AASW
Australian Association of Social Workers

NDIS Support Rules Consultation

AASW submission

JULY 2025

Social Work in Australia

The social work profession in Australia is based on an abiding respect for all persons and the principles of social justice and professional integrity. The AASW's vision is one of "Wellbeing and Social Justice for All". To fulfill this vision, the AASW works toward a society in which all people can thrive, develop their potential, contribute to their community, and pursue lives of meaning and purpose. To create such a society, social workers strive to ensure that all people enjoy the fulfillment of all their rights under the International Bill of Rights (IBR).1

The Australian Association of Social Workers (AASW) is the national professional body representing more than 17,000 social workers throughout Australia. The AASW works to promote the profession of social work including setting the benchmark for professional education and practice in social work, while also advocating on matters of human rights to advance social justice.

Social workers in Australia have completed either a 4-year undergraduate Bachelor's degree or a 2-year qualifying Master's degree. In each case they have completed 1000 hours of supervised field education practice, which draws together their extensive knowledge base with skilled practice. During their education and throughout their professional practice, social workers draw on theories relating to personal development, social theory, disability related knowledge, trauma theory, counselling skills, and human rights.

Acknowledgements

This submission has been developed in consultation with our members who are NDIS participants; or who are working with people with disability, some of whom are NDIS participants.

Introduction

The AASW responses to the survey question need to be understood within the context of holistic, 'person-in-environment approach of social work. This approach combines a thorough understanding of a person's intrinsic characteristics, with an assessment of their physical, community, social and political environment. In the context of NDIS participants, this will include the structural and cultural factors that limit their ability to exercise choice and control over their lives. The approach of social work echoes the WHO's definition of disability as arising from their interaction with their environment.

Social workers create change in both realms simultaneously. On the one hand they intervene directly to enhance wellbeing and assist people to realise their full potential. On the other hand, they address the underlying systematic or structural factors such as discrimination and disadvantage.

[1] By this term we include: The International Bill of Rights (encompassing: Universal Declaration of Human Rights (UNHDR); International Covenant on Economic, Social and Cultural Rights (ICESCR); International Covenant on Civil and Political Rights (ICCPR); First Optional Protocol to ICCPR; Second Optional Protocol to ICCPR); Convention on Status Relating to Refugees; Convention on the Rights of the Child; Declaration on the Rights of Indigenous Peoples; Convention on the Rights of Peoples with a Disability; Convention on the Elimination of All Forms of Discrimination; Convention on the Rights of Older Peoples; and, Protocol to Prevent, Suppress and Punish Trafficking in Persons, Particularly Women and Children, supplementing the United Nations Convention against Transnational Organized Crime.

Social workers maintain an unwavering dedication to respecting the dignity, autonomy and human rights of every person they work with. The chief principle of the CRPD - that people have the right to be the chief decision maker in their own lives - echoes the ethical basis for all social work practice.

Many AASW members are providing services within the NDIS: mostly with participants with psychosocial disability. Indeed, this group comprises the largest single group of participants with whom social workers work. The specific nature of these participants' needs has significant implications for the subject of this consultation. This is the group of participants for whom the distinction between disability related supports and health related supports is the most difficult to discern.

Responses to the Survey questions

How easy or difficult is it to know what can be funded by the NDIS?

The AASW respects the imperative to limit NDIS funding to supports and practices with a solid, established evidence base, which can demonstrate improvements in participants' outcomes. It is entirely appropriate that public funds are used responsibly. As described above, social workers' qualifications, knowledge and skills mean that the AASW is confident that social workers' work with participants conforms to this requirement.

We also respect the requirement that the NDIS fund only disability related services that build participants' capacity; and that enhance their social functioning and economic participation. We appreciate that services and supports that are already available from other sources should not be duplicated by the NDIS.

In most cases the difference between disability specific items and activities on the one hand, and health or welfare services on the other hand is easy to discern and implement.

Nevertheless, there are some instances where the distinction between these two sets of outcomes can be difficult to discern. Each of these are areas characterized by complex, intractable needs, which are addressed through multiple sections of our service system in which many of our members work. Indeed, it is because of social workers' expertise in empowering and supporting people with complex needs that they work at the interface of multiple systems. Social workers expertise lies in building holistic, comprehensive responses to people's individual situations.

Although the position described in the rules is clear in principle, the distinctions they rely on are difficult to maintain in practice. The difficulties are especially acute in two types of services:

- Adults with psychosocial disability
- Children at risk of the child protection system.

They will be dealt with below.

Before doing this survey, did you know about the NDIS Supports lists?

The AASW responded to the 2024 survey concerning the lists when it was first proposed in 2024.

Have you ever experienced or heard about situations where people understood the NDIS support rules differently? For example, by a plan manager, provider, local area coordinator or someone else.

The AASW frequently hears instances of NDIA staff making decisions that cast doubt on their knowledge about the rules, the services they refer to, or how to interpret them.

We are frequently contacted by members with instances of planners, plan managers or reviewers removing or changing participants' plans without consultation with the participants, their workers or the professionals who assessed their needs. Usually, it has been social work services that were removed, and in some cases, the social workers were the only service that was removed.

These instances of unwarranted intervention have clinical implications. Members report instances where they had been deemed ineligible to provide services that are clearly listed in the NDIA Price Guide as being social work services; and where the social work has been replaced with another professional service that was neither requested nor indicated by the participant's situation. In these instances, the removal occurred despite demonstrable improvements in people's social and economic participation as a result of the social worker's on-going work with the participants. Unsurprisingly the removal ignored the expressed wishes of their family or other NDIS workers.

The removal of social workers has also compromised participant outcomes across the board. Because the social workers understand the general service system, they have also been able to obtain other, non- NDIS services to which the participant was entitled, and which enhanced the effectiveness of the NDIS-funded supports. No other worker or professional working with that participant had been able to marshal those extra supports.

The common element in all these instances has been the fact that for people with psychosocial disability, the distinction between needs related to their mental health and the needs related to their resulting disability require clinical judgements from suitably qualified and experienced professionals.

While the AASW respects the desire to clarify the supports that can be funded under the NDIS, the experience of the AASW has been that the current rules do not provide sufficient information for the NDIA's current staff.

Are there any products or services that should be available to NDIS participants that are not on the list of available NDIS supports?

AASW members believe that the list of items related to family support and child protection that are excluded relies on a distinction which does not exist in the case of families in which a member has a disability. Experienced social workers know that in a family in which a member has a disability, every aspect of that family's function is affected, and it is not possible to identify an aspect of that family that is unrelated to the disability.

This means that there are items in the list of exclusions relating to the child protection system that are described as unrelated to disability, but are in fact disability specific. In the case of general family therapy, parenting programs, or marriage and relationship counselling, it is impossible to draw a distinction between challenges that are incidental to the disability of a family member, and challenges that arise from a family member's disability. Every member of a family in which a member (parent or child) lives with a disability will be affected, as will every relationship within that family. In the case of parenting programs, these programs also need to incorporate disability specific material to build the family's capacity to support all its members.

In these families, all family therapy, relationship counselling or parenting programs are related to the disability of a member, and should therefore be considered NDIS supports. These items should be removed from the list of non-NDIS supports.

The AASW has many members who work in the intensive family support, and the child protection systems, as well as in the NDIS. All these members concur that each state's child protection system contains multiple pathways into the system; and the point at which a family or child is 'in' the child protection system is not always clear. Families can be, and remain at the edge of the child protection system for a long period, without an official intervention from the courts. Families can have intensive supports wrapped around them after a notification, while workers ascertain whether there is enough evidence to commence an official investigation, or if an investigation is inconclusive.

Even in the most straightforward route through the child protection system, there are multiple steps between notification of a family or child and a court hearing to determine a child's status. Many families do not reach this stage, and many move back and forward between stages over the course of several year interactions with the system.

As well as appreciating that there is not always a single point at which a child can be 'in' the child protection system, it is important to also understand, that the protracted intensive supports described above represent concerted efforts on the part of specialist staff to keep that family together. AASW members who do this work know that families in which a member has a complex disability need capacity building specifically related to that disability, beyond the scope of mainstream family support workers.

AASW members also know that frequently the best outcome for the children of a family in which a member has a disability is for the children to receive the supports they need in the context of their family of origin. Many members have reported instances where a child with a disability was removed by a court from their family and thereby lost all their NDIS-funded supports, making their situation worse.

Commented [SO1]: Propose another word than whatever - too broad

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As this discussion shows, there are instances in which a family could be judged to be at the edge of , or in the child protection system, in which specialist disability support (for either parent or child) is vital in keeping the children in their family. When it is the children who are living with disability, keeping them in their family is vital for them to receive NDIS support. In other words, it is only with specialist, disability related family supports, that children are kept with their families and continue to receive the NDIS supports they need.

Conclusion

For the AASW, the inevitable conclusion is that the support rules are not sufficient to guide decisions about the most appropriate disability related supports for people with complex, multi layered needs.

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