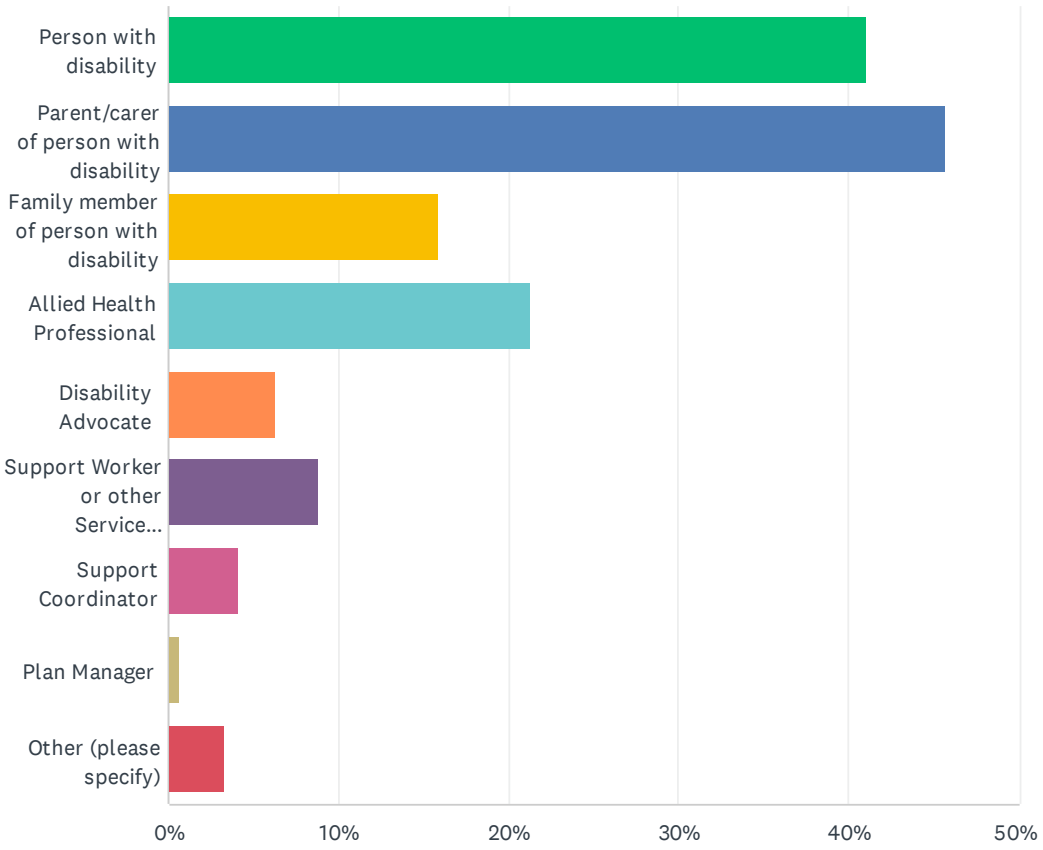
Appendix One: Plain English Survey Full Report

Q1 Which of the following best describes you? (Please tick all that apply)

Answered: 1,385 Skipped: 2



ANSWER CHOICES	RESPONSES	
Person with disability	41.08%	569
Parent/carer of person with disability	45.78%	634
Family member of person with disability	15.88%	220
Allied Health Professional	21.30%	295
Disability Advocate	6.28%	87
Support Worker or other Service Provider	8.88%	123
Support Coordinator	4.12%	57
Plan Manager	0.65%	9
Other (please specify)	3.32%	46
Total Respondents: 1,385		

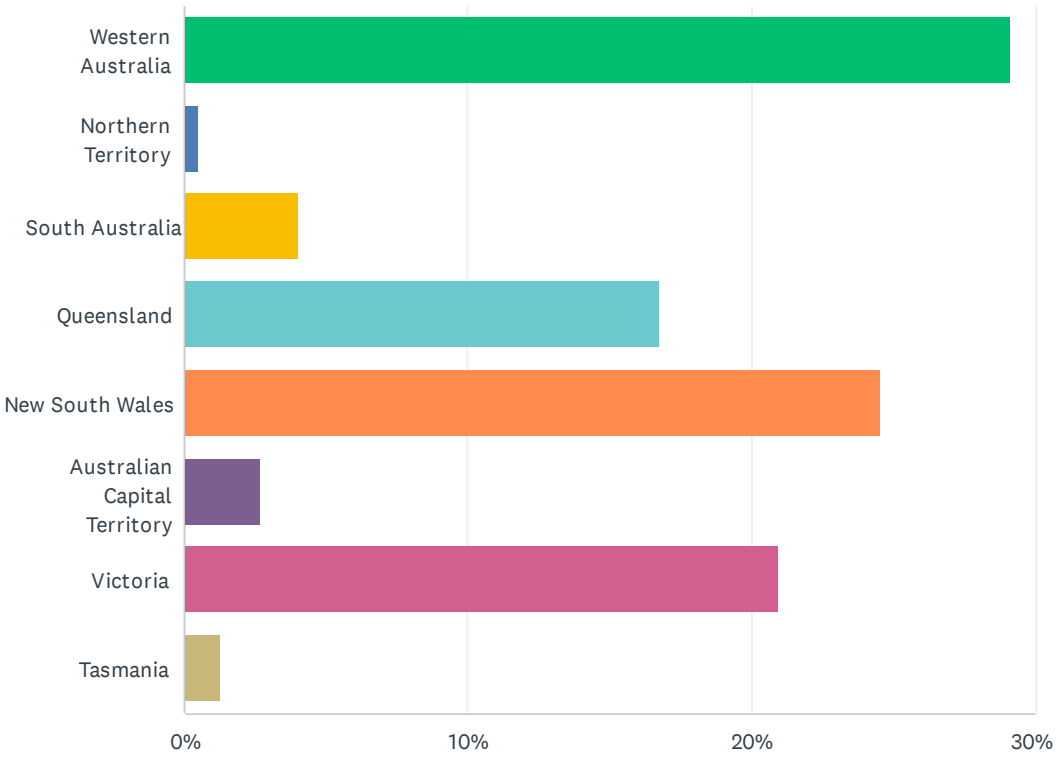
#	OTHER (PLEASE SPECIFY)	DATE
1	Provider	5/25/2026 6:15 PM
2	Disappointed voter	5/24/2026 4:26 PM
3	Ex employee	5/24/2026 3:04 PM
4	Service Coordinator for 18 years in the disability sector	5/24/2026 8:44 AM

5	Friend of family who has a person with a disability	5/24/2026 6:44 AM
6	Admin at allied health provider	5/22/2026 8:09 PM
7	Certified Behaviour Analyst and behaviour therapist	5/22/2026 1:23 PM
8	Doctor who works with children with disabilities	5/22/2026 9:05 AM
9	Doctor who works with children with disabilities.	5/22/2026 9:00 AM
10	Doctor who works with children with disabilities	5/22/2026 8:49 AM
11	Practice Manager at Allied health clinic	5/22/2026 7:00 AM
12	Friend of a person with a disability	5/21/2026 10:37 PM
13	volunteer at Riding for the disabled who supports other participants.	5/21/2026 5:05 PM
14	Close friend of a person with a disability	5/21/2026 8:23 AM
15	Friend of person on NDIS	5/21/2026 5:43 AM
16	Friend of a mum with 2 x daughters with autism	5/20/2026 7:24 PM
17	I work for a Festival that provides artistic, cultural and participatory opportunities to Disabled people	5/20/2026 4:24 PM
18	Nursing Student	5/20/2026 12:24 PM
19	Peer worker	5/20/2026 8:53 AM
20	Customer service at Allied health clinic	5/20/2026 6:42 AM
21	Teacher	5/20/2026 5:37 AM
22	Person with disability applying to be on the NDIS	5/19/2026 6:58 PM
23	Residential out of home care coordinator	5/19/2026 6:39 PM
24	I also self-manage my daughter's NDIS plan	5/19/2026 12:17 PM
25	I am [redacted] mother and I self manage her NDIS plan	5/19/2026 12:10 PM
26	Have three adults with disability	5/19/2026 9:32 AM
27	Academic	5/19/2026 6:43 AM
28	Medical worker	5/18/2026 8:49 PM
29	Nurse	5/18/2026 7:51 PM
30	Work in primary schools	5/18/2026 7:28 PM
31	Sector professional	5/18/2026 7:27 PM
32	A decent human	5/18/2026 7:05 PM
33	Not on NDIS though	5/18/2026 5:12 PM
34	Parent of adult with disability	5/18/2026 3:08 PM
35	President of non profit org providing services for my son	5/18/2026 2:46 PM
36	Aunt of two people with disabilities	5/18/2026 2:33 PM
37	Person with a disability and adult children with disabilities	5/18/2026 2:06 PM
38	Guardian	5/18/2026 1:36 PM
39	Parent/carer of adult child with disabilities	5/18/2026 1:33 PM
40	Psychotherapist	5/18/2026 1:27 PM
41	Ndis staff member	5/18/2026 1:22 PM
42	Registered Nurse with a Disability	5/18/2026 1:05 PM
43	Family member of an adult with disability	5/18/2026 12:50 PM
44	Person working with people with disability and their families	5/18/2026 12:44 PM

45	GP	5/18/2026 11:26 AM
46	parent of an Adult with disabilities	5/18/2026 11:15 AM

Q2 Which state or territory do you live in?

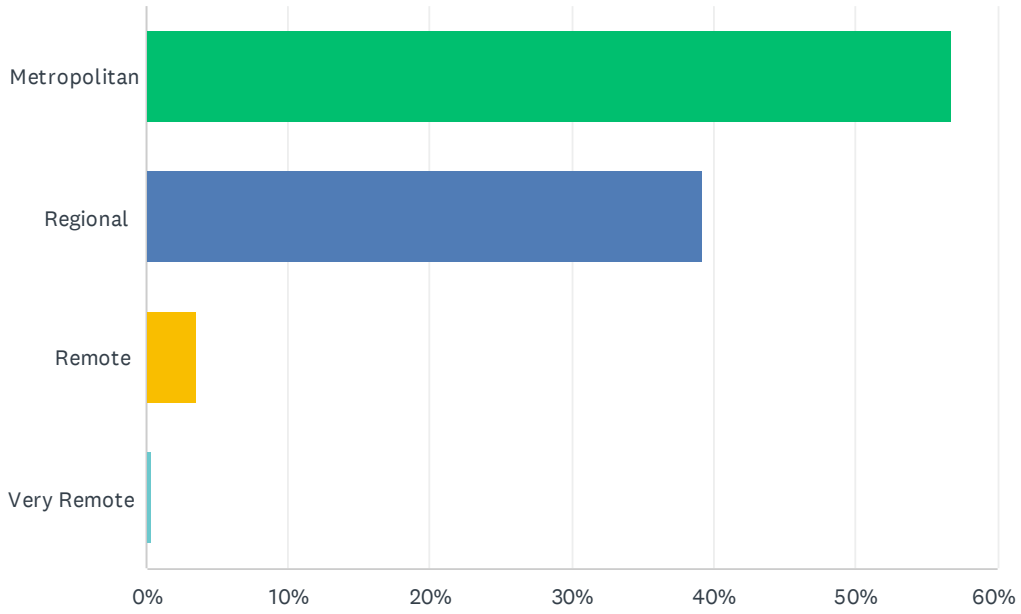
Answered: 1,383 Skipped: 4



ANSWER CHOICES	RESPONSES	
Western Australia	29.14%	403
Northern Territory	0.51%	7
South Australia	4.05%	56
Queensland	16.78%	232
New South Wales	24.58%	340
Australian Capital Territory	2.68%	37
Victoria	20.97%	290
Tasmania	1.30%	18
TOTAL		1,383

Q3 Where do you live?

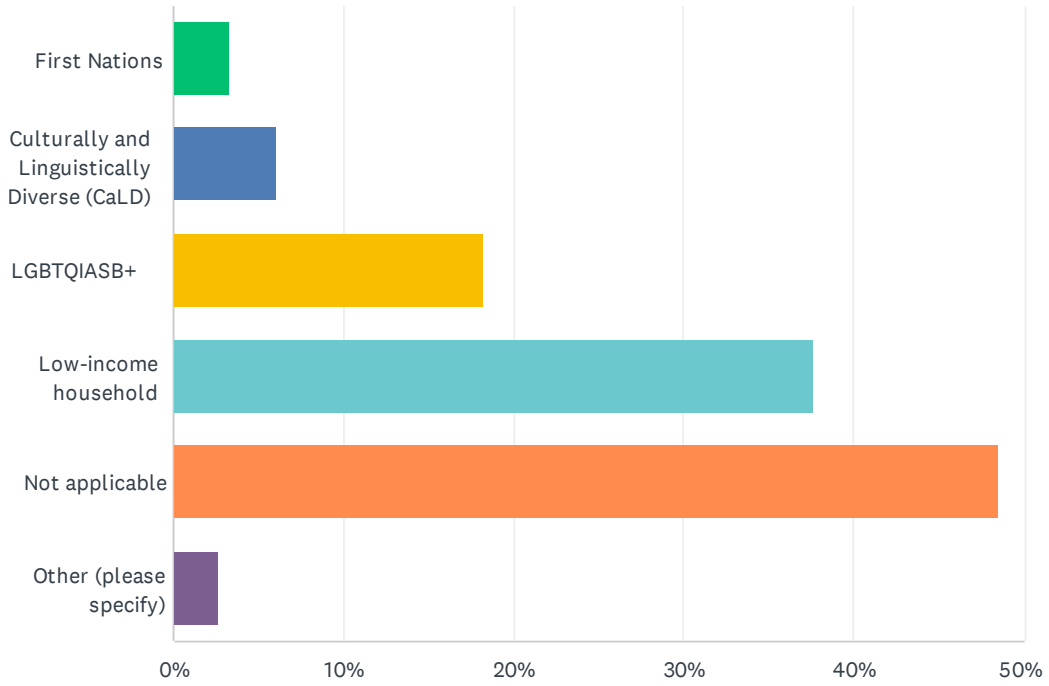
Answered: 1,378 Skipped: 9



ANSWER CHOICES	RESPONSES	
Metropolitan	56.75%	782
Regional	39.26%	541
Remote	3.56%	49
Very Remote	0.44%	6
TOTAL		1,378

Q4 Do you identify as part of any of the following groups?

Answered: 1,273 Skipped: 114



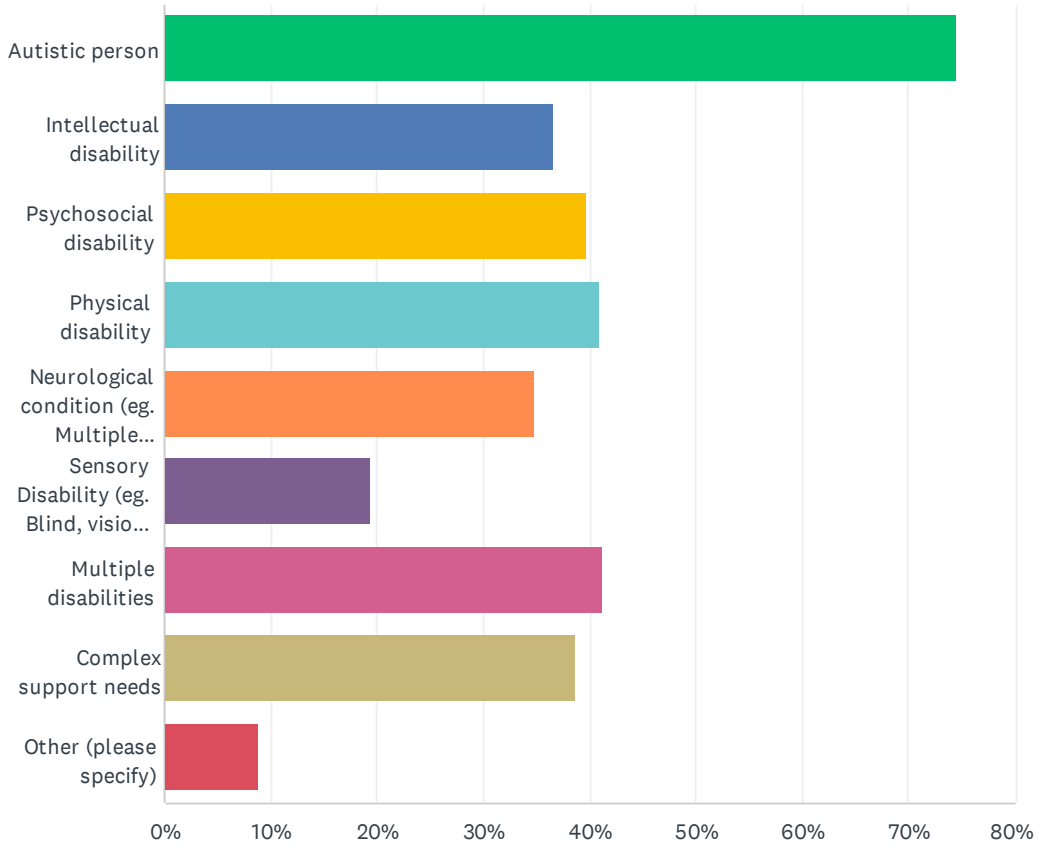
ANSWER CHOICES	RESPONSES	
First Nations	3.30%	42
Culturally and Linguistically Diverse (CaLD)	6.13%	78
LGBTQIASB+	18.22%	232
Low-income household	37.63%	479
Not applicable	48.47%	617
Other (please specify)	2.67%	34
Total Respondents: 1,273		

#	OTHER (PLEASE SPECIFY)	DATE
1	Convict	5/24/2026 5:08 PM
2	single parent house hold	5/24/2026 1:31 PM
3	Retired, caring for two disabled children	5/24/2026 11:18 AM
4	Disability peny	5/23/2026 8:17 PM
5	Living with multiple chronic health conditions	5/23/2026 1:12 PM
6	50+ years tax payers	5/23/2026 8:01 AM
7	Disability Pension	5/23/2026 5:30 AM
8	No idea what this is	5/22/2026 5:28 PM
9	Son is first nations and has a disability.	5/22/2026 12:33 PM
10	Blended family	5/22/2026 12:23 PM
11	Middle Income	5/22/2026 9:13 AM

12	Sole parent	5/21/2026 9:01 PM
13	single parent household	5/21/2026 5:05 PM
14	Neurodiverse	5/21/2026 3:30 PM
15	Single mother with disability	5/21/2026 12:13 AM
16	Disability Pension	5/20/2026 4:14 PM
17	Single parent	5/20/2026 2:41 PM
18	Religious minority	5/20/2026 12:26 PM
19	Sole parent	5/20/2026 5:08 AM
20	Older single woman	5/20/2026 12:34 AM
21	That is person with disability	5/19/2026 8:17 PM
22	Vaccine injured	5/19/2026 6:38 PM
23	neurodivergent	5/19/2026 3:12 PM
24	Ageing carers	5/19/2026 2:40 PM
25	I am also Autistic with ADHD. However, I do not receive any support and I am not an NDIS participant myself	5/19/2026 12:17 PM
26	Also disabled but I am not an NDIS participant	5/19/2026 12:10 PM
27	Single parent	5/19/2026 6:18 AM
28	Single parent family	5/19/2026 12:32 AM
29	Single parent	5/18/2026 11:19 PM
30	Multiple youth on ndis	5/18/2026 6:46 PM
31	No	5/18/2026 6:05 PM
32	low income earner	5/18/2026 5:45 PM
33	Single parent family	5/18/2026 4:34 PM
34	Farmers/living on the land.	5/18/2026 1:05 PM

Q5 Do any of these apply to you or the person you mainly support? (Choose as many as apply)

Answered: 1,320 Skipped: 67



ANSWER CHOICES	RESPONSES	
Autistic person	74.62%	985
Intellectual disability	36.67%	484
Psychosocial disability	39.77%	525
Physical disability	40.98%	541
Neurological condition (eg. Multiple Sclerosis, epilepsy, brain injury etc)	34.85%	460
Sensory Disability (eg. Blind, vision impaired, deaf, hearing loss, deafblind)	19.39%	256
Multiple disabilities	41.29%	545
Complex support needs	38.79%	512
Other (please specify)	8.79%	116
Total Respondents: 1,320		

#	OTHER (PLEASE SPECIFY)	DATE
1	PTSD	5/25/2026 6:10 PM
2	Neurodivergent - ADHD	5/25/2026 3:07 PM
3	EDS	5/25/2026 2:32 PM

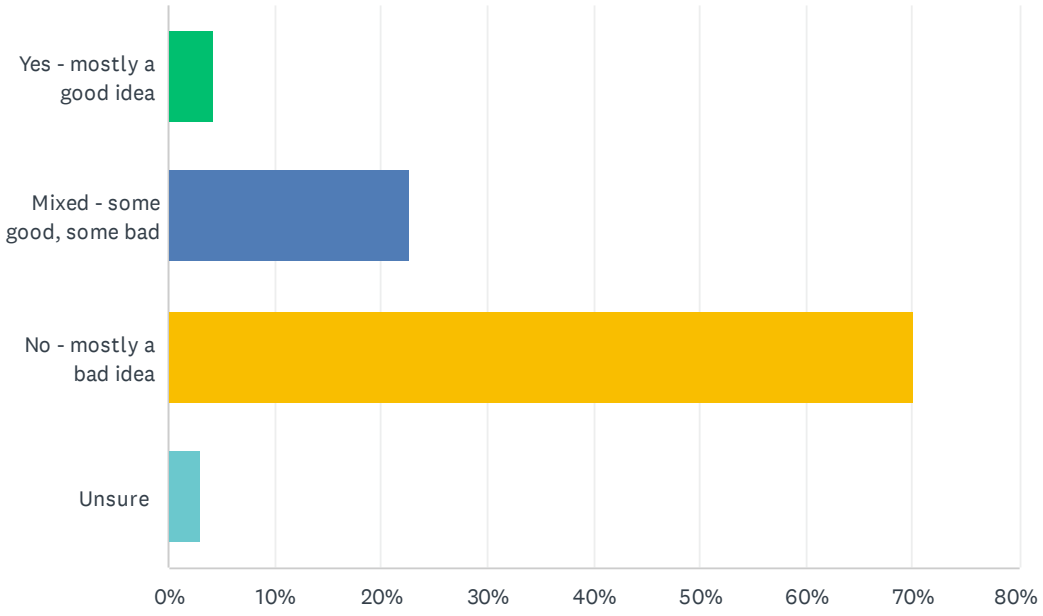
4	ADHD	5/25/2026 2:04 PM
5	Domestic violence victims	5/25/2026 12:13 PM
6	ADHD	5/25/2026 10:57 AM
7	ADHD CPTSD	5/24/2026 10:14 PM
8	Dysphagia, OSTEOARTHRITIS, HYPERMOBILITY, DURAL ECTASIA	5/24/2026 4:28 PM
9	Adhd	5/24/2026 12:52 PM
10	Adhd	5/24/2026 11:35 AM
11	Cognitive/ learning impairment	5/24/2026 9:47 AM
12	Cognitive/ learning impairment	5/24/2026 9:39 AM
13	Depression, anxiety	5/24/2026 9:36 AM
14	Tourette's, adhd	5/23/2026 8:14 PM
15	Childhood Apraxia of Speech, Dyspraxia	5/23/2026 6:48 PM
16	Angelman Syndrome	5/23/2026 3:13 PM
17	Praderwilli syndrome	5/23/2026 3:04 PM
18	Many disabilities not supported or acknowledged	5/23/2026 1:12 PM
19	Down syndrome	5/23/2026 8:01 AM
20	ADHD	5/23/2026 6:39 AM
21	not applicable as i am an allied health professional. i work with children who have intellectual, sensory or multiple disabilities	5/23/2026 6:37 AM
22	ADHD (combined type)	5/23/2026 12:52 AM
23	We are a paediatric clinic	5/22/2026 8:09 PM
24	Adhd	5/22/2026 7:06 PM
25	Diwn Syndrome	5/22/2026 6:29 PM
26	Myalgic Encephomyelitis	5/22/2026 6:28 PM
27	My son has no diagnosed disability. I deal with school and social refusal with my son. He refuses to ever leave the house. We receive no benefits for him and he just stays at home and has done for past two years.	5/22/2026 4:30 PM
28	Language delay and monitoring for CP and ADHD	5/22/2026 2:19 PM
29	Down syndrome	5/22/2026 1:41 PM
30	asd/adhd	5/22/2026 1:07 PM
31	ADHD	5/22/2026 1:00 PM
32	genetic condition	5/22/2026 12:12 PM
33	Pathological Demand Avoidance and Development coordination disorder	5/22/2026 9:38 AM
34	Developmental language disorder, severe speech disorders	5/22/2026 5:44 AM
35	2x kids. 1 ASD general anxiety & separation anxiety. The other AUDHD	5/22/2026 5:04 AM
36	CPTSD ADHD	5/21/2026 8:58 PM
37	Duchenne Muscular Dystrophy	5/21/2026 5:44 PM
38	ADHD	5/21/2026 3:30 PM
39	ADHD. Language delay. Dyspraxia Dyslexia Developmental delay	5/21/2026 12:41 PM
40	Chronic health conditions, joint hypermobility syndrome	5/21/2026 11:25 AM
41	Speech disability	5/21/2026 10:59 AM
42	Cognitive impairments	5/21/2026 10:38 AM

43	Congenital verbal and motor dyspraxia	5/21/2026 10:34 AM
44	ADHD	5/21/2026 10:30 AM
45	Elhers Danlos	5/21/2026 10:24 AM
46	Chronic illness resulting in physical and cognitive disability	5/21/2026 10:09 AM
47	Many undiagnosed, due to costs, cost of living and lack of services	5/21/2026 5:41 AM
48	I work with many kids. A lot have autism and some have ID	5/20/2026 8:25 PM
49	Complex medical needs, multiply neurodivergent	5/20/2026 7:55 PM
50	Aged care	5/20/2026 5:45 PM
51	Auto immune diseases	5/20/2026 5:29 PM
52	PDA, ADHD, SPD, Anxiety, Sleep Disorder	5/20/2026 4:36 PM
53	Low SES	5/20/2026 3:19 PM
54	Down Syndrome	5/20/2026 1:40 PM
55	Autoimmune disease and long covid	5/20/2026 12:54 PM
56	Compounding disabilities - lack of supports put me at risk of more disabilities	5/20/2026 12:26 PM
57	neuro-divergent	5/20/2026 11:56 AM
58	Elhers Danlos	5/20/2026 11:06 AM
59	ADHD	5/20/2026 10:54 AM
60	Severe ME/CFS	5/20/2026 7:13 AM
61	Complex PTSD	5/20/2026 6:02 AM
62	Complex communication needs	5/19/2026 9:54 PM
63	Stroke victim	5/19/2026 9:04 PM
64	Autoimmune, post viral	5/19/2026 8:17 PM
65	Chronic/Invisible disabilities	5/19/2026 6:58 PM
66	ADHD, CPTSD	5/19/2026 6:39 PM
67	ME/CFS	5/19/2026 6:33 PM
68	Complex Post Traumatic Stress Disorder	5/19/2026 6:07 PM
69	Many comorbidities	5/19/2026 6:04 PM
70	chronic illness	5/19/2026 5:22 PM
71	Nil	5/19/2026 5:01 PM
72	Patent of neurodivergent child	5/19/2026 2:58 PM
73	Mental illness (paranoid schizophrenic)	5/19/2026 2:29 PM
74	Balance issues	5/19/2026 11:15 AM
75	CFS, EDS, POTS, Tourette’s	5/19/2026 9:48 AM
76	Neurological condition which is degenerative.	5/19/2026 8:18 AM
77	Down Syndrome, ADHD, Hypermobile	5/19/2026 7:48 AM
78	Behaviours of concer	5/19/2026 7:40 AM
79	ME/CFS	5/19/2026 7:04 AM
80	Young onset dementia	5/19/2026 6:28 AM
81	Narcolepsy, Autistic, Schizoaffective	5/19/2026 5:34 AM
82	Apraxia of speech	5/19/2026 5:30 AM
83	Genetic condition life long	5/19/2026 4:02 AM

84	ADHD, CPTSD	5/19/2026 3:52 AM
85	Multiple Chronic health conditions and functional neurological disorder	5/19/2026 2:37 AM
86	ADHD pda	5/18/2026 11:19 PM
87	Werdnig Hoffman’s with of course no intellectual impairment. All physical.	5/18/2026 8:39 PM
88	Rheumatoid arthritis	5/18/2026 8:03 PM
89	Bipolar, ADHD and PTSD plus Larsen Syndrome	5/18/2026 7:00 PM
90	OCD	5/18/2026 6:04 PM
91	OAVS	5/18/2026 6:01 PM
92	All of the above but apparently ndis only recognise one but how do you know when you can’t dissect yourself you come with everything so going for one disability just does not make sense when everything effects you	5/18/2026 6:01 PM
93	Invisible disability and resulting limitations to functional capacity related to me/cfs, pots, eds, mcas	5/18/2026 5:55 PM
94	Behaviour of consern	5/18/2026 5:46 PM
95	ADHD	5/18/2026 5:29 PM
96	Adhd	5/18/2026 5:23 PM
97	Behaviours of concern	5/18/2026 5:10 PM
98	Energy limiting disability	5/18/2026 4:47 PM
99	Learning disabilities, mental health conditions	5/18/2026 4:34 PM
100	Chronic health conditions, joint hypermobility syndrome	5/18/2026 4:31 PM
101	Epilepsy	5/18/2026 3:08 PM
102	PraderWilli Syndrome	5/18/2026 3:08 PM
103	ADHD	5/18/2026 2:32 PM
104	POTS	5/18/2026 2:29 PM
105	Immune comprimised	5/18/2026 2:21 PM
106	Chronic Illness - Long Covid and ME/CFS	5/18/2026 1:51 PM
107	Multiple conic health conditions including POTS, PMDD, MCAS, EDS, HYPOTHYROIDISM, PMOS	5/18/2026 1:28 PM
108	PTSD	5/18/2026 1:27 PM
109	Neurological condition: Chronic Vestibular Migraines	5/18/2026 1:05 PM
110	My family member has Down Syndrome. I support people with all kinds of disability in my Support Coordinator role.	5/18/2026 12:50 PM
111	ADHD	5/18/2026 12:37 PM
112	Epilepsy	5/18/2026 12:26 PM
113	Praderwilli syndrome	5/18/2026 11:35 AM
114	learning disorder	5/18/2026 11:30 AM
115	ADHD	5/18/2026 11:26 AM
116	ADHD	5/18/2026 11:15 AM

Q6 The Government wants to use a standard tool to measure how much a disability affects daily life (functional capacity), and base access on this instead of diagnosis or functional capacity. Do you think this is a good idea?

Answered: 1,233 Skipped: 154



ANSWER CHOICES	RESPONSES	
Yes - mostly a good idea	4.22%	52
Mixed - some good, some bad	22.71%	280
No - mostly a bad idea	70.07%	864
Unsure	3.00%	37
TOTAL		1,233

#	OPTIONAL COMMENT:	DATE
1	Everyone is different and a lot of people are not as simple as needing a "standard" tool.	5/26/2026 7:27 AM
2	An FCE is only one part of a persons profile, so much more needs to be taken into account when assessing someone's need for supports, every time we submitted one to the NDIS it was never read or the needs that arose from the FCE taken into consideration	5/25/2026 9:13 PM
3	Very scarey	5/25/2026 6:10 PM
4	There are already many standard tools that are in use	5/25/2026 6:08 PM
5	every disabled person and their families has different level of functional capacity and having a set standard tool to determine access is not feasible. This is no different to getting AI to process plan requests so government can cut cost to hiring actual humans to approve these plans.	5/25/2026 6:05 PM
6	How much a disability affects daily life should be based on the diagnosis and tailored clinical assessment.	5/25/2026 5:44 PM
7	More information needed	5/25/2026 4:38 PM
8	How is an individual's functional capacity meant to be accurately reflected with a "standard	5/25/2026 3:25 PM

	tool", likely conducted by a person that does not have the appropriate training or understanding to do so, that completely separates a person from their disability?! Isn't this the primary reasoning as to why the participants are accessing the NDIS is due to their disability and diagnosis?	
9	The same condition can effect a person's individual functional capacity completely differently.	5/25/2026 2:52 PM
10	Many of us already have to prove our significantly reduced functional capacity, but I'm worried this standard tool that we don't know much about might not capture functional capacity very well, especially in the case of complex or "invisible" disabilities. Also, the A and B lists are there to reduce administration as professionals have already established that people with those conditions have permanent disabilities and significantly reduced functional capacity. That's unlikely to change, but will the new tool consistently recognise this?	5/25/2026 2:13 PM
11	Humans are unique from one another. A standard tool cannot accurately reflect how much a disability affects each human. A diagnostic measure can. Diagnostic assessments engage with the person, to understand their specific needs, to understand their disability in the context of their home/living environment and psychosocial wellbeing.	5/25/2026 1:30 PM
12	A participants needs cannot be assessed with adequate individuality and consideration of their own circumstances by AI. Those best placed to provide detailed thorough and essential information towards assessing a clients needs is the family and the therapist that support the client and their family and carers. The AI generated tool does not take into consideration personal circumstances nor environmental factors which is a key component of the ICF model of supporting those with a disability which is a world accepted model for people with disabilities. This model should be the cornerstone of assessing a participants needs. The AI generator assessment does not assess and view a person with a disability in this way.	5/25/2026 1:02 PM
13	No. It won't take into account unique aspects of a person's disability that affects functional capacity.	5/25/2026 12:23 PM
14	As a data scientist, with a background in psychology and professional experience in commercial data science and AI projects, I am well aware of the ways in which systems like this can be set up in a biased direction -deliberately or accidentally. The outlier nature of disabled people and their needs means that skewed assessment frameworks that are not defined by public health professionals is an unfair approach to determining access or funding for NDIS participants. The way forward should be public allied health led design, not just in consultation, with public facing transparency on how the system works, to keep the NDIS accountable.	5/25/2026 11:48 AM
15	Standardized tests are reliable only for the group it was devised and standardized for. A test can't be then used for other groups. Disable citizens have diverse needs and do not have stable impairments , one day may look different to another. Snapshot testing by someone who had no proffsion in allied health, using an instrument not designed for the disabled population is ludicrous, I reliable, not supportive, inaccurate. possibly might cause harm, including injury, trauma, and death.	5/25/2026 11:22 AM
16	I think there needs to be more consistency and reliability about how decisions are made. I am genuinely concerned however that the proposed standardised measures will not be sufficient to cover the breadth and depth of people's disabilities and experiences to help people feel seen and help planners understand their strengths and needs. I am also concerned that such standardised assessment will be very face valid, leading everyone reporting on such a measure to describe a person on their worst day rather than a representative day of functioning in order to try and qualify for funding - something we saw in the early days of NDIS. This will likely become a protective measure as it has been reported the algorithm will make a final decision that cannot be appealed against.	5/25/2026 10:08 AM
17	A measure of functional capacity is not bad in itself, but it does need to be assessed by a qualified practitioner like a trained OT not by a clerical officer using a newly devised 'checklist' who will likely niot have training to communicate well with sometimes non-speaking participants.	5/25/2026 7:42 AM
18	Disability can not be standardized.	5/25/2026 6:19 AM
19	Reports are made to substantiate the level of a persons functioning capacity determining the amount of hours for daily support which is imperative for	5/25/2026 3:25 AM
20	It doesn't make any sense. There is nothing standard about anyone persons disability.	5/24/2026 10:36 PM
21	No one tool is designed for this and requires complex understanding of disability to make informed desicions.	5/24/2026 10:16 PM

22	This is an absurd idea. A standard tool cannot measure accurately how much a disability affects daily life.	5/24/2026 9:36 PM
23	How is it possible to capture the nuances of people's disability and their support needs using one standardised test and convert it into a suitable budget. Any experience professional would tell you this is not possible	5/24/2026 7:48 PM
24	No disability is the same. Each disability needs to be assessed on the person not what their disability is	5/24/2026 7:46 PM
25	Disabilities are so diverse, how can there be merely one standard for testing? You can't use the same tool to assess both hearing and vision, so how can you have one tool for measuring such a diverse spectrum of disabilities?	5/24/2026 7:21 PM
26	My daughter is high masking and flew under the radar for many years. I worry that the high masking best day gives zero insight into our every single day of meltdowns and disregulation after a day of masking. And cannot represent her worst days where she was unable to do anything. The fact these are less often is the result of years of work from Speech and OT and psychologists	5/24/2026 7:08 PM
27	Its a terrifying idea for complex high needs people with a disability	5/24/2026 6:45 PM
28	However the reporting is flawed. The funded time for it doesn't allow for the OT to observe and thus understand the total deficits.It has to be written in the NDIA language, is only valid for a year or disregarded rudely	5/24/2026 6:37 PM
29	The holistic approach needs to still apply.	5/24/2026 6:31 PM
30	Whilst I believe that an appropriate functional assessment tool is necessary tool, I do not agree with a standard tool that is not broad in design nor adequately measures multiple disabilities. I also believe that an appropriate functional assessment tool needs to be designed by qualified allied health workers who have experience in the areas of disability that will be assessed. I believe it is a mistake for the federal government to overhaul access based on diagnosis. Diagnosis is often the cornerstone of how we make sense of a disability and without it the building blocks necessary to measure appropriate supports if futile. Furthermore the above statement is contradictory as it states "a standard tool to measure how much a disability affects daily life (functional capacity)" and then in the next breath state that access should be based solely on the tool and not "diagnosis or functional capacity". So what is this standard tool supposed to measure if not ones functional capacity and how that affects their daily life?	5/24/2026 6:31 PM
31	Good for it to be based on function, not disability on a "list"	5/24/2026 6:14 PM
32	People can not be broken down into separate parts. A person's functional capacity is influenced by a number of things like how various diagnoses interact, their environment and personal circumstances.	5/24/2026 6:13 PM
33	This is not likely to be a true indicator of a persons daily functioning and would not be individualised	5/24/2026 6:05 PM
34	This will be a disaster for participants and just shift costs to others areas :(	5/24/2026 5:58 PM
35	People are individuals	5/24/2026 5:42 PM
36	Agreed that one size doesn't fit all just because they have a diagnosis - however some diagnoses represent spectrum disorders that can show up dramatically differently depending on the setting.	5/24/2026 4:32 PM
37	This will cause more harm than good, the focus needs to be on fixing the broken system and the fraud NOT removing innocent participants who have done NOTHING wrong from the scheme. It is and never was our fault its theirs for letting it get out of control.	5/24/2026 4:31 PM
38	Look at the mess in Aged Care. People are dying	5/24/2026 4:26 PM
39	I agree with the development of an appropriate functional capacity tool but one which is broadly designed to look at multiple disabilities. This tool needs to be designed and delivered by allied health workers who understand the disabilities being assessed. I don't agree with the statement above as it states that this tool would be used instead of diagnosis or functional capacity. Firstly a diagnosis is the cornerstone of any person with a disability and secondly the statement states that "instead of disability or functional capacity"; isn't this tool supposed to assess a person's functional capacity as this affects one's daily life? This statement is not clear in intent.	5/24/2026 4:18 PM
40	Using a standard tool to measure functional capacity is fine if the tool is broad enough to encompass multiple disabilities. I think there is a question of adequate design and whether	5/24/2026 3:45 PM

	one tool is capable of making such assessments. I would also suggest that that the Functional Assessment Tool needs to be administered by someone with adequate knowledge and training in allied health pertaining to the participants diagnosis. Furthermore, I disagree about disregarding diagnosis as this is the premise of one's disability and needs to be considered within the process of assessing one's functional capacity.	
41	This question contradicts itself. ..base access on this (functional capacity) instead of diagnosis OR functional capacity	5/24/2026 2:09 PM
42	Assessments only capture a snippet and are subjective to what the assessor sees at that time. Also, the descriptions provided by parents and assessors is depenedent on their ability to articulate and describe adequately. This opens up the risk of missing kids that might mask intensively, or parents who are over whelmed and don't know how to addequately describe what they're experienceing and observing.	5/24/2026 1:40 PM
43	Still need to take health specialist reports into consideration	5/24/2026 1:40 PM
44	Yes, this might be a fair option, *as long as* the diagnosis is considered, in so far as the condition may be progressive or stable (ie, Multiple Sclerosis is progressive, whereas paraplegia is stable) and whether the sufferer has ‘good’ and ‘bad’ days or every day feels the same. And the assessment is completely objective (such as a score or timed) and not at all subjective (such as an opinion, and the assessor(s) are experienced physiotherapists or other allied health professionals	5/24/2026 1:36 PM
45	Environmental impacts, particularly for youth, are highly relevant to disability burden. Removing environmental and comorbidity impacts places those already facing significant vulnerabilities at severe risk and significantly decreases their opportunity for positive outcomes in adulthood.	5/24/2026 1:00 PM
46	It would be a good idea if the people reviewing actually thoroughly look at how its impacting the disabled person and their family and carers quality of life!	5/24/2026 12:53 PM
47	Every person with a disability is different	5/24/2026 12:52 PM
48	There are too many people who don’t have functional limitations and just want companionship. The NDIS should be for only significant and permanent disabilities.	5/24/2026 12:42 PM
49	Robots aren’t people. They can’t accurately reflect function (or lack of function)	5/24/2026 12:41 PM
50	A standardised tool is never going to adequately assess to suitability of a person with limited functional capacity. Within a single diagnosis, there is a huge variation of needs that can be identified. How can a standard tool adequately reflect this?	5/24/2026 12:27 PM
51	Standardised tools with no alternatives does not fit all needs for participants	5/24/2026 12:26 PM
52	Not needing formal diagnosis is good but standardised wont work case by case only	5/24/2026 12:25 PM
53	It should not be the governments choice who is considered dissabled enough for support and who is not, this should be the responsibility of the doctors who are already responsible for diagnosis and support. If you have a diagnosis that should be enough to qualify, having unqualified people judge your condition and make choices about your life is downright insulting.	5/24/2026 12:15 PM
54	It is impossible to design a single assessment tool to suit every individual	5/24/2026 12:00 PM
55	Functional capacity for an autistic person varies wildly depending on the situation	5/24/2026 11:53 AM
56	The appropriate standardised solution would be a functional capacity assessment by the participants chosen OT who should in turn toake into account reports from other specialists and allied health professionals.	5/24/2026 11:51 AM
57	Standard tool is not reliable or verified for multiple disabilities.	5/24/2026 11:42 AM
58	Absolutely no faith that whatever tool will be used will be used by qualified professionals trained and skills maintained to use it. Point in time assessment has been the challenge for pwd since the dawn of time. It has no basis in evidence. Another attempt to deprofessionalise disability sector and to blantantly save money at the expense of pwd	5/24/2026 11:33 AM
59	It will be inherently bias towards fluctuating disabilities not reflect the true depth and breadth of how disability impacts someone's life.	5/24/2026 11:30 AM
60	I can’t see how a standardised tool can capture the impairment in each applicant without a personal interview of the individual and/or the people who care for them. Allied health professionals are trained in this. Why replace them with a tool that is unable to capture the nuances of every participants challenges?	5/24/2026 11:28 AM

61	All dis ability devlop different from each individual. How the tool going to measesure this variant?	5/24/2026 11:25 AM
62	All assessments, continued funding and re-assessments need to be individually by humans with expertise in the area of disability care with first hand experience of what daily life looks like for participants.	5/24/2026 11:19 AM
63	One size does not fit most or all	5/24/2026 11:06 AM
64	A person with a disability or psychosocial disability may not know the depth of their diagnosis or may be psychologically in denial of their diagnosis or not have the capacity to understand this, and so a person with a disability who is independent with how they live may say that they can do certain things such as daily living activities and tick yes to being able to do everything, but then they will struggle to do these things and tasks but be indenial that they need help. And so their answer to FCA may be low needs when it's not. And this will base how much funding they will get, and if a person needs help and doesn't have the funding, they will be at risk of not getting the right support they need due to low funding	5/24/2026 10:32 AM
65	May not be sensitive to less visible impairments such as auditory processing, specific cognitive/learning impairment & fatigue impsirment	5/24/2026 9:57 AM
66	Most of the people who are in charge of making these decisions have no concept of the level of impact an individual's disability has on their day-to-day lives. I feel those with worked/lived experience should be a part of the decision-making process to bring about a realistic improvement in the lives of those who are truly affected by the disability.	5/24/2026 9:53 AM
67	Most disabilities won't fit into a standard Ticky box system. People fight with everything they have even when on the NDIS to get the supports we desperately need and were originally promised. Stop messing with it.	5/24/2026 9:35 AM
68	Some people's disabilities are invisible and hard to measure	5/24/2026 9:06 AM
69	For many young children and children with ASD they don't have such strong functional disabilities because their parents/carers compensate and do so much for them. This would preclude them from early intervention. Then there is significant issues and difficulties as academic and social demands increase as they did not build foundation skills earlier.	5/24/2026 8:52 AM
70	Disabled Australians are not budget tools. These legislation changes dehumanise this population and place their wellbeing at the mercy of an AI robot that cannot possibly understand the intricicies and nuance of daily life for a person with a dynamic disability.	5/24/2026 8:33 AM
71	Being in rural NSW and Vic we struggle to engage with allied health professionals to access a FCA. Although great when we do.	5/24/2026 8:15 AM
72	There are varying degrees & types of disability that can affect a person's function in varying ways, a standard tool is going to leave gaps in identifying all issues a person may have	5/24/2026 6:49 AM
73	There are some diagnosies that should be automatically accepted - the process to apply for the NDIS is already difficult for those with disabilities. An option simplifying and making functional capacity testing more accessible would be good, however depending on how the standard tool is designed to test functional capacity it could either make that process faster and simpler or much harder and exclusionary.	5/24/2026 6:40 AM
74	No tool can capture someone's functional capacity. Even in the right hands people with degrees and extensive training in functional capacity and disability are the only suitable option here.	5/24/2026 6:35 AM
75	This is terrible for any PWD let alone complex needs	5/24/2026 5:42 AM
76	we need individual assessments done by trained allied health professionals!	5/24/2026 12:30 AM
77	My concern is the standard part, becasue ther are so many ways to have disability, and often it is the environment that disables	5/23/2026 9:33 PM
78	- disability is not a one size fits all; how has this tool being validated for populations like people who use AAC or using Auslan.	5/23/2026 9:17 PM
79	I like the fact a functional capacity will be standard rather than left to someone's opinion but the facilitator doing the FCA has to understand a lot in order to capture our wide ranges of complex needs from many different disabilities and how the intertwine	5/23/2026 9:16 PM
80	One does not fit all	5/23/2026 8:13 PM
81	Not all disabilities are equal and should be treated as an individual case, not pigeon holed to the closest description.	5/23/2026 7:46 PM

82	It will require participants to undergo unnecessary additional assessments. For example, a child with a diagnosis of Cerebral Palsy with a GMFCS Level of 4 or 5 should automatically be eligible for the NDIS because we know they will have significant life long needs.	5/23/2026 7:11 PM
83	Standardised tools are designed to capture norms or averages. People are not these things Context, nuance and detail matter. Every person matters.	5/23/2026 7:10 PM
84	It’s so difficult to take a one size fits all approach when dealing with disability.	5/23/2026 7:00 PM
85	Very difficult to have one or two standard tools that measure a very large range of disabilities and circumstances.	5/23/2026 6:14 PM
86	There are disabilities that don’t fit into this standard tool. The tool disadvantage certain people with disabilities to access NDIS.	5/23/2026 4:25 PM
87	How can you measure a persons disability by using a tool that puts people into a box, individuals have fluctuating needs on a daily basis and a snapshot could be detrimental for a family. As a single parent we have good days and bad days, on our good days you wouldn’t think I need support and on our bad days that can last for weeks, months, years on end and I didn’t have supports in place it would break me to the point of a mental health crisis. I’m in burnout already, please don’t try to put us under subheadings and burn me out completely, there is no one else to look after my children with additional needs	5/23/2026 4:13 PM
88	The i can is only one type of assessment, it makes up a toolkit of assessments, and you would only choose it if it was the right fit for the person being assessed. Assessments are not a one size all	5/23/2026 4:13 PM
89	ICAN does not capture the whole picture. For example, my daughter can cook, she can catch public transport but in reality she can not because Praderwilli diet has to be carefully managed. As they never feel full they food seeking constantly. Obesity related disorders are the main cause of death in PWS. She cooks she sneaks and staches food even when being observed, she catches public transport independently she gets off at stations with shops to access food	5/23/2026 3:12 PM
90	It would only work if completed by someone like an OT and with experience in the persons specific disabilities. For me it would not work due to my communication difficulties, masking, and energy limiting condition. I would not be able to sit a long test and it would have to be broken up into chunks. I also am not always reliable with my answers as I might not understand what is asked or minimise things	5/23/2026 1:51 PM
91	Standardised tools rarely capture psychosocial or multiple conditions causing disability nor do the capture the barriers pwd face	5/23/2026 1:18 PM
92	A standard tool selected by the minister is not inline with best clinical practice. An accurate assessment of a person's functional capacity requires appropriate clinical knowledge, a the time to understand a person's daily life. Also, this tool will be selected by the minister who has a vested interest in kicking people off the scheme, and so will not be interested in selecting an appropriate tool for accurately exploring participant's capacity. Also, a single tool across such a wide range of disabilities is completely inappropriate.	5/23/2026 12:59 PM
93	A "standard tool" does not cover all areas and not all people can answer such questions anyway. Some are unable to adequately express themselves, others may be delusional etc.	5/23/2026 12:01 PM
94	Both diagnoses and functional capacity should be used.	5/23/2026 10:32 AM
95	A standard tool will be ill-suited to measure fluctuating capacity.	5/23/2026 9:42 AM
96	People’s diagnosis matters and it must continue to include BOTH diagnosis and functional capacity.	5/23/2026 9:29 AM
97	How can we approve something we know nothing about?	5/23/2026 8:27 AM
98	No, this is a terrible idea	5/23/2026 8:17 AM
99	Many people already have their support needs identified and just need a continuing plan unless a change of circumstances requires a plan change. Assessing for the sake of trying to cut funding is likely to have a negative impact on PWD.	5/23/2026 6:09 AM
100	Will not capture fluctuating conditions	5/23/2026 5:11 AM
101	People with disabilities are unique and so are the symptoms of their condition/s. This may cause harm to someone who would hugely benefit from support, futhermore, a tailored assessment takes into consideration all aspects of their life such as parents/carers. It can't be an accurate assessment of the criteria is standardized.	5/23/2026 4:54 AM

102	I can't imagine the tool can cover the diverse range of needs of people with disabilities.	5/22/2026 10:09 PM
103	A standardised tool implemented by unqualified assessors is not appropriate	5/22/2026 9:04 PM
104	These changes are deadly to many of us with complex needs and multiple disabilities	5/22/2026 8:11 PM
105	Using a standard tool, is never a good thing as everyone is SO unique and individual. Nothing is standard in this world and it will not measure accurately	5/22/2026 8:09 PM
106	Having access based on a diagnosis doesn't accurately record or capture someone's functional capacity.	5/22/2026 8:04 PM
107	Functional capacity assessments must be conducted by allied health practitioners and take into account the fluctuating nature of many disabilities as well as changing support requirements depending on the environment.	5/22/2026 7:19 PM
108	Already have various neurological & functional capacity reports done.	5/22/2026 6:09 PM
109	Everyone is different, you cannot use a standard tool to measure a persons disability	5/22/2026 6:08 PM
110	Too much writing for me to comprehend	5/22/2026 5:30 PM
111	This should not be in isolation additional supporting evidence such as therapy reports, environment and the combined impact of all diagnosed disabilities regardless of whether NDIS has accepted those disabilities and their affect on the persons functional capacity	5/22/2026 4:07 PM
112	On paper, a child may be able to complete a task but their ability to perform that task functionally everyday would not be captured by this assessment.	5/22/2026 3:48 PM
113	Gives OTs too much power and doesn't reflect the needs	5/22/2026 3:41 PM
114	There is no such thing as a standard human being, a standard form of disability even within a diagnostic category, so there can be no standard tool that fits most people.	5/22/2026 3:30 PM
115	Capacity changes over a lifespan & getting in early with individuals deemed to have lower needs may mean they have no needs in future - but intervention with skilled professionals is still warranted	5/22/2026 3:29 PM
116	These tools will be completed by trained non-professionals thst do not have a lived experience of disability or knowledge that a health professional would have. Participants wouldn't be able to capture the variation in their skills from day to day.	5/22/2026 2:57 PM
117	Terrible idea	5/22/2026 2:34 PM
118	Not all disabilities are the same and there is multiple layers. Using one standard tool will not cover the impact or needs of the individual or family	5/22/2026 2:28 PM
119	AI standard assessment tools, non-allied health assessors, mean that the individual's functional capacity can not be accurately measured, and discounts the complex interactions of multiple disabilities, or even a single disability if the individuals living situation and functional capacity is not assessed and reported on by the appropriate allied health, medical or other professional.	5/22/2026 1:24 PM
120	Disabilities and how they affect us are not standard, so using any kind of standardised tool would be unfair, unreasonable and wouldn't be able to accurately describe everyone's needs.	5/22/2026 1:16 PM
121	Extremely bad idea!	5/22/2026 1:15 PM
122	functional capacity is essential to assess; many disabilities result in fluctuating capacity day by day, a single assessment will not take this into account and will leave many without essential supports	5/22/2026 12:39 PM
123	I have ME/CFS, I tried to do the enrol in the trial and even for that, the conditions prevented me from doing it, the would not allow question in writing or chat to even give me time to think.	5/22/2026 11:28 AM
124	Disabilities are complex, varied and nuanced. No single tool can adequately capture the needs of such a diverse group of people	5/22/2026 10:51 AM
125	A standard tool will likely miss the complexity of function and be unable to tailor need. No disability presents the same and this poses many risks	5/22/2026 10:32 AM
126	Government Official - please ensure you make the right decision and do the right thing. Making changes will have a substantial impact on people's lives. This includes participants and providers who employ hundreds of people.	5/22/2026 10:30 AM
127	No. This change only exists to deny disabled people access to NDIS. It wouldn't even save	5/22/2026 10:17 AM

	money like they're probably hoping it would	
128	My child can’t complete an FCA. One single FCA that covers all disabilities and measures against the same standards could present many problems. Different disabilities present different challenges and all challenges need to be considered even if a person is competent in one area doesn’t mean they don’t need significant support in another. I also think the disabled community should have a say in the FCA . If done correctly with consideration of different needs it could be okay but serious work needs to be done to ensure it is fair to all applicants and when you have a child like mine who outright refuses to engage in many tasks with the FCA what does that mean? Their disability is preventing them from engaging	5/22/2026 9:57 AM
129	Our child's disability is always present, but varies in severity from day to day, so NDIS funding would be used for physio and Osteo to strengthen his body and treat ongoing injuries occured. Also, ZEBRA is a private allied health group necessary to match our child's disability. After the initial 5 Goverment rebates, there is no ongoing medicare funding for this specialised group who are essential for our son's particular condition. In this case there is a gap in financial support that only NDIS funds can meet.	5/22/2026 9:40 AM
130	Providing a standardised tool to make the functional capacity assessment could help assess the client’s support needs, however asking someone to perform for a test, is not equivalent to their functional capacity in real life situations because environmental factors may not be replicated in the standardised assessment. Therefore the client might appear to perform better in the functional capacity test situation than in real life situations that involve more complex cognitive processing of environmental factors. Furthermore Functional Capacity Assessments are very expensive and the financial cost is a barrier for clients to access it.	5/22/2026 9:27 AM
131	I think this needs to be very different for children and adults with ASD and MUST be conducted by a skilled practitioner with an allied health background and years of experience	5/22/2026 9:07 AM
132	The idea that young autistic participants and participants with developmental delays and intellectual disabilities be removed because of their diagnosis is extremely concerning. Just because they make up the majority of the participants currently accessing NDIS supports does not mean they should be moved to other supports. The thriving kids program is not prepared or equipped to provide the level of support that this vulnerable children and families need. Early intervention is evidence based and by removing so many supports because of their diagnosis is detrimental to their development and future as well as their future contributions to society	5/22/2026 8:12 AM
133	A standardised tool for functional assessments is not necessarily a bad thing if it is performed by appropriate trained allied health workers who have knowledge of the condition/s they are assessing. I think dumping diagnosis is not helpful as that provides context around a participants disability. I don’t agree with it being put through AI for automated decision making and this really need clinical experience.	5/22/2026 8:10 AM
134	Must include capacity for review by clinicians	5/22/2026 7:29 AM
135	People are not 'standard' so this needs to be carefully considered, but there is so much nuance to disability and functional capacity regardless of diagnosis so diagnosis should not be the be all, end all to decide someones care needs.	5/22/2026 7:07 AM
136	Ridiculous idea	5/22/2026 5:50 AM
137	Very difficult to find a standard tool that can be applied in pediatrics.	5/22/2026 5:34 AM
138	They completely ignored two FCAs, one which I paid $900 and one which they then funded.	5/22/2026 3:12 AM
139	Need more information in order to comment on how this would work	5/21/2026 11:58 PM
140	I don't trust the government that this tool will be a good idea because it will be designed to buy them to not be to disable people's benefit	5/21/2026 9:06 PM
141	The same condition can affect different people differently. Additionally, people with multiple conditions may be minimally impacted by each minimally, but the total impact of multiple conditions combined can be large.	5/21/2026 8:02 PM
142	lack of clarity as to who will administer them. A tool is only as good as the person assessing. Without properly trained people in disability and assessment tools, it will be unlikely that the tool can capture their real needs of the person with disability	5/21/2026 8:00 PM
143	The proposed functional capacity assessment is based off WHO-ICF however they have not included participation measures. This is a blatant disregard for WHO and all disabled people who's disability impacts their ability to participate in every day life.	5/21/2026 7:00 PM

144	This automates responses and has no nuance	5/21/2026 6:06 PM
145	A TAG of hand picked people to design the tool is dangerous and could be biased. The only people who should be performing testing is the participants own allied health teams. not some NDIA pen pusher who has had in house training and no qualifications. It should not be put out to tender either kpi's to meet certain goals could be applied	5/21/2026 5:13 PM
146	Terrible idea. AI taking over and again no accountability or understanding of disability	5/21/2026 4:51 PM
147	Not all standardised assessments are completed as they are intended and doesn't allow for nuances and more individualised information	5/21/2026 4:36 PM
148	If the right professionals are involved it could work but there needs to be specific training and skills	5/21/2026 3:23 PM
149	It needs to be based on the person function and supports around them	5/21/2026 12:29 PM
150	It depends on the assessment and whether it takes into account the complexity that is involved in a person's support needs	5/21/2026 12:08 PM
151	Functional capacity isn't static and it is impossible to standardise	5/21/2026 11:59 AM
152	Does not account for people as individuals together with their circumstances and their environment.	5/21/2026 11:56 AM
153	How do they plan to assess people with severe difficulty in speaking to unfamiliar people, particularly those who have zero informal supports? Same question for people who understate their disability and needs due to internal shame, fears etc	5/21/2026 11:56 AM
154	This tool appears to have major flaws, including reducing everyone's function to a one size fits all. It may also be biased against certain conditions including psychosocial and autism. I have concerns about the length - there is no way I could complete this in one three-hour sitting- and the possibility that I might be forced to express myself on the spot by speaking, with no alternative method of communication allowed.	5/21/2026 11:43 AM
155	this could help some people with me/cfs for example, to access the scheme. Though it could harm people who are currently doing well with their ndis supports, but risk decline (like those with mild me/cfs or other conditions) if left unsupported. Preventative care is real, otherwise more people will develop more severe disabilities.	5/21/2026 11:39 AM
156	As long as they base it per person and not just generalise, as a parent/carer with 3 children all with same level autism diagnosis plus other disabilities not one of my kids is the same or have the same needs as each other.	5/21/2026 11:26 AM
157	I don't believe a standard tool can take into account a person's ability to communicate thereby potentially affecting the outcomes	5/21/2026 11:08 AM
158	This will mean qualified professionals who know me and my disability can't be involved in my assessment, and it will automate something complicated.	5/21/2026 11:07 AM
159	Standardised tools cannot assess individuals.	5/21/2026 10:57 AM
160	I am very concerned that it will not accurately apply to all disabilities.	5/21/2026 10:50 AM
161	Not all discourse fit into neat boxes. It’s fine if it takes into account by all and is validated by allied health sector and disabled but otherwise no	5/21/2026 10:42 AM
162	My disabilities and functional impairments only make sense if you understand the conditions that cause the impairments.	5/21/2026 10:38 AM
163	Standardised proformas / word limited or price limited FCA models to improve consistency may be possible, but what is proposed is not this. Essential these assessments remain completed by an individual's therapist and not NDIA/NDIA contracted companies.	5/21/2026 10:37 AM
164	It needs to be completed by a trained professional with ability to override the system if it gives something inappropriate. Needs to include information from those who care for, support and work with the person	5/21/2026 10:29 AM
165	Diagnosis needs to also be taken into consideration - especially when people often have multiple/complex conditions. Each person needs to be looked at individually, they can't have a standard test for all as it won't cover all needs	5/21/2026 10:26 AM
166	They should be a standard tool that runs alongside the functional reports that participants already have	5/21/2026 10:25 AM
167	This is not mostly a bad idea. It is a terrible idea. This is dehumanising even more. We	5/21/2026 10:16 AM

	need steps forward. Not neck around the rope being dragged backwards	
168	Terrible design. A screening tool is fine but access must be based on need as determined by a multidisciplinary team of professionals not a delegate alone.	5/21/2026 10:13 AM
169	You can be functional in daily life ie walk around, attend school, but have 0 participation in anything or communicate in anyone. What does “functioning in daily life” mean?	5/21/2026 10:13 AM
170	This will discriminate against multiple people - fluctuating conditions, neurodivergent, for example.	5/21/2026 10:09 AM
171	Agree that standardising is required for equity. However, standards needs to be formulated based on agreed empirical data AND consultation with grass roots participants to provide qualitative evidence	5/21/2026 8:50 AM
172	Capacity for many people varies from day to day. For people with complex needs, these tools are not good at understanding the person’s actual needs	5/21/2026 8:34 AM
173	My therapy team who have known me for years know my complex needs. A standardised assessment isn’t capable of this.	5/21/2026 7:38 AM
174	Access does need to be reviewed but the ones administering the tool MUST be allied health trained and able to probe appropriately. Many people with significant complex needs and less visible disabilities minimise the impact of their disability and without non judgemental, skilled screening the wrong info could be collected.	5/21/2026 7:36 AM
175	I’m worried it will not understand complex needs as they do not fit neatly into boxes	5/21/2026 7:03 AM
176	A standard tool may be insufficient to capture the nuance of functioning for clients of different ages and in multiple settings.	5/21/2026 7:02 AM
177	Hard with younger children who need early intervention	5/21/2026 7:01 AM
178	My sons primary disability is autism so his secondary vision impairment and developmental coordination disorders don’t get funding at all - not even for a Physio assessment to show the need.	5/21/2026 6:21 AM
179	I am concerned the current system is inaccessible for people who cannot afford reports to provide evidence of their disability and functional capacity. However I am concerned that there will be no specialists involved in assessing someone’s eligibility, nor anyone familiar with the person.	5/21/2026 6:16 AM
180	This gets rid of individualised needs and disregards cost of living	5/21/2026 6:15 AM
181	The system just needs to be fully regulated and all providers registered. That will stop all the private workers doing all the 1:1 supports when there are participants that would benefit from being in group supports and building real connections with peers rather than going to the movies, theme parks and for coffee week in week out	5/21/2026 6:01 AM
182	Most people with family members or disabilities themselves live truly below the poverty line removing supports because they can not afford the testing is disgusting.	5/21/2026 5:51 AM
183	I have concerns about the tool. It would be good for some people without a diagnosis to be able to access to support. However, my concern is that the tool will not capture all challenges that people face. I want to know more about the standard tool and how it assesses people.	5/21/2026 4:14 AM
184	This cannot be assessed generically, each individual is different	5/21/2026 3:09 AM
185	This is not an objective assessment and assumes validity and specificity	5/21/2026 1:17 AM
186	Dangerous and life endangering	5/21/2026 12:25 AM
187	Not all disabilities are black-and-white and the same	5/20/2026 11:47 PM
188	Not everybody’s disability present the same so it’s a very bad idea	5/20/2026 11:36 PM
189	It depends who is assessing using this tool. Do they have a good understanding of disabilities beyond what’s on paper? What does functional every day life look like for that person that’s being assessed.	5/20/2026 11:08 PM
190	I am deeply worried this tool will be inadequate and dangerous towards people with psychosocial disability.	5/20/2026 10:26 PM
191	Mark Butler does not understand the complexities of disability enough to be choosing a team. A standard commission should be developed, where candidates apply based on merit, expertise and proven fundamental disability knowledge. Parliamentarians are	5/20/2026 8:28 PM

	renowned for selecting lobbyists and/or colleagues and this impartiality is why the current systems fail. 90 days for anything in the NDIS is too long, these are peoples lives, not applicants for a rental property. Anyone that is currently a participant, carer, family member or support provider knows it extends far beyond 90 days, yet allows only 28 days to appeal any or all decisions? There are thousands of staff members with ample access to reports, why does it require 90 days for anything? In regards to alternative systems, most were abolished at the the introductory of the NDIS. Recouping funds is fine and well, but work cover and transport accident cases usually take years! Who's to say if compensation will even be granted? And even if that compensation would cover an accumulation of debt raised, whilst waiting for a case outcome. Why aren't the reports provided by allied health used? If a Dr told you, you had reduced lung capacity and needed to see a specialist, no one would ever question that? So why are reports ignored? It is the gross mishandling of the NDIA that amplifies why automated systems are so widely questioned. At this stage, with a large majority of the general public realising that it is rogue providers causing the over expenditure, no amount of cuts will make a difference. It will just cost lives and continue to increase in expenditure.	
192	If done well, it could mean more equitable funding for clients of similar presentations (e.g. all ASD L2 gets $x, all ASD L3 gets $y) but this should be as a STARTING point and still assess for external factors impacting the client (e.g. location of services, family/carer level of support and capacity, number of individuals in same household receiving NDIS supports)	5/20/2026 8:08 PM
193	No - COMPLETELY horrific, uneducated, and ableist idea (not to mention against basic human rights laws)	5/20/2026 8:05 PM
194	I honestly find this really concerning. A standard tool might work for some people, but disability isn’t one-size-fits-all. Functional capacity can change day to day, especially with conditions like MS, fatigue, pain, cognitive issues, or fluctuating illnesses that aren’t always obvious in a short assessment. I worry people will end up being reduced to a score on a form instead of being properly listened to as individuals. Diagnosis alone shouldn’t decide support, but neither should a rigid assessment tool that may miss the real impact disability has on someone’s daily life.	5/20/2026 6:52 PM
195	If the tool & people applying it are able to accurately determine someone's functional capacity & support needs then it could be a welcome, cost effective way to plan supports. The fear is that these assessments won't be accurate & people won't get the support they need & that it will be very difficult to have the assessment properly reviewed. We are assuming that the aim of this assessment & the changes to planning are focused on minimising support & the support provided won't be sufficient, which will add more stress to people who are already struggling.	5/20/2026 6:18 PM
196	The worst idea ever. This will harm and kill people. It’s about cutting costs.	5/20/2026 5:45 PM
197	It is like the old Pre NDIS system that didn't work.	5/20/2026 5:29 PM
198	I'm uncertain how they'll enforce needing to exhaust all treatments if the diagnosis isnt needed.	5/20/2026 5:02 PM
199	Already getting and providing a FCA every 12 months to the NDIS, for it to be blatantly ignored and never implemented by unqualified specialists i.e. NDIS public servants	5/20/2026 5:02 PM
200	Disability and people are not standardised. Individuals need and deserve individualised support plans.	5/20/2026 2:16 PM
201	The person should have a qualified OT functional capacity test. Not a goverment offical. People present diffrent at diffrent times and settings. An overal knowelge of what that person needs to live a quality of life.	5/20/2026 1:54 PM
202	Concerning as to the qualifications of the assessor- tick a box checklist with no clinical qualifications	5/20/2026 1:32 PM
203	I have trialled the new assessment. It is grossly inadequate.	5/20/2026 1:04 PM
204	AI, developed by non-professionals, cannot replace diagnosis and functional capacity measured by professionals and this will lead to deaths.	5/20/2026 12:34 PM
205	They are people. Humans. You can’t fit them in a box. Medically, I can have the same disease as another person and yet we will need different treatment. It will NOT work.	5/20/2026 12:31 PM
206	I think both should be considered.	5/20/2026 12:31 PM
207	we don't want robodebt 2. standardised tools not tested for valdity with First Nations peoples are invalid	5/20/2026 12:29 PM

208	Standard tools do not have room for nuance	5/20/2026 11:47 AM
209	Any time a singular tool is applied to the complexity of human experience, important nuance can be missed.	5/20/2026 11:43 AM
210	It needs to be a humanised protocol, each person is different, one size does not fit all. A standardised tool may completely miss a persons individualised support needs, as disabilities like Autism have various subtle nuances. Disabled people are not "standard" so the way our needs are assessed should be person centered and tailored to our specific differences. Many people with disabilities such as myself have co-existing disabilities such as ADHD and Autism and Anxiety, these diagnoses have different traits that can overlap and create unique dynamics which may appear contradictory - eg I love concerts but I strongly dislike crowds. I sensory seek but can sometimes not realise when I'm overstimulated and need downtime. My body language and non-verbal communication differs greatly from even other autistic people. I do not believe that a standarised tool would be at all appropriate or equipped to assess anyone's eligibility to access the NDIS. Doctors and therapists undergo years of training - we should be trusting them with such critical decisions, not a tool. I wouldn't at all feel safe putting my life and future in the hands of a tool, rather than a human.	5/20/2026 11:38 AM
211	This is a terrible idea because people can straight up lie, at least with diagnoses it will be legally in writing	5/20/2026 11:16 AM
212	There has never been a tool that can be accurate to all	5/20/2026 10:52 AM
213	No — not on its own. Measuring functional capacity can be helpful, but using a single standardised tool as the main gatekeeper for support is really concerning. Disability is complex and context-dependent. Two people can score similarly on a tool but have completely different support needs in real life. A short assessment often misses things like: * fluctuating capacity * masking/camouflaging * sensory and emotional regulation challenges * cumulative fatigue * support already provided by families * environmental barriers * safety risks * the difference between “can do once” vs “can sustain consistently” As an OT, I think functional capacity absolutely matters — but it should be explored through multiple sources: * clinical observation * reports from therapists * family and school input * lived experience * longitudinal understanding over time * diagnosis and disability-specific knowledge * real-world participation impacts A standardised tool can support decision-making, but it should never replace clinical reasoning or lived experience. There’s also a huge risk that people who are articulate, who mask, or who have episodic/invisible disabilities will appear “less impaired” during a structured assessment and lose access to support they genuinely need. Early intervention is another major concern — waiting until someone is significantly functionally impaired before they qualify can lead to worse long-term outcomes and greater pressure on families, schools, hospitals, and crisis systems. Different disabilities also present very differently. A single tool is unlikely to fairly capture the needs of: * autistic people * people with psychosocial disability * intellectual disability * neurological conditions * chronic illness * degenerative conditions * people with high support needs who rely heavily on co-regulation and environmental support The fear many people have is that “standardisation” can become a way to reduce access rather than improve fairness. A better approach would probably be: * flexible, multidisciplinary assessment * combining diagnosis + functional impact + contextual factors * recognising fluctuating and hidden disability * genuine co-design with disabled people * allowing professional judgement and evidence from treating clinicians * ongoing review processes that are accessible and fair A tool should inform support — not decide someone’s worthiness for it.	5/20/2026 10:41 AM
214	Standardised assessment falls into the medical model and not the social model of disability. It does not allow for varied capacity and abilities of ppl with disability. Also who is delivering this assessment? Some paper pusher or someone who has years of experience working with ppl with disability?	5/20/2026 10:39 AM
215	Functional assessments are helpful, but I'm concerned with how the tool is developed and who it might leave out	5/20/2026 10:06 AM
216	Disability and its impact on a person's daily life is so varied. No standard tool can truly capture the diversification of the functional impact of a disability on a person's daily life. Do not bring in the standard tool. Leave existing eligibility criteria as is.	5/20/2026 9:56 AM
217	assessing daily functional impact requires professional level training and skills - not something a non allied health professional can be quickly trained in or worse for an algorithm to be used - this is deeply disturbing and a retrograde step in the rights of those with disabilities	5/20/2026 9:21 AM
218	It doesn’t account for fluctuations in ability.	5/20/2026 8:49 AM
219	It depends so much on who creates the tool and how they identify how things affect daily	5/20/2026 8:40 AM

	life. I think communication is something that's really missed in functional capacity assessments at the moment	
220	All people are different, and disabilities affect them differently. Just because one person needs a 3mm hex key doesn't mean someone else gets any use from it	5/20/2026 8:40 AM
221	Everyone's circumstances and ability to cope are not standardised. Support from informal carers is also not standardised	5/20/2026 8:23 AM
222	Every persons experience is vastly different and requires a personalise functional capacity assessment	5/20/2026 8:14 AM
223	Depending on what the standard tool is	5/20/2026 8:07 AM
224	How they measure functional capacity is already flawed.	5/20/2026 7:15 AM
225	Not knowing how comprehensive the proposed test will be bothers me, though emotionally confronting i was required to supply a WHODAS to assist my application after genetic testing and specialist neurologist letter confirming my diagnosis and disability.	5/20/2026 6:43 AM
226	Disabled people are individuals and using a standardised tool is not going to factor in the individual differences and needs of people. Functional capacity assessment needs to be contextualised, factoring in environmental and personal circumstances. This assessment needs to be conducted by experienced professionals who are trained to complete such assessments. The outcome of this assessment should help guide funding requirements.	5/20/2026 6:07 AM
227	All bad. Not one good idea in this legislation	5/20/2026 6:03 AM
228	Disability is not standard its individual	5/20/2026 5:57 AM
229	If it is designed and implemented by trained allied health professionals	5/20/2026 5:37 AM
230	You will kill is with this bill	5/20/2026 5:11 AM
231	We haven't been given enough informative about the details of this to be able to make an informed decision	5/20/2026 12:41 AM
232	Untrained assessors using an assessment tool that's not been validated scientifically or by the disabled community will clearly lead to incorrect decisions here	5/19/2026 10:26 PM
233	A standard tool only captures the data in the moment. Assessing functional capacity takes time and observation in real life contexts. OTs are trained to do this. Barely qualified NDIA staff are not trained with a 4+ year degree and clinical placements/work experience to do this	5/19/2026 9:44 PM
234	Functional capacity is individual and funding should be participant based not diagnosis based	5/19/2026 8:47 PM
235	There is a lot of uncertainty around functional capacity and core aspects need to be included in the actual legislation so as to be subject to parliamentary scrutiny. Must account for intersectional experiences, complex and overlapping conditions. Capturing real human experiences, low threshold, allow input of evidence of personal with disability and have appeal rights retained	5/19/2026 8:22 PM
236	Disability is unique to every person and cant be quantified by a calculation. The same as medical care is tailored to the individual, disability care will only ever work if it is specific to the persons needs. Anything generic will leave everyone with serious unmet needs	5/19/2026 8:16 PM
237	we are all individual with unique disability requirements and a standard tool cannot capture that for everyone. This needs to be done by reports by qualified professionals in the field of the disability	5/19/2026 8:10 PM
238	I am concerned with how 'functional capacity' will be assessed and measured, who will complete the assessment and what will be in place for transparency.	5/19/2026 7:31 PM
239	We don't fit into boxes, every person is unique	5/19/2026 7:05 PM
240	My child has a rare condition, not well understood, has intellectual disability and physical disabilities. It is difficult to understand how a general tool will work for him.	5/19/2026 7:00 PM
241	Depends on the tool.if it's ICAN, then it discriminates against people with non-physical disabilities.	5/19/2026 6:59 PM
242	Does the Government think that I will suddenly not be disabled	5/19/2026 6:39 PM
243	I'm not sure that there is an appropriate tool that would work for a range of disabilities	5/19/2026 6:27 PM

244	The last time the government used an algorithm we had Robodebt and people died. In the NDIS space a lot more people are going to be injured or lose their lives all because they have a disability and the government has most Australian convinced that every participant is ripping off the NDIS. Whereas most of the fraud is coming from big business	5/19/2026 6:27 PM
245	There is no tool that does this or we would be using it already. It doesn't listen to any of the existing evidence in the literature about how to assess function.	5/19/2026 6:27 PM
246	I prefer to use our allied health professional reports based upon the whole person	5/19/2026 6:12 PM
247	I can is not meant to be administered by non therapists	5/19/2026 6:07 PM
248	Tool would need to be VERY good and codesgined to ensure it captures multiple disabilities and fluctuating function but overall bad idea, standardised tools always mean some people will not be accurately captured with the nuance required for them to have right supports	5/19/2026 5:28 PM
249	A one size fits all approach cannot possibly suit all people. Functional capacity assessment are a good tool currently.	5/19/2026 5:26 PM
250	A terrible idea. They don’t understand complexity and they set up assessments so only capable people can advocate for themselves. They’ll butcher whatever tool they use	5/19/2026 5:20 PM
251	This is just like the Autism umbrella term. there are so many different conditions out there but calling them all "autism" allows the government to cheap out on much needed supports. One size does not fit all.	5/19/2026 5:13 PM
252	The model presented does not take into consideration assistive technology or care required to complete tasks	5/19/2026 5:07 PM
253	In other schemes a combination of a confirmed diagnosis and a standardised assessment of impairment is used and is effective. The choice of assessment is key.	5/19/2026 4:58 PM
254	There should be a combination	5/19/2026 4:24 PM
255	This is a good change, as some conditions the medical profession can’t / won’t formally diagnose until adulthood / post skeletal formation. But the functional need is the same regardless of the name	5/19/2026 4:22 PM
256	Better than on diagnosis alone, but needs to be a very good assessment tool	5/19/2026 4:09 PM
257	I believe this is an entirely bad idea considering a very small portion of Australia's with disabilities are even on NDIS in the first place	5/19/2026 4:05 PM
258	A standard tool cannot possibly fairly assess the myriad of possible effects all the numerous disabilities can cause.	5/19/2026 3:36 PM
259	No single tool can facilitate this measurement. It requires allied health input.	5/19/2026 3:26 PM
260	My sister has poor functional capacity across all aspects of daily life due to her intellectual disability. However, my son, functions well physically but lacks higher order functioning skills ie planning, budgeting, consequence of actions etc. Both present very differently so would require different approaches to decide their support needs.	5/19/2026 3:24 PM
261	the tool is only validated when used by a qualified trained allied helath professional. to think they can "train" public servants or contractors without these qualifications id dangerous and renders the data unusable.	5/19/2026 3:22 PM
262	These tools are inherently flawed and miss nuances of individuals	5/19/2026 3:00 PM
263	Depends on whether the standardised tool is evidence-based and appropriately norm referenced.	5/19/2026 2:41 PM
264	Standardized assessments are generally standardized to certain populations and often don't consider disability in their testing. For people with disabilities. One shoe definitely doesn't fit all and a clinical approach is required to determine which assessment/s may best capture their support needs across days and environments	5/19/2026 2:11 PM
265	Standard tools do not account for individual complexity	5/19/2026 12:38 PM
266	diagnosis is just as relevant an functional capacity and both need to be considered based on the whole person	5/19/2026 12:29 PM
267	A person may have the functional capacity to feed and clothe themselves but be developmentally a child and unable to live and provide for themselves	5/19/2026 12:14 PM
268	There is a reason no one single tool exists to assess function of all PWDs. Because it is an impossible task. The idea that a TAG could create a tool & verify its psychometric	5/19/2026 12:06 PM

	properties & train non-allied health staff to administer it within 12 months is a total utter fantasy complete fantasy.	
269	These tests are unsitable for and unfairly disadvantage people with my disabilities	5/19/2026 12:00 PM
270	If it was a fit for purpose test delivered by qualified allied health professionals	5/19/2026 11:13 AM
271	Reports need to be read to be useful. People making decisions should meet the person or see video or READ reports prepared by other. At the beginning we wnent to meet the planner in person.	5/19/2026 10:54 AM
272	Functional impacts of invisible disabilities like psychosocial disorders are going to be hard to establish	5/19/2026 10:51 AM
273	My concern is people like myself with good days and bad days. How is that measured and what will support be based on?	5/19/2026 10:45 AM
274	Terrible idea one size does not fit all. Disability is too complex to fit into a box.	5/19/2026 10:40 AM
275	Is subjective not objective (as an OT report is). It's a concern as 'early intervention' is much less likely to be included. Participants will need to wait until they deteriorate before gaining supports. This will result in worse long term outcomes.	5/19/2026 9:41 AM
276	The use of a standard tool used by non specialist peopleis the problem, since no such tool has any tested validity and can't hope to capture the full picture.	5/19/2026 9:15 AM
277	I think functional capacity assesesments are useful for some d0isabiities but degenrative ones are not good for that and the assessments need to be conducted by people who understand the conditions, preferably OTs with experience in the specific disability	5/19/2026 9:14 AM
278	No each individual depending on their disability has different needs. This may be physical/ intellectual. You cant compare a Blinds persons needs to one with Autism for example. Totally different categories.	5/19/2026 8:49 AM
279	This will not give an accurate picture of the person	5/19/2026 8:38 AM
280	In some respects hopefully it will take out biases of the person using the tool but in other respects it can't pick up the nuances of disability and how disabilities affect us	5/19/2026 8:32 AM
281	If the new changes are so efficient why do ndis need 90dys to make a decision? Just because a scheme is available in NSW doesn't mean I can access it in Qld, this is a return to tge broken State system where those lucky enough to live in certain states have better suppprt - it's promoting inequality. Plus, my disability prohibits me accessing most other schemes as they do nit accommodate my disability needs (temperature, chemicals/fragrance, light and noise impairments). I will be a boat left adrift.	5/19/2026 8:31 AM
282	The tool may not be appropriate and it won't be disability professionals applying it. Surely this means incorrect assessments?	5/19/2026 8:25 AM
283	Does not cater for cultural and linguistic or some disabilities due to limited scope of questioning and frameworks being proposed	5/19/2026 8:09 AM
284	The proposed tools (I-CAN) are not valid of reliable for many disabilities and are planned to be done by unqualified APS 6 staff. This is unsafe, unfair, and will not capture functional capacity in daily life for most people. Functional capacity should be assessed by qualified professionals who know and understand the person they are prescribing supports for.	5/19/2026 7:54 AM
285	Each individual is different so diagnosis and functional capacity should be taken in	5/19/2026 7:53 AM
286	A terrible idea, with a one size fits all approach, along with the failure to review the extensive information treating specialists have on NDIS participants. Taking 90 days for an access decision means more people stuck in hospital. Standardised tools fail to get an appreciation of the intricacies of lesser known disabilities. There is absolutely no guidance around what "exhausting all treatment options" looks like. Do we have to consult with a witch doctor too? Also, no appreciation for the right to medical autonomy, and the right to decline treatments based on unknown long term side effects.	5/19/2026 7:44 AM
287	I support functional capacity determining eligibility but I don't think the new tool will fairly assess it because it won't be adminstered by suitably qualified people	5/19/2026 7:40 AM
288	Why would you need to retest participants with complex disability or spinal cord injury	5/19/2026 7:25 AM
289	This would not accurately show the impact for individuals. As it is also self report it will also impact various cohorts differently making it inequitable.	5/19/2026 7:18 AM
290	Disability & functional capacity are complex and can not be assessed by a standard tool.	5/19/2026 7:18 AM

291	It depends on the tool and how it is implemented, current proposed tool not suitable for all disabilities	5/19/2026 7:09 AM
292	No single tool is capable of doing this across all disabilities, especially in the hands of staff that are not allied health and therefore not adequately trained to understand the impacts across disabilities. Those of us with so called invisible disabilities will be particularly impacted. There is already a high level of ableism working against us from people that just don't have the right level of qualification to understand.	5/19/2026 7:05 AM
293	I don't see the need to reassess everyone	5/19/2026 6:50 AM
294	We are ALL different.so hard to use a standard test..	5/19/2026 6:50 AM
295	It's dangerous box ticking by unqualified (not allied health professionals) public servants to categorise people for funding bands. It's totally lost the important individualising approach that was key to the intention of the NDIS	5/19/2026 6:44 AM
296	Both diagnosis and functional capacity should be considered, especially when the agency has a documented history of not referring to functional capacity assessments.	5/19/2026 6:43 AM
297	I don't trust the NDIS to understand me as a whole person when they already don't read or understand reports from my trusted medical/support team	5/19/2026 6:39 AM
298	What about intellectual disability who cannot answer questions also not looking at the whole functional person with multiply disabilities	5/19/2026 6:38 AM
299	People should always be assessed on an individual basis. Some disabilities are dynamic, with periods of extreme loss of function are periods of being more able bodied. How can you assess functional capacity in this cohort? You can't just take an average. We are people not sheep.	5/19/2026 6:26 AM
300	I believe the assessment process will involve cherry picking to exclude anything that doesn't fit the agency/government agenda	5/19/2026 5:46 AM
301	We already send in functional capacity reports that cost thousands done by allied health and they are ignored and not read. This new tool will be too restricted	5/19/2026 5:09 AM
302	As it might be designed to discriminate against psycho social disability or Autism	5/19/2026 2:44 AM
303	I think measuring functional capacity can be useful as part of the NDIS assessment process, because diagnosis alone does not always reflect how much support a person actually needs in daily life. Two people with the same diagnosis can function very differently, so looking at real-world impact is important. However, I am very concerned about relying too heavily on a single "standard" assessment tool to determine access to the NDIS or support levels. Disability is complex and highly individual. Many conditions, particularly autism, psychosocial disability, intellectual disability, neurological conditions, chronic illness, and fluctuating disabilities, do not fit neatly into standardised scoring systems. A person's functioning can vary dramatically depending on environment, stress, sensory load, communication supports, mental health, fatigue, trauma, or the presence of familiar carers. My concern is that standardised tools often capture how someone presents during a short assessment, not how they function consistently in real life over time. Many people "mask" difficulties, especially autistic people, children, and people who have spent years trying to cope without support. Others may appear capable in structured settings but struggle significantly at home, school, work, or in the community. I am also worried that functional assessments may become primarily a gatekeeping tool designed to reduce access rather than genuinely understand support needs. If funding pressures influence how assessments are interpreted, people with genuine disability-related impairments may be excluded because they do not score "high enough" in narrow categories. Another concern is that standardised tools can unintentionally disadvantage: * people with fluctuating conditions, * people from culturally diverse backgrounds, * First Nations participants, * people with communication difficulties, * and children whose needs may change rapidly over development. Functional capacity should absolutely be considered, but it should be assessed holistically using multiple sources of evidence, including reports from treating professionals, carers, schools, therapists, and the participant themselves, not reduced to a single standardised score. Ultimately, any assessment process should focus on understanding the whole person and the supports they genuinely need to participate safely and meaningfully in everyday life.	5/19/2026 2:11 AM
304	The tools they've proposed (I-Can) are not suitable for use by people with no understanding of disability (i.e. the NDIA planning teams)	5/19/2026 1:26 AM
305	Would be ok if it was a Vineland or not something created specific for the ndis and only if tested by a qualified allied health provider known to the participant	5/19/2026 12:40 AM
306	I was originally ambivalent about this - as long as reports from medical and allied health	5/18/2026 11:07 PM

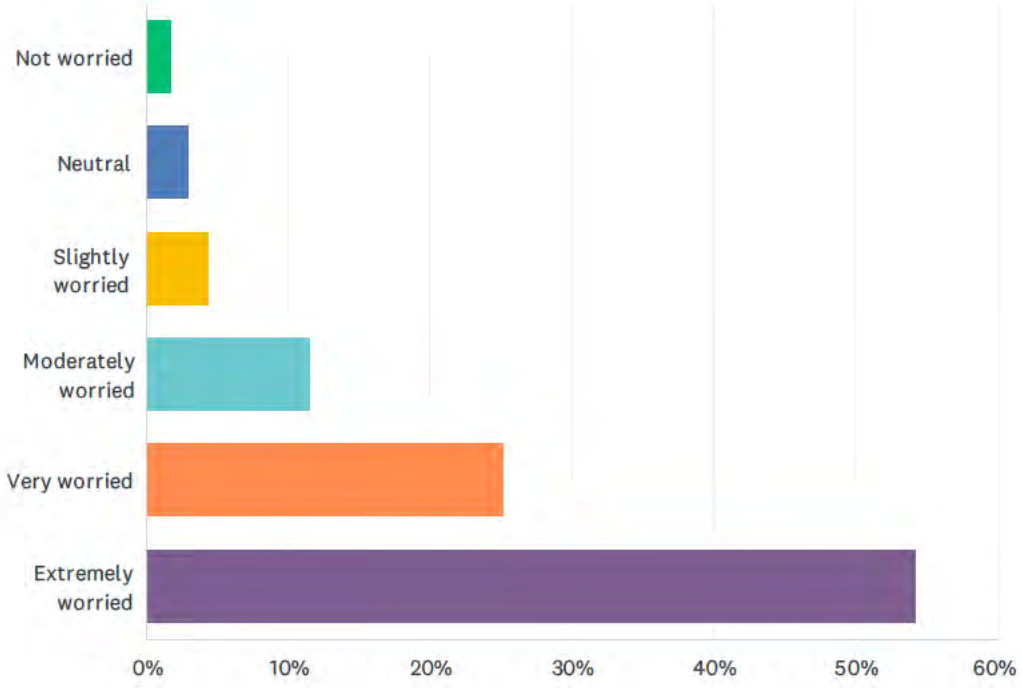
	practitioners were taken into account it might have worked. But they have been clear that this will not be the case. I was also a part of the original I-CAN testing and training phase, and what was in my I-CAN summary was utter nonsense. Riddled with inaccuracies and provided nothing that a plan could be built off. It was shockingly erroneous	
307	A standard tool may measure whether someone 'can' do a task, but miss whether they can do it safely, repeatedly, consistently, independently, and without significant distress or exhaustion.	5/18/2026 10:16 PM
308	Standard tools created by someone who doesn't understand disability are not going to capture the information required to truly understand the impact of the disability! These measures will not allow for the clinical judgement of a professional using comprehensive qualitative and quantitative information.	5/18/2026 10:15 PM
309	Disability is too complex for 1 government questionnaire.	5/18/2026 10:06 PM
310	Standardised testing doesn't work. We are people, individuals and have individual needs	5/18/2026 8:57 PM
311	They cant quantify or understand the various disabilities as it stands.. There is no point in this.. It would be better if they actually read the paperwork and had training in reading medical documents	5/18/2026 8:48 PM
312	Mostly not really applicable	5/18/2026 8:48 PM
313	"A standard tool" is not an evidenced based tool hence PWDs will be used as crash-test-dummies for a non validated tool.	5/18/2026 8:43 PM
314	How will the measure be taken? One day? By a stranger?	5/18/2026 8:42 PM
315	Appalling pathetically bad idea	5/18/2026 8:42 PM
316	So many varied disabilities hard to capture in a tool	5/18/2026 8:40 PM
317	Everyone's needs differ	5/18/2026 8:07 PM
318	Given all the myths and outright lies they've been spreading about autism and psychosocial disabilities in recent years I wouldn't be surprised if this is deliberately designed to discriminate against people with "invisible" disabilities	5/18/2026 8:05 PM
319	How can a standardized test understand nuances of a person	5/18/2026 7:50 PM
320	Depends on the tool, how it has been validated and who will be administering the assessment	5/18/2026 7:33 PM
321	Under the current rules I've seen people who are functionally impaired declined for having a diagnosis that doesn't fit, so maybe this will benefit them	5/18/2026 7:33 PM
322	Participants and applicants go through lengthy and expensive processes to provide reports from qualified professionals to determine eligibility for NDIS.	5/18/2026 7:32 PM
323	Standardisation testing for disability functioning is a terrible idea as each person's disabilities and support needs vary individually.	5/18/2026 7:20 PM
324	Every persons needs are different	5/18/2026 6:59 PM
325	No two people are the same and this would hurt a lot of people to be "standardized" by a tool	5/18/2026 6:49 PM
326	It is not good to reassess existing participants. Their rights should be protected.	5/18/2026 6:48 PM
327	It's a terrible idea putting all participants in a box and having only one tool will lead to people being misrepresented	5/18/2026 6:36 PM
328	A FCA is about functional capability, NDIA said to be unnecessary	5/18/2026 6:32 PM
329	I think the government should have been looking more at FCA but they should also consider the diagnosis as well.	5/18/2026 6:18 PM
330	As someone with multiple unrecognised conditions, I am currently uneligible for NDIS support despite my functional capacity having been severely limited by the combined impact of these for nearly 10 years, leaving me unable to work or independently care for myself or my family. If eligibility and funding allocations are decided by qualified and competent assessors, this change could help others like me to access support to function.	5/18/2026 5:55 PM
331	You cannot paint all disabilities with the same brush!!	5/18/2026 5:50 PM
332	Functionality fluctuates..	5/18/2026 5:48 PM
333	Good if it prevents people needing to pay for both fca and diagnosis before applying,	5/18/2026 5:47 PM

	however very concerned about the took to be used, whether it can be accurate across disability types and being administered by public servants rather than medical or allied health professionals	
334	Disability is complex and concerned it wont recognise the complexities	5/18/2026 5:28 PM
335	Unsure/Mixed – People with the same diagnosis can have very different functional capacity. Functional capacity can also change over time due to early intervention, supports and individual circumstances, so any assessment tool should be flexible and not rely on a single measure.	5/18/2026 5:23 PM
336	It depends on how this is applied and what is included in "daily life", i.e. social, community and work participation should be part of daily life.	5/18/2026 5:12 PM
337	The tool does not account for all conditions, it does not account for under researched conditions, and unknown conditions. It does not account for PEM (post exertional malaise) and other "invisible" or non immediate impacts of disability in daily life	5/18/2026 4:51 PM
338	hard to say when do you see what the tool is (guidelines)	5/18/2026 4:34 PM
339	I have many behaviours of concern that make me at risk of hurting myself and others, I don't think standard assessments will be able to pick up on this.	5/18/2026 4:19 PM
340	If it resolves the problems with the current system which favours people who have the money, time and knowledge to shop around for private diagnosticians who interpret diagnostic criteria more loosely, and therapists who know how to reframe indications for therapy so as to fit the NDIS criteria.	5/18/2026 4:15 PM
341	It determines that a disability is based on stereotypes not ability to function which can change daily. The functional idea goes on the standard what abled bodied people believe	5/18/2026 4:14 PM
342	FCAs need to be done by a qualified professional. And the measure used needs to be scientifically valid and reliable. If you use people who are not qualified professionals then even the best assessment tool will be flawed and therefore wrong.	5/18/2026 4:12 PM
343	The tool may miss isolated people that are vulnerable. The tool which is not tested may allow for more people to access the scheme without adequate filters. I don't believe everyone should be reassessed. I believe ndis should start reassessment from January 2020 this is when autism diagnosis started to skyrocket.	5/18/2026 4:06 PM
344	Terrible idea	5/18/2026 3:32 PM
345	Each day i have different capacity to function each day	5/18/2026 3:23 PM
346	If this is the ICAN assessment it would not capture thr true level of functionality. For example my daughter has Praderwilli syndrome where the leading cause of death is obesity related disorders. Her food intake has to be monitored closely and she food seeks constantly. So theoretically she can cook, she can catch public transport but we cant let her leave house or cook without support as she would access food, hide and store food and shoplift.	5/18/2026 3:23 PM
347	This test would not be accurate for my child and I disagree that those who implement the test are unqualified	5/18/2026 3:22 PM
348	It is impossible to accurately capture complexity in a standardised tool	5/18/2026 3:13 PM
349	Standardised tools fail to capture the subtleties and context of disability. For some people, such tools fail to see the full extent of disability.	5/18/2026 3:00 PM
350	It is imperative that each case is assessed individually and all relevant documents and diagnostic records be referred to in order to assess on a case by case basis. The alternative may me detrimental to to future wellbeing of myself and so many others!	5/18/2026 2:59 PM
351	In my experience in special education, along with lived experience with my son and others I have supported, there is no tool that can readily, or effectively assess a person's needs. Especially if their needs are complex.	5/18/2026 2:46 PM
352	who is writing this tool? who is putting together the questions? the power of this tool is in what is written and how the information is percieved	5/18/2026 2:44 PM
353	Computer Assessments have totally failed in Aged Care.	5/18/2026 2:40 PM
354	Every person is different. I don't trust shortcuts which will affect everyone's funding.	5/18/2026 2:32 PM
355	This doesn't consider the ability for those unable to engage and answer questions appropriately non verbal, disengaged, emotionally fragile people won't answer with practical	5/18/2026 2:32 PM

	honesty due to their disability	
356	If created properly it could make accessing necessary supports quicker and easier, but I'm worried it will be used to easily bar people from supports.	5/18/2026 2:32 PM
357	It's well established practice that one assessment tool is not a valid assessment. From a lived experience perspective, my functioning as a person with multiple disabilities, fluctuating functioning, and an Energy Impairment has been extremely difficult to assess. One assessment tool and one assessment is not going to cut it.	5/18/2026 2:31 PM
358	Could be good, also a lot of potential to be abused.	5/18/2026 1:59 PM
359	Each disability/diagnosis and no 2 people are the same with the same diagnosis.	5/18/2026 1:54 PM
360	Encourages consistency and fairness and equity across plans	5/18/2026 1:52 PM
361	There is no one tool that can accurately assess capacity across all disabilities. Any tool must be administered by a professional (eg dr or ot), NOT a public servants OR ai OR a computer	5/18/2026 1:44 PM
362	It depends on knowledge and understanding of the person administering the standard test	5/18/2026 1:38 PM
363	The tool needs to be used by appropriately qualified staff otherwise it will be unreliable	5/18/2026 1:32 PM
364	There 100% needs reform but it must be consulted and not rushed and people with disabilities must not be demonised	5/18/2026 1:26 PM
365	There is no one tool that can be used to assess FCA for all disabilities. FCAs need to be carried by suitably qualified professionals to be accurate and reliable.	5/18/2026 1:24 PM
366	People constantly have to be assessed which is costly and time consuming. People with current plans should stay on those plans unless a change is required which would streamline the process and save taxpayer funds.	5/18/2026 1:08 PM
367	Every person is different even if they have the same diagnosis. Also the needs of a person can fluctuate depending on their age and life stage.	5/18/2026 1:05 PM
368	Why should we have to justify a disability and reveal private information when an assessment has already been in place to get a ndis plan	5/18/2026 12:34 PM
369	This is already creating stress for no reason other than political posturing. There were already systems in place to deal with the identified problems, this change is unnecessary at best and is likely to be extremely harmful to disabled people who are already vulnerable.	5/18/2026 12:21 PM
370	It will be used to strike existing participants from NDIS access.	5/18/2026 11:51 AM
371	If theyre talking about ICAN assessment it certainly wouldn't capture a true picture of her functionality. Theoretically she can do things like cook, catch public transport but she cant because she accesses food if she does these things independently and Praderwilli is all about food monitoring because obesity is the leading cause of death .	5/18/2026 11:45 AM
372	Need to have a structured approach that is objective	5/18/2026 11:29 AM

Q7 How worried are you that the new 'functional capacity' rules could make it harder for some people to get onto the NDIS?

Answered: 1,233 Skipped: 154



ANSWER CHOICES	RESPONSES	
Not worried	1.78%	22
Neutral	3.00%	37
Slightly worried	4.30%	53
Moderately worried	11.52%	142
Very worried	25.14%	310
Extremely worried	54.26%	669
TOTAL		1,233

#	OPTIONAL COMMENT:	DATE
1	The people deciding "functional capacity rules" don't have an understanding of disabilities.	5/26/2026 7:27 AM
2	As I mentioned it should be used in conjunction with other reports, the world of disabilities is very complex and there should never just be 1 tool used to determine 100% of what supports someone needs or even is allocated to receive.	5/25/2026 9:13 PM
3	It is extremely worrying as any set standard tool will not be able to fully help the person needing NDIS.	5/25/2026 6:05 PM
4	More information needed	5/25/2026 4:38 PM
5	The criteria for applying to early intervention—covering everyone from children to seniors—are keeps changing constantly, and it's already chaotic enough! Now you want to add even more roadblocks and rigid criteria they have to “meet”, as if making it harder somehow guarantees fairness?	5/25/2026 3:25 PM
6	It is already a very difficult and stressful process for a disabled person to apply and meet	5/25/2026 2:52 PM

	access.	
7	Functional capacity is complex and we need an individual and human approach to fully improve the lives of people with disabilities. The public have not been informed enough about all aspects of the proposed Bill. What happens to the people who will not be considered eligible? There will be a marked increased in people slipping through the cracks.	5/25/2026 1:30 PM
8	The new functional capacity rules will significantly impact the ability of many people with disabilities ability to get onto the NDIS. Persons with a disability or ultimately miss out thus changing the path of their future permanently. This will not only change the personal circumstances of those with disabilities but also the economic impact into the future will be significant. What is known to be cost? Cutting now will be an absolute cost blowout into the future when participants who have not been supported or able to access the NDIS will require increased formal and formal support costing far more into the future. The quality of life and the dignity of people with disabilities will also be significantly impacted and is a disgrace to the welfare of Australia Australian citizens with a disability.	5/25/2026 1:02 PM
9	This is going to be unfair. Not all ASD levels present the same way (example only) and yet plans will be built on generalisation	5/25/2026 12:23 PM
10	It will absolutely make it more difficult and has been deliberately ambiguously worded to allow for unfair treatment based entirely on “financial sustainability” goals instead of enabling disabled people to live a decent -not luxurious, life. It is skewed towards short term cost reduction instead of long term longevity and effectiveness.	5/25/2026 11:48 AM
11	I am concerned that the new rules may not capture people's needs effectively, that there is no discussion consultation or recourse planned for decisions made.	5/25/2026 10:08 AM
12	It will be impossible for help and back on to a parent to do everything and not possible so back on the hospital and overworked education and allied system	5/25/2026 9:22 AM
13	It is like robodebt and ignores professional advice from specialists on an individual basis.	5/25/2026 6:19 AM
14	It appears that some participants have “everything whether they genuinely require it or not” “it’s not what you know but who you know” while REAL disabled people are left struggling for approval.	5/25/2026 3:25 AM
15	I don’t trust the algorithm they’re planning to use to make their decisions	5/24/2026 10:36 PM
16	Worried about the criteria and who is designing it, will it be objective.	5/24/2026 7:47 PM
17	My daughter is high masking and flew under the radar for many years. I worry that the high masking best day gives zero insight into our every single day of meltdowns and disregulation after a day of masking. And cannot represent her worst days where she was unable to do anything. The fact these are less often is the result of years of work from Speech and OT and psychologists	5/24/2026 7:08 PM
18	Totally due to the parameters of the determinant shortcomings of the assessments. Lack of time to actually capture the capacity loss. Functional capacity outcomes should never be dependent upon the skill of the assessor which they currently are.	5/24/2026 6:37 PM
19	People with guinue disabilities who urgently need assistance now, are not be accepted with the current requirements. I have concerned about the Austim sector who functioning but still require a lot of daily and social support.	5/24/2026 6:31 PM
20	As a mother of two autistic boys in main stream school I expect to be cut from the service, unfortunately I won't be able to keep them in mainstream without the therapy paid for by NDIS!	5/24/2026 4:32 PM
21	I feel a lot of autistic people that deserve to be on it will be removed due to the ablest government . They are taking advantage of vulnerable people and using us as scapegoats to make additional changes instead of just fixing the scheme in the first place	5/24/2026 4:31 PM
22	Yes, because they aren't looking at the fluidity of functional impairment.	5/24/2026 4:28 PM
23	The level of stress this has caused is huge	5/24/2026 3:55 PM
24	How can an automated test understand the complexity of a person's disability and the emotional struggle that accompanies having a disability.	5/24/2026 3:48 PM
25	A standardised testing system won’t cover all complexities.	5/24/2026 3:25 PM
26	While I do think it's a good idea to have a capacity focus, these should be implemented to provide more supports, not take away necessary ones. I know of quite a few individuals who have been denied access to the NDIS who were unfairly deemed by the people assessing	5/24/2026 2:52 PM

	them 'not disabled enough'. This is what it has been like for people before this rule, and I'm terrified that this will exacerbate an existing issue, where people who desperately need them are denied the supports they require to survive.	
27	What standard test will be available and how broad will its coverage be of how life is impacted?	5/24/2026 1:40 PM
28	The thing is, my functional capacity is probably improved and improving since I first accessed the NDIS 6 years ago, *because* I'm accessing physiotherapy once weekly, riding my horse 3 or 4 times weekly, and getting out and about, chatting and moving with like-minded people, none of which I had the financial or physical capacity to do before the NDIS helped me. This factor is an important consideration for assessment to be a fair process.	5/24/2026 1:36 PM
29	The NDIS was built to be individualised. It was built to consider an individuals disability burden and be funded accordingly so that they may have equal access to participate in their community and live a happy and healthy life. NDIS does not better place these individuals, it assists in slightly evening disadvantage to allow them basic human rights.	5/24/2026 1:00 PM
30	These are some of the most vulnerable people and their carers being forced to jump through more hoops to have basic human rights and dignity taken away, people die from these sort of decisions!	5/24/2026 12:53 PM
31	The changes to the NDIS are designed to save money, not people. The government does not care about people with disabilities.	5/24/2026 12:41 PM
32	As someone who already had an understanding of the NDIS process through working in Early Childhood Education, I am extremely worried that the new functional capacity rules will jeopardise the participants who need these supports without question.	5/24/2026 12:27 PM
33	I so sick and tired of hearing the words 'high functioning' - there is no such thing! The government also stating that people with mild to moderate disabilities will be exited from the scheme - who decides whether the impact of a persons disability is mild or moderate???	5/24/2026 12:00 PM
34	It seems to intentionally exclude all invisible disability, putting those who already have the most trouble navigating these systems at further risk of neglect.	5/24/2026 11:51 AM
35	Its not about "getting onto the ndis" its about accurate fair and ethical assessment	5/24/2026 11:33 AM
36	I know this will mean more deaths, increased suffering and fuel the stigma against people with disabilities further fuel the discrimination and disadvantage we face.	5/24/2026 11:30 AM
37	Some participants are being supported by their families at immense personal, financial and social costs. This is my situation. I sacrifice so much to support my two autistic children. My sacrifices mean that they appear functionally better than they otherwise would be. However, my input is not sustainable. I am burning myself out. However, if I don't provide it, my children will suffer. I then have to choose between a) removing my supports to prove just how much functional impaired ent they have or b) keep doing what I'm doing to support them and get no or much less funding. A standard tool may not capture my sacrifice or understand a person's actual impairment.	5/24/2026 11:28 AM
38	The NDIS is a insurance that helps people with disabilities, but instead of providing coverage and peace, they are reductions fund and implement more processes. I understand that NDIS need regulation and procedures, but in that process I believe people feel more abandoned than supported.	5/24/2026 11:25 AM
39	Some individuals are looking like they are fine but it is the support and scaffolding around them (NDIS) that is keeping them stable. Without that help the individual will fail .	5/24/2026 11:24 AM
40	It comes back to the assessment of that capacity, if this is not a thorough process, many people will slip through the cracks, being seen only from an "ableist" lens on the day. Many people have limited function from ine day to the next we. Needing to spend 3 days in bed after 2 hour "normal" capacity event.	5/24/2026 11:19 AM
41	I am extremely worried	5/24/2026 10:32 AM
42	Less visible impairments & multiple impairments may be missed looking at a person as a whole	5/24/2026 9:57 AM
43	My concern is that the other systems that these individuals are supposed to access opposed to NDIS are not set up to accommodate the needs and number of participants who will be forced into these other systems, particularly the mental health system which cannot currently support the needs now.	5/24/2026 9:53 AM
44	It's already re-traumatising many (if not all of us) that go through reviews and have to re-	5/24/2026 9:35 AM

	prove our permanent condition is permanent. Why can't they understand what the word "permanent" means. All our medical expenses cost wayyyyy more than they should and we get asked to provide thousands of dollars worth of reports every few years just for specialists to write "yes, they still have their PERMANENT condition"	
45	The people I work with need the support to help them live their lives	5/24/2026 9:06 AM
46	Function assessments should be completed for every participant and not by people who are known to the person. I have seen assessments completed with information i know is exaggerated. It is common for participants to be told by providers to think of their worst day and complete forms based on that.	5/24/2026 8:52 AM
47	I am extremely concerned about the lack of acknowledgement of the therapists that know and work with these people day in and day out. These reports will not be taken into consideration, instead a generic "functional capacity" AI tool will make decisions about people's lives. This entails huge risk. It also raises massive concerns about the accessibility of this tool for people with complex communciation difficulties, sensory disabilities and first nations individuals.	5/24/2026 8:33 AM
48	These are people, and someone in a fancy office cannot determine what capacity someone has in their everyday.	5/24/2026 8:15 AM
49	ASD2 being removed from automatic acceptance has already deeply impacted the ability to apply for the NDIS for those who need it most. The NDIS is currently incredibly hard to apply for without support for anyone that needs that support.	5/24/2026 6:40 AM
50	Many people on the NDIS have already been through this process when their diagnosis wasn't listed on one of the lists. The COST of proving the level of functional impairment is what concerns me. People shouldn't have to pay out of their own pocket for this.	5/24/2026 6:35 AM
51	As if life wasn't hard enough the government has decided they'd like to make it harder.	5/24/2026 5:42 AM
52	These rules are out of sync with how disabilites exist.	5/24/2026 12:30 AM
53	Especially as there are few other supports people can access at the moment	5/23/2026 9:33 PM
54	What happens for people with conditions that fluctuate or are known to being progressive say MND, MS, Parkinson's Disease where decline can be rapid or conditions fluctuate. People will die before and because they did not receive timely support. Many people accessing support may have just received diagnosis and experiencing grief and loss and trauma. How will a standardised tool capture their ability to convey this information and not further add to their trauma. Especially as it has been stated personal and environmental factors are not being considered.	5/23/2026 9:17 PM
55	It's already difficult for genuine persons to gain access to NDIS, let's make it easier for these people by actually discussing their specific cases with them. This would also assist in weeding out the dodgy claims.	5/23/2026 7:46 PM
56	It seems that is the sole reason why the government is introducing this strategy. People with fluctuating capacity or invisible disabilities are likely to receive insufficient supports. The government is also proposing to attempt to consider a persons impairments only, without considering their environment and personal needs. This takes us back more than 30 or 40 years in how we think about disability. It is an archaic concept.	5/23/2026 7:11 PM
57	They have made it clear their goal is to save money, not just provide more targeted care and reduce fraud. So there is a risk people with reasonable plans being well used will also be targeted to be removed or have reduced funding, and people with real needs will be denied access.	5/23/2026 6:14 PM
58	Govt does what it wants we can't changeTHEM	5/23/2026 5:12 PM
59	It is already very hard to access NDIS. There is NO need to make it tougher for people with disabilities and disadvantages in our society.	5/23/2026 4:25 PM
60	It is relying on one set of data and is undertaken by a person that is not an allied health practitioner, or even someone that does not actually understand disability and the individual way that disability intersects with every day life for that person. Furthermore, using a computer to determine funding levels after an assessment is completely unethical. Hasn't the government learnt anything from the robodebt?	5/23/2026 4:13 PM
61	I don't think the functional measurement will work well across all disabilities. Also the NDIS has so far proved incredibly ignorant about many extremely disabling conditions and I do not trust the service to be able to make reasonable decisions about who deserves their support.	5/23/2026 2:42 PM
62	The idea that functional capacity can be determined outside of the context of person's life	5/23/2026 12:59 PM

	and circumstances is ludicrous. There's a level of evil fantasy to this. If a participant, or would-be participant informs the assessor that they are unable to do a certain activity, and then the assessor informs the participant that the NDIA has determined that in some abstract world, the person with disability could or should be able to do this activity, so they will not be supported to do it. This is insane. Basically opens up the potential for the NDIA assessors to say 'you can because we say you can'. Supports are then withheld, the person with disability remains unable to what they have been informed they can do. So they suffer. And, when that person has access to 'informal supports' those family and community members take on a greater load. Which means they have to withdraw from paid employment and community. People with disability and carers become more isolated, which we know leads to a raft of physical and mental health issues. This effects then have an knock-on impact on health services. You cannot save money through denying people's needs. The needs don't just go away, they worsen, and that worsening exerts pressure on other health and social services.	
63	I have been so stressed that I cannot sleep, my functioning has gone down, I've been overusing my therapies and now I have no funding left. It's affecting my family and loved ones. I'm so stressed I contemplated suicide	5/23/2026 10:35 AM
64	While currently it seems to be based on a persons functional capacity anyway, I do feel like the changing definitions will see some people who need and deserve support being left behind.	5/23/2026 10:32 AM
65	The NDIS already has a massive problem with NDIA staff not reading reports and arbitrarily checking boxes; this approach will simply compound that problem a hundredfold.	5/23/2026 9:42 AM
66	I also work as a social worker to assist people to gain access to NDIS. It is already too difficult to get genuine people with disabilities into the scheme.	5/23/2026 9:29 AM
67	I wouldn't be as worried about this if the capacity was being assessed by someone in the medical or psychiatric field, rather than someone in an office with zero qualifications or lived experience	5/23/2026 8:37 AM
68	We need to know how the functional capacity tool works. Maybe it will remove the people who shouldn't have access but what if it removes those who have thrived with the supports the NDIS have provided? Our family member with disability (from birth, life-long) is a real contributing person to our community who depends on the current core supports to access his 2 hr job, volunteering and swimming training, etc.	5/23/2026 8:27 AM
69	I believe the rules are to prevent people from entering the scheme. If CHSP and other state services existed and could support PWD, I wouldn't be so worried but these have largely disappeared and PWD do not need further barriers to access support.	5/23/2026 6:09 AM
70	Functional capacity can be affected by multiple issues.eg. an autistic persons functional capacity can change from day to day depending how external factors impact them. Sensory overload, disregulation, overstimulated all impact their functional capacity. This cannot be boxed into a criteria.	5/23/2026 4:54 AM
71	Without the support my son has received honestly couldn't imagine where we would be. Early intervention has been essential and so beneficial.	5/22/2026 8:09 PM
72	I believed that functional capacity is hard to standardised and show be informed by allied health practitioners.	5/22/2026 8:04 PM
73	This legislation does not provide an adequate definition of functional capacity	5/22/2026 7:19 PM
74	They are not considering the total impact on fictional capacity and recognising that a disability can have varied individual impacts	5/22/2026 4:07 PM
75	The current review of a functional capacity report isn't being assessed appropriately or able to be understood by any one with appropriate qualifications to make an informed decision so why would moving to this as a standard requirement be an improvement.	5/22/2026 4:01 PM
76	The Government has pushed responsibility to Thriving Kids which sits with kids. Any transition has been poor and will impact those in needs. As recently reported in the media the added impact on families has resulted in unfortunate ending for a family (e.g Western Sydney DV homicide)	5/22/2026 2:28 PM
77	A standard assessment, that is administered by a non-allied health professional and that does not consider the needs of the individual is extremely dangerous. People of all ages will find it extremely difficult or impossible to get onto the NDIS. It is hard enough now for individuals and families to access the NDIS, so people who are maxed out by the challenges of living with a disability or caring for someone with a disability is going to have one shot at applying and if they give the wrong answers based on generic questions that	5/22/2026 1:24 PM

	may have no bearing on their situation, the individual will not get on to the NDIS and will miss out on much needed supports and interventions.	
78	Just because a disabled person is "functional" doesn't mean that they don't need help in other area that will be needing some significant cost on the therapy aspect.	5/22/2026 1:18 PM
79	Functional capacity could be part of the conversation but it does not take into account the fact that life changes. When life changes that can affect the level or kinds of support a person requires. And unless the 'functional capacity' and how it is measured takes into account all health issues and disabilities not just 'primary diagnosis' it is not a complete description of the persons' actual 'functional capacity'.	5/22/2026 1:16 PM
80	We don't know if the tool is accurate or that it will capture context and cultural, social, economic, and environmental differences. Accuracy will be influence by who is administering the tool, their unconscious bias, personal experiences, and knowledge of all disabilities, or who is answering, the person with a disability who will just say they can do things without understanding their own deficits, the parent, grandparent with generational disability, the parent with capacity who understands the system and how to answer accurately according to the true intention of the questions, or the person who just doesn't. There is too much we don't know.	5/22/2026 12:40 PM
81	one size does not fit all, the tool needs to be flexible and accommodating of individual circumstances	5/22/2026 12:16 PM
82	I am concerned people's fluctuating capacity will not be captured adequately	5/22/2026 10:51 AM
83	This is not a decision to play with. It will have serious impact on participants and providers.	5/22/2026 10:30 AM
84	It would be very easy for a standard functionality test to miss aspects of our disabilities that affect us daily. It is not possible for one test to encompass all presentations of all disabilities	5/22/2026 10:17 AM
85	As above my son is autistic with PDA profile and DCD is needs are complex and it's really hard to get him to complete FCA because he sees the demand then reguses Even trying to base activities around interests and complete the FCA over multiple visits doesn't help Also FCA is extremely expensive who is paying for this?	5/22/2026 9:57 AM
86	The functional capacity assessments are artificial not the same as replicating an individual's support needs in real life circumstances. Furthermore, many families cannot afford the cost to pay for a Functional Capacity Assessment, which is a barrier to accessing help from the NDIS. The NDIS representative who interprets the Functional Capacity Assessment needs training and experience in health care and disability services to interpret the level of support the participant requires accurately, to appreciate the level of support the individual requires and not read from a script. Often the NDIS representatives who read the Functional Capacity Assessments have never met the client and are only judging their support need based on the reports. There should be a process where the NDIS representative does meet the client/applicant in person and is involved in the functional capacity assessment, to see for themselves what the individual's support needs are first hand.	5/22/2026 9:27 AM
87	I'm worried about the design and implementation of the tool and whether it can pick up on the severity of conditions such as Autism and not be skewed to look predominantly on just physical disability. It needs to be broad enough for all disabilities.	5/22/2026 8:10 AM
88	Depends on capacity for decision review by humans	5/22/2026 7:29 AM
89	Depends how they test it - but yes functional capacity should be taken into account. Two people with the same disability do not have the same capacity or goals.	5/22/2026 7:07 AM
90	I don't have basic allied health services that other people with MS have	5/22/2026 3:12 AM
91	Functonal capacity is continually shifting, sometimes even on a day-to-day basis. If a person is assessed on a 'good' day it will not give an accurate reflection of their capacity overall.	5/22/2026 12:07 AM
92	It was already an extremely traumatic experience trying to get the support that my 2 disabled kids need. We had significant violence and safety concerns yet still could not access any support	5/21/2026 9:13 PM
93	The Ndis will make their own standards for what functional capacity means and what the assessed capacity means in terms of giving support. They do this already with a diagnosis and recommendation by a professional not giving 1/5 of the recommended..	5/21/2026 9:06 PM
94	It's difficult to show how a condition impacts you in the space of a short meeting, especially	5/21/2026 8:02 PM

	if we're having a good day. The tests or questions involved may not even be relevant to the way the condition impacts functioning, leaving out part of the picture. It's also difficult for participants to stand up for themselves or explain themselves in an articulate manner when put on the spot with no preparation time.	
95	As above, if the person assessing is not able to support the person with disability to answer the questions/ understand the contexts to which the questions is asking, then it'll be unlikely that the results capture a good understanding of the functional impact of the person with disability	5/21/2026 8:00 PM
96	It's hard enough with the old system let alone the new one coming into play	5/21/2026 4:51 PM
97	Lack of consultation with the right stakeholders and trained staff to complete them	5/21/2026 3:23 PM
98	Dynamic disabilities are harder to define with fictional capacity tests as the vary in the day and it's not fair to try make all disabilities quantified in the same way as they're not all the same!	5/21/2026 3:21 PM
99	There are already so many barriers for disabled people, adding further barriers to supports kills an already vulnerable group	5/21/2026 2:48 PM
100	They have already stripped me of my needed hourly physio and EP a week to 10 hours a year, my team and doctors are as horrified as I am that these people can give me a plan knowing and having medical documentation of my disabilities and strip me off the very thing to keep me functional.	5/21/2026 2:42 PM
101	So many people don't know how to access other ways to help themselves, with ndis there is direction in how to access and utilise the supports. And many people need the support to get the access. The intricacies of some people's challenges really limit the ability to live an easily accessible life, like getting a job.	5/21/2026 12:50 PM
102	The test is flawed. So therefore the results will also be.	5/21/2026 11:56 AM
103	I am also worried that people already on the NDIS will lose access as a result of this, with no other appropriate or equivalent supports in place to replace them.	5/21/2026 11:43 AM
104	Without ndis my kids won't be able to access support or thrive as they have been and I will be left managing everything on my own again. I fear I will burnout again and end up in hospital again	5/21/2026 11:10 AM
105	I'm worried about how Autistic people will get supports, especially since we know from the national autism strategy how bad things are for our community.	5/21/2026 11:07 AM
106	People would be being assessed on how they function based on current support, not eithou that support. But that won't be taken into account.	5/21/2026 10:57 AM
107	It is concerning for some participants. For example and an adult with autism may simply say they can do everything when that is not at all true. Many don't recognise their own needs. I worry for segments of the population.	5/21/2026 10:50 AM
108	Functional capacity can only be understood within the context of the PWD's lived environment, as I understand it the fca s will not take environment into consideration	5/21/2026 10:45 AM
109	With a poorly recognised condition with no advocacy syooort I'm terrified	5/21/2026 10:42 AM
110	People need help and shouldn't have to jump through hoops to get support. No one chooses to have a disability. This will cause strain on other public services such as hospitals	5/21/2026 10:26 AM
111	I'm worried that the criteria will be designed in such a way as to cut people out	5/21/2026 10:25 AM
112	It is hard enough as it is for families to access NDIS. This will create an unnecessary barrier to supports. There are no appeals or review pathways so you just go around in circles! Make this make sense bureaucrats. The delegates or planners get it wrong alot, thats why the appeals process is required for fair and just processes. Unfortunately not only will the reforms to planning framework get it wrong, you now cant appeal it. Perhaps they will save their money on lawyers now.	5/21/2026 10:13 AM
113	I would likely be removed again	5/21/2026 10:09 AM
114	Fluctuating capacity may not be captured.	5/21/2026 8:21 AM
115	Its already a lot harder for people to get onto the ndis but what i worry about is who are they going to take the info from when administering the tool - is it self reported only? Family report only? A two hour interview is unlikely to show the true picture.	5/21/2026 7:36 AM
116	Some peoples functional capacity diminished over time. As a carer through dffh the	5/21/2026 7:20 AM

	authority to apply needs to be given to the carer not dffh as we are the ones who live with the child with disability. Dffh loosecpaper work the becomes outdated then process needs to be started again. Devastating for families. This needs to be looked at in depth.	
117	My worry about it is the cost. It's unclear is NDIA are paying for the first functional capacity test or if people with less money will not be able to access the testing and thus the help needed	5/21/2026 6:42 AM
118	Staff making decisions about plans, in my experience, have no idea about the day to day life and struggles of those with disabilities. Moving onto an automated software program is going to make it impossible for the complexities of disability to be understood.	5/21/2026 6:21 AM
119	It is already extremely difficult for people with disability in desperate need to get supports that would make their life worth living, let alone easing their aspects of their disability	5/21/2026 6:15 AM
120	Disability is not linear	5/20/2026 11:47 PM
121	I have chronic illness and autism. I'm worried. I'll be kicked off this game.	5/20/2026 11:36 PM
122	Too be honest I'm terrified about the functional capacity rules as I think they are going to discriminate against people with psychosocial disability as we are subjected to constant ableist assumptions about our lives. We may be able to manage practical things like showering or dressing, but struggle to function like others do in terms of daily activities like leaving our homes and interacting in the community.	5/20/2026 10:26 PM
123	I think that it has been very easy to get onto the NDIS and the criteria need to be tightened to ensure the sustainability of funding for the people for whom it was originally intended.	5/20/2026 8:40 PM
124	It's blatantly clear that whoever developed this whole plan for the NDIS is completely uneducated on disability, neurodivergence and functional capacity.	5/20/2026 8:05 PM
125	This tool will not be rigorously validated across disability categories. It is impossible to evaluate fluctuating impairment, as for autism, using a tick box method.	5/20/2026 8:03 PM
126	Honestly, very worried. I understand the idea behind trying to make the system more consistent and fair, but I think there's a real risk that people with complex, fluctuating, neurological or invisible disabilities will fall through the cracks. A standard functional capacity tool might capture what someone can do on their "best day" in a short assessment, but not the exhaustion, pain, cognitive issues, recovery time, or unpredictability they live with every day. Two people with the same diagnosis can function completely differently, and even the same person can vary week to week. The NDIS is already incredibly stressful to navigate. My concern is that these changes could make access even harder for people who genuinely need support but struggle to "prove" their disability in a neat, measurable way.	5/20/2026 6:52 PM
127	More reports that people can't afford that will never get read for money families desperately need that they can't spend in meaningful ways because reports are black and white and people are not.	5/20/2026 6:45 PM
128	I am more worried about the lack of support for people who aren't eligible. The NDIS should be for people with significant impairments, but the other systems that are meant to be available for people who aren't on the NDIS aren't there, aren't accessible or are failing. I am worried about the increased difficulties that are expected with appealing decisions and that people who don't have the financial, or personal resources to get support will increasingly get left behind.	5/20/2026 6:18 PM
129	As a carer I have seen how long it currently takes for those who need it to get help, so this will just make it more difficult for those.	5/20/2026 5:54 PM
130	Functional capacity fluctuates so it is not a good standard to use.	5/20/2026 5:29 PM
131	If the NDIS can't accept and support those who provide comprehensive FCA's already, how will they support new participants applying that also have and provide FCA's, as they can't already to existing participants.	5/20/2026 5:02 PM
132	An AI system that only looks at maybe '1 hour' of a person's life, will not show true 'functional capacity' and needs, especially when looking at autism and children's needs who are high masking.	5/20/2026 2:55 PM
133	Defining functional capacity without taking into consideration individual environmental influences and supports is irresponsible and dangerous. Again situations are individualised and can't be standardised.	5/20/2026 2:16 PM
134	This could cause loss of life if people that need help can not acess it. Goverment is responsable for these vunriable peoples lives.	5/20/2026 1:54 PM

135	The government's arbitrary rules were developed to sidestep utilising professionals and to prevent people access to the scheme while allowing them to remove hundreds of thousands of permanently disabled people.	5/20/2026 12:34 PM
136	You are seeing boxes to tick. Not a human. Completely takes away the point of the NDIS.	5/20/2026 12:31 PM
137	My main disability is autism but I suffer with significant chronic pain and mobility issues that I haven't been able to get recognised by the NDIS. If I was able to get assistance addressing my pain and mobility, it make it easier to manage my autism. Without being able to address my pain and mobility, I'm unable to effectively manage my autism because of the pain keeps me in a constant state of overwhelm, meaning I am just unable to function either physically or cognitively and my health just continues to decline regardless of the supports I have.	5/20/2026 12:31 PM
138	Our disabilities are already recognised as being significant and permanent. They continue reassessing us, and it causes so much anxiety and fear. Our lives are at risk here. Without NDIS, I would have no way to take care of myself, get out of bed and do things, manage my pain, manage my diet and meal prep, or get to my paid employment. This would mean my income would drop significantly, and I would no longer be able to afford my rent. I do not have informal supports; therefore, I would become homeless. The idea of new functional capacity rules puts my whole life at risk of collapse. The only reason I can do the things I do in life is BECAUSE I have supports in place through the NDIS. If I were removed from the scheme, I would likely regress and require 24/7 psychological support as my Autistic nervous system cannot cope with change, let alone a change this substantial. It would be detrimental, leading to constant panic and hypertension, severe overload, triggering my C-PTSD, and could even cause a permanent functional decline. Hospitals are not equipped for Autistic people, and the medical system does not understand how to help Autistic people when they are in burnout, completely non-verbal shutdown states, or having an extreme outward meltdown because they are unable to communicate their needs or do not have a trusted safe person with them to help assist them to regulate or communicate for them. I have had my assistance dog literally taken off me by a nurse when my dog was mid-task, helping lower my heart rate. This caused extreme panic, and I was screaming for her to be returned to me. I was non-verbal, and they had taken my phone, which was my only way to communicate with the app on it to read my words aloud. Hospital staff do not have training or understanding, and can often make things worse by not giving space when Autistic people are clearly distressed. I have undergone countless traumatic experiences with untrained staff (who are medically trained, not disability trained), and this has caused me lasting trauma and effects.	5/20/2026 11:38 AM
139	Taking level 1 AND 2 autism off the list makes NDIS completely inaccessible to so many people, leaving it to such a small demographic. How it is supposed to help the people who need it if they can't even access it.	5/20/2026 11:16 AM
140	Perceived capacity by someone who does not understand the nuances of disability and masking etc / the person does not feel comfortable sharing intimate details will be barriers.	5/20/2026 10:50 AM
141	Extremely worried — particularly for people whose disability is less visible, fluctuating, masked or heavily supported by others. A lot of clinicians and disability advocates are concerned about a potential "one-size-fits-all" model. The people I'd be most worried about include: autistic people who mask or appear "capable" in short assessments people with psychosocial disability people with chronic illness or fluctuating conditions children whose support needs become clearer over time people with strong family support masking the true level of need people who can technically complete a task once, but cannot do it safely, independently, consistently or sustainably A huge issue is that functional capacity is not static. Someone might: hold it together for a 2-hour assessment script socially push through exhaustion rely on huge amounts of invisible support at home crash afterwards …but still need substantial support to participate in everyday life. There's also concern about early intervention. If the threshold becomes "prove severe functional impairment first," some children may miss supports during the period where intervention is most protective and effective. Many professionals are worried this simply shifts pressure onto: families schools hospitals mental health systems child protection emergency departments rather than reducing need overall. I do think the current system has problems and inconsistencies. But many people are worried the reforms are being driven more by cost containment than by improving disability support outcomes.	5/20/2026 10:41 AM
142	It may exclude ppl if they are assessed on a 'good day' but no allow for when they are having a 'bad day'.	5/20/2026 10:39 AM
143	Particularly with invisible disabilities or neurodivergence. My concern is how internal experiences are measured against assessment criteria and how people's communication skills are relied on to gather information	5/20/2026 10:06 AM

144	Precious time needed to get help will be wasted jumping through bureaucratic hoops to prove what they can't do.	5/20/2026 9:56 AM
145	how this is to be measured (as above) and what it includes needs to be completed in consultation from the disability community and the health professional community	5/20/2026 9:21 AM
146	There is no one box fits all.	5/20/2026 9:07 AM
147	Extremely worried for most. But slightly hopefully for people with other disabling chronic health conditions it might get easier (EDS, POTS, CFS/ME etc)	5/20/2026 8:50 AM
148	The government will, by design, make this tool insensitive to disability and therefore make people appear to have more functional skills than the reality	5/20/2026 8:02 AM
149	The system is not capable of understanding functional capacity in dynamic disabilities.	5/20/2026 7:15 AM
150	Waiting for crisis team for 3 days. What a joke hey?	5/20/2026 5:11 AM
151	How someone is during short assessment does not indicate their function on their best or worst days. People with situational or otherwise variable disabilities will not be assessed correctly as a result.	5/19/2026 10:26 PM
152	Many people that I work with (psychosocial disability / autism) either do not have the insight into their challenges and impairments, or heavily mask. This would impact on how they are assessed using a standard assessment and non-allied health assessor.	5/19/2026 9:44 PM
153	If solely based on impairment and functional capacity and not diagnosis it would lead to more people with complex conditions meeting access	5/19/2026 8:47 PM
154	The devil is in the detail - see above comments - the issues will be with what the threshold is and whether it is designed to capture full lived experience	5/19/2026 8:22 PM
155	Supports are already based on functional capacity now. Access and funding are two seperate components of the scheme. Functional capacity measure in a way that doesn't account for cultural and linguistic differences risks making incorrect assumptions rather than accurate recording of capacity	5/19/2026 8:16 PM
156	I have been waiting 2 years with an ART to just gain access to NDIS. Ample documents stating NDIS is wrong and applicant needs disability related supports. This will lead to a foreseeable risk of death.	5/19/2026 7:14 PM
157	Whether or not a standardised tool helps or hinders access to the NDIS will really depend on how it's implemented, but since these changes are being made to reduce spending on the scheme, I expect that the functional capacity rules will be designed to make only a narrow selection of people eligible, which is very concerning.	5/19/2026 7:10 PM
158	Functional capacity can fluctuate and despite capacity support needs are always different	5/19/2026 7:05 PM
159	Don't know. In some ways I wonder if it's better so that it's more about the individual than the diagnoses	5/19/2026 7:03 PM
160	It's already hard enough to get on. I've already been rejected three times personally.	5/19/2026 7:02 PM
161	I am worried that people whose disabilities don't fit someone's standard idea will have trouble. I'm also worried about those with fluctuating capacity.	5/19/2026 7:02 PM
162	Isn't that what we have now?	5/19/2026 7:00 PM
163	Diagnosis should be no. 1. Then Yes 2. Of course how much needs affects plan/funding	5/19/2026 6:46 PM
164	I believe it will be used to block people out	5/19/2026 6:12 PM
165	It took 4 years to get a diagnosis and a lot of trauma for our child and the whole family. And that's only our youngest getting minimal help. The other 3 children are not getting the help they need because I am burnt out with this difficult process and also cannot work so it affects the whole family emotionally, mentally, financially and our mental health	5/19/2026 5:41 PM
166	worried I will e assessed only on one disability and kicked off scheme	5/19/2026 5:28 PM
167	As said in my previous comment, one size does not fit all. You cannot judge an amputee by their ability to run a marathon, any more than you can compare them to someone with an intellectual disability.	5/19/2026 5:13 PM
168	My daughter's complex disabilities have never been understood or accepted by the NDIA and it will only get worse	5/19/2026 4:45 PM
169	Only worried because I don't know if they will be fair and meet the needs	5/19/2026 4:22 PM

170	No two neurodiverse people have the same needs and the needs are varied and cannot be a yes/no algorithm.	5/19/2026 4:10 PM
171	Depends where they draw the line on how low you have to score to get support, but I'm guessing they will make it exclude lots of people. If done right it could be good!	5/19/2026 4:09 PM
172	How have they developed the tool or test? I bet not by consultation with allied health working with people with disability nor with disabled people themselves. One size does not and never will fit all.	5/19/2026 3:26 PM
173	I am pretty sure my son will be deemed no longer eligible and kicked off the scheme.	5/19/2026 3:24 PM
174	the biggest peoblem is the govt is throwing around these terms, without defining them at all and trying to pass legislation that is not properly backed up. cart before the horse	5/19/2026 3:22 PM
175	Invisible disabilities are already hard enough. Let alone from people who don't know what they're looking for	5/19/2026 2:11 PM
176	Functional capacity varies from day-to-day and year-to-year. You cannot get an idea of needs from an average day. An average day does not exist.	5/19/2026 12:38 PM
177	Example - somebody can (in theory) do a task, but it uses all their energy, which is limited due to their diagnosis. How, do they then do all the other tasks they need to do? How can an AI tool understand the nuances around these situations.	5/19/2026 12:29 PM
178	Could stop people with a high functioning permanent disability to being able to have access to NDIS	5/19/2026 12:14 PM
179	I incredibly worried about this. The government has already decided that autistic people are not disabled enough for access to NDIS. So I have no faith that they would create an assessment that could measure the true level of functional capacity autistic people have. They've already decided they want us out.	5/19/2026 12:06 PM
180	People with disabilities are being denied the support the NDIS was supposed to provide purely based on how much it costs.	5/19/2026 12:00 PM
181	People don't fit in boxes. I'm concerned about the ableist preference to understand physical can't over mental can't.	5/19/2026 11:57 AM
182	The proposed model(ICan) is not fit for purpose under intended usage conditions. An algorithmic assessment on top of that and the proposed conditions of assessment will completely fail those most in need	5/19/2026 11:13 AM
183	Depends if the new rules are deliberately put in place to stop people accessing support or not. Motivation is the key. Is is about identifying support required or about seeking to prevent people from accessing support.	5/19/2026 10:54 AM
184	How are they measuring functional capacity? What about people with autism and developmental delays who can appear more capable than they actually are?	5/19/2026 10:45 AM
185	I think 'early intervention' for neurological disorders is critical, don't wait until people have already lost valuable functionality - which could have been retained with early intervention	5/19/2026 9:41 AM
186	This tool will, based on the Minister's public statement, result in hundreds of thousands of disabled people being denied support. This means it will be calibrated to exclude people who need access, as the purpose of the assessment is to reduce participant numbers by a pre-planned amount.	5/19/2026 9:15 AM
187	I think it coudl work out better for some but I don't think the government will let it be like that and will use it to wind back more supports	5/19/2026 9:14 AM
188	I have read the 'i can' assessment tool. You cant take one aspect and make a broad judgement. For example an individual may be able to dress independently but unable to complete any other daily life tasks.	5/19/2026 8:49 AM
189	Many conditions are degenerative	5/19/2026 8:38 AM
190	I already used my functional capacity in order to be accepted because of my disabilities however I am concerned about how it will capture disabilities that are not black and white	5/19/2026 8:32 AM
191	The Ican model is heavility weighted to physical impairment and mobility and selfcare. It fails to demonstrate eligible impairment and functional loss in individual disabillty. Ie we are boxed into pigeon holes whivh may not be appropriate or correct.	5/19/2026 8:31 AM
192	It's still unclear how most current and future participants will be informed of their own plans and access using this proposed framereork. It's being rushed without proper mandates of	5/19/2026 8:09 AM

	safety.	
193	This will give the Agency extraordinary powers to determine who needs supports and will be used a lever to lock many people with disabilities out of accessing the Scheme (in my opinion).	5/19/2026 7:54 AM
194	That is absolutely the whole purpose they are bringing this in. It fails to appreciate the intricacies of unique or lesser known disabilities, or the spectrum of well known disabilities. Will not capture all the information about a person, is not person centric, and applies a one size fits all approach. Fails to take into account years of information that may be available from treaties experts already supporting the person with a disability.	5/19/2026 7:44 AM
195	I don't think the new tool will be adminstered by suitably qualified people and a full functional capacity assessment by an OT (or similar) should carry more weight than a standardised test administered by an unqualified public servant	5/19/2026 7:40 AM
196	These rules will likely discriminate against people with specific disability types. The biggest difference between Thriving Kids and this reform is that they specified the disability types they intended to impact.	5/19/2026 7:18 AM
197	Autistic people find it difficult to understand the meaning of standardised questions. Literal communication means that they answer based on the literal meaning of the question - so if it doesn't 'fit' the lived experience, they answer 'incorrectly'. Meaning that they may interpret the meaning of the question to not 'fit' their lived experience of their disability. A standard tool will not allow for nuances that are a normal reflection of lived experience of disability. It won't allow for fluctuating capacity. It won't allow for explanations of how capacity may appear to be ok to an outsider observer, but this is BECAUSE their are good disability supports in place like support workers, or allied health therapists.	5/19/2026 7:18 AM
198	The tool has not been proven across a range of disabilities. Even where the tool MAY be somewhat reflective of capacity for a particular disability that has only ever been proven to be the case when it is administered by an appropriately experienced allied health professional	5/19/2026 7:05 AM
199	The main issue is that these standardised rigid systems get things wrong and are highly susceptible to the errors of the unqualified public servants who don't have the skills to input information in a sound professional manner. It's just plain dangerous especially when the errors can't be fixed without going to appeal and getting sent back for reassessment by the same pool of unqualified public servants	5/19/2026 6:44 AM
200	Invisible disability and those in chronic pain (but who are excellent actors at hiding it) are less likely to be believed.	5/19/2026 6:43 AM
201	Not looking at the whole person with multiply disabilities	5/19/2026 6:38 AM
202	They're changing NDIS from it's original intent so that they can exclude as many disabled people as possible	5/19/2026 5:46 AM
203	Invisible disability, fluctuating symptoms, brief window of observation	5/19/2026 5:38 AM
204	One size fits all approach will not work . The proposed definition of functional capacity appears to assess people without considering the assistance they receive from support workers, assistive technology, home modifications, or environmental factors. This approach is inconsistent with the social model of disability that underpins both the NDIS and Australia's obligations under the Convention on the Rights of Persons with Disabilities. I am also extremely concerned that assessments may rely on questionnaires completed by NDIS staff without appropriate medical training or expertise in disability. Disability affects every individual differently, and complex conditions cannot be accurately assessed through a simple standardised process or algorithm. People with disability already spend thousands of dollars obtaining Functional Capacity Assessments from qualified Occupational Therapists and specialists, yet many feel these reports are ignored during plan reviews. I am also concerned about reports that participants may lose access to the scheme if they fail to answer phone calls or respond quickly enough. This unfairly disadvantages people who are deaf, blind, cognitively impaired, intellectually disabled, or otherwise require communication support.	5/19/2026 5:09 AM
205	Obe example: My child will mask their disability, but then I will have to manage the meltdown after. Her syndrome dx details her impairments without being visible.	5/19/2026 3:57 AM
206	I feel like people in desperate need of help may be without help or staying in hospital waiting for help.	5/19/2026 2:44 AM
207	My main concern is that functional capacity assessments can oversimplify disability. Many people do not present consistently across all settings or on all days. Someone may appear	5/19/2026 2:11 AM

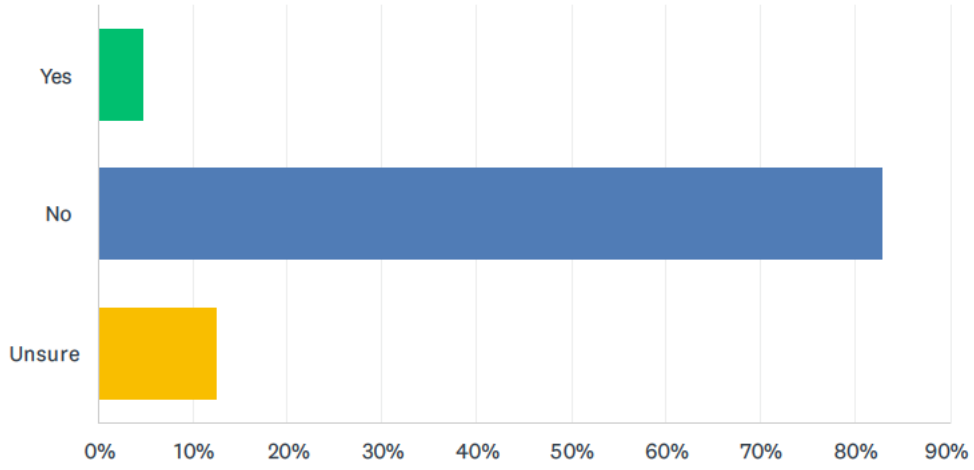
	capable during a short assessment but struggle enormously with daily life once factors like stress, sensory overload, fatigue, anxiety, communication difficulties, or changes in routine are involved. I am especially concerned about: * autistic people who mask or camouflage difficulties, * people with psychosocial disability, * children whose needs change over time, * people with fluctuating or episodic conditions, * and participants with multiple overlapping disabilities. These groups are at real risk of being underestimated if assessors rely too heavily on snapshots or rigid scoring systems. I also worry that the new rules could create a much narrower entry point into the NDIS by setting functional thresholds that many people cannot clearly “prove” despite experiencing significant impairment in real life. In practice, this may mean people are forced to deteriorate further before qualifying for support. Another major concern is that functional capacity can be heavily influenced by the supports a person already has. For example, a child may appear to cope at school only because of constant parental advocacy, reduced hours, informal accommodations, or intensive support at home. If those hidden supports are not recognised, the person’s actual level of disability may be underestimated. There is also a risk that the process becomes adversarial, with participants needing to constantly justify and demonstrate their worst moments to access help. That can be distressing, dehumanising, and particularly difficult for people who struggle with communication or self-advocacy. Functional impact should absolutely be considered, but I do not believe access decisions should rely on rigid or overly standardised interpretations of capacity. The system must recognise the complexity of disability and assess people holistically, fairly, and with an understanding of how disability affects real life over time, not just how someone presents during an assessment.	
208	I think if the participant is masking or does not understand the question and it is performed by a stranger then it will not be true reflection of their functional capacity	5/19/2026 12:40 AM
209	Some disabilities are 'invisible'. A person without a disability may think everyone looks and acts similar. A person with a disability, for example, is constantly trying to fit in, mask, do it right, adapt, not talk too much, talk just enough to be social, stand right, position arms and hands correctly, wear appropriate clothes, look engaged, predict the environment for stressors, Thats to name a few, and then by the time we get home from 'looking normal?' we are in autistic burnout, sensory overload. We cannot have the TV on, it's too noisy. I cannot cook dinner, I'm too exhausted. I cannot problem solve any little problem that comes up, I'm done.	5/18/2026 10:16 PM
210	If they are trying to prevent access to the NDIS or reduce it, is the measure going to support this endeavour - will it truly reflect need?	5/18/2026 10:15 PM
211	I really worry about the kids with autism. Too many are undiagnosed and not getting help or support at school. Suicide is a big issue even for primary school children.	5/18/2026 10:06 PM
212	I think it's less the "functional capacity" rules that I'm worried about, and more the "standardised testing/tool"	5/18/2026 9:39 PM
213	The focus on keeping people off it is going to restrict those that truely need it and at the wider capacity of the need. I do agree that there will be those that take advantage, however I hope that participants that truely need the support are not restricted and quality of life reduced all in the hope to save money. I also hope that the the government puts more emphasis on providers of both services and equipment get a bigger overhaul for the price gouging, especially carers with no qualifications charging excessive hourly rates.	5/18/2026 9:10 PM
214	They already dont understand functional capacity at all. I am severely disabled.. I look functional because I push myself so hard that I trash my body.	5/18/2026 8:48 PM
215	My daughter is fine because she can’t do anything at all physically. But I worry for others.	5/18/2026 8:48 PM
216	Even though my son has profound physical and intellectual disabilities it took nearly four years to get adequate funding.	5/18/2026 8:43 PM
217	What criteria have to met? Who decides? How can one persons needs be compared directly with another’s across one assessment?	5/18/2026 8:42 PM
218	Not only will this serve as yet another roadblock for many of the people who need NDIS the most it is also grossly unsafe on multiple levels	5/18/2026 8:42 PM
219	Some disabilities are nuanced and the ndis is less beuracratic and caters to needs identified from person with disability.	5/18/2026 8:40 PM
220	Seems robotic, already been through years of ongoing assessments and no extra help provided in many cases. And unfortunately on people who dont like to share their journey to a be matched up to others	5/18/2026 8:07 PM
221	Invisible disabilities like fatigue or cognitive impairment would need to be considered	5/18/2026 7:33 PM

222	Sounds eerily similar to "functioning labels" to me, arbitrarily determining someone isn't "disabled enough" without consulting their treating specialists.	5/18/2026 7:20 PM
223	Cuts have already affected my fanily	5/18/2026 6:49 PM
224	Always was about Functional	5/18/2026 6:32 PM
225	It's hard enough for people with disabilities. Stop taking advantage of disability people. Start listening to the specialist ndis people are not qualified they don't understand the disability stop waisting money on lawyers get rid of LAC as there useless and getting $100,000 a year for nothing. You can tell the real disability people by looking at drs reports and specialist ndis has not paid for my specialist I pay that myself and ndis isn't listening to the . Then ndis pay OT for a report pay them $2000 and don't even do what they say so why waist money on OT if there not listening to them. And I need equipment even OT and dr says I need it and yet I'm fighting ndis it's at art been like 20 months already and have t got equipment I'm having falls because I don't have the equipment needed. If I don't get the equipment soon if I have a fatal fall I hope it's recorded that it's because of ndis I don't want anymore broken bones because I don't have equipment	5/18/2026 6:27 PM
226	The government has to take into consideration the diagnosis also.	5/18/2026 6:18 PM
227	I don't trust that assessors will have the qualifications or experience to make appropriate support decisions around fluctuating capacity, invisible disability, and neuroaffirming support	5/18/2026 5:55 PM
228	There is no evidence that this tool is being designed for anything other than to restrict access	5/18/2026 5:47 PM
229	I believe that some people have less functional impacts due to the supports they need.	5/18/2026 5:28 PM
230	For autistic people function fluctuates. There is no linear line.	5/18/2026 5:10 PM
231	In my opinion this tool is being created with a budget in mind, not with disabled people in mind.	5/18/2026 4:51 PM
232	Access criteria do need to be made more stringent, but should not make it harder for people who do meet the criteria to get through the access process	5/18/2026 4:15 PM
233	My impression is that the NDIA/NDIS will train underqualified people to deem individuals as functioning better than they are. Functional Capacity needs to be assessed externally by a qualified professional such as an OT or Psychologist.	5/18/2026 4:12 PM
234	Some disabilities are episodic or can fluctuate on a daily basis. Many invisible diagnosis can still be faked like fibromyalgia or autism for example. Longitudinal evidence should outweigh any doubts. There should be a mandate on medical files, clinical files to weed out the fraudulent claims.	5/18/2026 4:06 PM
235	What even is functional capacity? cPTSD is always there, always active. It's a drain. Some people can appear to 'function' but they do so in extreme unshifting pain. They do it at any and every cost to themselves. Where's the help for them?	5/18/2026 3:32 PM
236	Worry that ill be kicked off for not being disabled enough	5/18/2026 3:23 PM
237	Functional capacity assessment to be valid should only be done by a qualified therapists and time must be taken to correctly assess. Its ridiculous and dangerous to think unqualified people can ask set generalised questions, enter them into computer and have a computer spit back what a person's functionality is and what level of funding they need. People are not machines, life is not black and white.	5/18/2026 3:23 PM
238	On the face of it, the rules seem fair and only echoing the original design of the ndis. But in reality we have already seen how the rules around functional capacity requirements get twisted and reinterpreted and applied unfairly to PwD	5/18/2026 3:13 PM
239	See previous comment	5/18/2026 3:00 PM
240	Is is of utmost importance that the most vulnerable are protected and have the right to a supported life and have the best possible chance to live with dignity.	5/18/2026 2:59 PM
241	It is not possible to create one valid test that can determine functional capacity alone that will get a correct response. Fred may say he can peel potatoes, and this may be the case. It may take Fred however 45 minutes to peel one potato. It may take him another 30 minutes to peel an onion and 45 minutes to peel a carrot. We have not even started on cooking or preparing the final meal yet. That in itself may have barriers and complexities that Fred has to also navigate. If Fred says 'yes, I can peel a potato,' and no further questions are asked, the test will be invalid. Tests are only as good as the practitioners who create them. What is concerning, is that these tests can be created to obtain results in	5/18/2026 2:46 PM

	favour of the NDIS and not will not 100% create a result that will correctly paint a full picture of a person's needs.	
242	Whose definition of 'function' are we now having to follow. cause one person's definition can be wildly different to another's. Not to mention situational specific.	5/18/2026 2:44 PM
243	Seriously, it's not easy to get on to the NDIS. I know plenty of people who desperately need help and have failed to gain access.	5/18/2026 2:32 PM
244	Personally the "points for disability" standardisation of Centerlink disability pension status does not consider factors like day to day ebbs and flows in ability, a participant may be able to do up their buttons today as their medication or stress level allows it but tomorrow the cannot get dressed or pick up a cup of drink without spilling it everywhere that simple difference in perceived overall ability makes the difference between "disabled" or "not"	5/18/2026 2:32 PM
245	Will it measure what we need it to measure, those of us with a sensory disability have different needs to those with physical or intellectual impairment.	5/18/2026 1:44 PM
246	The threshold will not be set based on functional capacity, but by how much (little) the government wants to spend	5/18/2026 1:24 PM
247	One appointment with a strange assessor will never give a good idea of support needs while being another burden on PWD.	5/18/2026 1:08 PM
248	Without NDIS it is basically making mothers/ family members full time carers 24/7 because the needs can be deemed not "severe" enough if they just effect the person mentally/socially not physically, or medically.	5/18/2026 1:05 PM
249	Very stressful and intrusive to justify anything!	5/18/2026 12:34 PM
250	This is unnecessary and damaging. We already have functional capacity assessments and to have to prove over and over again all of the things I struggle with is disgusting. You already have to prove permanent disability to get access, this change is harmful.	5/18/2026 12:21 PM
251	A person defined as having high functioning autism could be excluded from the NDIS as they would be defined as not disabled enough to qualify.	5/18/2026 11:51 AM
252	It is important that funds are used for those with severe disability & those with mild access other supports not on NDIS	5/18/2026 11:29 AM

Q8 The Government wants stricter rules for permanent disability, including requiring that all 'appropriate' treatments have been exhausted, and considering whether treatment might improve the condition. This is a requirement now, however currently people with disability may still gain access to the NDIS if the treatment option is too expensive or not available in their location. Do you support this change?

Answered: 1,229 Skipped: 158



ANSWER CHOICES	RESPONSES	
Yes	4.72%	58
No	82.83%	1,018
Unsure	12.45%	153
TOTAL		1,229

#	OPTIONAL COMMENT:	DATE
1	Not everyone can afford alternative treatment and are expected to suffer until they wait on the public waitlist.	5/26/2026 7:27 AM
2	It is ridiculous to suggest we should look into all options even if we can't afford it when it is this very government that has stolen all our income with its woeful management of finances for the country- good luck getting money out of a stone from people with disabilities or those of us with dependent children with disabilities, we already pay for a large amount of supports and medications and medical care that isn't subsidised by the government- we are already broke	5/25/2026 9:13 PM
3	I think this still needs to be on a case by case depending on the applicant. Cutting all these things upfront will actually cause more stress to the applicant and their carers.	5/25/2026 6:05 PM
4	More information needed	5/25/2026 4:38 PM
5	Not all treatments for every condition is appropriate for individual disability, health, financial and access reasons, people on low incomes dont have the options to access these treatments. The treatments could be detrimental to other aspects of the person's disability or overall health. With rare conditions there are often no to limited treatments available, especially complex clients.	5/25/2026 2:52 PM
6	Treatments should be provided, even when they are expensive. Less people receiving support = less people contributing to the economy = greater reliance on government.	5/25/2026 1:30 PM

7	A permanent disability is just that it is a permanent condition that cannot be cured forcing people with disabilities to exhaust. All possible. Options in treatment is not only going to waste money for participants in their families but also precious time where they could be gaining valuable support through the NDIS. People with disabilities are not people that can be cured and fixed their people that should be supported to lead dignified and lives full of quality like every other Australian. They should be able to be supported by a team of qualified highly skilled health professionals and their family should be supported so that they can sustain their future with support.	5/25/2026 1:02 PM
8	I have ankylosing spondylitis- in not on ndis and can't access it as I don't take biological immuno suppressants.. my kids are in hospital too often and it would or my health at risk. But more importantly my kids health because I have to be here to support them	5/25/2026 12:23 PM
9	How do you k ow if you've accessed all appropriate treatments. Who decides what an appropriate treatment is?	5/25/2026 12:12 PM
10	In our first NDIS review, our health professionals recommended 1:1 support in a behavioural therapy program for my son. NDIS insisted he try mainstream first, against medical advice. What happened? Over the course of 6 months he regressed and lost what little communication skills he had left. The existing model already allows UNQUALIFIED individuals to push back on professional health provider advice. With a blanket rule like this, it will be even easier for NDIA to push for unreasonable objections to entry or support provisions. It weaponises the legislation against disabled supports.	5/25/2026 11:48 AM
11	and the criteria for eligibility that someone cannot improve their function is the most concerning of all. It means people will struggle to get support that does not exist and miss out on improving their functioning before they need greater support. The NDIS has helped people improve their functioning and productivity and this could be undone under new changes where the NDIS seeks to function when people already hit crisis mode and are at greater risk of needing more significant and costly supports such as group homes, greater medical support and hospitalisation and a greater risk of incarceration.	5/25/2026 10:08 AM
12	Many disabled people have disabilities that are not curable, and we just maintain them. We have tried many treatments. To suggest we need to exhaust all options is ableist.	5/25/2026 8:33 AM
13	It is impractical, especially for first nations people, poor people or those living in regional or remote areas. Seeing a specialist is now not easy!	5/25/2026 6:19 AM
14	Not every medical option available is suitable for every participant and who makes this decision and based on what exactly?	5/24/2026 10:36 PM
15	This change is totally unreasonable and unfair. What do they not understand? A permanent disability is permanent. It doesn't magically become non-permanent, no matter how many treatments you try or how many times you are forced to spend $2000 on an assessment to prove over again that it's permanent.	5/24/2026 9:36 PM
16	My pain has become worse because I have been waiting for surgery for four years & it makes me feel like I am still being neglected, & noone cares	5/24/2026 9:28 PM
17	There is no point in any treatment if it doesnt improve a person's condition, this makes no sense. Also, who is determining that all appropriate treatments have been exhused, how is this possible when states doesnt otherwise provide necessary supports and families ability to finance treatment is not always possible.	5/24/2026 7:47 PM
18	Hard to understand without a specific example of a disability & treatment &	5/24/2026 7:21 PM
19	Not all “appropriate” treatment options are available remotely.	5/24/2026 6:52 PM
20	Spinal cord injuries, acquired brain injury and amputation which currently take up mist of the beds in rehabilitation take up to 18 month or more to stabilise despite daily intervention.Bed block will get uncontrolled with back into the main hospital setting.	5/24/2026 6:37 PM
21	As the Ndis always requires a certain amount of allied health support. But in our area those allied health professionals are not available. Plus a participant might not have the funds to spend a week in Sydney having therapy. What is the category 'appropriate treatments going to state?	5/24/2026 6:31 PM
22	I believe the current NDIS eligibility rules of "permanent and lifelong" is sufficient and appropriate. The proposed change to "requiring that all appropriate treatments have been exhausted, and considering whether treatment might improve the condition" is appalling! This suggests that a condition is curable. A medical specialist is not going to give you a diagnosis of a disability if it is curable! Furthermore, any person who has a disability will require ongoing treatment. Given this and the proposed changes to the legislation, this	5/24/2026 6:31 PM

	would mean that the majority of people with a disability will be excluded from the NDIS. This is unacceptable.	
23	This would further disadvantage rural and remote participants; who already have limited access	5/24/2026 6:05 PM
24	Time wasting	5/24/2026 5:42 PM
25	This statement assumes a 'curr' exists for all disabilities. Most people would prefer not to have a disability if at all possible. This statement assumes that people with a disability haven't explored all options to seek treatment. It's actually insulting.	5/24/2026 4:32 PM
26	I feel that a lot of the disability income is low income. this is ablest and unreasonable	5/24/2026 4:31 PM
27	How are we meant to afford these treatments and what if we pay out for these treatments and they don't work or make things worse? Then have to jump through hoops and more financial strain to apply. Only the wealthy can afford that	5/24/2026 4:28 PM
28	Disgraceful	5/24/2026 4:26 PM
29	By stating that "all appropriate treatments have been exhausted, and considering whether treatment might improve the condition" leads to the conclusion that a person with a disability can be cured. This is where diagnosis is important and also supports the current NDIS legislation eligibility of a "permanent and lifelong disability". I believe this is a better place to assess eligibility than the new proposed change. Furthermore, anyone with a permanent and lifelong disability will require ongoing treatment for their disability and therefore this new definition would remove ALL persons with disability off of the NDIS.	5/24/2026 4:18 PM
30	If you live in regional or remote areas access to services, therapies and treatment is either unavailable or limited. Access to public services is not attainable, there is either no public service or huge wait lists & short/limited therapy/treatment services as the service has KPI's & multiple clients so therefore short & inadequate treatment times	5/24/2026 3:55 PM
31	I strongly disagree with this approach. By stating "all appropriate treatments have been exhausted, and considering whether treatment might improve the condition" is basically saying that we think you can be cured. The current NDIS legislation states to be eligible that you have a "permanent and lifelong disability", I feel this is a more accurate reflection on eligibility. I would question when would actual treatment stops for a person with a disability as many people living with a disability require ongoing medical care and that is part of the purpose of the NDIS. It allows a person with a disability access to appropriate ongoing care so that they can live with dignity.	5/24/2026 3:45 PM
32	How are people expected to pay for this without the NDIS when Medicare rebates barely cover any if the costs if at all????	5/24/2026 3:34 PM
33	Not all treatments are appropriate for everyone. Eg ABA this treatment encourages masking and leads to burnout and even suicide.	5/24/2026 3:25 PM
34	Appropriate must be defined and potentially be available in the public health system	5/24/2026 3:08 PM
35	Yes every treatment available should be exhausted, but the thing with treating a permanent disability is that you can't. No magic wand will make us better, and even if a treatment can alleviate symptoms, a lot of us are still going to need supports. I could see this change being used to further deny access to the NDIS to people who desperately need it. I believe it will exacerbate an already existing issue of people with permanent disabilities being questioned as to whether their disability is permanent or even disabling. We are exhausting everything we can to get better, and not a single one of us wants to not get better.	5/24/2026 2:52 PM
36	What defines "appropriate" treatment? Who decides if it's too expensive? As a single parent, time is also a factor which creates a barrier to treatment. How will this be considered in the new rules?	5/24/2026 1:40 PM
37	There are huge waiting times for treatments. And various inabilities to access. Maybe if government could cover treatment costs and if conditions improve then support could be reduced or removed as appropriate	5/24/2026 1:40 PM
38	I think this is a fair option, as long as a specialist clinician is consulted, and as long as a ‘cure’ is not some crazy expensive, experimental treatment that is only available on the other side of the world , so is really unavailable for the sufferer, but means the sufferer is excluded from accessing the NDIS that can fund therapies and activities that can help manage symptoms.	5/24/2026 1:36 PM
39	“Other” supports do not exist. Public waitlists are years long. You cannot access mental health through the public system until you reach active suicidal tendencies. The cost on	5/24/2026 1:00 PM

	both human life and the government is much higher intervening at crises than early intervention. Parents or profoundly disabled children face severe health risks, both physical and emotional. This burden will reach far and wide, and will be far more costly to than allied health appts in childhood. The government are not comparing this, because it presents in different system. But it's gov (tax) money regardless.	
40	Exhausting all alternatives is not affordable, sustainable or appropriate. As everyone reacts to different treatments/therapies differently	5/24/2026 12:52 PM
41	This is exclude people from accessing supports when they need them, while waiting for assessments and trialling therapies.	5/24/2026 12:33 PM
42	Using words that people can put different definitions on. Eg a theory is a scientific standard of truth, or a vague idea that you think might work.	5/24/2026 12:31 PM
43	Absolutely not. Irrespective of whether the condition may approve with treatment in the long run, the simple, glaringly obvious fact is, the supports are needed in the immediate future to be able to effectively reach these point. For many families, in my personal situation and families I speak to within the early childhood sector, financially, many don't have access to these important therapies without the support of NDIS.	5/24/2026 12:27 PM
44	Regardless if treatment is available they are still permanently disabled the surgery "MIGHT" help but they will still be disabled	5/24/2026 12:25 PM
45	This is an inherently discriminatory change in policy and frankly goes against the discrimination acts. Denial of a service to people because they could not access a different service is just kicking the poor and disenfranchised while they are down.	5/24/2026 12:15 PM
46	How dare any government take away a person's right to choose whether or not to have treatments.	5/24/2026 12:00 PM
47	I don't understand how a disabled person could afford to ensure 'appropriate' treatments have been exhausted	5/24/2026 11:55 AM
48	Treatments can be very expensive which surely is why the NDIS exists	5/24/2026 11:53 AM
49	Again, this change is most harmful to the most vulerable. People who can't access or afford treatments, or have complex co-occuring conditions.	5/24/2026 11:51 AM
50	How do you engage in treatment for genetic disability?	5/24/2026 11:42 AM
51	People have choice to not be medicated or have electro therapy. This is not a government decision to make on my body. All this will happen is that medical droctros will write letters that support why other options are not options. Basically report writers will make money/	5/24/2026 11:35 AM
52	This is ridiculous!! If there were "appropriate treatements" dont you think most would have tried them??? I'd love to know what this refers to	5/24/2026 11:33 AM
53	The inherently fuels the economic strain, consistent stigma of making people with disabilities have to justify their disability but also their existence and ability or inability to access what the government deems "appropriate " treatment based in their narrow view and not treating the individual as the expert on themselves.	5/24/2026 11:30 AM
54	It is just not possible for some individuals or families to seek treatment or fund treatment first. If this were to change, many individuals would simply miss out on supports simply because they didn't have the money to pay for it, or because they weren't able to travel to receive it. This would further disadvantage marginalised individuals	5/24/2026 11:28 AM
55	To what level would treatment need to be effective in improving the condition? How long would treatment be sustainable eg years of exercise physiology support to keep functioning. I am concerned about the perception that permanent disability is somehow "curable". It can also be so difficult for participants to manage constant intervention and treatments.	5/24/2026 11:19 AM
56	Not realistic for people who are living just above poverty	5/24/2026 11:06 AM
57	I don't support this change as some people won't benefit from medical treatments and will need help now while trying to access treatments. Their diagnosis may worsen and they will need help now but won't be able to access NDIS because they are still trialing treatments	5/24/2026 10:32 AM
58	Sounds like they expect the public system that is already failing people with disability to take over &/or low income households to afford multiple treatments which is unreasonable	5/24/2026 9:57 AM
59	We have rights to live a life. Not struggle to get a glimpse of what "normal" people get to experience	5/24/2026 9:35 AM
60	If the treatment is too expensive or not available in the persons area how will the NDIS	5/24/2026 9:06 AM

	cover it, especially if it will use up a lot of their plan?	
61	How will people with a disability improve their capacity and receive therapeutic supports to reach their potential to then work and contribute to the economy, if the fact that there is room for improvement excludes them from accessing these very supports. This change is short sighted and will create long term limitations on people's capacity building and prospects for independence.	5/24/2026 8:33 AM
62	It could be years for someone to get 'better' or a lot have misdiagnosis too. What happens in between?	5/24/2026 8:15 AM
63	If people can't afford or access treatment how are they expected to manage without ndis support	5/24/2026 6:49 AM
64	This is incredibly disturbing to hear that someone may be denied the help they need because they are rural or low income - those who need support the most. It is also disturbing that the gov would be able to decide what counts as appropriate treatments for conditions such as Autism as some can be deeply harmful.	5/24/2026 6:40 AM
65	Consent, autonomy, the right to choose, financial hardship/poverty, inappropriateness of the treatment in the context of the whole person (ndis only looks and thinks about that one diagnosis not the whole person). There are so many reasons why this cannot be passed!!!!	5/24/2026 6:35 AM
66	I have grown to not trust the intent of any proposals and fear the view of appropriate funding bucket will be skewed, in addition if treatment options arent best practice ie ABA therapy, this will compell them to use it for that.	5/24/2026 5:42 AM
67	definitely not! I cant neccessarily afford that or geographic access	5/24/2026 12:30 AM
68	I worry about who deems what is appropriate treatments. Some treatments are harmful but australia still thinks they are not	5/23/2026 9:33 PM
69	The ambiguity of improved deeply concerns me as I fear this will be used for further justification of "you haven't tried anything yet" how will this be judged when no clinical input is happening and a standardised tool is planned. Who decides? And importantly can they just decide no and exclude people to reduce costs. Further this places a demand and burden on people who are generally more likely to be experiencing increased costs due to health needs, impacts on potential employment and if employed hours may be less and bills include costs towards things already not covered under NDIS. Like health, doctors appointments, surgeries etc. placing further demands on therapies- many will not be able to afford it.	5/23/2026 9:17 PM
70	This takes away bodily autonomy and right to choose what happens to them, and the dignity of choice. People should not have to undergo treatments that they determine is not appropriate for them. We don't force people with cancer to undergo chemotherapy if they don't want to, and if they don't want to do chemo, we then don't refuse to fund them for palliative care because they didn't undergo all appropriate treatments. The same principle should apply. This will also adversely affect people from lower socioeconomic backgrounds, people with lower health literacy, and people living in regional and remote areas who may not be able to access these treatment options, which further widens the differences in access to care for the cohorts of people.	5/23/2026 7:11 PM
71	People should not lose support because treatments are not accessible due to cost or location. The NDIS should be making these treatments accessible.	5/23/2026 7:10 PM
72	My son has a genetic condition which will impact him for life, so I don't see how this would work in his circumstance.	5/23/2026 7:00 PM
73	This disadvantages people with low incomes and in regional and remote areas. This is a very large percentage of people with disability. Waitlists for treatment will increase, people will be pressured into having treatment despite risks/side effects thus choice and control for people with disability will be further eroded.	5/23/2026 6:14 PM
74	Exhausting all treatments can cause more complications and roadblocks for people trying to access the NDIS which will put more pressure on the current health options, wait lists will blow out an affordability will be unreachable for some people	5/23/2026 4:46 PM
75	We are currently using allied health care plans, the waitlists I. The public system are long and when we need assistance now and can't afford private how do we get help, the public system is broken and your about to dump hundreds of thousands more people onto it again	5/23/2026 4:13 PM
76	This is not absolutely disgusting, but completely unethical. People should not be forced to try treatments, medicalisation or anything. Does someone living with down syndrome get	5/23/2026 4:13 PM

	chromosome surgery, are we going to bring back in electric shock therapy? Id an amputee going to regrow a limb? Is MS, Parkinsons or MSA going to suddenly have a cure?	
77	Angelman Syndrome is a genetic disorder with no cure and lifelong permanent which will go regression stages at different life stages	5/23/2026 3:17 PM
78	Every person should have the right to refuse treatments on their own body. In my daughters case GH can help control weight but if given to someone who's already overweight it can kill them because causes growth of soft tissue	5/23/2026 3:12 PM
79	I do not support this change. There are many illnesses that do not respond to reasonable treatment and a person shouldn't have to spend ten years trying everything and falling below the poverty line before they receive support. The recommended treatments for many conditions are actually incredibly out of date in many cases.	5/23/2026 2:42 PM
80	Some conditions don't have recommended treatments and not all would be recommended to each person.	5/23/2026 1:51 PM
81	Who decides, what if treatment risks outweigh potential or perceived benefits, what if comorbities exist that rule put certain treatments, if there are access barriers to treatment scheme will only support those with wealth and privilege that allow treatment options	5/23/2026 1:18 PM
82	This is ridiculous and classist. To say to people that they can't access supports because they first need to jump through hoops which they cannot even get close enough to try to jump through is astonishingly cruel.	5/23/2026 12:59 PM
83	It's ridiculous to deny funding for a needed service on the basis that if the client had money they could access the service	5/23/2026 10:48 AM
84	This cannot happen unless “all” treatments can be accessed by those on welfare payments. There needs to be more bulk billed psychiatrists and psychologists as well as other allied health people.	5/23/2026 10:32 AM
85	"Appropriate" can be whatever some unqualified politician or bureaucrat requires it to be. In the past, "appropriate" has been used to describe chemicallt castrating homosexuals and lobotomising those of us with disabilities. Readopting that approach will be equally disastrous.	5/23/2026 9:42 AM
86	If this is to occur there MUST be more subsidised access to treatments for children and people with (particularly) psychosocial disabilities. A psychiatrist is now over $800 - nearly a months pay for someone on Job Seeker.	5/23/2026 9:29 AM
87	Families are struggling and the families I work with cannot afford to “exhaust” all other supports?	5/23/2026 8:48 AM
88	Is the treatment within their area, affordable, their choice to take part	5/23/2026 8:45 AM
89	Personally with my own children. In 1 week $450 out of pocket for medical and private speech therapy as the 5 visits my daughter received through mainstream supports was not sufficient enough.	5/23/2026 8:28 AM
90	There are no treatments to cure Down syndrome. Our son has benefited from Speech Therapy, Occupational Therapy, Exercise Physiology as Allied Health; work training programs but most importantly, the core support which allows him to access all of his work, volunteering and other activities.	5/23/2026 8:27 AM
91	Sometimes we need to consider how much difference our work will make long term - will it make a change or will it just be an activity for the person to do	5/23/2026 6:41 AM
92	Already I know of one lady who can hardly breathe, even on oxygen and that leaves her unable to care for herself. She has been rejected from the scheme as she has not had a lung transplant. That is not something she wants to do but it really isn't something she could just organise quickly either. She currently has no formal supports and is struggling so much. Tightening the rules will make that worse for people in need.	5/23/2026 6:09 AM
93	"Appropriate" should be determined by health professionals not the government.	5/23/2026 4:54 AM
94	Many treatments are not available in our area.	5/22/2026 10:09 PM
95	It's hard to determine what exhausted really means for someone with a neurological disorder or a child	5/22/2026 8:04 PM
96	Misses the point of early intervention will be stuck on endless waiting list or financially ruined trying to access therapies	5/22/2026 7:19 PM
97	Dynamic disability exists and most treatments in general are wildly inaccessible, have	5/22/2026 6:35 PM

	years-long waitlists, or are prohibitively expensive. Expecting people to access those treatments without help is frankly unbelievably out-of-touch or deliberately considering disabled people as 'acceptable collateral damage' to avoid making their corporate donors pay their tax instead.	
98	This assumes that there is a treatment, and is very narrow minded about fluctuating capacity. NDIS is out of touch!	5/22/2026 6:14 PM
99	I don't understand so no	5/22/2026 5:30 PM
100	Most disabled people are on a pension and can bearly afford food let alone pay for expencive therapies that may not work	5/22/2026 4:25 PM
101	NDIS do not provide a list of all disabilities and expected treatment to have attempted. They should provide this detail. Also they should not be ignoring diagnosis reports from professional practitioners when denying access. The NDIS technical advisory group should have professional practitioners rather public servants who support the prevailing goal of NDIS to not grant access and therefore do not inform practitioners or applicants as to the evidence required to grant access of NDIS	5/22/2026 4:07 PM
102	Living in a regional area some services aren't available or have wait lists beyond 4 years so, aside from the fact that most are unaffordable. This will only serve to further isolate and push those in need into crisis	5/22/2026 4:01 PM
103	There are other reasons for not accepting all and any alternatives. Some may have side effects or associated difficulties that make them unsuitable for some subjects, for example.	5/22/2026 3:30 PM
104	What is the definition of treatment? Are we only accepting people who can't have improvements in their functional capacity, when we know that NDIS funding to date has helped a wide range of participants improve their skills and gain employment.	5/22/2026 2:57 PM
105	It is absolutely immoral, inhumane and illegal to make people access "appropriate treatments" that may not be appropriate for the individual. And it is absolute bullshit that the government would even consider including the "it doesn't matter if the treatment option is too expensive or not available in their location." What the actual fuck?! I live in Tasmania on the NW coast. There are minimal services. If I lived on the West Coast - there are 0 services. Even if a participant lived in the capital city of Hobart - the services are not all available. And if they are, they are generally too expensive to the majority of the population. For fucks sake - it is illegal to discriminate against access to disability services based on where you live and your economic capacity to access services. And given the Tasmanian State Government budget that was announced this week - the entire state is fucked because they are cutting funds to education and health and just about every other service for Tasmanians. Just making it "legal" to say you can't have NDIS access if you can't afford services or the services do not exist where you live (or doesn't exist in the entire fucking state) is a grievous injustice and is a shameful act by the federal government. But yay, we're getting nuclear submarines and a fucking stadium in TAS that the AFL dictated. Our disabled people will be dying, living in poverty and have no quality of life, but, why would one assume that the Australian government would actually care about their most vulnerable citizens.	5/22/2026 1:24 PM
106	Firstly, who determines "that all 'appropriate' treatments have been exhausted"? Secondly this assumes that people with permanent disabilities haven't already done the work. It also assumes that we all have the same access to healthcare and other support to do/get treatment.	5/22/2026 1:16 PM
107	How unfair if you're broke and don't live in metro area.	5/22/2026 1:15 PM
108	people with disability have reduced access to these services so many can't explore all options without NDIS support	5/22/2026 12:39 PM
109	There is no way to access this	5/22/2026 12:38 PM
110	how can I as a single parent barely surviving on carers pension be able to afford such things when we struggle to buy a 2nd loaf of bread each week and pay rent.	5/22/2026 12:16 PM
111	its discriminatory against people on low incomes and/or too disabled to do those potential treatments. It discriminates against disabled people	5/22/2026 11:28 AM
112	Who decides when 'all treatments' have been exhausted?	5/22/2026 10:51 AM
113	My takeaway from this option is that the government will push participants towards Medicare rebate services - these are inappropriate for people with disability because it limits their access to specialist providers, means they either pay an expensive out of pocket or	5/22/2026 10:32 AM

	find a bulk billed professional who does not have the skill set to manage their disability and places them at risk.	
114	People making this decision should spend a day or two with participants and see for themselves how making changes will impact them.	5/22/2026 10:30 AM
115	This is a totally unreasonable request. If people are unable to access certain treatments, then this would leave them trapped with no support whatsoever. This is exactly the kind of person the NDIS was designed to help	5/22/2026 10:17 AM
116	If people can't afford it access alternative therapies this leaves a large gap. I feel like this idea is aimed at autistic kids because with early intervention we can help our children become active members of society. Without these supports or leaving families to find and fund these supports themselves we are going to end up with a generation of children who have not received supports due to parents not being able to fund them and these children become adults with more severe disabilities and end up on the ndis. I have to stop work to care for my child we are now a single income household with dual income bills. We didn't expect our child to not be able to attend school. There is no way we can also fund therapies	5/22/2026 9:57 AM
117	Regional and remote participants would be disadvantaged	5/22/2026 9:40 AM
118	My son was declined NDIS Early Intervention funding for multiple developmental delays, based on their feedback it was unclear to them if his condition Developmental Coordination Disorder was permanent (which was supported in his Paediatrician reports and in the medical literature). My son was also decline NDIS Early Intervention, because they thought he had not tried all the treatments. Despite having evidence of accessing OT and psychology for 3 years, with no significant improvement in his fine motor and gross motor skills or emotional behavioural problems. I told the NDIS representative that we had exhausted our ability to privately fund his allied health therapy and couldn't afford to pay for physiotherapy, and that's why we were applying to the NDIS to seek help. It's ridiculous that NDIS expect parents to privately fund all the therapies, because most families cannot afford that cost. Furthermore, families who live in areas with limited access to allied health services will be disadvantaged greatly, if the NDIS removes this provision in the eligibility requirement. It's discrimination and unethical for the NDIS to decline applicants who cannot afford or access "all the therapies". In my situation the NDIS representative was not even transparent with me about "all the therapies" they expected my son to try before they were satisfied his functional impairments are permanent.	5/22/2026 9:27 AM
119	i don't trust that a government body or a person that has no relationship with the child or participant should be able to make that call.	5/22/2026 9:07 AM
120	Early intervention is vital for young participants. By trying other routes, this is wasting precious time and will negatively impact these families	5/22/2026 8:12 AM
121	Exhausting all treatment options gives decision makers a sense that their disability is curable which is ridiculous. Permanent and Lifelong should be maintained. People with disabilities will always have some form of medical treatment for their disability and ongoing costs are expensive and will become out of reach if this rule is applied therefore allowing people with disabilities to be unable to access appropriate care.	5/22/2026 8:10 AM
122	This can ONLY be determined by the relavent medical and allied health professionals.	5/22/2026 7:27 AM
123	Someone can have a permanent disability, and require treatment options to maintin QOL, how would they access/exhaust all "treatment" options, when disability is permanent, and any "treatment" is to maintain QOL, often only afforded when on NDIS.	5/22/2026 7:07 AM
124	I'm confused as to how they think you can treat a genetic neurological condition, it's a condition not a disease that can be cured. I thought the criteria for NDIS was a lifelong disability.	5/22/2026 5:47 AM
125	I have a lifelong disability, I'm on an early intervention plan so I am hopefully not going to be a burden on the system in the future, but they won't fund anything to actually help me not be a burden in the future.	5/22/2026 3:12 AM
126	Speaking from lived experience, some 'treatments' have been incredibly damaging to my child's mental health. Let's support people with disability before we push them to breaking point.	5/22/2026 12:07 AM
127	This lacks insight in to the lives of disabled people and is extremely ableist	5/21/2026 9:13 PM
128	Their definition of what is permanent and what is able to improve at the moment is ridiculous. For example, many diagnosing professionals will say that CPTSD is technically curable but lots of people with it cannot escape the circumstances that caused it so it's permanent.	5/21/2026 9:06 PM

129	If a treatment option is not accessible for any reason, it should not be a requirement. That's just adding to that person's struggle and burden. Additionally, we often know if a treatment will be helpful or not before trying, but try anyway to tick the box. For myself, trying medications to tick the box has disrupted the delicate balance of my other medications. 4 months later, I've still not managed to undo the harm from this experiment, and other conditions have worsened as a result. There's another similar medication I've not tried, but it's not worth the risk, as I always experience those particular side effects from ANY medications where they're possible. My medical team agree.	5/21/2026 8:02 PM
130	Having no clear guidelines on what constitutes appropriate is worrying. Furthermore, disabilities are life long and impact on life can fluctuate. To say that treatment needs to be exhausted makes it unclear- at what point do we say treatment have been exhausted	5/21/2026 8:00 PM
131	Most people with a disability live in low-income households, barely able to pay for basic essentials on top of medication required to survive. Additional "reasonable" treatment options are not accessible to most people, and public systems have an exceptionally long waitlist to access extensive treatments options. People don't choose to remain disabled, nor do they choose to need other people in their homes every single day, they need this assistance. They NEED support to access and complete activities of daily life - the same things that everyone needs for survival.	5/21/2026 6:57 PM
132	Not everyone can afford treatments I'm a single parent I made a very low wage and my child has significant disability's and worry for her future , I also have significant disability's not on the ndis but if I go blind she will have no one and will have to go into foster care as our family has abandoned us because of my child's disability	5/21/2026 6:10 PM
133	Define "all treatments", and what about the right to medical decision making autonomy? We are being FORCED to undergo treatments that we may not want to, i.e. ECT, because the government thinks it's a feasible treatment! What about the right to decline due to side effects, long green effects, etc.	5/21/2026 6:09 PM
134	All treatments may be unsubstantiated or unsafe. Assumes privilege of affordability	5/21/2026 6:06 PM
135	alot of people with a disability already are low income. how could we afford it.	5/21/2026 5:13 PM
136	Who decides on what is appropriate treatment. Opinionated unqualified NDIS delegates with no lived experience	5/21/2026 4:51 PM
137	Having exhaust all other avenues would disproportionately impact rural remote and low income disabled persons.	5/21/2026 3:21 PM
138	The NDIS do not provide clear information about what other treatments should be explored or treatments that are available. If this is a new process, they need to provide clearer reasoning and options for others services available not just generic reasons with no resolve	5/21/2026 2:51 PM
139	Each case would be individual. But if a person with disability is accessing the supports available they can live good lives and it shows that supports are very helpful	5/21/2026 12:50 PM
140	This will disproportionately impact communities that are already marginalised	5/21/2026 12:08 PM
141	I am concerned for people who have conditions that have 'treatment options' that are too expensive, inaccessible due to location, have contraindications, side effects or are otherwise considered extreme or controversial. Amputation of a limb, for example. This person loses choice and control over their own body.	5/21/2026 11:56 AM
142	This would skew the NDIA to people with higher incomes. Those who rely on pensions are being excluded. This doesn't seem coincidental to me. The message is if you can work and participate in the economy then you are valued and supported.	5/21/2026 11:56 AM
143	This would make it impossible for many to access the NDIS, when it's already too difficult. It would disproportionately affect regional/rural/remote communities, people on low incomes and those who are unable to travel due to their disability, particularly if they already have a lack of support. Also, who determines what appropriate treatment is? If someone does not want to undergo such a treatment due to concerns about making their condition worse, and this is supported by a doctor, can the NDIA override that? What about bodily autonomy?	5/21/2026 11:43 AM
144	How do you make sure all options are exhausted its not like adhd can be cured just with medication cos it comes with some people having interlectual disability, autism, epilepsy, dystonia, emotional dysregulation, the list goes onnone of this can be cured they are life long disabilities	5/21/2026 11:26 AM
145	We did exhaust all supports prior to ndis. There was little to no support and what was available was out of reach for low income families like mine.	5/21/2026 11:10 AM

146	This is simply ridiculous and potentially dangerous. I have personal experience of being forced to have a treatment that had nearly finished me. I can't believe they can't see this issue will potentially impact the lower socio-economic group greatly.	5/21/2026 11:08 AM
147	There isn't medication for Autism, are we going to be expected to drink bleach?	5/21/2026 11:07 AM
148	Sone treatments the government might be referring to may be also harmful in other ways, which thosexacailwble on the NDIS,may not be.	5/21/2026 10:57 AM
149	With many situations, the people at the agency do not know what is realistic. I still struggle with the fact that they don't recognise that specific disabilities are permanent (autism and EDS for example).	5/21/2026 10:50 AM
150	The term 'alleviate' is being included in the legislation within the context of permanent disability which is highly problematic	5/21/2026 10:45 AM
151	So as somebody without a condition on list A or B I e already had to do this. It's part of the legislation already	5/21/2026 10:42 AM
152	This will be used to arbitrarily force participants to seek out unknown and dangerous treatments to meet this requirement under coercive and desperate conditions. Currently applicants are already being put into a position of repeated refusal using the excuse that all known treatments have. Or been tried but the agency will not disclose these. For myself, I was forced to trial treatments that would not cure my disabilities and suffered anaphlaticcshock multiple times, nearly died repeatedly, ended up with even more permanent disability. This is too dangerous. being put	5/21/2026 10:38 AM
153	Depends on who is determining this. I.e. treating medical team decision vs someone at the NDIA deciding there are other treatments.	5/21/2026 10:37 AM
154	A lot of people cannot afford or access treatments, eg children in child safety or foster care, those in remote or rural areas, lower income families, those with several family members with disabilities	5/21/2026 10:29 AM
155	A large majority of people on ndis are disability pensioners and therefore can not afford to try everything under the sun, we can hardly pay our rent. Autism is not going away with vitamins or therapy, they need to be realistic. This is supposed to help people, not cause more stress and anxiety	5/21/2026 10:26 AM
156	Some treatments are not practical and where do you stop. Nothing will change a persons IQ for example but you can make good use of the IQ you have	5/21/2026 10:25 AM
157	For some, the only treatment they haven't tried is organ transplant. Organ transplants are risky and take years on waiting lists. It's unreasonable to deny someone support while they're waiting for an organ transplant.	5/21/2026 10:24 AM
158	We have agency. We are human beings and shouldn't be treated like problems that need to be 'fixed'.	5/21/2026 10:21 AM
159	This is what it used to This is what it used to be like for Centrelink. You had to have no money at all. I can't go back to that. Part of shouldn't even be means tested.	5/21/2026 10:16 AM
160	Its too vague sorry I would need more case studies to clarify what this actually means. Albeit treatment is scarce, expensive and access is limited due to shortages in qualified allied health professionals.	5/21/2026 10:13 AM
161	A lot of people cannot afford therapy and treatments. Hence why NDIS is important. A lot of people will not be able to access services otherwise. This leads to increased difficulties and long term impacts	5/21/2026 10:13 AM
162	Treatments for my condition are contraindicated and could prove fatal	5/21/2026 10:09 AM
163	What is an appropriate treatment? Who decides what an appropriate treatment is? Where are these appropriate treatments and how will then be made accessible? Too many questions	5/21/2026 8:50 AM
164	This is extremely concerning, particularly financial impact on families.	5/21/2026 8:22 AM
165	Some treatment options are not realistic. We shouldn't be punished for not being able to afford treatment that may not even work.	5/21/2026 7:38 AM
166	At the moment the ndis doesnt actually spell out what the appropriate treatments are that havent been accessed. I would like to see if they will actually specify that when issuing rejections to ndis - so at least the person has something to explore.	5/21/2026 7:36 AM
167	This has potential to expose participants to harmful non-evidence based 'treatments' that	5/21/2026 7:20 AM

	may not work, have side effects and psychosocial implications for participant and their carers.	
168	Waitlist for public health are to long some need years of therapy	5/21/2026 6:42 AM
169	I fear this would be a move back to ABA for the autistic community. It's hard enough to get the dept Ed to reconsider ABA in schools.	5/21/2026 6:21 AM
170	Participants should have the option to refuse treatments they believe will be harmful for them, as well as if it is too expensive or not available in their location	5/21/2026 6:16 AM
171	This is a problem with the system outside of the NDIS, until it is fixed, getting rid of the only way some are able to get help is cruel	5/21/2026 6:15 AM
172	This is vague. And it's very much up to someone's opinion as to whether or not they have exhausted all treatment options. It doesn't sound like people's financial positions are being considered..	5/21/2026 4:14 AM
173	This will heighten the already extremely high risks of harm that marginalise these groups already.	5/21/2026 12:25 AM
174	Strict rules on permanent impairment are not going to help people	5/20/2026 11:47 PM
175	Because a disability can present as not permanent but all disabilities have a impact on someone's life	5/20/2026 11:36 PM
176	I am deeply fearful of this change. It eviscerates our right to choose not to engage with treatments we think are unhelpful or worse harmful. I refuse to take medication for my mental health issues because I have adverse reactions and they make me ill. They don't work. I am I going to be forced to take medication because a stranger thinks they know what will help me. I've been accessing the mental health system for decades and still not fixed. I don't want anyone telling me what so-called treatments they expect me to try. Am I going to be forced to have Electroconvulsive Therapy (ECT) because some arsehole thinks it might cure me. I will not tolerate this abusive intrusion on my life.	5/20/2026 10:26 PM
177	This disproportionately disadvantages people on lower incomes and people living in regional/remote areas as they do not have the same access to specialist/health services	5/20/2026 9:42 PM
178	I have noticed a change in attitude from consumers that everyone expects allied health to be free now because you can get it through the NDIS. This is a problem.	5/20/2026 8:40 PM
179	It is not uncommon for amputees and autists to have to prove over and over again that their disability is permanent. Schizophrenia for instance doesnt just go away. If there are no local services or provisions for assistance in the immediate area, access to services should be a part of NDIS funding but access is the challenge for most people, regardless of whete they live.	5/20/2026 8:28 PM
180	Absolutely not. We know that Medicare, doctors, allied health professionals etc. are already under extreme pressure and stress with current workloads and pay rates. This proposal will put more stress and strain on an already exhausted system rather than allowing the current (largely) private practice NDIS providing businesses and professionals to maintain their care and support of their NDIS clients	5/20/2026 8:08 PM
181	How can they claim to recognise a disability as permanent if they hypocritically believe it can be treated and thusly suggestive that it can ultimately be cured?	5/20/2026 8:05 PM
182	This should be decided between practitioner and patient. Not all treatments will be suitable and I don't believe the legislation would be understanding of this (eg financial and/or geographical barriers, surgical risk and other contraindications)	5/20/2026 8:03 PM
183	No, I don't fully support this change. I understand the intention behind making sure reasonable treatment options have been explored, but disability and healthcare are not equal across Australia. For many people, especially those in regional areas, treatments can be unavailable, unaffordable, have years-long waitlists, or simply not work. Some treatments also come with major risks, side effects, or no guarantee of improvement. People shouldn't have to exhaust themselves physically, mentally or financially just to "prove" they deserve support. As someone dealing with a lifelong neurological condition, I also think there needs to be recognition that "possible improvement" does not always mean recovery or independence. A condition can still be permanent and significantly disabling even if treatment helps manage some symptoms.	5/20/2026 6:52 PM
184	Available does not mean accessible. It's not that simple.	5/20/2026 6:45 PM
185	This is fine in theory, but the current public and private healthcare systems are not sufficiently able to meet this requirement and it is the individual with a disability who will	5/20/2026 6:18 PM

	wear the consequences. People's individual finances and resources will have a significant impact on people being able to access treatment and the NDIS is not meant to increase inequity. Personally, I have PTSD and the NDIS would decline access for me because they would say criminal compensation and workers compensation should provide support however the process of trying to get criminal compensation is cumbersome, and isn't likely to be sufficient, and as a former police officer there is no workers compensation available so it leaves me with nothing even though there are systems that should be able to help me.	
186	People in low incomes or who live too far will be so much worse off. It is completely unreasonable to have tried every possible treatment. Public health system is a disaster.	5/20/2026 5:45 PM
187	It is discrimination based on income and location	5/20/2026 5:29 PM
188	So many people don't have access to treatments, and so many treatments arent appropriate for everyone with a condition. I'm nervous they'll make autistics do ABA	5/20/2026 5:02 PM
189	This is ambiguous. What will the NDIS consider as ‘appropriate’ treatment. It is unsustainable and impractical to have the mentality that there’s a ‘one size fits all’ approach. It also impacts the Human Rights Act, where individuals rights to liberty and rights to health services are taken away.	5/20/2026 5:02 PM
190	I categorically do not. Considering treatment options that are too expensive or not locally available risks the people who need it most missing out.	5/20/2026 4:29 PM
191	This is a giant loophole/black hole, how much is too much, no one can exhaust all treatments.	5/20/2026 2:55 PM
192	Many don’t have the funds to secure every single treatment.	5/20/2026 2:44 PM
193	This puts people with a disability at risk. Not all 'treatments' are ethical, financially or regionally in reach. People should be allowed to choose the supports and services and 'treatments' based on their individual circumstances.	5/20/2026 2:16 PM
194	Not everyone can afford the Gap fee in medicare. Especially people on DSP	5/20/2026 1:54 PM
195	With the rising cost of living, how are people meant to try these treatments when they cost thousands of dollars?! We can barely buy food, let alone extraordinary treatments!	5/20/2026 1:13 PM
196	There will be no such thing as permanent disability in the eyes of the Australian government anymore. Unqualified bureaucrats will be able to demand disabled people undergo dangerous, expensive, impossible, and frivolous experiments and treatments with no notice. There are hundreds of purported cures to disability--it will be an impossible standard to meet allowing anyone to be removed from the Scheme at a moment's notice.	5/20/2026 12:34 PM
197	You can’t dictate how people live their lives. This is blackmail. If they don’t do something they don’t want to do, they don’t receive support. It’s THEIR life. THEIR choice. Not yours or mine. Very very discriminatory.	5/20/2026 12:31 PM
198	How is it even possible for someone to have tried everything? Especially low income people or people in regional communities. Even treating doctors can’t be expected to be on top of every different available treatment. How will they determine which treatments are considered effective? There are some treatments like regular massage that would make a substantial impact on my autism and physical pain but they aren’t approved by the NDIS. I think it’s reasonable to provide evidence that you have explored treatments available to you through the public health system but even then what if there are wait lists years long.	5/20/2026 12:31 PM
199	accessing therapy supports via NDIS is the 'treatment' but nothing removes that person's permanent disability	5/20/2026 12:29 PM
200	No, NO. NO. There are "treatments" out there that are not at all safe. The proposed changes to the definition of “permanent disability” raise serious concerns for many people with disability, particularly autistic people, people with psychosocial disability, and those with fluctuating or support-dependent conditions. The requirement that all “appropriate” treatment options be exhausted before access to the NDIS can be granted risks creating significant barriers for people whose functioning depends heavily on environmental supports, accessibility, co-regulation, routine, or assistance from support workers and informal carers. While treatment and therapy may improve aspects of functioning for some people, improvement does not necessarily remove disability or reduce the need for ongoing support. A person may appear more “functional” specifically because supports are already in place. This should not be interpreted as evidence that disability supports are no longer necessary. For example, an autistic person may be able to attend appointments, leave the house, maintain nutrition, regulate sensory distress, or participate in the community only because they have access to support workers, assistive technology, structured routines, and recovery time. Without those supports, the same person may experience severe burnout,	5/20/2026 11:38 AM

	functional collapse, isolation, mental health deterioration, or crisis presentations. The concern within the disability community is that the proposed wording may shift the focus away from assessing what supports a person requires to live safely and participate in society, and toward requiring individuals to continuously prove that they have "failed" enough treatments to deserve assistance. This creates several risks: pressure to undergo treatments that may be inaccessible, unaffordable, traumatising, or ineffective; disproportionate impacts on people who mask or compensate for their disability; penalising people whose conditions fluctuate; increased burden on families and carers; delayed access to essential supports until a person reaches crisis point. Importantly, many disabled people do not become "less disabled" because they receive support. Rather, support allows them to survive, function, and participate more safely in daily life. Policies that interpret support needs through the lens of potential improvement risk excluding people who are already struggling to maintain stability. Early and ongoing support is often what prevents hospitalisation, homelessness, institutionalisation, family breakdown, and long-term deterioration. The NDIS should remain focused on functional impact and support needs, rather than creating additional thresholds based on hypothetical future improvement or exhaustive treatment expectations.	
201	I do think it's a good idea for people to exhaust other options first, but making it compulsory means that people in difficult financial situations would be spending money they don't have on things that aren't entirely necessary.	5/20/2026 11:16 AM
202	This is so ableist - permanent means permanent - and how will people be able to fund "appropriate treatments"	5/20/2026 10:56 AM
203	It took years for all epilepsy drugs to be trialled for intractable epilepsy	5/20/2026 10:52 AM
204	No — I don't support tightening it further in the way it's being proposed. The idea of considering available treatment makes sense *to a point*. The NDIS was never intended to fund conditions that are temporary or likely to significantly resolve with ordinary treatment. But the concern is the wording around "all appropriate treatment options exhausted" and who gets to decide what counts as "appropriate." For many people with disability: * treatments are inaccessible * waitlists are years long * specialists don't exist locally * costs are enormous * treatment can be retraumatising, unsafe, or ineffective * "improvement" may be minimal and not remove disability-related support needs A person should not have to become poorer, more unwell, or relocate away from family/support networks just to prove they deserve support. This particularly worries me for people in: * rural and regional areas * low socioeconomic situations * First Nations communities * people with psychosocial disability * people with FND * people with chronic illness or rare disease "Potential for improvement" is also very subjective. Many disabilities fluctuate. Many people improve *because they already have supports*. Removing access because someone made progress can create a cycle where supports are withdrawn and functioning declines again. The current flexibility around unavailable or unaffordable treatment is important because Australia is not equal in access. Someone in metropolitan Sydney may have completely different options compared to someone in regional WA. I think a better approach is: * recognising reasonable attempts at treatment where appropriate * considering access barriers and cost * recognising that disability can remain permanent even with treatment * distinguishing between "condition improvement" and "removal of functional impairment" * allowing clinical judgement and lived experience to remain central Otherwise, there's a real risk the system shifts from "what support helps this person participate in life?" to "prove you've exhausted every possible avenue before we'll help you."	5/20/2026 10:41 AM
205	This is questioning ppl's disability, it implies they are faking their needs and are lying. It implies that the professionals who have done thorough assessments to determine the participants difficulties and needs are making it up despite their years of experience. Also what is an appropriate' treatment and how do you determine if it has been exhausted?! And many supports don't improve the condition, they keep it from getting worse or more challenging. This wording and terminology is offensive to ppl with disabilities	5/20/2026 10:39 AM
206	This is clearly an inaccessible option as it is based off people being able to access treatment. If treatment should be exhausted, the NDIS should provide support to access that treatment if the individual is unable to financially or due to availability.	5/20/2026 10:06 AM
207	There is no appropriate treatment for my condition. I have been told by a specialist that any treatment could make my eyesight worse.	5/20/2026 9:56 AM
208	This is completely unfeasible and disregarding of choice, health access, and financial constraints	5/20/2026 9:21 AM
209	How do you know you have accessed all available treatment options. The cost and availability would be challenging. Also the capacity of the individual and family. We don't do all therapies at once, it's too much.	5/20/2026 8:49 AM

210	How do we ensure this means that those who cannot afford therapy still get support? This makes me feel like only the wealthy will be able to afford to go through all the pathways first. Low income households can't afford to do this with no promise that they will get support	5/20/2026 8:40 AM
211	The costs of pursuing other treatments can be out of reach for many, which is often amplified by the lower average incomes and already increased disadvantage of those with disabilities.	5/20/2026 8:40 AM
212	Every persons experience is different and a standardised rule is unfair	5/20/2026 8:14 AM
213	Question is so long I had to read 4 times to understand it = Not accessible for me.	5/20/2026 6:51 AM
214	This could force people to make risky medical decisions or undergo risky procedures to meet this obligation, it's unethical and dangerous territory.	5/20/2026 6:43 AM
215	So many issues with this change. Those with mental health, cognitive, financial, locational or other access issues may not be able to access the treatment they need to prove their condition isn't treatable. This is a terrible, terrible concept and one that is going to impact those most vulnerable.	5/20/2026 6:07 AM
216	Dangerous	5/20/2026 6:03 AM
217	You can't force someone to have treatment that is not a guarantee'fix' or expensive and out of their location	5/20/2026 5:45 AM
218	Good luck getting any other 'appropriate treatment options' from the health system, I've seen first hand that they place no value on the lives of people with significant disabilities and will not readily offer access to treatments non-disabled people are offered. They will also challenge if your quality of life makes you suitable to provide treatment to. I was chased for 4 yrs to sign an End of Life Plan for a child who was 8 when they first tried to obtain it	5/20/2026 5:03 AM
219	Life circumstances matter. People on DSP cant afford ridiculous Psychiatrist fees. Treatment barriers as well ie requiring certain gender and qualifications in trauma dv coercive control sexual.assault etc	5/20/2026 3:53 AM
220	Extremely disturbing	5/19/2026 10:29 PM
221	Denying people from access to the NDIS because an expensive, inaccessible, dangerous, unproven, debunked, or unavailability locally treatment may improvement is a recipe for wholescale denial of all care from the only source that currently exists	5/19/2026 10:26 PM
222	This is such a 'Let them eat cake' plan. If treatments are inaccessible due to cost or location, they should not be included and the person should be able to access funding so that they can build capacity.	5/19/2026 9:44 PM
223	Accessing NDIS is already rediculiously hard. A long and expensive journey proving your disability. Now they are expecting every conceivable treatment to be tried, with the expectation that any slight improvement means ones condition is not permeant, is contradictory. Furthermore, some treatments are prohibitory expensive, meaning low income family will be precluded from the NDIS.	5/19/2026 9:18 PM
224	Treatment might not improve the condition but it helps the feel better for how ever long it lasts	5/19/2026 9:15 PM
225	It's a slippery slope, if treatment options are unattainable they should be considered as not applicable	5/19/2026 8:47 PM
226	It's awful	5/19/2026 8:22 PM
227	Arbitrary treatments decided by people not associated with the disabled people directly will exclude many who don't have access to various treatments for various reasons including travel distance and income, essentially reserving ndis for higher socioeconomic participants while lower income individuals are excluded	5/19/2026 8:16 PM
228	This would restrict disability support to the wealthy. very unfair for most people with a disability who are on a pension or limited income especially when Medicare doesn't even bulk bill GP's in my area let alone specialists and a lot of treatments. Plus most treatments don't have a guarantee and can leave even worse side affects.	5/19/2026 8:10 PM
229	They need to look at their internal structures not reduce support, if anything people need NDIA that are excluded due to somantics	5/19/2026 8:05 PM
230	There is no information what is considered 'appropriate treatments'. Equitable and no cost	5/19/2026 7:31 PM

	access across all areas of Australia also need to apply if this was considered.	
231	Increasing the risk of death upon applicants making them jump through hoops. Many can't cognitively function day to day let alone appropriately manage their own medical conditions.	5/19/2026 7:14 PM
232	This change discriminates against a wide range of people.	5/19/2026 7:10 PM
233	Who decides what is "appropriate", recommended does not always = suitable or safe	5/19/2026 7:05 PM
234	mixed feelings. people should try treatments, although if they don't try them, the reasons for that should be considered. No-one should be compelled to have medical treatments in my view. And yet if there is a cure, it would seem crazy not to try it unless the risks or side effects are significant	5/19/2026 7:03 PM
235	What is considered an "appropriate" treatment? It's very vague and some treatments are expensive, not available in the area (even in the suburbs) or can mess with other treatments/conditions	5/19/2026 7:02 PM
236	I am concerned as allied health therapies can improve my child's ability to potentially walk, talk and communicate. We can't afford to spend $70,000 /year he needs in the first 5 years to give him the best possible chance.	5/19/2026 7:00 PM
237	This is discriminatory towards people with complex mix of disabilities. It also discriminates against anyone on DSP or otherwise poor. But it's completely untenable for housebound and bedbound people like myself, because the government doesn't provide us with proper medical care or access to it. There's a report on this, if you google.	5/19/2026 6:59 PM
238	Only if all appropriate treatments are made accessible to people of all incomes/locations	5/19/2026 6:54 PM
239	Not clear. Appropriate treatments for what. EG INTELLECTUAL DISABILITY???	5/19/2026 6:46 PM
240	There is no treatment for my Disability and after 13 years does the Government think that I don't want to better and haven't tried everything	5/19/2026 6:39 PM
241	If you've had a disability for 20 to 40 years I'd say it's permanent but if they can get just one Dr to say it can be treated you won't be able to access the NDIS this is very sad as usual these are the people most in need	5/19/2026 6:27 PM
242	I would only support this change if the alternative treatments were available to them financially and backed by scientific evidence as an effective treatment for a whole condition and not just one symptom of a condition.	5/19/2026 6:27 PM
243	The Government uses tactics that are unethical, especially towards people who have disabilities and their carers and families	5/19/2026 6:12 PM
244	People can't necessarily afford to try everything. What a stupid requirement.	5/19/2026 5:50 PM
245	Could make people with Me/CFS do GET - NOT appropriate and can cause severe worsening of condition including death	5/19/2026 5:28 PM
246	I am concerned about forced surgeries and inappropriate interventions	5/19/2026 5:26 PM
247	The cost of getting treatment or reports to work out what is happening can be prohibitive without funding from NDIS.	5/19/2026 5:26 PM
248	My concern is that the gov may not be looking at if it is safe or appropriate	5/19/2026 5:18 PM
249	This would allow the government to cut funding any time a new treatment becomes available. This can only end in disaster for those who need ongoing support. Especially as the government does not understand what "permanent" means. They famously asked diabetics if several months after diagnosis, are they still diabetic.	5/19/2026 5:13 PM
250	There is constant research occurring into treatments this could postpone access to ndis, even if it is not going to work. Also cost is too expensive for some trial treatments	5/19/2026 5:07 PM
251	Disabled people should not be refused access if the treatment is either too expensive or unavailable in their area.	5/19/2026 5:06 PM
252	Families and individuals who don't have the skills or support will not be able to 'exhaust' all other treatments because of systemic barriers.	5/19/2026 4:38 PM
253	There is no information on how they will make this decision	5/19/2026 4:24 PM
254	What if they cannot afford the massive travel to those centralized options?	5/19/2026 4:10 PM
255	This is plain discrimination towards low income earners!	5/19/2026 4:05 PM

256	Not reasonable in case of autism for example where causes aren't even understood.	5/19/2026 4:00 PM
257	Where's the definition of what a treatment is? Disabilities don't resolve and aren't cured they are life long such as autism,	5/19/2026 3:26 PM
258	You can't 'treat' intellectual disability that is present from birth!	5/19/2026 3:24 PM
259	this is appalling. Now people have to try every neew treatment that comes along? i've had a serious autoimmunedisorder since i was 12. Now i'm 60. the medical system understands their limitatiobs and the need for individual treatment in every case. this proposed change is terrible and has terrible ramifications.	5/19/2026 3:22 PM
260	This will impact access for lower income households	5/19/2026 3:00 PM
261	NDIS seems to think permanent disabilities can "improve".	5/19/2026 2:41 PM
262	Treatment needs to be better defined and is also subjective according to the treating professionals they can afford to see	5/19/2026 2:11 PM
263	This is disgraceful. Homosexuality used to be a crime and also considered a disorder. What was once considered a cure for homosexuality (conversion therapy) is now known to be harmful and ineffective. Current ideas around treatments and cures are debated in disability communities as also being harmful and Disabled people should not be exposed to ableist treatments that may harm them. I can think of multiple examples. My daughter had significant school refusal. There is no way that she could participate in a school based program for Autistic children. My daughter experience significant trauma from being forced to go to a mainstream school for many years.	5/19/2026 12:38 PM
264	The treatment needs to exist in practice, not just in theory. This also takes away a persons bodily autonomy.	5/19/2026 12:29 PM
265	If the person cannot afford all appropriate treatments they should still get funding	5/19/2026 12:14 PM
266	Who decides the lists of treatments we need to subject ourselves to? How do they define 'might improve'? Does temporary improvement count?	5/19/2026 12:06 PM
267	There are NO treatments for autism. I CANNOT access any treatment for PTSD because I'm not a veteran.	5/19/2026 12:00 PM
268	Concerned what would be considered, how long it would take and cost / ability to access	5/19/2026 11:57 AM
269	Ridiculous to hold of help for someone CURRENTLY being affected by a condition due to treatment options being available when those options will not remove the disability.	5/19/2026 11:35 AM
270	This rule is already in place and strictly enforced. I know this as someone with two degenerative autoimmune conditions who was refused access on these grounds	5/19/2026 11:13 AM
271	Who decides "appropriate" treatments? People generally are individuals and respond differently - and people with disabilities have quite specific ability or inability to cope with different things which may be involved in treatment if someone else is deciding who does not know the individual or the disability..	5/19/2026 10:54 AM
272	Remote and regional Australians should have additional support, low income households and individuals should have additional supports	5/19/2026 10:51 AM
273	Why are we punishing people for being either poor or in a more geographically distant location?	5/19/2026 10:45 AM
274	No choice or control	5/19/2026 10:40 AM
275	Disadvantages regional/rural people with a disability.	5/19/2026 9:41 AM
276	If it's a treatment that's too costly how will someone who hasn't got the funds be able to afford it? So they will be left behind with no support because they're disabled and can't work to afford to be accepted to get the support? No! That's leaving too many disabled people to fend for themselves when they don't have the capacity to do so!	5/19/2026 9:39 AM
277	Not fair if you can't affort a treatment.	5/19/2026 9:31 AM
278	If a person cannot access a treatment it isnt available and should not be considered as an option. If they think we should get more treatment, then they should pay for it.	5/19/2026 9:15 AM
279	Who can afford treatments without NDIS funding?	5/19/2026 9:14 AM
280	We don't need to be fixed/cured/treated, this is so ableist	5/19/2026 9:10 AM
281	There are some conditions that have had little to no research eg DSRD/catitonia. This	5/19/2026 8:49 AM

	illness/ disorder (yet to be defined) has a 50% relapse rate if the individual is lucky enough to attain remission.	
282	Many treatments are too expensive to be viable options	5/19/2026 8:38 AM
283	This is beyond ludicrous, many people with disabilities are on low income or DSP and this means that they are excluded not by anything in their power	5/19/2026 8:32 AM
284	My condition has no cure or treatments. Impairments can be managed for comfort and prevent deterioration but do not improve function. With 10 impairment across nuerological, cardiology, endocrinological, immunological and more, I'd never meet eligibility because tge science and medical research haven't come up with anything. Yet NDIS woukd hsve me take up time and Medicare funds, out of pocket, off label drugs to which Im intolerance, require i do debunked and harmful rehabilitation programs (get/cbt). Im now bedbound/housebound and will nit be able to seek "treatment" as Specialist and GP cannot legally hsve me as a patient unless the first visit is face to face. Im yet to find any Specialist doctors that do home visits. This is unfair and unrealistic expectations by ndis and defies tge health system and Aprah putting doctors at risk of indemnity claims for causing harm.	5/19/2026 8:31 AM
285	I am worried about 'exhausting appropriate treatments ' in principle I agree with this but worry about how it will be applied and it will increase the 'dance' of which department/service is responsible!	5/19/2026 8:24 AM
286	This is cruel. Our doctors know when something is permanent. Requiring us to try every expensive and 'out there' treatment, or writing off whole conditions as 'treatable' regardless of whether it's treatable in this person's particular case is going to mean that people with very significant disabilities are flung off the scheme into no man's land. This is genuinely cruel and unusual. The idea that there could be generalised rules about when something will be deemed to be appropriately treated seems to forget that treatment is individual and what is suitable for one person will not be for another.	5/19/2026 8:20 AM
287	This forgoes that clients have a choice. Example: a cochlear implant may help but is a surgical and invasive procedure with no guarantee & clearly will not restore hearing back to normal.	5/19/2026 8:09 AM
288	Geographical factors, financial factors, and bodily autonomy at extremely important to embed and consider. The Agency should not be able to force 'treatments' on a person that they do not want or consent to, just to get support they need.	5/19/2026 7:54 AM
289	Appropriate treatments- that again is very individual. You don't get treated for classic autism, there is no cure or treatment.	5/19/2026 7:53 AM
290	Define "all treatments", and what about the right to medical autonomy, the right to refuse a treatment due to concerns over lack of information relaying to long term side effects? None of this is clear and allied for a subjective rather than objective approach to determining what exhausted means.	5/19/2026 7:44 AM
291	requiring people to try a treatment they cannot access is unfair and unreasonable - it disproportionately disadvantages people in under-serviced areas and households with low incomes	5/19/2026 7:40 AM
292	It also disadvantages those with cyclical or degenerative conditions	5/19/2026 7:25 AM
293	This creates inequity due to resources people may have access to or be aware of. This will increase the cost to gain access and result in people being unsupported for longer.	5/19/2026 7:18 AM
294	Our family would not be able to self-fund 'exhaustive' treatments for 4 people. Additionally, living in a regional area means that waitlists would blow out so we could be waiting years to access those treatments. While waiting, our functional capacities would deteriorate and impact on school and work attendance. Our wellbeing would deteriorate.	5/19/2026 7:18 AM
295	They are not medically trained how could they remotely understand every single person on ndis - we dont fit into tick boxes	5/19/2026 7:15 AM
296	It is discriminatory	5/19/2026 7:09 AM
297	The should not be able to force people to have medical treatments that pose a risk or are unlikely to bring about a good level of improvement. Also, unless they intend to start fully funding the proposed treatments they are just increasing the divide between the rich and the poor, and disadvantaging people who live in areas where the treatments are not readily available. Also there should be an onus on them to have published lists of the treatments for all disabilities to avoid them using this as a vaguely defined excuse to refuse people, and the lists should be subject to medical scrutiny	5/19/2026 7:05 AM

298	This is a form of systems abuse using coercion control to pressure people into treatment of their bodies in ways they don't want. It's as bad as forced sterilisation of disabled women Why on earth do they think this kind of coercion is acceptable?	5/19/2026 6:44 AM
299	Not how it is currently written. There needs to be a way of recording when some "treatments" are not able to be tried, and we need to ensure that medical rehabilitation has been completed before applying to the NDIS.	5/19/2026 6:43 AM
300	What about regional unable to access and the financial effect of not being able to access	5/19/2026 6:38 AM
301	How can you say to a disabled person that they are not eligible because they haven't tried a particular treatment that they can not afford to try. Remember many disable people can't work, especially those with energy limiting disabilities. This is discriminating against disabled people.	5/19/2026 6:26 AM
302	If it's a permanent disability then 'appropriate treatment' should be part of ndis funding	5/19/2026 5:47 AM
303	You haven't outlined the change. The change is that a person's socioeconomic, geographical or other barriers to access will NOT be taken into consideration. I DON'T support that	5/19/2026 5:46 AM
304	Some treatments are harmful, eg, ABA	5/19/2026 5:38 AM
305	I have intermittent tinnitus and was informed by hearing Australia that the treatment would not be of benefit, due to it not being constant. The templated form which is compiled by Hearing Australia, states veteran has refused to undertake treatment, which is an incorrect statement, however there are no other options on the form for hearing australia to tick.	5/19/2026 5:10 AM
306	This is discrimination against low income and remote participants	5/19/2026 5:09 AM
307	This seems like a stealth way of rejecting potentially everyone from the scheme - especially people with psychosocial disabilities	5/19/2026 3:25 AM
308	Not everyone can afford all treatment	5/19/2026 2:44 AM
309	I do not support this change in its proposed form because I believe it risks creating unfair and harmful barriers for people with genuine permanent disabilities. While it is reasonable for the NDIS to consider available treatments and interventions, requiring people to exhaust all "appropriate" treatment options before accessing support raises serious concerns about affordability, accessibility, practicality, and fairness. Many treatments are: extremely expensive, unavailable in regional or rural areas, subject to long public waiting lists, physically or emotionally exhausting, or only offer limited improvement rather than removing the disability. People should not be denied disability support simply because a theoretical treatment exists somewhere, particularly if it is financially out of reach or realistically inaccessible. I am also concerned about who decides what counts as "appropriate" treatment. Different professionals may have very different views, and some people may feel pressured into pursuing invasive, risky, exhausting, or unsuitable interventions simply to prove they deserve support. This is especially worrying for conditions like autism, psychosocial disability, neurological conditions, chronic illnesses, and degenerative disorders where there may never be a "cure," only varying levels of management and support. For autistic people in particular, the idea of needing to "exhaust treatment" can be deeply problematic because autism is not something that can be cured or eliminated. Supports are often about improving communication, regulation, independence, and quality of life, not removing the disability itself. I also worry this change may disproportionately disadvantage: low-income families, rural and regional participants, people on long waiting lists, people with complex conditions, and those already struggling to navigate health systems. In practice, it risks creating a situation where people must spend years attempting treatments, attending appointments, or proving failure before they can access the supports they need to function day to day. The NDIS should recognise the real-world impact of disability, not create impossible hurdles where people are expected to "fix" themselves before being considered eligible for support	5/19/2026 2:11 AM
310	This is a completely subjective opinion based decision. It's so open ended that they could decline someone on the basis of a treatment opinion that is available in only one city in Australia. They also could force people into demonstrably harmful treatments for their particular condition based on outdated medical information. Ot controversial measures like ABA therapy for Autism that has been shown to be deeply traumatising	5/18/2026 11:07 PM
311	This is discrimination against people with disabilities based on financial capacity , location and access to healthcare providers. Requiring all "appropriate" treatments to be exhausted before accessing the NDIS unfairly disadvantages people who cannot afford treatment, live in regional or remote areas, face long public waitlists, or have conditions where treatment outcomes are uncertain or limited. This approach risk creating inequitable barriers to support	5/18/2026 10:16 PM

	and may disproportionately impact vulnerable people, including those with psychosocial, neurological, chronic, or fluctuating disabilities.	
312	Permanent disabilities cannot be “treated” but support can lead to increased functioning and capacity.	5/18/2026 10:15 PM
313	How to afford the treatments without NDIS?	5/18/2026 10:06 PM
314	I agree that appropriate treatments should be sought first, however, the types of treatments, the risk of treatments, the affordable costs and location needs to be addressed with compassion. I feel that this will be a hard and fast rule for everyone rather than taking in other factors per individual case.	5/18/2026 9:10 PM
315	Capacity can fluctuate but the disability itself is permanent.	5/18/2026 9:08 PM
316	Absolutely not! A lot of treatments arent accessible or affordable. If it isnt accessible or affordable it shouldnt count against you. Plus, they dont even understand that a genetic disability that affects connective tissue is inherently not curable.. neither is down syndrome or autism..	5/18/2026 8:48 PM
317	This could lead to experimental treatments being used on PWDs as they were in the past.	5/18/2026 8:43 PM
318	Will they assist in payment or travel expenses? This is a huge burden on a disabled person	5/18/2026 8:42 PM
319	Guaranteed that they'll use things like half million dollar treatments and operations that involve irreversible functional changes (regardless of the risks) to deny people access the scheme. What ever happened to human rights, bodily autonomy and the reality that for many people some "treatnents" are neither safe nor beneficial. Take ABA for autistics for example.	5/18/2026 8:42 PM
320	Due to stigma with mental illness some participants may only want help that is not expected of them. Some people may not have insight about mental illness so mightn’t agree with professional label for help. Some help can be triggering and reduce desire to get help	5/18/2026 8:40 PM
321	I think alot of people habe relied on ndis supprt to get medical treatment for many aspects of daily living ... do you remeber anne Marie smith	5/18/2026 8:07 PM
322	I suspect this one is also targeted at removing people with psychosocial disability, as well as poor people. I really don't see why being wealthy enough to survive without it should be a requirement for getting on NDIS	5/18/2026 8:05 PM
323	There’s not enough information yest	5/18/2026 7:50 PM
324	Who decides what treatments should have been exhausted and how feasible is it for people to access them.	5/18/2026 7:33 PM
325	This runs the risk of the NDIS becoming less available to lower socio-economic groups	5/18/2026 7:33 PM
326	As a low income household living in a regional area this isn't a realistic option.	5/18/2026 7:20 PM
327	Who dictates reasonable appropriate treatments? Drs or a government agency who doesn’t take into account a person may not be suited for certain assistance. Do not want more ppl outside of specialist and self what is best serving the disabled individual	5/18/2026 7:16 PM
328	It’s already hard enough for most people and this will only mean more hoops to jump through	5/18/2026 6:49 PM
329	People can have a permanent disability and necessarily require a set treat doesn't make their disability any less.	5/18/2026 6:36 PM
330	that is about rehabilitation, not about support to function on a daily basis	5/18/2026 6:32 PM
331	It depends because I have tried a lot of medication and it nearly killed me and yet ndis say didn’t try all when my dr says I’m not allowed to have any blood pressure medication. In this circumstance I would listen to my dr not ndis for safety reasons this is where ndis is wrong	5/18/2026 6:27 PM
332	We have tried so many things to help my son, even brain surgery which went terribly wrong and I personally could not go through something like that again!	5/18/2026 6:18 PM
333	For those of us with underrecognised/misunderstood conditions such as ME/CFS, EDS, POTS, and MCAS, knowledgable practitioners are hard to find and are most often private and hard to access. "Treatments" are typically private medicines which can improve function but in many cases still require significant support. ME/CFS in particular has also been associated with harmful ineffective "treatments" in the past. This change would significantly delay or even prohibit access to supports and do harm as a result. If accessing treatment is a requirement, it should be publically available and covered by Medicare.	5/18/2026 5:55 PM

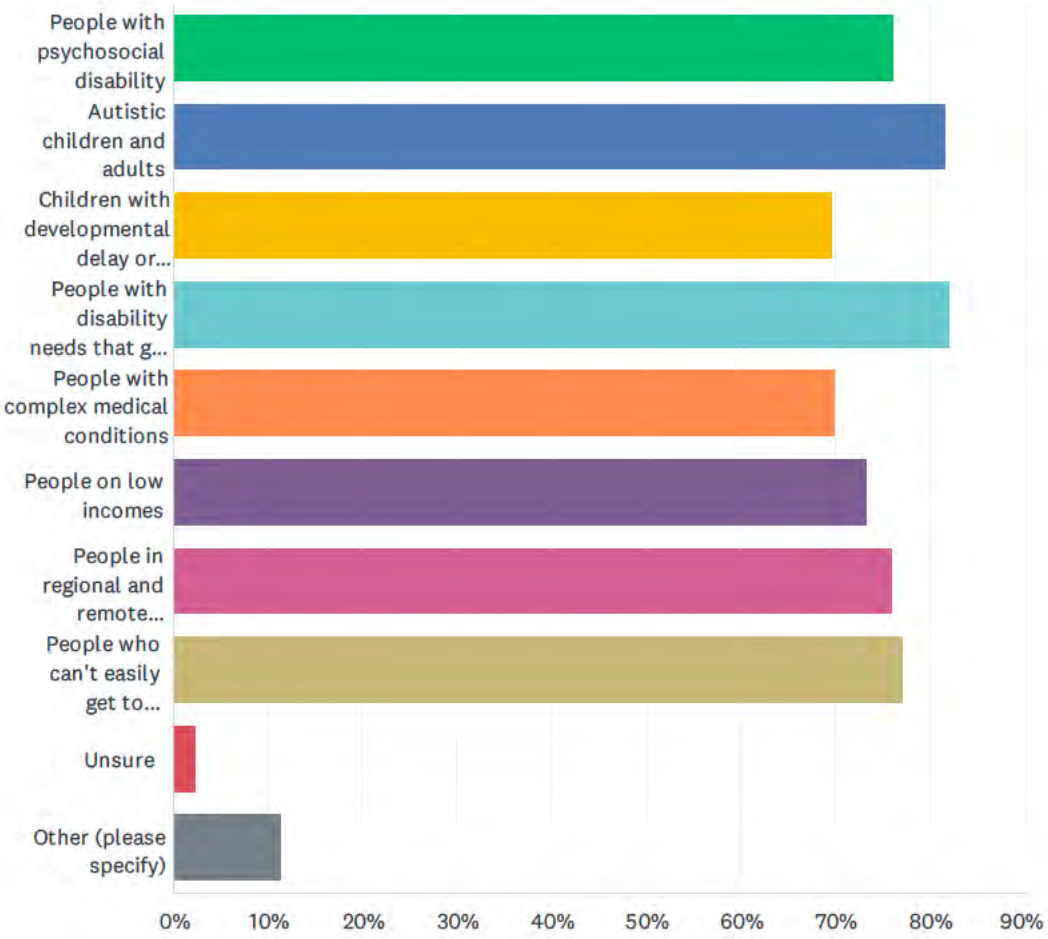
334	Unfair advantage to those with high incomes	5/18/2026 5:52 PM
335	If I could cure my child's need for significant life long care I would!	5/18/2026 5:48 PM
336	Increases differences in access between socio-economic groups, who decides what treatments are needed, should this really over ride clinicians and individual circumstances. On one hand they say access isn't tied to disability, then they say you must have exhausted all treatment for that impairment - which implies you need a diagnosis.	5/18/2026 5:47 PM
337	Not all treatment options are affordable for everyone.	5/18/2026 5:28 PM
338	I support considering reasonable and accessible treatments, however eligibility should still account for cost, location, availability, wait times, medical advice and whether treatment is appropriate for the individual. People should not lose access simply because a treatment exists in theory.	5/18/2026 5:23 PM
339	Inequality for country residence	5/18/2026 5:13 PM
340	It sounds ok in principle, but trying all treatments is very expensive! Also, who decides what an effective treatment is, will it be evidence-based?	5/18/2026 5:12 PM
341	My child is ASD level 3, severe intellectual disability I know an ssri might help him and have tried however due to his severe sensory needs, paediatric food disorder I cannot get any medicine into him will this mean I havent tried	5/18/2026 5:10 PM
342	Current treatments for MECFS in Australia are banned overseas. Our rules are 20+ years out of date. I would be harmed by following these rules. Expense and location MUST be taken into consideration when considering reasonable and appropriate.	5/18/2026 4:51 PM
343	Mostly yes. It's is a good idea in theory but who decides what the appropriate treatments are? That concerns me.	5/18/2026 4:39 PM
344	I think there are too many on the gravy train and would prefer to be on NDIS that get treatmentrhin	5/18/2026 4:34 PM
345	It seems unnecessary as we already have to prove our disabilities are permanent. It feels like it's just a wording change to make it legal to reject more people..	5/18/2026 4:19 PM
346	Should only include treatments fully funded by Medicare with minimal waitlist, otherwise this will be a barrier to access that only rich people can overcome. I would be in favour of Medicare funding more treatments than it currently does.	5/18/2026 4:15 PM
347	It will help those under choice and control. For instance not having a transplant (even though you know you won't meet the criteria) because of risk of cancer coming back.	5/18/2026 4:14 PM
348	Because nobody can try ALL treatments - they may not have the money, they may not have the access, there may be waitlists. I also think requiring people with permanent disability such as Autism, or leg amputation, to repeatedly seek treatment is obstructive, unnecessary and costly.	5/18/2026 4:12 PM
349	Some disabilities are episodic or can fluctuate on a daily basis. Many invisible diagnosis can still be faked like fibromyalgia or autism for example. Longitudinal evidence should outweigh any doubts. There should be a mandate on medical files, clinical files to weed out the fraudulent claims.	5/18/2026 4:06 PM
350	How do you treat a lifetime of cruelty, abuse and dismissal of medical needs? When they sought treatment it was denied. In my own case, multiple occasions. Core body temp of 35.9C was not bad enough for treatment. Nor was a 35mm x 25mm object in the appendix. The last could have killed me.	5/18/2026 3:32 PM
351	In what humane world should human beings be forced to have treatment to get help. Treatment can have side effects, treatment can be dangerous, drs can and have been wrong. All human beings should have the right to what happens to their own bodies.	5/18/2026 3:23 PM
352	As long as recommended treatments do no harm	5/18/2026 3:22 PM
353	Treatment may be inaccessible or not advisable due to factors not considered.	5/18/2026 3:00 PM
354	My son's issues are genetic. We have had 5 letters stating that he has not been given appropriate treatment and medication. It's genetic! So I went to freedom of information and asked for the appropriate treatment and medication (i.e. cure). They were unable to supply appropriate treatment and medication. This is going to be more guilt placed on the parents than most will be able to handle.	5/18/2026 2:44 PM
355	How can a treatment for a Brain Injury be even considered. MRI's confirm nothing has changed.	5/18/2026 2:40 PM

356	There's some absolutely bizarre claims that certain things will cure Autism. It's just not possible!	5/18/2026 2:32 PM
357	As I am currently aware I must opt for a surgical intervention that may leave me further disabled dependent on the medical system and risking my life to qualify for disability related to mobility issues that are a comorbidity of my disability. Under the proposed plan I would have to have that surgery before any of my disability could be accepted	5/18/2026 2:32 PM
358	It's just palming off support to other areas like Medicare or private health which often put financial strain on disabled people as they are not all encompassing.	5/18/2026 2:32 PM
359	This would create further inequity in who can access the NDIS. People who can afford to travel and/or pay for treatments will find it easier to access the NDIS. People who cannot (especially our indigenous communities and women with disabilities) simply won't be able to get in. That's discrimination.	5/18/2026 2:31 PM
360	This will make it even harder for people with Long Covid and related conditions to get NDIS access. There will be even more pressure to do Graded Exercise Therapy that destroys us.	5/18/2026 2:00 PM
361	Depends on what 'appropriate' really means.	5/18/2026 1:52 PM
362	What if we cannot access the treatment or decide the risks outweigh any benefit, it is our choice what interventions are done with our body.	5/18/2026 1:44 PM
363	The person making this decision is a public servants, and therefore unable to make such decisions of a medical nature	5/18/2026 1:44 PM
364	Maybe more acceptable would be all "available and appropriate" treatments	5/18/2026 1:38 PM
365	A definition of appropriate treatments is required AND then there should be a requirement on state govt that this level of treatment is actually available, easily accessible, no waitlist and free.	5/18/2026 1:35 PM
366	A completely inequitable solution. Class divide driver. Keeping those with low incomes down for generation. Middle class tyranny. Will create a whole new class of disenfranchised citizens.	5/18/2026 1:34 PM
367	There a lot of people in the ndis that should not be and a lot that should have early intervention and possibly an extension of support if it would help them not need full lifetime support	5/18/2026 1:26 PM
368	This determination will be made by public servants with no medical or rehab professional qualifications. It also won't take into consideration each persons disability nuance, or location or financial support.	5/18/2026 1:24 PM
369	my disability is from birth, I'm inmy late 50's now. Nothing is going to get any better for me as I age !	5/18/2026 1:13 PM
370	We live in the country and had to wait 18 months for a child psychologist to become available. There are many "treatments" that may take years before they are "effective"- eg occupational therapy to help an autistic person function in a work place. And who is going to provide be able to pay for that support to see if it is "appropriate" or successful treatment. things a rule that favours the wealthy, and those in the city. If you are poor, or from a regional area this bill ensures that these children will increase to profound impact of their disability.	5/18/2026 1:05 PM
371	What are appropriate treatments	5/18/2026 1:03 PM
372	We are already required to prove that all treatment options have been tried. Currently the fact that some treatments may not be available where we live or affordable is considered in the decision. This legislative change is unfair and unreasonable.	5/18/2026 12:59 PM
373	It would be better to reevaluate what support led actually work and change how that's measured, particularly before making decisions about the funding	5/18/2026 12:41 PM
374	So the govt can magically 'cure' the disability?	5/18/2026 12:34 PM
375	They're has to be a final diagnosis not every time a new medical treatment occurs	5/18/2026 12:23 PM
376	We already prove permanent disability to gain access, there are no treatments and it's the height of arrogance for anyone to question the reports we already have to get and make disabled people jump through even more hoops than they already have to. What part of disabled people already struggle and already face barriers do these people not understand? Being disabled isn't fun and accessing support isn't a rort.	5/18/2026 12:21 PM

377	People in regional areas and/or on low incomes will be unfairly disadvantaged.	5/18/2026 11:51 AM
378	Treatments can have serious side effects, every person should have the right to say no if theyre concerned about side effects. In my daughters case growth hormone is effective in controlling weight but my daughter is already overweight and given gh causes soft tissues to grow this would be extremely dangerous for her.	5/18/2026 11:45 AM
379	Good idea to access already existing services. Many NDIS service providers aren't registered and monitored	5/18/2026 11:29 AM

Q9 Which groups do you think would be most affected by tighter rules about permanent disability? (Choose all that apply)

Answered: 1,230 Skipped: 157



ANSWER CHOICES	RESPONSES	
People with psychosocial disability	76.18%	937
Autistic children and adults	81.79%	1,006
Children with developmental delay or disability	69.67%	857
People with disability needs that go up and down (fluctuating conditions)	82.20%	1,011
People with complex medical conditions	70.00%	861
People on low incomes	73.33%	902
People in regional and remote communities	75.93%	934
People who can't easily get to treatment or specialists	77.24%	950
Unsure	2.36%	29
Other (please specify)	11.30%	139
Total Respondents: 1,230		

#	OTHER (PLEASE SPECIFY)	DATE

1	This will impact disabled people, their carers and the wider community	5/26/2026 7:27 AM
2	Everyone who is already on the system will be greatly affected	5/25/2026 9:13 PM
3	More information needed	5/25/2026 4:38 PM
4	People without significant informal supports, CALD people, people who are housebound without support	5/25/2026 2:13 PM
5	CALD families without resources to fight unreasonable or misled rejections of access or support mean that their children or dependents will lose out on key opportunities to increase their independence. Ultimately this will add INCREASED cost on the community as they grow to be adults requiring intensive supports that could have been reduced at a younger age.	5/25/2026 11:48 AM
6	Poor people	5/25/2026 11:22 AM
7	Better assessor's	5/25/2026 3:25 AM
8	I approve of the new restrictions.	5/24/2026 4:34 PM
9	Everyone but the major corporations and those who make the rules.	5/24/2026 4:30 PM
10	They're only thinking about the participants in the cities once again who have everything at their fingertips	5/24/2026 4:28 PM
11	All people with "invisible" disabilities and Australia's most vulnerable. Only those with the most privilege will afford other services, and even now these cohorts are the ones able to advocate the best. Those most disadvantaged are already, and have historically been, the most impacted. This divide is not new, but it will expand substantially.	5/24/2026 1:00 PM
12	Give us a line in the sand as to what requirements we need to achieve	5/24/2026 12:31 PM
13	The siblings of children with disability. They will suffer more accidental neglect	5/24/2026 12:25 PM
14	Dissability support workers will also be negatively affected, with many losing jobs. We are in a recession, housing crisis and cost of living crisis. This will cause a huge wave of unemployment and dive bomb the economy.	5/24/2026 12:15 PM
15	Anyone who cannot access information in a format that is meaningful to them. Information needs to be simple and easy to understand.	5/24/2026 11:42 AM
16	Women and non binary who are already gaslight and underdiagnoses and under supported by the mainstream medical system.	5/24/2026 11:30 AM
17	CALD,	5/24/2026 11:28 AM
18	If the definition of "disability" is moving towards "functional capacity" this could affect many more people not listed here	5/24/2026 11:19 AM
19	It would affect EVERYONE	5/24/2026 9:35 AM
20	Many of the participants I have worked with spend a lot of time with staff socialising with the same people but never made friends outside of the service. The same people who should have less support as the years go by because they are now skill up, still have the same funding and the same unnessarysupport.	5/24/2026 8:52 AM
21	People with complex communication needs, first nations communities, marginalised populations.	5/24/2026 8:33 AM
22	Everyone will be impacted by this	5/24/2026 6:35 AM
23	those without advocates and informal supports and family caring for them.	5/24/2026 12:30 AM
24	People with rare conditions; conditions where treatments are less known. These people can't afford take years to have answers for even a diagnosis before even treatment is identified and in many cases could still be life long and permanent	5/23/2026 9:17 PM
25	All of the above!	5/23/2026 7:11 PM
26	We already know autism is permanent but the NDIA might try to argue otherwise somehow	5/23/2026 1:51 PM
27	Most especially those with degenerativeor incurable chronic conditions	5/23/2026 1:18 PM
28	People (both with disability and their carers) who do not have the cognitive capacity to identify, explore and engage with 'treatment' options. For example, children of parents with	5/23/2026 12:59 PM

	intellectual disability/ autism/ and or mental illness who are unable to cognitively navigate complex and difficult to access health and disability systems.	
29	This approach will only work when there are affordable and accessible treatment options available. In terms of availability, it will be an example of the trope of NSW being solely viewed as Newcastle, Sydney and Wollongong. Focusing on disabilities in isolation, throws complex needs out the window, through disregarding how multiple disabilities can intersect. Standardising a test myopically, disregards fluctuating capacity.	5/23/2026 9:42 AM
30	Also new disabilities that haven't stabilised, but will have known long term support needs (eg post stroke / ABI)	5/23/2026 9:05 AM
31	Everyone as anyone can always suddenly become disabled or have a child with disability.	5/23/2026 6:09 AM
32	2e autistic individuals	5/23/2026 12:58 AM
33	All disabled people will be affected	5/22/2026 4:25 PM
34	NDIS expect applicants to access other services to gain evidence. This is not always appropriate as the health system is overloaded and incurs long delays, applicants are deemed as low impact and are often rejected or incur out of pocket expenses which they cannot afford. Further these services don't always provide reports that cover NDIS needs, also Medicare does not always cover disability related referrals such as psychology.	5/22/2026 4:07 PM
35	Autism is a permanent disability so it seems paradoxical that it is a disability consistently named as being on the chopping block	5/22/2026 3:29 PM
36	People with low literacy. All of our vulnerable citizens.	5/22/2026 1:24 PM
37	anyone with a disability attempting to access/maintain access to NDIS	5/22/2026 12:16 PM
38	I can't think of a single group that wouldn't be negatively impacted by these new policies	5/22/2026 10:17 AM
39	The changes could impact all of the above depending on their individual circumstances. I'm personally very concerned for the autistic community but I feel these changes will have drastic impacts across many disabilities	5/22/2026 9:57 AM
40	Sole parent families	5/21/2026 9:13 PM
41	EVERYONE! Especially those with invisible or fluctuation conditions/disabilities.	5/21/2026 8:02 PM
42	I think that individuals who are unable to advocate for themselves or illiterate will be severely affected.	5/21/2026 6:31 PM
43	Fraudsters	5/21/2026 5:39 PM
44	I think it will affect everyone	5/21/2026 11:56 AM
45	people with me/cfs who are required to go through treatment that is proven to deteriorate our conditions and risk our lives (Graded excercise therapy & CBT)	5/21/2026 11:39 AM
46	It's impossible to separate disability and medical in many cases, likewise disability vs education, and definitely concerned about psychosocial disabilities being dismissed. Also important to recognise that we don't all have equal access to potential treatment options. Some treatments have unacceptable risks that people should have a right to refuse without forfeiting disability supports.	5/21/2026 11:37 AM
47	People faking disorders	5/21/2026 11:17 AM
48	Companies that are charging more because the person receives ndis	5/21/2026 11:10 AM
49	People with faster progressing disabilities (i.e. MND)	5/21/2026 10:37 AM
50	All people will be affected . Hard to tell who at this stage. The most high functioning for sure	5/21/2026 10:25 AM
51	I will not be drawn into this question of who is more disabled than somebody else.	5/21/2026 10:16 AM
52	Anyone with less typically visible disability despite how complex it might be.	5/21/2026 7:36 AM
53	People who have difficulty advocating for themselves.	5/21/2026 6:21 AM
54	I only have knowledge of the challenges facing people with psychosocial and intellectual disability, so I can't presume to know how the proposed changes will affect people with other disabilities.	5/21/2026 6:16 AM
55	It's likely going to affect more than required, most permanent disabilities are already being disregarded and wrongly seen as impermanent	5/21/2026 6:15 AM

56	First Nations families will be very affected as they do not advocate or respond to structures in the same way as the general population.	5/21/2026 5:36 AM
57	People with high personal to person support needs in the community	5/21/2026 5:06 AM
58	People with intersectional challenges such as people experiencing homelessness, mental health issues, family violence, illiteracy, and people from vulnerable and marginalised groups including refugees, first nations people	5/21/2026 1:17 AM
59	Participants experiencing FDV and discrimination in accessing health services	5/21/2026 12:25 AM
60	As a person with psychosocial disability I see people completely misrepresenting how my disability impacts my life. I don't have fluctuating or episodic illness, mine is chronic. So I am scared people like me are going to get targeted due to assumptions that we can somehow be fixed and would be better served by foundational supports or the mental health system. I will not engage with that system as it has harmed me more than helped.	5/20/2026 10:26 PM
61	Disabled unpaid Carers and their disabled dependents	5/20/2026 8:05 PM
62	Complex medical conditions may be worse off, depending on how whether capacity is evaluated across all conditions or only one	5/20/2026 8:03 PM
63	People with neurological conditions like MS, Parkinson's and epilepsy. People with psychosocial disabilities and mental health conditions. People with chronic illnesses and fluctuating conditions. People living in regional and rural areas with limited access to specialists or treatment. Low-income Australians who cannot afford private treatment or lengthy assessments. People with invisible disabilities whose impairments are harder to measure in a standard assessment. Children and young people whose long-term functional impact may not yet be fully understood. I also think people with complex conditions that don't fit neatly into one diagnosis will be heavily impacted, because proving "permanency" can become much harder when symptoms fluctuate or treatments only partially help.	5/20/2026 6:52 PM
64	Many people with autism also have an intellectual disability which isn't diagnosed due to difficulties accessing specialists and assessments. Autism is so varied, and has an enormous impact for some people but the way they are being spoken about right now is as though autism is mild for everyone and they can just learn to fit in to mainstream society.	5/20/2026 6:18 PM
65	People who were only accepted for one disability that was a result of a car accident 20 yrs ago are now being told they will no longer be eligible because tac funds everything that I need. I turned to ndis because I can not get help from tac, no gardening, no home help, no help in the community.all I get is my gp/pain specialist paid for..the changes are dumping someone who had a recent car accident with someone who had an accident 10-20 yrs ago.i have never received compensation from tac..why can my other disabilities not meet access..this is robo debt 2.0	5/20/2026 5:37 PM
66	Pretty much everybody	5/20/2026 5:29 PM
67	This is putting lives at risk	5/20/2026 1:54 PM
68	All of the above	5/20/2026 1:04 PM
69	People without informal supports to advocate for them, people who aren't or refuse to live in institutional settings, people who criticise the government or the NDIS on social media	5/20/2026 12:34 PM
70	Every single person will be affected.	5/20/2026 12:31 PM
71	First Nations peoples	5/20/2026 12:29 PM
72	People with not well understood complex disabilities/complex conditions	5/20/2026 11:47 AM
73	This will affect ALL people with disabilities. Particularly Autistic people who cannot cope with change and who need familiar supports who understand them. And who are often, alone, already under supported, marginalised and vulnerable,	5/20/2026 11:38 AM
74	EVERYONE!!! Who ISNT gonna be impacted???	5/20/2026 11:16 AM
75	These changes will make it harder for the ppl who support ppl with disabilities to get support. They are already at their limits and are tired! I feel that the government is hoping ppl will fall off the system as they dont have the energy to push back for their rights to be met	5/20/2026 10:39 AM
76	All of the above groups and people with sensory disability such as sight and hearing.	5/20/2026 9:56 AM
77	everyone currently under the NDIS - who will meet these unfeasible new complicated unrealistic rules?	5/20/2026 9:21 AM

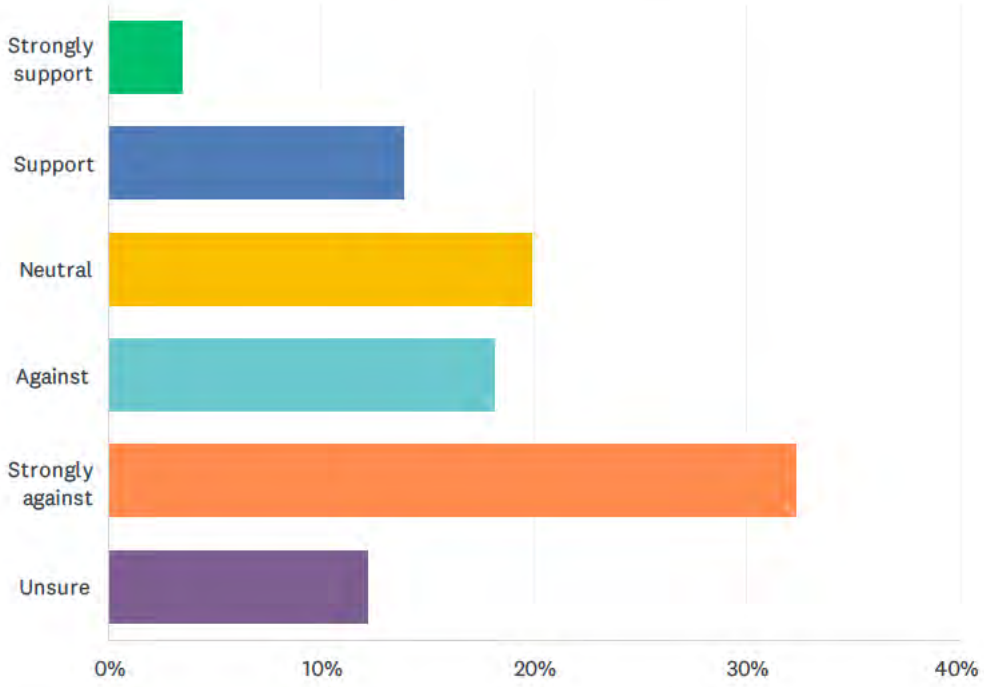
78	People with chronic illnesses eg. ME/CFS	5/20/2026 9:02 AM
79	People with rare conditions who only have one or two specialists in the country who assess and/or treat the condition (eg CCI, venous compressions etc)	5/20/2026 8:50 AM
80	Basically everyone. Doubly so for those with lower incomes and/or fewer existing supports	5/20/2026 8:40 AM
81	First Nations people will be very affected	5/20/2026 8:02 AM
82	People that cannot advocate for their disability	5/20/2026 7:15 AM
83	Unpaid carers who are already burnt out and pretty much unsupported	5/20/2026 12:41 AM
84	People who are in the age 50+ age group whom may have been diagnosed when they were young but the services were not around / accessible then and they have had to make accommodations all of their life without appropriate treatment or support.	5/19/2026 9:44 PM
85	Everyone will be affected by the changes	5/19/2026 8:47 PM
86	Reading the proposed rules I believe every cohort will be negatively impacted, possibly the entire population of ndis participants as the criteria is far to onerous on participants and prohibitively restrictive	5/19/2026 8:16 PM
87	All of the above	5/19/2026 7:24 PM
88	Bedbound and housebound people.	5/19/2026 6:59 PM
89	People with energy limiting conditions (ME/CFS, long covid etc)	5/19/2026 6:43 PM
90	People where there is no treatment and that have invisible Disabilities	5/19/2026 6:39 PM
91	Co-morbid profoundly disabled people who are already isolated	5/19/2026 6:12 PM
92	Invisible disability	5/19/2026 6:07 PM
93	All of them especially psychosocial (pushed onto insufficient health system) and fluctuating (deemed high capacity on good days left without support)	5/19/2026 5:28 PM
94	I think you should have to exhaust ask accessible treatments but there should be a proviso it should be available in your state through the public heath system	5/19/2026 5:20 PM
95	This will affect anyone who has ever been through the medical system as it exists today. There is always a new option for treatment, thus, there is never a possibility that all treatment options are truly exhausted.	5/19/2026 5:13 PM
96	Children and young people who are dependent on their caregiver to pursue and 'exhaust' all of these.	5/19/2026 4:38 PM
97	First Nations people and Disabled people with other marginalised identities where the treatments are not culturally safe or effective	5/19/2026 12:38 PM
98	All participants no matter what	5/19/2026 12:35 PM
99	EVERYONE of course but I do think government and media are particularly targeting autism and psychosocial disabilities.	5/19/2026 12:00 PM
100	All will be, plus cognitive disabilities and degenerative where changes occur.	5/19/2026 11:57 AM
101	This will affect EVERYONE if no support, modifications or assistive devices are allowed at assessment people who really need it will be miss out	5/19/2026 11:13 AM
102	I am so distressed by this question and the way in which the NDIS is trying to "pit" different disabled groups against each other. Such a minority and there has been a deliberate strategy to divide this minority group. LISTENing and READing are essential when looking at supporting disabled people. There should not be rules about "permanent disability", there should be attention to individual need and how to support people to live a life as a contributing member of their community.	5/19/2026 10:54 AM
103	Parents of children with a disability who have to work	5/19/2026 10:51 AM
104	All of the above	5/19/2026 9:27 AM
105	people with degenerative conditions	5/19/2026 9:14 AM
106	Everyone will be, there are also some treatments that are available but are not deemed appropriate or safe for that person for various reasons and this would force harm on them. Also some disabilities like ME for example doesn't have a medical specialist and currently the NDIA try to tell participants that they must have a specialist letter to gain access yet	5/19/2026 8:32 AM

	there is no specialist in fact the ME/CFS guidelines actually stare a GP is the most appropriate	
107	Anyone with sensory or “invisible disabilities”	5/19/2026 8:09 AM
108	People with lower medical literacy. People who are low socioeconomic demographically.	5/19/2026 7:18 AM
109	Women and other demographic groups that experience higher medical discrimination and worse outcomes	5/19/2026 6:39 AM
110	Everyone will be on the chopping block	5/19/2026 5:46 AM
111	I think there will be individuals from all areas that will be severly affected and will not be properly assessed for their needs.	5/18/2026 9:10 PM
112	People who have noone to help them	5/18/2026 8:48 PM
113	Basically deciding to chuck ASD for kids out anyway will just have a huge impact in schools who won’t provide that service.	5/18/2026 8:48 PM
114	All of those and many more marginalised groups are at risk from this.	5/18/2026 8:42 PM
115	All people	5/18/2026 8:07 PM
116	People with other "invisible" disabilities	5/18/2026 8:05 PM
117	All of the above.	5/18/2026 7:33 PM
118	These issues are compounded when people with complex medical conditions are on low incomes because they can't work, and they can't afford to live in metropolitan areas with good access to specialists. Access to good care in regional and remote communities is already a nightmare and now these people will be further marginalised.	5/18/2026 7:33 PM
119	People who love them.	5/18/2026 7:07 PM
120	This is going to affect everyone	5/18/2026 6:36 PM
121	all, especially the ones that have had no prior support	5/18/2026 6:32 PM
122	Everyone effected but the people coming out of prison and taking drugs doing illegal stuff are the ones that should be kicked off as the people on drugs are making themselves have a disability and are taking advantage of ndis.	5/18/2026 6:27 PM
123	People with complex presentations all together, behaviours of concern.	5/18/2026 5:10 PM
124	All people with disability.	5/18/2026 4:12 PM
125	Fibromyalgia	5/18/2026 4:06 PM
126	People whose disability comes from a condition that is not widely accepted by the medical community or health care bureaucracy, or for which no standard reliable treatments exist	5/18/2026 3:49 PM
127	All of the above	5/18/2026 3:40 PM
128	Rare syndromes.	5/18/2026 3:23 PM
129	Honestly I think the changes will affect all disable people and/or their caregivers across the board.	5/18/2026 2:47 PM
130	Most current participants	5/18/2026 2:37 PM
131	Women with disabilities (lower incomes), people living in domestic violence situations or group homes with restricted ability to go out and restricted financial autonomy	5/18/2026 2:31 PM
132	ALL THE ABOVE	5/18/2026 2:18 PM
133	Long Covid is a fluctuating condition that affects hundreds of thousands of people.	5/18/2026 2:00 PM
134	I think most or all of people with disabilities will be affected by this. The disability alone makes their life stressful.and difficult	5/18/2026 1:26 PM
135	People who are burned out by the pressure/weight of being a carer. Having to try and “fight” and research/ get in waiting lists etc to get appointments is exhausting.	5/18/2026 1:05 PM
136	The wider community are also affected because when the vulnerable suffer everyone suffers, when we cannot participate our local community is the poorer and society as a whole. There is already plenty of research about the benefits of NDIS and supporting disabled people and the social and economic benefits, if these policy makers cannot grasp this concept they need to step down.	5/18/2026 12:21 PM

137	I had to move to the city to get support	5/18/2026 12:20 PM
138	Rare syndromes	5/18/2026 11:45 AM
139	Likely it will benefit those that need NDIS by prioritising their care over those will mild impairment	5/18/2026 11:29 AM

Q10 The Government wants some people to use other systems (eg. workers compensation or motor accident insurance) instead of the NDIS for some impairments. Do you support this idea?

Answered: 1,223 Skipped: 164



ANSWER CHOICES	RESPONSES	
Strongly support	3.52%	43
Support	13.90%	170
Neutral	19.95%	244
Against	18.15%	222
Strongly against	32.30%	395
Unsure	12.18%	149
TOTAL		1,223

#	OPTIONAL COMMENT:	DATE
1	This implies that these systems have the funding and capacity. This is going to overwhelm systems across the board.	5/26/2026 7:27 AM
2	This will just push premiums up for everyone and every business when it may be apparent that the injury may have been caused by the accident or mental anguish it is the lasting effects that are lifelong that likely prevent someone from working again and also they meed ongoing medical support to at the very least participate in society on some level	5/25/2026 9:13 PM
3	Only if these supports are actually accessible	5/25/2026 6:08 PM
4	Yes but if the injury has a significant impact after claiming other insurances, they should still be able to access NDIS as result of permanent injury	5/25/2026 6:05 PM
5	More information needed! A different legislative framework in itself isn't a bad or a good thing, it depends on how and why it is applied	5/25/2026 4:38 PM

6	Insurance companies are designed to pay in as few cases as possible. They do not care about the actual care of the affected individual, just if there's a wording in their agreements that can help avoid them paying. Their goals and the NDIS goals are in no way aligned.	5/25/2026 3:49 PM
7	There are often no funding in these areas for people to claim from anyway. Single Mothers for instance.again stressful and complex process where often the mental health, integrity and health are considerably challenged. Then there is so much tax, paying centrelink and Medicare, lawyers fees back to where there is barely any compensation left. Fighting a multimillion dollar insurance agency is not attainable for the most part.	5/25/2026 2:52 PM
8	I have been through the compensation process. The process itself causes secondary trauma. People are then claiming for compensation due to the claims process. Insurance companies don't want to pay out. It's un unfeasable expectation and government would be placing people at significant risk.	5/25/2026 1:30 PM
9	I do feel that if they're are schemes that support someone's disability for example as a result of a car accident that are available there should not be the ability to double dip into multiple schemes. However if a person with a disability not arising from an accident for example car accident who then has a car accident they should be able to access both schemes according to the need for that disability.	5/25/2026 1:02 PM
10	They suggest my year old with disassociative tendencies and ASD3 get a care plan through my GP. There is no capacity with specialist drs for this, and then they expect his school to deliver therapy. They're not trained. He is 6 and on suspension for his disability. They want parents to absorb care. I work full time i have 2 kids with complex conditions. I can't even be a meaningful mum to either of them because there is not enough time in the day, much less enough of me to do this with work. I don't even get to be just my own person anymore.	5/25/2026 12:23 PM
11	This will already be in place as is. Considering access to the scheme currently necessitates known disabilities and non workers comp supports, formalising this in writing with vague terms would only make it easier for planners or administrators to reject applications and easily cite this rule instead of understanding the case further.	5/25/2026 11:48 AM
12	Existing and alternative supports that are in place should be continued and bolstered so the NDIS does not become the only source of support for people. We have seen previously existing supports shrink and disappear and then NDIS was the only place for people to turn.	5/25/2026 10:08 AM
13	Some disabled people have multiple disabilities. Who chooses which is more significant. The car accident that came as a result of motor impairment or the original motor impairment disability? It is so murky.	5/25/2026 6:19 AM
14	With ndis no one is to miss out it could be a life or death situation if top cover isn't applied to insurance to support an permanent injury	5/25/2026 3:25 AM
15	Yes and no depending on what compensation is given and how many years ago someone might've received compensation for an accident for example.	5/24/2026 10:36 PM
16	If this was an option people would do this first anyway.	5/24/2026 10:16 PM
17	A lot of people dont fit into those systems	5/24/2026 9:28 PM
18	Assuming the compensation granted will be adequate for lifetime support but there needs to be provision if there is not	5/24/2026 7:48 PM
19	I don't think the source of support is an issue. But what level of support will these other systems provide? What is worker's compensation for if not to support those incapacitated by workplace accidents? Will worker's compensation sufficiently level up to provide for the greater demand for support? Thriving kids program for kids with autism or delays sounds dreadful. I worry that being a government initiative the supports will be low quality and have wait times of years, making early intervention impossible.	5/24/2026 7:21 PM
20	Thought this was already the case.	5/24/2026 6:37 PM
21	Whilst I understand that in the above scenario there are systems like workers compensation that can be claimed for injuries, there needs to be consideration for access should an injury be permanent and lifelong if the compensation awarded does not cover the persons disability expenses for life. I also have grave concerns that this will be a loophole for the federal government to offload NDIS participants into multiple other systems which are already overloaded such as Health, Aged Care, Justice, Child Protection and Unemployment. This is concerning to people with disabilities as they cannot maintain nor sustain ongoing care that is required and that has been provided to them via the NDIS.	5/24/2026 6:31 PM
22	What if the Scheme doesn't cover the person's for permanent disabilities adequatelytheir life.	5/24/2026 6:13 PM

23	This makes zero sense	5/24/2026 5:42 PM
24	Why isn't this already done now?	5/24/2026 5:35 PM
25	They will get lost in mainstream as they just don't get it	5/24/2026 5:12 PM
26	Again, this assumes people haven't tried to access other avenues. Workers compensation is restricted to injuries incurred at work - few permanent disabilities can be attributed here.	5/24/2026 4:32 PM
27	Companies and insurance agencies have nothing to do with ones' disability, unless they caused it. A strong combination of NDIS funding and workers compensation should be utilised. Disabled australians should not be made to feel like criminals.	5/24/2026 4:30 PM
28	This is what those payments are for and should be used first.	5/24/2026 4:28 PM
29	Insurance for all of us will cost more	5/24/2026 4:26 PM
30	Whilst I can see if a person is injured in workplace and may be covered with a compensation claim, if the injury is permanent and lifelong and the compensation payment does not cover a person for life, then consideration should be made for a person in this situation to enter the NDIS. I feel that the Federal Government will use this as a loophole to remove any participant that they think could be moved onto other systems which are either inadequate or just don't exist. This will just shift the cost and create more societal problems in other areas such as health, justice, child protection and unemployment.	5/24/2026 4:18 PM
31	Refer to answer 8	5/24/2026 3:55 PM
32	Firstly I acknowledge that this can be a grey area and that if a person is injured because of a workplace injury then that should be a process that is followed through compensation. However, if the person sustains a permanent, lifelong injury that a compensation payment does not fully cover for one's life then there should be a consideration for an entry point. I also have grave concerns that the Federal Government will use this as a loophole to offload many mental health related disabilities into an oversaturated and failing mental health system or health system in general and this will cause other societal factors such as impacts upon health, justice, child protection and increased unemployment.	5/24/2026 3:45 PM
33	If this is something that is going to happen, the access mechanisms for these other services need to be reviewed too. They also need to be better funded and resourced to cope with the expected uptick in access if this change is made.	5/24/2026 3:34 PM
34	If you have a disability you should be able to receive appropriate support services	5/24/2026 3:25 PM
35	Mostly yes. If the cause is worker's completely related then the insurer should not burden NDIS with their responsibilities.	5/24/2026 3:08 PM
36	All supports should be provided where they can be, but none should come at the cost of another.	5/24/2026 2:52 PM
37	If it is related to work or motor accident, yes	5/24/2026 2:09 PM
38	Do these services complement each other? And if not, what will be done to ensure people can transition between them?	5/24/2026 1:40 PM
39	If appropriate	5/24/2026 1:05 PM
40	Depends on what the cover is. If the person receives all they need through this, yes. But if they require further support during or after compensation claims, the options should be mutually exclusive. Again, everything should remain individualised as NDIS was built to be.	5/24/2026 1:00 PM
41	All of these systems have flaws and wait times, people are left suffering worsening conditions it cost more money in the long run draining the health system which should be avoidable with correct supports in place	5/24/2026 12:53 PM
42	The “other” is usually one sizes fits all and is inappropriate as very disability is different.	5/24/2026 12:52 PM
43	If people CAN access other supports, then fine.	5/24/2026 12:41 PM
44	Not appropriate	5/24/2026 12:33 PM
45	The NDIS is the reason there are no other supports for us. All the funds went to the ndis	5/24/2026 12:31 PM
46	This is already in place. Not a new thing.	5/24/2026 12:26 PM
47	It doesnt matter how people gained a dissability, they are disabled. Stop pitting us against eacb other.	5/24/2026 12:15 PM
48	These systems don’t cover the cost of daily essential support	5/24/2026 12:00 PM

49	If the benefit is payable by WC it pays. I transitioned from WC. You can't double dip.	5/24/2026 11:57 AM
50	Just makes access more complex	5/24/2026 11:55 AM
51	I think people should use those options when they are relevant, but they may need to be used alongside the NDIS for the person to receive proper help	5/24/2026 11:53 AM
52	Disabilty is disabilty regardless of how it's sustained. It is the governments job to ensure a fair and equitable standard of living.	5/24/2026 11:51 AM
53	If they could access this they already would be,	5/24/2026 11:45 AM
54	The NDIS needs to support anyone with a substantial and permanent disability.	5/24/2026 11:42 AM
55	Not if it is not applicable to their condition/diagnoses, if the disability is caused by work related incident or an MVA, and their costs living with this disabililty can be covered by these agencies then yes great but if not then no, its not fair on that person that they should be at a disadvantage depending on they got their disability, a disability is a disability and its permanent and people should be able to access the support they need to live a typical life living with their disability	5/24/2026 11:37 AM
56	Could be problematic when you have multiple disabilities where one is say under TAC and one is under ndis.	5/24/2026 11:35 AM
57	If that is appropriate and their disability was caused by a workplace accident or an insuranle incident - makes sense	5/24/2026 11:33 AM
58	These systems were set up for different needs and groups of people and would mean many people would again be left out of any support and punished for existing.	5/24/2026 11:30 AM
59	These schemes are incredibly tedious, and often make it so difficult for individuals to comply with their requirements that it encourages people to abandon these schemes. Often, they create incentives to keep proving how bad you are, otherwise they remove funding - the incentive to "get better" is not therefor fear of losing money. Not sure if I articulated my concerns well. I just think people will miss out, and then never feel safe enough to improve in case that improvement is seen as not requiring support anymore.	5/24/2026 11:28 AM
60	These organisations are not supportive of keeping people in their systems, they are ruthless about sending people on their way without appropriate long term support.	5/24/2026 11:19 AM
61	I support but only if it's people relating to these subjects for example, a person who has been injured in work related environment or a person motor accident as long as they're readily available as soon as the person injured themselves in these situations and they don't have to wait to access these. The funding for these needs to be a considerable amount and not low funded as it is right now	5/24/2026 10:32 AM
62	Will this not also push up cost for insurance for the everyday household, further impacting all Australians due to higher cost of living?	5/24/2026 9:53 AM
63	Why make it harder for people to get the support they need.	5/24/2026 9:35 AM
64	It depends as workers compensation is usually a one off payment and doesn't help support that person for their everyday lives	5/24/2026 9:06 AM
65	Absolutely.	5/24/2026 8:52 AM
66	There are already strict rules around these programs. If people are eligible for these supports they would not be on NDIS to begin with	5/24/2026 8:33 AM
67	Unfortunately, we see our vulnerable PWD taken advantage of by families when the receive 'pay outs' they choose to use the funds for personal items not for supporting the PWD	5/24/2026 8:15 AM
68	These systems do not provide structured disability support and should be used alongside the NDIS	5/24/2026 6:40 AM
69	Other schemes should be paying if there is an open case or liability has been established	5/24/2026 6:35 AM
70	It assumes that these support models are functional.	5/24/2026 5:42 AM
71	they should to a degree but it won't last forever probably. They should be using that to support themselves re lost income and housing, not for AT needs? .	5/24/2026 12:30 AM
72	There's no payment system for this - if there was we'd use it	5/23/2026 9:50 PM
73	In my experience, these other systems (TAC) are very difficult and also often abusive. Also unsure about the timeline. What about those whose accident/injury was decades ago...are	5/23/2026 9:33 PM

	they going to be forced back to a system that they have not used for years	
74	Not everyone has access. If they do there is already not double up of these supports - have worked with people in these scenarios. Having worked with them I also know many of these families are traumatised by these providers and they don't always have awareness of severe disabilities. These insurances also only cover certain supports and NDIS has covered where the disabilities needs are NOT covered. Sending people in these situations to just insurance would mean gaps in supports.	5/23/2026 9:17 PM
75	Disability resulting from an accident whether at work or a car accident, once settled and paid out, this should cover their loses and whatever treatment they need for their future. I do think there is some things a GP or other therapists can do under WC or MAI but at the end of the day, these people have a diminished function and need to be supported.	5/23/2026 9:16 PM
76	This depends on the case. Some persons in accidents need these pay outs to set themselves up to be able to survive with their new condition. Eg a vehicle with modified controls or suitable changes to their house (ramps, modified accessible kitchen / bathrooms)	5/23/2026 7:46 PM
77	Procedures already exist for NDIS to provide initial support while the participant is awaiting payouts, and the NDIS can then claim back funds after the payout has been made. I am not sure why we even need to introduce this because the NDIS ends up in a cost neutral position anyway. This will mean that people who are awaiting payouts, which often take years to settle, will not be able to access early intervention, which will mean worse outcomes for them.	5/23/2026 7:11 PM
78	Using other systems is fine. But these systems must held to account and provide support in a timely manner not have people waiting years for an outcome while they suffer.	5/23/2026 7:10 PM
79	It would depend on how quickly ppl can access the supports they need	5/23/2026 4:46 PM
80	If someone has a permanent disability and requires support to access community, change a tampon, swallow medications, getting a haircuts, it shouldn't matter that the reason they need this is because they were in a hit and run and acquired a brain injury.	5/23/2026 4:13 PM
81	A 15year old boy has no access to any of that support type of insurance	5/23/2026 3:17 PM
82	I do wonder what happens when the compensation money runs out	5/23/2026 3:12 PM
83	As long as they ate accessible and lifelong	5/23/2026 1:18 PM
84	The problem with throwing people off the NDIS to other systems is that these systems have gaps, wait times, etc. While there may be some potential in the future for disability supports to be spread more evenly across different systems, to throw people off the NDIS before these systems are equipped to provide supports people need is cruel.	5/23/2026 12:59 PM
85	If this applies in rural areas away from regional centres, it can be impossible to even get to other centre	5/23/2026 12:01 PM
86	I support only if the government dedicates resources to help people access these systems - ie legal aid, advocacy services, it is a full time job for a physically and mentally well person to navigate these systems and denying someone support because they haven't been able to advocate for themselves is ridiculous	5/23/2026 10:48 AM
87	Compensation payments are eaten away by legal fees and Medicare repayments. If people are expected to self fund those torts need to go	5/23/2026 10:32 AM
88	Many of the systems being recommended dont exist or have extremely long wait lists	5/23/2026 9:59 AM
89	Denying people with disabilities life critical care, even temporarily, has already killed children on the NDIS. The last thing we need is an escalation of this.	5/23/2026 9:42 AM
90	The amounts paid in compensation are not enough to cover these costs, particularly when Medicare is paid back and lawyers take up to 50%.	5/23/2026 9:29 AM
91	Workers compensation should be used if available first	5/23/2026 9:17 AM
92	But we need to make sure it is adequate for as long as the impairment exists	5/23/2026 8:45 AM
93	Does not fully cover out of pocket expense and that cost is not sustainable for working individuals. Low or no income earners would have to choose between food or housing over their health	5/23/2026 8:28 AM
94	In some cases that might be appropriate if alternative support is easily available.	5/23/2026 8:23 AM
95	If actually available	5/23/2026 8:03 AM

96	No one should have to fight for support and someone has to be responsible and I believe it's up to the government. If the government wants to fight for another system to be liable for providing supports, then they should be free to do that but not at the expense of PWD.	5/23/2026 6:09 AM
97	I'm not sure based on the information as I do not access.	5/23/2026 4:54 AM
98	I think that's ok in instance if vehicle accidents to use motor insurance or withers comp. For psychosocial, the current mental health system doesn't offer enough settings to help support difficulties disorders to manage. It costs too much even with a gap for most families.	5/22/2026 10:09 PM
99	I think where there is a level of ownership such as a workers compensation matter it should be covered by the insurer	5/22/2026 8:04 PM
100	Not if the compensation is exhausted and the effect is permanent	5/22/2026 7:13 PM
101	I think alternative support needs to be established first before withdrawing support from people who rely on it	5/22/2026 6:42 PM
102	I can't imagine that systems could provide the supports these people need	5/22/2026 6:14 PM
103	Motor insurance if they will pay out but generally they discontinue any payments after a period of time.	5/22/2026 4:34 PM
104	As stated in my last comment. However I agree that if a matter is covered by another scheme people should access them or NDIS could access cost recovery from that group if s person also has disability.	5/22/2026 4:07 PM
105	I'd be concerned if this did not offer choice for the subject. Services available from these bodies will not be the same, there must be choice so the subject can choose what is best for them, rather than have it imposed by AI or some bureaucrat.	5/22/2026 3:30 PM
106	If the condition is more medically based, it would seem logical that other systems would be available for support	5/22/2026 3:29 PM
107	This would be dragged out	5/22/2026 2:28 PM
108	Only if the other systems already have capacity to take on all those current NDIS participants who have lifelong disabilities. If not, then absolutely not.	5/22/2026 1:24 PM
109	The National Disability Insurance Scheme is not the National For Some People With Disabilities Insurance Scheme.	5/22/2026 1:16 PM
110	Support if that is appropriate and will meet the persons needs.	5/22/2026 12:40 PM
111	these services don't provide the full scope of supports required for someone with a permanent disability; there are also significantly reduced number of clinicians who work with people under these systems as opposed to NDIS, therefore reduced access for participants	5/22/2026 12:39 PM
112	Doesn't this happen anyway?	5/22/2026 12:38 PM
113	it depends if those schemes will meet their needs as well as NDIS	5/22/2026 12:16 PM
114	Already happens. NDIS has refused many things saying its comp that should be funding. Already clients are stuck between both programs and Boone taking responsibility.	5/22/2026 11:41 AM
115	The money runs out and usually requires the person to upfront money and get reimbursed. This discriminatory against low income people, which would be the case if they are unable to work because they are disabled	5/22/2026 11:28 AM
116	That money has to last a lifetime.	5/22/2026 11:17 AM
117	If they can get appropriate supports through iCare yes, though if this runs out NDIS should fill the void	5/22/2026 10:32 AM
118	Only if they are on those systems.	5/22/2026 10:30 AM
119	The NDIS was created to replace all these schemes. Thateans they received much less funding because they are no longer expected to cover as many clients. They simply do not have the resources to support all of the new clients they would suddenly have	5/22/2026 10:17 AM
120	I don't know anything about this area so don't feel I can comment	5/22/2026 9:57 AM
121	As a professional having worked with patients with motor vehicle accidents, I'm aware that alternative funding sources (for example Lifetime Support Agency and Brain Injury Australia) can provide supports to these patients.	5/22/2026 9:27 AM

122	The public health system for children has long waitlist and staff don't always have the level expertise and cannot offer the intensity or implement support in home, preschool or community settings. our kids cannot afford to wait	5/22/2026 9:07 AM
123	As a regional remote there is no other system available	5/22/2026 8:59 AM
124	For workers comp or motor accidents then this could be appropriate. But not thriving kids instead of specialised tailed 1:1 suppports	5/22/2026 8:12 AM
125	I think this would depend on the severity of the person's injury and if they get an ongoing compensation settlement. I think this is a grey area and requires a higher level of consultation as to what point a person could enter into the NDIS.	5/22/2026 8:10 AM
126	Many of the supports funded by NDIS are not funded by workers comp. They are not mutually exclusive.	5/22/2026 7:29 AM
127	This should be considered on a case by case basis and claimed if appropriate.	5/22/2026 6:44 AM
128	If the other systems are providing enough support and compensation, then that would be ok	5/22/2026 5:50 AM
129	Well, if it is an option I would think exhausting other avenues of support first makes sense.	5/22/2026 5:47 AM
130	Where available, sure.	5/22/2026 3:12 AM
131	Whilst utilizing others appropriate support might be complementary, if someone has a disability they deserve to receive support and care from providers of their choosing	5/21/2026 9:13 PM
132	What a nightmare	5/21/2026 9:06 PM
133	If these other systems are accessible, people will access them first before coming to the NDIS, cause they're often easier and quicker to access. These systems often provide some initial support, but not ongoing support where needed. There's a gap there that the NDIS should be filling! Likewise, medicare care plans provide some subsidized appointments with allied health, but for those of us who need regular and ongoing support from these providers, we've used up our yearly quota of sessions my February and then have to either go into debt, or lower our quality of life without the ongoing support.	5/21/2026 8:02 PM
134	if they are other options that they can better meet their needs without the hurdle, then of course.	5/21/2026 8:00 PM
135	Not all disability arises because of an accident	5/21/2026 7:10 PM
136	Whilst I do think that there should be some separation, these other systems do not provide long term support. However, I do believe that these systems should be appropriately supporting people in the way they should be supported. Whether there is a cross-over or transition to NDIS at some point, is likely in some cases, and parameters for this cross-over should be established.	5/21/2026 6:57 PM
137	I think if a disability qualifies for workers comp or accident compensation that these systems should be used however, these have always provided short term treatment especially for people with a brain injury and often don't provide supports long term as other aspects linked with the original injury arise eg would NDIS fund someone who has a head injury following a TBI covered by workers comp as we know people with TBI are highly likely to have repeated head injuries and sometimes impulsiveness that results in further injury. Would that be considered a new injury/ disability as it wouldn't be covered by the original insurance claim. This is an example of how huge gaps can be left between systems.	5/21/2026 6:48 PM
138	If the compensation or insurance is adequate, I think that people can use theses systems, however, for multiple and complex disabilities, the NDIS should contribute to the cost.	5/21/2026 6:31 PM
139	If they are appropriate	5/21/2026 6:06 PM
140	Depends on circumstances	5/21/2026 5:46 PM
141	Some people don't have the strength or ability to be able to fight a legal battle in order to get a large enough payout in order to live their life with a disability that has resulted from a workplace or MVA	5/21/2026 5:31 PM
142	only if they were supported at an equal level.	5/21/2026 5:13 PM
143	Disability is disability it's lifelong and permanent	5/21/2026 4:51 PM
144	it depends on individual cases and relevance	5/21/2026 4:36 PM
145	I have friend with DVA claims that took 8 years to finalise. They err able to get support under the NDIS while they argued with DVA. I also know veterans who are still fighting for	5/21/2026 3:21 PM

	very needed supports who are currently getting NDIS support that is life saving and has prevented suicide and self harm.	
146	These other services only apply to certain situations and often these services are temporary, not long term, which is not reasonable for people living with permanent disabilities or life long impairments. These services aren't available to all specifically TAC, or worker's compensation	5/21/2026 2:51 PM
147	other systems are already flooded, NDIS was supposed to fill these gaps in support	5/21/2026 2:48 PM
148	As long as the other supports are providing what the person needs appropriately	5/21/2026 12:50 PM
149	I thought this was already the case.	5/21/2026 11:56 AM
150	I don't know enough about how these systems work to comment, but I wouldn't want to see anyone left in a service gap if they need supports for their disabilities.	5/21/2026 11:43 AM
151	Current legal system taking to long and leaves people breaking down	5/21/2026 11:39 AM
152	It's already the case... Yes it should be used first, but they rarely meet the full ongoing needs. There needs to be a safety net for those people who are insufficiently compensated (it's not their fault if someone else has strong legal support to avoid taking full responsibility. Plus after an incident, the injured party rarely has the capacity to fully advocate for themselves because they're trying to rebuild their body, life, finances...	5/21/2026 11:37 AM
153	My understanding is that these systems in NSW have eroded and stopped for many people who had workers compensation claims.eg those who had lifetime medical support awarded where then cut off in the mid 2000,s	5/21/2026 11:28 AM
154	As long as the disibility was caused by these conditions and not born with then yes i agree	5/21/2026 11:26 AM
155	to an extent. What happens when they can go no further	5/21/2026 11:24 AM
156	Depends on the individual circumstances and what support they have access to.	5/21/2026 11:17 AM
157	It can leave people without any supports at all	5/21/2026 11:08 AM
158	People already use those where it's possible.	5/21/2026 11:07 AM
159	I don't have experience with whether those systems are adequate or not.	5/21/2026 10:57 AM
160	who are the "some people" and how many	5/21/2026 10:53 AM
161	Mainly I worry that they have already destroyed other systems of support and these other supports will not be adequate.	5/21/2026 10:50 AM
162	If compensation has been awarded to cover the cost of supports, then that's what it should be used for.	5/21/2026 10:45 AM
163	I think it's fine if that is available but if it's been used already and not enough it shouldn't be a barrier	5/21/2026 10:42 AM
164	This is already a rule.	5/21/2026 10:37 AM
165	I don't think they'd be able to get all the support needed via those options	5/21/2026 10:26 AM
166	If it's warranted	5/21/2026 10:25 AM
167	The other supports don't cover social and community participation	5/21/2026 10:24 AM
168	Where appropriate thats fine but it doesnt change the access requirements for ndis and shouldnt preclude someone from the ndis.	5/21/2026 10:13 AM
169	Only if relevant	5/21/2026 10:10 AM
170	Worker's compensation and motor accident insurance already have parameters set	5/21/2026 10:09 AM
171	It provide access to these systems. Do they even exist? Are they resourced? Have the States and other orgs agreed to resources? How will people with a disability be accommodated and modifications made in these systems for equitable access?	5/21/2026 8:50 AM
172	It is important to make sure these other systems are adequately funded.	5/21/2026 8:34 AM
173	Other systems are incapable of providing the level of support available under NDIS, leaving people worse off.	5/21/2026 7:38 AM
174	Compensation paid over 10 years ago and was final, now they want me to go back and claim things from the insurance company, that is impossible	5/21/2026 6:51 AM

175	If someone permanently disabled at work they should get the same care as someone who was permanently disabled from birth. They didn't choose to have a workplace accident.	5/21/2026 6:42 AM
176	If the disability is permanent, it deserves support. The majority of services and supports outside of NDIS are underfunded, undertrained and understaffed.	5/21/2026 6:15 AM
177	None of my clients would be eligible for these schemes	5/21/2026 6:07 AM
178	The point of the ndis is one day me one day maybe you - support for everybody none of this line in the sand bullshit	5/21/2026 5:51 AM
179	If it provides them with the required amount of support and equal to what they would get on ndis and isn't a permanent condition	5/21/2026 5:46 AM
180	Those systems are not set up with the necessary allies health and other professionals to support and build and maintain capacity to enable individuals to retain their dignity and access to their communities. Those systems offer monetary compensation. Nothing more. That does not translate to holistic, wrap around care teams who can work collaboratively to improve the lives of those with disabilities.	5/21/2026 5:27 AM
181	I would need to know more but on paper seems reasonable as long as they are appropriately supported	5/21/2026 5:06 AM
182	While I think that people should seek support from these services as well, insurance is notoriously difficult. There is often a huge waiting period and associated stress. They will also pay out the bare minimum which may not cover the extent that it needs to.	5/21/2026 4:14 AM
183	Other options aren't available, that's why we have this to begin	5/21/2026 3:09 AM
184	These systems are not built for individuals with disabilities and the additional supports required.	5/21/2026 12:25 AM
185	Workers compensation is not permanent	5/20/2026 11:47 PM
186	Because other services don't cover people long-term	5/20/2026 11:36 PM
187	If those systems are able to support that individual in the same way based on their functional capacity and if support is provided by health professionals with the right expertise and knowledge.	5/20/2026 11:08 PM
188	I thought this was already the case. I remember in my first meeting with the NDIS I was asked whether my disability was related to those issues.	5/20/2026 10:26 PM
189	If support is available through another system then we should not reduplicate that	5/20/2026 8:40 PM
190	See previous answer.	5/20/2026 8:28 PM
191	Those systems aren't designed to support someone with permanent disability and they shouldn't be limited on supports because of the nature of how they became disabled	5/20/2026 8:05 PM
192	These schemes have always been accessible and the NDIS take compensation into account when determining funding packages. It shouldn't preclude NDIS support though, as compensation is rarely enough for lifelong disability support. It would also need to exempt income compensation, since other schemes do compensate for lost income but NDIS is not income related.	5/20/2026 8:03 PM
193	I think it depends on the situation, but overall I'd be concerned if people are pushed away from the NDIS before other systems can actually meet their needs properly. In theory, workers compensation or motor accident schemes should support people whose disability came from those circumstances. But in reality, those systems can be extremely complex, slow, stressful and inconsistent, and not everyone gets the support they need long term. My concern is that people could end up stuck between systems, with each one saying the other is responsible, while the person with the disability is left without support. There needs to be very clear protections to make sure nobody falls through the cracks or faces delays accessing essential supports because of funding disputes between systems.	5/20/2026 6:52 PM
194	That's a basic living amount ofoney, it does not mean these people can afford therapy and rehabilitation	5/20/2026 6:45 PM
195	This is fine in theory, but the state & federal governments need to acknowledge the short falls in these systems. As described above, I am eligible for criminal compensation but the process of accessing it is extremely cumbersome and means that I would need a lawyer, which I can't afford up front, and they would end up taking a large amount of any payout, so after years of exhausting effort I would be able to say I have tried to access support through	5/20/2026 6:18 PM

	other means, but the systems that should be giving me support aren't accessible, won't provide sufficient support, and will leave me needing more support, which I can't get.	
196	No because I do not qualify for anything other than gp:pain specialists.i was told gardening & home cleaning would only go to people who hav lost a limb.i can not get physio or help in the community either. I'm unsure where the info is coming from that tac have a great scheme helping ppl. I have letters of refusal from tac	5/20/2026 5:37 PM
197	I support this idea on the proviso that it doesn't limit access	5/20/2026 5:29 PM
198	I agree that they don't need to pay for something covered by other schemes, but it should not ban someone from accessing NDIS	5/20/2026 5:02 PM
199	Again this is very ambiguous. Who exactly. The unemployed, the poor, the uninsured. It also takes away individuals rights to freedom of choice. And what disabilities would come under these umbrellas. And the public health system is already strained, this will have a major negative impact on that system. The Government has taken no steps to ensure that these other services have the means and capability to support more people with certain disabilities.	5/20/2026 5:02 PM
200	Support of the other system supports them until they are fully recovered or keeps supporting them if they cannot fully recover	5/20/2026 4:47 PM
201	I can see the logic in a disability as a result of an MVA to be covered under existing compulsory registration insurance etc but it'd drive up the costs of insurance for everyone too.	5/20/2026 3:35 PM
202	Don't know enough about these systems to comment	5/20/2026 2:55 PM
203	I believe people who are eligible for these systems should utilise them and if needing continued supports and services beyond what is available through those systems be able to access the NDIS.	5/20/2026 2:16 PM
204	As long as these vunreble peoplw are not out of pocket	5/20/2026 1:54 PM
205	These scheme don't assess ongoing issues, which will leave partipants stranded with no help if things get worse	5/20/2026 1:13 PM
206	These short-term influxes of cash don't substitute for the whole support the NDIS provides and this is a discriminatory framework that further fragments support people can access.	5/20/2026 12:34 PM
207	Ridiculous.	5/20/2026 12:31 PM
208	they aren't disability specific insurance schemes so have even less idea than current LACs etc have	5/20/2026 12:29 PM
209	Things that NDIS claims should be covered by the "medical system" are absolutely not covered by Medicare.	5/20/2026 11:43 AM
210	Disability is complex. Where there are multiple disabilities, a more collaborative approach is needed where supports are delieved from the same providers. Maybe if some things CAN be funded through workers comp, but these supports would need to work alongside NDIS supports, so that the person can still have the same providers and support people they require and chose, those that work best for them.	5/20/2026 11:38 AM
211	That should be reserved for situation that relate to work or to motor accidents - not to assist general functioning!	5/20/2026 11:16 AM
212	It depends on the application. How far back etc.	5/20/2026 10:52 AM
213	Government has a responsibility for all its people. Especially those that need extra support.	5/20/2026 10:50 AM
214	I think coordination between systems makes sense in theory, but I'd be very concerned if this becomes a way of shifting people *out* of the NDIS without ensuring the other systems can genuinely meet their needs long-term. There are definitely situations where another scheme should contribute. For example: * workplace injuries through workers compensation * transport accident injuries through motor injury insurance * acute medical treatment through health systems That already exists. The problem is that these systems often have very different goals, rules and timeframes compared to the NDIS. Many compensation-based systems are focused on: * recovery * return to work * short- to medium-term rehabilitation * liability and dispute processes Whereas the NDIS is focused more on: * lifelong functional support * participation * daily living * community access * ongoing disability-related needs A person may "fit" into both worlds at different times. What worries people is the gap risk: * one system says "not our responsibility" * another says "you belong elsewhere" * meanwhile the person is left without support That already happens a lot across	5/20/2026 10:41 AM

	disability, health, mental health, education, housing and aged care systems. I'd also worry about: * delays from legal disputes between systems * people needing to repeatedly prove impairment * inconsistent eligibility criteria * people with complex or mixed conditions falling through cracks * regional access differences * increased administrative burden on families For example, someone with a serious motor vehicle injury may receive compensation initially, but still require lifelong supports around: * personal care * assistive technology * emotional regulation challenges * community participation * housing modifications * support coordination If another system can fully and sustainably provide those supports, great. But historically, many systems are already overstretched, inconsistent or time-limited. The key issue for me is this: People should never lose access to disability supports *before* another system is actually proven to provide equivalent, accessible, ongoing support in practice. Otherwise the reform risks becoming cost-shifting rather than genuine system improvement. I think there needs to be: * very clear boundaries between systems * no wrong door approaches * continuity of support protections * transparent review pathways * strong safeguards against people falling through gaps * co-design with disabled people and clinicians Because from the outside, these reforms can sound less like "better coordination" and more like "finding ways to reduce NDIS numbers."	
215	The joke is in many areas these supports don't exist or are already at capacity but sure put ndis participants in the mix	5/20/2026 10:39 AM
216	They would only be eligible for TAC or workers comp if the disability was sustained at work or on the roads	5/20/2026 10:37 AM
217	If its a work or road accident then it should be covered by those insurances we all pay for.	5/20/2026 10:13 AM
218	I agree that appropriate matters should be handled by one system at a time. The concern is how this is assessed, the availability of systems, and how this person is expected to navigate the system.	5/20/2026 10:06 AM
219	There needs to be other systems for people to use - the system prior to NDIS was broken - that is why so many people had to turn to NDIS to get the early intervention/support they needed	5/20/2026 9:21 AM
220	Only if disability is caused at work or on the road	5/20/2026 9:07 AM
221	If the other system is adequate and actually covers the persons needs, yes. If it doesn't, then no.	5/20/2026 8:50 AM
222	Don't know enough about this as I work in Paeds	5/20/2026 8:40 AM
223	Depends on the availability of these as well as complexity of application process. The actual level of support matters as well.	5/20/2026 8:40 AM
224	The NDIS already bills participants if they get a compensation payout.	5/20/2026 8:14 AM
225	I think if it turns into a permanent disability then it is NDIS's job. WC or MAI should be use as short term solutions or for non permanent disabilities.	5/20/2026 8:07 AM
226	Some people do not have access to other systems	5/20/2026 8:02 AM
227	Where appropriate, yes. But these systems need to be set up to support the individual and ensure that they capture anyone declining in function which can be a common issue with injury claims.	5/20/2026 6:07 AM
228	I am on Workcover but they only pay medication..they dont pay for gardeners, cleaners or my support workers.	5/20/2026 6:05 AM
229	If those systems were suitable people wouldn't apply to the NDIA	5/20/2026 5:57 AM
230	People with disabilities already live below the poverty line in a lot of instances and their compensation which is designed to cover their lifespan, but rarely is. This will force more into poverty. Wheelchairs cost upwards of $20k, that would soon eat up their compensation payments and leave them worse off long term	5/20/2026 5:03 AM
231	Had a car accident 7 months ago. Insurer refuses to pay for what I need. I could be waiting years for a payout if I even get one	5/20/2026 3:53 AM
232	Not enough detail to be able to decide	5/20/2026 12:41 AM
233	These do not offer ongoing care	5/19/2026 10:26 PM
234	If their functional impairments cause disability, it is NDIS' responsibility.	5/19/2026 9:44 PM
235	Options if they exist, should be explored before becoming a NDIS participant.	5/19/2026 9:18 PM

236	Carnt do this if you don't work	5/19/2026 9:15 PM
237	Like with my aged care, funding is minimal from compensation claims and does not support building capacity which the NDIS was built around	5/19/2026 8:47 PM
238	This really is not appropriate - these schemes typically have far less coverage. The legislation is also poorly drafted, all the schemes are different - just no	5/19/2026 8:22 PM
239	The proposed changes leave too much grey area and risk of people being left without care during periods claims are declined or after worker's comp claims are closed. The restrictions don't allow the ndis to pick up severe cases and provide support if state systems close off elegability as is the case after 5 yrs in most states of Australia. This could leave people without any avenue for care. The current system is sufficient to stop double dipping	5/19/2026 8:16 PM
240	but only what insurance covers - not to expect insurance has to cover things it doesn't	5/19/2026 8:10 PM
241	I agree with single systems for workers compensation and motor vehicle. I do not agree with other government systems being included in this.	5/19/2026 7:31 PM
242	What was the NDIS built for? It's purpose it to support disabilities not push the responsibilities onto carers and other health care. This again will lead to carer breakdown and increase the risk of death. Carers are human and can not function providing 24-7 intensive care without formal supports. This is solely why NDIS was built in the first place.	5/19/2026 7:14 PM
243	Other systems simply aren't in place for a lot of impairments, or are so overwhelmed with demand that they can't meet the needs of the disabled population.	5/19/2026 7:10 PM
244	"Other" systems do not have design or suitability or funding	5/19/2026 7:05 PM
245	Only if they're actually covered	5/19/2026 7:03 PM
246	There should be some requirement to use those funds first, then NDIS	5/19/2026 7:00 PM
247	Do these systems provide the same supports? If not, it's cruelty wrapped up in seeming rationality.	5/19/2026 6:59 PM
248	This would all depend on whether they could get the services they needed from these places	5/19/2026 6:27 PM
249	Alternatives generally don't exist. If they are eligible for these it is my understanding that they get compensation there already for the disability stemming from the accident or injury. If they have other disabilities these are not covered and they should not be removed from ndis for this.	5/19/2026 6:27 PM
250	The NDIS was for everyone in Australia who needs	5/19/2026 6:12 PM
251	There's no chance that will cover support needs	5/19/2026 6:07 PM
252	Don't know if this will give enough support	5/19/2026 5:28 PM
253	I think you should have to exhaust other systems	5/19/2026 5:20 PM
254	Other systems must be in place for this to work	5/19/2026 5:18 PM
255	Temporary funding sources cannot accommodate permanent conditions. That is why the NDIS exists.	5/19/2026 5:13 PM
256	If those programs correctly fund supports there should be no need for ndis	5/19/2026 5:07 PM
257	These schemes should always be used as a first option. NDIS should only be consider to top up services that are not funded by the other schemes	5/19/2026 4:58 PM
258	For people born with rare genetic syndromes there is only the NDIS to assist with their disability related support needs	5/19/2026 4:45 PM
259	They have their place but those systems are not made to support people and their families for life in some circumstances	5/19/2026 4:40 PM
260	Those should be as a first resort I think that's fair	5/19/2026 4:22 PM
261	It doesn't matter who pays as long as they get the support	5/19/2026 4:09 PM
262	Capacity of system may not exist	5/19/2026 4:00 PM
263	The ndis is the only scheme that supports disability! They already want autistic people to access psychology through Medicare yet Medicare states disability specific psychology is not their remit. I can only wonder how many issues would arise with this broad decision	5/19/2026 3:26 PM

264	Only if the impairment is due to a work injury or motor vehicle accident and the pay out is adequate for their needs long term.	5/19/2026 3:24 PM
265	it's ridiculous the way they are trying to shift ndis costs to Medicare, WorkCover, aged care etc. Everyone needs these supporsts. The commonwealrh should pay. Stop robbing Peta to pay Pauline.	5/19/2026 3:22 PM
266	Insurances are for the wealthy and in today's economy a lot cannot afford the type of insurance that would be helpful	5/19/2026 2:37 PM
267	Depending on the condition and situation	5/19/2026 2:11 PM
268	The NDIS with choice and control at the centre is the ideal system for Disabled people. Block funding and other systems are not designed the same and are not as effective at supporting Disabled people.	5/19/2026 12:38 PM
269	I don't know a lot about how these other systems operate, but just because you have a payout from an accident for example, doesn't mean it is adequate or that you still don't have a disability. It should be considered, but not in isolation.	5/19/2026 12:29 PM
270	It is about supporting the carers as well, not only financial implications.	5/19/2026 12:28 PM
271	NDIS is a safety net. These other systems frequently fail people & are very adversarial. These systems should assist through the medical & rehabilitation phases, then NDIS funds any support for permanent disability. I used to work in critical care for WC agency.	5/19/2026 12:06 PM
272	They don't provide enough support, every little thing has to be fought for and it is NOT ongoing for the rest of your life.	5/19/2026 12:00 PM
273	If accessible and clear pathway but not if hurtle after hurtle between them	5/19/2026 11:57 AM
274	In some cases this would not be enough to provide adequate support.	5/19/2026 11:54 AM
275	This just places tax dollars on other departments and will still cost the government money. An established support network already through the NDIS has better resources for support.	5/19/2026 11:35 AM
276	Other appropriate services don't exist	5/19/2026 11:17 AM
277	If other support systems are available they can be used OR pay for their client to access NDIS	5/19/2026 11:13 AM
278	Stop trying to move money around and look for excuses and support vulnerable people in the community. There are many other ways to raise the income requires that doesn't come from the most vulnerable members of society.	5/19/2026 10:54 AM
279	They already do, when eligible. Some have some funding through an insurer plus a limited amount for specific supports through NDIS. And some fall through the gap between the two schemes and get zero help.	5/19/2026 10:52 AM
280	It depends on whether those systems will truly support them.	5/19/2026 10:45 AM
281	If they have other options that work as well then that's fine	5/19/2026 9:39 AM
282	Why go through the horrible 'ordeal' of fighting an insurance company for another driver's degligence if you are just goint to take all the money, even if it is for pain and sufferring.	5/19/2026 9:31 AM
283	The alternative systems need to be in place, fully funded and guaranteed to accept anyone loosing access to current funding. The replacement support must be equivalent.	5/19/2026 9:29 AM
284	These systems have statutory limits on payments. The NDIS should cover what these payments do not, since they are limited.	5/19/2026 9:15 AM
285	If the systems are there sure, but many don't exist	5/19/2026 9:14 AM
286	Just because another system exists doesn't mean they actually provide the supports that are required. People will fall through cracks, end up stuck in hospital and die	5/19/2026 9:10 AM
287	Only for it if it is actually accessible and provides the support those people need when they need it, if they are	5/19/2026 8:32 AM
288	By the time tye lawyers fees are paid, the amount of compensation won't be life long. If workers or MV insurance funds are exhausted, ndis has to be available to these people.	5/19/2026 8:31 AM
289	These other systems don't provide adequate support and they don't go on forever. People need adequate ongoing support if they have a permanent impairment.	5/19/2026 8:25 AM
290	As these systems are frequently delayed treatment is also delayed and outcomes worsen	5/19/2026 8:09 AM

	without them. There is already a pathway in place for when compensating services.	
291	I am not 100% confident about what people can currently receive under those Schemes. If the care is appropriate, I think it is ok for people to receive support under those Schemes, if they have a lifetime support package for their disability. But I don't have an educated answer.	5/19/2026 7:54 AM
292	These systems often have capped supports that the NDIS fills	5/19/2026 7:44 AM
293	I do not know if these systems provide adequate and complete support for the people who would be affected - is there a risk of gaps in supports?	5/19/2026 7:40 AM
294	This has some limitations.	5/19/2026 7:18 AM
295	People should not be able to “double dip”, but they also should not be excluded unless the other system can promptly and adequately provide the right level is supports needed	5/19/2026 7:05 AM
296	I agree if it is actually pertinent	5/19/2026 6:56 AM
297	It depends if those other systems actually provide the support. You can’t push people off a cliff to nothing	5/19/2026 6:44 AM
298	Given the cost involved in getting insurance payouts, it is highly unlikely that many people will be able to use that pathway. Unless Navigators are going to support people to access those pathways, I can't see how this will help.	5/19/2026 6:43 AM
299	Have these been accessed and no longer supporting participant	5/19/2026 6:38 AM
300	It depends on the nature of the impairment. Everyone is different, despite NDIA & the government trying to pigeon hole everyone	5/19/2026 5:46 AM
301	Having worked across these other schemes, I know that they will not fund this.	5/19/2026 5:10 AM
302	People are struggling to have treatment through work cover and have to continue to keep working through, or else they have no income. NDIS is an assurance that they have guaranteed funds to cover their needs and incapacity.	5/19/2026 5:10 AM
303	The proposed changes suggest that treatments may be considered “appropriate” regardless of a person’s financial situation or location. This could force people to seek specialists and treatments across Australia, even where conditions are permanent and incurable.	5/19/2026 5:09 AM
304	I am especially worried about people with: * complex or overlapping disabilities, * psychosocial disability, * cognitive impairments, * acquired brain injuries, * and long-term injuries where responsibility between systems is unclear. There is also a risk that participants may receive lower-quality, less flexible, or less individualised supports if they are pushed into systems that were not designed around long-term disability participation and inclusion in the same way the NDIS was intended to be.	5/19/2026 2:11 AM
305	People were already required to do that for impairments caused as workplace injuries or motor accidents. My main concern is if the injury happened say 40 years ago, there's a high likelihood that the person wasn't properly compensated at the time/in a manner suitable for a lifetime of support for that injury. All well and good to say "you have to use that other scheme", but the other schemes often haven't funded adequately.	5/19/2026 1:26 AM
306	I wasn't aware the NDIS was being used as an interim payment plan for workers compensation and motor vehicle insurance.	5/18/2026 10:16 PM
307	People are already using their compensation, but often it runs out. Some accidents are not recoverable from.	5/18/2026 10:06 PM
308	I would normally agree, however the gov needs to regulate workers compensation and how it affects the injured worker. It’s become standard for the insurance companies to deny compensation to reduce claims leaving the injured worker looking for other means of support which often comes too late and impacts the injury causing delayed healing or creates new injuries. It’s disgusting how the “help” keeps being restricted rather than properly monitored.	5/18/2026 9:10 PM
309	There are no 'alternatives' for many of us	5/18/2026 8:57 PM
310	That money is supposed to account for the earnings that you have and will lose. It goes fast.. dont punish people for having accidents	5/18/2026 8:48 PM
311	They don’t pay forever but some injuries become disabilities and are life long	5/18/2026 8:48 PM
312	If the disability is a work related injury then it makes sense to involve workers compensation but that won’t cover a permanent injury so NDIS will have to step in at some point	5/18/2026 8:42 PM

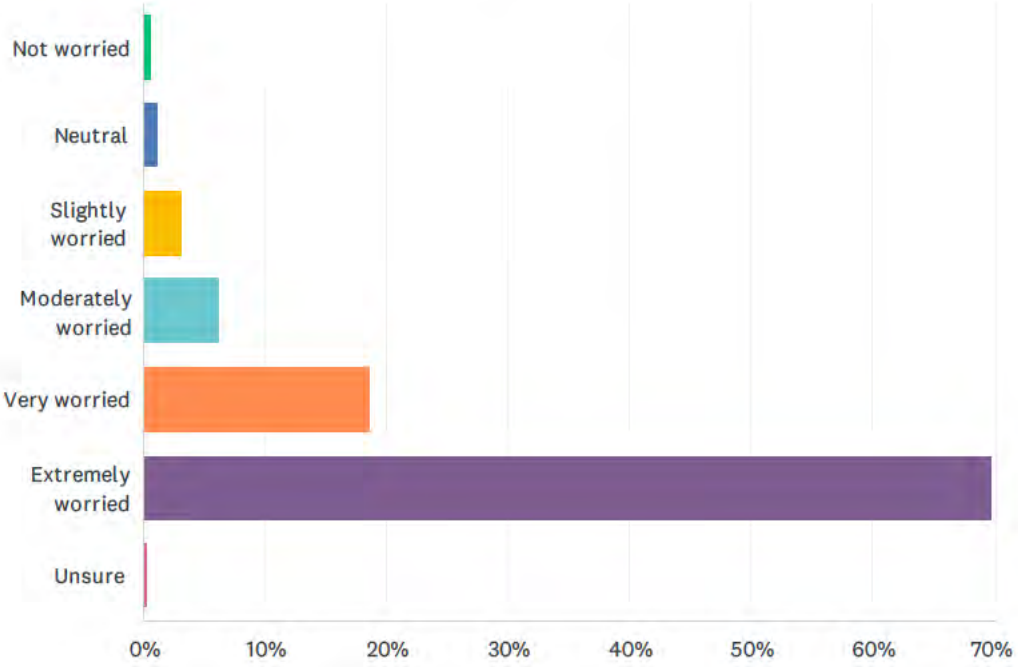
313	The trouble is that unless you're talking about the National Injury Insurance Scheme then the rest are typically short term and also have to focus on lost income. Should there be more schemes and programs to better fill the gap between NDIS and mainstream? Absolutely, will gutting the NDIS and turning that gap into an enormous chasm? Not for a moment and nor will it actually save money.	5/18/2026 8:42 PM
314	Maybe delay before someone can get help through insurance	5/18/2026 8:40 PM
315	I don't know much about worker's compensation or accident insurance but I doubt they would cover a person for the rest of their lives - I would support using it for whatever it does, but not pretending it's enough by itself if it isn't	5/18/2026 8:05 PM
316	These schemes do not all provide the same types of support of the NDIS or for the duration of a persons life.	5/18/2026 7:33 PM
317	Permanent and lifelong disability will not be adequately supported by a one off payout	5/18/2026 7:33 PM
318	I support this as long as the system's services and supports are available! I don't support how the proposed sections of the Bill are written right now	5/18/2026 7:27 PM
319	As someone who has received a worker's compensation settlement, relative to actual medical costs it is an extremely short term solution and isn't sustainable for permanent disabilities.	5/18/2026 7:20 PM
320	Will raise costs of those things and affect small businesses etc	5/18/2026 7:16 PM
321	ONLY IF THESE SYSTEMS ARE ENHANCED AND MORE READILY AVAILABLE	5/18/2026 7:00 PM
322	Only if it related to that organization	5/18/2026 6:49 PM
323	Not unless they are truly like for like, GP referred supports are not the same prepaid supports	5/18/2026 6:32 PM
324	I'm opposed to any outsourcing of support to private entities or individuals.	5/18/2026 5:55 PM
325	I do not know enough to comment	5/18/2026 5:48 PM
326	Don't know enough about how these systems overlap out interact	5/18/2026 5:47 PM
327	Support with conditions – If another scheme (such as workers compensation or motor accident insurance) is responsible for providing supports, it is reasonable that it be used first. However, people should not be excluded from the NDIS if payments or supports under that scheme have ceased and they still have ongoing disability-related support needs.	5/18/2026 5:23 PM
328	People need more immediate support whilst waiting for compensation, so why can't it just stay as it is...	5/18/2026 5:12 PM
329	I do not know enough about this to comment	5/18/2026 5:10 PM
330	The NDIS is barely disability literate, but other insurance systems REALLY are illiterate on disability. Using illiterate systems is damaging to people with a disability. They are shuffling, not designing https://normalness.com/2025/07/24/stop-shuffling-start-designing/	5/18/2026 4:51 PM
331	This barley applies to anyone and seems to just be a way to reject more people.	5/18/2026 4:19 PM
332	Those other systems are mandatory and have mandatory premiums and should fully pay out what the premiums cover	5/18/2026 4:15 PM
333	Sometimes there is overlap and people with disability get pushed from one agency to the other.	5/18/2026 4:12 PM
334	Perhaps after they have exhausted these avenues then they can apply for ndis	5/18/2026 4:06 PM
335	These systems will not be sufficient	5/18/2026 3:49 PM
336	People will spend too much time arguing who's job it is, not helping. Just as they are doing now.	5/18/2026 3:32 PM
337	What about those of us born with a disability who havent been able to find a job because of this ABLEST Society	5/18/2026 3:23 PM
338	As long as they are accessible and afordable	5/18/2026 3:22 PM
339	As long as these other systems are prepared for and can support people with disability, and we from experience they are not, and the people with NDIS plans are currently their “scape goat” to not support people	5/18/2026 3:11 PM

340	Some of the alternative systems only offer time limited support and may not cover lifelong disability caused by the initial incident.	5/18/2026 3:00 PM
341	As long as it happens in a timely manner. Getting a wheelchair 18months after your spinal injury doesn't help.	5/18/2026 2:53 PM
342	There is no guarantee that compensation or insurance will cover additional needs into the future. These needs may, and often do arise, after a payment has been finalised. If the NDIS is not provided as a support at this later time people will have to source support from other areas, health etc. This is often at greater cost to the taxpayer.	5/18/2026 2:46 PM
343	Other Systems are NOT even funded	5/18/2026 2:40 PM
344	Provided the support is sufficient for the ailment	5/18/2026 2:37 PM
345	I do belive the insurance and compensation should be responsible for disabilities but NDIS should support them in the mean time.	5/18/2026 2:32 PM
346	It's just the government saying "not my problem", and handing people of to underfunded and less supportive systems like medicare.	5/18/2026 2:32 PM
347	It is very difficult to get Workers Compensation. The process destroys people. Until they are able to get Workers Comp, or in case their Workers Comp case fails, people need to access the NDIS.	5/18/2026 2:00 PM
348	Companies will fight tooth and nail to ensure someone isn't compensated.	5/18/2026 1:59 PM
349	I know how hard these systems are to access and how limited they are, it is not a viable option	5/18/2026 1:44 PM
350	Depends on details of compensation received. Must be dealt with case by case.	5/18/2026 1:44 PM
351	If it is comparable, then I'd be interested in hearing the arguments against. But the systems HAVE to be in place. Thriving kids will put enormous pressure on schools who are already buckling under the pressure. There's no surprise that forced-homeschooling amongst neurodivergent children is on the rise for neurodivergent kids. The system is failing them badly.	5/18/2026 1:34 PM
352	Unless they can ensure the support is there this is not ok	5/18/2026 1:31 PM
353	Those systems aren't set up for lifelong care	5/18/2026 1:26 PM
354	Compensation payouts vary. Must be dealt with on a case by case basis. This is the current process I believe. It doesn't need to change .	5/18/2026 1:24 PM
355	Needs are needs and they are not determined by other systems.	5/18/2026 1:08 PM
356	When there is an option of getting someone else to pay, or accessing another service you get zero service- eg between mental health or medical services and NDIS- they all say the other should help. But it is the one person with complex needs.	5/18/2026 1:05 PM
357	Not enough known.	5/18/2026 1:03 PM
358	The current system enables people to access the NDIS while waiting for compensation payouts, which can take years. What are they supposed to do while waiting? Take up a hospital bed for 2-5 years?	5/18/2026 12:59 PM
359	If appropriate	5/18/2026 12:52 PM
360	I tried all available services, they said they couldn't help and referred me back to NDIS as the appropriate source for help.	5/18/2026 12:39 PM
361	Ridiculous! The two don't match	5/18/2026 12:34 PM
362	There are no other suitable support systems anyone who thinks this is a viable option are completely deluded.	5/18/2026 12:21 PM
363	Where practical to access compensation or accident insurance	5/18/2026 11:56 AM
364	If an injury caused by a work related accident or motor vehicle accident results in a permanent disability then they are still disabled whatever the cause. They have to live with their disability and shouldn't be excluded from the NDIS.	5/18/2026 11:51 AM
365	If its enough to support them for the rest of their life but I believe these payments affect centrelink payments in which case it would impact on other areas of their life	5/18/2026 11:45 AM
366	I know people that have had to go through this type of process already and it was extremely	5/18/2026 11:34 AM

	stressful as workers compensation isn't infinite and doesnt help someone with a long term injury or disability	
367	A good idea if these options cover their sotuation	5/18/2026 11:29 AM

Q11 How worried are you that people will get stuck between systems (NDIS, health, insurance, aged care, etc) and not get the support they need?

Answered: 1,231 Skipped: 156



ANSWER CHOICES	RESPONSES	
Not worried	0.65%	8
Neutral	1.22%	15
Slightly worried	3.09%	38
Moderately worried	6.26%	77
Very worried	18.68%	230
Extremely worried	69.86%	860
Unsure	0.24%	3
TOTAL		1,231

#	OPTIONAL COMMENT:	DATE
1	People will fall through the cracks and we will see a higher level of suicides, domestic violence, child abuse and mental health conditions from carer burnout. It is a serious issue that this government is willing to ignore to save money and push the pressure onto the state governments who already do not receive enough federal funding for the basic care meds of the community	5/25/2026 9:13 PM
2	Already happening in mg work	5/25/2026 6:08 PM
3	More information needed as well as some empirical evidence - people fall through the gaps in the current system, I imagine they will in the new one too, but the question doesn't capture what the risks are	5/25/2026 4:38 PM
4	It just seems like the most likely outcome, with insurance companies denying you while the NDIA insists insurance should be used instead of NDIS. It seems designed to have people	5/25/2026 3:49 PM

	get trapped in bad situations when they most need support	
5	Im worried we will loose our funding and we cannot afford $550 p/f for our daughters treatment	5/25/2026 3:09 PM
6	There are no systems left to support those not on NDIS since the roll out, they all changed their business models to accommodate the NDIS and no safety net was left for those who don't meet access. I know, it happened to my family in Perth during the protracted roll-out. I still do not have some of the supports I once had, like respite.	5/25/2026 2:52 PM
7	This is already happening, I feel like this bill will only make that worse	5/25/2026 2:13 PM
8	These systems are terrible to navigate. Aged Care, Healthcare, NDIS area near impossible to navigate as a person with challenges. It already takes a huge amount of advocacy and support from family to assist them access systems and services. Separating or adding systems becomes too difficult to navigate for the vulnerable.	5/25/2026 1:30 PM
9	This will significantly affect children with disabilities. The thriving kids model that apparently most children will be transitioned into will not be adequate to address all their needs and will place further strain onto parents and caregivers who are already under increasing an immense pressure from day-to-day. Numerous Australians can no longer afford private health with increasing cost of living and therefore requiring people to access other supports prior to the NDIS is in equitable.	5/25/2026 1:02 PM
10	They suggest my year old with disassociative tendencies and ASD3 get a care plan through my GP. There is no capacity with specialist drs for this, and then they expect his school to deliver therapy. They're not trained. He is 6 and on suspension for his disability. They want parents to absorb care. I work full time i have 2 kids with complex conditions. I can't even be a meaningful mum to either of them because there is not enough time in the day, much less enough of me to do this with work. I don't even get to be just my own person anymore.	5/25/2026 12:23 PM
11	I am not worried, I am certain they will. I am certain many *more* will lose their lives as a result.	5/25/2026 11:48 AM
12	Having practiced for 20 years, those on the "borderline" of criteria were always bounced from one service to another with no one claiming responsibility or providing support due to budgetary pressure. We should not return to that and I am concerned more money will be spent on bureaucracy and trying to find someone a person can get help over them actually getting the support they need.	5/25/2026 10:08 AM
13	Experiments take time to bring into requirements for approval	5/25/2026 3:25 AM
14	This is a given as no system ever goes from one to another seamlessly.	5/24/2026 10:36 PM
15	I have waited 20 years to get a safe & practical wheelchair to start with & there are too many more	5/24/2026 9:28 PM
16	We also support an aunt with an intellectual disability and navigating multiple systems with her is incredible complex and English is our first language. The system cannot be more complex or those most in need will be unfairly impacted	5/24/2026 7:08 PM
17	As stated above, the federal government is very keen to pass the buck to other systems without fulling looking into these systems to see what supports and care that can be provided. In many cases, some systems just do no exist to support people with a disability. The federal government is at risk of creating further cost shifting and increasing people with disabilities being "at risk of harm".	5/24/2026 6:31 PM
18	This is already happening and would only get worse	5/24/2026 6:13 PM
19	Like the dark old days	5/24/2026 5:42 PM
20	People will end up at hospitals/aged care centres as a result of these changes 100% . there will be a windfall of participants removed that wont have any informal or formal supports as a result of these ablest changes. theyll get lost in the system. some may even lose their lives as a result	5/24/2026 4:31 PM
21	As mentioned above, other systems are either oversaturated or don't exist to provide the support that is required.	5/24/2026 4:18 PM
22	I also think that there are insufficient and inadequate other systems for people with disability to access and will not provide the necessary support that they need to manage their disabilty.	5/24/2026 3:45 PM
23	It's hard not to be worried when the government has made their intentions known re: Thriving Kids, yet have not described what that plan will look like in tangible terms.	5/24/2026 3:34 PM

24	Why does the government want people to slip through the nets. Landing in places not right for them. The taxpayer will pickup the tab.	5/24/2026 3:25 PM
25	My son is young and I haven't considered this part of his future yet, but it is a concern	5/24/2026 1:40 PM
26	This already happens. So many vulnerable people fall through the cracks. Children and young people under ministerial care have historically been underfunded from notions the state will cover supports, but they don't. Doctors struggle to separate disability impacts from trauma and NDIS use this as reason to exclude them. These young people turn 18 and have no support. No founding supports, no early intervention. Thriving Kids support parental capacity, once NDIS remove their environmental factors more, these children will face so much collective adversity, these changes are actively and significantly reducing their chances of healthy and stable adulthood.	5/24/2026 1:00 PM
27	This will happen. Schools and Hospitals are already underfunded. Teachers, nurses, doctors are already working above capacity. They are exhausted. Furthermore this puts more stressors on parents and carers who are already exhausted and burnout to find alternatives.	5/24/2026 12:52 PM
28	Once you are left with the task of navigating systems, the intense emotional and psychological pressures make this all seem to overwhelming and impossible.	5/24/2026 12:27 PM
29	It's already happening and people are dying	5/24/2026 12:00 PM
30	It's already happening without these changes.	5/24/2026 11:51 AM
31	People with disability will continue to die due to government neglect.	5/24/2026 11:42 AM
32	Public schoo system in vic will rort thrivingkids and have more overhead staff. Less real allied health time for kids and less time in the class room when it is delivered. How can a principal decide what supports health supports my child gets? They are not qualified and often spend money in other ares. Look at the current DIP process where part funds go to funding DIP leadership roles. All this taking money away from the child at the ground and real support	5/24/2026 11:35 AM
33	Its the only certainty!!!!	5/24/2026 11:33 AM
34	People will purposely get left out of systems especially as many dont exist and the ones we have already already are ineffective and have numerous gaps and do not adequately support those even without disabilities	5/24/2026 11:30 AM
35	The NDIS has been incredible for participants to access supports, so much expertise out there in a centralised system. Other systems do not have the expertise and capacity to support people with disabilities and solely for this reason any changes need to be slowed right down until capacity is built in these other systems.	5/24/2026 11:19 AM
36	This can not be an automated and generic system. People are all different and disabilities vary.	5/24/2026 11:06 AM
37	Communication is already poor among different health systems, this will further add to the issue and lead to gaps in support and participant care.	5/24/2026 9:53 AM
38	I already have lost access to treatments I need because people from opposing organisations are saying the other should pay for it. Meanwhile my conditions become cumulatively worse because of this being untreatable by any other methods.	5/24/2026 9:35 AM
39	Too much red tape already, sounds like it will be even more	5/24/2026 9:06 AM
40	These changes are being made without consultation or appropriate planning to ensure all systems are set up with processes and workforce to meet the proposed needs. This is a recipe for disaster, with long waitlists,severe lack of supports in rural and remote communities, and people left unsupported for long periods of time impacting their health and well-being.	5/24/2026 8:33 AM
41	We are already seeing this. I can't imagine how bad it will get	5/24/2026 8:15 AM
42	I am already currently stuck between systems myself, attempting to access supports via many different avenues without a support coordinator in order to attempt to apply for the NDIS. This has been incredibly difficult even with a good support system. Without a system designed to help people with disabilities access supports the people that need support the most will fall through the cracks.	5/24/2026 6:40 AM
43	Passing the buck is the main tactic of the ndis when it comes to people they do not want to fund for the remainder of their life	5/24/2026 6:35 AM
44	Many parts of our healthcare system have huge blind spots, this will only make the	5/24/2026 5:42 AM

	outcome worse.	
45	This is horrific. the burden on informal supports is a nightmare.	5/24/2026 12:30 AM
46	I worry about people who are not able to express their real needs or have fluctuating needs. I worry about people with communication difficulties or processing, intellectual impairments or receptive language disorders not understanding what this process entails and falling through the gaps. I worry about families who are burnt out and children who are at children and adults who are vulnerable and at risk of abuse and neglect further slipping through the cracks.	5/23/2026 9:17 PM
47	It will be very easy for government departments to 'play handball' with people with a disability, with all claiming that the person's care is not their responsibility, and people with a disability and their families will fall through the cracks. This will result in increased hospitalisations, increased crime, homelessness, increased requirements for fully funded care placements. Which all will cost the government more in the long run.	5/23/2026 7:11 PM
48	None of these other systems can replace NDIS. The government needs to remember why NDIS was established. If NDIS is cut back then other services will bear the brunt. Removing funding doesn't take away the needs of people.	5/23/2026 7:10 PM
49	I lost my daughter because the system failed her now my has lost his supports. Im scared I will lose him because he slips through the cracks like my daughter did	5/23/2026 6:52 PM
50	Very worried about gaps between schemes with different funding bodies (federal government vs state government vs private insurer) risk of complex processes difficult to navigate to get onto the correct scheme.	5/23/2026 6:14 PM
51	The old system before NDIS was unfair so many gaps people were vulnerable to a government controlled block funded system	5/23/2026 4:46 PM
52	It already happens now. You better not be disabled and be homeless or at risk of homeless, or experience physical abuse by an intimate partner, because for some reason, if you're disabled, your access to these services are extremely limited and completely inaccessible	5/23/2026 4:13 PM
53	These systems are already overburdened and not coping. Its shifting cost not reducing it	5/23/2026 3:12 PM
54	Rural communities also have lack of transport. Without support workers many would be entirely isolated.	5/23/2026 12:01 PM
55	People will die due to these changes. Including myself	5/23/2026 10:35 AM
56	There is not enough support in other systems. They are poorly funded and have huge waiting lists	5/23/2026 10:32 AM
57	Turning People with Disabilities into political footballs, will simply see people bounced from place to place, without support.	5/23/2026 9:42 AM
58	As a person with a psychosocial disability I am aware that there are very limited options for support outside the NDIS. The support is time limited and has huge waiting lists.	5/23/2026 9:29 AM
59	This has been our experience and it's had significant impacts on our family receiving the right support, and my mental health	5/23/2026 8:17 AM
60	They already are stuck. They are in hospital beds unnecessarily or waiting in their homes for aids.	5/23/2026 6:09 AM
61	I worry about my children when I'm gone, one system means they have in point of access. Anyone who is alone with an intellectual disability, multiple systems means that no one will jump to take responsibility and is more likely to be left vulnerable.	5/23/2026 4:54 AM
62	I was stuck between 2 government departments for 20yrs while they argued over who should look after me	5/23/2026 1:22 AM
63	As It is there can be a gap in support but without NDIS other systems will get overloaded.	5/22/2026 10:09 PM
64	This is already happening	5/22/2026 6:14 PM
65	Gaps already exist so the proposed changes will make it worse	5/22/2026 4:07 PM
66	Every government agency seems intent on pushing to an alternative service with no service being provided	5/22/2026 4:01 PM
67	I have been stuck between diferent branches of Centrelink and suffered pathetically low income as a result, not getting what I needed, I didn't fit into the pre-determined boxes on	5/22/2026 3:30 PM

	the forms. I know what this is like! You feel powerless to get the supports that are there but out of reach.	
68	I feel sure that kids are going to get left behind	5/22/2026 3:29 PM
69	There has been minimal consultation or guidelines which will cause undue stress on families already dealing with stress.	5/22/2026 2:28 PM
70	This already happens and with the introduction of Thriving Kids and kicking off people with psychosocial disabilities and so called "mild to moderate autism" (which is not how it fucking works by the way, do some research government).	5/22/2026 1:24 PM
71	There are already so many people stuck without support and that's before these cuts.	5/22/2026 1:16 PM
72	it is too hard to access 1 system for most disabled people, having to juggle several will result in extreme carer burnout and participant death	5/22/2026 12:16 PM
73	I already see it. Client urgently needs behavioural support. Ndis won't fund because they say it's due to his acquired brain injury which he gets compensation for. Compensation say it's due to his schizophrenia which he gets Ndis for. It's impossible to know which condition causes the need for their service it's likely both of them but neither organisations will fund and so this client has significant behaviours of concern and self harm and harm to others	5/22/2026 11:41 AM
74	The agencies already play pass the parcel with clients, NDIS is already one of the worst	5/22/2026 11:28 AM
75	This is a serious issue. Don't take it lightly	5/22/2026 10:30 AM
76	It's already possible to get stuck between policies the way things are now. But this would make it way worse	5/22/2026 10:17 AM
77	I worried for the children who have intellectual disabilities and learning disabilities, not being supported by NDIS and being told to get support from the Department of Education.	5/22/2026 9:27 AM
78	It's possible	5/22/2026 5:47 AM
79	It's already the way with psychology	5/22/2026 3:12 AM
80	Last year our family was past breaking point. As the ND sole parent of 2 ND kids we were suffering extreme violence and all very traumatized. We were literally screaming from the rooftops for someone to help us, any organization I could find, and no one did. It just compounded the trauma. I desperately needed some respite, and when I asked one of the support agencies I was told 'if it's that hard you should just foster them'. I had to take extended leave from my job, and we faced the very real possibility of loosing our home. If we loose any of our current support we will not survive.	5/21/2026 9:13 PM
81	Myself and many others are already in this situation before the reforms have even come into effect!!	5/21/2026 8:02 PM
82	We already see this every day. The lack of understanding and action from some of the other mainstream systems is extreme. Without support coordination to navigate multiple systems and ensure that each department is doing what is required, people will ABSOLUTELY be stuck between systems and they will be at extreme risk	5/21/2026 6:57 PM
83	This is already occurring in the regions and rural areas. Access at present is based on access to private services as the public system has such huge delays. I'm supporting a 6 yo currently about to be removed from the scheme as they turned 6 and don't have a formal diagnosis. They'd been on the waitlist for a paediatrician review for nearly 2 years and when I called I was told the wait is 4-5 years. They'd can't get a formal diagnosis until a paediatrician reviews them, completes genetic testing etc. This family under thriving kids wouldn't ever get a diagnosis as it's been clearly stated that won't be required so we can assume won't be provided as a service. How on earth does anyone access the ndis when the foundational supports don't provide a diagnostic service to assist with access treatments. It's a vicious circle that will leave those on low income, in regional and remote areas and those who are most vulnerable without.	5/21/2026 6:48 PM
84	I think that each of the systems are becoming silos - and people are told to go to another service. NDIS won't cover that, go to health, etc.however ALL of the funding for services is taxpayer funded and the most appropriate service should be chosen for the individual.	5/21/2026 6:31 PM
85	It's been happening for years now	5/21/2026 4:51 PM
86	I have seen it in the past, one government department says its the responsibility of another and vice versa, and the participant get stuck in the middle getting nothing	5/21/2026 4:36 PM
87	A lot of participants living with disabilities don't have the capacity to work and financially	5/21/2026 2:51 PM

	cannot afford other services, even if rebated. The alternative services that are running are often oversaturated and understaffed so applicants are facing extremely long wait times, and most are temporary interim services that often end leaving participants without supports. Service workers are at full capacity and burning out at high rates, underpaid etc. Individuals living with psychosocial disabilities, intellectual disabilities, ASD etc with limited or no informal supports who struggle with executive functioning, communication, cognition, advocating their rights, daily routines, leaving the house etc are 100% going to fall through the cracks as it takes A LOT to firstly find available services, to even reach out. It's really worrying	
88	Passing the buck - people will end up with nothing. The government must ensure the services are in place first, before any changes are made.	5/21/2026 11:56 AM
89	Already stuck here. Mental health refuse care as I have NDIS. And NDIA refuse to fund care as apparently (despite professional reports) its medical not disability.	5/21/2026 11:56 AM
90	This already happens, it's happened to me before. This will worsen with cuts	5/21/2026 11:39 AM
91	It is currently impossible to access services in state based services so those without private health on low incomes which is often people with disability will be without services	5/21/2026 11:28 AM
92	This was the case prior to NDIS	5/21/2026 11:10 AM
93	Health insurance is expensive.	5/21/2026 10:57 AM
94	Medicare needs boosting. There are no other systems. They need to design these first then move people a fuss	5/21/2026 10:42 AM
95	My experience is that this is already the case.	5/21/2026 10:37 AM
96	People are already dying. This is going to cause catastophic problems across the board	5/21/2026 10:26 AM
97	I don't think there will be support available	5/21/2026 10:25 AM
98	This is a bureaucracy and they're changing the bureaucracy to design it to make it even more unattainable and even more hard to negotiate. When they start doing this you go to one organisation they say hey no no no go to them and then you go to them and they say no. No go back to the organisation that sent you to us. I'm already in that situation even with the very very tiny bit of ndis that I have	5/21/2026 10:16 AM
99	This is already an issue, and will only become worse if the changes are pushed through	5/21/2026 10:09 AM
100	Past experience with navigating poorly designed and functional systems has been negative. Let alone systems that are supposed to 'talk to each other.' Some really robust policy work needs to happen here ASAP and as a matter of urgency if this is going to be a feasible option.	5/21/2026 8:50 AM
101	We already have constant battles around responsibility for support with the health, mental health and education system. Constant buck passing and very difficult to convince either that it's their responsibility. This will only increase.	5/21/2026 7:38 AM
102	I'm over 65 and I'm really worried that they will kick me off the system and I'll have no access to prosthetics unless I can pay myself	5/21/2026 6:51 AM
103	The public mental health system is completely broken and totally inadequate. People often end up worse after interactions with the public mental health system.	5/21/2026 6:16 AM
104	Services are undertrained, underfunded and understaffed. Cost of Living is already forcing many to go without services, health and mental health treatment required.	5/21/2026 6:15 AM
105	1 in 10 families who qualified for support from dsq actually got it. The rest of us slipped between the systems it's going to literally kill people	5/21/2026 5:51 AM
106	This is already my reality as someone very very high physical and medical support needs	5/21/2026 5:06 AM
107	Politics comes first, not service provision, these issues get ignored	5/21/2026 3:09 AM
108	This is already occuring, participants and their children will die while waiting.	5/21/2026 12:25 AM
109	Everyone needs the right amount of support for them	5/20/2026 11:47 PM
110	Because I am constantly stuck between these	5/20/2026 11:36 PM
111	There will be a huge gap. We are going back to pre ndis days again	5/20/2026 11:08 PM
112	I am worried I'm going to be forced back into the mental health system. I would rather disengage entirely than return to that system given I found it unhelpful and caused me harm	5/20/2026 10:26 PM

	and deeply traumatised me. I wont go back to that system.	
113	I think there are plenty of people stuck with the system now. Prior to the NDIS we had more government agencies available to support different client groups who had specialist knowledge and experience in that field. That was disbanded when NDIS came in and now it's a lottery what people can access and often people are receiving services from very inexperienced staff	5/20/2026 8:40 PM
114	That already happens.	5/20/2026 8:28 PM
115	We already see this in the NDIS approval timeline for submitted applications. Families or individuals going without essential care and access to services whilst awaiting submission approval.	5/20/2026 8:08 PM
116	We already are, this will just make it far more prevalent	5/20/2026 8:05 PM
117	Very worried. I think this is already happening now, and tighter rules could make it worse. People with disability often already spend huge amounts of time trying to prove who is responsible for funding supports — whether it's the NDIS, health system, aged care, mental health services, workers compensation or insurance. When systems don't communicate properly, the burden falls back on the person who is already struggling. The reality is that many supports overlap. A person's needs don't fit neatly into government departments or funding categories. If there aren't strong safeguards and clear accountability, I worry more people will be left without essential support while systems argue over responsibility.	5/20/2026 6:52 PM
118	This is already the reality for anyone with ADHD, there's no extra support, we need more than Mediicare provides, and there's nothing especially for adults. Similarly, people with psychosocial disabilities are also already firmly burried in this gap. The sadest thing is that a lot of these people don't need a lot of support, or ongoing support, but we get nothing unless we can resource it ourselves, which means having less capacity for life, less ability to work, less income, and more expenses.	5/20/2026 6:18 PM
119	I'm so worried it's created suicide ideation and I'm even considering assisted dying.	5/20/2026 5:45 PM
120	I have experienced this issue and it's all too easy for it to happen	5/20/2026 5:29 PM
121	This already happens. Don't make it worse.	5/20/2026 5:02 PM
122	Intellectually disabled people will struggle knowing what to do and where to go. Poor people with disabilities won't be able to access supports, as there already is big out-of-pocket costs associated with therapy through the Medicare system and won't be able to cover insurance costs. Children and aged care already don't have the required assistance necessary to provide services and supports through the public system and other means, it is majorly lacking the resources and ability to support these individuals.	5/20/2026 5:02 PM
123	Too many cracks are forming without pathways and coordination. No one wants to foot the bill so it is passed around with tighter and tighter restrictions across all systems.	5/20/2026 2:16 PM
124	Very hard as it is to navigate systems. This will make it much worse	5/20/2026 1:54 PM
125	Navigating and fighting the NDIS is already my full-time job. I have lost aspirations of finishing university or gaining employment again because the NDIA won't leave me alone and stop trying to endanger or institutionalise me.	5/20/2026 12:34 PM
126	It already happens now. Use your brains. Get out into the communities and see for yourself.	5/20/2026 12:31 PM
127	I have been struggling to get my needs met for over 30 years. When I had adequate support through the NDIS I was able to access more appropriate supports and have had almost no hospital admissions for my mental health and my partner was able to return to work. Without support I am terrified of us not only ending up in financial hardship because my partner will have to quit his job but I will no longer have the intensive support I need and I will end up back in psychiatric ward, which wasn't therapeutic at all, it just prevented me from killing myself.	5/20/2026 12:31 PM
128	This already happens and people already slip through existing systems	5/20/2026 11:47 AM
129	Too many times systems have a "back and fourth" where a person is told to go somewhere else for support, for example, it's already occuring in the housing side of things: NDIS: "we don't do housing. go to housing NSW" Housing NSW: "We don't do disability housing - go to NDIS"	5/20/2026 11:38 AM
130	I am scared for myself, my friends and peers. We already have to fund care for folks within our community bc supports already being denied. If we didn't do that, people will (and already have) die.	5/20/2026 10:50 AM

131	Extremely worried. Honestly, this is one of the biggest risks in the reforms. People already fall through gaps between systems *now* — and that's with the NDIS still covering many areas that other systems struggle to provide consistently. In practice, systems often have: * different eligibility criteria * different definitions of disability/support * different funding models * long waitlists * workforce shortages * unclear responsibilities As an OT, I think people outside the sector often underestimate how much invisible work families already do just to keep systems connected: * chasing referrals * repeating histories * attending appointments * advocating constantly * managing risk at home * coordinating communication * paying gap fees * transporting people between services When support is delayed or denied, the impact doesn't disappear. It usually shows up somewhere else: * hospital presentations * school refusal/exclusion * carer burnout * family breakdown * mental health crises * homelessness risk * child protection involvement * increased restrictive practices * emergency service use And often those systems are *more* expensive in the long run. I'm especially worried about: * children with emerging/high support needs * autistic people with co-occurring mental health challenges * psychosocial disability * people with intellectual disability * people in regional/rural areas * ageing carers * people with complex trauma histories * people who don't have strong advocates around them The people most likely to successfully navigate fragmented systems are often the people with: * money * education * time * confidence * health literacy * stable support networks That means the people with the greatest vulnerability are often at the greatest risk of falling through gaps. I think "other systems will provide support instead" only works if: * those systems are properly funded * accessible * geographically available * disability-informed * coordinated * accountable * immediately ready *before* NDIS supports are reduced Otherwise, it can become a theoretical handover rather than a real one. And from what many clinicians and families are seeing on the ground, a lot of these other systems are already under immense pressure. So the fear isn't hypothetical — it's that people will simply end up with *less* support overall while being bounced between systems trying to prove where they belong.	5/20/2026 10:41 AM
132	But this will look good for stats as these participants won't be counted anywhere	5/20/2026 10:39 AM
133	Unmet need in the disability community is going to increase.	5/20/2026 9:56 AM
134	see above	5/20/2026 9:21 AM
135	I am seeing this happening with my partner .	5/20/2026 9:07 AM
136	They already do. The changes will just make things worse.	5/20/2026 8:50 AM
137	People are already stuck between these situations	5/20/2026 8:14 AM
138	Already happening between health and NDIS. People with spinal injuries are in hospital waiting for NDIS.	5/20/2026 7:15 AM
139	The person I care for has multiple disabilities - they can through the cracks now because the NDIS don't take the impact on them as a whole , it's just going to get worse	5/20/2026 12:41 AM
140	Already happens. Disabled people are extremely vulnerable in hospital. NDIS expects health to cover. Hospital staff are already overworked, lack sufficient understandings of disability related needs and intersection with medical care. Our 30 yr old son already requires complex medical care. Son is uniquely verbal, uses AAC (PODD on eye gaze mostly) but unable to use when sick. Hospital staff are desperate for help in supporting his care. He needs 24/7 support wherever he is. Over multiple admissions serious complications have occurred when family or his support workers advise his unique needs. E.g. a nurse almost put a saline flush meant for his caecostomy port in his feeding port. If not interrupted and corrected result would have been excruciating pain. Our son has a very high pain threshhold and presents pain in some untypical ways. Without guidance - at the time - his pain is frequently underestimated and he suffers very much. When nurse finally listens to us we have to wait for doctor to write up pain relief...has taken HOURS in the past. Inhumane. Our son experiences anxiety in hospital due to previous traumatic experiences e.g. consultant refused to read his "how to communicate with me" which he has written himself with support. It says "talk to me, not just by family or support worker. I can understand. I take longer to process information. Give me time to respond." etc. Despite bringing up these points in his submission to Royal Commission, and these issues being raised at National Disability and Health organisation meetings, nothing has changed. Max NDIS willmallow is up to 6hrs/day when in hospital. What about the other hours in the day...when he wakes at night, is disorientated, frightened and cannot get attention of staff. And if staff eventually come they are unskilled in close knowledge of his communication, of his pain levels. If family members feel forced to stay due to justified concerns for our son's safety/risk of death, this results in beyond exhausted, possibly incapable of making sound decisions to support him and ultimately reduces quality of care/life expectancy of our son. His team cannot be paid by NDIS...we have lost highly skilled support workers who understand him	5/19/2026 10:29 PM

	and his needs, including complex communication, needs well. Apart from time and effort to recruit and train new staff, he is left vulnerable until staff can achieve personalised care standards for him as an individual, this results in higher costs.x	
141	As seen in the US, conflicting systems say "not our problem" while more and more people fall through the cracks	5/19/2026 10:26 PM
142	I am seeing this already with complex psychosocial disability	5/19/2026 9:44 PM
143	As a person living with disability not on the NDIS, there is a support service desert out there. Services don't exist, or are underfunded and experiencing high demand already. My supprt needs are not met. How are participants removed from the NDIS going fair in this system???	5/19/2026 9:18 PM
144	All government funding bodies are at capacity, there is no room to add more capacity so it will result in people slipping through the cracks of being unable to access services they need.	5/19/2026 8:47 PM
145	This is almost certainly going to cause people to be stuck between systems and cost lives	5/19/2026 8:16 PM
146	especially in region, rural, remote areas and people who are classed as too disabled by other systems. Also other systems don't exist, have enough capacity or have the required support needed	5/19/2026 8:10 PM
147	The government already argues about what should be funded by health and what by NDIS. That means ndis rejects but health doesn't cover, or only minimally.	5/19/2026 7:02 PM
148	We will be taking my child to hospital and not leaving if he doesn't have the supports needed	5/19/2026 7:00 PM
149	Whatever is planned needs very clear lines for all departments to follow.	5/19/2026 6:46 PM
150	The Government will shift things around to support their data	5/19/2026 6:39 PM
151	This is already happening! It is going to become so much worse	5/19/2026 6:27 PM
152	me beforeNDIS support stuck in insufficient MH system whichc didn't understand and couldn't support me because of disability	5/19/2026 5:28 PM
153	It shouldn't just be that another system is available, it should be which system is most appropriate	5/19/2026 5:20 PM
154	the NDIA exists because people were already in this described situation.	5/19/2026 5:13 PM
155	They already get stuck between systems.	5/19/2026 4:38 PM
156	We've already had extremely stressful years having to pay privately, wait publicly and distress my child unnecessarily in order to get suitable reports and assessments for NDIS. I can't imagine having to do that all over just because the goal posts move again	5/19/2026 4:22 PM
157	This happens now. The changes will make it far worse.	5/19/2026 3:36 PM
158	This is exactly what wil happen if flexibility is taken away and personal choice is taken away and a one size fits all capacity test is introduced. This is already happening with so much beaurocracy already across the whole system	5/19/2026 3:26 PM
159	There will be more 'passing the buck' once the States go back to providing some disability supports. We will be back to the bad old days!	5/19/2026 3:24 PM
160	it's already happening. proposed changes without properly funding the other sectors is just mismanagement	5/19/2026 3:22 PM
161	Systems don't work together as it is e.g. hospital and ndis. This is just going to make one system wipe their hands and pass onto another without anything actually getting done to support the person. It also adds extra complexity and laisising for families already at capacity and burning out	5/19/2026 2:11 PM
162	It's already happening.	5/19/2026 1:40 PM
163	I worry about Disabled people getting stuck in institutions like hospitals and nursing homes, which are inappropriate for a decent quality of life.	5/19/2026 12:38 PM
164	The buck passing already exists and will only get worse. If the different systems do not get together and agree on a solution (which they won't as there is no reason for them to) people will be caught in an endless cycle)	5/19/2026 12:29 PM
165	Government departments arguing about who pays for what makes me feel worthless, a	5/19/2026 12:00 PM

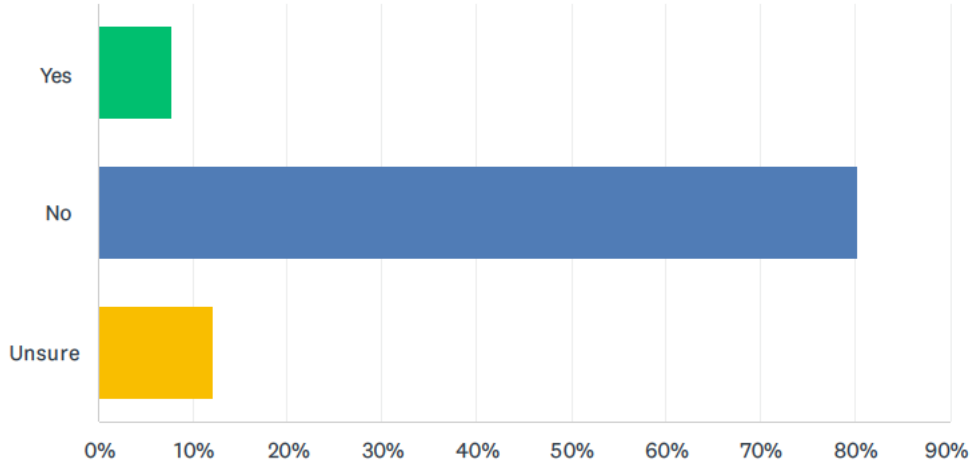
	burden and that there's no point to staying alive and listening to the harmful crap that comes out their mouths.	
166	It already happens. Currently you need so much to get on the scheme. It took 4 years for my husband to get original diagnosis to access. These changes are sure to create more inf	5/19/2026 11:57 AM
167	This is already a problem, especially for low income individuals.	5/19/2026 11:35 AM
168	Prior to the NDIS service was very ad hoc and limited to crisis supports	5/19/2026 11:17 AM
169	I am terrified of this, for myself, my mother and the participants i support as an SC	5/19/2026 11:09 AM
170	Predicatably worried. We have seen it before, it happens now, it will continue to happen, but worse.	5/19/2026 10:54 AM
171	This already happens for some people.	5/19/2026 10:52 AM
172	Too easy for people to get treated like "hot potatoes".	5/19/2026 10:45 AM
173	six years of doctor's and legal appointments only to have NDIA want to take awarded amount back in full. What about any money that has already been spent or iff set aside to pay for things in the future that NDIA does not cover?	5/19/2026 9:31 AM
174	Typical NDIA putting the cart before the horse, they make these announcements and freak everyone out, causing massive amounts of stress and anxiety and they don't even have things in place. Plus just because they say we should be able to access support via another means doesn't actually mean we can, for example because I had initially been denied NDIS I was able to access Aged Care services even though I am under 65 BUT nobody wanted to give me services BECAUSE I was under 65 (late 40's) and there was a copayment that I couldn't afford so I was unable to get any support	5/19/2026 8:32 AM
175	Im at high risk no medical support as my condition has no treatment, in home aged care falls well short of my care needs, I CANNOT GO INTO HOSPITAL OR NURSING HOME CARE dure to my impairment of temperature (below 22c), chemical/fragrance free (cant control other people's needs or behaviours), light (black out room), noise (sound proofing and noise cancelling aids).	5/19/2026 8:31 AM
176	It goes without saying that people will be passed from one system to another without getting what they need. We shouldn't be going back to a fragmented system.	5/19/2026 8:25 AM
177	The future is still unclear and nothing is ready for rollout in October 2026.	5/19/2026 8:09 AM
178	I can see this being used as an excuse to exclude people sending them to systems that do not provide adequate levels of disability related support	5/19/2026 7:05 AM
179	Health care is unable to cope with disabilities and tend to not support maybe a option could be the health system pays for 1:1 supports and ndis get refunded by health system	5/19/2026 6:38 AM
180	As a person with a severe energy limiting condition that lives rurally, I am already being failed by the system.	5/19/2026 6:26 AM
181	My aunty is currently living this scenario as we speak. She is barely able to pay bills and is living very frugal.	5/19/2026 5:10 AM
182	I am concerned about who within the NDIS will determine which treatments participants must pursue, particularly when decision-makers may not have medical qualifications and often appear not to consider existing specialist evidence. People with disability should retain the right to refuse treatment without risking the loss of essential supports. These proposed changes will disproportionately disadvantage lower-income Australians who cannot afford travel, specialist consultations, or repeated treatments. They will also place further pressure on already overwhelmed specialist waiting lists.	5/19/2026 5:09 AM
183	Agencies are already very good at avoiding responsibility	5/19/2026 3:57 AM
184	Happening right now to me.	5/19/2026 3:56 AM
185	In theory, it sounds reasonable for each system to fund the supports that fall within its responsibility. But in practice, systems like the NDIS, health, mental health, education, aged care, housing, workers compensation, and motor accident insurance often have overlapping responsibilities and very different rules, thresholds, and processes. What commonly happens is that each system says a support belongs to someone else. Meanwhile, the participant and their family are left without the support they need. I am particularly concerned for people with: * complex or multiple disabilities, * psychosocial disability, * acquired brain injuries, * chronic illness, * autism with mental health needs, * and people whose conditions do not fit neatly into one service category. These participants	5/19/2026 2:11 AM

	are the most likely to become trapped in disputes about responsibility. The consequences can be serious. People may lose access to therapies, support workers, equipment, behavioural supports, transport, personal care, or community participation while agencies argue over funding. During that time, families are often expected to carry the burden themselves.	
186	It already happens a LOT - and it's going to get a LOT worse.	5/19/2026 1:26 AM
187	I am already stuck. Too disabled to live a complete life. Too functional to get help. I feel like the government would rather people like me suicide to save them the money of helping us.	5/18/2026 11:40 PM
188	As my comment above. I have had dealings with workers compensation for a friend who was denied then 8 months later accepted based on the same reported injury. The delay has caused long term issues which could have been quickly rectified within a year but now has livelong affects due to delays. The gov needs a kick up the arse.	5/18/2026 9:10 PM
189	It's already happening	5/18/2026 8:57 PM
190	Im already a participant and IM STUCK between systems. The ndis says that I have to go to the public system.. the public system has nothing for me	5/18/2026 8:48 PM
191	QExtremely worried isn't strong enough language given just how often it's already happening due to years of deliberate mismanagement by politicians and bureaucrats.	5/18/2026 8:42 PM
192	May not have money to pay for assessments for diagnosis and functioning	5/18/2026 8:40 PM
193	It already happens and these tighter conditions will make it worse	5/18/2026 7:33 PM
194	As someone who can't afford privately funded supports like psychology, there are no mainstream funded supports under Medicare, even the gap on a MHCP is inaccessible for low income households.	5/18/2026 7:20 PM
195	Currently stuck between rehabilitation and NDIS supports	5/18/2026 6:32 PM
196	I've seen no evidence of agencies communicating or collaborating well in the past so don't expect this now	5/18/2026 5:55 PM
197	It is already hairiness and will get much worse, currently trying to add a disability or get support for managing a medical condition impacted by your disability is next to impossible and risks you having your supports cut	5/18/2026 5:47 PM
198	I am concerned that people may get stuck between systems such as NDIS, health, insurance and aged care, particularly where responsibilities overlap or where one system ends but support needs continue. Clear pathways and safeguards are needed to ensure people do not experience gaps in support during transitions between systems.	5/18/2026 5:23 PM
199	This is my literal experience right now, no help from any level of government, even though I am housebound. It will only get harder with these changes.	5/18/2026 4:51 PM
200	its happening now	5/18/2026 4:34 PM
201	I was stuck here for years living in psychiatric hostels and taking up hosptial beds. I am worried that more people are going to get stuck like I was and have to get so incredibly unwell before they can access proper support	5/18/2026 4:19 PM
202	It happens now, it happens a lot.	5/18/2026 4:12 PM
203	There is not enough support for all disabilities	5/18/2026 4:06 PM
204	Too many people are already stuck there. Too many people have direct experience of being abandoned by everyone while it's worked out who's supposed to help.	5/18/2026 3:32 PM
205	Other systems are already burdened and not coping. How does this solve anything. Its not cost cutting this is just passing the cost from one system to another with disabled people being the ball that's being thrown around.	5/18/2026 3:23 PM
206	Gap payments and fixed occasion of service impair access	5/18/2026 3:22 PM
207	This already happens, despite the APTOS	5/18/2026 3:11 PM
208	This issue was raised by the productivity commission in their report addressing the viability of an NDIS in 2011. Initially called Disability Care and Support. (https://www.pc.gov.au/inquiries-and-research/disability-support/report) It was recognised then, that it was costing the Government far more with funding and supports being provided across different systems. They identified that costs would reduce with greater benefits coming back to participants if a body (NDIS) was created.	5/18/2026 2:46 PM

209	Services have been defunded across the board over the past several decades and it shows. There are already plenty of people who are stuck between systems and can't get support. This will only make the existing situation worse.	5/18/2026 2:00 PM
210	I am blind and despite a FA I was not allocated money for orientation and mobility, the only way to access this help is to pay out of my own pocket. It is going to cost thousands of dollars to get basic assistance to navigate the community. Without NDIS there is no other support. I am worried this is how it will be for everything if funding is reduced.	5/18/2026 1:44 PM
211	Right now, people are having trouble having their needs met and waiting too long for supports/equipment. Far too many people are already stuck in hospitals and something need to occur to fix this, not making everything harder as this will worsen.	5/18/2026 1:08 PM
212	I have already experienced this. And expect it will get worse.	5/18/2026 1:05 PM
213	Especially if there is no support to navigate	5/18/2026 12:52 PM
214	They don't have the resources or the time to provide necessary supports, some will wait months as it will fall back on block funding and location.	5/18/2026 12:39 PM
215	People who don't have a voice of their own	5/18/2026 12:34 PM
216	This will absolutely happen and it is unacceptable to give people support and then take it away.	5/18/2026 12:21 PM
217	My dad made a comment years ago that I have come to believe myself. As a child and teenager with ADHD in the 80s and 90s I fell into a grey area, and now as an adult with reconfirmed ADHD and now Autism Level 2 I believe I am still stuck in that grey area and not receiving enough support	5/18/2026 11:56 AM
218	Other systems are already overburdened	5/18/2026 11:45 AM
219	Should access correct one	5/18/2026 11:29 AM

Q12 Do you support NDIA having 90 days to decide whether someone can access the NDIS, instead of the 21 days they have now?

Answered: 1,229 Skipped: 158



ANSWER CHOICES	RESPONSES	
Yes	7.73%	95
No	80.15%	985
Unsure	12.12%	149
TOTAL		1,229

#	OPTIONAL COMMENT:	DATE
1	They don't even meet the 21 day requirement most of the time	5/26/2026 7:27 AM
2	These are real peoples lives people turn to the NDIS because they genuinely need this support it is not acceptable that they should have to wait 90days to get the help they so desperately need. Especially if eligibility will only be based of an FCE (ie: 1 report to review) and they are saying AI will likely do it anyway (which is all so ridiculous on so many levels) it should be shorter not longer than it currently is	5/25/2026 9:13 PM
3	Takes too long and delays therapy for some	5/25/2026 6:05 PM
4	It depends! Does the longer timeframe mean more stringent tests, or fewer staff employed to conduct them?	5/25/2026 4:38 PM
5	Three months is asking for people to fall through cracks. And just allowing for extra bureacracy to get in the way of making decisions. If a deadline is given, organisations will find ways to fill in as much space as is given and delay the entire process for everyone	5/25/2026 3:49 PM
6	It needs to be in the middle, where they can do a thorough assessment, but not prolong the delay for people to get support - they need to honour the medical professional's decision and reports.	5/25/2026 3:05 PM
7	It takes more that 21 days anyway, 90 days is too long to wait, decline can happen very rapidly when a client's needs for access to support are not met in many cases. Disabled people are already at risk and feeling the consequences with the current system.	5/25/2026 2:52 PM
8	Absolutely not!	5/25/2026 1:02 PM
9	For children, this is an inadequate amount of time to be waiting to access support. Children requiring early intervention should be assisted with priority so that early intervention as it says is implemented early. Furthermore increasing times between submission and access. Also risks report being out of date and costing families further money in updating those report reports.	5/25/2026 1:02 PM

10	A family in crisis... 90 days can be a death sentence	5/25/2026 12:23 PM
11	They already take so long with delays. If they need so long it is a resourcing problem, not a disability problem. Resourcing problems are handled by HR.	5/25/2026 11:48 AM
12	Honestly I would prefer they make a good decision and check people are eligible rather than allow people to be on the scheme when it was not designed for them and then we all face these downstream consequences for their decisions. Early intervention opened up for many children that do not have significant and permanent disability because other supports were eroded but that is now affecting access for people who should be on the scheme. I think the extended timeframe needs to also allow families a chance to review and appeal as needed. Finally, if they do use a standardised questionnaire like a modified I-CAN and a computer algorithm to decide eligibility, the response time should not be extended but instead an answer given quickly and then that time given to participants and families to review and counter / provide more information as needed so the final decision is completed within this period.	5/25/2026 10:08 AM
13	If you truely require ndis then the reports should be obvious to approve in 21 days	5/25/2026 3:25 AM
14	60 days is ample time.	5/24/2026 10:36 PM
15	90 days is way too long.	5/24/2026 9:36 PM
16	we are suffering now	5/24/2026 9:28 PM
17	As long as its done and there are interim supports available	5/24/2026 7:47 PM
18	I believe many people will worry that they'll have to wait so much longer to get the support they need. But if it's just changing the maximum time it won't necessarily mean that every application will take that long. But I wonder the reason for taking longer. Is the decision process more complex & therefore requiring more time? Thoroughness can be good. If the longer wait time is due to the immense workload on NDIS, then shouldn't we be investing in supporting & expanding NDIS?	5/24/2026 7:21 PM
19	It took us months and months for autism assessments in the private system before we could even apply. This would push access out for some to over a year	5/24/2026 7:08 PM
20	The proposed law ties into that 90 days no end point where the NDIA have to respond by. Totally ridiculous and means they are deemed infallible. None meets .let's that	5/24/2026 6:37 PM
21	I have never seen theb 21days timeframe anyway. That would be amazing if they did their own policy. 90 days is ridiculous. Which is what we mainly experience.	5/24/2026 6:31 PM
22	I think 90 days is too long. I think the federal government needs to show why they would need 90 days. I think 30-60 days would be more appropriate.	5/24/2026 6:31 PM
23	Getting onto the Scheme already takes a long time. By extending the allowed time, it could mean that an eligible participant could be waiting years to get onto the scheme.	5/24/2026 6:13 PM
24	3 months is ridiculous	5/24/2026 5:42 PM
25	they already take longer than 21 days. this just makes them able to extend it to even more than 90 days (4-6 months) instead of the 2-4 it takes now!	5/24/2026 4:31 PM
26	This leaves major risks to people who needs things quickly like mobility aids.	5/24/2026 4:28 PM
27	This is a cop out	5/24/2026 4:26 PM
28	I think 90 days is too long. There needs to be a more thorough reason as to why 90 days is needed or whether access can be achieved in timeframes of 30-60 days instead.	5/24/2026 4:18 PM
29	People neef access to supports sooner rather than later	5/24/2026 3:55 PM
30	I think that they take far longer than 21 days currently.	5/24/2026 3:48 PM
31	I think 90 days is a long time for someone to wait for a response and I think there would need to be more information provided as to why they require 90 days. Maybe somewhere between 30-60 days would be more appropriate.	5/24/2026 3:45 PM
32	They are currently taking more than 21 days so is 90 going to be more like 120 in reality?! I thought this change was supposed to bring in efficiencies.	5/24/2026 3:34 PM
33	Why should a person with disability have to wait 3months?? What happens while they wait?	5/24/2026 3:25 PM
34	Government needs to be as accountable as everyone else.	5/24/2026 3:08 PM

35	Absolutely unacceptable. These delays can have significant negative impact on a person's physical and mental health	5/24/2026 2:09 PM
36	It takes time to find the right therapists and if funding is paused while access is assessed (eg w a plan renewal) 90 days would mean their session time would not be held	5/24/2026 1:40 PM
37	They have never been able to answer any of my applications within the 21 day deadline, so I'm not surprised that they want to formalise this, and minimise complaints!	5/24/2026 1:36 PM
38	They don't even come close to the 21days they say they do, now.	5/24/2026 1:16 PM
39	This already happens. It's never 21 days.	5/24/2026 1:00 PM
40	People diagnosed with terminal disabilities (such as MND) may not have 90 days. They will die before ever receiving services. But hey, it saves the government money, right?	5/24/2026 12:41 PM
41	They don't decide in 21 days anyway.	5/24/2026 12:33 PM
42	IF thay actually meet it. They say 21 days at the moment and it is ???	5/24/2026 12:31 PM
43	I want to evaluate the needs by proper observation rather than just on paper.	5/24/2026 12:29 PM
44	Absolutely not. That amount of time to decide whether someone can access therapies and supports that they need now is just ridiculous.	5/24/2026 12:27 PM
45	This would mean that a lot of burden is placed on the healthcare system when NDIS particpnants are caught out in between reviews	5/24/2026 12:26 PM
46	The ndia need to look at the disability that they have an weather its a server moderate or major and prioritise accordingly	5/24/2026 12:25 PM
47	People dont apply tonthe ndis for a furture problem.	5/24/2026 12:25 PM
48	Ninety days is an insane amount of time to wait for support you need to survive.	5/24/2026 12:15 PM
49	21 days is long enough for staff to do their jobs. Any longer will result in experienced NDIA staff losing their jobs.	5/24/2026 12:01 PM
50	The wait period for NDIS is already too long, it took over 5 months for my son to get approved	5/24/2026 11:53 AM
51	In reality, they haven't been sticking to the 21 days anyway. My friend's application took 8 months to get a response and my most recent review took over a year.	5/24/2026 11:51 AM
52	Due to 'capping' the number of of NDIA staff, the government has created its own problem of not following current legislation regarding access decisions.	5/24/2026 11:42 AM
53	Only if the determination is made properly and by someone who has cared for or has lived experience of said disability. Right now the people they hire are completely incompetent.	5/24/2026 11:36 AM
54	As long as they meet the 90 days - the 21 days has rarely been met with little to no consequence but if participants dont meet deadlines there is no allowance. There would have to be good reason for the 90 days not just - we take too long to do things. It should be in exceptional circumstances where more evidence has been requested/required	5/24/2026 11:33 AM
55	The current system fails to meet the current inherent contact and decisions they set themselves and are legally required. They will try and only drag out decisions and avoiding supporting people for as long as possible leading to more deaths.	5/24/2026 11:30 AM
56	It is way too long. People are suffering enough and making them wait after the long, arduous, expensive process of applying seems cruel.	5/24/2026 11:28 AM
57	But this is changing because the NDIA dont have capacity to make these decisions effectively and quickly. This workforce needs to be suitably qualified with on the ground experience of what people with disabilities need to survive and thrive in their lives.	5/24/2026 11:19 AM
58	If all documents are given, 21 days is plenty of time. 90 days is cruel to the individuals hoping to have assistance	5/24/2026 11:06 AM
59	90 days is more efficient as it gives Participants and providers the time they need to gather further evidence if denied or waiting to be accepted. As gathering evidence can take more than 21 days. For example if a participant needs an urgent OT FCA (as stated in new rules) but can't get it due to waitlist (because of new rules) and the waiting time to get an OT FCA is longer than 21 days. This will be near impossible to be able to beat the 21 days	5/24/2026 10:32 AM
60	Weren't meeting this KPI anyway but 90 days too excessive especially if requiring an internal review & ART	5/24/2026 9:57 AM

61	People could die if they don't get access to their treatment in a timely manner	5/24/2026 9:35 AM
62	It's too long	5/24/2026 9:06 AM
63	Support needs to be timely, there is too much wait time as it is. There is no rationale for this change that is in any way supportive for disabled people and their families. A budget decision that is no way in the best interests of the people in our community who need support the most.	5/24/2026 8:33 AM
64	Carer burnout is a real thing. And mental health issues will skyrocket. As a family business supporting 180 participants, over the past 6 years I have supported at no cost up to 12months just for waiting on their first application	5/24/2026 8:15 AM
65	Those applying for the NDIS need support, it is a terrifying, nervous system disregulating process waiting for all of your hard collected evidence to be evaluated and this should not be prolonged. Stress is a major factor in worsening of disabilities.	5/24/2026 6:40 AM
66	Why should this change? What is their argument for this? I mean it's never 21 days at present but surely they should be aiming to fix what is broken, not just accept it.	5/24/2026 6:35 AM
67	No, 21 days is reasonable enough, 90 for some who maybe living on the edge will be an eternity when what we are saying is the government would rather reduce support for PWD rather than review gas / natural resource export taxes or overhaul complex international tax offsets.	5/24/2026 5:42 AM
68	Absolutely not.	5/24/2026 12:30 AM
69	90 days is a long time, people may deteriorate or even die whilst waiting which will ultimately cost more	5/23/2026 9:33 PM
70	If this is considered time. I prefer this to a rushed no. However supports need to be in place temporarily for this time. For a limited couple of examples what about a child who has a developmental delay falling behind in their vital early intervention or an adult with a progressive condition deteriorating in this period? What happens to the person who doesn't have adequate support for suctioning or oxygen in this review period eg they have no informal supports or for whatever reason informal supports don't have capacity whether temporarily or ongoing. This can result in serious injury or death.	5/23/2026 9:17 PM
71	3 months is a long time to wait for support, however NDIS is so back logged as it is. Perhaps having an interm kind of thing while waiting for approval - perhaps this is when we use mental health or other medical type plans with medicare to subsidise until accepted.	5/23/2026 9:16 PM
72	Applying for NDIS support isn't a quick process. Significant reports are needed that take time and cost a lot of money. The NDIA needs to be responsive not slower.	5/23/2026 7:10 PM
73	No issue with a longer period to assess and comment the appropriate recommendations.	5/23/2026 7:00 PM
74	NO, if they plan to go ahead with a simplified cookie-cutter assessment process using staff with limited training and AI decision making with minimal human input, no right for applicants to challenge the decision at the ART and a decreasing number of overall participants. YES if they keep the same number of participants, ensure there is significant human input into the assessment and decision making process, including reviewing reports from current medical and allied health providers, and the right for applicants to challenge outcomes through the ART.	5/23/2026 6:14 PM
75	People have to wait just under 1 month and now it's 3 months? I have been asking for a plan review and it's been over 12 months, the 21 days isn't adhered to now	5/23/2026 4:13 PM
76	Two reasons they want 90 days 1. They hope people give up in applying 2. They can't get their systems right to be able to stick to their timeframes. All this will do is stretch out the 90 days because they still can't get their shit together	5/23/2026 4:13 PM
77	The unknown , wait can cause a lot of undure stress	5/23/2026 3:04 PM
78	I don't understand why they need 90 days. If a longer time frame meant they were consulting the most up to date information about the said disability garnered from actual people with the illness not just the most basic info from 10 years ago, that could be helpful. But I don't believe that is the reason why they want more time. I believe the extra time is only required so that the NDIS can cut down on staff.	5/23/2026 2:42 PM
79	That is 69 days long someone is without support or without answers	5/23/2026 1:51 PM
80	Depends on urgency of circumstances	5/23/2026 1:18 PM
81	Too long to live with uncertainty!	5/23/2026 12:01 PM

82	It leaves people waiting longer for supports that they need to live. It will result in deaths	5/23/2026 9:59 AM
83	Those 69 days could be the difference between life and death for someone people. If there needs to be more time for assessments, then a provisional status needs to be introduced, to fund life-critical supports.	5/23/2026 9:42 AM
84	I don't see this as a problem if that is what is needed.	5/23/2026 9:29 AM
85	It would depend on the evidence gathered.	5/23/2026 9:23 AM
86	Only if the process is improved for everyone	5/23/2026 8:27 AM
87	I have been waiting 14 months already to get my daughter's plan re assessed. Whatever timeframe they tell you can't be adhered to as it is.	5/23/2026 8:23 AM
88	Way too long to leave people in limbo	5/23/2026 8:07 AM
89	Many people have urgent needs and 21 days is already too long especially considering after acceptance, someone still ends to wait for a plan and supports to commence.	5/23/2026 6:09 AM
90	90 days is too long to wait following an accident or injury	5/23/2026 5:11 AM
91	People who need support immediately should be granted as such. A review can be conducted in 90days if this necessary however, a family who depends on the funding is desperate, I don't understand the purpose of holding off for 90 days if it can be granted in 21?	5/23/2026 4:54 AM
92	They are already doing this anyway! I had to follow up on them myself about a revie. The system is a disgrace and slap in the face for people with disabilities	5/23/2026 3:49 AM
93	Usually parents are desperate and have tried everything before getting onto NDIS... waiting 3 months is too much and could be detrimental.	5/22/2026 10:09 PM
94	It is usually VERY clear if some one needs disability services.	5/22/2026 8:09 PM
95	Realistically I have waited a long time frame for Plan acceptance.	5/22/2026 8:04 PM
96	If they are currently on the ndis and it takes 90 days to decide, at least make sure the funding continues for that time. Longer the timeframes, the more anxiety there is any the outcome	5/22/2026 7:13 PM
97	That is a lifetime for people who are in desperate need of support!	5/22/2026 6:42 PM
98	People could actually die in this time frame	5/22/2026 6:31 PM
99	For someone with disability and their families, this is a long time. In saying that, I waited longer than this to find out about whether my child met the criteria. I think the NDIS aren't meeting their timeframe anyway!	5/22/2026 6:14 PM
100	They need to improve administration systems and processes to reduce not increase timelines	5/22/2026 4:07 PM
101	The delays are already extreme and no one is holding NDIA to account, they don't treat us as human beings just a number and cost savings. The risk of harm to some of us are real but no one cares	5/22/2026 4:01 PM
102	Is this to delay payments or to ensure best assessment?	5/22/2026 3:30 PM
103	How can you expect families to wait 90 days (although time is 21 days now this is already delayed due to resources and lack of training in the Government Departments) when research shows early intervention is beneficial and has positive impact (which means potentially less costs to the government in the future, which was the purpose of the NDIS before both parties bastardised the program)	5/22/2026 2:28 PM
104	I'd only support longer if it means more effort is being put into reviewing the applications and taking more of the complex components of the disability on board	5/22/2026 1:46 PM
105	It takes longer than 21 days now - if it went to 90 days, it would take up to a year or more to access the NDIS. All the while, not being able to access any other services because "you're eligible for the NDIS." There's also no guarantee a person will be accepted on to the NDIS, so if they're not, they'd have to go onto waiting lists and wait for years to get other services. If the government is streamlining the NDIS to cut their wastage of funds, then it shouldn't take them longer to decide if a person is eligible or not for the NDIS.	5/22/2026 1:24 PM
106	The wait times are already horrendous. Don't give them license to take longer!	5/22/2026 1:16 PM
107	do their job properly and they don't need such time. each day for a disabled person without	5/22/2026 12:16 PM

	access and with pain is like a lifetime.	
108	They don't decide within 21 days anyway so if they stick to 90 days that could be an improvement. They don't stick to what they say anyway so them saying these numbers is really quite meaningless	5/22/2026 11:41 AM
109	This is really problematic, especially for children with complex disability requiring supports where time is crucial for supporting development. This leaves people in limbo and places them at high risk.	5/22/2026 10:32 AM
110	21 days is plenty of time to make a decision.	5/22/2026 10:30 AM
111	Three months is an insanely long time to leave people wondering if they're even eligible for support	5/22/2026 10:17 AM
112	Why do they now needs 90 days? What reasons are given? Why change	5/22/2026 9:57 AM
113	The timeframe is too long to review the evidence in the application. The NDIS will only accept medical specialist and allied health supporting documents and reports that are less than 6 months old. If the applicant needs to reapply with more supporting documentation, they run the risk that NDIS will dismiss their earlier reports if they become older than 6 months. It takes time to organise assessments, wait for the therapist to be available to conduct the assessment and write the report. So if the application process is prolonged to 90 days then the applicants may run the risk of being told their earlier documentation is not recent enough to include as evidence.	5/22/2026 9:27 AM
114	Families with autistic children can be desperate for support. 90 days can negatively impact their daily life	5/22/2026 8:12 AM
115	Depends on the parameters for review of decisions	5/22/2026 7:29 AM
116	If it means they actually read evidence then yes	5/22/2026 7:27 AM
117	I think 90 days is too much, and 21 days is too little for a system that is overloaded and under the pump. Somewhere in the middle	5/22/2026 5:50 AM
118	NDIA needs to be actioning everything in a more timely manner.	5/22/2026 5:47 AM
119	Time is of the essence in pediatrics.	5/22/2026 5:34 AM
120	In my lived experience, by the time we were able to access NDIS we were already at breaking point and desperate for assistance.This will make it even harder for families and people suffering with disability.	5/22/2026 12:07 AM
121	I thought it was already 90 days as participants have expressed waiting months to be approved	5/21/2026 11:58 PM
122	It's too long in the cycle for a person that requires services. It will clog the hospital system and is just diverting costs.	5/21/2026 9:35 PM
123	They are already extensive delays to decisions and reviews, well past the stated time. This compounds the trauma to disabled people and their carers	5/21/2026 9:13 PM
124	I think I would be dead if I had to wait longer, I have been living without the Support that I needed for my whole life Ama it was such a process to get on the Ndis and I've only on it for one of my conditions, and don't have the capacity to go through more diagnosis to get more support – even though the support they give me is not enough. It has made a difference to my life and I'm sure without it I would be dead	5/21/2026 9:06 PM
125	90 days is 3 months which is a long time in early intervention	5/21/2026 8:27 PM
126	I personally waited 11 months, so 90 days would have been an improvement! People who apply will have already been needing this support for a long time, or paying out of pocket and running out of funds fast! The faster the better.	5/21/2026 8:02 PM
127	I don't believe it's 21 days now as have people told me that they've been waiting for 6 months to hear back about whether they're eligible	5/21/2026 8:00 PM
128	I do not support this situation becoming legal. However, the agency hasn't met their own service guarantees for a very long time. I feel that this change is purely to improve the NDIA's data reporting on performance. Urgent and important changes to someone's life requires urgent action. Despite this already being the case, the agency often takes far too long to act. The result of this, is that people end up in hospital, taking up beds that should not have been needed in the first place.	5/21/2026 6:57 PM
129	This is an extensive period especially for a young child with a disability who will already	5/21/2026 6:48 PM

	have to face wait times.	
130	90 days is TOO long. Where does the applicant go for support in those 90 days? Actually, 90 plus days, because if they are approved, they will have to wait to get a Plan, then a Support Coordinator to provide info to them about service providers. It could end up being 6 months for a Plan to get up and running.	5/21/2026 6:31 PM
131	Gives them extra time to assess their eligibility	5/21/2026 6:10 PM
132	That could mean someone having 90 days in hospital waiting for a decision.	5/21/2026 6:09 PM
133	People will suffer	5/21/2026 5:31 PM
134	Lazy and not necessary	5/21/2026 4:51 PM
135	90 days is too long and drawn out when people are waiting on life saving care	5/21/2026 3:21 PM
136	They dont do it in 21 days anyway. No it will blow out til a year! People with disabilities can't waitt that long, they will die waiting	5/21/2026 3:10 PM
137	No because they're already unable to stick to the current timeframe and are backlogged leaving people waiting up to or over a year to receive an outcome and currently, even more so with these changes, they're being declined which means they're left in limbo with no supports only to be told no, that they don't have enough evidence or they haven't sufficiently proven all appropriate treatments have been explored however they never give details of what services are available as this would support applicants to maybe pursue these avenues with support from LACs or family supports etc. The NDIA cannot stick to the deadlines they set out whether it be regarding access requests, plan change requests, internal reviews, reassessments etc. there are participants still waiting for plans to be approved from over a year ago with much needed changes, yes the agency is auto extending plans but this isn't good enough. And when reassessing the plans they're not acknowledging evidence that participants have paid thousands for, and are cutting plans left right and centre - rushing plan approvals because they're years behind. It's shockingly bad	5/21/2026 2:51 PM
138	Some people need support as soon as possible. And the wait lists are so long.	5/21/2026 12:50 PM
139	They don't actually meet the 21 day requirement currently. "90" days would end up being much longer. That's at least 3 months just to consider the application, let alone get anything set up or supports started. What do people do in the meantime?	5/21/2026 11:56 AM
140	Why even have a deadline. They never meet it. So now it's 90 days which will blow out to 365 days. There is little recourse anyway. Unless you have the capacity and the resources which people don't.	5/21/2026 11:56 AM
141	Practically, it took them around 90 days to accept my application for NDIS, and there was no recourse for their tardiness. While it is not ideal, I think this is probably one of the least contentious of the current proposals in this Bill.	5/21/2026 11:43 AM
142	No but they already take up to a couple of years in some cases	5/21/2026 11:28 AM
143	I think 60 days is fair	5/21/2026 11:24 AM
144	I'd prefer to see a shorter period 6 weeks	5/21/2026 11:08 AM
145	Three months is too long.	5/21/2026 10:57 AM
146	People die waiting	5/21/2026 10:42 AM
147	Huge issue if state based services continue to deny access to other support if a person is applying for NDIS	5/21/2026 10:37 AM
148	In some ways it could be good to do more research and give them time to seek opinions to make an informed decision but realistically it will most likely just delay assistance that's so very needed or be used as an excused to cost cut by delaying it.	5/21/2026 10:29 AM
149	It's too long and already it's taking longer than the supposed 21 days	5/21/2026 10:29 AM
150	90 days is ridiculous.	5/21/2026 10:26 AM
151	Why should the level of service from NDIA go backwards.	5/21/2026 10:25 AM
152	90 days is too long for a child or adult in need to wait	5/21/2026 10:23 AM
153	They take longer than 21 days already. You give them 90 days. They'll double that	5/21/2026 10:16 AM
154	If it allows more conversation a consultation to come to a decision.	5/21/2026 10:15 AM

155	Feels like a typical insurance company.	5/21/2026 10:13 AM
156	They already go over the time limit. If anything, stricter controls need to be put in place to enforce the NDIA meeting current deadlines.	5/21/2026 10:09 AM
157	There isn't enough information on how determinations will be made to answer this question	5/21/2026 8:50 AM
158	People can't put their disabilities on hold. Often they are seeking support because they need it now.	5/21/2026 8:07 AM
159	That is 3 months without essential supports AFTER you wait many months to see a LAC who gets to decide if they even submit your application. Which is after you've gathered evidence over time. Fast access should continue without ridiculous delays we currently have.	5/21/2026 7:38 AM
160	It depends on how comprehensive thw tool and assessment is. If they are collecting info from multiple sources not just one, then a longer time frame makes sense but for those in strife woth real immediate needs it could have life limiting impacts of it takes that long.	5/21/2026 7:36 AM
161	If the longer time means the NDIS employ people with experience in disability, allied health etc to read and assess then I may support it. Otherwise if it takes longer but is assessed by people without sufficient understanding of disability support them no I don't support it.	5/21/2026 7:02 AM
162	It's to long.	5/21/2026 6:42 AM
163	The longer it takes for people to get services, could mean life or death, it depends on why it is being increased and why it would also take so long to give supports.	5/21/2026 6:15 AM
164	Waiting 90 days could cause significant harm to participants and their family with such a delay.	5/21/2026 6:01 AM
165	This will have a severe and detrimental impact on people with disability, particularly those with fluctuating conditions, those with neurodegenerative conditions and communication disabilities. There is no dignity in keeping people waiting for access for support to meet basic needs.	5/21/2026 5:27 AM
166	They don't meet the 21 day guideline anyway	5/21/2026 5:06 AM
167	That is absurd and far too long to wait. As an allied health professional and a mother of an autistic child, I can tell you that the level will stress this would cause some people is astronomical. Early intervention only works if it's early. Delaying by three months is a very significant amount of time.	5/21/2026 4:14 AM
168	This should deliver more comprehensive judgement, provided it's done with that in mind	5/21/2026 3:09 AM
169	NDIA aren't meeting this timeframe currently so extending it means a significantly longer time before vital supports can be accessed.	5/21/2026 12:25 AM
170	90 days is not sufficient 21 days is more reasonable	5/20/2026 11:47 PM
171	I have a disability that makes me impatient. 90 days is far too long and the NDIS staff will not be treated fair	5/20/2026 11:36 PM
172	That is too long to make people wait and cause immense distress for people trying to get support.	5/20/2026 10:26 PM
173	Yes, they should be able to do their due diligence	5/20/2026 8:40 PM
174	It is ridiculous that 90 days is even a suggestion. People can die, be evicted and suffer further medical episodes while waiting for some NDIA staffer to tick a box.	5/20/2026 8:28 PM
175	The sooner individuals can access the required funding and supports for their disability needs, the better their long-term outcomes are.	5/20/2026 8:08 PM
176	Why? And when people need support, that extra time could literally be the difference between life and death.	5/20/2026 8:05 PM
177	NDIS need to improve their processes to meet the 21 day PSG. Expecting people to wait 90 days for disability support after a significant life event causing disability is not acceptable. For traumatic causes of disability, this will prolong hospital admission times.	5/20/2026 8:03 PM
178	No, I don't support extending it to 90 days. The current process is already stressful and emotionally exhausting for many people with disability and their families. Making people wait up to three months just for an access decision could leave people without essential supports, therapies, equipment or care for even longer. I understand complex cases can take time, but I think the focus should be on improving communication, staffing and	5/20/2026 6:52 PM

	decision-making quality rather than increasing waiting periods. For many people, delays can seriously impact their health, mental wellbeing, finances and ability to function day to day.	
179	They probably aren't keeping up with the 21 days anyway. I am more concerned about the lack of transparency with whatever decision is made. The scheme currently is very much geared towards excluding people and minimising support, it is very difficult to get helpful information about any decision that is made, and it feels like this is intentional.	5/20/2026 6:18 PM
180	And how do you guys think they are going to pay bills eat in that time?	5/20/2026 5:54 PM
181	Too long and can and will cause massive harm.	5/20/2026 5:45 PM
182	I don't see how this could benefit either participants or the NDIA, It's just an extension to the limbo and more time without support	5/20/2026 5:29 PM
183	It already takes longer than that to have anything looked at or decided, I don't see how loosening the leash on this will improve anything but their KPIs.	5/20/2026 5:02 PM
184	90 days is excessive and unreasonable. Every individual with a disability deserves prompt treatment, care and support. Delaying such can be a matter of life and death.	5/20/2026 5:02 PM
185	That way they can insure the person is the correct applicant to receive ndis	5/20/2026 4:47 PM
186	I would consider 30 days appropriate	5/20/2026 4:29 PM
187	they already take over 21 days now to decide whether someone can access the NDIS by a long time, months, image how long they will now take if this comes into play, it could take over a year to be told whether or not you are even accepted into NDIS	5/20/2026 4:25 PM
188	It was supposed to be 21 days but due to an LAC error we're now a year down the track and going to ART, all this time without support. Only discovered their mistake this week which explains it all.	5/20/2026 3:35 PM
189	Too long a wait.	5/20/2026 2:44 PM
190	i think 90 days is too long maybe 45 days would be better	5/20/2026 2:17 PM
191	Ridiculous and risky to have to wait. Thos will blow out hospital capacity as people will be waiting longer for discharge due to NDIS wait times. Clear inefficiencies within the NDIA are leading to these timelines and risks to individuals.	5/20/2026 2:16 PM
192	Thats a huge wait time if you need help	5/20/2026 1:54 PM
193	They already don't conform to deadlines and take months or years to accept people onto the NDIS with all the appeals people have to do to get them to follow the law.	5/20/2026 12:34 PM
194	The NDIA already take their sweet time. People are DYING because they aren't receiving supports or reviews in time despite critical, life threatening positions they are in. My heart breaks for the community that they have to BEG just to be alive.	5/20/2026 12:31 PM
195	The ndia doesn't adhere to the 21days now so what will 91days end up being 365days	5/20/2026 11:47 AM
196	Those timelines already get pushed out.	5/20/2026 11:43 AM
197	21 days is bad enough. People have died waiting for NDIS funding to be approved as it is. How much more suffering does our community need to endure?	5/20/2026 11:38 AM
198	Do you even know how much can happen in 90 days? How support someone can need in that time? How much a person can struggle????	5/20/2026 11:16 AM
199	It's not exactly kind or ethical to leave people idling in their pain and suffering. As humans we have a duty of care to each other. It's good to consider time when approaching disabled needs, but not everyone has the luxury of time when they require help.	5/20/2026 11:05 AM
200	No. Especially when, in reality, many people already experience waits far beyond the current legislated timeframe. Extending the formal timeframe to 90 days worries me because there's a risk it normalises delay rather than fixing the reasons delays are happening in the first place. For people applying to the NDIS, these aren't just administrative timelines. People are often applying during periods of: * crisis * burnout * school breakdown * hospitalisation * carer exhaustion * loss of function * housing instability * safety concerns Three extra months without support can have massive impacts on: * child development * mental health * family functioning * participation in education/work * physical health * risk of crisis escalation As an OT, one of the hardest things is seeing people deteriorate while waiting: * children missing critical early intervention windows * families reducing work to cope * carers becoming completely exhausted * people ending up in emergency departments because supports weren't available earlier * people disengaging from	5/20/2026 10:41 AM

	community and everyday life And often, by the time support finally arrives, needs have increased and the required supports are more intensive and expensive. I think many people would understand short delays *if* they believed the extra time would genuinely improve fairness and quality. But a lot of concern comes from the feeling that: * systems are already overwhelmed * workforce shortages already exist * reassessments and evidence requests are increasing * people already struggle to get responses * communication can already be inconsistent So increasing the legislated timeframe can feel less like “improving quality” and more like lowering accountability. The other concern is inequity. People with: * strong advocates * money * private reports * legal knowledge * capacity to follow things up constantly are often better able to push systems forward. People already overwhelmed by disability-related challenges may simply wait silently. I think if timelines are extended, there should at minimum be: * transparent communication * interim supports where urgent risk exists * priority pathways for children and high-risk situations * accountability measures * clear escalation and review options * adequate staffing and funding to reduce delays overall Because waiting for disability support is not neutral. While people are waiting, life keeps happening.	
201	It may require extra time if not enough information required	5/20/2026 10:13 AM
202	At the moment the 21 day time limit may lead to rushed and poorly considered decisions.	5/20/2026 10:11 AM
203	Increase the number of days to 42 days and employ the needed mumber of LACs who know the participant to carefully consider paticipants and build the plans. A random delegate who has never spoken to a participant building a plan does not fly with me.	5/20/2026 9:56 AM
204	unrealistically long timeframe	5/20/2026 9:21 AM
205	These reforms are eugenics disguised as money saving	5/20/2026 9:02 AM
206	This will leave people in limbo longer. It will lead to people stuck in hospitals, carer burnout	5/20/2026 8:50 AM
207	The hoops to get access already take too long.	5/20/2026 8:49 AM
208	90 days is a long time, even 21 is huge. Months of potential increased struggle, lower quality of life, and reduced outcomes/long term harm.	5/20/2026 8:40 AM
209	Government currently takes much longer. Govt is slow. Giving extra time will just cause more suffering	5/20/2026 8:23 AM
210	If you’re suffering already, a quarter of a year is a long time	5/20/2026 8:14 AM
211	90 days to a kid accessing early childhood supports is limiting their access to early intervention and support.	5/20/2026 8:07 AM
212	NDIA often makes terrible decisions. Maybe more time would mean more consideration. But NDIS access is often urgently needed as fast as possible so that is dangerous.	5/20/2026 7:15 AM
213	Wait times to access essential care must be kept to a minimum for safeguarding of potential participants.	5/20/2026 6:07 AM
214	People are already dying while waiting for their funds to be reinstated. You are just killing more people.	5/20/2026 5:11 AM
215	This will cost lives	5/20/2026 5:03 AM
216	People with disabilities need support. Ive been waiting 2 years for access. Its criminal what they have done to me. They have ignored the law. Even ART hasn't followed the law.	5/20/2026 3:53 AM
217	People who need help need it now!	5/20/2026 12:41 AM
218	Way too long to be left in limbo. High level Stress for prospective participant and family. Disabled people in Australia died awaiting supports or have suicided waiting for supports they desperately need. The NDIS is supposed to assist people with disability, not add to their challenges and stresses. Pwd feel abandoned by lengthy wait for such an important decision.	5/19/2026 10:29 PM
219	They already don't meet this deadline. This excuses delay - and the harms of delay - even further	5/19/2026 10:26 PM
220	Way too long. At the moment, NDIA are not even adhering to the 21 day timeframe and it’s appalling. 21 days is more than reasonable.. 30 days maximum	5/19/2026 9:44 PM
221	They already mess applicants around. Longer delays will only make this worse.	5/19/2026 9:18 PM
222	NDIS don’t abide by the current timelines anyway	5/19/2026 8:47 PM

223	Better decision making in the first place reduces the time burden of all decisions	5/19/2026 8:16 PM
224	90 days is far too long when you need support and it will become l very unsafe. It will also clog up hospitals even more - things shouldn't take that long	5/19/2026 8:10 PM
225	I know that the NDIA is highly inefficient, untrained and ignorant but people are going without support while they kick the can, sometimes endangering their life and wellbeing.	5/19/2026 7:30 PM
226	Inhumane and unethical. How can the government not provide support especially when the evidence is there? I have been waiting over 2 years and it has pushed me to breaking point.	5/19/2026 7:14 PM
227	3 months is a very long time to be waiting to find out if you can access the supports you need to survive. This will result in some people needing extended stays in hospital or aged care, which will create its own problems.	5/19/2026 7:10 PM
228	People with disabilities face enough systemic hardship and inequitable, inaccessible supports and services..90 days creates additional hardship and harm.	5/19/2026 7:05 PM
229	They say 21 days, but already it's more like 90 days. If they want to change it to 90 officially, how long is that in reality?	5/19/2026 7:02 PM
230	It took 7 months for them to assess our child and so any delays make things worse for people. Delays are just cost savings measures disguised in processes.	5/19/2026 7:00 PM
231	If they stopped acting against the legislation and making everyone appeal things that are, they'd have plenty of time to act within 21 days.	5/19/2026 6:59 PM
232	They take longer than 21 days already most of the time, so wouldn't make a massive difference	5/19/2026 6:47 PM
233	Perhaps 28 days is ok. Definitely not 90 days!	5/19/2026 6:46 PM
234	Takes longer than 21 days anyway	5/19/2026 6:42 PM
235	Absolutely not this is just away to play with numbers	5/19/2026 6:39 PM
236	NDIS can't do it in 21 days it can take months by taking it out to 90 it could take years. Therefore disabled person is in limbo with no help and could possibly die	5/19/2026 6:27 PM
237	Support needs to be addressed urgently, not placed on back burner	5/19/2026 6:12 PM
238	The process is long enough now and they don't stick to legislative timeframes already!!	5/19/2026 6:07 PM
239	90 days isn't long enough - there are long waitlists for Paediatricians and allied health professionals and so many participants won't be able to even gather evidence to submit.	5/19/2026 5:31 PM
240	Already don't meet time frames leaving people without support	5/19/2026 5:28 PM
241	They can't do anything in the recommended timeframe at the moment. If we give them longer they'll just take three times the new maximum limit. They just want to prevent us going to the ART. If we need help it should happen promptly	5/19/2026 5:20 PM
242	More time for assessment does mean more opportunity for the assessor to get it right. Time pressure has always gone hand in hand with rejections. But it also means that people who need immediate supports must wait longer to get them.	5/19/2026 5:13 PM
243	90 days is a very long time without support and without knowing.	5/19/2026 4:38 PM
244	If it's an initial (big) decision ok, but not if it sets the precedent for reviews etc to take this long too. But to start in the NDIS I think it's reasonable if it can be in conjunction with some more Medicare / GP help, eg 5 free allied health sessions or something similar	5/19/2026 4:22 PM
245	It is far too long.	5/19/2026 4:10 PM
246	Urgent need for support/ mental health impacts	5/19/2026 4:00 PM
247	That will just allow the backlog of assessments to get even longer.	5/19/2026 3:36 PM
248	Why do they need so long if the person has evidenced their needs? It's already a very long process to meet requirements and submit an application. Making it even longer means people won't have the capacity for it	5/19/2026 3:26 PM
249	With a longer lead in they may be less likely to just say no as the 21 day deadline looms.	5/19/2026 3:24 PM
250	Someone could easily end up homeless in that time	5/19/2026 2:17 PM
251	People apply for access because they need support. That support can at times be time limited and requires action.	5/19/2026 2:11 PM

252	have to say though offering 90 days seems quicker than the 5 MONTHS we have been waiting on my daughters COC atm	5/19/2026 1:21 PM
253	Twenty-one days? What a crock. The NDIA took way longer to approve my application. I suspect that extending the approval time to 90 days won't guarantee an application will be considered within that time. The NDIA will do what it does now; take as long as it takes.	5/19/2026 12:53 PM
254	People from low socio economic backgrounds may find themselves homeless, lose their jobs or even lose their lives to inadequate care while waiting for access. Situations like these are obviously not easily reversed and have huge impacts.	5/19/2026 12:38 PM
255	Even their logic for arriving at this decision does not make sense. We are not meeting kpi's therefore we need to give ourselves more time - instead of we need to do things better. If anything the timeframe should be reduced rather than extended.	5/19/2026 12:29 PM
256	If it means they will actually read & consider the documentation provided, then yes.	5/19/2026 12:06 PM
257	The NDIS don't meet ANY timeframes anyway and no-one EVER holds them to account. Having to put your life on hold, waiting and waiting for decisions has significant negative impacts on your mental and physical health. The waiting is unbearable. Forcing people to have decisions hanging over them for months is inhumane, cruel and psychological abuse.	5/19/2026 12:00 PM
258	Are they reaching 21 days now? I know CoC has take 10months. Prefer deadlines they actually keep. But a triage process would help.	5/19/2026 11:57 AM
259	90 days is far too long. People are already waiting more than 21 days.	5/19/2026 11:54 AM
260	These things need to be done in a timely manner to give people access to the supports they need as soon as possible. Waiting can create further harm	5/19/2026 11:35 AM
261	They take 90 days anyway in my experience. That increased time should be mandated to include proper assessment including full assessment of supporting evidence	5/19/2026 11:13 AM
262	That is a ridiculous amount of time when people are deteriorating and in desperate need of help	5/19/2026 11:09 AM
263	I guess if they really need more time - what emergency funds can be put in place. If they need this long, please ensure that the information provided is read and acted on appropriately	5/19/2026 10:54 AM
264	Doesn't matter too much since they fail to meet their timeframes most of the time anyway.	5/19/2026 10:52 AM
265	If it means cases are assessed in a more individual way then more time should be taken	5/19/2026 10:51 AM
266	Three months to see if I can get some form of help is a very long time without that help	5/19/2026 9:39 AM
267	If someone finds that their needs change, either over time or in an instance after an illness or car accident, they need the support straight away. If NDIA are really concerned, have a system whereby the client is provided with supports on a system where they have to payback any money used for them should at 90 days the NDIA's decides that they didn't meet the criteria.	5/19/2026 9:31 AM
268	90 days is ridiculously long.	5/19/2026 9:15 AM
269	It's too long especially when NDIA can't keep to the timeframes	5/19/2026 9:10 AM
270	This is quite a funny question as it took me 7mths to obtain the NDIS for my daughter who has Downsyndrome. Then a further 7 weeks to access the funding... 21 days is laughable. In my experience it doesn't happen. (i have spoken to many other parent and carers)	5/19/2026 8:49 AM
271	Because of the complexity of applying it usually takes a long time from when the decision is made to apply to when an application is submitted and adding another 90 days onto that is unfair and likely to cause significant harm. Plus the NDIA are renowned for not keeping to timelines already... plus if they are making it harder then that blows out the timeline even more meanwhile people are suffering	5/19/2026 8:32 AM
272	The new system is supposedly more efficient, why would they need 90 dys. Disabillty isnt something to be treated as if there's a "cooking off" period. Suppprts are typical needed before access requests are even lodged. And they desperate people to wait 3mths for a decision. What an excruciating amount of time to be living is "stressful" wait. That coukd put some people over the edge,	5/19/2026 8:31 AM
273	In my personal experience they don't meet the 21 days so does 90 days mean 90 or just an excuse to stretch it out further	5/19/2026 8:24 AM
274	They have not been committed to any deadlines. I have clients waiting longer than 90 days	5/19/2026 8:09 AM

	now for outcomes	
275	People are already waiting far longer than 21 days for a decision. Pushing this out to 90 will only increase the wait more for people. Especially with no particular plan in place for how they will meet this target when they continually fail now.	5/19/2026 7:54 AM
276	the current "21 days" is already more like 6+ months - if they are allowed 90 days how much longer will it get?	5/19/2026 7:40 AM
277	This is critical after traumatic injury or sudden change in complex support and accommodation	5/19/2026 7:25 AM
278	This increases uncertainty and is clearly a move to make it so that the agency is meeting how long it is talking to get through applications.	5/19/2026 7:18 AM
279	Try have a disability 21 days can seem like a life time let alone 90 days plus let's face it, it's the government! 90 days will be extended just like plan reviews now. They are backed up now!	5/19/2026 7:15 AM
280	Mind you they aren't meeting the 21 day timeframe now. My daughters plan review took over 200 days	5/19/2026 7:09 AM
281	If they are going to take this long there should be some sort of interim funding to ensure people don't between the gaps while waiting	5/19/2026 7:05 AM
282	Given their lack of adequately trained personnel, it would be better if they took more time than made quick and potentially wrong decisions.	5/19/2026 6:56 AM
283	Newly disabled people and families with a new born with severe disabilities need rapid support in that vital starting the disability journey phase	5/19/2026 6:44 AM
284	But only if that means they actually read AND UNDERSTAND the supporting documentation.	5/19/2026 6:43 AM
285	Too long as they always exceed timeframes anyway so it will be creating a longer access time the more time you give them	5/19/2026 6:38 AM
286	NDIA have a flagrant disregard for legislated timeframes so it doesn't matter what timeframe is given, NDIA won't respect it	5/19/2026 5:46 AM
287	They don't stick to their own timeline rules now so this could blow out	5/19/2026 5:38 AM
288	Depending on the seriousness of the condition, why should people have to wait longer being in pain physically or emotionally, because the government want to allocate funds elsewhere. Its going to lead to more deaths and more enquiries that will continue to repeat this cycle.	5/19/2026 5:10 AM
289	Its too long to wait	5/19/2026 5:09 AM
290	Streamline, employ staff. There is already enough anxiety wirh disabilities, so the waiting can be unbearable, especially after making themselves particularly vulnerable during assessment.	5/19/2026 3:57 AM
291	I understand that some NDIS access decisions are complex and may require time to properly assess medical evidence, functional capacity, and supporting documentation. However, I am very concerned about extending the access decision timeframe from 21 days to 90 days without strong safeguards and accountability measures. For many people with disability and their families, waiting for an access decision is not a minor administrative issue. People are often already in crisis when they apply to the NDIS. They may be: * struggling to keep a child in school, * unable to access therapies, * experiencing severe carer burnout, * facing mental health deterioration, * unable to work due to caring responsibilities, * or going without essential supports entirely. An extra three months can have a major impact on a person's development, safety, wellbeing, and stability. I am especially concerned about children needing early intervention because delays during critical developmental periods can have lifelong consequences. Delayed supports can also increase pressure on families, schools, hospitals, and other systems. Another concern is that longer timeframes may reduce pressure on the NDIA to improve efficiency and communication. Many participants already experience delays, requests for repeated information, inconsistent communication, and difficulty getting updates on applications. Extending the legal timeframe could risk normalising slower decision-making rather than fixing underlying system problems. I also worry about equity. People with financial resources may be able to privately fund therapies and supports while waiting, but low-income families often cannot. Longer delays may therefore disproportionately harm vulnerable families. If the timeframe is extended, there should at minimum be: * clear communication requirements, * regular updates to applicants, * fast-track pathways for	5/19/2026 2:11 AM

	urgent cases, * strong accountability for delays, * and interim supports where people are at significant risk. The system should aim to make accurate decisions, but it should also recognise that delayed access to disability supports can itself cause serious harm.	
292	We need to make the natural resources companies pay their fair share rather than leave us waiting. It already takes so long to get the reports we need. Blowing out the decision times is just another way to hope we will be come frustrated and drop out.	5/18/2026 11:40 PM
293	3 months is a significant amount of time if using a “standardised measured”, particular for the person with a disability who needs supports (and likely has done for a while before getting to the point of NDIS access)	5/18/2026 10:15 PM
294	NDIS is totally understaffed. Will more time help? Probably not. I have to wait about 1 hour on to phone to speak to someone and often my problem is not resolved. The NDIS needs more fixing not breaking apart.	5/18/2026 10:06 PM
295	Early intervention is vital and the earlier it occurs the higher chances of positive improvements	5/18/2026 9:16 PM
296	Stop playing around with peoples lives and create better systems to support participants.	5/18/2026 9:10 PM
297	The NDIS already takes up to 18 months to make decisions about URGENT needs and requests when they are supposed to decide within 21 days. They consider this to be acceptable. It isn't. We can't even submit things one DAY late or they won't be accepted	5/18/2026 8:57 PM
298	They have already shown that they cant be trusted to do it on time.. its not fair of them to be able to keep pushing it out.	5/18/2026 8:48 PM
299	Definitely not especially if they’re supposedly not filing in for delayed compo claimed or mvit.	5/18/2026 8:48 PM
300	PWDs for which the NDIS was established need immediate support not in three months time.	5/18/2026 8:43 PM
301	Will extra time ensure more consideration?	5/18/2026 8:42 PM
302	I think 30 days	5/18/2026 8:07 PM
303	I never wanted to be on the NDIS. I was married and my partner was my carer. I only applied for NDIS when he died suddenly, and having to wait so long before getting actual support is something I still haven't recovered from, if I ever do (I applied 3 or 4 years ago, they were taking about 3 months at that point).	5/18/2026 8:05 PM
304	A person may need urgent support 3 months is too long	5/18/2026 7:50 PM
305	My original decision took 6 months and I've never known anyone to actually have an answer within 21 days.	5/18/2026 7:33 PM
306	As someone who was accepted immediately, but administrative delays and errors led to my first plan being approved 9 months later, it would only create further delays.	5/18/2026 7:20 PM
307	Cleary defined legislation on what level of functionality.	5/18/2026 6:32 PM
308	I don’t agree with that when they make the disability person to do things with not enough time and 3 months could mean life or death in situations if there going to take that long they should pay for respite until they make a decision so the disability person is safe	5/18/2026 6:27 PM
309	That is way to long in my opinion!	5/18/2026 6:18 PM
310	Only if their using this extra time to make an informed decision	5/18/2026 6:07 PM
311	Changing from 21 days to 90 days is to long	5/18/2026 6:06 PM
312	If it means that appropriately qualified people have time to make considered assessments then great. But NDIS doesn't stick to its own timelines anyway so don't expect that to change.	5/18/2026 5:55 PM
313	I call prolonged delays "deterio-waiting". Disability doesn't offer a 90-day grace period from symptoms and limited capacity.	5/18/2026 5:53 PM
314	Why is more than triple the time to be accepted ok? Certainly is NOT ok!!	5/18/2026 5:50 PM
315	They don't stick to their requirements currently anyway!	5/18/2026 5:47 PM
316	Is very long time frame	5/18/2026 5:13 PM
317	90 days is too long. Maybe somewhere in-between would be more acceptable?	5/18/2026 5:12 PM

318	Disability can kill in 90 days.	5/18/2026 4:51 PM
319	Only if they review the application fully including reading all reports and not a tick and flick form to comply.	5/18/2026 4:34 PM
320	Too long	5/18/2026 4:25 PM
321	If this was to come with changes where people's applications are actually read and the law is applied equally then I could be okay with this.	5/18/2026 4:19 PM
322	It's bad enough we wait for an internal review. This just drahgs out the time	5/18/2026 4:14 PM
323	I think decisions can be made in a timely manner if the agency is running effectively.	5/18/2026 4:12 PM
324	This is ridiculous they aren't even upholding the 21 days. If they change it to 90 it will end up being 180 days before they even do anything	5/18/2026 4:06 PM
325	Only for non urgent matters.	5/18/2026 4:06 PM
326	Do you think it's appropriate for you to live in insecure housing, irregular meals, in agony for three months? If not, then the answer must be no.	5/18/2026 3:32 PM
327	Provided they use the time to do decent assessment - read reports and take on board medical opinions	5/18/2026 3:26 PM
328	Depends on urgency of access ie hospital in pt needing discharge	5/18/2026 3:22 PM
329	People with Disabilities have immediate needs and extended waiting times hinders their ability to have a normal life	5/18/2026 2:53 PM
330	The NDIS has a pattern of delayed decision making rather than addressing immediate needs to keep people safe. 21 days is reasonable and has been adequate to date.	5/18/2026 2:46 PM
331	Does the NDIA know it's own rules now? You would think for genetic conditions it was clear cut, no need for 21 or even 90 days - but for us it took them over 6mths to make a decision. So, what's a few more days going to do to a group that can't or won't make a decision now - it's just ball passing and fingers crossed that they get exhausted and feed up and move on.	5/18/2026 2:44 PM
332	That's too long. Especially when a computer is deciding eligibility.	5/18/2026 2:37 PM
333	21 days is already too long. A person with a disability often is unable to follow up leaving them in a forgotten cue that is already taking forever if they are in a 90day cue this will simply turn the NDIS cue into the same shitshoe and the MyAgeCare. A elderly person with a stroke paralysis and no home support having to wait 12/18minths for support is ridiculous	5/18/2026 2:32 PM
334	I'd prefer that they consider our evidence more carefully and had appropriately senior people available to do so than this decision be rushed.	5/18/2026 2:31 PM
335	It's cruel to leave people hanging. Many people could die in that 90 day time frame.	5/18/2026 2:00 PM
336	Get your act together	5/18/2026 1:44 PM
337	Increasing delay will exacerbate the impact of disability and potentially result in hardship	5/18/2026 1:32 PM
338	They need to take longer sometimes if they do an accurate job but it takes 90 then 90 it is but if they can do it quicker they should	5/18/2026 1:26 PM
339	Some people have urgent needs.	5/18/2026 1:08 PM
340	If it means they are going to put the time in to make a thorough decision it could be worth it to take 90 days, but if it is just fed through AI and will need to be appealed because the complexity of the case, and a human being who understands/has training in disabilities has not been involved, then 21 days is betters also who is meant to look after the disabled person for the 90 days while waiting for a decision?	5/18/2026 1:05 PM
341	There should be a tier about how urgent the application is and those need to be processed faster!	5/18/2026 12:41 PM
342	Way too long	5/18/2026 12:23 PM
343	NDIA structures and personell give me no confidence in their ability to assess disability at the best of times. They don't need extra time to pretend to read reports they should just listen to the medical professionals in the first place.	5/18/2026 12:21 PM
344	All decisions should be timely and be able to be appealed	5/18/2026 12:20 PM
345	This is far too long to assess families needing support and will send more people into crises, sadly this has already meant horrific outcomes for people and their children	5/18/2026 11:56 AM

346	May need time to gather data and consider available options	5/18/2026 11:29 AM