Submission to the Department of Social Services Consultation on the NDIS Support Rules

Regional Autistic

Engagement Network (RAEN)

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Publishing Information

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Acknowledgement of Country

RAEN acknowledges the traditional owners of the land on Lutruwita/Tasmania, in which this submission was written. We acknowledge and pay our respects to all Tasmanian Aboriginal Communities; all of whom have survived invasion and dispossession, and continue to practice and maintain their identity and culture across Tasmania. Sovereignty never ceded.

Acknowledgement of Lived Experience

RAEN acknowledges the Autistic, Autism and ADHD Community in Tasmania, made up of Autistic and ADHD people, their families, carers and loved ones. We acknowledge the ongoing systemic disadvantage our community faces and celebrate the voices of their lived experience, affirming that neurodivergent culture, communication and community is valid and valuable.

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About RAEN

Created and run "for us by us". The Regional Autistic Engagement Network (RAEN) is an organisation run by and for Autistic and ADHD people that started as a grassroots peer network in the North-West of Tasmania in 2021 and has since expanded across the rest of Tasmania.

In 2024 RAEN now facilitates peer groups across the state and provides community, training and advocacy to improve the experiences of Autistic, ADHD and other neurodivergent people in Tasmania.

Since the closure of Autism Tasmania in June 2024,[1] RAEN has stepped in as the only non-for-profit and community run peak body run by and for our community.

[1] Moran, J. & Belan, C. (2024, June 27). Autism Tasmania staff 'devastated' after peak body shuts down due to lack of funding. *ABC News*.

1. Introduction

The Regional Autistic Engagement Network (RAEN) welcomes the opportunity to provide feedback on the current consultation regarding the NDIS Support Rules (Section 10). RAEN is Tasmania's only Autistic-led organisation and a peer-run network supporting Autistic people across the state, particularly in rural and regional areas.

This submission builds on RAEN's previous contribution to the 2024 consultation on the draft NDIS Support Lists, where we raised serious concerns about the potential impact of exclusion-based rules on Autistic and neurodivergent people.[2] We highlighted how the draft lists failed to reflect the lived realities of Autistic individuals, particularly in relation to parenting, education, sensory and trauma-informed supports.

Unfortunately, the issues we raised in 2024 have not been addressed in the final version of the transitional rules, launched in October 2024. To our concern, more issues have since emerged, due to vague and confusing information, inconsistent interpretation and overreliance on systems that are either inaccessible or do not exist.

RAEN continues to advocate for a shift away from rigid, exclusion-based lists and toward a principles-based approach, in line with national DRCO advocacy.[3] A fixed list can never fully reflect the diverse and individualised support needs of NDIS participants, especially those with fluctuating capacity disabilities. Instead, the NDIS must honour its original purpose, to fund what is reasonable and necessary for a person to achieve their goals and live an ordinary life, by adopting flexible, rights-based decision-making grounded in the Social Model of Disability.[4]

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[2] Regional Autistic Engagement Network (2024). Response to Consultation on draft lists of NDIS supports.

[3] 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.

[4] People With Disability Australia. (2025). Social Model of Disability.

2. Understanding and Applying the NDIS Support Rules

The current NDIS Support Rules and associated lists are difficult to interpret and apply, particularly for neurodivergent people who process information differently. The structure of the lists assumes a level of inferential reasoning, generalisation, and familiarity with bureaucratic language that many Autistic and neurodivergent individuals do not and cannot be expected to have.[5]

Neurodivergent people, including those with Autism, ADHD, intellectual disability, or psychosocial disability, often rely on information being clear, specific, and literal.[6] The use of vague or undefined terms such as “standard household items,” “day-to-day living costs” generates unnecessary confusion.[7] Many individuals interpret rules strictly or assume they are more or less restrictive than they are, which can result in individuals not requesting supports they are eligible for, because they cannot determine whether something is permitted.

This lack of clarity also creates inconsistency. People are often given contradictory information by different professionals and NDIA planners or left without any guidance at all. Neurodivergent people who rely on structure and predictability are particularly disadvantaged when the rules are open to subjective interpretation.

A further concern is the risk of participants inadvertently breaching the rules and incurring a debt. People who make reasonable but misunderstood purchases may be later told they owe money, even when the rules were vague or not communicated clearly. This is especially distressing for neurodivergent individuals who often already struggle

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[5] Hyslop, K. (2025, Jan 27). Hate Filling out Forms? We Can Make Bureaucracy Less Confusing. *The Tyee News*.

[6] Vicente, A., Michel, C. & Petrolini, V. (2024). Literalism in Autistic People: a Predictive Processing Proposal. *Rev.Phil.Psych. Vol.* **15**, pp. 1133–1156.

[7] National Disability Insurance Agency. (2024). *Supports that are not NDIS Supports*. National Disability Insurance Scheme, p. 3.

with increased financial stress, anxiety, or executive functioning challenges, and undermines trust in the system meant to protect their welfare.

To improve understanding and access, RAEN recommends:

- Shifting away from exclusion-based lists and toward a flexible, principles-based approach grounded in individual context, goals and needs
- Providing detailed, concrete examples of what is and isn't fundable, with an emphasis on function rather than form (e.g. funding based on how a support helps with disability, not what category it fits into)
- Publishing consistent and publicly available guidance in plain English, Easy Read, and other neuro-inclusive formats
- Ensuring that planners and providers receive training on accessible communication and the diversity of neurocognitive processing styles.

3. Key Issues with the Current NDIS Support Lists

a. Blanket Exclusion of 'Standard' Items

The Support lists misclassify essential assistive technologies used by Autistic and neurodivergent people as "standard items"[8] and exclude them on that basis. This includes everyday tools like:

- Robot vacuums - which can reduce sensory overwhelm from noise, light, and dust and help people with mobility, energy, or pain limitations maintain a clean environment without relying on a support worker;
- Tablets and smart devices, often used as communication aids (including AAC apps), organisational tools (visual schedules, timers), or for sensory regulation;

While these items may be available to the general population, their function for people with disability is materially different. They are not simply convenient; they are often the only viable way to perform essential daily tasks independently and safely. The fact that non-disabled people may also use them does not make them non-disability related.

The exclusion logic treats assistive technology as valid only if it is specialised or medicalised in appearance, ignoring the reality that Autistic and neurodivergent people often benefit from mainstream technologies repurposed for accessibility. This not only reinforces stigma but actively disadvantages people who use affordable, low-cost solutions to meet their support needs.

The financial logic of this exclusion is also flawed. Denying funding for a one-off $300 device may force a participant to receive multiple hours per week of paid support to achieve the same outcome, at far higher long-term cost to the Scheme. It is inefficient, illogical, and discriminatory to exclude supports on the basis of appearance or commercial availability, rather than on how they address an individual's functional needs.

Furthermore, the exclusion of tablets and other low-cost smart devices directly contradicts earlier guidance issued in the 2023–24 Pricing Arrangements and Price

[8] Ibid.

Limits (PAPL),[9] which explicitly allowed low-cost assistive technology to support telehealth service delivery. This flexibility was introduced during the COVID-19 pandemic,[10] 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.

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 in regional or remote areas and those who cannot safely attend in-person appointments. Furthermore, the majority of the successful requests in the replacement support process are for these low-cost smart devices. This demonstrates that the major result of the explicit prohibition is it clog up the backlog of replacement requests.[11]

This exclusion is especially difficult to justify given more recent policy changes. In the mid-2025 PAPL update, the NDIA removed travel subsidies for therapists and other providers, further limiting participants' access to in-person services. In this context, reliable access to telehealth, and therefore to devices like tablets, becomes more crucial than ever. Denying funding for the critical tools needed to attend therapy sessions, while also withdrawing travel-based supports, places disabled people and their families in an impossible position and undermines the entire intent of Capacity Building supports.

The financial rationale for these exclusions is also unsound. Denying funding for a one-off $300 device may instead compel participants to receive ongoing support from

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

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

[11] 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.

paid workers to achieve the same outcome, at significantly higher cost to the Scheme. Excluding supports based on their appearance or commercial availability, rather than how effectively they meet a participant's functional needs, is not only inefficient and illogical, it is discriminatory.

b. Exclusion of Parenting Supports

The current exclusion of parenting-related supports is based on the flawed assumption that parenting is a mainstream responsibility, and therefore unrelated to disability. In reality, many Autistic and neurodivergent parents experience disability-related barriers that make everyday parenting tasks significantly more challenging. These include sensory sensitivities, executive functioning difficulties, and communication barriers when engaging with child and family services.[12]

Parenting supports such as flexible respite, coaching from neuro-affirming professionals, or tools like visual schedules and noise-cancelling headphones are not mainstream supports when they are needed specifically due to the impacts of disability.[13] Furthermore, they are essential to ensuring that Autistic parents can maintain safe, nurturing environments for their children. The Disability Royal Commission highlighted how disabled parents are systemically disadvantaged in child protection processes.[14] The NDIS exclusion of parenting supports and supports associated with child protection only works to reinforce this inequity.

c. Home Schooling and 'School Can't' Supports

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[12] Talcer, M.C., Duffy, O. & Pedlow, K. (2023). A Qualitative Exploration into the Sensory Experiences of Autistic Mothers. *J Autism Dev Disord*. Vol. **53**, pp. 834–849.

[13] Ibid.

[14] 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.

Excluding supports related to home schooling or “school can’t” is based on the assumption that state education systems are accessible and inclusive, an assumption that is consistently contradicted by the experiences of Autistic families. Mainstream schools are often physically and emotionally unsafe for neurodivergent children, who may experience sensory overload, bullying, and a lack of accommodations.[15]

When Autistic children disengage from school due to these conditions, often known as ‘school can’t,’[16] families are forced to take on full-time educational responsibilities at home, often without training, resources, or adequate support. NDIS funding for supports like education-related assistive technology, home-based learning aides, or therapeutic resources is critical to preventing total social exclusion for these children and families. The claim that ‘education is a state responsibility; should not justify NDIS disengagement when the mainstream system actively fails disabled students.

d. Exclusion of Somatic and Alternative Therapies

The current reliance on narrow definitions of “evidence-based” practice is highly problematic.[17] Autistic and neurodivergent people often do not benefit from conventional therapies such as talk therapy, which can be inaccessible or even harmful when delivered by professionals unfamiliar with neurodivergence or trauma.[18] Somatic therapy,

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[15] McKay Brown, L. & Melvin, G. (2023). School refusal needs a national response. *Pursuit*. The University of Melbourne; Bird, I (2023, September 19). Tasmanian father slams school for autism suspension failures. *The Examiner*. The Association of Children with Disability. (2024). *Submission to the Independent Review of Education in Tasmania.*

[16] Parents Victoria. (2024). School Can’t.

[17] National Disability Insurance Agency. (2024). *Supports that are not NDIS Supports*. National Disability Insurance Scheme, p. 3-4.

[18] Nicholls, A. (n.d.) Why Doesn’t Standard Talking Therapy Work for Autistic People?

and other alternative therapies can offer effective and safer alternatives, particularly for non-speaking Autistic people or those with complex trauma histories.[19]

e. Exclusion of Relationship Therapy

The NDIS Support Rules currently exclude funding for relationship counselling and therapy on the basis that these are considered general or 'mainstream' services unrelated to disability.[20] However, this blanket exclusion fails to recognise the specific, disability-related barriers that Autistic and neurodivergent people may face in forming and maintaining relationships, including romantic, sexual, familial, and platonic connections.[21]

For many Autistic people, navigating interpersonal dynamics can be uniquely challenging due to differences in communication styles, sensory needs, emotional regulation, and social processing. These challenges are not a matter of 'typical relationship difficulty,' but are often a direct result of neurodivergent functioning and lived experiences of marginalisation. As such, support for relationships, including neuro-inclusive therapeutic support, can be essential for inclusion, safety, and well-being.[22]

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[19] 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.*

[20] National Disability Insurance Agency. (2024). *Supports that are not NDIS Supports*. National Disability Insurance Scheme, p. 10.

[21] Hancock G., Stokes M. A., Mesibov G. (2019). Differences in romantic relationship experiences for individuals with an autism spectrum disorder. Sexuality and Disability, 38, 231–245. 10.1007/s11195-019-09573-8 [DOI]; Edwards, C. & Love, A. (n.d.) Friendship, Loneliness and Belonging in Autistic People**.** *Reframing Autism***.**

[22] Stafford, A. (2023). Relationship-counselling Recommendations for Partnerships Involving Autistic Adults: A Scoping Review. *Psychotherapy and Counselling Journal of Australia,* 11(1). https://doi.org/10.59158/001c.77496

Relationship therapy can be critical for couples or families where both or one partner is neurodivergent. It can help prevent breakdowns in informal support, improve emotional connection and communication, and ensure mutual understanding where neurotypical norms do not align with Autistic ways of relating. The need for accessible, neuro-affirming relationship support is even greater for those experiencing trauma, past institutionalisation, or intersecting marginalisation (e.g. queer and neurodivergent couples).

Excluding relationship therapy from NDIS funding assumes that participants can access these supports in the private mental health system or through generalist services. However, in practice, very few providers understand neurodivergence or can adapt therapy approaches to suit Autistic participants.[23] For many, these services are also financially out of reach, and culturally or clinically inappropriate.[24]

The exclusion of therapeutic supports that are clearly linked to a participant's disability-related needs undermines both choice and control. In the case of relationship therapy, it also directly contradicts the intent of the NDIS to support community and social participation, and to fund supports that uphold a participant's right to an ordinary life.

The absence of this support may lead to increased isolation, informal carer burnout, breakdown of critical support relationships, or the escalation of psychosocial distress, all of which result in greater long-term cost to the Scheme.

f. Inconsistent Funding Rules for Assistance Animals

Many Autistic and neurodivergent people use assistance animals to navigate public spaces, reduce anxiety and shutdowns, and increase safety and confidence. Crucially, many of these Autistic and other Neurodivergent people already have accredited assistance animals as part of their NDIS Plans, some of which are, reflected in Tribunal

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[23] Ibid.

[24] Beazley, J. (2020). Why mental health treatment can be too expensive for those who need it most. *ABC News*.

decisions. Therefore, the Support Rules appropriately permit the funding of accredited assistance animals as not only NDIS supports within the In List but also carve outs (to 'pet-related supports') within the Out List.[25] However, the Transitional Rules neglected to consistently apply carve outs to two common costs associated with assistance animals:

- public liability insurance for an assistance animal (which is not dissimilar to a consumer warranty for a wheelchair), as a carve out for '*pet insurance*'; and
- the removal and replacement of an assistance animal (upon the obsolescence and expiration of an assistance animal), as a carve out for '*pet funerals and pet burials*'.

By failing to include these carve outs to the category of 'pet-related supports', the lists inadvertently lead to the inappropriate exclusion of 'pet insurance' and 'pet funerals'.[26] Most assistance animals, by definition, exist as a subset of domestic animals such as dogs. Indeed, while most domestic animals (also known as 'pets') will not be assistance animals, most assistance animals will also be domestic animals.

Therefore, optimising Scheme implementation will require ensuring that assistance animal carve outs (for costs associated with assistance animals) are consistently and thoroughly applied to the 'pet-related supports' category in the 'Out' list, because the majority of the costs associated with accredited assistance animals can be described as 'pet-related costs'.

Adding the two (2) missing carve outs ('public liability insurance for an assistance animal' and the 'removal and replacement of an assistance animal,' for the 'pet insurance' and 'pet funerals and pet burials' line items) will reduce miscommunication, misunderstanding, and maladministration by Agency delegates.

g. Replacement Support Process Is Unclear and Inaccessible

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

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

The replacement support process is meant to provide flexibility for excluded items, but it is widely seen as opaque, slow, and inconsistently applied. There is little public information about how to apply, what evidence is needed, or how decisions are made. Participants are often forced to trade off funding from other supports to justify an excluded item.

For Autistic and neurodivergent people, many of whom already experience executive dysfunction, trauma from bureaucratic systems, or communication barriers,[27] this process is highly inaccessible and stressful. It creates impossible choices and places all the burden on the participant, rather than the system.

h. Overreliance on Non-Existent Mainstream or Foundational Supports

The NDIS Support Rules exclude a wide range of supports on the assumption that these needs will be met through foundational or mainstream services. This includes supports for education and parenting. However, for Autistic and neurodivergent people, particularly those living in Tasmania, these systems are often inaccessible, unsuitable, or entirely absent.

Foundational supports, intended to provide basic, non-individualised disability-related assistance outside the Scheme, have yet to be implemented. Their rollout has been significantly delayed due to political disagreement between jurisdictions, lack of funding agreements, and competing reform priorities.[28] Even if these supports are eventually introduced, they are unlikely to meet the needs of Autistic people in Tasmania. Tasmania has one of the lowest state GDPs,[29] limited public infrastructure, and no funded

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[27] Bercovici, D. (2022, September 21). Executive challenges in autism & ADHD. *Embrace Autism*.

[28] 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].

[29] Eslake, S. (2024, November 20). Tasmania's economy grew in line with the national average in 2023-24 - but fundamental problems remain. *LinkedIn*.

Autistic-led peak body to advocate for or help design inclusive foundational systems.[30] In the absence of that advocacy, there is no assurance that foundational supports will be neuro-affirming or accessible to Autistic and neurodivergent people.

These exclusions in the lists are already having serious consequences. For example, supports related to home schooling and School Can't programs are excluded on the basis that education is a state responsibility; but Autistic students in Tasmania are frequently pushed out of mainstream classrooms due to trauma, sensory overwhelm, or exclusionary behaviour policies.[31] There is no equivalent support offered when families are forced to home school.

Parenting supports are another clear example. The rules exclude assistance for parents with disability, assuming this can be accessed through child and family services. Yet these services are rarely set up to support Autistic and neurodivergent parents, particularly those who have sensory sensitivities, executive functioning challenges, or communication differences.[32]

In each of these examples, the exclusion of supports on the assumption that they are someone else's responsibility creates a service gap that is neither acknowledged nor filled. For Autistic people in Tasmania, who already experience high levels of systemic disadvantage, this gap can mean going without basic supports needed for safety, connection, and well-being.

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[30] Jenner, A. (2024). Opinion: Budget fails the disabled and neurodivergent. *New Norfolk and Derwent Valley News.*

[31] Bird, I (2023, September 19). Tasmanian father slams school for autism suspension failures. *The Examiner*. The Association of Children with Disability. (2024). *Submission to the Independent Review of Education in Tasmania.*

[32] 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.

4. Conclusion and Recommendations

The current NDIS Support Rules fail to provide the flexibility, clarity, and fairness that Autistic and neurodivergent people need to live ordinary lives. While the intent of the rules is to ensure consistency and sustainability, the practical outcome has been confusion, restriction, and exclusion.

For Autistic and neurodivergent people, the Support Rules often exclude the very supports that make daily life possible: communication aids, sensory regulation tools, trauma-informed therapies and assistance for parenting or education when mainstream systems fail. These supports are not 'extras', they are essential for independence, dignity, and inclusion.

Participants are now banned from using many supports that previously worked for them, simply becausethey are perceived as ‘household items,’ or are considered the responsibility of mainstream systems (which themselves do not function reliably). Inconsistency, lack of transparency, and fear of incurring debts only worsen these harms, particularly for Autistic people, who may need concrete, literal, and accessible information in order to safely navigate systems.

These issues are amplified in Tasmania, where there is no funded Autistic-led peak body, limited access to inclusive services, and little capacity to co-design foundational supports. Excluding supports on the basis that mainstream or future systems will fill the gap is not only unrealistic, but also unjust.

5. Recommendations

Recommendation 1 - Replace the exclusionary "In/Out" lists with a principles-based framework, where all supports are assessed against the NDIS Act and participant-specific needs, rather than blanket rules.

Recommendation 2 - Ensure clearer guidance for participants and providers, written in plain language and available in multiple neuro-inclusive formats, that explains how decisions are made and what evidence is needed.

Recommendation 3 - Recognise the legitimacy of alternative and community-based evidence, including lived experience, culturally grounded practices, and supports that reflect neurodivergent ways of functioning.

Recommendation 4 - Remove supports that clearly relate to disability from the "out" list, including:

- Parenting supports for Autistic and disabled parents;
- Home-based education supports for families facing school exclusion;
- Somatic and other alternative therapies;
- Sensory regulation tools and assistive technologies;
- Relationship counselling where neurodivergence contributes to support needs;
- ALL costs associated with assistance animals.

Recommendation 5 - Provide clear, accessible mechanisms for requesting replacement supports when a needed support is not on the list, including transparent criteria, timeframes, and processes.

Recommendation 6 - Urgently invest in co-designed foundational supports, in partnership with Autistic-led organisations, especially in under-resourced jurisdictions like Tasmania. This includes resourcing local peak bodies to inform design, delivery, and oversight.

Recommendation 7 - Amend the Support Rules to explicitly require intersectional assessment of disadvantage, recognising that multiply marginalised people, including

Autistic women, First Nations people, LGBTIQA+ participants, and regional communities, face compounded barriers to support access.