NDIS Amendment (Securing the NDIS for Future Generations) Bill 2026 – Senate Submission

Access and Eligibility

Proposed change (Bill section)	What this could mean in real life	My experience / what I want the Senate to know
Functional capacity becomes a key eligibility test (s9B). A functional capacity tool will be used to determine who can become a participant of the scheme. The assessment tool has not yet been released and it is unclear who will administer it.	A standardised assessment may not accurately capture fluctuating disability, masking, trauma, autism, fatigue, behaviour support needs or the cumulative impact of multiple disabilities. A child may appear capable during a short assessment but require significant support to function safely every day. Instead of clinical information from qualified allied health professionals who know the participant, access decisions may rely more heavily on a standardised assessment which may involve automation.	As an allied health professional the reports that I write for the families to share at their plan review, are essential for understanding the whole child and the whole picture. Using an assessment tool one day for a few hours either with a person that the child doesn't know or even worse AI, shows no understanding of disability. Everybody in the whole human race has days that are bad and other days that are good. We shouldn't base somebody's needs on a "one off"assessment if we truly want to respect and support people with disabilities and their families.
Evidence will be required around the 'Permanence' of a person's disability. There will be a requirement to exhaust 'all appropriate	Families may need to demonstrate that all reasonable treatment options have been attempted before accessing supports. This may disadvantage people where treatments are unavailable, unaffordable, unsafe, ineffective, culturally inappropriate or create	

treatment' before NDIS eligibility is confirmed.	significant side effects. To gain access, participants may have to undergo 'treatment' including surgeries, medication and therapies that may be harmful. It also raises difficult questions about where the line sits between an "appropriate" treatment and a treatment a person does not wish to undertake. Could a participant be required to trial certain medications before accessing certain supports? Could a family be expected to pursue surgery, intensive therapy or another intervention they believe is unsuitable, ineffective or carries unacceptable risks? Where people have a rare condition or diagnosis, many experts don’t know what treatment will be beneficial or effective. Because the NDIA can no longer take into account a person’s environment (i.e. financial status) this may mean that if they cannot afford a specific treatment (to prove that it is not effective), they cannot access the NDIS.	
New eligibility framework from 2028	People already receiving the NDIS may need to demonstrate they	

(s9B and related provisions) All current participants will need to be reassessed under the new functional capacity eligibility framework from January 2028. Some may lose their access in this process.	continue to meet the new eligibility criteria. Existing and future participants face uncertainty about whether they will qualify under the new access model, particularly where support needs are developmental, psychosocial, fluctuating or difficult to measure using standardised tools. Families are concerned children and young people who currently receive support could lose access despite no improvement in their disability or functional capacity. We don't know what assessment tool will be used for this eligibility process, what evidence participants can provide and if there are any appeal rights. There doesn't appear to be any other Foundational Supports in place for those who are exited from the NDIS.	
Functional capacity will be assessed with reduced consideration of environmental and personal circumstances (s9B)	This bill seeks to assess a persons functional capacity without taking into account environmental factors such as their financial circumstances, their home environment or the assistive technology they use.	

	Two children with the same diagnosis can have vastly different support needs depending on poverty, housing, transport, family supports, family violence, culture, geography and access to services. Ignoring context risks underestimating need.	
Functional capacity assessments may not adequately capture fluctuating or non-apparent disabilities (s9B)	Some people have good days and bad days. Others can temporarily mask difficulties during assessments. Families are concerned assessments may capture what a person can do briefly rather than what they can safely and consistently sustain in daily life. One day snapshots do not take into account the cumulative effect of disability and carer roles.	
To be funded, support needs must arise 'directly' from an NDIS-eligible impairment (s34(1)(aa))	Families may be forced to prove exactly which impairment causes which support need. Supports that arise from the combined effect of multiple disabilities, medical conditions or life circumstances may become harder to justify. In reality, disability is rarely that neat. A child may have autism, intellectual disability, ADHD, epilepsy and anxiety. Is the need for supervision caused by the autism? The	

	epilepsy? The intellectual disability? The anxiety? An unrelated early childhood trauma? Or the interaction between all of them? A child with a rare genetic condition may experience a unique combination of physical, cognitive, behavioural and medical symptoms that do not fit neatly into diagnostic categories. The support need exists regardless, but determining exactly which diagnosis the support need 'directly arises' from may be next to impossible. The question for families is whether support decisions should be based on the existence of a genuine support need, or on the ability to successfully attribute that need to a particular eligible diagnosis or impairment. This creates a burden of evidence to prove a direct link between every support need and the disability / impairment.	
Stronger focus on moving people to alternative funding systems.	This section states that people should not be eligible to access the NDIS if there are other compensation or insurance schemes	

	that could support them instead. This may include the TAC, workplace compensation schemes and potentially even the Aged Care System.	
Stronger evidence will be required around the ‘Permanence’ of a person’s disability. A requirement to exhaust 'all appropriate treatment' before NDIS eligibility	Families may need to demonstrate that all reasonable treatment options have been attempted before accessing supports. This may disadvantage people where treatments are unavailable, unaffordable, ineffective, culturally inappropriate or create significant side effects. To gain access, participants may have to undergo 'treatment' including surgeries, medication and therapies that may be harmful. It also raises difficult questions about where the line sits between an "appropriate" treatment and a treatment a person does not wish to undertake. Could a participant be required to trial certain medications before accessing certain supports? Could a family be expected to pursue surgery, intensive therapy or another intervention they believe is	

	unsuitable, ineffective or carries unacceptable risks? Where people have a rare condition or diagnosis, many experts don't know what treatment will be beneficial or effective.	
People may lose NDIS supports before alternative systems are fully established	Families are concerned participants could be found ineligible for the NDIS or have supports reduced before replacement systems are available, accessible, adequately funded and capable of meeting need. There is no consensus on what Foundational Supports are yet and how they will be rolled out or available. We cannot cut supports and then design the systems later.	I have had families lose funding for their child or foster child, with no emails n phone calls and no explanation. The decision was made without any consultation with the families. They had no idea until I asked them what had happened to the funding as I noticed my invoices were not being paid. These children were removed and now have no funding. No alternatives, no support, means no therapies and the children's well being and functional capacity, has gone backwards. Why would you do that?

Planning and Funding

Proposed change (Bill section)	**What this could mean in real life**	**My experience / what I want the Senate to know**
The Minister can make support determinations (decisions) which allow broad reductions to support categories (s34A)	Funding for an entire category of support could potentially be reduced for large groups of participants without individual assessment of need. This would not occur on a 'plan by plan' basis. Families may lose supports that	You are not treating people with disabilities and their support systems, as people. You have decided that certain therapies and supports are not needed, are excessive and don't need to be individualized. If someone was to attend a wedding and all the food served was exactly the same, people with allergies would die, people with dietary requirements would feel

	are currently working well simply because they fall within a targeted category. Not individualized. Right now, the Government is proposing a 50 % cut to social, civic, and community participation funding, and a 10 % cut to some capacity building daily activity funding. This would start from 1 October 2026 as new plan reassessments are completed. But this could be applied at up to 99% to any support category in an NDIS plan. The only limit around these cuts is that the Minister needs to 'have regard' for the safety of participants.	sick and people's food preferences would be disregarded. You are wanting to do the same thing here. I have children come into the studio wanting to play the guitar, others need to move their bodies to regulate, some love to write songs and others play the drums. All of these choices are to get the best out of the kid to send them home feeling like their choices matter. Again I ask, why are you doing this?
Minister may impose support caps, including for cohorts (s33(2EA))	Funding limits or caps can be placed on support categories or cohorts of participants and may be based on category averages rather than individual circumstances. This would allow the Minister to set an upper limit for a particular support. For example, ● people with Intellectual Disability cannot receive more than 12 hours of	As an allied health professional that had their price capped last year, this is atrocious, It's like you want to fade out all valuable research and evidence based support. You say you don't but when you cut or cap prices, and the cost of living goes up, what can we do? How do we then survive to help our families?

	psychology funding per year, or ● children under 9 years of age can only receive up to 3 hours of allied health support per week. Families caring for children with complex disability may be unable to access support levels that genuinely reflect their needs.	
Move toward more standardised planning and assessment-driven budgets	Plans may increasingly reflect what the NDIS funding model or assessment tool / report generates rather than what is actually required for safety, participation and family sustainability. We still don’t know how the Functional Capacity Assessment In the New Planning Framework will be administered and how that report will translate into a Participant Statement of Supports. Less individualized support provision.	
Changes to the Reasonable and Necessary Criteria. The Bill changes the tests planners must apply when deciding whether a support	The threshold for what counts as "reasonable and necessary" is being rewritten. The Bill increases the amount of support the NDIA can expect families, carers and informal	You need to look at what you ask us as therapists to address in our reports, the choice and control opportunities and the reasonable and necessary supports we offer. You are taking all of the choice and control away. It’s heartbreaking.

is funded. Cost, informal supports and parental responsibility may play a larger role in funding decisions.	supports to provide before funding supports. For children, greater emphasis is placed on parental responsibility, including supervision, personal care, emotional support, transport and behavioural support. Supports may be harder to fund where they primarily reduce parental workload, improve household efficiency or replace care the NDIA believes families should provide. There will be a hierarchy of evidence, giving greater weight to published and peer-reviewed research than a participant's personal experience with a support. Where research evidence is limited, the NDIA may still decide not to fund a support, even if the participant reports that it is beneficial.	
Repeal of section 31 – Principles relating to plans (Schedule 1, Item 66)	Section 31 currently contains principles recognising participants as individuals with unique goals, aspirations and support needs. The Bill repeals most of these principles. While government states relevant principles are being relocated elsewhere, many advocates believe important protections supporting genuinely	

	individualised planning have been weakened or lost. These principals help the NDIA and the courts to understand how to implement and protect **the intention of the scheme.**	
Proposed reduction of social and community participation funding through support determinations (s34A). The creates a reduction of supports that prevent isolation and maintain community inclusion	Supports used for community access, social connection, volunteering, recreation, skill development and participation may be substantially reduced. Families are concerned children and adults could become more isolated, segregated and disconnected from community life. Supports that appear 'non-essential' on paper may actually be what allows a person to maintain friendships, participate in community activities, learn life skills, develop independence and avoid social isolation. Right now the Government is proposing a 50 % cut to social, civic, and community participation funding, and a 10 % cut to some capacity building daily activity funding. This would start from 1 October 2026 as new plan reassessments are completed. Right now, we don’t know if this will apply to Core: Social and	

	Community Participation, *and* Capacity Building: Increased Social and Community Participation. Children and young people may become more reliant on parents and carers for transport, community access, social activities, employment preparation and daily participation.	
Greater emphasis on lower-cost alternatives when funding supports	Previous planning criteria required consideration of whether a lower-cost option would achieve the same or substantially similar outcome. This bill changes the terminology so that when planners are considering cheaper alternatives, they no longer need to consider whether those alternatives would deliver the same or similar outcomes. Therefore, the cost of the support becomes the major determining factor rather than if they are effective or not. For example, a cheaper support worker arrangement, therapy approach or piece of equipment may be available, but it may not deliver the same level of independence, safety or participation.	Last year I was asked to submit a survey about music therapy, to the NDIS. One of the questions was about what would be an alternative or lower cost activity, to do instead of music therapy. How insulting. There isn't one, which is why we exist. Which is why we have a Masters, why we continue developing our skills with PD and supervision, why the families we work with chose us and not some random who can strum a guitar. It's questions like this that de-value what we have done to become a music therapist.

	Families may wish to explain the risks that exist where a cheaper support that is less effective is funded.	
Disproportionate impact on certain disability cohorts	Government modelling suggests some disability groups may lose a larger proportion of their current supports because a greater share of their plans is allocated to social and community participation. Will this affect children more than adults? Right now children may have funding for 'Social and Community Participation' where that funding is actually provided so that a parent can take them to the supermarket or to a doctor's appointment. Those outings are **not** focused around social and community participation and should not be subject to funding reductions simply because they occur outside the home. When it comes to children and young people, how does the Agency intend to distinguish between Assistance with Daily Life and Social and Community Participation? What will the gender impact be in situations where women	

	disproportionately absorb unpaid caring burden?	
Support caps and funding restrictions may push participants into more group-based support arrangements	Families are concerned that funding restrictions could make individualised supports harder to access and increase pressure toward shared or group-based service models which don't meet the participants needs and therefore are less effective or less safe. These may also increase the need for Restrictive Practices.	Some kids love groups, the socialization and the connection of making music together. Some kids walk into the room so dysregulated that if there was another person in the room, they would be at risk of getting hurt. You can't just lump people together and hope it works because it's cheaper. It's not safe, not respectful, not looking at functioning capacity or the goals of the participant, at all. Solution: Listen to the participants, families and therapists that run groups and have individual sessions. Understand what they want and don't just disregard that. You have had numerous requests to attend meetings, to listen to families and providers and you are yet to turn up or respond.
Claims must be made within 90 days (currently 2 years). Commencing 1st December 2026.	Self-managing families and small providers may lose funding or payment because paperwork was delayed during illness, crisis, hospitalisation or caring responsibilities.	
Unspent funds removed at plan renewal (s50A)	Many NDIS plans are currently being 'continued' or extended. In the future, even when a plan is rolled over or not reassessed (because the participant is considered to have 'stable support needs') their plan will be 'renewed' meaning they will receive the same NDIS plan again with a new start date. Unused funding will no	What if a child requires crutches in one plan but then their condition gets worse and they need a wheelchair. They don't have the funds rolled over to use. You can't take away funds that are rightfully theirs.

	longer be carried over into the new plan which will contain the same supports and budget (less any one-off items like Assistive Technology). That ‘renewed’ plan is not a reviewable decision because no new decision has been made. Therefore, the application for an S100 or Internal Review of a new NDIS plan will become more important. How will this affect families who have fluctuating needs?	

Reviews, Appeals and Participant Rights

Proposed change (Bill section)	**What this could mean in real life**	**My experience / what I want the Senate to know**
Restrictions on reassessments (s48A) The ability to request an unscheduled plan reassessment (Change of Circumstances) will become far more difficult to request. (Must be unanticipated, significant an ongoing). COC requests may be processed only in extenuating circumstances.	Families may struggle to access timely plan changes when circumstances deteriorate, informal supports collapse, equipment fails or a child’s needs increase unexpectedly. When almost all NDIS plans are continued or rolled over, how does a participant request a plan reassessment if they haven’t had one for many years? For adults who have stable needs this is more reasonable, however children may require plan	

Functional change must substantially reduce daily activity.	reassessments simply because they have grown older and the level of typical parental responsibility for their age may have changed. We would expect the core budget for a 6-year-old child to be very different to a 12-year-old child or a 16-year-old child.	
Future support needs assessments may have more limited appeal outcomes	Government has indicated future support needs assessments may be reviewable, but tribunals may have reduced ability to substitute their own assessment. Right now, the Tribunal can review funded supports on a line-by-line basis. In the future, a Support Needs Assessment may generate a report via an algorithm that states what supports should be funded (called the Participant Statement of Supports). However, the Participant Statement of Supports cannot be appealed, the Tribunal can simply direct the Agency to complete another Support Needs Assessment, which will then generate another report resulting in another Participant Statement of Supports.	This concerns me greatly considering there are many plans with the families I work with that are underfunded. To not even have the opportunity anymore, to have another review, is a scary place for those families to be. You don't give them enough, well tough luck, you can't say anything . It feels so horrible that you would try to silence people with disabilities to such an extent. The people who write the plans don't read the reports, don't really listen to the families, so then the plans are underfunded. At the moment they have the opportunity to appeal, but it's not easy anyway. You rock up with all the lawyers and of course they feel intimidated. All because they weren't heard in the first place by people who are not even trained in disability, telling them they know what their child needs more than the parents. Solution: listen to the participants and their families and there won't be the need for money to be spent on your 3 lawyers. Also only employ people at the the NDIA who have a minimum cert 4 in disability.

Only the participant, plan nominee or child representative will be able to request reassessment (as opposed to your plan manager or support coordinator).	Will this cause any risks for your family?	
Timeframe for the NDIA to decide whether to complete a plan reassessment will extend from 21 days to 90 days.	Will this cause any risks for your family?	

Compliance, Administration and Safeguards

Proposed change (Bill section)	**What this could mean in real life**	**My experience / what I want the Senate to know**
Plan suspension and revocation for non-contact (s40A / s30(1A))	If the NDIA requests information related to planning and a participant does not respond, the Agency could suspend their plan. If there is still no contact after 90 days, participant status could potentially be revoked. Families may wish to consider what could happen if letters are missed, contact details are outdated, English is not a first language, or a participant is experiencing illness, hospitalisation, homelessness,	

	family violence or another crisis.	
Expansion of mandatory provider registration	Participants may lose access to trusted workers or experience workforce shortages, particularly in regional areas. People who directly employ their support workers (Service for One) may not be able to continue working with their trusted supports. A sole trader or contractor may be considered a ‘provider’ and need to undergo NDIS Registration to be able to continue to provide support – this may be a costly and difficult process. What would happen if you were forced to use only NDIS registered providers? There will be a focus on mandatory registration for providers delivering “high risk supports”. For participants who are children, parents are often heavily involved in recruiting, training, supervising and monitoring support workers. Families may wish to consider whether mandatory	

	registration provides additional safeguards or simply reduces the pool of available providers. We also don’t have a clear definition of ‘High Risk Supports’ yet.	
Increased record-keeping obligations and debt recovery powers	Families may face financial penalties if records are incomplete, misunderstood or lost during periods of stress, illness or crisis.	
Stronger NDIA compliance and enforcement powers	The NDIA would gain stronger powers to investigate how NDIS funding is being used, request information and documents, and issue fines where it believes NDIS rules have been broken. Families may wish to consider what protections exist if an honest mistake is made and how easy it would be to challenge a decision.	
Expanded NDIA information gathering powers	The Agency can require participants, nominees, providers and others to provide documents, answer questions or attend a meeting with the Agency within 14 days’ notice. Failure to comply may result in legal consequences. Families may	

	wish to consider whether appropriate safeguards exist and whether people will understand their rights and obligations when responding to these requests.	
Automation of administrative decisions. The NDIA could use computer systems to carry out some administrative tasks and decisions that are currently performed by staff. We don’t know what kinds of tasks, decisions and actions would be automated.	Automated processes may improve efficiency but also create risks where errors occur, particularly for participants with complex circumstances or where incorrect data is on file with the Agency. Some decisions currently made by humans would be made by an algorithm or automated process. These decisions would still have the current appeal rights. Humans make mistakes. Computers make mistakes too. The difference is scale. If a delegate makes a flawed decision, one participant may be affected. If an algorithm gets it wrong, thousands of participants could receive the same incorrect outcome before anyone realises there's a problem.	

Children and Young People

Proposed change (Bill section)	**What this could mean in real life**	**My experience / what I want the Senate to know**
Children increasingly directed toward Foundational Supports / Thriving Kids pathways	Families may be redirected away from NDIS supports into systems that are not yet fully established.	Thriving Kids isn't set up yet and from NSW has stated, they will only be using people that work with an NGO, so there goes all NSW allied health therapies that are sole trader or small businesses. Why would you do that? We know these families and are just flicked to the side? Solution: Include families and allied health therapists in the discussion, Not the big companies, not the NGO's that are looking to profit from this, but the actual people.
Increased reliance on parental responsibility arguments. There is a change to the Reasonable and Necessary criteria stating the NDIA must remember parents are responsible for providing a **substantial amount of support** for their children.	The NDIS cannot fund support that reduce the carer burden on parents below what is typical for children of the same age. This takes into account transport, personal care, emotional support, behaviour support and supervision. The NDIA must look at whether funding support like support workers would expose the participant or someone else to risk of harm Families may be expected to absorb additional caring responsibilities regardless of work commitments, health, finances or sustainability. The NDIA would also be prevented from funding	

	supports simply because they make family life easier, reduce the amount of time parents spend caring, or because a parent would prefer not to provide that support themselves. How much unpaid care should parents, siblings, grandparents and other informal supports be expected to provide before disability support becomes the responsibility of the NDIS? What risks exist if this paid or unpaid support breaks down?	

Governance and Ministerial Powers

Proposed change (Bill section)	**What this could mean in real life**	**My experience / what I want the Senate to know**
Greater reliance on legislative instruments and delegated rules	Significant decisions about eligibility, budgets, support categories and planning could potentially be changed through instruments and rules rather than through the full Parliamentary process.	
Minister may temporarily modify how parts of the Act operate (Schedule 5 transitional powers)	The Bill allows the Minister to temporarily change how certain parts of the NDIS Act operate without having to pass a new Act of Parliament first or uses the usual parliamentary process.	Way to much control for the Minister.

	Families may wish to consider whether important changes should always be debated and approved by Parliament.	
Minister has greater influence over pricing arrangements	While the NDIS Review recommended an independent organisation should set pricing (such as IHACPA) this bill transfers pricing power directly to the NDIS Minister with advice from the Agency. Self-Managers would still be able to pay above the Pricing Caps. Different pricing caps can also be set for different providers (i.e. registered and unregistered). What conflict of interest exists when the Minister responsible for controlling (and right now reducing) NDIS expenditure is also given the power to set the prices the Scheme will pay?	

Informal Supports and Carers

Proposed change (Bill section)	**What this could mean in real life**	**My experience / what I want the Senate to know**
Increased reliance on informal supports and unpaid carers	When formal supports are reduced, the work does not disappear. It is often transferred to parents, grandparents, siblings and other family members, disproportionately impacting women.	

	How will this impact women with disability in coercive control situations? How will this impact women in paid employment?	