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AUSTRALIA

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own

*PWDA Response to the Department of
Social Services Consultation on the
NDIS Support Rule*

JULY
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Copyright information

PWDA Response to the Department of Social Services Consultation on the NDIS Support Rule.

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About PWDA

People with Disability Australia (PWDA) is a national disability rights and advocacy organisation made up of, and led by, people with disability.

We have a vision of a socially just, accessible and inclusive community in which the contribution, potential and diversity of people with disability are not only recognised and respected but also celebrated.

PWDA was established in 1981, during the International Year of Disabled Persons.

We are a peak, non-profit, non-government organisation that represents the interests of people with all kinds of disability.

We also represent people with disability at the United Nations, particularly in relation to the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

Our work is grounded in a human rights framework that recognises the CRPD and related mechanisms as fundamental tools for advancing the rights of people with disability.

PWDA is a member of Disabled People's Organisations Australia (DPO Australia), along with the First People's Disability Network, National Ethnic Disability Alliance and Women with Disabilities Australia.

DPOs collectively form a disability rights movement that places people with disability at the centre of decision-making in all aspects of our lives.

'Nothing About Us, Without Us' is the motto of Disabled Peoples' International.

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Executive Summary

PWDA welcomes the opportunity to provide feedback on the current NDIS Support Rule. Since the introduction of the transitional 'In' and 'Out' lists under Section 10 of the amended *National Disability Insurance Scheme (NDIS) Act* (the amended NDIS Act) in October 2024,¹ people with disability, families, advocates, and service providers have raised widespread and ongoing concerns.² The current rules have resulted in reduced flexibility, the removal or denial of previously approved supports, and significant confusion across the disability support sector.

Many participants have reported that the lists are difficult to navigate, inconsistently applied and extremely limiting in practice. These issues are compounded for participants experiencing intersectional disadvantage, including those affected by poverty, regional isolation, racism, gendered barriers, cultural and racial marginalisation, and LGBTQIA+ people with disability. Rather than enabling choice and control, the current framework has undermined the National Disability Insurance Scheme's (the Scheme) core objectives,³ stifling innovation, entrenching inequity, and pushing people out of supports they rely on to participate in everyday life.

While PWDA acknowledges that the Department of Social Services (DSS) has recognised many of these issues in its 2025 consultation paper published for this public consultation process, we are concerned that DSS has also stated the lists will continue to exist under the current legislative framework.⁴

PWDA questions whether such a position is consistent with the spirit of Australia's obligations under international human rights law. In particular, we note that the restrictive interpretation of supports may place Australia in potential breach of the

¹ National Disability Insurance Agency. (2024, Dec 5). [What does the NDIS Fund? National Disability Insurance Scheme..](#)

² See e.g: People With Disability Australia. (2024). [Transitional support lists only as good as the process to develop them. PWDA says this must not happen again.](#) [Media Release]; Taleporos, G. (2025). [The Grattan Institute slams "complex, overbearing, bureaucratically burdensome" support lists.](#) *LinkedIn*; Walker, C. (2024). [Duty of Care & Ethics in NDIS Reform: An open letter to Bill Shorten, the APS & the Albanese Government.](#) *LinkedIn*.

³ Department of Health, Disability and Ageing. (2025). [National Disability Insurance Scheme Act 2013](#), Australian Government.

⁴ Department of Social Services. (2025). [Summary paper: NDIS Supports rules consultations.](#) Australian Government, Canberra, pp. 2-3.

spirit of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including:

- Article 19 - the right of people with disability to live independently and be included in the community with the supports they need
- Article 3(a) - General principle - respect for inherent dignity, individual autonomy including the freedom to make one's own choices and independence of persons
- Article 20 - personal mobility
- Article 24 – inclusive education
- Article 28 - adequate standard of living and social protection
- Article 30 - participation in cultural life, recreation, leisure and sport⁵

If rigid lists systematically exclude supports essential to inclusion, autonomy, daily function, communication, or parenting, it raises questions about whether the NDIS legislation itself aligns with the rights enshrined under international law. In such a case, it may be necessary to pursue further review of the legislation itself.

To better align the NDIS supports rules with the UNCRPD, PWDA continues to advocate for a return to a principles-based, person-centred model⁶ that considers each individual's goals, context, support needs, and access to other community and government services. This model better reflects the original intent of the NDIS and aligns with Australia's international human rights commitments. It would also create a more inclusive and flexible system that recognises the complexity and diversity of disability. This recommendation is strongly supported by the Grattan Institute's 2025 report.⁷ Although PWDA doesn't agree with the report in its entirety, we support its call for the removal of rigid lists and the introduction of a more transparent, responsive, and equitable approach to decision-making.

However, if support lists are retained, PWDA strongly urges that they be significantly reformed. Any revised lists must be developed transparently, applied consistently, and

⁵ United Nations. (2006). [Convention on the Rights of Persons with Disabilities](#).

⁶ People With Disability Australia. (2024). *Response to the Consultation on draft lists for supports related to section 10 of the National Disability Insurance Scheme (Getting the NDIS Back on Track No. 1) Bill 2024*. Sydney, NSW.

⁷ Bennet, S., Jessurun, M. & Orban, H. (2025). *Saving the NDIS: How to rebalance disability services to get better results*. Grattan Institute. ISBN: 978-1-7641250-9-3, p.40.

designed broadly enough to accommodate diverse needs, including those arising from intersectional disadvantage. The framework must move away from narrow, medicalised interpretations of evidence and disability, and instead recognise a broader range of supports that promote autonomy, connection, and participation in community life. Reforms should reflect the detailed changes outlined in this submission.

The recommendations in this submission are informed by extensive feedback from PWDA's national survey of people with disability and their supporters, as well as insights gathered through our policy networks, individual advocacy team and Board. Our submission is grounded in the lived experience, expertise, and rights of people with disability, and in the belief that the NDIS must be reoriented to serve its intended purpose: to implement the rights of persons with disabilities under the UNCRPD and enable people with disability to live full, autonomous, safe and inclusive lives.⁸

⁸ Department of Health, Disability and Ageing and Department of the Treasury. (2025). [National Disability Insurance Scheme Act 2013](#). Legislation.

Recommendations

Core Framework and Legislative Reform

Recommendation 1 - The Australian Government and National Disability Insurance Agency (NDIA or Agency) should return to a flexible, principles-based, person-centred framework that enables supports to be assessed in the context of a participant's goals, functional capacity, and individual circumstances.

Recommendation 2 - The Australian Government should review whether the current legislative requirement for support lists is compatible with the spirit of Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), particularly Articles 19, 3(a) General Principle, 20, 24, 28 and 30.

Reforming or Removing the Support Lists

Recommendation 3 - If the lists are retained, they must be significantly reformed to ensure they are:

- Broad enough to accommodate diverse disability-related needs;
- Developed transparently and applied consistently; and
- Designed with recognition of lived experience and intersectional disadvantage.

Recommendation 4 - If the Australian Government and NDIA persist with a list-based approach, consideration should be given to entirely abolishing the 'Out' list and just retaining the 'In' list. Its removal would reduce administrative burden, prevent incorrect refusals, and promote fairness, consistency and choice.

Recommendation 5 - If the 'Out' list is retained, the following exclusions must be **removed** to improve consistency, uphold rights, and reduce harm:

- Tablets and low-cost (defined by the NDIA as under \$1500) smart devices used for disability purposes, including, but not limited to: communication, sensory regulation and access to capacity building supports such as therapy, delivered via telehealth;
- Apps and accessories (e.g., mounts, holders, software) required to make digital supports accessible;
- Household appliances used for disability purposes, such as robot vacuums, dishwashers and air conditioners;
- All personal care costs that relate to a person's disability, including hair and body related costs, whether or not the service is provided by a disability specific provider;
- All costs associated with accredited assistance animals;
- Any therapeutic supports that meet individual disability-related needs;
- Parenting and family supports that enable safe caregiving, family preservation, and child wellbeing where these needs are related to a participant's disability;
- Supports for children unable to attend school due to exclusion or disability (e.g., home education assistance, school-can't programs);
- Therapies delivered by qualified practitioners but not currently recognised under narrow NDIS categories (e.g., art therapy, somatic therapy, music therapy, trauma-informed practices);
- Disability related sex and sexuality related supports; and
- Reproductive health supports, required due to disability.

Replacement Supports Process

Recommendation 6 - The Replacement Supports Process should be abolished and replaced by a more accessible and flexible system that allows for consideration of non-listed but reasonable and necessary supports within participants' plans.

Recommendation 7 - If retained, the Replacement Supports Process must be:

- Accessible and transparent;

- Bound by clear decision-making criteria and timeframes;
- Subject to internal review and external appeal; and
- Not require participants to trade off unrelated supports in their plans.

Eligibility and Decision-Making

Recommendation 8 - All support decisions must be accompanied by written explanations outlining the reasons, criteria applied, and avenues for review.

Recommendation 9 - The NDIA must fund items, including mainstream or ‘standard’ items, where they are required to meet a disability-related need, assessed by function and context rather than general availability.

Evidence, Therapies and Innovation

Recommendation 10 - The NDIA must broaden its definition of ‘evidence’ to include lived experience, culturally specific practices, and community knowledge, particularly when assessing non-traditional therapies.

Recommendation 11 - The NDIS Evidence Advisory Committee must use inclusive, pluralist definitions of evidence, co-designed with people with disability.

Transparency, Information and Training

Recommendation 12 - The NDIA must publish clear and accessible guidance on eligible supports in a wide range of formats (e.g., Plain English, Easy Read, Auslan, translated, video and audio).

Recommendation 13 - The NDIA must ensure that all planners, LACs, and decision-makers receive consistent and mandatory training on support rules and their application, ideally before or when changes are rolled out, not retrospectively.

Recommendation 14 - The NDIA should maintain a public, searchable database of commonly requested supports and typical funding outcomes to improve transparency and consistency.

Equity, Access and Co-Design

Recommendation 15 - The NDIA must ensure support rules and decisions explicitly account for intersectional barriers, including those related to race, gender, sexuality, age, culture, location, or socio-economic status.

Recommendation 16 - Supports must not be excluded based on assumed access to mainstream or foundational systems unless access is verified and deemed appropriate by people with disability.

Recommendation 17 - All changes to support rules or lists must be co-designed from the outset with people with disability and their representative organisations.

Recommendation 18 - Any new or revised support lists must be released in draft form for public feedback prior to finalisation or submission to National Cabinet.

Background to Consultation

In October 2024, transitional NDIS Support Lists were introduced as a ‘transitional rule’ under Section 10 of the amended NDIS Act.⁹ These lists were and are used to determine which types of supports and services can be funded by the NDIS. Two key lists were created: an ‘In’ list of supports deemed to meet the definition of a disability-related support, and an ‘Out’ list of items that are explicitly excluded from funding criteria.¹⁰

Since their introduction, the lists have generated widespread concern across the disability community.¹¹ Many participants have reported that the new rules limit flexibility, restrict access to supports they previously relied on and fail to reflect the diversity and complexity of needs within the community.¹² The lists have also made it harder for participants and providers to understand what is allowed, particularly where terms are unclear or inconsistently applied. While a replacement support process was introduced to enable access to alternatives where needed, this process has been described by many as inaccessible and confusing.

These concerns have been echoed in recent report findings by the Grattan Institute, some of which PWDA supports, which described the new rules as “overly complex and overbearing,” calling for a significant shift away from rigid lists towards a more transparent and principles-based approach.¹³ The report emphasised that the current ‘lists’ approach risks stifling innovation and “undermining the viability of cost-effective alternatives to expensive housing and living supports.”¹⁴

In response to community concerns and in order to inform the development of the permanent rules, the Department of Social Services (DSS) launched a public consultation via the DSS Engage website on 16 June 2025. The consultation aims to

⁹ National Disability Insurance Agency. (2024, Dec 5). [What does the NDIS Fund?](#) *National Disability Insurance Agency*.

¹⁰ Gingold, S. & Coombes, C. (2024, Oct 2). [NDIS support lists released- finally! Dsc.](#)

¹¹ See e.g: People With Disability Australia (2024). [Transitional support lists only as good as the process to develop them. PWDA says this must not happen again.](#) [Media Release]; Taleporos, G. (2025). [The Grattan Institute slams "complex, overbearing, bureaucratically burdensome" support lists.](#) *LinkedIn*; Walker, C. (2024). [Duty of Care & Ethics in NDIS Reform: An open letter to Bill Shorten, the APS & the Albanese Government.](#) *LinkedIn*.

¹² *Ibid.*

¹³ Bennet, S., Jessurun, M. & Orban, H. (2025). *aving the NDIS: How to rebalance disability services to get better results.* Grattan Institute. ISBN: 978-1-7641250-9-3, p.40.

¹⁴ *Ibid.*

seek feedback on how the NDIS Support Rules are working in practice and how they could be improved. The consultation closes on 27 July 2025.¹⁵

The consultation paper acknowledges many of the problems raised by participants, families, advocates, and providers over the past year. These include concerns about a lack of clarity around some terms in the lists, the exclusion of ‘innovative low-cost household products’ that assist with disability, a lack of clarity about therapies that are eligible for funding and inconsistent interpretation of the lists across the sector.¹⁶

While the discussion paper acknowledges that some stakeholders have called for a return to a more principles-based model, DSS has stated that support lists will continue to exist under the current legislative framework. However, the Department has invited feedback on how the rules and lists could be improved to better support participant needs, uphold choice and control, and reduce confusion and inequity.¹⁷

To inform its submission, PWDA conducted a national survey to capture the experiences and perspectives of people with disability and their supporters on the lists. The survey opened on 20 June 2025 and closed on 10 July 2025.¹⁸ It gathered feedback on the impact of the lists, the challenges of the current rules, and participants’ views on how the system should be improved. Insights from the survey, alongside previous consultation and policy analysis, has been used to inform this submission and de-identified data and quotes from the survey are used throughout.

¹⁵ Department of Social Services. (2025). [NDIS Supports rules](#). Australian Government, Canberra.

¹⁶ Department of Social Services. (2025). [Summary paper: NDIS Supports rules consultations](#). Australian Government, Canberra, pp. 2-3.

¹⁷ Ibid, p. 3.

¹⁸ People With Disability Australia. (2025, June 20). [PWDA Want to Know About Your Experiences with the NDIS Supports Rules \(Section 10\)](#). [Blog].

PWDA Survey

To inform its submission, PWDA conducted a national survey to capture the experiences and perspectives of people with disability and their supporters in relation to the lists. The survey opened on 20 June 2025 and closed on 10 July 2025 and in total, received 478 responses.

Survey Demographics

Among the respondents, nearly 79% identified as people with disability and 62% were NDIS participants. Over half (56%) of respondents were women or girls with disability, 26% identified as members of the LGBTQIA+ community, 22% said they were living in rural or remote areas and 17% were aged over 65. 10% identified as being from culturally and linguistically diverse (CALD) backgrounds, and 5% as Aboriginal or Torres Strait Islander.

Summary of Responses to Questions

The results paint a clear picture of widespread confusion, frustration and concern. While most people had heard of the Support Rules, only a small proportion (22%) said they understood them “very well”, and nearly half (47%) described the rules as confusing or difficult to navigate. A majority (65%) of respondents said the introduction of the NDIS Support Lists had made it harder to access the supports they need, with many items being categorised as ‘standard’ household items, despite being necessary only because of their disabilities.

Survey responses also highlighted the challenges of accessing alternative or non-traditional therapies, with over a third of participants reporting difficulties due to NDIS evidence-based requirements and/or restrictions on provider qualifications. Meanwhile, awareness and use of the “replacement supports” process remained very low, and those who had attempted to access it often found it confusing, inconsistent, or inaccessible.

Overall, the vast majority of respondents said that changes to the NDIS had reduced their ability to live independently and participate in everyday life. Many described increased out-of-pocket costs, declining mental and physical health, and a growing sense of exhaustion from navigating a complex and rigid system. A strong theme throughout the feedback was the loss of choice, control and dignity.

Across the survey, participants repeatedly called for greater flexibility, stronger recognition of lived experience, and reforms grounded in trust and autonomy. Many felt that the current approach was punitive, describing the Lists as “cruel,” “rigid,” and “out of step with real life.”

Key Issues with Current Lists

Limitations of Specific Lists

PWDA has consistently raised concerns about the inherent limitations of rigid list-based approaches to defining reasonable and necessary supports. In 2024, PWDA, alongside other Disability Representative and Carer Organisations (DRCOs), strongly opposed the introduction of rigid NDIS Support Lists, stating they were "completely out of step with the spirit and intent of the NDIS" and would cause significant harm to people with disability.¹⁹ While we acknowledge that Government has stated that support lists will continue to exist, PWDA's long-standing position is that support needs must be assessed in the context of a person's whole life, not based solely on a predefined list of supports linked to impairments.²⁰

The current list-based framework undermines the intent of individualised planning. By requiring that all supports be itemised as either 'In' or 'Out,' the lists prevent consideration of broader environmental, social, or economic factors that impact access and inclusion. Supports that may be essential for one person, but not others, can be excluded for all participants if not explicitly named, regardless of their effectiveness or relevance.

Survey respondents echoed these concerns that the lists restrict their ability to tailor supports to their individual needs, with many reporting that they were denied items that were more appropriate or affordable simply because they were not on the list, and describing the experience as "rigid," "confusing," and "out of touch with real life."

"My choice and control have been eroded."

[The lists] "dont recognise intersectionalities of my various disabilities and mental health, my physically health issues haven't been recognised, taken into account"

¹⁹ People With Disability Australia. (2024). *Response to the Consultation on draft lists for supports related to section 10 of the National Disability Insurance Scheme (Getting the NDIS Back on Track No. 1) Bill 2024*. Sydney, NSW, p. 14.

²⁰ Ibid.

“The lists are currently cruel and denying supports that we need.”

This rigid approach is particularly problematic for participants who require low-cost, non-disability specific items, such as smart devices, home automation tools; and ignores the complexity of intersectional disadvantage, where disabled people may face additional barriers to supports due to gender, race, geographical location or economic disadvantage.

“With rare and complex, but NDIA-approved disabilities, it is challenging to associate actual needs with the section 10 lists.”

“The restrictions on activities combined with costs of living and really low income means things are significantly out of reach.”

“being on a low income I can’t afford them and need them for my disability.”

Instead of rigid lists, many survey respondents called for a return to a more person-centred approach that funds supports based on what is reasonable for each individual. An approach built on trust, choice and control for participants.

“The lists are currently cruel. Support needs are too diverse for this one-size-fits-all approach.”

“The system needs to trust people more participants, families, and professionals to know what works.”

“Need to remove arbitrary lists and make a disability related needs-based approach, as before.”

“There shouldn’t be a list – disability support needs are so diverse.”

“We need flexibility all our disabilities are different.”

“Vague with blanket no’s just does not address the complexity of disability and differences between each participant.”

“People with disability should have the right to decide what supports work best for them.”

“I urge the NDIA and the government to listen closely... Flexibility, clarity, and respect for lived experience must be central.”

“NDIS was never meant to be one-size-fits-all - but that’s how it feels when the lists are used as a hard rulebook. The system needs to trust people more - participants, families, and professionals - to know what works.”

In line with community feedback, PWDA continues to advocate for a return to a principles-based, person-centred model that takes into account a person’s goals, context, disability support needs, and available community and government services. Such an approach aligns more closely with the original intent of the NDIS and with the spirit of Australia’s obligations under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), particularly Article 19, which affirms the right of people with disability to live independently and be included in the community with the supports they need.

This recommendation is strongly supported by the Grattan Institute, which has called for the abandonment of rigid lists in favour of a transparent, principles-based model that enables flexibility, equity, and responsiveness to diverse needs.

However, in the case that the lists continue to exist, PWDA strongly urges that they be significantly reformed to ensure greater transparency, consistency, and flexibility, particularly to accommodate diverse support needs, lived experience, and the realities of intersectional disadvantage. These reforms should reflect the changes outlined in this submission.

Confusion Around Lists

A consistent theme in both public rhetoric and the survey feedback is that the NDIS Support Rules, and the associated ‘In’ and ‘Out’ lists, are difficult to understand. Participants, families and representative organisations have reported widespread confusion about what the rules actually mean in practice, and how to determine whether a support is fundable.²¹

In PWDA’s survey, 69% of people said they had heard of the Support Rules, but only 22% said they understood them “very well.” Nearly half (47%) said the rules were difficult to understand, and many called for clearer examples, accessible formats and plain language communication.

“They’ve caused a LOT more confusion than was there before... badly organised, poorly worded, often contradictory.”

“I find it more confusing than it used to be. There’s still so much on the lists that are open to interpretation re whether it’s on the out or in list. Whereas before the lists, although it was also open to interpretation, it was based purely on the r&n criteria. Now, even if it meets r&n criteria, it can be confusing as to which list it might be on.”

As it stands, the lists are highly technical, and the rules use vague or undefined terms such as “standard household items,” “day-to-day living costs,” without consistent explanation. Many people are left to interpret these rules themselves or rely on advice from planners, support coordinators, or plan managers, which itself, is often inconsistent.

“It’s all legislative mumbo jumbo - that’s what turns people off.”

“Planners frequently argue with participants and discredit recommendations made by allied health staff regarding supports.”

²¹ See e.g. Disability Advocacy Network Australia. (2024). [Section 10 – draft lists of NDIS Supports](#).

“I have no idea who to contact... What lists? What rules? They're not clear.”

“The lists are a nightmare. Far too long and unbelievably complex and contradictory. NDIA Delegates, LACs and ECA Coordinators don't understand the lists.”

“Different providers will tell you different things. Ndis helpline is totally useless.”

“A lot of the rules are Ambiguous. They can be interpreted in different ways according to whoever you speak to at the agency.”

In addition, official NDIS social media channels, including the NDIS Facebook page, have contributed to confusion by sharing posts that contain factually incorrect information. For example, some posts have incorrectly stated that mattresses and bedroom items are not funded, or that lawn care is excluded, despite both of these supports being approved for many participants.²²

In PWDA's survey, some respondents also shared that they are unsure what they can request funding for, and fear that asking for something might result in a review or reduction of their plan.

“I am terrified of saying the wrong thing in case it slashes my son's plan.”

“I have become very fearful of purchasing items for either of my children that are required for them to access community etc.”

Others expressed anxiety that a support they believed to be covered could later be ruled ineligible, leaving them with a personal debt to the National Disability Insurance Agency (NDIA). This fear of incurring debt has led some participants to self-censor, avoid making claims, or go without necessary supports, undermining both their rights and the intent of the Scheme.

²² National Disability Insurance Agency. (n.d.) [National Disability Insurance Scheme \[Facebook page\]](#).

“Because the lists are not specific enough there is a lot of fear and confusion about what can and can’t be spent and this leads avoiding your needs for anxiety about unnecessary debt.”

“It has been rolled over for a few years, and we'd like to use some of the funding for different things now, but the rigidity of the plans and my fear of getting robodebted means we cannot do that without risking a review, which is my nightmare.”

“I’m so scared of a ndis robodebt that I’m not spending where it’s needed.”

Discrepancies Between Lists

In addition to ambiguous terminology, the structure of the support lists themselves creates confusion. There are discrepancies within and between the lists, where some supports related to a particular need are included, while others are excluded without clear justification.

“There are supports that are on both lists just described differently, suggesting there's a difference (as understood by NDIA anyway) but not explaining it at all.”

“Some of the rules overlap - for example, on one sheet (NDIS pdf) something might be allowed, but on another sheet, that same thing (but worded differently) is not allowed. This is confusing.”

“The lists need to be broadened to cover other disability cases, and the ambiguities, inconsistencies, and contradictions between lists need to be removed...”

For example, even though funding related to accredited assistance animals are explicitly permitted in the In List (e.g pet food for an accredited assistance

animal),²³ the ‘Out’ List explicitly prohibits costs associated with accredited assistance animals, such as pet insurance (also known as ‘domestic animal insurance’),²⁴ despite being not only essential for maintaining an assistance animal’s long-term support but also a requirement to register with many assistance animal training organisations.

In fact, the Department of Veterans’ Affairs (‘DVA’) explicitly lists pet insurance as an example of costs needed to maintain an assistance dog’s welfare – as a part of the DVA’s Psychiatric Assistance Dog (‘PAD’) Program.²⁵

Furthermore, the ‘Out’ List explicitly excludes costs associated with the ‘**removal** and replacement of an accredited assistance animal’, inaccurately describing these as ‘pet cremations, burials or funerals’, thereby reflecting a further inconsistency with the ‘In’ List and the ‘Out’ List. This policy also reflects a lack of consistency between the NDIA’s approach to assistance animals as a form of mobility Assistive Technology (‘AT’) and their approach to often reimbursing costs associated with disposing, removing, and replacing other forms of Assistive Technology (‘AT’), such as wheelchairs and other mobility aids, upon the obsolescence of these forms of mobility AT.²⁶

Both of these exclusions exist without the carveouts, or exceptions applied to other supports, and fail to account for the specific ways that assistance animals enable community participation, autonomy, and well-being for many participants. The carve outs for assistance animals *must* be extended to cover not only ‘removal and replacement of an accredited assistance’ but also ‘pet insurance for an assistance animal’ (which is a cost-effective support associated with maintaining the organic AT, not unlike the purchase of warranty for wheelchairs).

²³ National Disability Insurance Agency. (2024). [Supports that are NDIS Supports](#). National Disability Insurance Scheme, p. 4.

²⁴ National Disability Insurance Agency. (2024). [Supports that are not NDIS Supports](#). National Disability Insurance Scheme, p. 6.

²⁵ Department of Veteran Affairs. (n.d.). [Claim for assistance dog expenses](#). Australian Government, Canberra; Department of Veteran Affairs. (2024, Feb 22). [Our Psychiatric Assistance Dog Program](#). Australian Government, Canberra.

²⁶ See especially *National Disability Insurance Scheme (Getting the NDIS Back on Track No. 1) (NDIS Supports) Transitional Rules 2024* (Cth) (‘Transitional Rules’), <<https://www.legislation.gov.au/F2024L01257/asmade/text>>.

“They took away pet insurance for my guide dog. They did not replace that with real budgets to cover vet bills and it also took away our public liability insurance cover. Very risky. Meaning I may have to give up my dog for fear of being sued if I or my dog make a mistake. I know we blind people are very low in numbers, but this is critical and I would literally want to die without my dog to help me.”

Similarly, while some online supports and therapies accessed via telehealth are allowed under the ‘in’ list,²⁷ Low-Cost Smart Devices (such as tablets) that are needed to access these supports, such as computers and tablets, are categorised as “standard household items” or “lifestyle” items.²⁸

Furthermore, the ‘Out’ List prohibiting tablets and other low-cost smart devices explicitly contradicts the inclusion of Low Cost AT – to support telehealth delivery – within the 2023-2024 Pricing Guide.²⁹ The NDIA had even explicitly funded the purchasing of Low Cost smart devices under Line Item ‘Low Cost AT - Support Capacity Building’ (Item No: ‘15_222400911_0124_1_3’). This decision to fund low-cost smart devices – to support Capacity Building support delivery – reflected the increasing need for online appointments (e.g. telehealth), given the suspension of face-to-face services – especially due to social distancing regulations.

The significant need to support telehealth and remote Capacity Building service delivery also reflected PWDA’s previous submissions about COVID-19, wherein survey respondents had explicitly noted:³⁰

“I saw a psychologist via telehealth and found it very helpful. If telehealth hadn’t been available I probably wouldn’t have even contacted the psychologist at all.”

²⁷ National Disability Insurance Agency. (2024). [Supports that are NDIS Supports](#). National Disability Insurance Scheme.

²⁸ National Disability Insurance Agency. (2024). *Supports that are not ‘NDIS’ Supports*, p. 4.

²⁹ National Disability Insurance Agency. (2023). [Pricing Arrangements and Price Limits 2023-2024](#). National Disability Insurance Scheme, p. 99.

³⁰ People With Disability Australia (2023, Sept 21). [Summary report: COVID-19: Where to from here?](#)

“Telehealth should be accessible for people who are immunocompromised, house-bound or bedridden... I have to go and sit in a waiting room with people who are unmasked to keep telehealth. The journey itself already wipes me out for weeks.”

By explicitly prohibiting the purchase of Low-Cost AT, the ‘Out’ list forced the Agency in 2025, to amend the Pricing Arrangements and Price Limits (‘PAPL’) to remove the aforementioned Line Item,³¹ contributing to a backlog of Replacement Process applications to fund the low cost AT necessary for telehealth services. The Agency’s First Summary Report, as a part of the NDIA’s evaluation of the NDIS Reforms, has even made the following observation:

“Interactions regarding replacement supports were initially low. Application rates grew slowly in October but increased rapidly in November, leading to a temporary backlog of requests. By 10 January 2025, there had been 611 requests for replacement supports, with 111 approved and 380 still pending. Most requests related to tablets, communication apps, smart devices, and household items, with approximately 20% of requests either declined (10%) or invalid (10%).”³²

By requiring an additional application through the Replacement process, the ‘Out’ list’s prohibition of Low-Cost Smart Devices is disproportionately placing administrative burdens and barriers on not only immunocompromised people but also people living in regional and remote Australia, as well as on the Agency itself. Moreover, this part of the ‘Out’ list is undoubtedly contributing to the backlogs with the replacement process and

³¹ National Disability Insurance Agency. (2025). [Pricing Arrangements and Price Limits 2025-2026](#). National Disability Insurance Scheme.

³² National Disability Insurance Agency. (2025). [The introduction of defined NDIS supports, funding amounts, funding periods and funding components – Early observations on implementation](#). National Disability Insurance Scheme. p. 7.

is worsening pre-existing issues regarding the implementation of the Replacement Supports process.³³

Another area of inconsistency relates to reproductive health supports. While “Surrogacy and IVF” are listed in the ‘Out’ list under the heading of “Reproductive Health and Family Related supports”;³⁴ this overarching exclusion – of “Reproductive Health and Family Related supports” – is inconsistent with the inclusion of “modified or adaptive products to manage menstruation” in the ‘in’ list, which is related to reproductive health.³⁵ This raises concerns that planners may interpret the broader category exclusion to apply to all reproductive health supports, including those menstruation supports, that were explicitly included following significant community concern about their exclusion during the last round of consultations in late 2024.³⁶ Considering how rare surrogacy is in Australia due to its legal complexity,³⁷ removal of the overarching exclusion – of “Reproductive Health and Family Related supports” – will help improve consistency with the ‘In’ list and address some of the confusions regarding these Transitional Rules. Moreover, the Australian Law Reform Commission is currently conducting an inquiry into surrogacy in Australia, which is scheduled to produce a report to the Australian Government by 29 July 2026.³⁸ Holding off on explicitly prohibiting surrogacy in the ‘Out’ list – at least until the finalisation of this inquiry – may improve whole-of-government policy implementation.

Inconsistent Application and Advice

In feedback provided to PWDA via an Individual Advocate, participants have described instances where NDIA staff and planners interpreted the absence of an explicit reference to a support in the ‘In’ list as meaning that the support was not permitted. PWDA has also been told that Plan Managers are pre-emptively refusing to include

³³National Disability Insurance Agency. (2025). [The introduction of defined NDIS supports, funding amounts, funding periods and funding components – Early observations on implementation](#). National Disability Insurance Scheme.

³⁴Ibid, p. 7.

³⁵National Disability Insurance Agency. (2024). [Supports that are NDIS Supports](#). National Disability Insurance Scheme. P. 8

³⁶Convery, S. (2024, Aug 16). [Period products classified as ‘lifestyle related’ like vapes and gaming consoles under draft NDIS plan](#). *The Guardian*.

³⁷Australian Law Reform Commission (ALRC). (2025, June 3). [Review of Surrogacy Laws: Issues Paper](#). Australian Government, Canberra.

³⁸Attorney Generals Department. (n.d.). [Surrogacy](#). Australian Government, Canberra.

supports in plans based on their own – often inconsistent - interpretation of the support lists before the request has an opportunity to go to the Agency for decision.

This narrow interpretation has led to the incorrect rejection of supports that remain fundable under the existing rules. For example, several participants reported being denied access to psychology services, despite the fact that psychological therapy can be funded for participants where it meets the reasonable and necessary criteria.

“I have observed a growing number of people approaching the ART [Administrative Review Tribunal] to request the reinstatement of their psychology-funded support after the NDIS reviewed their plans and removed this funding. The NDIS now considers psychology to be a health responsibility rather than a disability-related need, advising individuals to seek support through a medical care plan instead.”

This reflects a broader issue with how the support lists are being interpreted and applied in practice and a need for education and clarification: rather than guiding decision-making, the lists are being treated as exhaustive, resulting in inconsistent advice and inappropriate refusals. These experiences highlight the urgent need for clearer criteria and improved training. Even when actions are not ill intended, PWDA has heard that the absence of clear and consistent public information, and the lack of training across the NDIA and provider sector, has significantly contributed to misinformation, conflicting advice, inconsistent interpretation, and unequal outcomes.

*“I’ve been told so many different things depending on who I speak to.
There’s no consistency, and it’s exhausting.”*

“Each time I speak to NDIA staff have interpreted things differently.”

*“Never clear, one time you can, other time u cant, third time need report,
different people, different information all the time.”*

“They keep changing their minds, every planner has a different subjective opinion.”

“Difficult as a result of different advice from different NDIS advisors.”

“Different providers will tell you different things. Ndis helpline is totally useless.”

“People tell you different versions of truth. It's not as simple as black and white, but there cannot be so much variance between decision makers.”

Due to this lack of clear information, some participants and providers have developed innovative workarounds to help interpret the rules and determine what is fundable. One example is a ‘Support List Interpreter’ tool,³⁹ which was developed by a privately owned Platform Provider. The tool helps people assess whether a support may be considered reasonable and necessary. However, the Platform itself a service provider, raising concerns about conflict of interest and the fairness of relying on a private platform to interpret government policy. Clear and accessible guidance must be made available directly from the agency, in formats suitable for all participants.

In response to PWDA’s survey, participants offered a range of practical suggestions to address this information gap. Respondents called for the use of plain English and real-life examples to explain what is and isn’t typically funded, along with regularly updated lists that clearly outline common supports.

“More accessible language. More examples and explanations for each point on yes/no list.”

“Be more clear and give plenty of examples for people to compare to their own circumstances.”

³⁹ Hire Up. (2024). [NDIS Support List Interpreter](#).

“A clear guide of what can and can't be used.”

Some respondents suggested a central database or tool that can be used to check the eligibility of supports and several emphasised a need for adequate training for NDIA staff and providers.

“A searchable database of many common items with a clear answer yes or no.”

“A site with a search window, so I can type in the name of something I need and get a simple yes or no answer.”

“Consistency of training for staff and businesses that allows for unified understanding and consistent information to be provided to participants/plan managers.”

“Have staff trained to know what they are doing.”

Many respondents also emphasised the importance of person-centred information that focuses on flexibility, recognising that no two people's support needs are the same.

“Need to remove arbitrary lists and make a disability related needs-based approach, as before.”

“Mov[e] away from a one size fits all disability type list.”

Misclassification of Supports

A major concern is the misclassification of essential disability supports as ‘standard household items’ used by the general population. Items like iPads, robot vacuums, blenders, and air fryers may be considered optional or convenient for most people, but for many disabled people, they are essential tools for daily living. For instance, a robot vacuum or dishwasher is not a luxury for someone with limited mobility who cannot

physically vacuum with a traditional appliance or hand wash their dishes. Rather, it may be the only way they can maintain a clean and safe home environment, without having constant support workers come in and out which is more costly and undermines independence. Similarly, a shower chair purchased at a hardware store is an essential disability support when it has a clear disability-related purpose, regardless of where it is purchased.

“A dishwasher is essential for me because I can’t stand long enough to wash dishes.”

“For my disability, a lot of mainstream products are disability products for me. They often work better and are cheaper than alternatives in disability stores. Now these supports are no longer recognised, excluding me from accessing them.”

“I asked for “Adaptive Clothing” specific to Autism and sensory-related needs (certain fabrics, no clothing tags, no velcro, etc). I was told that clothing was a standard item.”

“Dishwashers and Thermomix-style devices can offer massive functional gains for some participants. While they may not be suitable for those who require constant support, they can allow partial or full independence in meal prep or cleaning for others—potentially eliminating the need for ongoing support hours.”

“Smart home appliances, lighting etc, means I can have it automatically done rather than needing a support worker to turn on light for me.”

In response to PWDA’s survey, over half (53%) were told an item they needed couldn’t be funded because it was considered a “standard” household item, even and often when there was a clear disability-related purpose. Items commonly mentioned included devices such as tablets and smart watches, appliances such as dishwashers and dryers, sensory items and adaptive clothing.

“As a legally blind participant, accessing audio books is the only way I can ‘read’. As audiobook subscriptions are used by non-disabled people, NDIS vision impaired participants can no longer access this method of reading.”

“I had to get a payment plan to purchase a smartwatch so that I am able to stick to my schedule for the day, take my daily medication ect. as the NDIS no longer funds this, I also cannot get access to earplugs most likely for the same reason, Loop earplugs are not a standard earplug, they can be adjusted to suit the wearer to block out a certain amount of sound so that we can still easily engage with the world. They are also very discreet as they practically disappear into the ear, so no one notices you wearing them.

Earplugs and smart watches are considered assistive technology for neurodivergent individuals; however, the NDIS no longer funds these items for us.”

“My smart watches was prescribed by my ot as I am a falls risk . It enables my to be able to ring for help if I fall away from my phone. This is vital and now it's not supported putting myself and many others at risk.”

“Repairs to iPad (cracked screen) as iPad is a standard household item. My iPad... is my only method of accessing information. I can zoom in or large print and see what I need. It might be news, email, calendar for appointments, shopping. Access to every day tasks.”

“Sensory tools especially chewy necklaces and fidgets. Trampoline and sensory swings. Thermomix. Sensory hairbrushes. Ipad/tablet.”

“Smart watch. Electronic tablet. Noise reducing headphones. Sensory fidgets.”

This approach fails to consider the disability-related purpose of the item and wrongly assumes that all participants have the financial means to purchase them independently. In reality, many participants, cannot afford to buy or replace these

items without support, particularly if they rely on support payments such as the Disability Support Pension. As a result, they may be forced to request regular assistance from paid support workers for tasks that could otherwise be addressed with a one-off item.

“The supports are not taking into consideration of the individual and what impact there disability has on there life as well as the disability related costs to do what someone else can do with a different disability or someone without a disability.”

This not only undermines independence and dignity but also creates additional, unnecessary costs for the NDIS. For instance, the ongoing cost of a support worker visiting two to three times per week to clean or mow the lawn far exceeds the one-off cost of a robot vacuum or automated mower. Excluding such tools from the outset ultimately increases the long-term burden on the Scheme and is therefore, illogical, from a cost-benefit perspective.

“They would rather pay thousands for a support worker to do my dishes than \$2,000 for a dishwasher.”

“Smart home appliances, lighting etc, means I can have it automatically done rather than needing a support worker to turn on light for me.”

“Mainstream alternatives are cheaper than ‘disability products’ why are they excluded?”

This misclassification logic has also been applied to intimate grooming and hygiene supports, such as shaving or waxing, which are often denied on the basis that they fall under the broad “beauty-related services” category listed in the ‘Out’ list.⁴⁰ However, these services are essential for many people with disability—not for cosmetic purposes, but to maintain hygiene, manage skin conditions, or feel safe and dignified in their bodies. When delivered by trained professionals, they

⁴⁰ National Disability Insurance Agency. (2024). Supports that are not ‘NDIS’ Supports,’ p. 5.

can provide trauma-informed care in a way that upholds participant autonomy and respects personal boundaries; but because these supports are broadly excluded in the 'Out' list, participants are often left with no choice but to rely on support workers to assist with these deeply personal tasks. For many, this is unsafe, distressing, or simply inappropriate, particularly for those with sensory sensitivities, mobility restrictions, or a history of trauma. It also introduces a significant cost inefficiency: in many cases, it is more expensive for the NDIS to fund a support worker to perform these tasks than it would be to fund a brief session with a trained professional. As with other misclassified supports, this exclusion strips participants of choice and control, increases risk, and ultimately undermines both dignity and cost-effectiveness.

Unclear and Inaccessible Replacement Support Process

While a replacement support process was introduced alongside the transitional support lists to provide flexibility for items that are otherwise excluded under the Support Rules, such as standard IT devices, this process has been widely criticised as inaccessible, burdensome, and inconsistently applied. Despite the backlog of Replacement Process applications to fund the low cost AT necessary for telehealth services mentioned earlier, many participants are unaware that the process exists at all, and those who are often report a lack of clear information about how to access it, what evidence is required when applying for a replacement, or how decisions are made.

Despite the process being established as a safeguard, uptake has been low. Freedom of Information data confirms that relatively few applications have been made, and of those, a significant proportion have been unsuccessful.

In response to PWDA's survey, only 9% of respondents had used the replacement supports process, with many (35%) unaware it even existed. Among those who did, outcomes were mixed, and many found the process difficult to navigate.

"The process to apply for a replacement support item is so hard to understand."

“Didn’t realise you could do this, never told.”

“The administrative burden is unreasonable, and none of us have the spoons to have to do it for the supports we need. Most of them are lower cost supports - having to do a separate application for low cost assistive tech like assistive apps (Boardmaker, Dragon Dictation), visual schedules, noise cancelling headphones, smart watches etc is really unreasonable.”

Others said that their request was outright denied, often without any adequate explanation and even when the supports were being access prior to the lists being introduced.

“Replacing the noise cancelling headphones the NDIS had funded previously . They said no.”

“I requested an iPad for communication and access. it was declined.”

“A dishwasher. Refusal. Even though we covered all the Reasonable and Necessary criteria. Even though I already was using a dishwasher as part of my AT (until it died) and the NDIA decision maker made the assumption that I did not have the capacity to use it!”

The *First Summary Report* on the evaluation of NDIS reforms, also reflected issues associated with these concerns. NDIA staff and Practice Leads, particularly those at the National Contact Centre, reported “a backlog of requests during November” and noted widespread “confusion about whether a replacement support should or could be requested, and the evidence required to support the request.” On the issue of Low-Cost Smart Devices, the report specifically acknowledges that “some inconsistent advice [was] provided to participants by Agency planners and providers about when the replacement support process could be used.”⁴¹

⁴¹ National Disability Insurance Agency. (2025). *The introduction of defined NDIS supports, funding amounts, funding periods and funding components – Early observations on implementation*. National Disability Insurance Scheme. p. 23.

Likely due to some of these internal mishaps, long approval times have also presented significant issues for participants. As noted earlier in this submission, the Agency itself, has acknowledged that it has, since the introduction of the support lists, been working through a backlog of requests,⁴² leading to delays in approvals (or rejections) for participants. For many participants this has caused major issues as the replacement items they have applied for are not just convenience items, they are essential to health, safety, and daily function, meaning that being without these supports for weeks or months due to administrative delays can create serious danger.

"Nothing, 6 months later, still waiting on an answer."

"I need an electric chair, NDIS taking long time to approve. Can get to some places because my carer can't push me on steep ramp."

"I tried replacing my old, non-functioning AT item and it took so long I just gave up. I couldn't be without it."

"The wait was too long. I ended up borrowing a friend's old one, even though it wasn't suitable."

Overall, the evidence suggests that the process is not working as intended, either because people are unable to access it, are discouraged by its complexity, or because it is failing to provide a viable pathway to essential supports.

Even for those who manage to navigate the process, experiences are often poor. Advocates have reported that decisions are inconsistently applied and often lack clear reasoning. In some cases, participants seeking funding for an assistive device have had their support approved on the basis that funding for another, unrelated support is withdrawn. Such decisions suggest a lack of understanding of the purpose and function of disability supports, and a broader failure to apply the rules in a way that is fair, logical, or person-centred.

⁴² Ibid., p. 7.

It is also a significant issue in itself that accessing a replacement support requires the participant to give up funding from another part of their plan.⁴³ In practice, this forces people to trade off essential supports, such as therapy, personal care, or community access, in order to cover the cost of an excluded item. This undermines the core principle of individualised funding and erodes participants' choice and control over how their support needs are met. It also fails to recognise that many excluded supports, such as assistive technology or daily living aids, are enabling supports that reduce reliance on other services and improve long-term outcomes.

“The things on the replacement list seem like things that should be standard supports.”

“it makes no sense, you don't even fund plans properly enough that a replacement support wouldn't leave anyone out in a lurch. A non-approved AT doesn't replace a support worker. In what world?”

“There is no support that can be replaced...Sensory supports can be used in many situations but they do not negate the need for support workers, only massively increase independence and may reduce need for support workers in some instances.”

A further concern that has been raised with PWDA is that decisions made under the Replacement Supports Process are not reviewable through the usual NDIS review and appeals mechanisms.

“The process to apply for a replacement support is deliberately difficult, takes far too long, is unfair and not reviewable.”

This lack of procedural fairness means that participants who are denied essential supports through this process have no clear avenue to challenge the decision, even where it has a significant impact on their safety, independence or wellbeing.

⁴³ Coombes, C. (2024, Dec 9). NDIS Act Explained: Replacement supports, *Dsc*; National Disability Insurance Agency. (2024). Fact Sheet: Applying for a replacement support. *National Disability Insurance Scheme*.

The absence of a review mechanism also contributes to mistrust and reinforces the perception that participants are being excluded from fair and transparent decision-making. This is inconsistent with the principles of choice and control enshrined in the NDIS Act,⁴⁴ and out of step with other areas of administrative decision-making in the Scheme.

Given the design flaws and poor experiences associated with the replacement support process, there is a strong case for shifting focus away from maintaining or expanding it. A more effective and rights-aligned approach would be to reform the support rules themselves, ensuring they are principles-based, transparent, and flexible enough to accommodate individual circumstances without requiring such a burdensome workaround.

“The whole process and concept is an unworkable joke. This was obviously conceptualised and agreed to and implemented by cruel uneducated individuals with no idea or concept or lived experience of living with a disability. There is no way this can ever be workable”

Narrow Definitions of Evidence Based Supports

The NDIS Support Lists heavily rely on a narrow definition of ‘evidence-based’ supports, which excludes therapies or interventions that are effective for many participants. While some therapies, such as Somatic Therapy and Yoga Therapy have shown significant benefits, they are excluded in the ‘Out’ lists on the grounds that they are not ‘evidence based.’⁴⁵

The exclusion of supports on the basis of a lack of appropriate qualifications or ‘evidence’ is highly problematic, given that the definition of ‘evidence’ is typically based on clinical or medical research, often conducted by institutions that predominantly represent white, western, middle-class perspectives.⁴⁶ This medicalised approach to

⁴⁴ Department of Health, Disability and Ageing. (2025). [National Disability Insurance Scheme Act 2013](#). Australian Government.

⁴⁵ National Disability Insurance Agency. (2024). Supports that are not ‘NDIS’ Supports,’ p. 7.

⁴⁶ Luke, J., Verbunt, E., Zhang, A., Bamblett, M., Johnson, G., Salamone, C., Thomas, D., Eades, S., Gubhaju, L., Kelaher, M. & Jones, A. (2022). Questioning the ethics of evidence-based practice for Indigenous health and social settings in Australia. *BMJ Global*

evidence excludes lived experience, community-based research, and approaches that are culturally relevant to diverse participants.⁴⁷ For example, non-Western therapeutic practices, such as Indigenous healing practices or culturally specific therapeutic methods, are often disregarded by ‘evidence based’ approaches,⁴⁸ which is what appears to have happened in the exclusion of certain types of therapy NDIS funding.

Moreover, the exclusion of therapies like Somatic Therapy, which can be particularly beneficial for people with complex trauma or limited verbal communication, further marginalises neurodivergent, non-speaking, and intellectually disabled participants.⁴⁹ For these individuals, traditional talk therapies may not be suitable, yet alternative therapies are dismissed due to the rigid, one-size-fits-all definition of what constitutes ‘evidence.’

“Talk Therapist[s] do not leave the office. I am excluded from other forms of therapy, ie telephone and video because of my disability - impairment that has met ndis eligibility,”

Instead of relying on a narrow definition of ‘evidence’, the NDIS should adopt a more inclusive approach that recognises and values multiple forms of evidence, including lived experience, community-based knowledge, and culturally specific models of well-being. This is particularly important in light of the proposed NDIS Evidence Advisory Committee, which must be guided by a broad and inclusive understanding of what counts as evidence. To ensure that supports are genuinely responsive to the diverse needs, values, and worldviews of all participants, especially those from underrepresented and marginalised communities, the Committee should embed co-design with people with disability and draw on a plurality of knowledge systems beyond clinical or academic research alone. The validity of existing research needs to be considered, given that research consistently shows that people with disability are

Health, Vol. 7. <https://doi.org/10.1136/bmjgh-2022-009167>; Adams, J. & Broom, A. (2012). *Evidence-Based Healthcare in Context Critical Social Science Perspectives*, Ashgate, UK.

⁴⁷ Beresford, P. (2005). Social work and a social model of madness and distress: Developing a viable role for the future. *Social Work and Social Sciences Review - An International Journal of Applied*. Vol. 12, pp. 59-73.

⁴⁸ Li, R. (2017). Indigenous Identity and Traditional Medicine: Pharmacy at the Crossroads. *Can Pharm J*. Vol., 10,150. No. 5, pp. 279-281. doi: 10.1177/1715163517725020. PMID: 28894496; PMCID: PMC5582679.

⁴⁹ Salamon, M. (2023, July 7). What is somatic therapy? *Harvard Health Publishing*; Kapp, S. K. (Ed.). (2020). *Autistic Community and the Neurodiversity Movement: Stories from the Frontline*.

frequently explicitly or implicitly excluded from, and experience widespread barriers to, participating in clinical and therapy-based research, leading to gaps in findings.⁵⁰

Long and Illogical Exclusion List

Participants and advocates have noted that the ‘out’ list is not only long and limiting, but also inconsistent with the “in” list. For example, as noted earlier, while training for accredited assistance animals may be funded, related needs such as pet insurance for assistance animals, and costs of the removal and replacement of accredited assistance animals, are explicitly excluded without carve-outs. This is despite it being necessary to not only ensure the long-term viability of the support but also align with the ‘In’ list’s definition of accredited assistance animals as NDIS Supports. Similarly, while some online supports and therapies accessed via telehealth are allowed under the ‘in’ list,⁵¹ standard devices that are needed to access these supports, such as Low-Cost Smart Devices (e.g. tablets, low-cost laptops, etc.), are categorised as “standard household’ or “lifestyle” items,⁵² along with many apps that people with disability need to make them accessible.⁵³ In response to a question in the survey, many respondents explained that they needed these items to for disability specific purposes.

“Laptop, phone, tablet accessories such as stands and holders - an example is people who are bedridden may need extensive accessories like this to be able to still use their devices.”

“Ray-ban smart glasses, smart phone with apps specific to helping the blind to read material from the vision Australia library, as well as mobility.”

“Smart lock, I am bedbound and unable to go to the front door.”

⁵⁰ Polsky, W., Ne’eman, A., Silverman, B. C., Strauss, D. H., Francis, L. P., Stein, M. A. & Bierer, B. E. (2022). [Excluding People With Disabilities From Clinical Research: Eligibility Criteria Lack Clarity And Justification](https://doi.org/10.1377/hlthaff.2022.00520). *Disability and Health*. Vol 41. No. 10. <https://doi.org/10.1377/hlthaff.2022.00520>

⁵¹ National Disability Insurance Agency. (2024). [Supports that are NDIS Supports](#). National Disability Insurance Scheme.

⁵² National Disability Insurance Agency. (2024). Supports that are not ‘NDIS’ Supports,’ p. 4.

⁵³ National Disability Insurance Agency. (2024). Supports that are not ‘NDIS’ Supports,’ p. 4.

These exclusions result in increased costs to the Scheme and unnecessary hardship for participants, either forcing them to pay out of pocket or pushing them to purchase more expensive and medicalised alternatives, simply to meet administrative criteria.

“...it has to be a disability specific shop. Disability specific shops are often 5 x the price so it seems silly to buy things from there.”

Similarly, the exclusion of intimate grooming and hygiene supports, such as shaving or waxing, on the basis that they are “beauty-related services”⁵⁴ fails to consider their disability-related purpose. For many participants, as discussed above, these services are essential for managing hygiene, skin conditions, or trauma-related needs. Their exclusion has forced some people to rely on support workers for deeply personal care tasks, which many find unsafe or inappropriate. In addition to undermining dignity and autonomy, this shift is often more expensive for the Scheme than funding a trained professional.

“...Was told a support worker had to do it at home not in community. Then was told I could only have a towel dry no blow dry allowed as not written lists...”

‘I will no longer socialise because I look unkempt, my sw helps me bath but can not wash and dry my hair or perform hair removal etc, these small things are the difference for me feeling like I am ok or not.’

“No longer able to pay DSW to ... remove unwanted hair.”

Furthermore, the exclusion of tablets and other low-cost smart devices directly contradicts earlier guidance issued in the 2023–24 Pricing Arrangements and Price Limits (PAPL),⁵⁵ which explicitly allowed the use of low-cost assistive technology to support telehealth service delivery. This flexibility was introduced during the COVID-19

⁵⁴ Ibid, p. 5.

⁵⁵ National Disability Insurance Agency. (2023). [Pricing Arrangements and Price Limits 2023-2024](#). National Disability Insurance Scheme, p. 99.

pandemic,⁵⁶ acknowledging the increased reliance on digital access due to the suspension of face-to-face services, and the critical need for online access for immunocompromised and disabled people; but was removed from the 2025-2026 PAPL.⁵⁷

By explicitly prohibiting such devices, the 'Out' list has led to the removal of this guidance and forced the NDIA to reroute claims through the complex Replacement Process. As a result, participants must now complete an additional application, often with unclear requirements and high rejection rates, just to access the same support. This disproportionately impacts people living in regional or remote areas, and those who cannot safely attend in-person appointments.

This exclusion is even more illogical in light of other changes to the most recent PAPL, released in mid-2025,⁵⁸ which include the removal of travel subsidies for therapists and other providers, further limiting participants' ability to access in-person services. Participants are now more likely than ever to require access to telehealth, and therefore, to the very devices currently excluded by the rules. Denying funding for the tools needed to access therapy, while also removing travel-based supports, places people with disability in an impossible position and undermines the entire purpose of Capacity Building supports.

Given the inconsistency and harm caused by the exclusions applied under the 'Out' list, PWDA believes there is a strong case for its removal as part of a broader shift toward a rights-based, person-centred model.

In response to PWDA's survey, many respondents also raised concern about the exclusion of therapies and other supports previously covered. Therapies and supports frequently mentioned as excluded included massage, relationship counselling, and sex

⁵⁶ Every Australian Counts. (2020, April 27). [Smart devices, tablets, iPads – the NDIA get their act together \(finally\)](#).

⁵⁷ National Disability Insurance Agency. (2025). [Pricing Arrangements and Price Limits 2025-2026](#). National Disability Insurance Scheme.

⁵⁸ Ibid.

therapy. Participants emphasised that these services are fundamental to living a full, healthy life, but are often treated as non-essential.

“Therapy for healthy relationships and sexual expression should never be seen as a luxury. Sex is a human right.”

“Sexuality: support to learn about body parts, consent, what sexuality is, what kinds of behaviours are private and public etc. Access to specialised therapist OT experienced in supporting individual's access to sex aids/toys for someone with very limited physical capabilities.”

“I have a degenerative muscle disease and cannot get massage funded.”

“Our family member needs stretches and massages to avoid contractures of the limbs. These are specifically excluded from ndis physio options, so we have to pay for that out of his disability benefit.”

“I know people who would like sexual support and can't access, others who are registered workers to provide those services but can't.”

In many cases, survey respondents also said that the ability to access the therapies they needed depended on what qualifications the provider had, rather than what therapy they were providing. Among respondents, more than one-third (37%) had difficulty accessing therapy because providers didn't meet NDIS qualification rules. Commonly affected therapies included counselling, music therapy, art therapy and remedial massage.

“Counsellor as they used art therapy.”

“Arts therapy through an ANZACADA registered therapist, with a master's degree and 20+ years experience. She is highly trained, not a person with a packet of pencils calling it "art therapy". This is our only funded support that actually works. It is undoing the trauma and damage done by speech therapy/psych/OT in the past.”

“Remedial Massage as new rules only allowed Allied Health and RM therapists are not considered allied health even though they have just as much extensive training and qualifications. Remedial Massage is very different to massage provided by a physio for example.”

This reflects inconsistent rules, whereby certain supports can be accessed only when and if they provided by a professional with particular qualifications, while it is banned when others provide it, even if they have extensive experience in the space.

Another concerning exclusion that reflects outdated assumptions is the limited access to Short-Term Accommodation (STA) for people who do not live with informal carers. PWDA has heard that some participants who live alone or in Supported Independent Living (SIL) are being denied access to STA on the grounds that respite is only for carers. This carer-centric interpretation ignores the fact that respite can play an essential safeguarding, therapeutic, or stabilising role for participants themselves, especially those experiencing escalating mental health needs, sensory distress, or unsafe environments. Denying STA based on living arrangements reinforces the idea that only carers need a break, not participants, and implicitly deems independent people as less deserving of relief or protection. This not only undermines participant wellbeing, but increases the risk of carer burnout, hospitalisation, child relinquishment, and institutionalisation.

Personal Toll on Participants

The introduction and application of the NDIS Support Lists have imposed a profound personal toll on many people with disability and their families. The PWDA survey revealed widespread emotional, financial, and health impacts stemming from the exclusion of essential supports. Many participants described feeling punished by a system that was supposed to empower them.

Participants reported significant declines in health and wellbeing following the removal of previously funded supports like physiotherapy, hydrotherapy, gym

access, and dietary support. These cuts directly contribute to injury, hospitalisation, and increased reliance on more intensive supports.

“They took away the gym membership. I’ve regressed, lost strength, injured myself.”

“They are Stopping us From Improving our Physical and Mental Health out in The Community and around The House.”

“I am a neurodivergent mum to 2 Autistic children. This constant negotiation and having to send enquiries about supports is exhausting. It affects my mental and physical health, as it is so stressful...”

Beyond the more tangible impacts, the psychological and emotional toll was also evident. Respondents spoke of trauma, fear of retaliation, and loss of dignity.

“My life has gone backwards since these lists came into being. I am devastated.”

“It is so extremely frustrating it brings me to tears on a daily basis.”

“I feel like a shadow of a person with no voice or respect.”

Participants also described how the changes undermined their ability to participate in daily life, with over half of respondents reporting that the NDIS Support Lists had negatively impacted their ability to live independently (57%) and get around their home or community (53%). Nearly one in three (30%) said it had made it harder to work, and around a quarter said it had affected their ability to care for others (25%) or study (23%).

The erosion of autonomy and the shift away from person-centred support left many participants feeling “dehumanised” and “just surviving,” rather than living meaningfully. Several noted that they are now or will likely become more dependent on crisis services, including hospital care, because early interventions and low-cost supports were no longer available under the lists.

“Now that I'm experiencing homelessness, I'm struggling to see any way forward as the NDIS distances themselves further from any assistance with finding and keeping stable healthy housing- a vicious cycle where I can't use funding that assumes a stable home, unused funding means less funding in future, and constantly changing restrictions make impossible any help towards getting stable and building up a support system again.”

The erosion of supports people need not only harms individual wellbeing, it increases long-term costs across health, housing, justice, and other mainstream systems. As supports are withdrawn, the risk of crisis, poverty, institutionalisation, and system exit grows.

Assumptions Around Access to Mainstream and Foundational Supports

A core flaw in the logic of the current NDIS Support Rules is the assumption that participants can access mainstream and foundational supports to meet certain needs. However, this assumption is often inaccurate, and increasingly harmful in the context of the delayed rollout of foundational supports.

Foundational supports were intended to begin on 1 July 2025,⁵⁹ following recommendations from the NDIS Review,⁶⁰ and were meant to provide basic, disability-related supports outside of the NDIS. However, implementation has been delayed due to push back from state and territory governments, election-related disruptions, and the lack of formalised funding agreements between jurisdictions.⁶¹ As a result, many of the foundational supports that the NDIS now assumes participants can access simply do not exist.

⁵⁹ Department of Social Services. (2024). *Disability Reform Roadmap*. Australian Government.

⁶⁰ NDIS Review. (2023). *Foundational supports for all people with disability*. Australian Government.

⁶¹ Wright, C. (2025, May 27). *Foundational supports held hostage by health funding negotiations*. *Health Services Daily*; People with Disability Australia. (2025). *States and Territories Abandon People with Disability as NDIS Reforms Tighten Access*. [Media Release].

In feedback to PWDA, people with disability strongly challenged the assumption that foundational or mainstream services are accessible. Respondents highlighted lack of access to disability appropriate and inclusive mainstream supports.

“Mainstream supports, even when I can access them, aren't able to fully meet my access needs (eg. The Salvos crisis housing service can't accommodate even minor physical disability needs or the need to stay with a carer). The only clear statement for responsibility of cases like ours is an ever louder "not our problem".

“...the NDIS now considers psychology to be a health responsibility rather than a disability-related need, advising individuals to seek support through a medical care plan instead. A significant concern is that these changes are being implemented without consultation, leaving individuals without the essential support they need. Additionally, the state government's commitment to foundational supports for people with psychosocial disabilities has yet to be clearly outlined or implemented, creating further uncertainty.”

Another key concern relates to the removal of NDIS-funded supports during hospitalisation. This policy shift appears to assume that hospital systems are adequately equipped to meet a person's disability-related needs, an assumption that is not supported by evidence. Hospitals are often not aware of a person's NDIS status and typically lack the disability-specific training, staffing, or equipment to provide the necessary support. The withdrawal of NDIS-funded supports during hospital stays introduces significant risks, particularly for people with complex communication, behavioural, or personal care needs. It also undermines continuity of care and can result in preventable harm. This exclusion highlights the dangers of assuming that state and territory systems, including health services, can or will meet disability-related needs, and reinforces the need for clearer guidance, better integration, and stronger safeguards across service systems.

The same flawed logic can be applied to employment. The current framework and lists assume that workplace support is the responsibility of employers or mainstream services, but in practice, that support is patchy at best. In its consultation, PWDA heard that many participants face discrimination at work and struggle to access reasonable adjustments. Our survey found that nearly one in three respondents (30%) said the support lists had made it harder to work, and around a quarter said it had affected their ability to study (23%).

“The employer has workplace assistance, but not the capacity to provide the support I need for WFH.”

“Driving me to my place of employment is a real need... but the NDIS won’t pay for such a crucial need.”

“An employer is not going to choose an employee who they need to purchase special writing instruments or need to spend more money on to do their job.”

These issues are reflected in national data. The Australian Human Rights Commission consistently identifies disability as the most common ground for discrimination complaints and 1 in 4 of these complaints relate to employment. Employment rates for people with disability also remain low, with only 53% of working-age people with disability employed, compared to 84% of people without disability.⁶² These structural barriers, combined with a lack of support through the NDIS, contribute to systemic exclusion from work, study and community participation.

Similarly, many respondents noted that the NDIA frequently labels essential supports for children or families as “parental responsibility,” even when those supports are directly related to a participant’s disability. This gap is especially significant for participants who previously used supports that are now on the ‘Out’ list on the grounds that they should be available elsewhere. For example, supports related to homeschooling, ‘school refusal’ and ‘school can’t’ programs are now excluded from

⁶² The Australian Institute of Health and Welfare. (2024). [People with Disability in Australia](#). Australian Government, Canberra.

the NDIS⁶³ under the guise that school support is the responsibility of state-based education systems, despite the fact that many disabled children are unable to access mainstream schooling due to unsafe or exclusionary environments.⁶⁴ In practice, this leaves families with no real choice but to homeschool, often without the support they need to do so effectively.

“... it is going to impact on families that need assistance and this will mean that one of the parents will need to cease work to support their children or a carer will be impacted.”

Similarly, the NDIS lists currently exclude supports for parents with disability,⁶⁵ assuming that mainstream family and child protection programs meet this need; despite the fact that the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Disability Royal Commission) made it clear that this assumption does not reflect reality. In practice, the Disability Royal Commission found that mainstream services often lack the capacity, flexibility, and expertise needed to support disabled parents and carers of disabled children in a respectful and effective manner; and highlighted that disabled parents experience systemic disadvantage at every stage of the child protection process.⁶⁶

Despite these findings, the NDIS continues to exclude parenting-related supports, including those that could prevent child protection intervention or support family reunification. This includes help to meet a child’s needs, maintain a safe home, or navigate complex systems. Excluding these supports overlooks the failures of mainstream services and shifts responsibility away from the NDIS, even when the supports directly relate to a participant’s disability.

“Things that were funded previously that helped mine and my children’s disability are now considered mainstream and not funded.”

⁶³ National Disability Insurance Agency. (2024). *Supports that are not ‘NDIS’ Supports*, p. 11.

⁶⁴ McKay Brown, L. & Melvin, G. (2023). *School refusal needs a national response. Pursuit*. The University of Melbourne.

⁶⁵ National Disability Insurance Agency. (2024). *Supports that are not ‘NDIS’ Supports*, p. 10.

⁶⁶ Libesman, T., Gray, P., Chandler, E., Briskman, L., Didi, A & Avery, S. (2023). *Parents with Disability and their Experiences of Child Protection Systems*, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

“OT equipment to support my kids at home in between sessions - they're seen as 'toys'. Home alterations to ensure my kids' safety as they grow. My daughter keeps jumping the fence and if she jumps the wrong one, it's a 12 foot drop on the other side. She's getting taller every day, and is often faster than me. She is not destructive or violent, but she's a climber so every shelf needs to be structurally mounted and all furniture needs to be bolted to the walls - NDIS insists it's parental responsibility.”

By denying support based on theoretical access to foundational or mainstream supports and services, without ensuring these systems are accessible, appropriate, or even operational, the current model places participants at risk and perpetuates systemic exclusion. A rights-based and person-centred system must account for the lived reality of people with disability, not just policy intent.

Other Recommended Changes

In addition to the core issues identified with the structure, application, and interpretation of the NDIS Support Rules, participants and advocates have proposed a number of changes that would improve clarity, equity, and alignment with the purpose of the NDIS.

First and foremost, there is strong support for moving away from rigid support lists and returning to a principles-based, person-centred framework. This would allow for supports to be considered on a case-by-case basis in relation to a person's goals, functional capacity, and individual context, rather than whether they appear on a predefined list. This approach would better uphold participant choice and control and align with the spirit of Australia's obligations under the UNCRPD.

There is also a clear call for:

- Improved transparency and accountability in how support decisions are made, including reasons for replacement supports refusals;

- Stronger training for NDIA planners and providers to reduce inconsistencies and misinterpretation;
- Clear and accessible criteria for replacement supports, with transparent timeframes and decision making;
- Build flexibility into funding for dual-purpose or “mainstream” items that serve essential disability-related functions (e.g., smart home devices, kitchen aids, cleaning equipment);
- Recognition of lived experience when determining what constitutes a “reasonable and necessary” support;
- Measures to improve clarity about the respective responsibilities of the federal and state/territory governments, including mechanisms to prevent ‘passing the buck’ between jurisdictions;
- Acknowledgement and consideration of intersectional disadvantage in support decisions and rules;
- Meaningful co-design of any future rule changes or reforms, with people with disability and their representative organisations involved from the outset.

Moving Forward

The introduction of rigid support lists under the current NDIS Support Rules has caused serious harm to participants, entrenching inequity, reducing autonomy, and forcing people to go without the supports they need to live with dignity. PWDA's national survey confirms what we have heard consistently across the community: the current system is not working.

While the Department's consultation process is a welcome opportunity to address these issues, it must result in genuine reform. A return to a flexible, rights-based, person-centred approach would not only better meet the needs of participants, but would also be more consistent with the original vision of the NDIS and its intent as a means to implement the rights of people with disability under the UNCRPD.

Rigid rules cannot account for the diversity of disability or the realities of people's lives. If the Scheme is to remain sustainable, fair, and inclusive, it must be built on trust, flexibility, and respect. This includes listening to the voices of those most impacted.

However, in the event that support lists are required to exist, PWDA strongly urges that they be significantly reformed. At a minimum, this must include:

- Greater transparency around how decisions are made;
- Flexibility to respond to individual and diverse needs;
- Consistent interpretation and application across the Scheme; and
- A clear and accessible process for requesting and approving reasonable and necessary supports not listed.

In this scenario, we also urge serious consideration of removing the 'Out' list altogether. Its existence has contributed to widespread confusion and incorrect refusals of support, even where those supports may otherwise meet the criteria under the NDIS Act.

These reforms should reflect the recommendations outlined in this submission.

Restoring trust in the NDIS will also require more than better communication and co-design. It demands structural reform to ensure that participants are protected when things go wrong. At present, there is a lack of enforceable accountability mechanisms, where oversight of decisions, and even serious misconduct, often remains within the same structures responsible for the failure. This can allow harmful practices, such as the imposition of unexplained payment bars, to occur without transparency, procedural fairness or recourse. These are not just service delivery failures; they are failures of governance. Without independent avenues for review and redress, participants are left without protection or justice when harm is done.

Co-design must not be a tick-box exercise, but a long-term, structural commitment to genuine partnership with disabled people, our representative organisations, and the broader disability community. Moving forward, this should include ensuring that any new or revised support lists are made available for public feedback before being finalised or submitted to National Cabinet. Engaging the community early and meaningfully is essential to avoid repeating the harms of the past and to ensure the Scheme reflects the rights, needs and realities of the people it is designed to support.



PEOPLE WITH DISABILITY
AUSTRALIA

People with Disability Australia (PWDA) is a national disability rights and advocacy organisation made up of, and led by, people with disability.

For individual advocacy support contact PWDA between 9 am and 5 pm (AEST/AEDT)

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of our
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