring those services to be performed by a specialist service, or unqualified support worker, can also impact community participation (in direct contradiction to the scheme's intent).

We recognise that the Replacement Supports List provides a mechanism for participants to access some standard items that are on the List of supports that are not NDIS Supports, in specific circumstances. However, this list currently only applies to a small number of items (including some household items, smart watches, tablets, smart phones and apps for accessibility and communication) and a decision to deny an application for a replacement support is not a reviewable decision. The process to obtain a replacement support is unclear and can be confusing for participants to navigate, with many participants not even aware of the mechanism.

The first NDIS Reform Evaluation Summary Report demonstrated that as at 10 January 2025, only 611 replacement support requests had been received. Of these, only 111 had been approved and 380 decisions remained pending. Approximately 20% of requests were declined or deemed invalid. Early feedback from Practice Leads and NDIA staff indicated confusion about the process and the evidence needed, and that advice from planners had also been inconsistent.[2]

We understand the NDIA has created a dedicated working group to strengthen this process and guidance. If the current approach to replacement supports (as the only way of seeking funding for mainstream supports) is to remain, considerable work is needed. Given 43% of these requests came from participants with global developmental delay or autism there will be a clear need to ensure the process and associated information resources are accessible to these cohorts. They must also be well promoted to the Autistic community, including via communications and resources targeted at vulnerable cohorts. The mechanism must also be expanded to enable participants to replace any specialist item on the List of supports that are not NDIS supports. The rejection of an application for a replacement support must be a reviewable decision given the impact it could have on a participant's life, including their safety and community access.

However, we agree with the broader sector that that a different approach is required. If the list of supports that are not NDIS supports is to remain, a principles based carve-out should be applied, whereby a participant can access a standard item (product or service) if that item will provide a distinct functional benefit. A pre-clearance method should apply to the approval of supports that will provide participants with distinct functional benefits, with rapid confirmation from the NDIA about whether a support they wish to purchase meets the relevant criteria. This process would provide a cost-effective, clear and efficient approach, without bureaucratic burden.

Recommendation:

- Replace the current approach to standard items with a principles based carve-out for participants to purchase standard items (products and services) where those items will provide a distinct functional benefit.
- Alternatively, if the Replacement Supports List is to remain:

[2] Ibid.

- Codesign autism accessible information resources about the replacement list and process, and actively promote it to the Autistic community, including vulnerable cohorts.
- Make the replacement mechanism available for any item on the List of supports that are not NDIS Supports.
- Identify a decision to reject an application for a replacement support as a reviewable decision.

2. Address aspects of the Lists that are unclear and confusing.

Participants and their supporters remain confused about many aspects of the Lists and their scope, including the therapies and sensory tools that are NDIS Supports, coverage of executive functioning supports, funding for Autistic led social groups, disability specific sleep specialists and supports for students experiencing School Can't. Clarity is urgently needed. Rather than having a strict focus on goods and services, we recommend providing guidance and scenarios or examples to support understanding. A set of principes to support understanding and implementation should also be used alongside the Lists.

(a) Clarify coverage of therapies and sensory tools

Further guidance is needed on the types of therapies that are considered evidence informed and covered by the List of supports that are NDIS supports. We understand that the key role of the newly established NDIS Evidence Advisory Committee is to assess which therapies are considered evidence-informed and appropriate for funding. It will be vital that a diversity of participant experiences and perspectives are included on this committee and that the committee's work can drive a more robust and reliable approach to identifying evidence informed therapies. The NDIS Lists must remain live documents to ensure they can be swiftly adapted to reflect the Committee's work. They must also be responsive to legislative change, policy reform, and stakeholder feedback, combined with a maximum fixed review period of 12 months.

The new lists must provide greater clarity regarding the coverage of sensory tools, again with guidance from the NDIS Evidence Advisory Committee. It appears that sensory tools are currently excluded from NDIS Supports based upon the NDIA's view that they are mainstream supports, or they lack an evidence base. This is incredibly frustrating for Autistic participants who rely on sensory tools that are often low cost and/or low risk. This current approach is having significant impacts on Autistic participants' choice and control over spending, their capacities to self-regulate and their community participation. A common, well-known example for Autistic participants is noise-cancelling headphones. While noise-cancelling headphones may be a standard item they can be essential for some Autistic participants to participate in the world around them. While the evidence is still emerging, some studies have shown a high level of use and significant positive effects of noise-cancelling headphones for Autistic people, including reduced stress and anxiety, increased participation in the home, school and community, and improved wellbeing and quality of life.[3] While other studies have been inconsistent or have shown little to no significant effect,[4] this is not surprising in an area that has been under-researched and people with lived experience have traditionally been excluded from research. Inconsistences across the

[3] Kulawiak, P. R. (2021). Academic benefits of wearing noise-cancelling headphones during class for typically developing students and students with special needs: A scoping review. *Cogent Education*, *8*(1). https://www.tandfonline.com/doi/pdf/10.1080/2331186X.2021.1957530; Zheng, L et al. (2022). The use of everyday and assistive technology in the lives of older autistic adults. *Autism*, *26*(6), 1550–1562; Poulsen, R et al (2025). Auditory environments influence the link between Autistic traits and quality of life. *Scientific Reports*, *15*(1). https://www.nature.com/articles/s41598-025-94585-y.pdf; Pfeiffer, B et al (2019). Effectiveness of Noise-Attenuating Headphones on Physiological Responses for Children With Autism Spectrum Disorders. *Frontiers in Integrative Neuroscience*, *13*. https://www.frontiersin.org/articles/10.3389/fnint.2019.00065/pdf; Scheerer, N. E et al (2024) Autistic and Non-Autistic Experiences of Decreased Sound Tolerance and Their Association with Mental Health and Quality of Life. *Autism in Adulthood*. https://www.liebertpub.com/doi/abs/10.1089/aut.2023.0117; Pfeiffer, B et al (2019). Impact of Noise-Attenuating Headphones on Participation in the Home, Community, and School for Children with Autism Spectrum Disorder. *Physical & Occupational Therapy in Pediatrics*, *39*(1), 60–76; Roche, M. A et al (2024). Parental perspectives on the use of fidget toys and sensory-seeking profiles in autistic and neurotypical children. *Current Psychology*, *43*(17), 15872–15882.

[4] Ibid Kulawiak, P. R. (2021).

studies can also clearly be linked to a range of research limitations, including a lack of consistent outcome measures, differences in use and conditions of use, and small sample sizes.

"Headphones are considered a daily item, yet I cannot leave house without them (compared to a neurotypical person who uses them by choice)."
Respondent to our NDIS and Health experiences survey, 2025.

Evidence informed determinations about tools of this type must inform future iterations of the list. Evidence informed decision making, integrating both research findings and lived experiences, offers a more holistic and context-sensitive approach than evidence-based methods that rely solely on studies. It ensures that decisions are not only scientifically sound but also practically relevant and responsive to real-world need and complexity.

Where sensory tools are cost-effective, low risk, evidence informed and provide a distinct functional benefit for a participant, they should be funded as NDIS Supports. These tools also provide further example of why a simple pre-clearance mechanism is required for the approval of standard items that provide a distinct functional benefit to a participant, rather than an inaccessible, costly and bureaucratically burdensome method. Many of these items are low cost and low risk and will provide a distinct functional benefit for many participants. A common sense is approach is required to ensure participants are not required to pay over $200 for a report from an occupational therapist to support the purchase of a standard item that will cost only $50.

(b) Clarify coverage of executive functioning and sensory and emotional regulation supports.

It is currently unclear whether the 'Daily personal activities' or 'Development of daily care and life skills' items on the current List of supports that are NDIS Supports capture the types of supports that Autistic people can rely on to perform daily living tasks at home and participate in their community, particularly as they relate to executive functioning and sensory and emotional regulation. These can include visual schedules (including daily schedules and task breakdowns) and social scripts to navigate places, new experiences and events, and in particular the technology/apps required to support their development.

(c) Clarify coverage of Autistic led social groups that connect Autistic people

Following the NDIA online community engagement session on 24 June, it is unclear to us whether Autistic led social groups that connect Autistic people may be excluded from NDIS Supports? The benefits of these groups are well recognized in the research and can be critical, neuro-affirming supports for Autistic participants. A recent systematic review of 52 qualitative studies found that social interactions between Autistic adults significantly improve quality of life. Key benefits can include easier communication, reduced stress, and a stronger sense of identity and belonging. Autistic individuals reported feeling more accepted, less judged, and more able to be themselves in these interactions.[10] For many Autistic people, these groups provide an opportunity to thrive and connect, particularly around strengths and shared interests. It is essential that as part of a neuro-affirming approach to identifying NDIS Supports, access to these social groups is included.

(d) Clarify coverage of disability specific sleep consultants

Clarity is required as to whether disability specific sleep consultants or therapies are NDIS Supports, considering sleep specialists are identified as supports that are not NDIS supports.

It is well known that sleep difficulties are a very common co-occurring condition experienced by Autistic children. It is estimated that 80% of autistic children experience a sleep disorder. Sleep difficulties experienced by Autistic children can

result in challenges and stress that impact various aspects of a child's life, and that of their family members.[5] These challenges can clearly relate to a participant's disability and require targeted sleep consultant services delivered by consultants knowledgeable in the specific sleep support needs of Autistic children.

(e) Clarify coverage of support for students experiencing School Can't.

School refusal programs are currently identified as supports that are not NDIS supports. The recent Senate inquiry into the national trend of school refusal and related matters found that school refusal (more appropriately referred to as School Can't) is most commonly experienced by neurodivergent students and students with mental health conditions and is having a significant impact on these cohorts and their families.

For Autistic students, generic school refusal programs alone can be insufficient. For these students, School Can't can be directly related to their disability, functional capacities and unmet disability support needs. It must be addressed (commonly 1:1) as part of their whole of person, individualised supports provided by their NDIS funded therapists. Clarity is needed to ensure that School Can't support to reengage a student is not considered the sole obligation of states and territories, or education departments but capacity building for the individual and considered a "transition".

Recommendation:

- Ensure the Lists are accessible, clear and meaningful, including by providing scenarios or examples to support understandings and a set of accessible principles to be used alongside the Lists.
- Clarify the scope of therapies and sensory tools that are NDIS Supports and the coverage of supports for: executive functioning and sensory/emotional regulation; participation in Autistic led social groups connecting Autistic people; disability specific sleep specialists; and supports for students experiencing School Can't.
- Ensure the Lists are subject to annual review, while remaining live documents that can respond quickly to the NDIS Evidence Advisory Committee, stakeholder feedback and legislative and policy reform.

3. Increase transparency and accountability regarding service system responsibility for supports.

Considerable uncertainty remains across our community regarding the responsibility of different federal, state and territory service systems for supports that are not NDIS supports, particularly across education and health.

We agree with the broader disability sector that if an item is identified on the list of supports that are not NDIS supports, on the basis that the support is the responsibility of a different service system, the list should specifically identify that different service system. Where the service system will be Foundational Supports a transition plan will be needed to ensure participants aren't referred to Foundational Supports before they are in place and capable of providing meaningful supports. Current NDIS funded services must not be withdrawn before Foundational Supports are in place, particularly for early intervention.

A mechanism is very much overdue to connect the NDIA with other service systems to improve mutual understandings of responsibilities and enable them to resolve interface disputes for individual participants, and on a system-wide basis. A national advocacy service is also needed to increase accountability, protect all people with disability and ensure they can access the supports they require. A key function of this service should be to assist participants to make discrimination complaints against other services that fail to provide supports or meet their obligations under discrimination law.

[5] See for example, Reynolds AM and Malow BA, 2011. Sleep and autism spectrum disorders. *Pediatric Clinics of North America*. 2011;58(3):685–698; Williams Buckley A et al, 2020. Practice guideline: Treatment for insomnia and disrupted sleep behaviour in children and adolescents with autism spectrum disorder. *Neurology*. 2020;94(9):392–404.

Recommendation:

- On the list of supports that are not NDIS supports- where supports are listed on the basis that they are the responsibility of another service system, identify the service system responsible.
- Ensure no participant is referred to Foundational Supports before they are in place.
- Create a mechanism to connect the NDIA with other service systems to resolve interface disputes.
- Fund a national advocacy service to assist participants to make discrimination complaints against other service systems that fail to provide supports or otherwise meet their obligations under discrimination law.

4. Take the time needed to build community understanding and embed transparency

If the Lists of supports that are and are not NDIS Supports are to remain, considerable work will be needed to improve the community's understanding of them and build clarity around the scope of NDIS supports. As you have acknowledged in the first NDIS Reform Evaluation Summary Report, communications to date have been inadequate, largely due to the haste of implementation. This time around, it will be essential to work in partnership with participants, their families and the disability sector, to create accessible information resources, staff training and communication strategies prior to the Lists coming into effect.

Given Autistic people represent one-third of scheme participants, it will be vital to work with Autistic people, their families and carers and the autism sector to ensure targeted information resources are accessible to them and that staff training is autism informed. They must also be targeted to vulnerable and hard to reach cohorts within the autism community, including First Nations people, culturally and linguistically diverse people and people with high and complex support needs, to ensure that the needs of the entire community are met. As the 12-month grace period for errors in interpreting the lists expires, it will be even more crucial that participants have accurate and accessible information.

Ongoing monitoring and transparency from the NDIA regarding participant experiences with the Lists, claims deemed to be non-compliant with section 10, changes in claiming behaviour and shifts in plan utilisation and spending will be critical to driving future improvements.

Recommendation:

- Codesign accessible information resources, staff training and communication strategies, including for vulnerable and hard to reach cohorts, prior to the new Lists coming into effect
- Embed transparency regarding participant experiences with the Lists, non-compliant claims, changes in claiming behaviour and shifts in plan utilisation and spending to drive future improvements.

Please contact me by email at david.tonge@amaze.org.au or by phone on 03 9657 1600 if we can assist by providing further information or answering any questions you may have.

Yours sincerely,

David Tonge
Chief Executive Officer

Endorsed by:

different journeys
Empowering Autism