# Submission

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| **To** | Department of Health, Disability and Ageing |
| **Topic** | NDIS rules: Public consultation on new framework planning |
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UNITING COMMUNITIES

# About

We are an inclusive not-for-profit organisation working alongside more than 80,000 South Australians each year and have been creating positive change for South Australian communities for more than 120 years. We advocate for systems change across diverse social justice issues to shape public and social policy that delivers better outcomes for marginalised communities.

We support those in need to find the courage to move forward through enriching their lives and uniting the communities in which they live. By tackling the deep-seated challenges that affect people's lives, we are working to create systemic change and brighter futures for all South Australians.

NDIS Support Services

Uniting Communities offers personalised NDIS support through one-to-one services that help individuals build independence, engage with their community, and achieve personal goals. Support workers assist with daily living, social participation, and skill development, tailoring services to each person's unique needs and preferences.

Individualised Living Options Service

Uniting Communities' Individualised Living Service provides tailored support for people with disability to live independently in their own homes. The service is designed around each person's goals, preferences, and lifestyle, offering flexible assistance with daily routines, decision-making, and community engagement. It promotes autonomy and wellbeing through respectful, person-centred care.

Law Centre

Uniting Communities Law Centre provides free legal help to people experiencing disadvantage across South Australia. We understand that dealing with the legal system can be confusing and daunting and staff in the Uniting Communities Law Centre assist people to work through these challenges. The qualified team provides support with information, advice, representation, referrals, or community legal education.

Disability Advocacy Service

Uniting Communities' Disability Advocacy Service (DAS) provides free, independent support to help people with disability understand and assert their rights. The service assists with NDIS-related issues, including appeals, by offering legal advice, advocacy, and referrals. Delivered through the Uniting Communities Law Centre, DAS is a multidisciplinary team of lawyers and advocates. Beyond appeals, DAS also supports people outside the formal NDIS process—for example, assisting those denied access to reapply, providing information and advice on navigating the NDIS system, and linking individuals to broader community supports.

# Submission to NDIS new framework planning

Uniting Communities thanks the Department of Health, Disability and Ageing for the opportunity to contribute to this consultation on the new NDIS framework planning. While we acknowledge the intent to create greater equity and consistency across plans, the level of change proposed is substantial, and the absence of critical detail creates uncertainty about how these reforms will operate in practice.

It is important that assessment and review processes are not influenced, whether in practice or in perception, by broader cost-containment pressures, as this would undermine participant trust and the integrity of decision-making. Ensuring confidence in the system requires clear safeguards, transparent processes, and high-quality assessments that genuinely reflect individual needs.

Our primary concern relates to the proposed assessment process. The information released to date suggests that assessors may not be required to possess sufficient disability-specific expertise and that the tools and processes may not capture the clinical complexity of many conditions. Without a robust, well-informed assessment foundation, there is a significant risk that participants will receive plans that do not accurately reflect their needs, and that inequities already present in the system will worsen rather than improve.

Additionally, the key rules are still being developed and have not been released, limiting stakeholders' ability to fully assess the proposed framework or provide informed feedback on how these reforms will function in practice.

## Our key recommendations:

1. **Extend the current mid-2026 transition timeframes** and provide clear, detailed sequencing and communication plans to ensure participants, particularly those without strong supports, have adequate time to prepare for the support needs assessment.
2. **Proactively issue all participants with their notice of impairment** well before any transition occurs, accompanied by accessible information on its meaning, implications, and contestability.
3. **Participants must have guaranteed access to the assessments and reports needed to challenge or add impairments to their Notice of Impairments**, ensuring that financial barriers do not prevent legitimate impairments from being recognised or supported.
4. **Publish all assessment rules, tools, and budget method materials in draft form** and provide meaningful opportunities for sector feedback before they are finalised.
5. **Require assessors to have disability-specific expertise** to ensure assessments are holistic, accurate, and clinically informed.
6. **Mandatory consideration of third-party information if provided**, such as reports from OTs, clinicians, carers, and service providers, in the assessment process to ensure a comprehensive understanding of participant needs.
7. **Participants should be given a clear opportunity to review**, verify, and amend their support-needs assessments and draft plans before they are finalised.
8. **Ensure transitional provisions are established** where supports are reduced, so that participants and providers are not forced to manage abrupt changes or repeatedly adjust service agreements.
9. **Recognise and resource the increased demand on disability advocacy services**, as the new process will place additional pressure on an already overstretched system.

## Consultation questions

### Step 1: Preparing for a support needs assessment (notice of impairments and notice to have a new framework plan).

We are concerned that the proposed mid-2026 target for transitioning some participants over the age of 16 is not realistic. Given this age group represents the majority of participants, it is unclear what proportion “some” refers to. There appears to be insufficient time for participants and providers to transition to the new framework, particularly as the rules are still being developed and supporting guidelines, information, and resources have not yet been communicated. While assurances have been given that participants will receive adequate notice, the lack of detail and the rapidly approaching timeline undermine confidence and risk leaving participants with very little time to prepare. Greater clarity is urgently needed regarding timeframes and the transition approach (e.g., by state or age cohort) to minimise adverse impacts.

This process will be especially challenging for participants who cannot advocate for themselves, who lack informal supports, or who do not have the capacity or willingness to be the primary point of contact. The discussion paper suggests that communication about the changes will be directed primarily to participants, which risks leaving many without adequate support.

Across our NDIS disability support services and disability advocacy service, we have not encountered any clients who have received a notice of impairments or a notice of new framework plans. At present, our disability advocacy service must request the notice of impairment directly from the NDIA to support client cases. The indication that remaining participants will “generally” receive a notice of impairment as part of the transition does not give confidence that all participants will be effectively notified and prepared. Clear education will be required on what a notice of impairment is, its implications, and how to contest it, particularly the process participants must take to have additional diagnoses recognised for inclusion on their NDIS plan (including support for this assessment process). We are concerned that participants will be left without the financial support needed to obtain evidence for additional impairments to be recognised in their NDIS plan, and this risk must be directly addressed. The emotional impact of receiving a notice of impairment, particularly where a participant disagrees with its contents, must also be recognised and appropriately supported, as this can cause significant distress and uncertainty.

This process must be clearly communicated to participants before the new framework is implemented and explained in all materials and resources provided during the transition. It is essential that participants understand which diagnoses or impairments are recognised in the system so they can adequately prepare for assessments, as this will directly affect the level of support they can access. Without adequate time and support for participants and their networks prior to the transition, there is a significant risk that plans will not accurately reflect participants’ needs.

### Step 2: The support needs assessment (incl process)

The framework changes proposed are significant, given that NDIS plans are currently built primarily around functional assessments conducted by OTs, whereas under the new model, the support needs assessment (SNA) will become the central source of decision-making. A high degree of scrutiny must be applied to this new assessment process; otherwise, there is a real risk that plans will be contested, contributing to further backlogs in an already overstretched system. Participants should have a guaranteed right to review and correct their assessment, including any underlying inputs, before the assessment is finalised.

Significant gaps remain in the information provided through this consultation, particularly regarding the assessment rules, tools, questionnaire, and the report described on page five, which limits the extent of meaningful feedback stakeholders can provide.

While the assessment framework allows participants to bring an informal carer, advocate, or other support person, some people will not have anyone available to assist, and those with complex communication needs or intellectual disability may be placed at a significant disadvantage without guaranteed support.

It is unclear who the NDIA assessor will be, including what qualifications or expertise they must hold to ensure adequate understanding of the diverse range of disabilities they will be assessing. Many disabilities require specific training and condition-specific knowledge to accurately identify needs. Without this, key nuances will be missed, resulting in assessments that fail to capture the complexity associated with some impairments. Standardised tests alone cannot account for unique functional impacts or the distinct supports certain conditions require. For example, the 'personal and environmental circumstances questionnaire' must be adaptable and disability-specific rather than applied uniformly across all participants.

Although the intent behind the new planning framework may be to streamline assessment and reduce administrative workload, it may inadvertently place greater pressure on participants to articulate and evidence their needs. To avoid situations where participants underreport needs, commonly due to the nature of their disability, collaboration is essential. Many participants have a support team with crucial insights that ensure a holistic and accurate picture of their functional needs, including assessments (from OTs), carers, service providers, and other clinicians. For new participants who have not already undertaken functional assessments, this must be prioritised early in the assessment process. This input is often overlooked under current processes and may be further diminished under the proposed framework.

While the discussion paper states that "the targeted assessment process will use information a participant may already have from their treating health professional," we recommend the rules explicitly require assessors to consider all relevant third-party materials and perspectives in the support needs assessment. As the legislation itself does not mandate this, it must be clearly embedded in the rules. Templates could also be developed to assist health professionals and other relevant parties to provide information that is disability and age-appropriate and aligned with the assessment's functional-impact (rather than strengths-based) focus.

### Step 3: Building a plan and plan discussion

Once again, the absence of sufficient information, including the exact budget method rules, makes it difficult to comment meaningfully from an on the ground perspective at this stage.

We recommend that a draft plan be provided to participants before it is finalised. The impact of the assessment on the plan will not be clear until the plan is constructed, and access to a draft gives participants an important opportunity to identify inaccuracies or gaps before it becomes final. We have seen this work well in current practice when NDIA planners present a draft plan prior to publication, it allows issues to be resolved early, ensures the plan accurately reflects the participant's needs, and significantly reduces the likelihood of having to proceed to a formal review. This collaborative approach should be embedded as standard practice within the new framework.

If a new framework plan results in reduced supports for a participant, it is unclear how this transition will be managed. We have recently seen cases where funding cuts occur abruptly with no transition planning, requiring significant changes for the participant and leading them to contest the decision through the Tribunal. For some participants, a reduction may not be disruptive, but for others, particularly those with psychosocial disability or cognitive impairment, sudden changes can be destabilising and have significant negative impacts, which must be considered. We recommend that transitional provisions also be established to ensure community service providers are not required to repeatedly amend or renegotiate service agreements during the transition to the new framework.

We agree that flexible funding in addition to stated supports is beneficial; however, the value of this flexibility depends on whether the plan contains an appropriate level of funding, which in turn relies on an accurate assessment.

We recommend that participants receive detailed information explaining what supports have been approved and the reasons for those decisions. When funding is provided as a lump sum, the lack of breakdown, such as hours or units funded, means participants cannot determine whether the amount is sufficient until after they attempt to use it. While lump sum flexibility is positive, plans still require enough detail to support informed decision making. The proposed budget model risks shifting emphasis away from individualised planning, with potential consequences for participants' choice and control.

### Appeals rights

It is our understanding that the shift to "reasonable and necessary budgets," based on the NDIA's support needs assessment (SNA) and budget method rules, will significantly narrow appeal rights. As the discussion paper notes, "instead of reviewing individual supports in a plan, a review will look at the decision to accept the SNA as the basis for calculating the reasonable and necessary budget." Under this model, participants will no longer be able to appeal the amount allocated for a specific support (for example, OT hours); instead, they must appeal the entire SNA. This risks creating unnecessary replacement SNA's when only one part of the decision is in dispute.

In practice, this will make challenging decisions far more difficult. This approach reduces the ability of the Tribunal to identify and correct discrete errors, as appeals will focus on the validity of the full assessment and budget rather than individual supports. To prevent unnecessary reviews and ensure genuine accountability, participants must be able to appeal funding decisions relating to specific impairments or supports.

While we acknowledge that inefficiencies and inequities exist in the current system, an overly standardised model that prevents targeted appeals is likely to cause harm, due to the delay in accessing essential support.

These risks are heightened by the potential move toward s47A-style appeal pathways, under which the Tribunal is confined to exercising only the powers of the original decision-maker, presumably the SNA assessor, whose authority appears limited to approving or rejecting the budget generated by the SNA tool. With line-item funding removed and most budgets treated as flexible unless stated otherwise, the Tribunal's capacity to vary specific supports is significantly reduced to only approving very specific things such as funding for Assistive Technology. In many cases, the only remedy available may be to order a new SNA, further delaying access to essential supports and diminishing the Tribunal's role as an effective safeguard.

## Conclusion

Thank you for the opportunity to provide feedback on the proposed planning framework. To ensure the reforms achieve their intended outcomes, the priority must be to get the assessment process right ensuring it is holistic, evidence-based, and conducted by assessors with the necessary expertise. It is equally essential that transition arrangements are realistic and clearly communicated, and that participants retain meaningful avenues to challenge decisions that do not reflect their needs.

If these elements are not built into the framework, there is a significant risk that participants, especially those without strong supports, will face reduced access to essential services, increased administrative burden, and diminished trust in the system. With careful design, transparent implementation, and genuine collaboration with the disability community, these reforms can strengthen the NDIS rather than destabilise it.