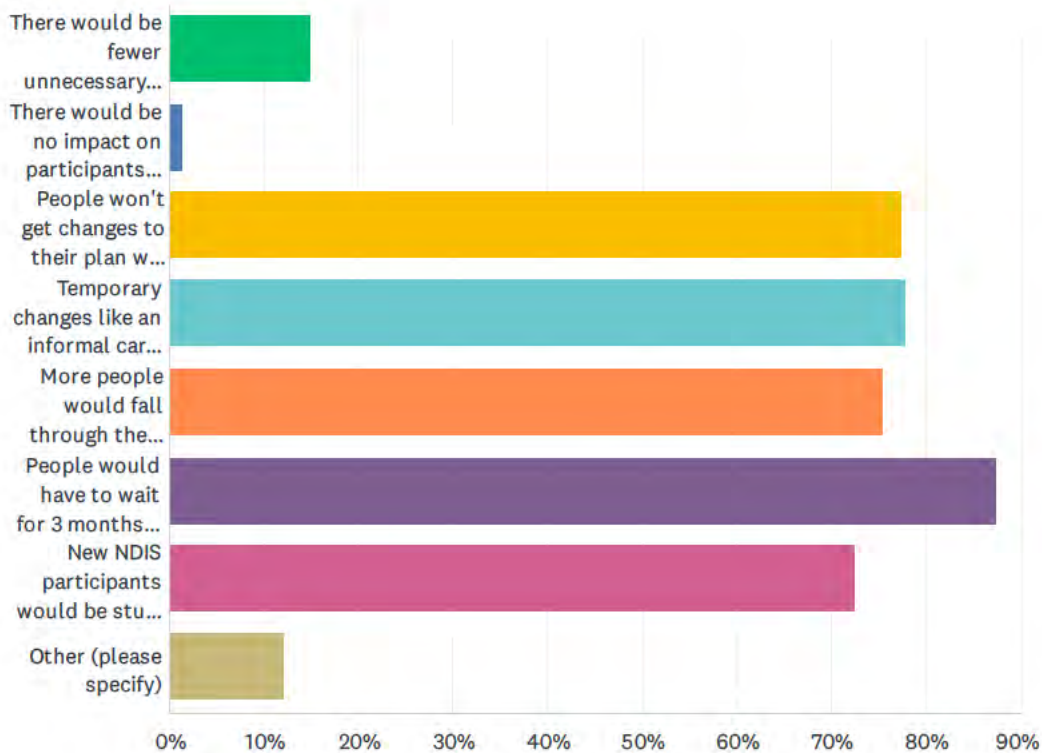


Q13 The Government wants to limit mid plan changes so they can usually only happen when there is a big, ongoing change in needs or life situation, and only the participant or nominee/guardian can ask. What impact do you think this will have? (Please choose all that apply)

Answered: 1,154 Skipped: 233



ANSWER CHOICES		RESPONSES	
There would be fewer unnecessary reviews.		14.90%	172
There would be no impact on participants and families.		1.30%	15
People won't get changes to their plan when they need them.		77.56%	895
Temporary changes like an informal carer being hospitalised would not be covered, so people would be left without critical supports.		77.82%	898
More people would fall through the gaps.		75.48%	871
People would have to wait for 3 months or more for urgent changes to their plans, putting their safety at risk.		87.52%	1,010
New NDIS participants would be stuck with inadequate funding that doesn't meet their needs.		72.53%	837
Other (please specify)		12.13%	140
Total Respondents: 1,154			

#	OTHER (PLEASE SPECIFY)	DATE
1	At the end of the day if a participant or parent feels the package is no longer adequate and not meeting the persons needs then it should be reviewed ah that point - if they got it right in the first place people would need to fight to have their plans reviewed (evident by just how many rulings get overturned and go in favour of the participants)	5/25/2026 9:32 PM

2	Long term plans are not indexed to COL - a six-year plan with \$15,000 p/a does not take into account that things will be more expensive in six years (including ndis payment rates for support workers)	5/25/2026 4:44 PM
3	Define "big". Subjective terminology form legal backups to making excuses around providing reasonable and necessary reviews. If the government is going to make rules around magnitude of need, tell us what the criterion per bucket is. What is a small change of circumstance? What is a medium one? A large one? This information needs to be shared before a rule is changed because of it.	5/25/2026 11:57 AM
4	A Support coordinator could make recommendations to act quickly	5/25/2026 3:41 AM
5	I think some allied health professionals should be able to make these requests e.g an OT. Not everyone has those people to act on their behalf	5/24/2026 10:45 PM
6	People will die as a result, cares and families will burnout	5/24/2026 8:24 PM
7	Currently the response from the NDIA to any emergency is to call 000 or Lifeline. Doesn't take into account those with complex higher t needs often have inadequate plans to begin with due to NDIA incompetence	5/24/2026 6:50 PM
8	If a participant has an inadequate plan and it is then automatically renewed, they would have less ability to get the plan reassessed.	5/24/2026 6:30 PM
9	Many participants are unable to apply for this themselves, and carers are often burnt out and need to support to apply for this. It may reduce the number of reviews - but will create a much greater need and place many people at risk of harm.	5/24/2026 6:09 PM
10	Alongside the ticked, hospitals and EDs would be flooded with struggling individuals. We are already 2 decades behind in WA alone.	5/24/2026 4:30 PM
11	I think the ideal would be speedy reviews of changes asked for, but in my experience, the NDIA has never moved with alacrity for plan reviews, so I actually don't see this as a 'change'	5/24/2026 1:49 PM
12	Stick to 21days	5/24/2026 1:37 PM
13	All of the above. Risks are beyond reasonable. Will be much higher cost to the tax payer, just different buckets.	5/24/2026 1:03 PM
14	Why do disable people do reviews for their plan- due to dissatisfaction- if you can judge properly while planning - they will not need to review or ask for. Provide as much as to fulfill their needs or make the services cheaper.	5/24/2026 12:29 PM
15	By not allowing support coordinators to lodge plan change requests, already high risk participants will be at greater risk. Plan nominees already have enough to juggle without also having to navigate this	5/24/2026 12:00 PM
16	Disability is social as well as medical. Changes to living circumstances need to be addressed as soon as they occur.	5/24/2026 11:57 AM
17	Who actually determines the unanticipated/significant and ongoing changes?	5/24/2026 11:42 AM
18	The above issues are already happening and the new rules will make everything worse for people. I expect many deaths will be the result of the new rules.	5/24/2026 11:37 AM
19	I won't be able to employ someone as there is no certainty - how can I budget to employ someone with out certainty of funds? More contract staff that I don't want. More people on our lives and home. Creating a contracting workforce which is hard for contractors to get mortgages as they don't have certainty of income .	5/24/2026 11:35 AM
20	Current reviews are most commonly done due to inadequate initial plans. If they took the time and listened to the medical experts and most important the participants they would get the initial plans to be more adequate and also understand a human is not fixed and will change.	5/24/2026 11:30 AM
21	If the plans were never adequately funded in the first place, people will continue to not have their support needs met.	5/24/2026 9:21 AM
22	Terrible idea!	5/24/2026 9:09 AM
23	Services and sole traders needs to stop using the plans to the last cent so there is funding for addition emergency support when needed. The idea of using it all or loose that services tell families and participants	5/24/2026 9:09 AM
24	Disability is not a one size fits all, errors in decisions are made all the time and a support	5/24/2026 8:39 AM

system needs to have responsiveness built into its processes to support people when they need it most. Telling someone in crisis that they need to wait 9 months until their scheduled plan review for any changes to be made is inhumane, and will place huge pressure on other systems like hospitals and mental health crisis supports.

25	Scary thought for all the families.	5/24/2026 8:18 AM
26	Some participants/support coordinators are pushing the boundaries and limits on plan reviews, despite the supposed change to the system previously. How about they just fix what is broken rather than making it worse???	5/24/2026 6:41 AM
27	When capacity of nominees, guardians or parents is low due burn out, their own health and support needs or even existing concerns of safety under investigation it places the burden on families with restricted support. These reviews already should not be occurring without their informed consent. In a seperate complex population I also have concerns for when Public Guardian or Child Safety are the guardians as they do not know the ins and outs of the system and rely on professionals like support coordinators and allied health to assist in these instances as they are often unsure how to action next steps.	5/23/2026 9:32 PM
28	Maybe NDIS wouldnt be so back logged	5/23/2026 9:17 PM
29	Much of the time that the participants I work with need an early plan review is because the original plan given to them was not adequate in the first place because they had a planner who had no idea what the child needs, did not read the reports we provided, or simply didn't care and was focused on avoiding funding rather than ensuring their needs are met. There should be a mechanism for participants to be able to request a plan review due to the plan not being adequate in the first place.	5/23/2026 7:21 PM
30	Yes to only having change of situation in specific situations that are unanticipated and significant. It does NOT need to be ongoing, but only additional funding for the period requied should be made, and this can be easily extended if duration is difficult to predict. DEFINITE NO to making it a longer and more difficult process.	5/23/2026 6:21 PM
31	Already the ndis doesn't stick to the 21 days for urgent change of situations leaving people hospitalised or dead. This would just make this worse. Also, planners make many administrative errors like wrong goals, incorrect information about the person, and even this can never be changed, it's a entire beaurocratic red tape system because it's made itself so complicated and complex that people that work there cant even figure out the knots.	5/23/2026 4:21 PM
32	I require my support coordinator to lodge things for me due to severe illness that causes total cognitive disfunction. Without a support coordinators help lodging things for me I'd be in a dreadful living situation without any support.	5/23/2026 2:47 PM
33	This doesn't make sense to me as usually the NDIA are the ones asking for reviews to be done especially with the first plan. Reassessments are already only done when there is reasonable need	5/23/2026 1:56 PM
34	As the NDIA most often determines that plans will be rolled over, rather than reviewed at plan end, this further restriction on plan review requests will mean that people do not have any opportunity to request a change to their plan. Until recently I worked as a support coordinator and know that many participants have had plan rollovers for 4 or 5 years, and are trying to manage with plans that no longer meet they needs.	5/23/2026 1:08 PM
35	People, should be assessed on their individual needs, not whether their particular situation fits within some new rules.	5/23/2026 6:19 AM
36	People have changing circumstances and this could add more stress to their load especially as carers if the funding doesn't work for the person's needs	5/23/2026 4:01 AM
37	Removes choice and control. Doesn't allow for fluctuating capacity.	5/22/2026 10:17 PM
38	Our son who is 4 and has cerebral palsy recently had his plan rolled over automatically, despite AFOs being included in his previous plan as a stated support, AT (which he only has for AFOs) was not included in the roll over budget. He struggles to walk and experiences pain without AFOs. He is growing so needs two pairs per year. If they roll plans over and then limit opportunities for input, or appeal then many families will suffer. In our case we would need to find 15k in our family finances to self fund the AFOs, and if this wasn't possible he wouldn't be able to walk.	5/22/2026 7:25 PM
39	Woo gets to say what classes as a big ongoing needs change?	5/22/2026 7:20 PM
40	Too much writing	5/22/2026 5:31 PM
41	If unfunded people could exhaust funds or suffer serious issues if their funds do not allow	5/22/2026 4:17 PM

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	using plan funds for additional unexpected needs	
42	It seems that they're already applying a strict no to all requests regardless this would potentially be formalising a procedure already in place	5/22/2026 4:08 PM
43	What happens to those who find their initial plan is woefully inadequate to their needs? There must be more flexibility, for humanity's sake.	5/22/2026 3:38 PM
44	There would be no ability for NDIS mistakes or gross errors in their assessment process to be addressed, and individuals and their families will suffer. More disabled people will die as a direct result of the NDIS removing the right for plan reviews based on insufficient funding.	5/22/2026 1:31 PM
45	another ploy to not fund participants appropriately	5/22/2026 12:19 PM
46	I work with clients who have a degenerative / progressive disability. The Ndis won't fund things like food thickeners if the client doesn't need them, even if we know they will need them in the next six months. Is needing a food tech not a significant change enough to warrant a plan review? Will they fund things like food thickness before the client needs them... I doubt it! How are things like this going to be funded... These are things that could cause a client to aspirate choke and die that they are taking months to fund by not funding them upfront	5/22/2026 11:46 AM
47	I work as a dietitian for children, quite often they may not have funding or may need more funding for their formula if there are changes. This makes it much harder, often these families are from low SES backgrounds so asking them to put in for review is a really difficult task to undertake.	5/22/2026 10:37 AM
48	Leave the process as it is now.	5/22/2026 10:33 AM
49	This is taking problems that already exist in the scheme and making them way worse. I know that when I moved out it took over a year to be able to obtain appropriate support. I ended up homeless because of this. These changes are trying to prevent us from living our lives with any degree of dignity	5/22/2026 10:25 AM
50	Support needs can fluctuate or drastically change for young autistic participants. By making changes harder to implement, this is making carers' already very challenging day to day lives more difficult	5/22/2026 8:18 AM
51	People will experience trauma, loss of dignity and lives will be lost	5/21/2026 9:19 PM
52	Participants would struggle to add additional diagnoses to qualify for the associated support.	5/21/2026 8:25 PM
53	as long as it is clear what constitutes big changes in needs/ life	5/21/2026 8:12 PM
54	Also assumes advocacy and guardianship are accessible	5/21/2026 6:08 PM
55	Disabilities are unpredictable. It's wrong to put extra pressure on participants.	5/21/2026 5:37 PM
56	people will die or lose capacity	5/21/2026 5:16 PM
57	Participants will die, it's happening now so more likely to happen with the changes	5/21/2026 5:16 PM
58	It's a joke now. Quoting that plan managers do reviews to get more funding is the biggest joke.	5/21/2026 4:54 PM
59	Some changes in what constitutes a change in situation that are still flexible would be fine as a lot of plan change requests come from support coordinators who have run out of funding, that shouldn't be a valid reason unless the participant has complex needs and was approved very little funding in that category however if a participant's plan was approved with funding not adequate to support their needs especially first plans and they have completed a functional capacity assessment or further assessments which identify additional supports then they should be allowed to request this rather than holding off and running out of funding	5/21/2026 3:02 PM
60	People could die. Particularly people with no informal supports and no capacity for communication (or even awareness of increased support needs altogether)	5/21/2026 12:08 PM
61	I asked for a review a number of yrs ago they rang me after early 12 months and said if I went ahead it would impact the new plan being released which was due in 2 weeks, so I gave up. I did have a 1 increased budget in a following plan after having a meeting with advocate OT. I recently received a letter saying my recent review had not been approved and so I would stay on my current funding. I did not ask for a review. The system is a mess.	5/21/2026 11:29 AM
62	Participants could be left stranded in hospital	5/21/2026 10:56 AM
63	What if the participant is too incapacitated to ask? This is ridiculously dangerous and grossly unjust.	5/21/2026 10:39 AM

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64	It will take even longer to get appropriate supports when someone is given an inappropriate plan in the first place. This is already taking a frustratingly long time of many many months.	5/21/2026 10:29 AM
65	I already don't have enough funding. What I was lumped with without consultation without any support doesn't cover any of the things that I needed that most help with.	5/21/2026 10:20 AM
66	If the plans are setup appropriately from the get go it would reduce unscheduled plan reviews.	5/21/2026 10:17 AM
67	They also don't look at the person and their living circumstances and carers circumstances changing	5/21/2026 10:15 AM
68	Detrimental impacts increasing risk of harm	5/21/2026 10:11 AM
69	This would cause unnecessary hardship and possibly end in the deaths of participants	5/21/2026 10:09 AM
70	This leaves people with no informal supports at greater risk. Many such people rely on their support coordinators to help them with plan review requests	5/21/2026 6:24 AM
71	Disability is dynamic; it is not static! Needs change!!!! The NDIS needs to understand this and respect the clinical decisions of the treating allied health professionals and medical specialists who support people with disabilities!!!! This is harmful, and will add risk particularly where there are complex needs	5/21/2026 5:32 AM
72	This is discrimination and will remove safeguards	5/21/2026 12:34 AM
73	People are going to end up worse off	5/20/2026 11:52 PM
74	How can it be made harder and slower than the current process? The functionality of the NDIA at present is at a snails pace. Any less and it would almost be non existent. 90 days for an assessment, 90 days for a change, 90 days for an appeal if required and another 90 days for further reviews of the decision, thats 9 months to go nowhere?	5/20/2026 8:42 PM
75	Most participants cannot advocate, or even speak, for themselves (especially children), and this would also prevent people from reviewing plans that were issued unsuitable (which happens to existing participants too btw, not just new ones)	5/20/2026 8:12 PM
76	Most first plans are inadequate as additional reports are requested. The NDIS would need to dramatically change their first plan funding processes to make this work.	5/20/2026 8:09 PM
77	So many plans are built incorrectly from the outset, so plans need fixing due to NDIA errors.	5/20/2026 7:03 PM
78	I also worry this change assumes disability support needs stay stable, when in reality many conditions fluctuate and life circumstances can change very quickly.	5/20/2026 7:00 PM
79	This assumes that people have adequate support, which they often don't. The statistics from the Administrative Reviews Tribunal is testimony to the NDIS failing to give adequate support, then fighting participants only to have to provide the supports in the end anyway! It's fine to make it harder to re-assess plans if people's supports aren't being stripped away despite evidence of their need!	5/20/2026 6:25 PM
80	Flexibility is key to providing adequate supports	5/20/2026 4:31 PM
81	Disability services need to be flexible and responsive to dynamic, complex and fluctuating needs.	5/20/2026 2:22 PM
82	The NDIA will be able to arbitrarily remove necessary funding and then refuse to consider reviews to restore it, leading to deaths and harm. Participants will be unable to be supported by coordinators or support workers to request reviews, a denial of reasonable accommodations and direct disability discrimination. The NDIA already ignores requests from participants in favour of more formal requests from coordinators and others now. This will leave people with cognitive disabilities unable to understand our rights and unable to appeal.	5/20/2026 12:39 PM
83	This is the most insidious and dangerous change. We know from experience NDIA are unable to be reactive to harm	5/20/2026 10:59 AM
84	I have found people have had their plans rolled over when they have asked for a review and then not had the supports they needed. Then asked to put in a change request.	5/20/2026 8:51 AM
85	Staff in govt would actually have to listen not ignore requests in plans. Currently specific individualised needs are ignored. Plans are intentionally built to include unusable funding - savings to system.	5/20/2026 8:32 AM
86	People could die and be harmed, homeless	5/20/2026 6:07 AM

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87	Planner errors would not be fixed in a timely manner. And there are a lot of Planner errors due to unskilled decision making	5/20/2026 5:16 AM
88	Some people don't have a guardian or plan nominee but don't have capacity to request this for themselves. People with disability are people! Situations change. They have the right to request a review when something changes	5/19/2026 9:53 PM
89	If plans are done properly in the first place less reviews would be required. Less reviews and less double handling of the high volume of errors reduces staffing numbers and admin costs reducing the cost of the scheme without putting participants at risk	5/19/2026 8:26 PM
90	This is called governmental control and it is authoritarian in nature	5/19/2026 7:35 PM
91	The review system already creates inequity and hardship	5/19/2026 7:09 PM
92	We have been fighting for an inadequately funded plan since May 2025 - more than a year. Delays just mean money savings to the NDIS and serious consequences for people	5/19/2026 7:08 PM
93	There are other reasons people need reviews such as finishing school	5/19/2026 7:07 PM
94	In the last two reviews I initiated the NDIS made changes without even talking to me (cuts) when I needed different assistance. So currently the review system doesn't seem to be working anyway	5/19/2026 7:06 PM
95	Participant or nominee may not be capable of requesting, then who if not SC?	5/19/2026 6:46 PM
96	People cannot access better supports as they learn more about the NDIS. Support is not provided up front to optimise the plan arrangements. Other changes like adapting to new assistive technology are not taken into account	5/19/2026 6:40 PM
97	They know the funding won't be adequate and this is a way to ensure it isn't questioned.	5/19/2026 6:30 PM
98	I think ppl could die, be harmed or suicide	5/19/2026 6:18 PM
99	Quarterly funding periods would additionally add unnecessary pressure to flexibly dealing with risks	5/19/2026 6:10 PM
100	Some families such as those from different cultural backgrounds or low literacy skills would have immense difficulties submitting change of circumstances. This is true too if the plan nominee suffers an illness or loss of capacity, how would they submit a request for change?	5/19/2026 5:42 PM
101	My sisters budget has been inadequate for the past four years and my family have covered the short fall. I have tried to get her budget increased by lodging a change of circumstances review but this did not lead to additional funding. We are going to fall short again this year by 6weeks. What are we meant to do in this situation? We can't keep funding her support!	5/19/2026 3:31 PM
102	they already blow out the 21 days by half a year so a 90 day would look more like don't bother wait for the year to be up and just make do with the bit you can use on a plan	5/19/2026 1:26 PM
103	Again - cruel and inhumane, risking people's lives. Politicians wouldn't put up with having these conditions put on their lives.	5/19/2026 12:00 PM
104	Plan end dates currently mean nothing. My 9 yo has had 4 roll overs 5 years of the same plan. Getting the right plan and having it stable unless requested would be better. over son has had his plan cut when needing more and a horrible 3 year plan that cuts out each year. Somehow as he travels from 12-15yo his disability disappears (even though non verbal outside home last 4 years	5/19/2026 11:57 AM
105	Mainstream services cannot fill gaps in ongoing care arrangements. People will die as a result of these restrictions. People without a nominee or informal support will be most at risk.	5/19/2026 11:17 AM
106	Lack of opportunity to add funding to plans that have been UNDER FUNDED, against the advice of allied health professionals. Also, I can see the "unanticipated" being an issue. What if a change in needs can be foreseen (eg a person with progressive disability getting worse, or a change from high school to workforce), if these foreseeable changes were not taken into account at the previous plan review?	5/19/2026 11:05 AM
107	I don't quite understand. If this means when given an inadequate plan that you cannot ask for a review, then obviously this would not work. If it means an equipment purchase does not raise a review for no reason except that equipment, that would be helpful.	5/19/2026 11:01 AM
108	Not all participants can submit a review themselves or have informal supports who can - I needed my support coordinator to do it	5/19/2026 9:15 AM
109	Again the NDIA are already known for not keeping to timeframes, and I don't think this will	5/19/2026 8:38 AM

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change it just gives them even longer to make us suffer. I don't honestly believe that people are requesting reviews for small reasons

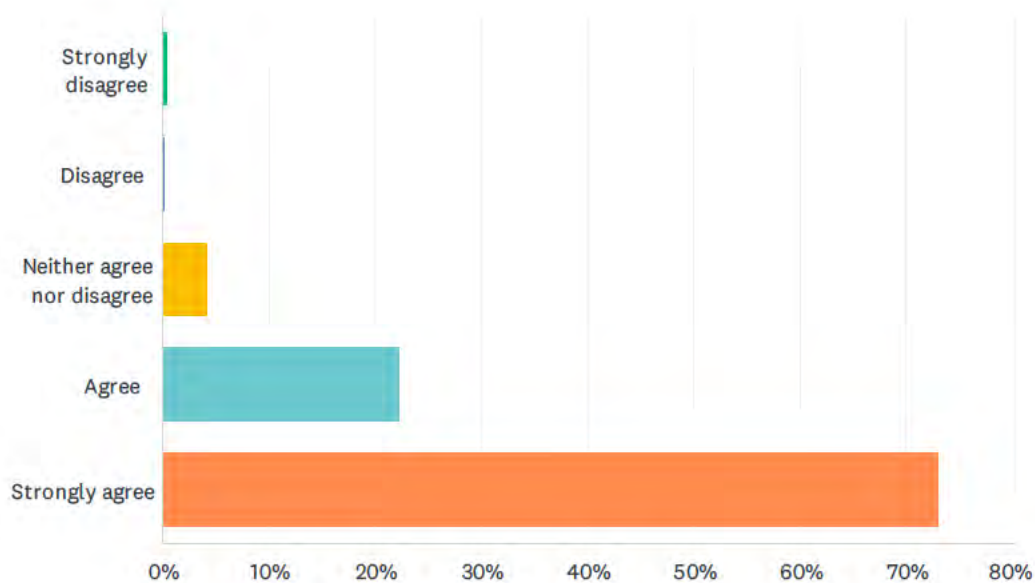
110	What happens if a nominee becomes ill or dies and no-one else can ask for changes to ensure the participant is safe?	5/19/2026 8:36 AM
111	This doesn't take into account many unpredictable circumstances and changes. It also does not define what major changes are considered	5/19/2026 7:24 AM
112	This would be less of a concern if initial plans were developed and funded appropriately.	5/19/2026 7:17 AM
113	This is particularly harmful if they are also simultaneously making it harder to get plans independently reviewed. People often run out of supports due to the plan being inadequate or badly structured in the first place	5/19/2026 7:15 AM
114	Any such sweeping power will result in serious harm to some. The bureaucrats and politicians never understand the implications for all the diverse disability combinations They will cause harm with no realisation of what they are doing	5/19/2026 6:55 AM
115	None of this makes sense. They're rebranding (again) plan extension/continuation/rollover to "plan renewal", which is confusing & superfluous. The rest of it was always the case; it's as if government hasn't read the existing legislation at all. As previously mentioned, 28, 90, 1000 days, NDIA does what it wants when it wants	5/19/2026 5:54 AM
116	Life can't be planned 3 months in advance when you are reliant on others.	5/19/2026 4:02 AM
117	There needs some safeguarding to keep people safe if there informal carer is away or in hospital or has died	5/19/2026 2:51 AM
118	My plan is so bad. They didn't listen to me at all about what I needed.	5/18/2026 11:43 PM
119	My daughters plan is soooo out of date and the paperwork does not reflect her needs or her age, but I'm too scared to ask for a review as she might get her funding cut back.	5/18/2026 10:11 PM
120	Do the ones actually advocating for these changes, personally experienced the impact of NDIS on the people around them?	5/18/2026 9:15 PM
121	We already get stuck.. I had to wait almost 12 months for life threatening review. This will just make it worse.	5/18/2026 8:55 PM
122	I know the constant reviews every time my daughter needs a new piece of equipment is expensive, eats into our OT and therapy budget and I basically stupid and wasteful. If they become less inane about that it would be fine as therapists are dying under their nitpicking administrative burden. But it must not be weaponised.	5/18/2026 8:55 PM
123	I think some changes to plan are acted on too quickly I think if hospital are involved then should be reviewed quicker	5/18/2026 8:11 PM
124	Some clients/guardians don't have capacity to make requests for reviews and as such participants will not be able to access appropriate reviews.	5/18/2026 7:36 PM
125	NDIS administrative errors during plan reviews, such as leaving out critical supports due to oversight, would be extremely difficult to correct without significant disruption to the participants' life and safety.	5/18/2026 7:35 PM
126	Disfunctional plans need to be addressed through ART	5/18/2026 6:32 PM
127	I don't agree with this at all!	5/18/2026 6:23 PM
128	If they want to limit mid plan changes, then make the original plan one that works. Do it right the first time.	5/18/2026 4:53 PM
129	This really could be placing people's lives at risk.	5/18/2026 3:28 PM
130	People who need support to lodge such documentation who do not have informal supports to act as nominee will face insurmountable challenges in lodging these documents if they are not allowed to utilise any support other than a nominee	5/18/2026 3:17 PM
131	This can be hard especially with having to trial different things/therapies as disability for people can vary so much, also its a hard system to navigate and not having a proactive guide can make choices harder	5/18/2026 2:48 PM
132	We have been on the same plan for 6 years. The Plan managers refuse to talk to us and it just keeps getting rolled over. Plan was useless to begin with. Can't get a review. Can't get a new plan. I would suggest that if there are constant plan renewals happening then the plan wasn't suitable at the start. And so maybe the problem is with the Plan Managers	5/18/2026 2:44 PM

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133	It's ridiculous! The government will be the only winners in this. I am scared that too many participants will fall through the cracks already.	5/18/2026 2:32 PM
134	It puts the onice on the participants to ensure that their supports are adequate and suitable. Unfortunately this can be a lot of responsibility and stress that I have personally struggled significantly with.	5/18/2026 2:32 PM
135	There will potentially be a denial of procedural fairness if plans are ended and created without input of the participants/their representatives.	5/18/2026 1:34 PM
136	Doesn't allow for degenerative conditions or in the of kids growth.	5/18/2026 1:32 PM
137	There needs a risk matrix	5/18/2026 1:29 PM
138	Plans should have a firm end date and continue as is or there should be adequate notice to make new services agreements and comply with cancellation policies. People needing assistance from a support coordinator or other person would be left without the assistance they need.	5/18/2026 1:17 PM
139	Less choice and control is not a good thing and undermines the benefit of the scheme.	5/18/2026 12:29 PM
140	Need to set boundaries, urgent care changes may occur and should be considered	5/18/2026 11:31 AM

Q14 The Bill will make it much harder for some people to get their plan changed when their needs change.

Answered: 1,157 Skipped: 230



ANSWER CHOICES	RESPONSES	
Strongly disagree	0.43%	5
Disagree	0.09%	1
Neither agree nor disagree	4.24%	49
Agree	22.30%	258
Strongly agree	72.95%	844
TOTAL		1,157

#	OPTIONAL COMMENT:	DATE
1	It is already stressful enough living the challenges that bring the need for a review and this will put more pressure and emotional distress to get the additional support they need	5/25/2026 9:32 PM
2	It is already pretty hard - I can't actually imagine it being harder	5/25/2026 4:44 PM
3	Disability is often dynamic and can change rapidly, along with support needs, I know, it has happened to me. It needs to be addressed in a timely manner with minimal stress since capacity decreases.	5/25/2026 2:59 PM
4	If it is a nominee or participant who initiates plan changes, what happens if the nominee (usually a parent), passes away and there is no other parent available to manage the plan process?	5/25/2026 1:34 PM
5	If the bill makes it harder then hopefully genuine case should have what is required promptly	5/25/2026 3:41 AM
6	Lives will be at risk. Media would be reporting on horror neglect stories constantly from those the scheme was designed to serve and the public would be on the participant side if the facts are revealed. Already happened multiple times fuelling public perceptions of the scheme.	5/24/2026 6:50 PM
7	100% they already dont read reports now. this just enforces that they wont and will go tough luck when you dont get youre required support!	5/24/2026 4:31 PM
8	It's already incredibly hard	5/24/2026 4:28 PM

9	There is no understanding of people with disability	5/24/2026 4:26 PM
10	It's already so hard, and we're struggling with it as it is - I'm struggling with it right now. Please, please don't make it harder.	5/24/2026 2:58 PM
11	I think the ideal would be speedy reviews of changes asked for, but in my experience, the NDIA has never moved with alacrity for plan reviews, so I actually don't see this as a 'change'	5/24/2026 1:49 PM
12	It is already hard this will make it harder	5/24/2026 1:19 PM
13	Yes often there is already not enough funding in a plan or things are funded more in the wrong area or missed.	5/24/2026 12:55 PM
14	Having a disability or condition is not a consistent, predictable ailment. To not be able to make adjustments when necessary is to me a form of neglect.	5/24/2026 12:27 PM
15	My kids needs change. The support of allied health changes. They change and their autonomy to choice is taken away. Might as well go back to institutions where they decided. (Am being sarcastic)	5/24/2026 11:35 AM
16	This will kill and punishment people and emboldened the ndia to continue to make decisions that are not in line with the their guidelines, the DDA 1992, other government legislation and the UN rights acts for disaed people. Breaking human rights laws with no course for correction or accountability.	5/24/2026 11:30 AM
17	Especially if the proposed reduction in plan review frequency occurs	5/24/2026 9:21 AM
18	What's the point of doing this? Isn't NDIS meant to help not hinder people?	5/24/2026 9:09 AM
19	Functional assessments should be needed if circumstance have changed. Providers become very connected to participants, especially if they work for the company.	5/24/2026 9:09 AM
20	Disability is not a one size fits all, errors in decisions are made all the time and a support system needs to have responsiveness built into its processes to support people when they need it most. Telling someone in crisis that they need to wait 9 months until their scheduled plan review for any changes to be made is inhumane, and will place huge pressure on other systems like hospitals and mental health crisis supports.	5/24/2026 8:39 AM
21	It is already difficult.	5/24/2026 8:18 AM
22	It's very hard now to get a timely change to a plan. People are waiting obscene periods for changes that are critical. Eg. When a parent/carer of someone with intellectual disability goes into a care facility.	5/24/2026 6:41 AM
23	Life is not a constant, it changes, frequently, and when you have multiple family members you care for or are responsible for this entire situation pushes you one step closer to the forever sleep, that blood is on the government's hands.	5/24/2026 5:47 AM
24	and thats not OK. I dont believe it should be done willy nilly. but plans should be appropriate and if a carer dies or things happen it should be fixed immediately!	5/24/2026 12:33 AM
25	I have serious concerns this will lead to instances of harm and even deaths especially with funding cuts in so many areas. It's like pulling the rope and not providing a safety net.	5/23/2026 9:32 PM
26	As said above,	5/23/2026 4:21 PM
27	It's already incredibly hard to request a plan review, and takes months and months. This will just make it harder again.	5/23/2026 1:08 PM
28	Right niw, plans are often changing unnecessarily, but not at the participant's request. The focus should be on leaving people on suitable plans and that would free up staff to properly assess those with changed circumstances. There could also be some kind of top up system for temporary changes of circumstances, like carer hospitalisation.	5/23/2026 6:19 AM
29	Especially when mistakes are made	5/22/2026 7:20 PM
30	Should define acceptable reasons for plan changes to be requested	5/22/2026 4:17 PM
31	So much harder	5/22/2026 2:53 PM
32	It's hard enough now to get plans changed, it will only cause harm.	5/22/2026 1:31 PM
33	another ploy to not fund participants appropriately	5/22/2026 12:19 PM
34	Getting plans changed is already hard enough. I have had to changey plan twice, and both	5/22/2026 10:25 AM

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times it was an absolute nightmare. This will lead to worse outcomes for most, if not all NDIS participants

35	This is especially true as plans are already not tailored enough to meet individual needs, with cookie-cutter supports being given out based on diagnoses.	5/21/2026 8:25 PM
36	We are already seeing this happen. The agency often misses, closes, or does not act in urgent, high-risk situations already. This places undue and unethical expectations on providers to continue providing high cost supports without payment. Providers are currently filling the gaps because the agency does not act as they are required to.	5/21/2026 7:07 PM
37	I rely on a support coordinator to communicate with the NDIA. When my support needs have increased I can't even communicate with SC.	5/21/2026 12:08 PM
38	we never got our plan reviewed when we asked anyway repeatedly	5/21/2026 12:06 PM
39	If NDIS produced accurate and fair plans in the first place, there would be much less need for 'unscheduled' reviews.	5/21/2026 12:00 PM
40	Change of circumstances reviews are already too difficult to get.	5/21/2026 11:37 AM
41	They seem to review people who don't want a review and not review people who need it, how do they manage this?	5/21/2026 11:08 AM
42	This is a money saving activity	5/21/2026 10:29 AM
43	I am in this category. My first plan was so minimal I haven't had anywhere near the support I require. I put in a review and everything was denied. They rolled over the same exact plan. I live alone and have no support	5/21/2026 10:26 AM
44	People and their disabilities are not static - changes are inevitable	5/21/2026 10:09 AM
45	It already takes too long to adjust a plan to suit change	5/21/2026 6:36 AM
46	It's already hard and lengthy enough, but I don't think this is the solution	5/21/2026 5:23 AM
47	Why make it harder people lives change?	5/20/2026 11:52 PM
48	I'm struggling to get my plan changed now	5/20/2026 11:39 PM
49	It's already almost impossible to request a change without it taking up to 6 months, usually met with refusal under "not value for money" and decisions made by planners that have kpi's to reduce plans. We all know, that very few people request a change with a positive outcome, in a timeframe relevant to the persons needs that are usually required a month ago, not in the 3-5 months that it takes NDIA to even look at it.	5/20/2026 8:42 PM
50	Or if their issued plan is unsuitable	5/20/2026 8:12 PM
51	I agree with this concern. From what's being proposed, it does seem like it could become much harder for people to have their plans adjusted when their circumstances change, especially if the change is sudden, temporary or difficult to "prove" quickly. Disability and caring situations are rarely static. Health can deteriorate, supports can break down, carers can become unavailable, and people's functional capacity can change unexpectedly. A system that is too rigid risks leaving participants without the flexibility and support they need to stay safe and independent.	5/20/2026 7:00 PM
52	It's already difficult and complicated	5/20/2026 6:48 PM
53	The NDIS is already difficult and unreasonable and this will just make it that much worse. It really is untenable.	5/20/2026 5:12 PM
54	It already feels impossible. This is way worse.	5/20/2026 5:10 PM
55	these things already need to apply to be able to make changes	5/20/2026 4:30 PM
56	Disability needs fluctuate. Services and funding need to be responsive in a timely manner or risk of crisis, medical emergencies and even death will occur more frequently, putting pressure on carers and other systems such as the health system and hospitals.	5/20/2026 2:22 PM
57	Unsure, its already hard	5/20/2026 10:46 AM
58	I think this could have a really significant impact — because disability and life circumstances do not stay static for 12 months at a time. On paper, limiting frequent plan changes might sound reasonable from an administrative perspective. But in reality, people's support needs can change quickly due to: * mental health deterioration * burnout * school breakdown * loss of informal supports * behavioural escalation * housing changes * hospitalisation * family violence * ageing carers * transition points (school, adolescence,	5/20/2026 10:46 AM

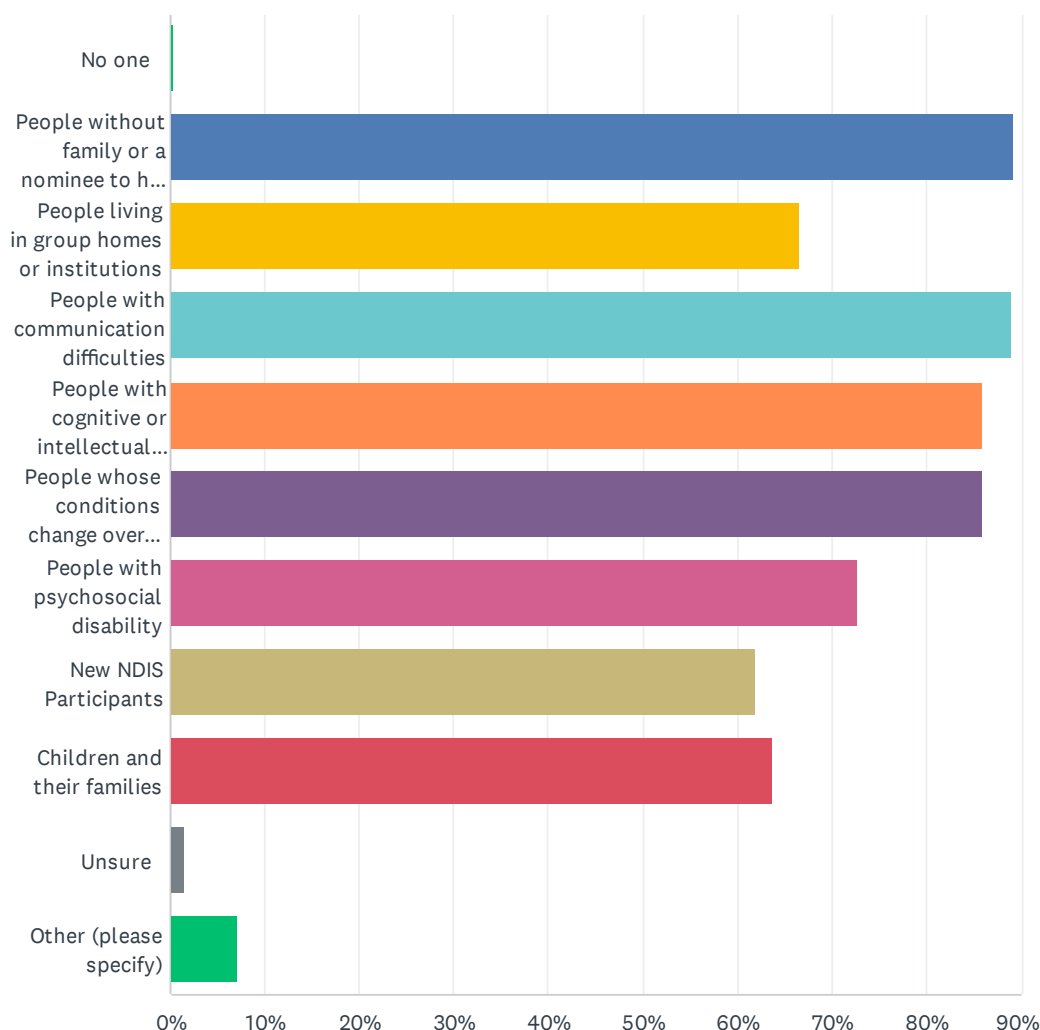
adulthood) * new diagnoses or emerging risks A lot of supports are preventative. If people can only access changes once things become "big enough" or "ongoing enough," the system risks responding only once people are already in crisis. As an OT, I'd be really concerned about participants who: * struggle with executive functioning * have communication differences * don't understand the system * don't have strong advocates * are socially isolated * rely heavily on providers or family to notice and communicate changing needs Restricting who can request changes is also concerning. Often providers, therapists, support coordinators, teachers, or carers are the people first noticing: * increased risk * declining function * safeguarding concerns * carer burnout * escalating behaviours * equipment becoming unsafe * supports no longer meeting need If only the participant or nominee can formally initiate changes, some people may miss out simply because they cannot navigate the process themselves. I'd also worry this creates a "wait until things get worse" system: * families trying to hold on until review time * participants going without essential supports * providers reducing services when funding runs out * increased hospital or crisis presentations * placement breakdowns * school exclusion * restrictive practices increasing because proactive supports weren't adjusted early enough And paradoxically, that may increase costs overall. One of the strengths of the NDIS was supposed to be flexibility and individualisation. Limiting responsiveness risks making plans feel rigid and disconnected from real life. I absolutely think there should be safeguards against misuse or constant unnecessary reassessments. But there's a big difference between reducing administrative burden and making systems harder to access when needs genuinely change. I think a better approach would be: * streamlined minor change processes * rapid risk escalation pathways * allowing evidence from clinicians/support coordinators * responsive adjustments without full reassessment * stronger preventative funding approaches * balancing flexibility with accountability Because disability support works best when systems can adapt *before* things fall apart, not only afterwards.

59	It is already hard enough to request a change of circumstance for many participants.	5/20/2026 10:45 AM
60	It's so hard to currently fund AAC devices and this would only make it harder	5/20/2026 8:42 AM
61	Currently requested needs are ignored. Reports are ignored. Unskilled govt employees with no prior experience with disability are making decisions regarding needs	5/20/2026 8:32 AM
62	Although these requests get submitted they are rarely completed already	5/20/2026 4:44 AM
63	This is already happening and will only get worse	5/20/2026 12:47 AM
64	I've heard of a case of a new participant not being funded for personal care as existing care was available. They care is a temporary service provided until NDIS is granted. Big stuff up. This bedbound person would be stuck with this situation.	5/19/2026 9:23 PM
65	It is already hard enough to have a plan change completed when in urgent cases	5/19/2026 8:52 PM
66	Hardship does not happen in a planned/predicted manner	5/19/2026 7:09 PM
67	Shouldn't participants/carer/family be the ones to decide if plan is not sufficient or working for them????	5/19/2026 6:54 PM
68	This is a concern. What happens in the event a participant (carer) needs to correct an omission or mistake? Is that going to take 3 months too?	5/19/2026 4:30 PM
69	If a plan needs changing for genuine reasons then it should be changed in a timely manner that is consistent with the safety needs of the participant.	5/19/2026 12:00 PM
70	Progressive degenerative neurological conditions like Parkinson's can change mid plan requiring additional supports. These need to be accessible.	5/19/2026 9:46 AM
71	It is already so hard and the wait times are already so long. It is so unfair that admin errors result in the need to go to ART - I had to go to ART because the NDIA denied everything in a review because they said I didn't have an occupational therapy functional capacity assessment, but I actually had two on file - they just didn't look	5/19/2026 9:15 AM
72	Progressive nuerological impairment is unpredictable and urgent changes needed. Eg tye need for a wheelchair can't wait years till plan ends, house mods cant wait till plan ends, vehicle mods cant wait till plan ends. Permanent severe impairments do not improve to need less support, not every barrier can be overcome and barriers change as severity changes. This limited access to support, equipment and services is leaving participant under-supports abd in dangerous situations thst tge safe guards should not allow. If a provider were to have such "restrictive practices" ndis would take them to court. Govt is not above the law.	5/19/2026 8:48 AM
73	Yes it's a worry. It is already hard to get changes due to staff who don't understand disability. It will become much harder under this new rule.	5/19/2026 8:36 AM

74	Already very difficult to alter a plan and most plans are automatically rolled over without consulting participants	5/19/2026 6:44 AM
75	It's already very hard to get appropriate changes.	5/19/2026 4:02 AM
76	I am very concerned about this because disability needs do not stay static, and the NDIS must be flexible enough to respond when a person's circumstances change. People's support needs can increase suddenly due to: * deterioration in health, * mental health crises, * behavioural escalation, * family breakdown, * loss of informal supports, * school issues, * hospitalisation, * changes in housing, * or major life transitions. Children in particular can change rapidly as they grow and develop. A plan that was appropriate six months ago may no longer meet their needs at all. If it becomes harder to have plans reassessed or varied, many participants may be left stuck with inadequate supports for long periods of time while their situation worsens. That can place enormous pressure on families and carers and may ultimately lead to more crisis-driven interventions later.	5/19/2026 2:18 AM
77	See above.	5/18/2026 10:11 PM
78	They already make it hard by admitting that they dont read anything.. this is just going to make it so much worse	5/18/2026 8:55 PM
79	Needs can change very suddenly, often putting the whole family in crisis - how will they get help?	5/18/2026 8:46 PM
80	A participant mightn't have capacity to initiate a review so may need advocate of support coordinator	5/18/2026 8:45 PM
81	I do agree that that it will be awful if people need to wait but needs to be a way to decipher risk and still address people's needs	5/18/2026 8:11 PM
82	A disability like MS progressively worsens over time and doesn't necessarily fall into the requirements of significant and ongoing change in support needs - a small change in leg strength could have a huge impact on abilities	5/18/2026 7:35 PM
83	Subjective opinions prevail so poorly define legislation leads to more ART cases	5/18/2026 6:32 PM
84	Young children change so quickly hence why we talk about ages in months for the first 2yrs. Circumstances also change all the time. Waiting 12mths to implement a change isnt good enough.	5/18/2026 6:11 PM
85	Not even just when their needs change- it's not always right the first time	5/18/2026 5:23 PM
86	Many plans already fail to meet basic needs, acknowledge lived state of being, whole of person. See NDIA v Sutherland and NDIA v Eastham as just two examples taken to the Federal Court of Australia. .	5/18/2026 3:37 PM
87	The companies that you go to to pass all the reports onto NDIS need to be changed - they need to go! APM is the biggest rip off company of the system in the system.	5/18/2026 2:44 PM
88	It puts the onice on the participant to make sure things are going well, when often check-ins are often necessary for a lot of people, especially people who can struggle with motivation and cognitive function	5/18/2026 2:32 PM
89	I don't understand what people are going to do who experience a massive but not ongoing change of circumstances such as surgery. I guess they'll be stuck in hospital.	5/18/2026 2:32 PM
90	Doesn't allow for degenerative conditions or changes to informal supports	5/18/2026 1:32 PM
91	This will put a strain on other systems like hospitals.	5/18/2026 1:17 PM
92	This will effectively cost the government more, as people will be forced to seek help through the medical system and if not poverty will rise as a result of desperate families looking for help in the wrong places	5/18/2026 12:46 PM
93	Why are they making it harder for disabled people to get the support they need? How is this supposed to address the supposed problems with the scheme?	5/18/2026 12:29 PM

Q15 Who do you think is most at risk of being harmed by stricter rules on asking for changes to your plan? (Choose all that apply)

Answered: 1,160 Skipped: 227



ANSWER CHOICES	RESPONSES	
No one	0.43%	5
People without family or a nominee to help them	89.22%	1,035
People living in group homes or institutions	66.55%	772
People with communication difficulties	89.05%	1,033
People with cognitive or intellectual disability	85.95%	997
People whose conditions change over time (fluctuating or degenerative disabilities)	86.03%	998
People with psychosocial disability	72.76%	844
New NDIS Participants	61.98%	719
Children and their families	63.79%	740
Unsure	1.47%	17
Other (please specify)	7.16%	83
Total Respondents: 1,160		

#	OTHER (PLEASE SPECIFY)	DATE
1	Everyone is at serious risk and you don't have to fall into a category to be counted, these are devastating impacts for our lost vulnerable in our community	5/25/2026 9:32 PM
2	anyone in the NDIS or requiring it. Wording of the new legislation is deliberately ambiguous around magnitude of requirements (eg what is moderate needs?) leaving those terms ambiguous gives the NDIA leverage to reject based entirely on non scientific or fact based reasoning, which should not be legal.	5/25/2026 11:57 AM
3	People whose first language is not English	5/25/2026 8:34 AM
4	People in authority must be prepared to do there job and make a decision instead of passing it on to someone else to act on.	5/25/2026 3:41 AM
5	People will die	5/24/2026 5:17 PM
6	Everybody	5/24/2026 4:31 PM
7	People who don't have the money to fight the system. People who don't have the mental capacity to fight the system. Some of us are already on the verge of suicide because of the stress of the NDIS and knowing our children are losing the supports they need and we are failing our children by not fighting hard and can't bare to face our kids and see them keep suffering	5/24/2026 4:28 PM
8	Multicultural families & families with language barriers	5/24/2026 4:19 PM
9	Every NDIS participant is at risk. Everyones needs are inconsistent and no one's health is perfectly stable, not even able bodied people. That is the nature of being alive.	5/24/2026 2:58 PM
10	Every one. The words are so vague and easy to miss understand.	5/24/2026 12:35 PM
11	Any person with a disability who cannot access simple and easy-to-read information/legislation.	5/24/2026 11:42 AM
12	Women and non binary people as well as those with multiple disabilities and newer less understood disabilities or those with multiple comorbidities and or occurring conditions	5/24/2026 11:30 AM
13	Everyone	5/24/2026 9:47 AM
14	I think assessments need to be completed. People with intellectual disabilities and Autism should not automatically be approved, this leads to over servicing and dependence. Parents of adults with autism and internal disabilities should not have last say in the suport they recieve. I have seen many families ensuring their adult children are at services instead of doing volunteer or paid work. Services have become baby sitters. Some people with intellectual/autism will never have the opportunity to meet a partner, have a home, be	5/24/2026 9:09 AM

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independent, have a job, etc because families are getting too much funding and are accessing their adult children's pensions

15	Everyone!	5/24/2026 12:33 AM
16	Everyone...	5/23/2026 7:21 PM
17	People with declining disability and functional capacity could be left in a situation where a rapid decline leaves them with no ability to submit a change of circumstance, and no available nominee or guardian to assist.	5/23/2026 6:21 PM
18	everyone	5/23/2026 5:14 PM
19	Many issues with plans arise because the NDIA doesn't bother reading the reports they're sent. The reason why many change of circumstance reviews are needed in the first place should be addressed, before limiting reviews themselves.	5/23/2026 9:48 AM
20	The families of PWD. I personally was unable to be admitted to hospital for supportive care only due to my caring role. So while I was deemed as having needed hospitalisation, I instead had to go home to look after someone instead of caring for myself.	5/23/2026 6:19 AM
21	All people with disabilities! Their lives are already harder and having to jump through hoops to fight for what they need is discriminative and ableist of the government	5/23/2026 4:01 AM
22	People	5/22/2026 5:31 PM
23	All NDIS participants	5/22/2026 4:17 PM
24	Everyone	5/22/2026 4:08 PM
25	All vulnerable people with disabilities. Those with low literacy and no informal support.	5/22/2026 1:31 PM
26	This will impact across the boards	5/22/2026 1:18 PM
27	carers - extreme burnout trying to take up the slack and to also work to correct the problems	5/22/2026 12:19 PM
28	People experiencing adverse experiences or anyone going through life stage changes that are not unexpected	5/22/2026 10:25 AM
29	Those in unsafe relationships including coercive control. We know we need input from external supports from main caregivers to keep people safe. This is essential to ensure abuse and neglect doesn't occur.	5/21/2026 6:54 PM
30	People suffering in domestic violence situations	5/21/2026 3:23 PM
31	Everyone	5/21/2026 12:00 PM
32	Children of parents who have limited skills and knowledge (e.g. children whose parents have an intellectual disability and don't understand the system)	5/21/2026 10:34 AM
33	This is very risky for many people. A better solution needs to be discussed regarding changes to plans. The onerous nature of changes to plans should not be carried by the participants themselves	5/21/2026 8:58 AM
34	Everyone	5/21/2026 6:36 AM
35	Carers	5/21/2026 5:23 AM
36	Vulnerable and marginalised groups of people including first nations, cald, homeless, illiterate	5/21/2026 1:22 AM
37	It is targeting all already identified groups who are vulnerable	5/21/2026 12:34 AM
38	Disabled Carers	5/20/2026 8:12 PM
39	I also think people who are already overwhelmed, burnt out or struggling to navigate complex systems are at high risk. The people most in need of flexibility and support are often the least able to advocate for themselves through lengthy review and reassessment processes.	5/20/2026 7:00 PM
40	Children turning 18, leaving school etc (not an unanticipated change). Also the many, many people whose plans are not suitable and put them at risk.	5/20/2026 5:10 PM
41	Immigrants (and other culturally-diverse people), formerly criminalised people	5/20/2026 12:39 PM
42	CaLD	5/20/2026 12:15 PM
43	There's no way of really knowing who would be most impacted, it could even be you one	5/20/2026 11:23 AM

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day.

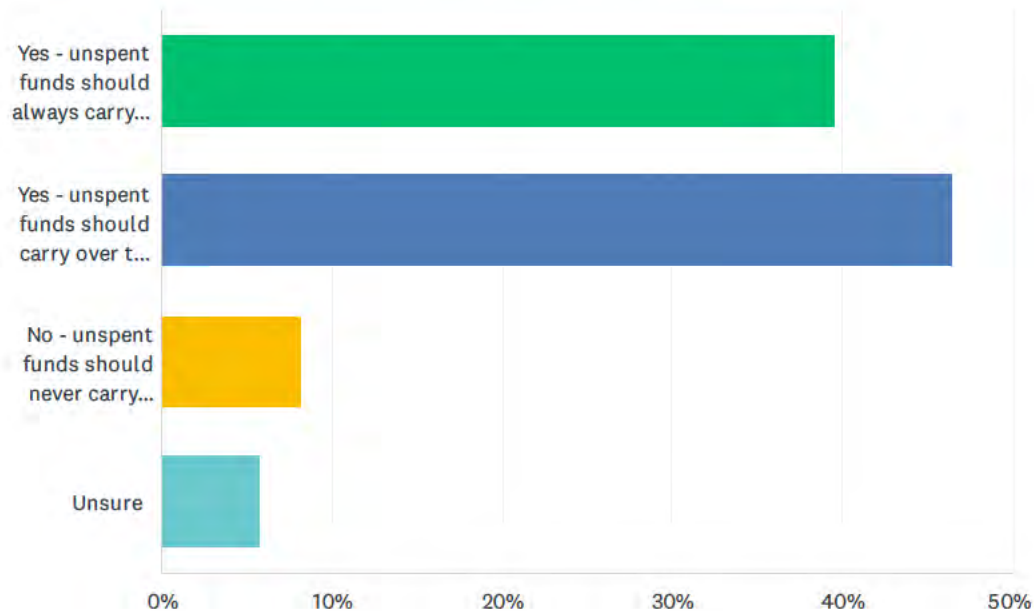
44	Participants who have support ie their parents are exhausted and don't have capacity to do the admin	5/20/2026 10:45 AM
45	Everyone	5/20/2026 10:17 AM
46	there is noone this benefits to have a system this rigid	5/20/2026 9:24 AM
47	Every participant.	5/20/2026 8:53 AM
48	Disabled people. AKA the people actually using the NDIS	5/20/2026 8:41 AM
49	People who cannot navigate the system. It is complex and families with disabilities often are challenged by the complexity of the system	5/20/2026 7:17 AM
50	People who have complex profound co-morbidities INCLUDING AUTISM	5/20/2026 6:07 AM
51	ESL participants and families	5/20/2026 4:44 AM
52	Restricting plan change requests has potential to harm every person on the scheme at some point in their ndis journey. Failure to act quickly, decisively and with true concern has potential to put all participants at risk of extreme harm and loss of life	5/19/2026 8:26 PM
53	The most profoundly and severely disabled, complex and complicated. Especially those who have complex PTSD	5/19/2026 6:18 PM
54	Also largely increased workload for allied health providers.	5/19/2026 5:33 PM
55	This will affect anyone who is unable to understand the exceedingly legal terminology, or unable to communicate with those who can help translate for them.	5/19/2026 5:20 PM
56	everyone potentially	5/19/2026 3:25 PM
57	Everyone is at risk but some more than others.	5/19/2026 12:48 PM
58	Unpaid Carers as we will have to pick up the gaps	5/19/2026 11:57 AM
59	The community at large will be impacted by the reduction of support provided to people with mental health issues and justice involvement no longer receiving support. Services outside the NDIS will be overrun and all Australians will be impacted	5/19/2026 11:17 AM
60	Everyone.	5/19/2026 11:01 AM
61	women most frequently fill the role of (unpaid) primary carer and would be disproportionately required to fill the gaps, reducing their capacity for paid employment	5/19/2026 7:49 AM
62	People who are disabled	5/19/2026 7:24 AM
63	People with disabilities and their families that are already at breaking point and don't have the energy to fight or go find out how to get plan changes. It is so dangerous for the people with the highest intensity needs	5/19/2026 6:55 AM
64	Anyone without access to someone who understands the scheme. LAC's do not have enough accurate knowledge, and neither do many planners.	5/19/2026 6:48 AM
65	Anyone without a slush fund to fight NDIA at the federal court will be at risk under the proposed changes	5/19/2026 5:54 AM
66	Everyone, shit happens in everyone's life at any time	5/19/2026 5:44 AM
67	New participants.	5/18/2026 10:11 PM
68	All participants will be affected in varying degrees	5/18/2026 9:15 PM
69	People who have disabilities that the NDIS doesnt understand.. especially people with rare disabilities	5/18/2026 8:55 PM
70	Literally all of the above also add, people who need high or complex supports.	5/18/2026 8:53 PM
71	Anybody who finds the process of submitting their own paperwork overwhelming - anyone who struggles daily with disability already has so many more things to do than people with typical function, and without a support coordinator's intervention nothing would get done. These people are unlikely to have nominees because they are managing daily life.	5/18/2026 7:35 PM
72	People with physical impairment who require physical assistance to complete and submit documentation but do not require / have a nominee	5/18/2026 7:28 PM
73	People who love them.	5/18/2026 7:08 PM

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74	People with state appointed public trustees and guardians	5/18/2026 7:05 PM
75	Everyone including service providers	5/18/2026 6:38 PM
76	People who rely heavily on informal supports due to inadequate formal support	5/18/2026 5:55 PM
77	Families in crisis	5/18/2026 5:12 PM
78	Adults and their families	5/18/2026 3:28 PM
79	Anyone on the ndis	5/18/2026 1:49 PM
80	Anyone on NDIS if there's a change to their informal supports.	5/18/2026 1:32 PM
81	Everyone.	5/18/2026 1:17 PM
82	Employers will be less likely to employ disabled people who rely on supports being consistent and suitable.	5/18/2026 12:29 PM
83	Adults and their families	5/18/2026 11:49 AM

Q16 The Government wants all NDIS plans to have an end date and says that any unspent money would not roll over into the next plan. Do you think unspent funds should ever carry over?

Answered: 1,157 Skipped: 230



ANSWER CHOICES		RESPONSES	
Yes - unspent funds should always carry over to the new plan		39.59%	458
Yes - unspent funds should carry over to the new plan in some situations (eg. where the funding has not been spent due to long waitlists)		46.50%	538
No - unspent funds should never carry over to the new plan		8.21%	95
Unsure		5.70%	66
TOTAL			1,157

#	OPTIONAL COMMENT:	DATE
1	Why do people need to justify why funds are unspent?	5/26/2026 7:28 AM
2	One idea could be that any unused funds roll over to the new plan however if those funds that got rolled into the new plan are not spent in the next funded period then those funds could be removed (unless there is a reason provided as to why the funds are still needed ie: being on extensive waitlist, additional assessments waiting to be undertaken)	5/25/2026 9:32 PM
3	Why penalise participants because they can't access due to lack of capacity from therapists etc..	5/25/2026 6:07 PM
4	Or if they don't carry over, then a time limit for using the funds instead of immediate cutoff	5/25/2026 4:44 PM
5	The rollover funds was never the intention of the NDIS when it was rolled out. I do feel that rolling over funds places a difficult situation to know exactly the budget for NDIS but also confuses clients and does open access for funds to be abused. What needs to happen is adequate funds need to be provided in the first place that accurately meet the demands and the needs of the client and this needs to happen in every plan	5/25/2026 1:07 PM
6	Unspent funds rolling over will actually reduce overspend because studies show that when humans feel like they will run out of resources after specific dates, they will simple use them all up. So, even if a participant originally wouldn't have used up all their budget, to not	5/25/2026 11:57 AM

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"miss out", they will spend it all prior to the date anyway. Rolling over actually allows the NDIA greater visibility on actual needs through analysis of spent vs provided and any overflow to the next plan year. The fact this is justification or a suggestion is counterintuitive to their claim of trying to reduce spending. Budget does not equal spend.

7	I note this is already happening to participants in their recent reviews. Some participants cannot utilise supports due to waiting lists, health complications and other life priorities and that should be rolled over but also factored in next period so budgets are not dropped based on short term circumstances.	5/25/2026 10:14 AM
8	Costs are rising so a roll over of unspent funds should help greatly	5/25/2026 3:41 AM
9	If unspent funds carried over there wouldn't be as much need for new money but just a top up of existing funds.	5/24/2026 10:45 PM
10	Plans are written based on the NDIS Price Guide and if plans are not reviewed each year, funding for a participants plan would not increase with CPI therefore meaning that the supports they are funded for can not be provided as the participant will have inadequate funds to cover them given that providers can change their pricing in accordance to the NDIS Price Guide at the time it comes into play but plans do not always follow this therefore unspent funds can help met these shortfalls. I also think that NDIS Plans should remain flexible and that if a participant has increased needs in a particular area, they can choose to move their funding around to meet these needs rather than applying for a reassessment. Another point is that for some providers there are lengthy details in a participant in accessing a service and in these cases have unspent funds rollover means that they do not lose out on the opportunity to access these services in the future.	5/24/2026 6:59 PM
11	Unspent funds are often because of the participant not being able to properly use support because they are underfunded and trying to make funds last to avoid the NDIA being rude on the phone causing PTSD. Also many funds unused because of the time and complexity required to complete paperwork and processes resulting in delays not caused by participants.	5/24/2026 6:50 PM
12	When people fear that they will lose money, they are more likely to spend it just for the sake of spending it. If they know it will be rolled over, they will be more likely to not spend it incase they need the extra funds for something in the future like an unexpected crisis or needed consumable	5/24/2026 6:30 PM
13	AT once off funds eh. Home mods and AT approved	5/24/2026 5:17 PM
14	If plans are not rolled over every 12 months (which is often the case) funds are not adjusted to manage the price increases that occur every year. Rolling funds over helps meet this gap and therefore allows the participant to access their support without reducing their support. I think it also helps if the plan is flexible and if one support is not needed as much, then the participant can use funding in areas of need and this could reduce plan reassessments..	5/24/2026 4:28 PM
15	We get 6 18 month wait lists or lose providers or we get sick and so have a lot of unspent funds each year.	5/24/2026 4:28 PM
16	Unspent funding enables people to have a reasonable buffer	5/24/2026 4:26 PM
17	I'm still waiting for a behavioural specialist for my son and we are still waiting, funding has been allocated for this, it should be carried over to a new plan.	5/24/2026 4:02 PM
18	This avoids unnecessary spending just to fill the quota	5/24/2026 2:11 PM
19	Eg bathroom modification and tradesmen cannot complete job prior to plan end date. These approved funds needs to be carried forward	5/24/2026 1:49 PM
20	For conditions with fluctuating needs, a sufferer may have a 'bad' year, where they're bed-ridden all year, and don't access funded therapies and supports, but then access the funds at twice the rate the next year when they feel better, so, yes, I think funds should be carried over.	5/24/2026 1:49 PM
21	Circumstances are always changing particularly when the disability is progressive and May urgent care or increased needs from a dietitian perspective nutrition needs change when swallow capacity changes or mental or physical decline	5/24/2026 1:45 PM
22	Major medical issues,can cause unused \$\$ which normally would have been spent.	5/24/2026 1:37 PM
23	For people with fluctuating disability they need to bank funding when well to try and make sure they are safe when things aren't good.	5/24/2026 1:19 PM
24	Yes and no. I support this to prevent funding pooling into plans and being used against the Disability community. However, this will no doubt lead to panic spending - I imagine this will	5/24/2026 1:03 PM

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be policed, at what cost?

25	The waitlists and supports available in rural areas are dismal and exhausting to try and navigate	5/24/2026 12:57 PM
26	I think certainly this could be a case by case basis, what is the reasoning behind unspent funds. Is it because of inability to understand the fund allocation, is it long wait times etc	5/24/2026 12:27 PM
27	Non Rollover options just means people will waste money to avoid losing it , instead of being rewarded for good plan management	5/24/2026 12:18 PM
28	In my personal experience, funding will go unused for periods due to having difficulty accessing the supports you are funded for. If it takes a long time to access supports, you shouldn't be punished for that.	5/24/2026 11:57 AM
29	I have had an active plan for my son for about a month but haven't started therapies yet due to wait lists, which I imagine is very common and could easily lead to leftover funding at the end of a plan	5/24/2026 11:53 AM
30	If plans just roll over at the original pricing it was initially funded for and with less reviews it does not take into account for annual price changes and participants will not be able to pay for their regular, ongoing supports.	5/24/2026 11:44 AM
31	Yes funding should rollover especially in new plans and changes as it takes a while to get going and understand and find workers. Maybe a balance is every 3 years.	5/24/2026 11:35 AM
32	The funds have been put aside for that participation and with the current 3 month funding releases people often need to "save up" and wait to afford and access the support they need. As well as without support coordination lack of suitable support options and services allowed on my plans people are unable to use access the funds that will bring back more into the economy when used as they are intended by a participation.\$2.25 for every dollar spent	5/24/2026 11:30 AM
33	There are many reasons why unspent money should carry over including a) long waits due to prioritising what services are needed first b) long waits for services c) learning what services can be used with the money and how to spend the money d) participants who refuse necessary services or supports bc of their particular issues (eg my son won't spend time with any person they don't know well - he would benefit from a support worker but "won't "yet - not bc it's not necessary, but bc of anxiety. The impact of not receiving a timely service often means impairments get greater over time and then they need more supports	5/24/2026 11:28 AM
34	Yes. For example if a participant is on the NDIS AND has funding but has been hospitalised due to medical reasons of their condition and diagnosis, and can't use their NDIS funding due to hospitalisation and is relying on government hospitals to care for them. Their funding won't be spent as they can't get a support worker covered by NDIS while they're in hospital as they can't use at the same time. This person will have extra funding left over and so yes it should be taken into next plan	5/24/2026 10:36 AM
35	Need to review if using all of funding or appropriately	5/24/2026 10:00 AM
36	We should never be penalised for saving the funds for things we're planning to use in the future. Also, considering we're told to budget for XYZ plan end date, yet the NDIS makes it a nasty habit to end plans early more often than not	5/24/2026 9:47 AM
37	Absolutely not, services find a way to use this money.	5/24/2026 9:09 AM
38	Things happen during a plan period that impact a client's ability to use all the funds as planned. A roll-over of funds doesn't cost the government any extra, but build flexibility for clients with changing support needs and dynamic disabilities.	5/24/2026 8:39 AM
39	Again, rural and regional. No allied health and long waits	5/24/2026 8:18 AM
40	Disabilities often fluctuate in support needs, while there may be unspent funds on one plan those funds will often be needed during the time period of the next.	5/24/2026 6:46 AM
41	Carryover of funds has set up unrealistic expectations for people. It's easy to become reliant on funding for support at an increased level to what you were actually funded for.	5/24/2026 6:41 AM
42	Other instances include when progression of a disease has been slower then anticipated. If supports were not needed but will still be required it is vital they are there when these will occur. Fluctuations and progressions happen on no one's set timeline and can be impacted by so many factors including adequate access to therapies for maintenance for slowing progression.	5/23/2026 9:32 PM
43	If my plan is adequate then unspent funding might not need to be rolled over but as	5/23/2026 8:18 PM

	circumstances can change and keeping left over money in the roll over plan could help in the situation of unplanned change of circumstances and saving an early review	
44	Just because funding has not been used doesn't mean it is not needed. People who have had to wait on waitlists will not spend their allocated funding because they cannot access supports in a timely way, through no fault of their own. People who are admitted to hospital or have an acute illness that means they do not receive their usual supports for a period of time will not use all their allocated funding through no fault of their own. If there has been a delay in the purchase of a piece of equipment then the funding for that piece of equipment should be included in the new plan and not removed. Having this approach also increases the risk of participants and carers having a 'use it or lose it' mindset, which will increase motivation to spend all of their funds even if they don't need it. Which will cost the government more than what is necessary.	5/23/2026 7:21 PM
45	Service providers quitting, moving, taking extended leave etc can result in a cessation of support services with little to no notice. Trying to then find another specialist who has availability etc takes many many months in some cases. Years in others. Why should the funding be taken away because the medical system is under staffed?	5/23/2026 7:16 PM
46	Unspent plans should roll over if there has been no input due to waitlists, during a period of hospitalisation, or for participants with fluctuating need.	5/23/2026 6:21 PM
47	It is fir to have unspent money to roll over as there are many things happen during the plan that participant doesn't spend all funding, such as long waitlist or participant travel overseas to visit family who is sick or illness.	5/23/2026 4:36 PM
48	Often people don't have enough support to use their funding despite needing it, these means there will be more unmet needs. I think it makes sense that most of the funding still rolls over. Either that or plan reviews should happen more frequently instead of rollovers	5/23/2026 1:56 PM
49	Underspending due to fluctuating conditions, support access challenges, particularly regional and remote participants	5/23/2026 1:23 PM
50	ndia needs to let participants know when plans are being cut before the stated end date	5/23/2026 11:51 AM
51	Unspent funds do not currently carry over to the next plan	5/23/2026 10:15 AM
52	The government can't have it both ways. If the government wants to address overspending, then they should allow unspent funds to remain as a buffer.	5/23/2026 9:48 AM
53	Participants should be given a chance to explain why it hasn't been spent, and being unable to find appropriate supports should be a valid reason	5/23/2026 8:40 AM
54	As long as the plan is renewed to the same level when the new plan year begins. The new plan should not be reduced because of unspent funds.	5/23/2026 8:38 AM
55	This is particularly concerning with reducing budgets in some categories, people may have had to wait for services and then when they finally start, the budget reduces and unspent budget disappears. Also one off funding amounts like AT may be lost before used.	5/23/2026 6:19 AM
56	As long as there is no gap between plan rollover leaving the ndis participant short on coverage for their therapies etc.	5/23/2026 4:01 AM
57	Some times funds are not spent due too waiting but then needed for costly services. Needed to support fluctuating capacity.	5/22/2026 10:17 PM
58	Funding can't always be spent as it takes time to find the right person and get comfortable with them	5/22/2026 7:20 PM
59	There could be legitimate reasons for fluctuating use of plans.	5/22/2026 6:48 PM
60	There could be times where plans are over funded in that case money should go back.	5/22/2026 6:32 PM
61	In our own experience the wait lists can be extremely long. The system must take this into account! There may also be family or other cicumstantial changes (house build/modifications?) that might cause delays in using money available within a time period.	5/22/2026 3:38 PM
62	Unspent funds should be carried over and added to the new plan. This allows for people with dynamic disabilities to be able to 'save up' funding through a better time and to be able to use it when needed.	5/22/2026 1:28 PM
63	As long as funds are not cut in next plan as they were unable to spend in previous plan	5/22/2026 12:41 PM
64	or where the person's complex disability needs has limited their ability to access services (e.g., mental health)	5/22/2026 12:41 PM

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65	sometimes participants know something is coming up that they will need extra funding for and cutting them off from saving up funds for that when a new plan drops greatly disadvantages and harms them	5/22/2026 12:19 PM
66	Sometimes money is needed for emergency periods. People on PACE are already being impacted, even going into hospital to wait for funding to be released. It allows people to have a buffer if and when extra care is needed without having to trigger a review etc	5/22/2026 11:39 AM
67	It depends on the participants situation, I don't think it should carry over but the new plan should be adequately funded. Though if families want to attend more intensives and didn't before this should be taken into consideration	5/22/2026 10:37 AM
68	This should never change	5/22/2026 10:33 AM
69	Unspent funds already don't roll over to the new plan	5/22/2026 10:25 AM
70	There may be unspent funds due to illness, therapist being away or other reasons. This funding should be still accessible to access make up sessions and increased support over school holidays if required	5/22/2026 8:18 AM
71	Shouldn't carry over but should t be at risk of a reduction because they didn't spend them. Funding should meet the needs but people currently feel pressure to spend so that they don't lose. This is a waste	5/22/2026 5:58 AM
72	Not sure on this one, they would need to provide evidence they are on long waitlists for services	5/22/2026 5:51 AM
73	Accessing appropriate services can be extremely challenging. Participants should have the options to utilize excess funds in the following period	5/21/2026 9:19 PM
74	It depends why the funding was not spent. Some folks will need more funding at times and less at others. Especially those with fluctuating or evolving conditions. If money does not roll over, the new plan needs to include funding for what the participant will need for the duration of the next plan.	5/21/2026 8:25 PM
75	Having unspent funds rolled over provides participants with flexibility - when I need to use more, I spend more; when I'm OK, I spend less. When you tell participants that any unused fund do not carry over, it creates anxiety and encourages people to spend unnecessarily/ people will want to spend even if the need has reduced temporarily.	5/21/2026 8:12 PM
76	I believe that in some cases, people do not want supports initially. It can often take over 12 months of rapport and trust building with a participant before they will feel comfortable with support. Additionally, individual situations are vastly different and sometimes there simply isn't an available service for the person, especially in remote and regional areas. As support coordinators we have seen dozens, if not hundreds, of participants without supports well into their second plan because they don't know how to use the plan or even where to start looking. At this point, they are often in declining states and require more intensive supports for a short period of time. Funding periods have already placed people in risky situations where they cannot access supports.	5/21/2026 7:07 PM
77	People are funded for a reason. People with disabilities have complex lives. Should the fact they've been in hospital for 5 weeks without support worker assistance mean they lose that funding if a plan rolls over just after they're released and need increased supports at home.	5/21/2026 6:54 PM
78	Just because someone may have a good year, doesn't mean the following year will be the same, which may mean more they need extra supports, equipment, therapy.	5/21/2026 5:37 PM
79	Happy for funds to not carry over but not by reducing the following years funding. Needs can change year to year	5/21/2026 4:26 PM
80	Plans already have an end date, do not understand what the government is getting at here	5/21/2026 4:14 PM
81	This is not black and white as a lot of services are at capacity so a lot of parents of child participants are often on a wait list of 3-6 months and with a 12 month plan that it's impossible to utilise funds. Also participants with psychosocial disabilities often struggle to maintain engagement with services or feel overwhelmed if they have to engage with multiple services at once, so often it's at a pace comfortable for them likewise for participant with ASD, too much at once can be overwhelming. That's why often as supports progress at their pace they will start utilising funds a lot more in the second or third year of a plan. Participants also have a right to choosing who supports them, and to take their time finding the right providers. The turnaround for support workers, support coordinators and recovery coaches is very high due to high caseloads and burnout so participants often experience gaps in finding new supports impacting utilisation.	5/21/2026 3:02 PM

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82	As long as the new plan is adequately funded for the person's current needs	5/21/2026 12:11 PM
83	Needs are not static. Funding shouldn't be. No pacing of funding is causing problems. Not being able to rollover what is left just makes that worse.	5/21/2026 12:08 PM
84	I can see the government's point here, as long as the new plan is adequate. However, I can also see why some people might need funds to roll over. I think this should be on a case by case basis.	5/21/2026 11:52 AM
85	i am currently relying on rolled over support work funds to survive. Without them i would likely be hospitalised & in a life-threatening situation.	5/21/2026 11:39 AM
86	This move is likely to result in unnecessary spending, encouraging participants to "spend it or lose it"... An alternative would be to reset or forfeit unspent funds after five years i.e. to allow for variable AT purchases which don't happen every year and CB reporting cycles e.g. insisting on yearly FCAs would be a MAJOR waste of NDIS funding!	5/21/2026 11:37 AM
87	Needs fluctuate, sometimes you need more support than at other times. This is a difficult one	5/21/2026 11:11 AM
88	Having been hospitalised several times I can loose the funds and supports	5/21/2026 11:09 AM
89	Unspent funds don't carry over anyway and plans do have end dates, do I don't understand this?	5/21/2026 11:08 AM
90	Allowance for fluctuation must be made, along with the need to urgently reinstate supports following crisis	5/21/2026 10:45 AM
91	Participant needs choice and control of how to use their funds.	5/21/2026 10:42 AM
92	I need to save my funding for high need periods, emergencies	5/21/2026 10:39 AM
93	Roll over of prior approved Capital essential, for example already approved home modifications and complex equipment where there can be lengthy delays in provision of the approved support.	5/21/2026 10:37 AM
94	Families often can't find supports when they have a plan. They should be able to access the services at a later date (same number of sessions, in more condensed time frame), rather than just 'miss out' because they didn't use the funds in a given time period	5/21/2026 10:34 AM
95	No provided that money was still allocated in new plan for things needed to be waited for in old plan	5/21/2026 10:29 AM
96	For example, my OT asked for Support Coordination for me which was denied. I have no idea what I'm doing and am struggling to find supports	5/21/2026 10:26 AM
97	It's difficult enough with the way they have set it up and the restrictions that they've placed on it and the very tiny limited amount of funds that we have. Taking away more of the very few dollars is just a disgusting bureaucratic way to try and balance books.	5/21/2026 10:20 AM
98	Definitely needs a provision for rollover. Almost every other government initiatives include rollover	5/21/2026 8:58 AM
99	There is a concern that people just spend it to use it so that it appears there is a need where sometimes there is not.	5/21/2026 8:24 AM
100	People cannot utilise maximum support immediately and generally take time to ramp up services as they build capacity to engage. They should not be punished for this. Or long wait lists, or being unable/not needing to access service for another reason.	5/21/2026 7:42 AM
101	I don't agree with banking up funds. If it's not being used it makes sence to free the funding up for someone else who would use it.	5/21/2026 6:48 AM
102	Depends	5/21/2026 6:36 AM
103	So long as having unspent funds does not impact the size of the subsequent plan, I think it's reasonable that unspent funds do not carry over. This could be a way of satisfying the government's desire to reduce costs without impacting participants too much.	5/21/2026 6:24 AM
104	Funds should rollover	5/20/2026 11:52 PM
105	I am rolling in cash because due to living regionally I cannot access supports other than via telehealth. There is no duty of care regarding why this is happening to me. No one has enquired why I have unspent funds. I can't get housing support to move closer to supports. So I feel conflicted as it look like have all this money yet I can't get they help I need.	5/20/2026 10:34 PM
106	Significant unspent funds may also reflect the plan supports didn't meet the participant's	5/20/2026 8:09 PM

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support needs, so the NDIS should audit unspent funding to ensure plans meet the needs of participants.

107	Yes — I think unspent funds should carry over in some situations, especially where funding hasn't been used because supports simply weren't available. Long waitlists, lack of providers in regional areas, hospitalisations, surgery, mental health struggles, carer burnout, or delays setting up supports can all impact someone's ability to use their funding. People shouldn't be penalised for circumstances outside their control. I also worry that removing rollover completely could pressure participants into spending funding unnecessarily before their plan ends, rather than using supports in a way that genuinely matches their needs and capacity.	5/20/2026 7:00 PM
108	It needs to be flexible and rolled over. Participants, their carers, supports have sick days, holidays etc. so not all funds can be used as per a strict spending schedule. Some months you need more. Removing participants unspent funds, does not show or indicate that that participant does not that funding or needs less.	5/20/2026 5:12 PM
109	If my funding periods didn't roll over I'd be fucked for the more expensive supports.	5/20/2026 5:10 PM
110	depending on the funding, if it is for home modifications which had had to wait due to no fault of the participant, then these funds should not be taken away, but if they do not use core funding then that could be considered	5/20/2026 4:30 PM
111	as waitlists for services sometimes extend more then the plan length	5/20/2026 4:01 PM
112	I think there should also be a genuine check if the right supports have been supplied. I've seen many people end up with supports they didn't need or request, in place of what they did need.	5/20/2026 3:39 PM
113	An understanding of why there is u spent funds needs to be extra sloshed and understood firstly	5/20/2026 3:23 PM
114	Just because money is unspent doesn't mean it is not required. A participation might be waitlisted for a critical service so unable to use the funds in the first plan.	5/20/2026 2:22 PM
115	Being on waitlists for therapy takes a lot of time so often funds don't get used. Also people's capacity can vary, some weeks they may have breakout pain or burnout and not use their services for a week or 2. It doesn't mean they don't need the services, just that they didn't have capacity to go out or be around people.	5/20/2026 1:48 PM
116	This will punish people for the inefficiency of the Agency and provider in failing to approve spending on time and for long wait lists, as well as punish frugality and force people into contracts that use all of their funding without flexibility.	5/20/2026 12:39 PM
117	Life fluctuates for all. You are not excluded from that just because you have a disability. One year you may have lower flare ups of symptoms. The next may be worse than it has ever been. Having roll over gives cushioning to get the help they need on a more frequent basis to get back to a baseline.	5/20/2026 12:35 PM
118	12 months is OK but only if the new plan meets needs	5/20/2026 10:59 AM
119	Definitely in the case of consumables or assistive tech	5/20/2026 10:57 AM
120	I think there should be some flexibility around unspent funds, because of *why* funding was unspent. Many people underspend because of things outside their control, including: * workforce shortages * lack of local providers * therapist turnover * long waitlists * delayed assistive technology approvals * hospitalisation or periods of crisis In these situations, unspent funding does not necessarily mean the support was not needed. The concern is that underspending may later be interpreted as "reduced need," leading to lower future funding despite the person still requiring support. For example, someone may only use part of their therapy funding because there were no available therapists in their area for months. They may still have benefited from and required those supports if they had been accessible. At the same time, if funding was genuinely not needed, then it makes sense for future plans to reflect a participant's actual support requirements. I do not think unspent funds should operate like an unlimited savings account. A balanced approach may be more appropriate, such as: * allowing limited rollover in specific circumstances * considering evidence of workforce or access barriers * preserving continuity for supports already in progress * ensuring underspending alone is not automatically interpreted as reduced need The key issue is ensuring participants are not penalised for system barriers outside their control.	5/20/2026 10:46 AM
121	This is especially important in regional and remote areas where there is service thinning and participants cannot always access services they need	5/20/2026 10:45 AM
122	Unspent funds for AT or equipment should carry over to the next plan as they often have	5/20/2026 10:40 AM

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	long wait lists	
123	Waiting for at, eg a wheelchair to be built etc can take a while if you've not used funding, then you should have extra to then get wasted or stolen by providers . We underspend now and don't feel the unspent should roll over. Others need support with what we don't use	5/20/2026 10:17 AM
124	It needs an assessment of why that funding was not used. Whether it was excess to need, or not able to be accessed.	5/20/2026 10:08 AM
125	Our lives are not static. Circumstances change it would make sense to roll unspent funding over into the new plan.	5/20/2026 10:06 AM
126	Capacity fluctuates. Sometimes I am able to utilise supports. Sometimes I have panic attacks and meltdowns at the thought of someone coming into my house and can't utilise ndis supports. Situations change.	5/20/2026 8:53 AM
127	Unspent funds shouldn't roll over, but it's shouldn't cut funds for the next plan if there is a reason funds were unspent. My son's funds were rolled into the next plan. We have more funding than we need which blows out ndis budgets too.	5/20/2026 8:51 AM
128	This would encourage participants to use their funding. eg if they have funding for Allied Health then they use it or are at risk of losing it.	5/20/2026 8:32 AM
129	Carrying over would highlight policies aimed at not meeting needs. Huge accumulated funds would highlight govt avoidance of meeting needs	5/20/2026 8:32 AM
130	This is extremely helpful for fluctuating conditions	5/20/2026 8:17 AM
131	things change	5/20/2026 8:08 AM
132	This would allow a safety measure for the participant	5/20/2026 6:07 AM
133	Individual circumstances should always be taken into account and be assessed by a knowledgeable, independent health practitioner AND the report should be read and taken seriously, not just dismissed	5/20/2026 12:47 AM
134	Plan may not be fully spent for many reasons outside control of participant, but they still have those needs and require funding to pay for what's needed eg thin markets, delays in manufacture/delivery/fitting of AAC, kids having growth spurts that render AT ineffective, but trouble getting replacements made in year of plan.	5/19/2026 10:36 PM
135	This is useful for when people have been waiting for therapies, SIL, or AT	5/19/2026 9:53 PM
136	I don't think it's a bad thing to re-allocate funds back to the agency	5/19/2026 8:52 PM
137	Life is not static, funding shouldn't be prohibitively static either.	5/19/2026 8:26 PM
138	The extremely concerning issue is if this applies to the 3 month funding periods too.	5/19/2026 7:03 PM
139	Where funds remain because therapy or STA was not available at the time, surely this can be rolled over for the following year. Perhaps only 1 year at a time can roll over, therefore not accumulate into several years of roll-over surplus.	5/19/2026 6:54 PM
140	Don't encourage excessive expenditure by threat of losing it	5/19/2026 6:46 PM
141	Guide dog vet bills are not subject to plan dates	5/19/2026 6:37 PM
142	If I spent funds do not carry over to the next plan this would encourage people to spend the funds no matter what	5/19/2026 6:31 PM
143	If they don't roll over people will want to use up the funds on things that aren't necessary.	5/19/2026 6:30 PM
144	NDIS should HAVE to consult with participants and carers to identify if there is a plan for funding to be used and if yes it should roll over	5/19/2026 5:30 PM
145	Provided the plan is appropriately funded I support this	5/19/2026 5:20 PM
146	given how slash happy the NDIA has been, unspent carryover has been the only way some people have been able to get critical care. Some have been forced to forego or delay treatments until a new plan happens, so they can afford to make use of it.	5/19/2026 5:20 PM
147	Also home mods and assistive technology funding due to sourcing/provider issues	5/19/2026 5:10 PM
148	I think I spent funds should roll over BUT also be considered in whether the budget allocated is required ongoing. I try and purposely budget my child's physiotherapy and speech therapy for easing off somewhat during term time to not to overwhelm and exhaust them, and then do intensives and workshops during break times. However last time that	5/19/2026 4:30 PM

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	meant losing all our "saved" funds right before the term break, and we started out with big expenses chunked out of the renewed plan. I also think there should be some sort of incentive re consumables etc budget. Too many people try and find things to spend it on instead of only using of essential.	
149	Not rolling over unspent funds will encourage people to use up more funding than they may need, in an attempt to prove that they need to keep the same level of funding. It discourages saving and penalises those with limited access to supports.	5/19/2026 3:42 PM
150	You never know when something is going to happen and more support is required. You can't plan for crisis, illness, deaths in families, etc	5/19/2026 3:31 PM
151	Exception with equipment and food	5/19/2026 3:02 PM
152	The current system incentivises unnecessary spending.	5/19/2026 2:44 PM
153	Disabilities are not linear and predictable. Some years require more spending than others. If the funds aren't carried over then they may not be able to have their support needs met in future years due to inadequate funds.	5/19/2026 12:48 PM
154	If the new plan is adequate there would be no need for this, however the reason for having unspent funds should be considered.	5/19/2026 12:37 PM
155	I don't think unspent funds should be allowed to be accumulated but it needs to be CLEAR that if funds weren't utilised that does NOT mean the funds aren't needed. There are MANY reasons why people may not use all their funding in a particular period NONE of them being they didn't need it.	5/19/2026 12:00 PM
156	If the plan is right we should see this less. Stop denying our needs, but giving things we don't need	5/19/2026 11:57 AM
157	Crisis happens and needs to be available	5/19/2026 11:19 AM
158	Unspent funds should be assessed for the reason.... IE waitlists, inappropriate support, local availability	5/19/2026 11:17 AM
159	12months is not long enough to build capacity to the point that support is no longer needed at the same level. Some people will never need less support.	5/19/2026 11:17 AM
160	I personally don't have a strong view.	5/19/2026 11:01 AM
161	I think this should be evaluated on an individual basis.	5/19/2026 8:58 AM
162	A five year plan should not have funds roll over, but annual plan end dates must allow funds to roll over as people "budget" according to their funding. If a participant knows a high usage period is inevitable (hospital/surgery or a wedding or major celebration or holiday) and determines they can't store funds till that occurs and it crosses the end date, they'll never be properly supported. This proposal assumes a person with disability has NO LIFE and won't be living a normal life. That's discrimination!	5/19/2026 8:48 AM
163	Long waitlists, waiting for equipment or home modifications, situations like Covid and so on can delay payment. This must be taken into account so the money is there when it is needed. The other related issue here is that the NDIS could say that the person obviously doesn't need all this money as they haven't spent it, so we will cut their next plan.	5/19/2026 8:36 AM
164	Roll overs incentivise good budgeting and allow for people's lives and needs to fluctuate over time.	5/19/2026 8:22 AM
165	why are we punishing people for under-spending? this just encourages people to spend on things they don't actually need	5/19/2026 7:49 AM
166	Often this might be the buffer people put in place to ensure they have a cushion.	5/19/2026 7:24 AM
167	Fluctuating capacity means that fund use fluctuates too. It's better for us to not spend the funds when we don't need to, so they are available when we do need them.	5/19/2026 7:24 AM
168	However there should be a better system for supplier invoices for the prior period to be paid immediately.	5/19/2026 7:19 AM
169	I think the challenge here is the fear that new plans won't be adequate and people will lose support when a new plan is developed	5/19/2026 7:17 AM
170	This does place an artificial barrier around the spending of plans, particularly where the fund usage has been delayed due to waiting lists or unavailability of supports, or where participants want to hold off therapy in order to undertake a more higher intensity therapy timetable for a period of time	5/19/2026 7:15 AM

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171	Funds should roll over where there are reasons for underspending like the person was in hospital or their main supporter who organises things for them was in hospital or had terminal illness	5/19/2026 6:55 AM
172	As someone with a dynamic disability my functional capacity fluctuates. If I have a year where I need less support it doesn't mean the following year I won't need more support. Having the funds roll over creates a safety net for the times I am worse or for times where my informal care arrangement collapses.	5/19/2026 6:33 AM
173	Life is unpredictable so this idea is ridiculous. Also, many people budget effectively so as to sacrifice support & bank hours to attend special events. This idea punishes people for having a life or an unpredictable life	5/19/2026 5:54 AM
174	Irrelevant, it the NDIS who don't to timely plan reassessments and just roll plans over for years	5/19/2026 5:44 AM
175	If the original plan suited a participants needs and was sufficient then it's okay for funding not to be rolled forward. So long as the participant has sufficient funding in the new plan.	5/19/2026 5:31 AM
176	We are regional and often go without various therapies due to practitioners moving away from he area, and then subsequent waitlists.	5/19/2026 4:02 AM
177	Yes, I do believe unspent funds should sometimes be allowed to carry over, particularly where there are genuine reasons the supports could not be used within the original plan period. Many participants do not underspend because they do not need supports. Often, unspent funds happen because: * there are workforce shortages, * therapists or support workers are unavailable, * services have long waiting lists, * participants are hospitalised or unwell, * families experience crisis situations, * providers cancel services, * or participants are still trying to find suitable supports. This is especially common in rural and regional areas where services can be extremely limited. I am concerned that a strict "use it or lose it" approach may unfairly penalise participants for circumstances outside their control. It could also create pressure to spend funding unnecessarily before a plan ends simply so the money is not lost. Some supports are also naturally inconsistent in timing. For example, participants may need to save funding for: * assistive technology, * intensive therapy blocks, * behavioural support periods, * school transition supports, * or future assessments and reports. Flexibility is important because disability needs do not always fit neatly into fixed annual spending patterns. I also worry that removing any possibility of carryover could disproportionately affect participants with complex needs, self-managed participants, and families already struggling to coordinate services in an overstretched system. At the same time, I understand the Government's concern about very large amounts of funding accumulating over long periods without clear purpose. Reasonable safeguards and monitoring are appropriate. However, I believe there should still be flexibility and discretion to allow carryover in situations where: * supports were genuinely needed, * barriers prevented access to services, * or spending patterns were reasonable in the context of the participant's circumstances. The focus should be on whether funding was being responsibly managed and whether the participant's needs remain unmet, not simply whether every dollar was spent before an arbitrary date.	5/19/2026 2:18 AM
178	With the typical "funding period" being 3 months, it's entirely possible that someone won't be able to afford a support until the last 3 months of their plan if the NDIA "forgot" to front-load appropriate funding. e.g. I've heard people with AT funding receiving plans where the AT is approved, but the funds are split across the whole plan, so there's not enough funds available for the AT until the very end of the plan. If the AT can't be delivered immediately when the funds become available, people could very well end up not being able to access the supports that they genuinely needed and that were recognised by the NDIA as genuinely needed.	5/19/2026 1:33 AM
179	If I have something I know I need extra support with like an event for my children I save up support hours so I can do things.	5/18/2026 11:43 PM
180	This is interesting. We have had it where one participant has had funding rolled over into the next period. But not the other 2 parties. Their funding was not rolled over so it's pretty arbitrary	5/18/2026 11:11 PM
181	We always use the majority of our funding	5/18/2026 10:11 PM
182	We should not be punished for being frugal with funding. The funding is still needed, but they may not have been able to access it for so many reasons out of their control	5/18/2026 8:55 PM
183	Given the tenancy to chronically underfunded plans and the fact that getting timely change of circumstances the rolled over funds are often the only thing that prevents disaster and reduces risk. People's lives are organic with ebbs and flows just like anyone else so you	5/18/2026 8:53 PM

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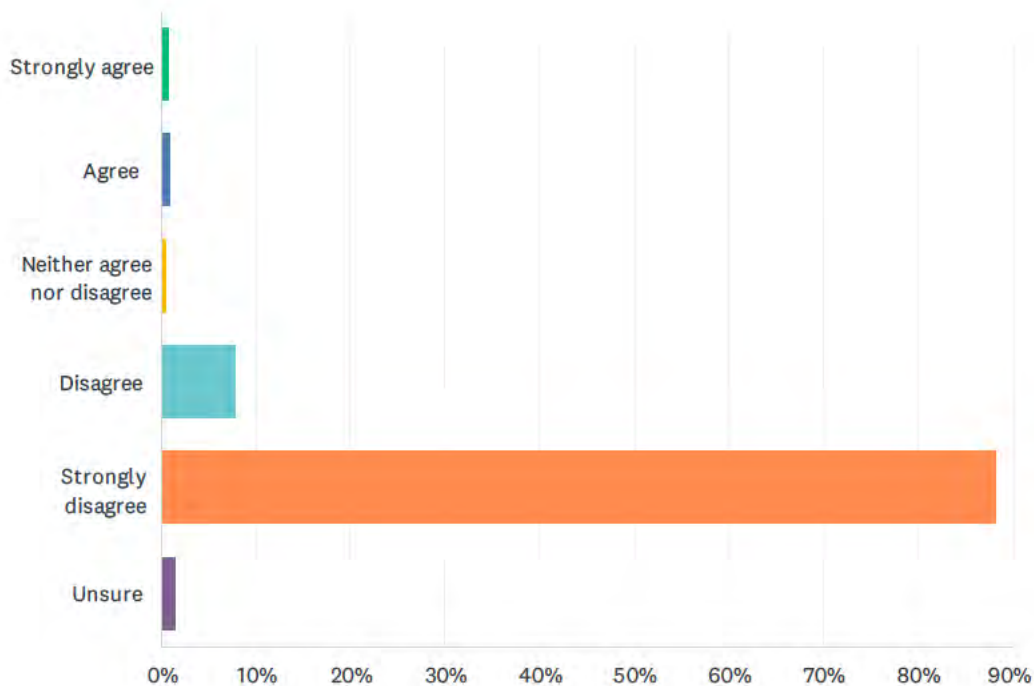
need the buffer to allow for the realities of real life. This is also why funding periods are working so poorly since they got rolled out.

184	In our case, there are unspent funds because I the mother sustained a medical injury, which meant that I was unable to have careers in my house in case I got sick. There are unspent funds because my son with profound physical and intellectual disabilities was molested by a Support Worker in supported independent living. So as we try and get back to our life, we need those funds.	5/18/2026 8:47 PM
185	Funding doesn't roll over for us now so it's not a big change	5/18/2026 8:46 PM
186	I'm not sure but I guess maybe it should be carried over if it's for something that's not ongoing (like a particular therapy program or something) and/or not funded in the new plan, but not if it's for a regular thing and the new plan has sufficient funding so the extra would not be needed?	5/18/2026 8:20 PM
187	With evidence and investigation and still carried on per qtr etc until new plan assessed	5/18/2026 8:11 PM
188	Often there are specific reasons why funds haven't been spent that are outside the control of the participant. This funds should be available to participants to give them some flexibility when providers have been engaged with.	5/18/2026 7:36 PM
189	Funding for SDA should be carried over if appropriate accommodation has not yet been found for example	5/18/2026 7:35 PM
190	Unspent capital funds should carry over as should any supports that are evidenced as step down supports etc	5/18/2026 7:28 PM
191	This allows flexibility if one plan period need less and next more people won't spend money to make sure to get more the next cycle they can save it and use it in harder times when things fluctuate or they have to wait for services. Would stop rushed spending for sake of spending	5/18/2026 7:21 PM
192	Her due to participant illness	5/18/2026 6:53 PM
193	This rewards people using funding wisely and being careful with how they manage their resources. Therefore, unspent funds should definitely roll over.	5/18/2026 6:53 PM
194	Many variables can impact use of funds within set time frames, and many of these are not within participant control	5/18/2026 5:55 PM
195	Some categories I would support with consultation beforehand.	5/18/2026 5:50 PM
196	Often unspent money is a sign that support to use the plan has been inadequate or is due to other circumstances that quite likely require a period of increased support	5/18/2026 5:47 PM
197	Yes – unspent funds should carry over in some situations, as support needs can fluctuate over time and may be affected by factors such as waitlists or changes in circumstances. A capped or conditional rollover may be more appropriate than a full rollover to balance flexibility with responsible use of funding.	5/18/2026 5:23 PM
198	Some country area extremely long wait lists	5/18/2026 5:19 PM
199	should carry over due to severe illness,hospitalisation etc	5/18/2026 4:39 PM
200	Or due to support taking leave or extended leave or waiting for support or not having built up to utilising all support available due to disability.	5/18/2026 4:11 PM
201	encourages people to spend up for fear of losing unspent funding.	5/18/2026 3:56 PM
202	When you need help, you deserve help. End of statement. Let them keep it so that it does help.	5/18/2026 3:37 PM
203	Many participants 'bank' hours for unplanned events. Ie hospitalisation of informal supports etc	5/18/2026 3:32 PM
204	Or when a participant has been in hospital etc	5/18/2026 3:16 PM
205	After being on waiting lists for 6mths to 1yr you finally get to see the provider and start a program only to have funding cut.... then back to the end of the wait list again as you need to reapply for funding.	5/18/2026 3:04 PM
206	I assumed that was already a thing. Unspent funding at the end of the plan was no longer relevant.	5/18/2026 2:50 PM
207	However when a plan review is required that this is actioned by LACs not being put off and rescheduled for 5years	5/18/2026 2:48 PM

208	We have stuff in the plan that we can't use and never could but somebody decided that we needed it so there it is - that money needs to go. Rollover of monies that are being used is a good idea. Monies that aren't being used can go and the big question of why they were allocated to begin with needs to be asked. So this is really missing the problems - again	5/18/2026 2:44 PM
209	There are many reasons why there are unspent funds. Getting a decent senior OT has been so hard. My son hasn't had an ongoing OT for 3 years. We source another one and after a session or two, we'll lose them. Then 3 month funding blocks came in and because we didn't have the funds available, they dropped us.	5/18/2026 2:32 PM
210	My plan was extended so many times over the last 5 years that I didn't know that funding rollover was a thing. I'm happy for them to have this change.	5/18/2026 2:32 PM
211	Also where capital items AT or car mods or house mods haven't been purchased from old plan.	5/18/2026 1:49 PM
212	Also where AT has not been purchased.	5/18/2026 1:32 PM
213	If it's a new fully assessed plan then no but if it's a rollover yes	5/18/2026 1:29 PM
214	Sometimes unspent funds are due to wait times accessing providers and once access is available those funds are used up very quickly.	5/18/2026 1:17 PM
215	Someone needs to investigate the reason why it's been unspent, e g being given in the wrong category and can't get accessed	5/18/2026 12:46 PM
216	There is no reason why unspent funds shouldn't roll over, life doesn't always happen according to schedule if an abled person can manage their finances and situation flexibly why should this be denying to disabled people?	5/18/2026 12:29 PM
217	If the participant has been allocated the funding then it must be necessary for their needs. There may be many reasons why it hasn't been spent eg waitlists for specialists.	5/18/2026 11:58 AM
218	Ideally unspent funds go back into system to support others, and lower budget next round	5/18/2026 11:31 AM

Q17 The Bill would allow the Minister to decide to reduce funding for any type of support. When the current NDIS plan ends, the NDIA would automatically issue a new NDIS plan with funding reduced by the amount decided by the Minister. Do you support this change?

Answered: 1,160 Skipped: 227



ANSWER CHOICES		RESPONSES	
Strongly agree		0.78%	9
Agree		0.95%	11
Neither agree nor disagree		0.60%	7
Disagree		7.84%	91
Strongly disagree		88.28%	1,024
Unsure		1.55%	18
TOTAL			1,160

#	OPTIONAL COMMENT:	DATE
1	What right does this person have to make this determination and take this away from someone - he is a minister (and a crap one ah that) he is not a medical professional and he probably doesn't even know what is even involved with the complex conditions of many of the participants). No one person or department should ever have this capacity or power - this is something that should go before a review board and must have the input from treating doctors and allied health teams working with them	5/25/2026 9:32 PM
2	Will the missioner get to know each participant if not then they have no right to determine what a person needs or doesn't need	5/25/2026 6:07 PM
3	Funding should be based on reports and the person at NDIA reviewing the plan should listen and read the actual reports. The minister does not know each family and if funding is	5/25/2026 6:05 PM

	significantly decreased, it will create stress. I think by doing so, there may be more suicidal murder cases all over Australia!	
4	Any change in funding should be initiated by clinician assessment of the NDIS participant functional capacity	5/25/2026 5:48 PM
5	This just seems like an insane amount of oversight to give to one person that seems far too broad and sweeping, with no way to control or fight back against it. Its absolute power over something that defines a person's life	5/25/2026 3:49 PM
6	Participants and their carers deserve consultation, choice and control, as stated from the beginning. .	5/25/2026 2:59 PM
7	Not without adequate assessment of the person and their needs (by a professional).	5/25/2026 1:34 PM
8	Absolutely disagree!	5/25/2026 1:07 PM
9	The ability of the minister to be able to change funding at their will rather on the basis of documented assessments and recommendations is not adhering to choice and control for participants. This will place stress on families and participants not knowing what their supports will look like and also place stress and unnecessary burden on providers not knowing where a client's funding will be at one time. This change to the legislation is unsafe and is also not in keeping with adhering to rules and regulations of legislation when a minister can change anything at any time.	5/25/2026 1:07 PM
10	The minister has no idea of what effect that will have on participants and their families	5/25/2026 12:15 PM
11	The minister of health is not allowed to decide whether or not I get surgery. neither should the minister of disability be able to decide whether or not someone deserves supports. Isn't it common sense? We have experts for a reason. This is overreach.	5/25/2026 11:57 AM
12	In my experience, older people require more support as they age, why reduce their finding when their needs will get greater?	5/25/2026 11:25 AM
13	I note this is already happening to participants in their recent reviews. Funding should not be arbitrarily reduced without any consultation as they do not understand the person's current needs and underfunding crucial supports will then increase the need for other reactive and emergency supports potentially at greater cost as well as reduce productivity.	5/25/2026 10:14 AM
14	Please take all in to account what the government has already spent on reports from professionals	5/25/2026 3:41 AM
15	Absolutely a ridiculous and disgraceful proposition	5/24/2026 10:45 PM
16	This is a bureaucratic disaster. The Minister is punishing disabled people for being disabled. He is punishing families for having a disabled mother / father/ son/ daughter. If this change occurs, disabled people, their families, and their communities will suffer irreparable damage.	5/24/2026 9:46 PM
17	Funding decisions for individuals should not me made by a minister but by someone with the expertise to understand	5/24/2026 8:24 PM
18	No one should be allowed to reduce a participants funding without a formal review which includes a functional assessment. It is important that this process is evidence-based and not purely because the service costs too much. NDIS Plans need to be participant focussed and in consultation with the participant.	5/24/2026 6:59 PM
19	They are not health professionals!	5/24/2026 6:52 PM
20	No one should have this authority. The minister cannot conceivably understand the complex natr of every disability and understand the extent this would have in a negative way overall. Would cause more mental trauma	5/24/2026 6:50 PM
21	If a plan is issued based on what is reasonable and necessary, then allowing the minister reduce a particular support automatically and indiscriminately would have potentially life threatening repercussions. It is also concerning that any changes by the minister would not be reviewable externally.	5/24/2026 6:30 PM
22	What a disaster this would be	5/24/2026 6:00 PM
23	Not everyone os the same, every person and their needs are different y	5/24/2026 5:52 PM
24	Hes not qualified and they are not cookie cuttrrsupports	5/24/2026 5:17 PM
25	I dont like the idea of someone in an office that has zero lived experience with disability or support services having that much power. it screams potential corruption waiting to happen to me!	5/24/2026 4:31 PM

26	The minister is NOT a mastermind. As a healthcare worker, thesemicromanager mindsets destroy the industry and the meaning of carer and bedside manner	5/24/2026 4:30 PM
27	No one should be allowed to change a plan without a formal review which would include a fresh functional capacity assessment. The Minister is not qualified to make allied health decisions, then they should not be allowed to remove funding without a formal review and updated functional capacity assessment. To do so is violating a persons right to access necessary supports for their disability.	5/24/2026 4:28 PM
28	This is not choice and control or considering the needs of the participants	5/24/2026 4:28 PM
29	The Minister does not care about the people, has no expertise in disability and has no idea except how to save money for projects like mending submarines!	5/24/2026 4:26 PM
30	The Minister hasn't got a scooby doo.	5/24/2026 4:02 PM
31	That is cruel and unfair. It isn't like yhe Minister is going to take any time out of his day yo contact people to see if yhe cut is necessary. 1 man making the decision about someone he has never met or spoken to is unfair and down right disgraceful	5/24/2026 3:51 PM
32	We need more support, not less.	5/24/2026 2:58 PM
33	What does the minister know about individual circumstances?? Incredibly dangerous scenario to give minister that much power	5/24/2026 1:49 PM
34	Not unless the minister is a specialist clinician or experienced allied health professional!	5/24/2026 1:49 PM
35	What would he know or care	5/24/2026 1:37 PM
36	Against the whole foundation of NDIS. It's disgusting.	5/24/2026 1:03 PM
37	This change will put some lives at risk.	5/24/2026 12:45 PM
38	what on earth would the minister know about their needs?	5/24/2026 12:35 PM
39	How would the Minister be able to correctly advocate when the complexities of supports, access to supports and abilities to access the supports financially are deeply personal and individual scenarios. How can that be decided fairly when his decisions would be politically motivated by a budget.	5/24/2026 12:27 PM
40	I have no trust in the currant government to use this power with any concern for the harm it may cause.	5/24/2026 12:19 PM
41	Every change of government would mean uncertainty and change for NDIS participants.	5/24/2026 12:18 PM
42	On what basis will these decisions be made?	5/24/2026 12:06 PM
43	One person should not have so much power over other people's lives	5/24/2026 12:00 PM
44	This is the absolute worst part of the bill and would be the catylst for the NDIS ceasing to function as intended.	5/24/2026 11:57 AM
45	Reducing funding without discussing the individual needs of a participant is not ok and could leave people in very difficult situations	5/24/2026 11:53 AM
46	Unless the Minister suddenly has qualifications to deem what support is necessary for a participant, they should not change anything unless it is properly assessed by someone appropriately trained.	5/24/2026 11:44 AM
47	This would impact any person with disability who does not have access to simple and easy-to-read information or who has no understanding of what any of this means.	5/24/2026 11:42 AM
48	This is unethical and is an abuse of basic human rights	5/24/2026 11:34 AM
49	How does the minister know a permanent disability has suddenly had the world change and all their support needs met and suddenly no longer disabled?	5/24/2026 11:30 AM
50	Absolutely not. Cuts to services should be made on evidence, not blanket cuts	5/24/2026 11:28 AM
51	The minister does not know the client personally so therefore does not know the severity or needs of that client. And cannot and should not be the one to make that decision at all	5/24/2026 10:36 AM
52	We already don't have anywhere near enough funds to cover what we need. Stop making life that's already hard, much more harder for us.	5/24/2026 9:47 AM
53	Without knowing all the context around how the support is/is not being used and factors relevant to the participant, this can create substantial risk	5/24/2026 9:21 AM

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54	How does the Minister know what is best for these people?	5/24/2026 9:09 AM
55	Unless its a disability that declines each each, participants should have enough skills built up for funds to decline each year	5/24/2026 9:09 AM
56	There is no part of this decision that is in the interests of disabled people, and the risks of reducing funding support without understanding a person's needs and circumstances is extremely short sighted and dangerous.	5/24/2026 8:39 AM
57	People in fancy offices determining someone's life?	5/24/2026 8:18 AM
58	The minister is not a team of professionals with deep understanding of someone's support needs.	5/24/2026 6:46 AM
59	On what planet is this OK??? This gue manages the budget for the portfolio?!?!NO WAY	5/24/2026 12:33 AM
60	There is not enough info about this to agree	5/23/2026 9:37 PM
61	This opens up concerns of judgements not on individual needs but budget costs or other state affairs. These don't eliminate people's required supports both for life maintaining but also participation and thriving in life. This also places people with disabilities as a vulnerable to ableism and discrimination and to be used as a political football in changes in governments over time. If the minister can just decide. With no knowledge of the person and their life. This is deeply concerning	5/23/2026 9:32 PM
62	This does not take into consideration the individualised needs of people with a disability. While a person who has strong informal supports and lives in a metropolitan area with good access to public transport might be minimally affected by a cut to eg' social and community participation - in contrast, a participant who lives on their own in a rural area with no access to public transport or informal supports would be significantly impacted by this change. Once again, this would disproportionately impact participants who are already more vulnerable.	5/23/2026 7:21 PM
63	Each case should be handled on its merits for review. Blanket policy changes damage individuals.	5/23/2026 7:16 PM
64	How would the minister know what is required? Is there any onus on them to base it on the participant's needs or circumstances? IT sounds like they can just reduce their funding because they feel like it, or they want to spend more money on defence.	5/23/2026 6:21 PM
65	Kindly respect participants and their needs. Please do not reduce funding without consulting the participants. We live in democracy society. Please don't act as if we are in authoritarian society. Let us have a voice in the matter that is relevant to NDIS participant.	5/23/2026 4:36 PM
66	How is this fair? How can you just automatically reduce funding without having any understanding? I want to know how anyone thinks that works in practise? What about that the adequate funding allowed someone to get to work, to make friends, to have a shower, to have a social life, to attend university. Suddenly they would have to choose which is the least important because they cant participate in daily life because the minister has just reduced it? What if someone's parkinsons has progressed?	5/23/2026 4:21 PM
67	Where are the credentials of the people making the cuts and without speaking to anyone, that leaves people having to fight and then wait three months for an assessment	5/23/2026 4:15 PM
68	How could 1 person possibly have the expertise to make an appropriate decision	5/23/2026 3:14 PM
69	I've never met the minister. He has never net my family. How could he possibly decide to reduce funding for our needs without knowing anything about our situation? It's not reasonable or fair.	5/23/2026 3:06 PM
70	I do not trust the minister or believe them to be capable of making such decisions. They are not an expert on every single disabled and their motivations will be purely budget based.	5/23/2026 2:47 PM
71	The minister doesn't know every single participant and their circumstances. This is a huge breach of people's rights for the funding to be taken away without there being justification and opportunity for evidence to be given from the participant	5/23/2026 1:56 PM
72	Only qualified practitioners with genuine understanding of disability, participants, their family or friends and supports working closely with them can truly assess someone's support needs	5/23/2026 1:23 PM
73	This proposed change is so awful I had to stop for a moment and hold back the tears before writing this answer. It's difficult to find words for how terrifying this is. It means that the minister can just turn participant's lives upside down without even consulting them. It also means that long-term goals of capacity building and improving quality of life can be snuffed	5/23/2026 1:08 PM

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out without any consultation. The instability and distrust in the NDIA caused by this change is difficult to articulate. It would basically mean that we (people with disabilities and carers) can never have certainty, can never relax, can never plan for the future. Because the minister could take whichever supports he likes away without a second glance, and without ever having to pay attention to what those supports mean to the people who need them.

74	Minister needs to be answerable. Reasons for change need to be open for discussion and appeal.	5/23/2026 12:07 PM
75	participants are individuals	5/23/2026 11:51 AM
76	This is too arbitrary	5/23/2026 10:34 AM
77	The ministers should NOT have the power to do this.	5/23/2026 10:01 AM
78	I wasn't aware that the minister had spent decades studying in university, to be a medical specialist, across multiple types of disabilities.	5/23/2026 9:48 AM
79	How can a Minister, who has not met a participant, properly assess what that persons needs are?	5/23/2026 9:36 AM
80	How dare the Minister assume he knows what core support my son needs and cut any of his access to his community.	5/23/2026 8:38 AM
81	Open to abuse - not endorsed by professionals	5/23/2026 8:09 AM
82	What metric is being used to decide this?	5/23/2026 8:05 AM
83	How can someone be assessed as having needs but then those needs can be ignored just because the minister decided that their disability or support be cut? People's plans should never reduce or change without a minimum 90 days notice.	5/23/2026 6:19 AM
84	Look into the providers and how many are overcharging. The system caused this with the caps in the first place.	5/23/2026 4:01 AM
85	The minister does not appear to acknowledge fluctuating needs our have an inclusive approach.	5/22/2026 10:17 PM
86	A standard reduction of people's actual support needs removed their human dignity	5/22/2026 8:08 PM
87	Who is the minister to determine the needs of the individual?	5/22/2026 7:20 PM
88	The minister is not medically qualified to make these kind of decisions that impact people's health and wellbeing	5/22/2026 6:44 PM
89	Is the minister gonna come down to people's houses and see where the money goes to make those decisions? No.	5/22/2026 6:38 PM
90	This is finacial abuse	5/22/2026 4:29 PM
91	This is totally inappropriate especially as this provision also states the reduced rate will apply even if it falls below the providers charged rate. Participants will forced to either co-pays the gap or reduce the frequency of those services	5/22/2026 4:17 PM
92	No because changes made based on savings not people's needs are just cruel	5/22/2026 4:08 PM
93	Should evryome be required to lobby the minister personally then to have their plans reviewed?	5/22/2026 3:38 PM
94	Some communication to the family explaining what has been done and why. Families budget very tightly so some warning this will happen is essential	5/22/2026 3:01 PM
95	What basis other than budget savings would the minister have	5/22/2026 2:30 PM
96	Absolutely not. This is a gross abuse of ministerial power and uses people with disability as their pawns. Why should disabled people live in fear of the supports they need to SURVIVE and THRIVE can be cut at the whim of some governmental asshole who likes to pick on the weakest in society.	5/22/2026 1:31 PM
97	What qualifies the Minister to make those kinds of decisions? Like what medical and allied health training do they have? How much lived experience with each disability?	5/22/2026 1:28 PM
98	What experience and knowledge does a Minuster have to make these decisions?? Like asking a PWD to make a political decision. Illogical ans potentially harmful	5/22/2026 1:18 PM
99	What do they know about individual circumstances	5/22/2026 12:41 PM
100	plans need to be individually administered not blanket funding principles applied	5/22/2026 12:19 PM

101	Disabled people will be turned into something to be scrapped to meet the minister's KPI. it is not evidence based, its discriminatory	5/22/2026 11:39 AM
102	What experience has the minister have to decided this, other than cutting funding.	5/22/2026 10:33 AM
103	The minister does not have an active enough role within NDIS to be responsible for these kinds of decisions	5/22/2026 10:25 AM
104	NO	5/22/2026 9:48 AM
105	There needs to be a substantial reason to reduce a participant's funding otherwise they are likely to be disadvantaged by having their community supports reduced.	5/22/2026 9:32 AM
106	this is horrific the pressure put on families to prepare for their NDIS review, prove supports needed just to have a blanket cut is beyond unethical.	5/22/2026 9:09 AM
107	The minister does not have education in health care or health care needs of these participants. How is he able to make these changes without any medical or health training. These are people's lives and futures that are affected. They are not a budget item	5/22/2026 8:18 AM
108	Depends on the parameters	5/22/2026 7:31 AM
109	Not sure the Minister should have this power, how would they have the knowledge of individual cases required	5/22/2026 5:51 AM
110	How is it ever to be suitable for individual situations when that is a rule?	5/22/2026 3:14 AM
111	This is highly concerning. I do not believe that the Minister understands the needs of disabled people and their families, and he appears uninterested to learn from those with lived experience.	5/22/2026 12:14 AM
112	Most families I know, including mine, already receive less funding and supports than they require. Having to beg the ndia for support and funding is humiliating. Even with internal reviews we don't receive adequate funding to enable us to live safely and with dignity.	5/21/2026 9:19 PM
113	What a nightmare, people are more likely to become more disabled and need more help than need a less support	5/21/2026 9:08 PM
114	Funding should be based on what is needed. That is the point of receiving funding!	5/21/2026 8:25 PM
115	it should never be the decision of the minister. Politicians do not always have good track record of understanding of the needs of people, so why should they be given absolute power like this to make decisions that have significant impact on others	5/21/2026 8:12 PM
116	This suggestion is utterly dangerous in every possible way. The agency has no understanding of how severe someone's individual situation is already. Currently, during planning meetings, plans are cut and people die. The ability to give someone this sort of power over someone's life, is dangerous!	5/21/2026 7:07 PM
117	This is just plain abuse of power.	5/21/2026 6:54 PM
118	He who lives with no disabilities can decide this.	5/21/2026 4:54 PM
119	I already have to choose self care supports over community access as not enough hrs, if its reduced further I would have to choose between food shopping (so eating) and essential appts tasks eg getting Hearing Aids tubing replaced or aids fixed. Any leisure activities long went out the window	5/21/2026 4:14 PM
120	The minister should not have this sort of power	5/21/2026 3:23 PM
121	What an absolutely stupid thing to legislate. The impact will be catastrophic for aome people	5/21/2026 3:12 PM
122	This completely goes against choice and control. The agency also hasn't advised how this will be monitored and considered as in Will the minister consider factors like wait times for services, personal factors, gaps in services, evidence provided	5/21/2026 3:02 PM
123	blanket reduction of funding just hurts people, there's no valid reason to do it this way	5/21/2026 2:50 PM
124	There are too many changes that have resulted in significant decreases to plans without consultation already. These have been nothing but harmful	5/21/2026 1:32 PM
125	There should always be evidence of a person with disabilities shown before a plan is changed. I think that it is fair to do assessments so function can be monitored. But surely ndia can see that a person with a plan who is utilising the supports is naturally going to show their function improves because of supports. When taken away they can easily slip	5/21/2026 12:56 PM

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through the cracks and not do as well. Supports work for people with disabilities. Especially the social participation with carers.

126	This is no longer an individual needs based system, this is exactly the opposite of what the NDIS was supposed to be.	5/21/2026 12:08 PM
127	This is just ridiculous	5/21/2026 12:00 PM
128	Like much of this bill, it gives the Minister unprecedented powers. I also believe it goes against the spirit of the original NDIS where everyone is treated as an individual.	5/21/2026 11:52 AM
129	i have seen friends almost die multiple times because other people in the NDIA cut their funding without their permission. If this is allowed, this change will kill people & ruin lives. Nothing About Us Without Us, that means the minister should not be making decisions without Disabled people's permission and input.	5/21/2026 11:39 AM
130	What would the Minister know about an individual's needs or the impact of such a change? This would need to be countered by an appeals process, but they're already stripped any power from that too.	5/21/2026 11:37 AM
131	How can someone who doesn't know the participant make this call, it isn't as easy and straight forward as oh they didn't spend this so we will take it it could mean the participant couldn't get into a therapist etc	5/21/2026 11:26 AM
132	Absolutely NOT how would they know what my children's needs are??	5/21/2026 11:11 AM
133	Minister doesn't understand disability and isn't qualified	5/21/2026 11:08 AM
134	The minister may act outside of the disability human rights rules.	5/21/2026 10:57 AM
135	I do not agree with this at all. It is worrisome as they don't have all the information from participants and carers and will be making false assumptions.	5/21/2026 10:53 AM
136	Terrifying. No opportunity to provide evidence. Inhumane	5/21/2026 10:42 AM
137	This is not evidenced-based and such arbitrary decision making replicates circumstances where abuse, torture, neglect, exploitation have already been inflicted causing catastrophic harm. Pwd have all experienced some form of abuse including by the state! This is re-traumatising people.	5/21/2026 10:39 AM
138	Minister would have too much power	5/21/2026 10:29 AM
139	If plans are created with funding for certain supports for a reason then the minister shouldn't be able to change that based on an arbitrary number. If someone needs X amount, they should receive X amount (not X - 10%)	5/21/2026 10:29 AM
140	How can someone not experiencing the disability be able to make such decisions?	5/21/2026 10:26 AM
141	This leads to surprise cuts like a Deaf person's Auslan funding being slashed from 2 hours a week to 7 hours every 3 months. No thank you.	5/21/2026 10:25 AM
142	this sounds like a lot of power to give one person, with the risk of creating a single point of failure, as well as a decision making bottleneck.	5/21/2026 10:21 AM
143	We see what happens when one Minister has control over something we get taken to war. That's when one Minister has control over something they have no knowledge about. Do you want to put a minister who's only interested is lining his own pockets in charge of disability. Absolutely not	5/21/2026 10:20 AM
144	The Minister should not have that level of authority. Plans should be individually set based on needs.	5/21/2026 10:17 AM
145	What does the Minister know about complex disability	5/21/2026 10:15 AM
146	Very dangerous to participants and families	5/21/2026 10:11 AM
147	Again, this will cause unnecessary hardship, and possibly deaths	5/21/2026 10:09 AM
148	Why would someone's quality of life be subject to the whims of a politician?	5/21/2026 8:58 AM
149	NDIS funding should not be subject to political decisions	5/21/2026 8:36 AM
150	The destroys the whole point of a rollover that gives people certainty of support. Cuts cannot be made without conversations with people and their supports about their ongoing needs.	5/21/2026 7:42 AM
151	The minister is not qualified to make such decisions	5/21/2026 6:55 AM

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152	If you're cutting funding people deserve to know why and have a say in it. Just taking funding away automatically is a suicide risk	5/21/2026 6:48 AM
153	The Minister and NDIA are not experienced with disabilities and don't have the knowledge to know what and how a disability affects individuals	5/21/2026 6:36 AM
154	This makes no sense at all. People who know the impact of the person's disability on their life and the PWD should have input on the plan. The individualised nature of the NDIS has been its great strength, allowing people with disabilities to live more personally meaningful lives, similar to those without disability. A minister making sweeping changes does not take personal circumstances into account. All disabilities are unique.	5/21/2026 6:24 AM
155	Vampires	5/21/2026 5:52 AM
156	What does the Minister know about disability?? This is purely a cost saving measure. This is simply about the bottom line with no regard for the human impact.	5/21/2026 5:32 AM
157	I think this is disgusting and goes against the rights of disabled people to have say over their own lives	5/21/2026 5:23 AM
158	These decisions should be in the hands of professionals not politicians	5/21/2026 3:12 AM
159	This does not allow for participants who experience barriers in accessing supports through not fault of their own	5/21/2026 12:34 AM
160	The minister should stay off people's plans	5/20/2026 11:52 PM
161	Disability can't be a cookie cutter approach. Each individual is different and has different needs and circumstances	5/20/2026 11:11 PM
162	Absolutely not. People need to be protected and have options for review. It is abundantly clear the NDIA should not have complete power over Pwd.	5/20/2026 10:34 PM
163	Under what guidance is the minister getting to decide these things? He has demonstrated an alarming disinterest in consulting anyone whose lives depend on the NDIS - primarily participants, but also their carers and support providers (allied health professionals, support workers, etc.)	5/20/2026 8:13 PM
164	The Minister has no qualification to perform such duties.	5/20/2026 8:12 PM
165	This is dangerous. Our politicians should not have this unadulterated power. The fact they also propose to remove review rights and legal challenge to the Federal court is a level of power that is unacceptable and unprecedented.	5/20/2026 8:09 PM
166	I think funding decisions should be based on a person's individual disability support needs, not automatic reductions across categories of supports. People's lives, safety and independence can be seriously impacted when supports are reduced without properly considering their circumstances.	5/20/2026 7:00 PM
167	Thus goes completely against the concept of doing the support needs assessment and saying the NDIS will provide adequate support. A Minister is not appropriate or suitable to make decisions about an individual's support needs. Additionally, INFLATION! Both the state and federal governments are doing things that are increasing inflation, which includes the costs of support, assistive technology, accommodation etc. This just confirms that the government's focus is on ultimately getting rid of the NDIS.	5/20/2026 6:25 PM
168	The minister is not a qualified specialist. Cost of living increases yearly. Leaving the minister with full control over a participant's support funding needs is incomprehensible and unfair and unethical.	5/20/2026 5:12 PM
169	This will kill people.	5/20/2026 5:10 PM
170	you can not just take away funding without a review	5/20/2026 4:30 PM
171	This is terrible. Most participants aren't going to suddenly need less supports or therapies at the end of their plan. Taking it away with no adequate reason is harmful.	5/20/2026 1:48 PM
172	These kind of arbitrary cuts will lead to death and harm.	5/20/2026 12:39 PM
173	This is a massive insult. This can kill a person by this decision alone. So far out of touch of reality.	5/20/2026 12:35 PM
174	Participants need to be informed, be able to have a say and need to be given notice of any	5/20/2026 12:34 PM
175	This is not democracy, parliament decides the legislation not the minister	5/20/2026 10:59 AM
176	No. I think that raises really significant concerns around individualisation, transparency, and	5/20/2026 10:46 AM

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fairness. The NDIS was designed around the idea that supports should be based on a person's *individual functional needs and circumstances*, not broad funding reductions applied across groups of people or support categories. If funding reductions can effectively be determined at a Ministerial level and then automatically applied into new plans, there's a risk that: * financial targets begin driving decisions more than participant need * people lose supports without proper individual assessment * participants have less opportunity to explain changing circumstances * plans become less responsive and less personalised I'd also be concerned about how this impacts supports that are often already difficult to access, such as: * therapy * support coordination * psychosocial supports * early intervention * community participation * capacity building supports These are often the very supports that help prevent: * crisis escalation * hospital admissions * family burnout * school breakdown * loss of independence * increased long-term support needs One of the biggest concerns is that automatic reductions may not reflect real life changes. For example: * someone's needs may have increased since the last plan * informal supports may have reduced * a child may be entering a more complex developmental stage * a carer may be ageing or unwell * behaviour or emotional regulation challenges may be escalating If a reduced plan is automatically generated before those circumstances are properly considered, participants may start the new plan already underfunded. As an OT, I'd also worry about the cumulative effect of these reforms together: * stricter access requirements * harder plan changes * longer decision timeframes * reduced flexibility * increased reliance on standardised tools * automatic funding reductions Individually, each change may be presented as administrative reform. But together, many people fear they shift the scheme away from responsiveness and individualised support. I absolutely understand the need for accountability and sustainability within the NDIS. It is a large and growing system, and public funding needs oversight. But sustainability cannot come at the cost of people losing essential supports without robust individual review and safeguards. If funding adjustments are ever made, I think there should be: * genuine individual assessment * transparent reasoning * opportunity for participant input * accessible review and appeal pathways * strong evidence requirements * protections for high-risk participants Because across-the-board reductions may look efficient administratively, but disability support needs are not one-size-fits-all.

177	Does the minister have specialised training in the disability sector? You may as well give some random on Twitter the ability to make these choices	5/20/2026 10:45 AM
178	I would feel more confident if the type of funding subject to ministerial review was specified in legislation	5/20/2026 10:14 AM
179	How would the Minister know what people need on their plans	5/20/2026 10:08 AM
180	What does the minister know about a person's daily support needs. How dare he even consider reducing funding for any type of support! How dare he!	5/20/2026 10:06 AM
181	This seems like an abuse of power	5/20/2026 9:24 AM
182	Should not be just 1 minister	5/20/2026 9:10 AM
183	Unilateral changes to funding as a category not an individual is problematic. Everyone's experience with disability is variable	5/20/2026 8:32 AM
184	Outrageous, and inhumane.	5/20/2026 8:17 AM
185	Blanket reductions in funding is dangerous and unconscionable- all plans should be individually assessed with input by those who know the participant best.	5/20/2026 6:11 AM
186	I feel this is completely discriminatory against pwd	5/20/2026 6:07 AM
187	Why does a Minister have authority over specialist provider reports	5/20/2026 6:01 AM
188	This will put many participants at high risk of harm	5/20/2026 4:44 AM
189	The Minister has demonstrated many times that neither they, nor those employed by the NDIS, have the knowledge needed to know how much funding people need in order to make decisions of this kind. That's why so many appeals are made to ART	5/20/2026 12:47 AM
190	Absolutely not. Inappropriate, threatening well being/ongoing and valid fear/trauma/uncertainty for participants and families and supporters.	5/19/2026 10:36 PM
191	The plan is already for blanket cuts by a certain percentage across all plans, regardless of participant need. Arbitrary figures decided for cost saving reasons should not trump evidence, medical advice, human need, and especially not when it involves harming or ending human lives	5/19/2026 10:32 PM
192	This is absurd and does not give any voice to persons with disability. Once again, we are	5/19/2026 9:53 PM

talking about people's lives, not numbers

193	This is already happening. Big cuts to plans.	5/19/2026 9:23 PM
194	I don't think the minister who has no understanding of or education around disability / therapeutic requirements should be making any determination of funding for participants	5/19/2026 8:52 PM
195	A democratic society requires no minister has this amount of power unilaterally. All changes to ndis should always require full federal and state parliament approval each and every time without exception	5/19/2026 8:26 PM
196	This is outrageous that this can occur, especially without reference to needs of individuals and without parliamentary oversight and rights of appeal - no	5/19/2026 8:24 PM
197	No way the Minister should be able to reduce funding without having a plan review with the participant and an updated functional capacity assessment and reports from providers/doctors/allied health providers. For the Minister who is does not have disability qualifications to reduce funding without evidence the participant is being put at risk of harm - not good policy at all	5/19/2026 8:19 PM
198	The minister, who has zero understanding or experience of disability wants full control of the funding so he can play God and make himself look good. Talk about a delusional peacock!	5/19/2026 7:35 PM
199	There is no information on what would inform the Ministers decision making to reduce funding or how others could appeal. This means the system removes any chance for advocacy or input from participants	5/19/2026 7:34 PM
200	How will the minister determine who needs funding withdrawn and who doesn't, this is discrimination	5/19/2026 7:09 PM
201	How is it reasonable for the minister to make decisions on people he knows nothing about? This does not allow participants to have reasonable and necessary supports.	5/19/2026 7:07 PM
202	That's ridiculous. It means funding will be cut because of politics and the usual scapegoating of the disadvantaged, not by needs.	5/19/2026 7:03 PM
203	Absolutely NOT	5/19/2026 6:54 PM
204	There isn't a word for how strongly I oppose this change	5/19/2026 6:50 PM
205	This will just be used to balance the books. It will not be done equitably or safely	5/19/2026 6:41 PM
206	Sounds too political	5/19/2026 6:37 PM
207	The minister doesn't know anything about disability. It makes zero sense for them to have this power	5/19/2026 6:30 PM
208	In my view this is highly discriminatory and will be used to fund other projects the Government desires. It is highly dangerous and likely to cause death and harm, neglect	5/19/2026 6:18 PM
209	The minister is an absolutely knob with no background in health or disability.	5/19/2026 5:33 PM
210	way too much power with one person who doesn't know participant or their disability	5/19/2026 5:30 PM
211	Funding changes should be determined by individual review of needs, not what the minister decides on a whim to save some money	5/19/2026 5:22 PM
212	the ability to cover critical support needs should not ever be up to the whims of a government employee that might change any time a political shake up happens. The Revolving Door of Prime Ministers comes to mind. it only takes one new minister to think one kind of disabled is less disabled than others and we are back to lawsuits and lobbying to fix it.	5/19/2026 5:20 PM
213	Absolutely shocking and totally unnecessary	5/19/2026 4:47 PM
214	How can the Minister know how essential services might or might now be for individuals? I don't agree with this at all. Strongly opposed	5/19/2026 4:30 PM
215	The minister is clearly not going to review plans individually, why should this clause exist at all. It should refer to the group he/she delegates decisions to.	5/19/2026 3:42 PM
216	The Ministers decision would be based on what and can the decision be appealed?.	5/19/2026 3:31 PM
217	That's an absolutely ridiculous idea that would result in total inequity across disabled cohorts	5/19/2026 3:29 PM
218	not at all clear how the Minister is qualified to determine needs or NDIS supports.	5/19/2026 3:25 PM

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219	This would be a disaster!	5/19/2026 2:44 PM
220	The minister is not trained to understand disability and therefore should not be making critical decisions that affect their life	5/19/2026 2:13 PM
221	I want to ensure it's clear that I don't support this change.	5/19/2026 12:58 PM
222	This will cause great harm. I don't trust the Minister. The current Minister is ableist. No-one should be given such control due to the risk of harm.	5/19/2026 12:48 PM
223	Funding decisions should be based on an individual's needs and circumstances, not broad ministerial decisions that automatically reduce supports. Imagine a scenario where you had two broken arms but the hospital said sorry, we only have enough plaster to fix one of them!	5/19/2026 12:37 PM
224	That is giving TOO much power to a minister and leaves decision making open to corruption. Australia is supposed to a democracy not a dictatorship where a single politician can change your life for the worse with a single decision based on his/her whim or bias.	5/19/2026 12:00 PM
225	This is ridiculous. If significant and permanent why would people suddenly need less support. It should be need based for equity not budget based	5/19/2026 11:57 AM
226	This is not a ministerial function and is an abuse of power	5/19/2026 11:17 AM
227	A minister with no knowledge of the individual's situation should not make decisions about people's care needs.	5/19/2026 11:17 AM
228	This is disgusting and unacceptable	5/19/2026 11:11 AM
229	No, I don't support ministerial over-reach. While NDIA are already doing this (eg removing the MAJORITY of funding from many plans for kids with autism, making it so it's legal for them to do so won't help participants).	5/19/2026 11:05 AM
230	What medical expertise does the Minister have? Lives can be lost over such a power being granted.	5/19/2026 10:48 AM
231	This is ludicrous. Each participant needs to be assessed as an individual	5/19/2026 9:46 AM
232	This is totally wrong, since the minister cannot possibly judge the safety and capacity of every person affected, causing inevitable harms in the name of saving money.	5/19/2026 9:19 AM
233	This will end up killing people	5/19/2026 9:15 AM
234	This is so unsafe - doesn't take into consideration individual circumstances, people will die. It also means participants are not able to effectively plan ahead for anything - how can you apply for a job if you are unsure if when your plan ends in a year you will still have the supports that enable you to work	5/19/2026 9:15 AM
235	Unless the minister has a lived experience with caring for a loved one with a disability they will have no understanding or empathy of individual situations. Just because something looks good on paper doesn't mean it is beneficial to the individual with the disability.	5/19/2026 8:58 AM
236	Arbitrary changes and KING POWER cannot be given to ministers for risk of coercion, bias and discrimination. Politicians pays and allowances are determined by an independent body for exactly the same reason. Of the govt thinks tge NDIA isnt suitable to determine funding, then another independent body can be entrusted, but not a Minister or ministerial dept. "fails the pub test"	5/19/2026 8:48 AM
237	This is extremely dangerous and we are seeing it happen already where people are getting new plans unexpectedly that don't meet their needs whatsoever either because they weren't warned or because the reports they supplied detailing their needs were ignored or lost	5/19/2026 8:38 AM
238	Of course, the actual person making these decisions won't be the Minister, but will have the authority, and assumed ministerial backup if required. We know that neither NDIS staff generally nor the Minister understand disability, so people won't get the funding and support they need.	5/19/2026 8:36 AM
239	This is a gross overreach of powers and leaves PWD at the whim of whoever the Health Minister is at the time. This is a gross extension of powers that has enormous potential for harm.	5/19/2026 7:56 AM
240	critical supports will be cut because they are inconvenient for the federal budget... our wellbeing should not be held hostage by the whims of federal politics!	5/19/2026 7:49 AM
241	There is no evidence to support this and it will increase the risk to Disabled people	5/19/2026 7:24 AM
242	The Minister and NDIA staff are not trained in disability, let alone every single condition that	5/19/2026 7:24 AM

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could be funded. These decisions should be made by lived experience participants AND their supports (formal and informal). They should include actually trained health professionals who can inform the Minister and the NDIA in what a disability needs.

243	Minister is NOT medically trained so how can they make this decision fir ever person on NDIS!	5/19/2026 7:19 AM
244	Is this change suggesting no input from the participant or treating professionals? This approach gives too much power to the delegate. Note this reflects what is happening now in practice	5/19/2026 7:17 AM
245	This is a killer and puts the participants well being in the hands of the political whims of the day. It further removes the stability, continuity and predictability of supports that many of us depend on	5/19/2026 7:15 AM
246	Too much power to one person without procedural fairness for the likely times it causes harm	5/19/2026 6:55 AM
247	So much gor individualised supports and choice and control	5/19/2026 6:48 AM
248	Too broad and powerful, easy to discriminate, especially without oversight or appeal etc available	5/19/2026 6:44 AM
249	What an idiotic idea. Ministers are completely out-of-touch & captured by big business . This will harm participants	5/19/2026 5:54 AM
250	Absolutely cruel and dangerous	5/19/2026 5:44 AM
251	Hod powers without medical or disability knowledge is lethal	5/19/2026 5:31 AM
252	He is not medically ir disability trained and has no idea how disabilities affect people	5/19/2026 5:12 AM
253	How will the minister know what is needed without any participant input.	5/19/2026 4:02 AM
254	Am scared I will be housebound and unable to get to multiple medical appointments	5/19/2026 2:51 AM
255	This proposal would effectively give the Government power to reduce categories of support across the board, regardless of whether those supports are still considered reasonable and necessary for individual participants. That undermines the original principles of the NDIS, including choice, control, and individualised support.	5/19/2026 2:18 AM
256	The ability to reduce funding to BELOW the level of what was found reasonable and necessary for the participant will put lives at risk. While it states he "must consider participant safety", that's only being done on a global level, not on an individual level. The reduction might not put everyone at risk, but could still be life-threatening for some individuals.	5/19/2026 1:33 AM
257	It makes us too open to political whims instead of our doctors and therapists	5/18/2026 11:43 PM
258	The Minister has never met my son or myself so I am completely shocked at how he would be able to determine how much support we would need in monetary value and in which support category.	5/18/2026 10:27 PM
259	Someone who doesnt understand disability and doesnt have a family member that they care for with a serious disability, shoudnt be able to screw with funding in ways that will kill people	5/18/2026 8:55 PM
260	Unless they are going to individually consider what is reasonable and necessary for 760,000 people and consider individual risk and duty of care for every participant then they've got business making such proclamations, it's soft eugenics and it will cost a non-trivial number of people their lives.	5/18/2026 8:53 PM
261	By no means is a politician the appropriate person to be making decisions about someone's funds then needs to be an impartial committee and not just one person with all of that power	5/18/2026 8:47 PM
262	Bed to reduce funding, even worse to do it without any notice so that carers can at least put contingencies in place. We are already anxious, this puts my anxiety through the roof	5/18/2026 8:46 PM
263	Even highly qualified health professionals can't decide things competently like this. Having someone with no expertise decide what people need to live, with no limits, and no real consequences when people die because of it, would be appalling - and I believe an egregious violation of human rights	5/18/2026 8:20 PM
264	This exercise would be purely economical without consideration for the actual impact on the end consumer	5/18/2026 7:35 PM

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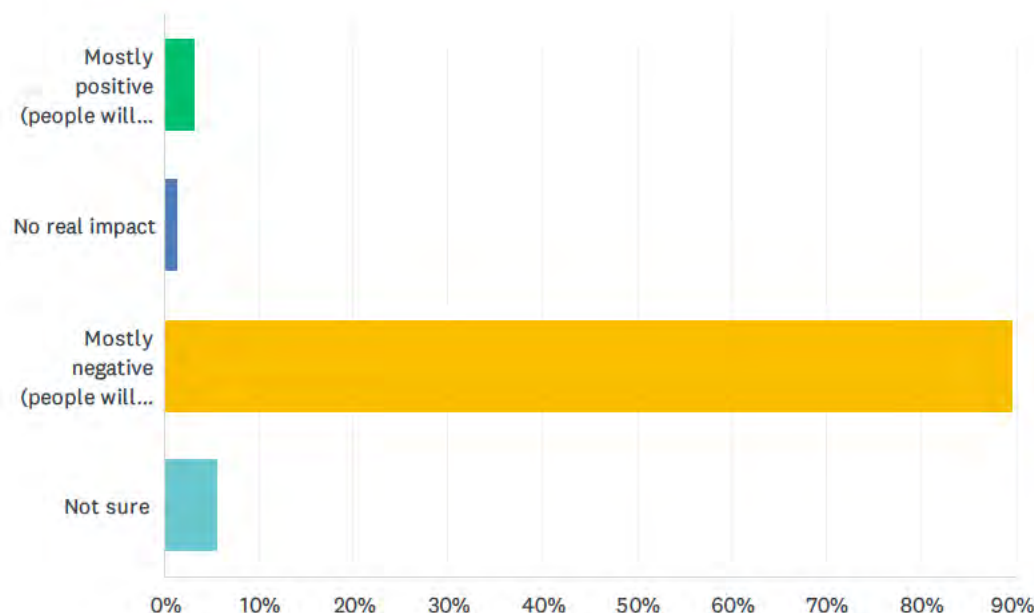
265	This undermines the R&N section of the law, places individuals at risk if they do require the support, and place extreme power in the hands of the Minister without needing to justify further than linking it to the sustainability of the scheme. If Participants don't need the support they should not have it funded in the first place, rather than unilaterally apply a reduction to funds that have already been deemed R&N for the individual	5/18/2026 7:28 PM
266	Nothing about us, without us. Changes in support should never be made without participant and their medical team's consultation.	5/18/2026 7:26 PM
267	The minister is not a dr	5/18/2026 7:21 PM
268	I have already not had a service agreement renewed with VisAbility	5/18/2026 7:05 PM
269	This is absolutely disastrous. This is completely at odds with the United Nations convention on the rights of persons with disabilities. This would not be tolerated for any other group. It is outrageous.	5/18/2026 6:53 PM
270	subjective , need to clearly define mechanism	5/18/2026 6:32 PM
271	This is so unfair doing across the board plan cuts	5/18/2026 6:09 PM
272	Blanket decisions of any kind don't provide the individualised support, choice, and control that the NDIS is designed for	5/18/2026 5:55 PM
273	This is just awful and needs to be amended.	5/18/2026 5:50 PM
274	Plans are only given funding that is deemed essential, it is ridiculous that the minister can just unilaterally decide to take it away, the risks are massive.	5/18/2026 5:47 PM
275	No – funding should be based on individual need, not automatically reduced across plans due to broad changes to support categories.	5/18/2026 5:23 PM
276	This would break us. We use every single cent of my sons plan if anything was removed we would be in danger and in crisis	5/18/2026 5:12 PM
277	This is an overstepping of Ministerial powers. It is unethical and should be illegal.	5/18/2026 4:53 PM
278	This is insane and goes against the entire purpose of the NDIS.	5/18/2026 4:19 PM
279	This will leave participants in their families in a precarious situation. A sudden, unexpected decrease in funding will put participants lives in danger. It will also decimate the workforce, with participants having to fire support workers on the spot because they no longer have funding for them.	5/18/2026 4:16 PM
280	Does the Minister have qualifications in all areas of disabilities understand all disabilities lived experience and under carer burnout	5/18/2026 4:11 PM
281	The simple reality is until a person gains lived experience, it is never real and help is never required. Until they are abandoned, forgotten and betrayed, it does not happen to anyone. This is a power that no person could ever be trusted with.	5/18/2026 3:37 PM
282	People with disability cannot live with this type of risk hanging over their heads. Staff will be difficult to retain if they are not guaranteed continuity of employment.	5/18/2026 3:32 PM
283	Covid showed health ministers dont know much about health why would they know about disabilities	5/18/2026 3:29 PM
284	This is disgusting and dangerous. One man having the power to make decisions over other people's lives. How could the minister have the knowledge or time to effectively make the right decisions	5/18/2026 3:28 PM
285	Lacks ability for individual needs to be considered	5/18/2026 3:25 PM
286	This will kill people	5/18/2026 3:17 PM
287	It should be a case by case situation as everyone has different needs	5/18/2026 3:04 PM
288	Does not account for individual circumstances	5/18/2026 2:48 PM
289	The Minister has an absolute conflict of interest with this power. If the minister had the final say on funding in some circumstances, he could be seen as using rejections as a cost saving measure.	5/18/2026 2:47 PM
290	Does he/she have a medical license?	5/18/2026 2:44 PM
291	Reductions in Funding are not supported at all by proper documentation and not explained properly.	5/18/2026 2:42 PM

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292	Often supports cannot be utilised due to long wait lists which will only get worse if all support workers are to be registered taking away funding if it was unable to be utilised will impact families and participants already struggling to get help	5/18/2026 2:34 PM
293	You know what annoys me? The government made the NDIS without protecting it from scammers. It's the disabled who are paying for this now. It's disgusting!	5/18/2026 2:32 PM
294	This is a massive over reach and abuse of government power. The NDIS should be protected from political whim. The NDIS is based on individual plans for individual needs. This destroys that. This makes it impossible to adequately plan ahead for use of funding which takes months or years. To me, it renders the scheme unsafe and unworkable.	5/18/2026 2:32 PM
295	This is not a Government decision , DESICIONS SHOULD BE MADE ACCORDANCE WITH SPECIALIST AND DOCTORS AS THEY PHYSICALLY KNOW THE PERSON ND ARE THE PROFESSIONALS	5/18/2026 2:23 PM
296	Bureaucratic quasi eugenics made legal	5/18/2026 1:49 PM
297	As above, this will result of a denial of procedural fairness.	5/18/2026 1:34 PM
298	Barbaric!	5/18/2026 1:32 PM
299	States should have to agree with changes as they may be required to provide supports. No one should have absolute power, this would be awful, leaving everyone even more uncertain about their lives.	5/18/2026 1:17 PM
300	Too much power to the minister	5/18/2026 1:13 PM
301	If the plan is being changed without consultation it will fail. It is devaluating, dismissive, and in opposition to the rights of disabled people to be seen, heard and considered in determining their own cares	5/18/2026 1:05 PM
302	Enabling the Minister to arbitrarily decide to cut each participant's funding by whatever amount they decide, regardless of need is DANGEROUS. This is sickeningly harmful to disabled people. 2000 people died due to Robodebt. These cuts are likely to cost even more lives.	5/18/2026 12:59 PM
303	I have seen no evidence to suggest this minister or any minister has the necessary knowledge and understanding of my disability to justify them having any input whatsoever. Does the minister get to decide about abled people's supports? Does a minister decide whether someone deserves to get a family tax benefit? If you're a dumb parent with dumb children does the minister decide there's no point giving a school uniform benefit to your family? Because that would be absurd wouldn't it...?	5/18/2026 12:29 PM
304	Any changes in funding should be assessed by therapists such as OT's with the training behind them to support increases or decreases	5/18/2026 11:58 AM
305	Cost cutting would over ride the participants needs.	5/18/2026 11:58 AM
306	Outrageous.He can not possibly have the understanding or time to do this effectively. No 1 person should have that much power over other people's lives	5/18/2026 11:49 AM
307	Important to use funds for those most in need. Important t on have review as many unregistered providers charging large amounts, more than to pts outside of NDIS	5/18/2026 11:31 AM

Q18 If the NDIS only funds supports that are directly linked to the impairment used for access (and not other conditions or needs), what impact do you think this will have on people with multiple or complex needs?

Answered: 1,100 Skipped: 287



ANSWER CHOICES		RESPONSES	
Mostly positive (people will still mostly have the support they need)		3.27%	36
No real impact		1.36%	15
Mostly negative (people will be less likely to have the support they need)		89.82%	988
Not sure		5.55%	61
TOTAL			1,100

#	OPTIONAL COMMENT:	DATE
1	Not everyone fits into a single diagnosis or medical condition, some people's complexities (like my son) mean that the needs crossover multiple areas and can trigger other conditions that may not have been present or recognised at the time of the plan being granted, people may need to access supports well before their next review especially if they do not have the ability to request a plan adjustment earlier	5/25/2026 10:15 PM
2	This will arrest any hope of progression to goals.	5/25/2026 6:07 PM
3	A diagnosis can affect many things in the person's life. The plan should be flexible and use for things that will help the participant. For example, if many participants need assistance with social / community participation, and this is completely cut off, all of these people will be trapped at home within their world. This is somewhat discriminating. This also impacts their carers, as they won't be able work and forced to quit and look after them or take them out.	5/25/2026 6:05 PM
4	I'm pretty sure the law changed the other way recently - I remember reading articles about how this particular bar was removed.	5/25/2026 4:51 PM
5	The whole point of disability is that the more they overlap, the more support you need. Of course multiple impairments will cause different needs. Its basic intersectionality	5/25/2026 3:53 PM

6	It's hard enough as it is as applications for reasonable and necessary are read disingenuously	5/25/2026 2:04 PM
7	Needs are complex and present differently (at different ages). Conditions change over time and needs can fluctuate.	5/25/2026 1:48 PM
8	Participants cannot be assessed purely on the basis of one impairment. The ICF model clearly demonstrates that people with disabilities need to be considered in a holistic way and in a way that acknowledges the interaction of every aspect of their day-to-day life. Without this participants with disabilities will not be provided with correct and adequate funding to support their needs and to support them to live with dignity and quality of life.	5/25/2026 1:11 PM
9	Unless they replace planners with allied health professionals specifically trained to handle participants support requirements, I fail to see how they are qualified to determine if a support is related to a person's disability. When I've seen planners reject behavioural support because they confuse it with day care when it is IN the request, it leaves me with complete certainty they are unqualified to handle even the most basic of support requirements analysis, let alone be able to accurately or reasonably understand the links between supports and disabilities to support these rules without putting the lives of participants at risk due to mistakes.	5/25/2026 12:15 PM
10	I'm not sure how NDIS can fund impairments only for ASD, as a primary disability, when other neurological disabilities such as Tourettes and psychosocial disabilities or physical impairments from other conditions multiply impact a participant, for example. Also the physical stress caused by both autistic movements and Tourettes and fatigue from conditions all impact physical impairment, requiring physiotherapy support. How can one separate this impact, as the human body is one machine.	5/25/2026 11:34 AM
11	The NDIS is already funding based on primary impairment and NDIS are refusing to update the impairment list for people with a more general diagnosis as more information is found and to add multiple impairments. The risk is we are not seeing this person holistically meaning crucial supports are being missed. Additionally, the environment and incidental supports of the person are not factored in - some families have more education, money and community supports to help the person with disability than others.	5/25/2026 10:23 AM
12	If it has already taken a lengthy period of time to have things in place that should have been acted on through reports submitted on then starting all over again means an exhaustive exercise for the participant and more funding going out on appointments for consultation and reports written.	5/25/2026 9:10 AM
13	because of the lack of correct & appropriate supports a friend of mine died alone, last year & my disabilities have increased dramatically since I started on NDIS. If I had the right help at the right time, that I needed it I might not be in so much debilitating pain & wouldn't need as much help now	5/24/2026 9:58 PM
14	People are whole beings, you cannot separate bits of them and other needs arise as a result of their impairment	5/24/2026 8:31 PM
15	It is obvious that everything needs to be taken into account including environment.	5/24/2026 8:00 PM
16	Huge risk of unintended consequences. People's needs cannot be treated in isolation especially when there can be overlapping needs that can't always be neatly separated.	5/24/2026 7:54 PM
17	Current ART rulings 2026 have determined that you cannot separate these interconnected issues.	5/24/2026 6:59 PM
18	Human beings are complex and disabilities can change over time. Limiting to only what qualifies at access does not account for any changes.	5/24/2026 6:59 PM
19	As someone that only has access for autism but has multiple psychosocial and physical disabilities, this is very harmful to me and people in my situation	5/24/2026 4:31 PM
20	People will die- hope there's a class action to hold the government accountable	5/24/2026 4:26 PM
21	I believe this is against basic human rights. It is disgraceful and demeaning.	5/24/2026 4:06 PM
22	If someone has multiple impairments across multiple systems how is this going to work for anyone?	5/24/2026 3:42 PM
23	Funds should only be used for disability that met access.	5/24/2026 3:16 PM
24	Yes, I think that of course the NDIS should only fund the support a sufferer needs to help manage their disability	5/24/2026 2:07 PM
25	What about degenerative conditions? This needs to be assessed regularly and changes or	5/24/2026 2:01 PM

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new associated symptoms supported.

26	ADHD for instance is not funded but is connected to autism (which is funded).	5/24/2026 1:45 PM
27	Many people have so many comorbidities which all have a knock on effect to each other.	5/24/2026 1:24 PM
28	People are not a single box to tick, disabilities are complex and affect people in different ways, some things are exceptionally hard to get an official diagnosis and a name for their condition, the symptoms and deficit has always been there but no one could give it a name!	5/24/2026 1:12 PM
29	This is already seen in some planners. The concern is not being reviewable. Again, most vulnerable people will be the most impacted.	5/24/2026 1:10 PM
30	It is extremely common for persons with disabilities to have comorbidities and other disabilities	5/24/2026 1:05 PM
31	I am not a malfunctioning body part. I am human, the goal was to let me live a reasonable life	5/24/2026 12:43 PM
32	This is already happening now where people get access for their Cerebral Palsy diagnosis but need therapy that targets their ASD needs.	5/24/2026 12:09 PM
33	The NDIS already doesn't accept many co-occurring conditions, despite their co-occurrence being well documented in medical literature. This is an area that needs strengthening, not weakening.	5/24/2026 12:05 PM
34	It will be devastating! You can't support half of a person	5/24/2026 12:00 PM
35	I think people with complex needs are likely to discover additional therapies or supports that they might need that had. It has been previously listed on their plan as they go along their treatment journey	5/24/2026 11:53 AM
36	Unfortunately disability cannot be separated into convenient 'tick-a-box' compartments - the government cannot ignore the 'whole person' approach! The person with disability may have comorbidities that affect functional capacity.	5/24/2026 11:43 AM
37	How will anyone decide what is related to autism and what is related to ADHD as an example? Medical world can't do this now.	5/24/2026 11:36 AM
38	The assessment of impairment is often incorrect or the associated needs related to the impairment are incorrect- this is a bigger problem	5/24/2026 11:34 AM
39	We saw this with the recent LEE EASTHAM case this fails to understand the nuance of being disabled and existing within a world not built for them.	5/24/2026 11:30 AM
40	Disabilities do not exist in a vacuum. Other conditions will almost ALWAYS impact the NDIS disability. It cannot see how it would be economically effective to just focus on the NDIS disability.	5/24/2026 11:28 AM
41	NDIS SHOULD only fund what that person is diagnosed and is funded for based on their diagnosis	5/24/2026 10:37 AM
42	Can't exclude multiple medical conditions that cause the same impairment (like fatigue) if it significantly affects the primary impairment (or contributes to a fluctuating functional capacity- need to have whole person approach)	5/24/2026 10:05 AM
43	It would be impossible to create an effective way to operate such a system to include ALL disabilities at all levels whilst understanding some fluctuations occur with varying degrees of severity and frequency of other symptoms	5/24/2026 9:59 AM
44	Often the other conditions that people battle with are a direct result of their disability, whether they are medical or psychosocial. Often people that do not work directly with this group of people do not understand this, and as such, make decisions based on a lack of understanding which can have catastrophic consequences on participants.	5/24/2026 9:58 AM
45	Less community participation and skill building funding would help people gain skills for independence, resulting in people being able to live a productive and enjoyable life. The funds are being used for staff to take people to bingo, go to tabacconists, to visits friends out of town for, purchasing alcohol, for companionship. Independent service providers in our town are doing their own shopping while supporting participants, taking participation on holidays with them, taking them out of town shopping for their own benefits, playing poker machines, bingo and drinking alcohol while supporting their participants.	5/24/2026 9:27 AM
46	The impairments NDIS are currently attributing to other conditions co-occurring for people mean that people are left without the support they need to live an ordinary life.	5/24/2026 9:24 AM

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47	Just makes it so much harder for people who need support to access it	5/24/2026 9:21 AM
48	People don't fit into need boxes. These are people's lives, and I iterations between conditions cannot be separated out. This decision is extremely dangerous.	5/24/2026 8:45 AM
49	The ripple effect of the primary diagnostics, can outweigh the disability.	5/24/2026 8:24 AM
50	There are many conditions not accepted by the NDIS that can deeply impact impairment - many people with disabilities have multiple and complex needs and conditions such as disautonomia, nervous system conditions, and co morbid mental health that should be taken into consideration.	5/24/2026 6:52 AM
51	I haven't seen many cases where this arrangement has taken place?? I'm constantly battling to get the NDIA to consider the whole person and all their disabilities, so I'm not sure it's any different to now?	5/24/2026 6:50 AM
52	Multiple and complex needs can be a struggle foe health professionals let alone an automated response, an admin staff or the minister.	5/24/2026 5:54 AM
53	they will suffer. most people suffer disabilities that intersect. there is sequealaof disabilities such as scoliosis or contractures, mental health effects of physical disabilities or one may acquire other disabilities. This is not OK.	5/24/2026 5:32 AM
54	The full extent of someone's function cannot be considered as those other conditions and factors impact on functioning. I see this already with clients who have periods where they are non-verbal part of the time. But because they can speak sometimes and it "doesn't relate to their disability" the fact they are completely vulnerable and their processing of auditory information, written information and verbal speech is impacted is disregarded. This is extremely dangerous for mental health outcomes but also in terms of risk for abuse and neglect. It also places someone at risk in a medial emergency when they can't communicate their needs	5/23/2026 9:59 PM
55	People live with complexities that arise from disability, you have to look at the person's whole functioning. Stop pretending that all these other wonderful systems exist to support a person holistically, they don't. Disability has layers	5/23/2026 4:32 PM
56	Many people have more than 1 impairment, its extremely unfair not to look at the whole person and I think this could ultimately lead to deaths	5/23/2026 3:21 PM
57	We are talking about whole, 3 dimensional people. They are more complex than a single diagnosis on paper. I have multiple chronic illnesses that cause disability. How can they tell me only one of them matters?	5/23/2026 3:12 PM
58	You don't just have a disability in isolation. Everything else to do with a person also impacts that disability. That disability impacts everything else.	5/23/2026 2:01 PM
59	Disabilities don't exist in a vacuum, as much as the Minister might like to believe otherwise, in his delusional fantasy. Disabilities intersect and just because you think that one symptom of one condition, doesn't impact upon a symptom of another condition, doesn't make it so.	5/23/2026 9:56 AM
60	We cannot even find out what they have on file as the diagnosis or impairments. They often loose paperwork have incorrect information on file. If it was on a persons portal that was as easily accessible and corrected if incorrect. Many people have multiple, the old system allowed for two now what is it no one knows	5/23/2026 8:57 AM
61	If initial application is correctly written all impairments should be taken into consideration	5/23/2026 6:48 AM
62	For example, people with ID have many other needs that they cannot manage and therefore they need to be supported as the whole person that they are. No one can be cut up into pieces for government purposes.	5/23/2026 6:27 AM
63	For example, autism has many comorbidities that would not meet eligibility if considered individually but collectively impact significantly on capacity	5/23/2026 5:19 AM
64	Does this mean that an individual can apply for ndis for these other needs if they are affecting their lives though? Or dismissing it completely? If so, then mostly negative because those conditions should not be ignored!	5/23/2026 4:13 AM
65	Many people with disabilities have co-occurring conditions. It would mean that some needs would take away from others.	5/22/2026 10:27 PM
66	This can't realistically standardised- someone with an intellectual disability may not have the capacity to complete their other areas of care	5/22/2026 8:13 PM
67	I'm unsure how they will establish the level of need for people with complex support needs	5/22/2026 6:47 PM

	and this is a huge concern as these are the people in most need of help	
68	For complex needs, this will be difficult to identify the many layers. And the effort and cost to unpack it - how is this efficient. Complex conditions are linked - you cannot clinically separate them!	5/22/2026 6:23 PM
69	Inappropriate services may be selected or not approving needed services will increase	5/22/2026 4:27 PM
70	Considering they're already applying this logic it's to the detriment of everyone. The whole person should be considered as a person's disability doesn't happen in isolation	5/22/2026 4:18 PM
71	Again, people do not fit into pre-determined boxes, however it might be easier for the govt. if they did. This is not an excuse to limit supports.	5/22/2026 3:56 PM
72	It takes time for all aspects of a person's disability to be known, especially with children. They are likely to first be diagnosed with one condition, and then later be diagnosed with something else. This doesn't allow people to support the person as a whole, and will leave gaps in their care.	5/22/2026 3:05 PM
73	It is unreasonable that the NDIS will not consider the other conditions or needs of participants other than those directly linked to the impairment. Individuals with disability are unique and if factors that are not considered that impact on their life, then NDIS supports will fail and will cost the government more in the long run.	5/22/2026 1:51 PM
74	The NDIS already focuses on a 'primary diagnosis' that we were forced to choose up on application. Sometimes things can change and that diagnosis, although still current may no longer be the one impacting capacity, quality of life, etc. the way it used to. Now another disability may play a bigger part.	5/22/2026 1:45 PM
75	Most people have multiple presentations and co morbidities. The NDIS is an ass	5/22/2026 1:23 PM
76	Almost everyone I know with a disability has more than one impairment.	5/22/2026 12:44 PM
77	ridiculous - participants must be provided support based on their full picture; holistic care.	5/22/2026 12:43 PM
78	it is often not possible for one disability to provide funding for all impairments. e.g. a person with cerebral palsy and ASD Level 3 in a wheelchair due to another disability	5/22/2026 12:24 PM
79	It places the program above the people's needs it was designed to support	5/22/2026 11:59 AM
80	Planners are not qualified health professionals. If a psychologist psychiatrist OT etc say an item is needed and related to their health condition then it should be funded. Why do we have unqualified people making these decisions. It is also often impossible to determine what is causing the functional impairment. So many conditions are intertwined. People with a disability cannot afford to self fund equipment or therapy they are already so disadvantaged. How are the other conditions meant to be supported? E.g. if someone has severe mental health issues and extremely poor hygiene and as a result has leg ulcers, who is going to help them manage their hygiene and dress their wounds. It is indirectly related to their mental health condition but it's not something that everybody risk schizophrenia needs. Clients are a high risk of self neglect and will not have support	5/22/2026 11:52 AM
81	Many of us have multiple disabilities and need a holistic approach.	5/22/2026 11:24 AM
82	It is already hard enough to receive support for anything other than your primary diagnosis. And because NDIS are the primary support provider for disability access, there aren't any other agencies that can support you either	5/22/2026 10:33 AM
83	People will now need to pay to get co conditions officially diagnosed or loose supports	5/22/2026 10:06 AM
84	The NDIA can argue that a participant's psychological supports for mental health, and challenging behaviours are a separate issue to disability. But in my personal and professional experience as a doctor working with children and adolescents with disabilities that is not true. A person's disability and functional impairments impact on how they perceive themselves, impacts on their self-esteem, put them at risk of anxiety in social situations where they are seen as different from able bodies people. This is particularly relevant for school children who are compared to their peers. Children and adolescents with Autism and particularly those who are non verbal, communicate their feelings in other ways and are more at risk of emotional dysregulation, aggression, self-harm and harm to others. For some children and young people, poor mental health and behavioural challenges are barriers to them integrating into main stream school and the community. Those who cannot attend mainstream school and have to do homeschooling, then rely on a parent as a full time carer, who then cannot engage in employment. As a medical professional I have seen families present to the Emergency Department because the child or young person's behaviour is out of control and the parents don't know where else to turn to. As doctors in	5/22/2026 9:52 AM

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the Emergency Department, we can only offer a "band-aid" solution or short term emergency plan, but the real change for these families comes from their community based supports (community Paediatrician, psychologist, support workers, positive behavioural support worker etc) The way to manage and prevent poor mental health and challenging behaviours is through recognising this is directly linked to their disability and providing funding for adequate supports in the NDIS plan. If the psychosocial supports are cases because NDIA will not fund supports for mental health, there will be more families presenting to the public hospital Emergency Departments in crisis seeking help. In turn this will increase pressure on the public hospitals.

85	Things don't occur in isolation! This has absolutely no reflection on the actual evidence based or indeed reality.	5/22/2026 7:31 AM
86	An individual should be considered as a whole person and not as a disease or disability and treated as such	5/22/2026 6:53 AM
87	People are individuals with unique needs. We can't fit them into a box.	5/22/2026 6:00 AM
88	They are not supporting me appropriately yet, so I don't believe they actually do anyway	5/22/2026 3:17 AM
89	This will harm disabled people and their carers/families. We are barely surviving as it is	5/21/2026 9:29 PM
90	This is my situation. I need much more support for my non-approved conditions, but I can't access it. I'm really struggling to add my other conditions to my plan, despite them being more relevant to the support the NDIS can give than my approved condition is.	5/21/2026 9:13 PM
91	Needs become more complex when there are multiple diagnoses interacting. To say that there's only 1 funded diagnosis and impairments need to be directly linked will underestimate the complexity and severity of impairments when there are multiple interacting diagnoses	5/21/2026 8:20 PM
92	So many conditions interact and impact one another. Removing vital support because someone at the agency has decided that someone should not receive support because it appears to be linked to another "un-met" diagnosis is ridiculous. Planners are not medical professionals, they cannot possibly understand or know how impairments interact or impact one another.	5/21/2026 7:16 PM
93	You cannot divide a person up by impairments.	5/21/2026 7:03 PM
94	PWD's are already dying as a result of not having their needs met. This change will ONLY magnify this issue big time.	5/21/2026 4:36 PM
95	This is how it is now so no real impact there	5/21/2026 3:14 PM
96	Lots of the impairments aren't even understood or a part of the ndis criteria. For example. A person with ASD/ adhd/ and complex language/ dyslexia comprehension, pragmatic language delay directly affects person with their learning, cognitive and understanding, therefore limits learning and even being able to get a job and maintain it. A person with adhd and is medicated is sometimes only functional when on medication, once it wears off, then functional capacity decreases. This means if a teenager/young adult wants to work a job in an evening, they may not be able to maintain or cope. Even getting to and from work. Driving can be challenging. It's the intricacies of a persons collective disability affects the bigger picture of independence. How will these people be able to live functionally as an adult. But a home or pay rent/bills. ?	5/21/2026 1:19 PM
97	The onus should be on the NDIA to prove that a need is not related to your disability. Medical research has huge gaps. It's hard to prove your need when the research doesn't exist.	5/21/2026 12:21 PM
98	It's ludicrous. If a person's primary disability is Autism, but they're also blind, in what world would it make sense to ignore the fact that they're blind?	5/21/2026 12:17 PM
99	Most participant have complex conditions with multiple comorbidities. I see this as an easy way for NDIS/NDIA to refuse to fund supports on technicalities.	5/21/2026 12:17 PM
100	Dual disability and permanent disability with health conditions would not be receiving the support they need	5/21/2026 12:05 PM
101	A few people I know of, including myself, are on the NDIS solely for autism but have a number of additional conditions. I am worried that people like us will not get the support we need, even though those extra conditions make it harder to be autistic. I don't understand how the NDIA will divide impairments among conditions. I'm also concerned that if I get booted off the NDIS altogether, I'll be left with no support at all. I'm too scared and tired to try to get my additional conditions added to my NDIS plan at this stage.	5/21/2026 12:04 PM

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102	New diagnoses can be acquired at any time and this also hurts people with multiple conditions/complex medical needs	5/21/2026 12:02 PM
103	People will fall through huge cracks in the system and will die or have their lives ruined. Someone approved for Autism, who isn't yet approved for ME/CFS may not be able to eat, drink, speak, move around, access health care or survive in even basic ways because it may not be in relation to their accepted impairments. We are not case files, we are humans. The other supports from other systems are not there anymore, if you get ndis funding at all for anything most of the other care supports will not help you because you are ineligible. & most of them are underfunded and have waiting times that go for years.	5/21/2026 11:39 AM
104	Many disabilities increase the risk of acquiring additional disabilities. It is often impossible to separate needs as being caused by one disability over another. A person's needs are often compounded by additional disabilities (where the support needed is greater than the sum required for the individual disabilities).	5/21/2026 11:38 AM
105	This is disgusting as a carer with 3 different kids all on the ndis with numerous disabilities all intermingled amongst the diagnosis they got put on the system for they will suffer and my carers workload will be coming higher and i will end up in severe carer burnout	5/21/2026 11:26 AM
106	If you only look at the primary diagnosis and not other disabilities how are you looking at the person completely?	5/21/2026 11:11 AM
107	Multiple disabilities can impact upon each other and reduce functional capacity. Let's consider the whole person, please. I can't believe I actually felt that was something that needed to be stated.	5/21/2026 10:46 AM
108	We need to remember that people are whole people and disabilities don't fit in neat boxes	5/21/2026 10:43 AM
109	This ignores the human reality especially with multiple diagnosis exist, or in the case of systemic autoimmune disease.	5/21/2026 10:39 AM
110	Too often the NDIS only recognises the "primary disability" for example in my case Autism and not the other disabilities even when listed like ADHD, heart conditions etc.	5/21/2026 10:34 AM
111	Doesn't that happen now. That's why we can't get EP because don't have the correct diagnosis even though we have informal diagnosis	5/21/2026 10:34 AM
112	Sometimes someone needs support due to two more more impairments co-occurring leading to additional needs (which they wouldn't have if they had either disability separately)	5/21/2026 10:29 AM
113	It's infuriating that all conditions aren't taken into consideration. I have multiple disabilities that affect every area of my life and no one will help me	5/21/2026 10:26 AM
114	We already hear of stories where people aren't getting the funding that they need. The cost to them while they fight to get certain things of funding often means less ability to do things from that future on. We need prompt assistance to slow and in most cases stop the degradations of our health. The way the system is now already forces progression on our illnesses while we're trying to get help. It's just going to get worse	5/21/2026 10:25 AM
115	These rules already apply	5/21/2026 10:25 AM
116	Especially for young kids - so may disabilities come out as they age - cerebral palsy - language delay, ID, dyslexia, phonological breakdown, sensory issues - how does it allow for this	5/21/2026 10:15 AM
117	Supports need to be funded to all disability related needs.	5/21/2026 10:11 AM
118	People cannot be dissected into boxes to be ticked and crossed. As the Federal Court stated, the NDIA needs to look at the whole person and all of their needs.	5/21/2026 10:09 AM
119	Once again, the complex needs of a person - any person, with or a disability- are reduced to responding to the impairment / complaint only. No context, no history, no other impacts are taken into consideration! How will these determinations be made? Who determines what my son's complex needs are based on his 'impairment'?	5/21/2026 9:14 AM
120	I feel certain needs won't be met if they indirectly relate to the disability. It will also risk limiting opportunities for people to live a full life, reducing needs to a medical model approach.	5/21/2026 8:22 AM
121	Supports that may benefit overlapping diagnosis (eg autism and POTS) will be denied. Evidencing link to disability in complex cases will be impossible without being able to consider evidence from complex care teams.	5/21/2026 7:47 AM
122	Already the NDIS ignores impairments caused by disabilities and refuses to give supports	5/21/2026 7:02 AM

	and assisted technologies even if the impairment is known to be caused by the disability	
123	The NDIS has always failed to take into account the exponential impact of multiple disabilities. Having more than one disability isn't just cumulative, it's exponential. What might be a minor condition on its own can have serious functional impact when layered on top of another disability. The NDIS has never understood this in my opinion, and funding should be available to cover all disabilities so the person can participate in life and the community more fully.	5/21/2026 6:35 AM
124	We're already having this struggle	5/21/2026 6:27 AM
125	If the new plans are based on function it should not matter what the primary impairment is	5/21/2026 6:10 AM
126	I am autistic with cerebral palsy, dystonia, epilepsy, complex medical needs, significant anxiety, depression, and a hearing impairment. without considering all my needs my plan will be incredibly limiting to my ability to live my life. My cerebral palsy is my primary disability and I believe it got me access. Ignoring the interaction between my cerebral palsy and my other disabilities is ignoring who I am as a person, I cannot separate one thing from another in the way that this is suggesting. For example, I have fluctuating communication needs. These needs are due both to my cerebral palsy, dystonia and Autism. The mixture of these three can make it difficult for me to communicate verbally or clearly I need to use a mixture of tools to be able to communicate effectively including verbal communication, high-tech AAC, simple signing, body language and gesture and working with someone who knows me and my needs well. My physical disabilities do not fully explain my communication difficulties and neither does my Autism. They both have an impact upon it.	5/21/2026 5:43 AM
127	Disability is COMPLEX!!!!!! It's not that simple! It is impacted by comorbid conditions and vice versa. This is nitpicking to save money at the expense of ensuring that people with disability are properly supported as their needs change over time.	5/21/2026 5:40 AM
128	Generally, a serious condition degrades the ability of the individual to maintain health in other areas. An example if this is the link between autism and morbid obesity.	5/21/2026 3:17 AM
129	Errors on NDIA'S records often due to system errors will remove a participants right to have access to supports they qualify for.	5/21/2026 1:45 AM
130	Risk of systems abuse where systems deny or restrict access and inclusion based on complex intersectional needs. It happens already - diffusion of responsibility between education, health and disability	5/21/2026 1:29 AM
131	Everybody's condition is different and this won't allow for change	5/20/2026 11:57 PM
132	Humans are complex beings and there should be flexibility to enable that people receive the supports they need to live a meaningful and safe existence.	5/20/2026 10:42 PM
133	Co-occurring conditions can have monumental impacts on the persons primary disability and can often be the actual reason they need supports because without them the primary disability may be far more manageable	5/20/2026 8:25 PM
134	Functional capacity of the whole person needs to be assessed. As soon as you apply this to the real world it is clear this section of proposed legislation doesn't make sense. Eg If a person who is blind later has a significant spinal cord injury, would that person get sufficient funding for both life long, permanent disabilities?	5/20/2026 8:21 PM
135	Many people don't live with just one isolated impairment. Disabilities and health conditions often overlap and affect each other. Limiting supports to only the impairment used for access risks ignoring the person as a whole and how their combined conditions impact daily life. For people with complex or fluctuating conditions, this could mean missing out on supports they genuinely need to function safely and independently, simply because a symptom or difficulty is linked to a different diagnosis or secondary condition.	5/20/2026 7:14 PM
136	It already restrains what families can use funding to buy to support loved ones because people who don't know them get to decide. Safety for one child is sensory for another, supportive for one person is bare necessity for another family to live day to day. Fun for one family is out of reach for a family who's loves one NEEDS it to regulate and be part of school.	5/20/2026 6:55 PM
137	This is already a problem, because the other support systems aren't there. People rely on the NDIS because there isn't anything else. Again, how do we provide the right amount & type of support to someone whilst also setting limits, and making it harder to appeal decisions?! Additionally, the NDIS is already not providing supports that they have approved and recognised as being disability related!	5/20/2026 6:40 PM
138	Many disease is multi-layered. For example: the person with ADD or (c-) and/or PTSD may	5/20/2026 6:08 PM

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develop auto-immune disease due to it. Sometimes we wonder why the so called 'learned people' do not read more research papers.

139	People will die, suffer, not be able to look after basic needs and be unable to leave their homes.	5/20/2026 5:52 PM
140	I'm in this category. It is a ridiculous situation to be in. The NDIS accepted my ASD Level 2 diagnosis. But even though my Osteoarthritis impacts my daily life and functioning, they will not acknowledge or accept this condition.	5/20/2026 5:25 PM
141	Some of the impacts of my "disability on file" and inextricable from the disability I didn't meet access for. Some impairments I can't pin on one disability or the other, it's just something my disabled body does. If they only considered the first disability, I would probably not be funded for meal prep, even though because of both disabilities I am "at severe risk of malnutrition" (acc. to my OT).	5/20/2026 5:18 PM
142	This is confusing. Moving away from diagnosis to functional requirements makes sense. In the case of a person with coexisting conditions say lupus and a stroke that resulted from the lupus, that person will experience impacts from both conditions that impact their functioning ie fatigue from lupus along with requiring a wheelchair from stroke damage. If the initial intake is for functional impairment, both of these disabilities need to be considered.	5/20/2026 4:45 PM
143	participants need these supports to help them with their daily living need to help them live like "a normal person would expect to live" with out funding supports workers to provide this, this is not possible	5/20/2026 4:37 PM
144	People need funding for their individual situation.	5/20/2026 2:33 PM
145	Disability is complex and coexisting conditions and disabilities require a holistic approach. This is all evidence based through all Disability research and frameworks and guidelines.	5/20/2026 2:28 PM
146	"Primary disabilities" are not a thing. The NDIA has been defeated in court around this unscientific concept and Labor is trying to overrule the judicial system here. Disabilities can't be nearly separated within a person.	5/20/2026 12:51 PM
147	This completely ignores that many of us have complex needs and very common comorbidities. We need to be treated as a whole person. What is the point of me setting goals with an OT around my autism for example routines etc, if I can't get out of bed because my hypermobility, pots and mcas (which are all linked to my autism) mean I couldn't do anything if I wanted to.	5/20/2026 12:42 PM
148	Since people are usually only approved for NDIS on one condition, this will absolutely affect people with complex disabilities.	5/20/2026 11:59 AM
149	It is impossible to section out "other impairments" from the whole person.	5/20/2026 11:06 AM
150	People are a whole being and their needs should be addressed in a wholistic manner. What they need support for can and will fluctuate over time	5/20/2026 11:00 AM
151	How do you measure this? How do you determine someone's needs are more severe than another with the same disability? How do you account for a person's varied needs?	5/20/2026 10:50 AM
152	I think this could have a very serious impact on people with multiple, overlapping, or complex needs because disability does not exist in neat, isolated categories in real life. Many people do not experience one single impairment in isolation. Their functioning is shaped by the interaction between: * physical disability * autism * intellectual disability * psychosocial disability * chronic illness * trauma histories * sensory processing differences * emotional regulation challenges * communication differences * medical conditions Trying to separate supports into "this belongs to the primary impairment" versus "this belongs to another condition" may sound administratively simple, but in practice it is often impossible. For example: * An autistic person's emotional regulation, sensory processing, communication, fatigue, anxiety, and participation are often deeply interconnected. * A person with cerebral palsy may also experience chronic pain, mental health challenges, or fatigue that significantly affect daily functioning. * Someone with intellectual disability may also have epilepsy, autism, trauma, or behavioural support needs. The functional impact is cumulative. As an OT, I'd be very concerned this could lead to: * fragmented supports * constant disputes over "which condition caused what" * increased reassessment and paperwork * people being bounced between systems * delayed interventions * reduced holistic care * important supports being excluded because they are considered "secondary" I'd also worry it creates an artificial distinction between diagnoses and functioning. In reality, people experience their lives as a whole person — not as separate diagnostic boxes. One of the biggest risks is for people with co-occurring psychosocial disability, autism, trauma, chronic illness, or behavioural support needs. These areas already sit in grey zones between: * NDIS * mental health * health * education * child protection * justice systems	5/20/2026 10:50 AM

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Restricting supports only to the "access impairment" could increase those gaps even further. There's also a practical issue: If a support helps the participant function safely and participate in everyday life, does it matter which diagnosis contributed most to the need? For example: * emotional regulation strategies * sensory supports * support workers * communication supports * routine-building * assistive technology * therapy often support multiple interacting needs simultaneously. I understand the government is trying to create clearer funding boundaries and reduce scheme expansion into areas other systems should provide. But I think overly rigid separation risks making supports less effective, less preventative, and less person-centred. A more balanced approach would recognise: * the interaction between conditions * cumulative functional impact * holistic support needs * real-world participation outcomes * the importance of clinical reasoning and individual context. Because for many people with disability, their needs cannot realistically be separated into isolated categories without losing the full picture of how they function day to day.

153	most people can't be reduced to one identified cause of needing support - this is uninformed and unrealistic and ignores whole person approaches that respect human rights	5/20/2026 9:31 AM
154	This does not allow for a holistic view of the person with the disability	5/20/2026 8:48 AM
155	Where is the holistic view of the person needing support?	5/20/2026 8:48 AM
156	A whole-person approach is best practice	5/20/2026 8:37 AM
157	We know individuals with disabilities are complex beings, often presenting with MULTIPLE diagnoses requiring support.	5/20/2026 6:23 AM
158	Planners are not qualified to make decisions about someone's disability needs. Only a medical professionals like registered nurses, allied health or Doctor is educated to make such decisions.	5/20/2026 6:19 AM
159	People's needs change and disability diagnosis do not exist in isolation.	5/20/2026 6:18 AM
160	Extremely negative. Nil positive outcomes or goals able to be achieved. Emergency hospital admissions, I feel suicide, death, self injury and harm will be a result from this but also the legislation as a whole	5/20/2026 6:13 AM
161	The support provided by the NDIS MAY HAVE enabled the participant get more accurate diagnosis and that should be considered in any new plan	5/20/2026 6:09 AM
162	I will die	5/20/2026 5:18 AM
163	Concerns for children whom access under developmental delay until diagnosis is received but they are unable to update their access impairment for accuracy	5/20/2026 4:47 AM
164	Its a terrible idea. Its a whole person impairment. The disabled person knows their needs better than a penpusher	5/20/2026 4:02 AM
165	People with complex needs already have an almighty fight on their hands to have the total impact on them recognised.	5/20/2026 12:53 AM
166	Our son needs supports arising from his significant physical disabilities, legal blindness, complex communication needs, use of 3 body ports to manage disability and more. It does not make any sense at all to attempt to artificially determine which functional capacities are the most important. Disabilities and their impacts are intersectional. Impacts can vary often and quickly especially with conditions like cortical visual impairment, psycho social disabilities, episodic physical things like spasming, reflux.	5/19/2026 11:35 PM
167	Given the NDIS only recognises one of potentially a few disabilities someone has? This means they'll continue to ignore the more "expensive" disabilities, and fund the minimum they can get away with. Despite need or medical advice or cost effectiveness or even benefit to the economy, by keeping someone employed	5/19/2026 10:38 PM
168	The person with disability needs to be treated as a whole person. Too often I am already seeing Planners say they won't fund Physio / exercise physiology for someone in accessing the scheme for psychosocial disability, but they don't recognise the interplay between physical and mental health and the potential for reducing overall disability impairments.	5/19/2026 10:12 PM
169	When only one impairment is recognised, money will be wasted when other areas hold back a participant's progress/health.	5/19/2026 9:28 PM
170	This has already played out in the courts because it is irresponsible to deny support for other conditions where they impact a person's disability. This will cost more money than it saves and will leave many people unable to participate in their own lives.	5/19/2026 8:49 PM
171	It is completely incompatible with a supposed move to functional capacity which should be	5/19/2026 8:27 PM

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	holistic. And away from diagnosis	
172	This is to circumvent the federal court's ruling to consider pwd holistically and the impact of other comorbidities on their functional capacity. In other words they want to get out of funding!	5/19/2026 7:45 PM
173	There is no information on how the NDIS determines what is a linked impairment or what research they are basing decisions on. There is also no transparency in how they will determine value for money and what stringent systems they will be applying. Driving costs down for 'financial sustainability' is likely to cause providers to leave the market which will reduce essential support access.	5/19/2026 7:39 PM
174	Due to the NDIA's frequent rejection of applicants with lesser-known physical disabilities or complex chronic illnesses, I know many people who are very physically disabled but can't receive funding for their physical disability, and were only accepted onto the scheme because they applied under a comorbid disability, usually psychosocial. In such circumstances, the proposed changes would remove crucial funding these participants need to live their daily lives, while other proposed changes would make it even harder for people with complex disabilities to get approved in the first place.	5/19/2026 7:23 PM
175	Courts have already ruled that the NDIS must look at the whole person, not just the applied for Disability.	5/19/2026 7:14 PM
176	People with multiple or complex needs often can't separate impairments and impairments can fluctuate	5/19/2026 7:14 PM
177	This would be disastrous for people with complex needs and multiple disabilities. Also, what about people who have changed their primary disabilities? The ndia have historically approved people for autism and then they've had to fight to add different conditions later. Does this mean they'll change us all back to autism only?	5/19/2026 7:14 PM
178	It's incredibly discriminatory.	5/19/2026 7:10 PM
179	Most disabled people are likely to have comorbid conditions that cannot easily be separated from one another. Therefore they can try to blame something that is affected by the condition you are accepted for on a condition that you're not accepted for instead without taking into account that it affects both conditions	5/19/2026 6:57 PM
180	Disabilities can be closely related and impact each other and definitely need to be consider. My paraplegic Autistic son needs certain equipment etc considered for his sensory needs as well.	5/19/2026 6:54 PM
181	If if the ndis funds are linked to only the impairment you gain gained access for then there should be multiple impairment on that line not just one with some categories. Most people's impairment are intermingled at all needed to be listed as the main impairment access	5/19/2026 6:38 PM
182	Completely negative. My family member will have no quality of life. We already have very minimal.	5/19/2026 6:27 PM
183	Have already faced difficulty with this, completely unfair and results in participants being udnersupported	5/19/2026 5:32 PM
184	I don't even know what diagnoses were accepted on the NDIS for me....	5/19/2026 5:29 PM
185	"Reasonable and Necessary" is subjective. it could change with progression of conditions. Take diabetics for example. Reasonable and necessary for a type 2 could mean oral medications and diet management, but one dose of pancreatitis and they are then on insulin for life. Other lifelong disabilities are no different. The nature of them can change rapidly. The support system needs to be able to adapt to those rapid changes.	5/19/2026 5:29 PM
186	There are issues which arises from some disability if not every thing is written as an accepted disability this will cause issues. Such as gastric issues due to peg feeds	5/19/2026 5:16 PM
187	The NDIS still won't recognise all of my daughter's disabilities or that she has a complex profile. It is unfair and affects her funding	5/19/2026 4:49 PM
188	It's always interconnected.	5/19/2026 4:43 PM
189	People are a whole person not just parts that can be separated	5/19/2026 4:13 PM
190	Individuals often have co occurring conditions	5/19/2026 4:05 PM
191	Most people's support needs are complex and multi dimensional. You can't based support on just one element. The whole person must be considered.	5/19/2026 3:41 PM
192	the system is arbitrary and bears no resemblance to the reality of living wirh disabilities	5/19/2026 3:29 PM

193	It's disastrous.	5/19/2026 2:48 PM
194	Multiple conditions compound and interact with each other. They can't be assessed in isolated because they are not experienced that way.	5/19/2026 2:22 PM
195	Disability is complex and very rarely does a person present with a singular impairment impact. The whole person is affected	5/19/2026 2:16 PM
196	This is ridiculous. If you have multiple disabilities they all need to be considered. Also, additional disabilities will impact the more prominent disability.	5/19/2026 1:09 PM
197	They clearly have not considered comorbidities. My daughter has two recognised physical disabilities, two recognised psychosocial disabilities and one unrecognised psychosocial disability. Good luck to anyone that can pinpoint which specific disability applies to which specific support.	5/19/2026 12:58 PM
198	It is STUPID! It is IMPOSSIBLE for people to separate which of their disabilities affects what. We are WHOLE people and ALL conditions that impact of our life MUST be considered when planning support. The attitude of the government and the NDIS borders of imbecilic!	5/19/2026 12:01 PM
199	People are different we should be looking at the individual and their environment (especially families with multiple needs) Also these areas are often grey and multiple diagnosis can impact function and primary diagnosis	5/19/2026 11:58 AM
200	This is already in play and would be worse with ministerial interference. How do I know? My son was denied NDIS because his needs were "too complex"	5/19/2026 11:23 AM
201	We could see issues like bariatric equipment (eg a wide wheelchair or commode) not being fully funded when a client's weight as well as their disability contributes to the cost of the recommended equipment.	5/19/2026 11:22 AM
202	People often have more than one impairment. It should be assessed holistically.	5/19/2026 10:55 AM
203	Conditions are so intertwined it will ruin people's ability to be self sufficient.	5/19/2026 10:46 AM
204	Each person 's need should be looked at individually, not placed in a predetermined box.	5/19/2026 10:12 AM
205	Synergistic responses around eligible impairments is also nit being considered- the energy impairment is worsened by the inability to make nutritional meals, climate temperature isolates and confines causing deconditioning which has to be managed or it remains permanent, noise, chemicals and temperature can cause physical collapse, stupor and unconsciousness, forcing the person to bedrest in a black out, chilly room and no noise - not even a whispered word. Then there's the impairments not eligible on top - food intolerance (limited whole foods that can be eaten, not the GF, DF, Vegan as more mainstream), drug intolerance (unabke to use even otc pain or flu meds, UNABLE TO BE VACCINATED and immunocompromised. This is LIFE THREATENING not to have them considered in funding. Again, if a provider placed such limits on clients the Safe Guards would have then charged and in court, Govt is NOT above the law.	5/19/2026 9:39 AM
206	The NDIS routinely refuses to add permanent, serious disabilities to a person's NDIS file despite evidence. They also routinely alter or delete existing access disabilities from our profile whenever it suits them. This change will kill people by putting ironclad limits against meeting peoples needs based on misguided beaurocracy.	5/19/2026 9:28 AM
207	Unfortunately from my experience permanent disability isnt linear. Not taking into account that other complex needs that arise would impact already struggling Parents/Carers. This i fear would lead to drastic consequences by Carers/ Parents who feel they have no other choice.	5/19/2026 9:27 AM
208	So dangerous	5/19/2026 9:19 AM
209	People are whole people and this doesn't fit in with using functional capacity rather than diagnosis for access	5/19/2026 9:17 AM
210	Basing funding on one impairment when a person has more than one makes no sense if the NDIS says support will be determined by their assessment tool. There's also the issue of people with degenerative conditions, people who acquire more conditions as they age and so on, which the NDIS is already reluctant to even acknowledge, despite research evidence.	5/19/2026 8:56 AM
211	You cannot separate out a person's parts or needs and so this arbitrary decision on how disability affects a person is harmful...	5/19/2026 8:46 AM
212	WHO IS GOING TO DECIDE WHAT IS RELATED TO WHAT? Even occupational therapists are not able to link an impairment to a diagnosis, this requires medical evidence. Untrained	5/19/2026 8:24 AM

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NDIA staff are not in a position to do this. The only way this can be done is through diagnosis based lists of support which re-medicalises the NDIS and will lead to us not getting the supports we need.

213	The person should be looked at as a whole and how that disability and other disabilities intertwined affects there everyday life. These assessments should be done face to face with the participant and not only by written assessment.	5/19/2026 8:23 AM
214	there is no way to created a one-size-fits-all system for participants with complex needs - that's essentially what defines them as "complex needs"!	5/19/2026 8:09 AM
215	This is actually already the case, but I believe the wording will be used to deny an even broader band of necessary supports. People's impairments can not be neatly divided up this way, and even if they could ndia staff are not qualified to make the distinctions. Multiple conditions often combine to interact on the same impairment, and that should not be used to exclude or reduce the care availability to a person. If the disability is part of the cause of the impairment then funding of the impairment should be funded under the ndis. Also the ndis do not keep up with current research and often are not properly aware of all of the impacts of a disability. If there is a high level of correlation between a disability and particular comorbidity then the comorbidity should also be covered where the impacts of it materially impacts a persons funtional capacity	5/19/2026 7:37 AM
216	This reflects an uneducated understanding of disability, intersectionality and complexity of human needs. It's just ridiculous that a Minister - who can be allocated different ministerial portfolios at any time - can make such decisions. Without any expert knowledge of disability and without lived experience understanding. This is equivalent to a random stranger being allowed to make decisions on what can happen in my life, and my family's lives.	5/19/2026 7:32 AM
217	Peoples health change daily/weekly/monthly/yearly often supports/allied health chabfey	5/19/2026 7:31 AM
218	This is already happening now but these changes would formalise this and not take the impact of co-occurring conditions into account.	5/19/2026 7:26 AM
219	Very negative impact as multiple disabilities interact for exponential effect. It's not just a sum of separate disabilities They interact with each other to intensify the functioning impact in daily life	5/19/2026 7:12 AM
220	What funding would they need that was not directly linked?	5/19/2026 7:02 AM
221	This is already happening informally and it is really difficult, as we exist in the world as whole people (not just a collection of funding boxes). Not funding one part of someone's life often means losing out entirety, and many conditions are present in co-occurring groups	5/19/2026 6:57 AM
222	I cannot be separated from my disability, my supports should meet my human needs, because my humanity is who I am, not my disability.	5/19/2026 6:54 AM
223	How are these unqualified ghouls going to decide which symptoms is linked to which conditions? What happened to the "whole-person" approach?	5/19/2026 6:00 AM
224	I can think of very few situations where the person's disability can beso easily confined to limits.	5/19/2026 4:07 AM
225	I am funded for psychosocial disability but sometimes cant walk due to a nuerological condition not recognised on my ndis plan and its too hard to add another diagnosis	5/19/2026 3:00 AM
226	I believe this change would have a devastating impact on people with multiple or complex disabilities because disability rarely exists in neat, separate categories. Many people do not have "just autism" or "just a physical disability." They may also have anxiety, sensory regulation difficulties, intellectual disability, communication disorders, trauma, epilepsy, ADHD, chronic health conditions, or mental health challenges that all interact with each other. In real life, these conditions overlap and affect a person's ability to function as a whole.	5/19/2026 2:18 AM
227	If the medical community cannot identify WHICH condition is the cause for a specific impairment, how the hell do they expect the NDIA to do so? This becomes simply an excuse to refuse supports required that likely ARE due to the participant's "primary" impairment(s) on the basis that someone at the NDIA thinks that they MIGHT be due to their other impairments.	5/19/2026 1:38 AM
228	Many participants don't experience disability in neat, separate categories. A person may have autism alongside intellectual disability, psychosocial disability, epilepsy, chronic pain, trauma, or physical impairments. In practice, these conditions often overlap and affect each other. Restricting funding to only one "access disability" risks creating gaps where real support needs go unmet.	5/18/2026 10:45 PM

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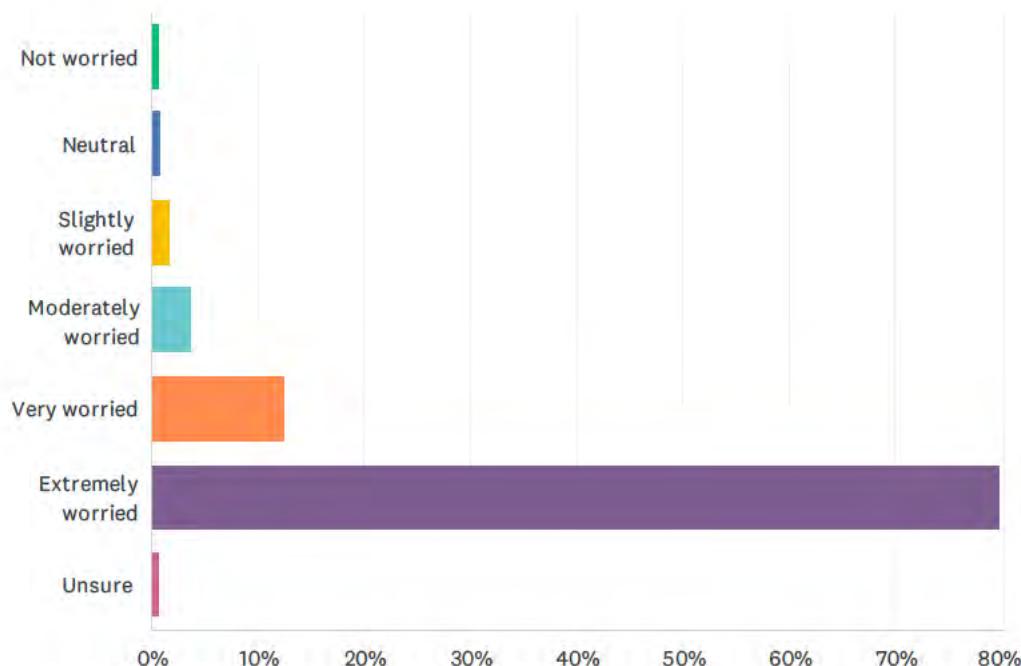
229	I already cant access my communication device. They have funded me at a level that only allows for me to do a few basic tasks. They have already shown that they do not, cannot and refuse to understand the functional impairments and their related supports.	5/18/2026 9:15 PM
230	It will be not only massively negative, it will be outright harmful and as UNCRPD and the courts have consistently found / argued, once a person meets access, its simply not possible to neatly divide them up into the bits of functional impact that come mostly from a qualifying condition while simultaneously ignoring other functional deficits that originate from other causes, humans simply aren't built like that.	5/18/2026 9:13 PM
231	Totally negative as a lot of disability areas will be ignored and not supported	5/18/2026 9:09 PM
232	My daughter's primary diagnosis is ASD level 3 but she inky qualified for PBS because she also has behaviour issues due to anxiety - does this mean we would no longer qualify for PBS? This will mean her self-harming will only escalate.	5/18/2026 8:53 PM
233	This is another one that really disgusts me - why should the people who most need support not get any because they can pretend it's something else causing the problem? This was supposed to be about disability, not who can pay for the longest diagnostic report or something. Multiple disabilities tend to interact, and pretending they don't will kill people.	5/18/2026 8:52 PM
234	Ndis goals are very broad so hard to k ow	5/18/2026 8:14 PM
235	People's function can not be neatly siloed according to their accepted disability. This will result in the complex interplay of multiple disabilities being minimised and place participants at higher risk to their health and wellbeing and reduced the effectiveness of capacity building and other supports.	5/18/2026 7:40 PM
236	Please note - there is a technical error in your information. The comment in your survey at the top of this section says "The NDIS can only fund supports where the need for that support arises directly from the impairment(s) that were used to let you onto the NDIS in the first place." This is incorrect - Refer to the Bill part 3, item 32 regarding s34 R&N. The proposed substituted note still explains that the time that someone needs to meet the disability or early intervention requirements is when the CEO decides to approve the statement of supports. Other impairment/s can be funded if they "would" meet the same threshold as what is needed for access. Funding is not limited to only the impairment/s someone originally meets access with.	5/18/2026 7:40 PM
237	A primary disability very often leads to secondary issues which can have just as great an impact on the individual's day-to-day function, and if this is ignored due to a rule, the originally intended spirit of this scheme will be sacrificed.	5/18/2026 7:35 PM
238	Consideration of whole-of-person impairment is critical. Our disabilities don't operate in isolation of each other.	5/18/2026 7:17 PM
239	I need ongoing support from VisAbility as my eye sight deteriorates and have no other service provider for this specific disability area.	5/18/2026 7:11 PM
240	A disastrous move away from individualised decision making.	5/18/2026 6:59 PM
241	e.g. Multiple needs due to spinal cord damage can affect lot of other things, like bowels, intestines, breathing, mobility, hernias	5/18/2026 6:33 PM
242	You cannot separate the impact of multiple disabilities and health conditions. That is not seeing the participant as "a whole person".	5/18/2026 5:59 PM
243	This needs to be removed from the bill. Just had to pay \$50 for a letter of recommendation from an OT for an \$150 piece of goal related equipment have had to do this several times now.	5/18/2026 5:57 PM
244	Supports should consider the whole person rather than treating conditions in isolation.	5/18/2026 5:29 PM
245	Things change and you don't event know what "impairments" are listed NDIA loose documents all the time. What about behaviours, anxiety, food and sensory disorders, nutritional deficits directly as a result of your disability all of these things contribute to function..	5/18/2026 5:28 PM
246	Its hard to know what disability they used as multiple were listed but they only wanted one. So I have no idea what one they used	5/18/2026 4:44 PM
247	This already happens	5/18/2026 4:21 PM
248	Participant with multiple disabilities that are all equal, will not be funded for 2 of them. Ridiculous situation.	5/18/2026 4:16 PM

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249	If the NDIA doesn't want comparison to the Nazi state, Aktion T4 program, then they shouldn't behaviour in a similar way. Many of these changes read as defining people as burdens to the state.	5/18/2026 3:44 PM
250	Most disabled people have multiple conditions that overlap and can make it hard and some disabilities don't show all the time eg:ptsd, ahdh, autism	5/18/2026 3:36 PM
251	If the point was that people are not assessed on their diagnoses, only their functional capacity with diagnostic labels out of the picture - then how can that even be assessed when complexity is present? Either the full picture of functional capacity is looked at or it's based on specific diagnoses	5/18/2026 3:27 PM
252	My physical health affects my mental health.	5/18/2026 3:15 PM
253	My case is so complex that this would be catastrophic	5/18/2026 3:08 PM
254	We don't live in isolation of just a single condition Most people are complex.	5/18/2026 2:57 PM
255	Many are already only given funding for their primary disability personally this impacts me as although impairments are a part of a condition that's a comorbidity of my disability it isn't funded and leaves me vulnerable and unable to gain support I need	5/18/2026 2:50 PM
256	People with multiple and complex needs would be unable to have the reasonable and necessary supports required and would be put at immediate risk. There are many cases of people with disabilities and complex needs who do not have the correct diagnosis in the current NDIS system. One lady I know has cerebral palsy. She is wheelchair bound and has some cognition difficulties that present as mild autistic traits. She requires support for all activities of daily living. Mobility, hoisting, showering dressing and accessing her home effectively and outside in her community. The NDIS has her targeted as having only autism on her records. If they only supported, her 'mild autism', the costs savings would be huge. She would however be placed immediately at risk or have to go to the local hospital to be safe and survive. At costs that are potentially three times or more than receiving the support she requires just in her home. Refer productivity report for more detail.	5/18/2026 2:47 PM
257	Complex needs cannot be pigeonholed. It is not a one size fits all approach. I firmly believe that the problem lies in the plans themselves and the people that collect all of the reports and put forward the 'Plan' to NDIS. Not once have we 100% had a plan that we asked for, wanted, needed. My son's plans have been at best 25% of what we discussed with APM at the meeting. Totally bizarre stuff was included that wasn't discussed.	5/18/2026 2:44 PM
258	It means that everyone is going to need to apply for access for every single impairment that they have. This will take up time and cost a lot, especially in legal fees fighting against us at the ART. I doubt they have thought this through. They hope that we'll just give up.	5/18/2026 2:32 PM
259	This will make it harder for people with Long Covid to have their needs met. While it is extremely difficult to get NDIS access with Long Covid, some people with Long Covid are able to get NDIS access through their other disabilities. This rule would mean that they can only be supported for their other disability, not for their Long Covid.	5/18/2026 2:08 PM
260	This will compound issues for people with complex disabilities and may also adversely affect those whose informal support networks are not sufficiently strong	5/18/2026 1:36 PM
261	It may be difficult to determine exactly what the need arises from and it shouldn't be made difficult when there is a clear need. Autistic individuals often have physical problems that still need support.	5/18/2026 1:20 PM
262	Disabled people are whole people, not just their disability.. but their disability usually affects the whole person.	5/18/2026 1:05 PM
263	Our family has 3 members on NDIS plans! Some of my unmet needs are because I'm primary carer for my 2 children. I'm worried about the negative consequences of this on families like mine!	5/18/2026 12:52 PM
264	They are entitled to EVERYTHING to improve their life and live! They did NOT ask for their disability. It's their right	5/18/2026 12:48 PM
265	None of these people understand the nuance of interacting complex disabilities so why they think this is a good idea is beyond me.	5/18/2026 12:34 PM
266	Disability and medical conditions can fluctuate and change support needs over time. Supports should be assessed on each participant and not applied with a black and white approach	5/18/2026 12:00 PM
267	Since this is already an issue now it will only get worse	5/18/2026 11:38 AM

Q19 How worried are you that this approach will ignore the “whole person” and the way different conditions interact in real life?

Answered: 1,099 Skipped: 288



ANSWER CHOICES	RESPONSES	
Not worried	0.73%	8
Neutral	0.91%	10
Slightly worried	1.64%	18
Moderately worried	3.73%	41
Very worried	12.37%	136
Extremely worried	79.89%	878
Unsure	0.73%	8
TOTAL		1,099

#	OPTIONAL COMMENT:	DATE
1	These changes they are proposing are disturbing, a person does not deserve to be provided with funding for treatment options without looking at the whole person - someone's disability may severely impact every part of their daily life but the don't deserve to be treated as a whole person - that is absurd	5/25/2026 10:15 PM
2	We are becoming Germany in 1938. . And the disability community are the new jews	5/25/2026 6:07 PM
3	If the law has indeed changed back, then it is worrying	5/25/2026 4:51 PM
4	The 2024 bill already made this worse for many of us with complex disabilities that interact with each other.	5/25/2026 2:19 PM
5	As previously mentioned. The whole person will not be taken into account. Everyone's experience is different and presents differently.	5/25/2026 1:48 PM
6	Please see my comments from the previous question	5/25/2026 1:11 PM

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7	If you've met one person with autism, you have met one person with autism. Every disabled person's requirements differ. As a result, planners need to have SME knowledge around the disability and all the combinations of life impacts -all the scenarios, not just an aggregate. Planners don't. And until they do, a framework like this amounts to negligence. Medical receptionists encounter many sick people throughout their day to day life; they have friends and family who get sick, and some might even be or have studied health in school. Would you be comfortable with them filling out a questionnaire with you to determine if you need antibiotics or a scan when you're unwell? Is their advice more reliable or a GPs? It's the same. Allied health is recommendations will always reflect a more accurate view of the participants needs. A participant and their allied health will have better understanding of their needs and supports required than a set of general rules or a planner they'll speak to 1x in their lifetime. This approach will affect everyone -badly. It already does, but now it'll just be protected by legislation.	5/25/2026 12:15 PM
8	It really limits how that impairment has flow on effects to multiple aspects of that persons life as well as the impact of environment and systemic supports in their life.	5/25/2026 10:23 AM
9	I am also scared of being found alone & dead, just like I have heard of, with so many others.	5/24/2026 9:58 PM
10	I have 3 diagnoses that all interact together to impact my functional capacity. When one worsens, so do the others regardless of what supports are in place for just one. Funding only one would end up in needing more funds over time to provide for decline from the approved one.	5/24/2026 6:59 PM
11	It happens now	5/24/2026 5:21 PM
12	If they are ignoring the other disabilities isnt this only a "part person" approach?	5/24/2026 4:31 PM
13	With autistic people, they are prone to comorbid conditions and disabilities and this needs to be taken into consideration	5/24/2026 4:28 PM
14	Another example of the government having no idea!	5/24/2026 4:26 PM
15	This will help with money wasted on ridiculous supports, like sex therapy.	5/24/2026 2:07 PM
16	This is already very neglected	5/24/2026 1:24 PM
17	No one person is "the same" even where supports, and disabilities are "similar" to have someone like the Minister who is extremely removed from these individuals and their circumstances having the ability to exact that control is absurd.	5/24/2026 12:27 PM
18	People are being broken into impairment sized bits. The reality is the impact of disability is often the confounding presence and complex interaction of more than 1 impairment	5/24/2026 11:34 AM
19	They will have non medical trained people using an assessment tool in a way it was never intended to be used by un trained staff and fueled by AI intentionally set up to find every possible way to deny and discriminate against any person.	5/24/2026 11:30 AM
20	I am confident that assessments will make sure people get the support and funding they need	5/24/2026 9:27 AM
21	People don't fit into need boxes. These are people's lives, and I iterations between conditions cannot be separated out. This decision is extremely dangerous.	5/24/2026 8:45 AM
22	Again, no consideration to the PWD.	5/24/2026 8:24 AM
23	This happens now. And it's something that has to change. There was a recent ART case that gave precedent for the whole person approach, and I'm sure the NDIA hated it. People cannot be broken down into parts. That's not how people work.	5/24/2026 6:50 AM
24	As per previous it is rare that one disability exists in a vacuum. and we must remain sensitive to the impacts of multiple and intersecting disabilities. Always	5/24/2026 5:32 AM
25	Holistic and trauma informed care look at individual factors. Clinically effective care requires consideration of evidence based practice which even research highlight is the integration of the 1) person, their circumstances and environments; 2) clinician experience, knowledge and skills AND 3) research. Not considering these factors is neglecting best care and evidence based practice which will lead to poor outcomes and also moral injury for clinicians. I worry about families who are self reporting around child safety because of burn out and that families struggling will be placed with further burden. This distress and trauma increases risks of abuse and neglect; risks for family connection and also increases risks for the parents own well being. When having read many carers statements that echo the theme of "I would take my life if I didn't know what would happen to my child" I worry for	5/23/2026 9:59 PM

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	both parents and participants potential consequences of families feeling helpless to help their child due to insufficient support.	
26	It is archaic to try and think about considering only the 'NDIS approved impairment' and not all other aspects of a person's functioning. A person does not function outside of their environment and their personal factors (the ICF). This mindset would take disability care back 30+ years. I am still dumbfounded that this was proposed.	5/23/2026 7:29 PM
27	It already seems to be this way but makes it very difficult when ndis will fund something like say wall planners but not a wheelchair but then the fact you are on the ndis at all means you are often ineligible for other state disability services for your other disabilities.	5/23/2026 2:01 PM
28	We are not a series of boxes to check and treating us like ones, is why plans aren't properly funding supports in the first place.	5/23/2026 9:56 AM
29	It is ridiculous	5/23/2026 8:57 AM
30	This is one of the major issues I face as a participant.	5/23/2026 8:42 AM
31	Many conditions impact in many ways and it is cruel to ignore needs based on a list.	5/23/2026 6:27 AM
32	They are trying to treat all people in categories the same when no two people are the same and are affected differently by their disabilities. People are not just a number and should not be treated generically.	5/22/2026 4:27 PM
33	My daughter has severe ME/CFS, autism, ADHD, severe peri-menstrual syndrome. It is impossible to draw a line between this aspect of her condition or that. In her own social group of ME/CFS sufferers around the world, they all differ in terms of severity and impact of disease, comorbidities, family and social supports, housing needs, etc.	5/22/2026 3:56 PM
34	This is due to using a standard tool as well	5/22/2026 2:35 PM
35	I just say For Fucks Sake! It will absolutely ignore the "whole person" and the way different conditions interact in real life.	5/22/2026 1:51 PM
36	I think those running the NDIS underestimate how many people with disabilities have not only multiple disabilities of different types and varying degrees but we also often have medical issues to deal with.	5/22/2026 1:45 PM
37	The Federal Court ruled that the NDIS should consider the whole person FFS!	5/22/2026 1:23 PM
38	In my example ME/CFS can result in different impairments. I have cognitive difficulty and over time have had increased noise and visual sensitivity. Being in buckets of disability removes the nuance of how the lived experience is, or how disabilities manifest in a person	5/22/2026 11:59 AM
39	I've had planners think that dementia just affects a persons mind and refuse physio. Dementia affects the part of the brain that moves the body and physio is needed to help reduce falls keep people moving and avoid muscle contractures that further impaired function. It is so subjective how these planners interpret rules. Expert should be doing this not uneducated people looking for a job that pays well for someone with no experience	5/22/2026 11:52 AM
40	This policy completely ignored the experiences of actually disabled people	5/22/2026 10:33 AM
41	Refer to my previous comment.	5/22/2026 9:52 AM
42	They ignored two FCAs, this allows them to just do what they want with impunity	5/22/2026 3:17 AM
43	This approach is completely ignorant of the challenges facing disabled people and their families	5/21/2026 9:29 PM
44	The lack of support for unapproved conditions usually worsens the approved condition. Everything's related cause it's all happening in the same person.	5/21/2026 9:13 PM
45	Wouldn't it be nice IF WE COULD neatly separate out our needs and disabilities/impairments.	5/21/2026 4:36 PM
46	I needed my families NDIS plan to consider I was a single parent caring for 3 children and a family member. Because of this consideration I was able to get more support hours for everyone because I'm one person caring for 4 people and I can't provide that many hours of parental or familiar care to everyone expected by a single Plan.	5/21/2026 3:29 PM
47	Every person living with a disability has different needs and experiences to lump everyone with the same disability into a categorised box is disgusting. There are so many factors to consider about an individual such as their informal support network, financial situation, living situation, mental wellbeing, do they work, study, socialise, physical health etc	5/21/2026 3:14 PM

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48	As said above. Some people will function well in some areas but not in other areas. But when it affects the opportunity to access learning to be able to get a career, or hold a job, it then falls on the parents/carers to be able to financially support person with disabilities. What if the family cannot afford it.	5/21/2026 1:19 PM
49	The NDIA refuse to acknowledge the disability I have that greatly impacts the others causing greater impairment. This makes no sense and has caused a loss in capacity over my time on the NDIS.	5/21/2026 12:21 PM
50	It will put people's lives at risk.	5/21/2026 12:17 PM
51	Extremely worried. I work with people who have complex dysphagia and mealtime support needs. I am very worried this will be a way to say, no we won't fund a speech pathology swallowing review, or carer training, or mealtime supervision, as a 'technicality'. Often a person's dysphagia (swallowing difficulty) might be as a result of complications or comorbidities that occur DUE TO the initial/primary disability. Does that mean we shouldn't support that person's needs?? People with disability have a high likelihood of developing or acquiring an additional disability/condition. Take the example of someone who is blind. Their comorbidity is diabetes and they have a limb amputated. They can't walk and need a wheelchair or prosthetic. It would be argued that their inability to walk is unrelated to their primary diagnosis of blindness and the supports denied. Why would we not support the whole person taking in to account their circumstances and environment? People should always be considered and supported as a WHOLE person and ALL their needs taken into account.	5/21/2026 12:17 PM
52	See my comment above.	5/21/2026 12:04 PM
53	One of my children has 4 diagnosis that greatly impact each other and their ability to live a "normal" independent life	5/21/2026 11:11 AM
54	My son is studying at uni because of NDIS supports (OT, support worker, employment support provider). My other son dropped out up or uni because he didn't merit NDIS admission and so had no supports.	5/21/2026 10:57 AM
55	Is it just me, or is this the most disheartening, depersonalising survey that has ever been created? Social license. People first approach. Does anyone remember that catchy phrase 'choice and control'? yeah, me neither.	5/21/2026 10:46 AM
56	It is extremely difficult to ring-fence disability support needs. We constantly see issues where someone's disability causes "down chain" events and that person is then inadequately supported, as the NDIA deems thr support "not related". I.e. impaired cognition leading to failure to exercise and make appropriate food choices, leads to physical deterioration, leads to falls or difficulty transferring, leads to need for a recliner or other assitive equipment to remain safe and yet all physical related supports are declined as "not being related" to the recorded disability.	5/21/2026 10:37 AM
57	It's not going to consider the person at all. You ll just a number	5/21/2026 10:34 AM
58	Every person is an individual with individual needs	5/21/2026 10:26 AM
59	We already hear of stories where people aren't getting the funding that they need. The cost to them while they fight to get certain things of funding often means less ability to do things from that future on. We need prompt assistance to slow and in most cases stop the degradations of our health. The way the system is now already forces progression on our illnesses while we're trying to get help. It's just going to get worse	5/21/2026 10:25 AM
60	The plan sounds dehumanising and more like it's about using a cookie cutter approach to be able to cut admin staff numbers and save money, rather than trying to provide the best possible service for vulnerable people.	5/21/2026 10:21 AM
61	See above comment.	5/21/2026 9:14 AM
62	I was ignored most of my life before diagnosis, after diagnosis I am still not getting needs met due to many factors, cost of living, NDIS policies, undertrained professionals etc	5/21/2026 7:02 AM
63	I am very concerned of the impact. This will have for many participants. I already feel that the NDIS fails to understand the interactions between my disabilities and also fails to recognise my secondary disabilities during planning and this will only worsen with the proposed changes I believe.	5/21/2026 5:43 AM
64	These politicians care about numbers, not people	5/21/2026 3:17 AM
65	I've spent nearly 40yrs educating care provider's that treating only one "slice of the pie" isn't financially sustainable and increases the liklihood for long-term high needs	5/21/2026 1:45 AM

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66	I'm stressing about my own NDIS playing currently	5/20/2026 11:57 PM
67	People with Disability have to live with a range of conditions and circumstances that intersect with each other and this must be respected.	5/20/2026 10:42 PM
68	It is impossible to determine the impact of impairments from each other for some people.	5/20/2026 9:46 PM
69	As a multiply disabled sole parent Carer with complex medical needs, to a multiply disabled child with complex medical needs, this dynamic will be ignored, which is exactly the kind of situation where people lose all hope and we end up with whole families dying	5/20/2026 8:25 PM
70	In real life, disabilities and health conditions don't exist in neat little boxes. Physical, cognitive, neurological and mental health impacts often interact and make each other worse. Assessing supports in isolation risks completely missing the true impact on a person's daily functioning, independence and quality of life.	5/20/2026 7:14 PM
71	Basically this new 'idea' and 'approach', is everyone is the same and will all be treated the same. It is unrealistic. Everyone is an individual and should be treated as such and what is best for them, and not what's best for others.	5/20/2026 5:25 PM
72	without looking at the whole person you can not see what they need or do not need to live 24/7	5/20/2026 4:37 PM
73	A person is not a simple diagnosis on a list. So many factors impact function, including coexisting disabilities and conditions.	5/20/2026 2:28 PM
74	This is not person centred care, which is what is supposed to be delivered.	5/20/2026 2:04 PM
75	These approaches have already been used to deny care and create harm.	5/20/2026 12:51 PM
76	It is impossible to section out "other impairments" from the whole person.	5/20/2026 11:06 AM
77	It is focusing on the medical model instead of the social model. Why not go back to 2005?	5/20/2026 10:50 AM
78	Very worried. Honestly, I think this is one of the biggest clinical and practical concerns with the proposed direction. People do not experience disability in isolated diagnostic boxes. Functioning in daily life is shaped by the interaction between multiple factors all happening at once: * physical health * cognition * sensory processing * emotional regulation * communication * fatigue * trauma * mental health * environment * relationships * support availability In real life, these things constantly influence each other. As an OT, so much of our work is understanding the *whole person* in context: * what helps them function * what increases stress * what supports participation * what barriers exist at home, school, work, or community * how one challenge can amplify another For example: * sensory overload can increase emotional dysregulation * chronic pain can reduce emotional capacity and participation * anxiety can worsen executive functioning * fatigue can affect communication and behaviour * trauma can impact learning, regulation, and independence * loss of informal support can suddenly increase functional impairment Trying to isolate one "main impairment" and separate everything else risks oversimplifying disability in a way that doesn't reflect how people actually live. I'd especially worry about autistic people, people with psychosocial disability, intellectual disability, acquired brain injury, chronic illness, or complex trauma histories — because their support needs are often deeply interconnected. There's also a huge risk of fragmentation: * one system only funds one piece * another system says another piece is someone else's responsibility * no one addresses how everything interacts together And often the person ends up needing to repeatedly explain and justify themselves to multiple systems over and over. I think ignoring the "whole person" can also make supports less effective. A strategy that works beautifully in theory may completely fail if: * the environment is overwhelming * emotional regulation challenges are high * family stress is significant * communication needs are unmet * fatigue is unmanaged That's why holistic, contextual understanding matters. I understand the government is trying to define clearer boundaries around what the NDIS funds. But if those boundaries become too rigid, there's a real risk of losing the individualised and person-centred approach the scheme was originally built around. And ultimately, people's lives are interconnected. Their supports need to reflect that too.	5/20/2026 10:50 AM
79	see above	5/20/2026 9:31 AM
80	As I have said there is no one box fits all	5/20/2026 9:13 AM
81	Humans are not homogenous	5/20/2026 8:48 AM
82	Local area coordinators, planners and support coordinators don't seem to understand the holistic human centred approach	5/20/2026 6:19 AM
83	Its the cumulatively effect because disabilities interact with each other	5/20/2026 4:02 AM

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84	Horried. People are not "bits" of body parts. We don't tolerate objectification of women any more, why tolerate objectification of disabled people? Sends dangerous messaging to Australian people that pwd only have some legitimate needs, not all needs are authentic.	5/19/2026 11:35 PM
85	Impairment and capacity are individual to a persons disability and funding should be considered at that level.	5/19/2026 8:59 PM
86	This will make lives incredibly difficult for almost no saving benefit to the scheme.	5/19/2026 8:49 PM
87	We have already had proven how ableist and ignorant this government is, along with the blatant lies about "preserving the NDIS"!	5/19/2026 7:45 PM
88	People with disability do not fit into boxes and are not an after thought. If supported they can be and are contributing members of communities.	5/19/2026 7:14 PM
89	This is the founding stone of discrimination. You can tell no disabled people were involved in making this decision.	5/19/2026 7:10 PM
90	How can all people be treated the same way. A person living in the city will have very different needs than someone living in a regional setting.	5/19/2026 6:46 PM
91	This is just a way to minimise government spending. My concern is it longer is an accurate representation of the individual. It is just based on algorithms which is totally against the principles of the NDIS which were to be implemented by plans being built specifically for the individual	5/19/2026 6:27 PM
92	I am a person. I am not a number on a spreadsheet. Medical conditions and disabilities interact in myriad unpredictable ways. It cannot be classified in simple terms. If the whole person is ignored, the supports provided will never be adequate.	5/19/2026 5:29 PM
93	For people with rare syndromes it is disastrous.	5/19/2026 4:49 PM
94	These are not blanket conditions	5/19/2026 4:36 PM
95	Refer previous comment	5/19/2026 3:41 PM
96	One size did all simply doesn't work, eg all autistic people at any age will have very different support needs!	5/19/2026 3:33 PM
97	I believe that the current proposed changes are sending us backwards with regard to progress towards recognising the humanity of Disabled people and the barriers imposed by society. I believe it is ableist decision-making. It does not save money in the long run as costs shift elsewhere. Our society is better on every level when Disabled people are supported properly and everyone has their human rights met.	5/19/2026 1:09 PM
98	They have not hidden the fact that they don't want to consider the whole person. This is a fantasy, not the reality that disabled people live with every day.	5/19/2026 12:58 PM
99	The NDIS only consider my psychosocial disability and COMPLETELY ignore my autism and ALL of the chronic physical conditions that contribute to my overall disability. They are idiots!	5/19/2026 12:01 PM
100	The interaction between different diagnoses can be complex and difficult or even impossible to detangle.	5/19/2026 11:22 AM
101	there are people who have complex needs, who have more than one disability and have different needs of support to give quality of life.	5/19/2026 10:12 AM
102	Im not able to isolate parts of my body and give supprt to it as independent to the rest. Are we expected to ignore pain and fatigue because they are not eligible impairment, yet are only existing from disability? How can I have appropriate meals made from scratch when my food intolerances are not allowed for in meal prep time funded. Immunocompromised means more at risk to infections and sepsis, but it's not an impairment thats eligible so my SW must "ignore" my infected bedsores - i cant go to hospital, i cant be transported in an ambulance, i cant go into to building or populated places where I cannot control temperature, chemicals, light and noise. Im mostly house bound and can only go to places after substantial investigation and communication if a venue. Removing environmental factors is going to prevent leaving home at all.	5/19/2026 9:39 AM
103	You cannot define a group of people under one label as having the 'same needs'. Not all people with DS for example are high/ low functioning. Not all people with a physical impairment require the same level of care. You cannot define an individual by a 'label'.	5/19/2026 9:27 AM
104	I am so scared	5/19/2026 9:19 AM
105	Not only different conditions, but changing personal circumstances and different life stages	5/19/2026 8:56 AM

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must be taken into account if people are to get the support they need. NDIS is already poor at doing this, but will get worse under the new rules.

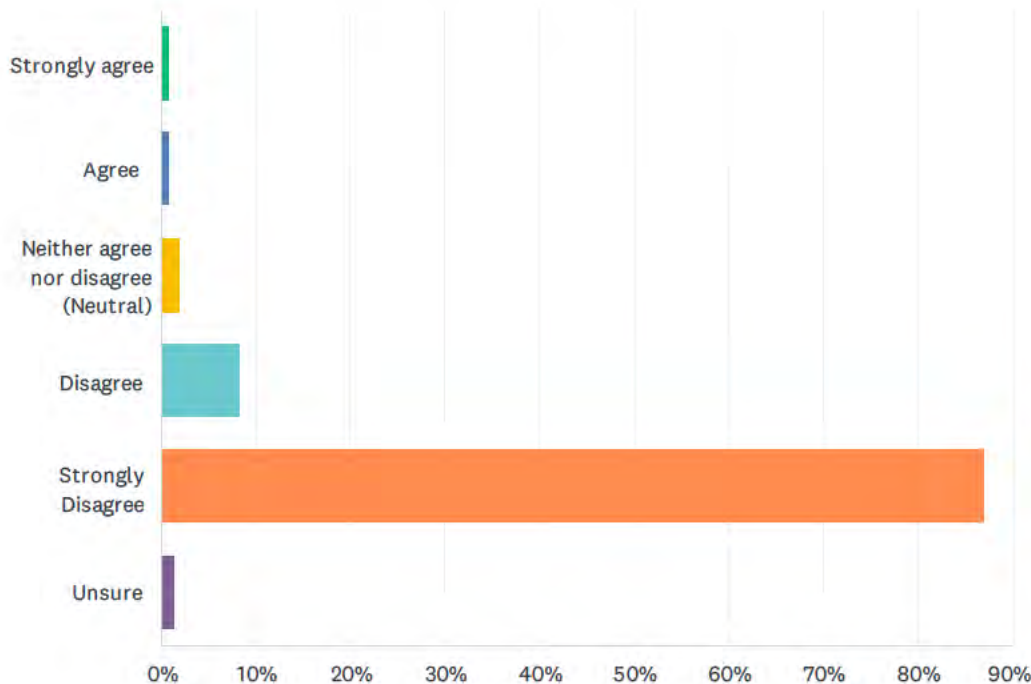
106	People with multiple disabilities each in the mild/moderate zone which often have a severe /profound impact on function may slip through the gaps	5/19/2026 8:29 AM
107	Terrified.	5/19/2026 8:24 AM
108	Autism for example has a lot of other disabilities connected to it. Like epilepsy, intellectual impairment, vision problems plus many more. So in real life this person would need much more support than for the diagnosis of one condition. How would they choose which one affects them the most when they are all intertwined. One impacts the other. The NDIS would most likely choose the one that requires the least amount of funding which won't help the participant in any way. Once again it comes back to looking at the participant as a whole not just one diagnosis. Most with conditions like this are cared for 24/7 by their parents or a family member because they are not capable of looking after themselves	5/19/2026 8:23 AM
109	Doesn't take into Account real environmental impacts and service delivery models that are non existent.	5/19/2026 8:19 AM
110	Some supports will become practically useless and a waste of money as a whole of person approach is needed to sustain functional capacity	5/19/2026 7:37 AM
111	Affecting mental health and actual health. We all ready struggle with half an hour of physio and hydro a fortnight. A normal person needs multiple appointments with their allied health to repair a torn ligament but ndis state we are to use a non medically trained allied health as they are cheaper to do the physio program, what happens when they do something wrong with the participant and takes a child longer to heal. This is a big bear of mine. NO UNTRAINED PERSON WILL ENGAGE IN ANY PHYSIO WITH MY CHILDREN OR MYSELF! This ruling was and still is stupid and fully shows the government not listening to participants.	5/19/2026 7:31 AM
112	This moves away from the holistic intent of the NDIS.	5/19/2026 7:29 AM
113	I think they have drafted the legislation to clamp down on people with autism and psychosocial disabilities BUT this lot of changes in the proposed legislation will mostly negatively impact the people with multiple disabilities high intensity needs	5/19/2026 7:12 AM
114	It directly tramples the premise of "whole-person"	5/19/2026 6:00 AM
115	Scared for my future willingness to live. to the point of physical symptoms worsening.	5/19/2026 4:05 AM
116	People are not a collection of separate diagnoses that can be neatly divided into boxes. Conditions interact with each other constantly. For many people, it is the combination of disabilities, health conditions, communication difficulties, sensory needs, mental health challenges, and behavioural impacts that creates their overall level of impairment And support needs	5/19/2026 2:18 AM
117	I think this is a guaranteed outcome.	5/19/2026 1:38 AM
118	We will see reduced access to holistic supports, more crisis-driven outcomes, increased stress and burden on family and carers resulting in financial strain, stress and inability to hold down employment. Shifting costs to other services Needs excluded from the NDIS don't disappear. Costs may shift to hospitals, mental health systems, schools, aged care, homelessness services, or unpaid carers instead.	5/18/2026 10:45 PM
119	This is to get around the fact that the federal court said that they had to. You cant legislate your way out of a case that you lost.. thats not how this works.	5/18/2026 9:15 PM
120	Can pretty much guarantee that this is the intent which will be very bad because disability doesn't add in a linear fashion, 3 disabilities co-occurring in the same person might result in 30x the functional impact.	5/18/2026 9:13 PM
121	I am absolutely terrified	5/18/2026 9:09 PM
122	I believe everything is from werdnig Hoffman's disease in my daughter's case. But for many people it will be a disaster.	5/18/2026 9:08 PM
123	ASD often comes with co-morbidities - what happens if you have ASD and epilepsy - do you have to choose which one is the primary diagnosis??	5/18/2026 8:53 PM
124	i have a multiple disability which doesn't get recognised properly. This includes physical, sensory eyes and hearing, intellectual plus bipolar and PTSD. i deteriorate over time and get forgotten about.	5/18/2026 7:11 PM

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125	They are already making assumptions to my detriment	5/18/2026 6:33 PM
126	This is fundamentally opposed to any and all disabled people. It is fundamental contempt, infantilisation. It dismisses all of our lived experiences wholesale.	5/18/2026 3:44 PM
127	They dont care they use words that suits them and their wants not the disability community	5/18/2026 3:36 PM
128	Especially if assessors have poor understanding of eligible conditions or participants with multiple diagnosis	5/18/2026 3:32 PM
129	Only by looking at the 'whole person' can adequate supports be provided. It is like putting together a puzzle. If some parts of the puzzle are not compiled correctly, or if the puzzle is not finished at all, the person will not benefit. Much higher costs may well be needed into the future to address what was missed or ignored earlier.	5/18/2026 2:47 PM
130	It's impossible and quite frankly absurd to try carving up a person into pieces of impairment. Ask any OT (the professional in this area), they'll say the same.	5/18/2026 2:32 PM
131	This goes against people's rights as they cannot be chopped up into pieces but are whole.	5/18/2026 1:20 PM
132	My autistic adult daughter relies on support workers for social contact and connections. She no longer has school to help her integrate. She said if her support workers are removed she will be so lonely she thinks her life will not be worth living.	5/18/2026 1:05 PM
133	People without their own voice will suffer	5/18/2026 12:48 PM
134	Given the attitude of these politicians I'm not sure they see disabled people as any kind of person much less the whole person.	5/18/2026 12:34 PM
135	My condition crops up.in unexpected places and impairs me in different ways	5/18/2026 12:27 PM
136	Important to recognise medical condition and evidence based treatment approach, use of funds may be better in group setting to save individual costs and upskill teachers/ other practitioners in community	5/18/2026 11:34 AM

Q20 The Government wants the Minister to be able to reduce funding levels for some groups of supports for many participants at once – for example, social and community participation (50% cut proposed) and some capacity-building supports (10% cut proposed). How do you feel about this?

Answered: 1,100 Skipped: 287



ANSWER CHOICES		RESPONSES	
Strongly agree		0.82%	9
Agree		0.73%	8
Neither agree nor disagree (Neutral)		1.91%	21
Disagree		8.18%	90
Strongly Disagree		87.09%	958
Unsure		1.27%	14
TOTAL			1,100

#	OPTIONAL COMMENT:	DATE
1	Once again some people need more support than others when it comes to functioning in the community, if you cut everyone by 50% this could have a drastic effect on people being able to contribute to society and be able to function in everyday life, earn an income (carers would have to give up work to take on this role), whole families could be removed from participating in the community and engaging in activities due to the caring role now falling on them and not able to leave the house	5/25/2026 10:15 PM
2	How can they no what life is like if they can't access it	5/25/2026 6:07 PM
3	puts more strain to their families especially low income families where they already struggle with daily cost of living	5/25/2026 6:05 PM

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4	The question is unclear - I agree that the government is considering this, I disagree that it is a good idea	5/25/2026 4:51 PM
5	Could be case by case	5/25/2026 3:19 PM
6	As a person who's been socially isolated and unable to get to appointments, shops etc, forget social interaction, I've never had enough funding. I have had a hard time with my mental health and lost friendships, social groups and family time. Just cutting things like that stops participants contributing to meaningful connections, supportive interactions and even accessing treatments as well as study and work opportunities. Contributing meaningfully and economically to communities and society at large.	5/25/2026 3:13 PM
7	It's factually discrimination and just evil in my opinion.	5/25/2026 2:04 PM
8	For many people with a disability, these supports are critical for overall physical and mental wellbeing. We cannot start isolating people. Especially if government wants everyone to be productive. Socialisation and capacity building are critical elements of disability support.	5/25/2026 1:48 PM
9	These particular groups of supports are absolutely life changing & life saving for participants! Social connection support & capacity building are essential for mental wellbeing.	5/25/2026 1:21 PM
10	The wording actually says any % less than 100%. When the government or minister has the qualifications to prove they can do this based on participant needs, that would be reasonable, otherwise it's no different to me asking the local bus driver whether or not I need antibiotics of my cough.	5/25/2026 12:15 PM
11	I rely on my social support to shop. Attend community. Go to appointments. Assist me with home and life daily living, chore lists, budgeting, organizing home. Without it, I would deteriorate.	5/25/2026 11:34 AM
12	Not everyone is in the same situation and this should be more nuanced than that. Surely after 10 years there is data to help support those who really need this funding and can't live without it versus those who could benefit from other supports and can live with a reduction.	5/25/2026 10:23 AM
13	When it's taken a long time to have this put in place I would be disappointed as it's an enjoyable outlet	5/25/2026 9:10 AM
14	How can the minister decide that reducing community participation is in any way a positive? Do they want to go back to the dark ages where people with a disability are hidden and can not contribute to society?!!!!	5/25/2026 6:28 AM
15	Some participants are unable to work or attend group activities therefore without community access to cover large parts of their day they will just be stuck at home existing rather than living!	5/24/2026 10:29 PM
16	My son needs every bit of his Social and Community Participation funding. He is autistic, and his sensory sensitivities make it impossible for him to participate in group activities, so he has to have 1:1 support and needs to maintain his daily and weekly social and community participation routine to stay physically and emotionally well. Reducing the funding level would have serious and permanent effects on him. He has many complex behavioural challenges and his improving relationships PBSP funding as it is is vital. Without her help to provide strategies and train his support staff, he would be overwhelmed.	5/24/2026 10:05 PM
17	because I am bed ridden I dont need community access but as I dont have enough in the personal section the planner uses community for personal assistance & capacity	5/24/2026 9:58 PM
18	Unbelievable and just shows how little these beurocrats understand about supporting people to thrive	5/24/2026 8:31 PM
19	We're suffering already giving up on basic isolating ourselves and mentally draining,how much more struggles we really have to do just because to live a normal life??	5/24/2026 8:21 PM
20	It leaves people at risk of social isolation, risk of abuse increases as there is less oversight over vulnerable people, health will be affected as there is opportunity or limited opportunity to participate in the community, exercise etc.	5/24/2026 8:00 PM
21	Don't know enough to comment.	5/24/2026 7:54 PM
22	I do not support a reduction of funding for capacity-building supports as these supports are primarily therapy and allied health care supports. These are necessary for participants to live with their disabilities by helping them to identify and work with the challenges that they face as a result of their disability. Allied Health Practitioners should have a say in what is reasonable and necessary for a participant when it comes to their capacity-building supports. In recent years, the NDIS have encouraged Allied Health Practitioners to look at	5/24/2026 7:25 PM

setting up groups in order to help with capacity-building. I think this is a complementary support under capacity-building and helps share the cost of allied health however, it should never become the sole purpose of capacity-building supports. I understand that there are many community misgivings when it comes to social and community participation. I think that some changes could be applied to this category but it does depend on the participant and their disability. I don't think a global reduction of social and community participation is helpful rather it might need to be measured and structured differently. Many participants find going out into society incredibly stressful and many opt to stay at home. This funding helps participants to engage in society whether it be attending necessary appointments with support, helping them to access programs that can support skill and personal development and support accessing appropriate and goal-related recreational activities. It is important to not forget the individual as a "whole person" when making these decisions and to consider that many people with disabilities face barriers when the venture out into society which they need support to navigate.

23	Social and community and core are from the same area. Many require to use social funding because core insufficient totally due to the NDIA planneds constantly failing participants	5/24/2026 6:59 PM
24	A blanket cut could leave participants without the support they need. Every participant has different funding allocations and needs. Some participants already only have a small amount of funds to start with, and may end up being left with an amount that is unusable. For example if a participant only has 2 hours per week for social/ community access, this would reduce them to 1 hour, which is not enough. Many support workers won't work anything less than 2 hours, depending on a participants location, 1 hour may be just enough time to travel there and back. Providers also charge for travel costs which would further reduce the participants available budget	5/24/2026 6:59 PM
25	Social supports are fundamental to the sector.	5/24/2026 6:39 PM
26	Behaviours of concern with be triggered in isolation	5/24/2026 5:21 PM
27	Social and community support is so important, this is how we help clients become social, happy and some even start looking at volunteer work and more.	5/24/2026 4:55 PM
28	I think there are underlying issues in relation to Social and Community Participation. Some participants would be stuck in their own homes and would not access society without this funding. I think some of the parameters need to be looked at in terms of how this funding relates to a person's goals. If a person requires support to access allied health or various appointments this funding is extremely helpful. I do understand that many people see this funding being used excessively for other recreational purposes but I think the only way to truly measure this is by understanding the needs of the participants and their goals. I do not support cuts to capacity building as this provides the participant support with daily living activities like washing, cooking and hygiene. This is a fundamental support and should not be reduced.	5/24/2026 4:48 PM
29	My son has both these supports in his plan, he has learnt to swim, build relationships and participate in the community all down to the ongoing support and advice from his Occupational therapist and speech therapist. My son has had OT and Speech therapy every week for the past ten years. If this funding is reduced then it will have a huge impact on my son.	5/24/2026 4:46 PM
30	How can individuals be taken into account with such blanket rules? This is very poor.	5/24/2026 4:33 PM
31	This has been one of the biggest factors in my son doing better and reaching his goals	5/24/2026 4:28 PM
32	These cuts reflect a lack of understanding of how important these supports are	5/24/2026 4:26 PM
33	This is horrific. I cannot express how terrifying this is as a mother of a complex child. It is because of his access to these supports that he is now participating in life i.e schooling etc	5/24/2026 4:06 PM
34	This is barbaric.	5/24/2026 3:56 PM
35	This will affect people who are autistic, psych social disability and others from living a life others who don't have disability take for granted. So these people would become more isolated. What does the government think could occur if some autistic person with other complex co morbidities could do if left isolated? Harm to themselves and rarely the community. This is a particularly serious error on the part of the government and ministers concerned. Do not take away supports to engage with the public and enjoyment in life from those who can least afford to have supports removed!!	5/24/2026 3:38 PM
36	Depends on the fi e print.	5/24/2026 3:13 PM
37	Socialisation and community is just as important as, say, dialysis or a wheelchair. We will not be shut into our homes (for those of us lucky enough to live in one) any more than we	5/24/2026 3:06 PM

	already are. Why are we going backwards? Why are they trying to take our lives away?	
38	I must say that my community access and capacity building (physiotherapy) funding has significantly helped improve my symptoms, which ultimately means that I impose less on the healthcare system. I think any savings in this area that the NDIS sees, might be seen as a higher cost to the healthcare system.	5/24/2026 2:07 PM
39	Their disability stops the person having a normal lifestyle like we all take for granted. Julia Gillard was a God send. Now you want to hide them away again. Disgraceful!	5/24/2026 1:47 PM
40	There are people in disability groups online discussing voluntary assisted dying if they have to go back to being house bound due to lack of support to access the community	5/24/2026 1:24 PM
41	Some people can not physically leave their homes without support! Not to get groceries or socialise or work. This would take us a step backwards in an abilist society who doesn't want to see disabled people living lives like everyone else, they want them stay home and rot alone where no one can see you!	5/24/2026 1:12 PM
42	We're moving back into institutionalising. Those reliant on support just to go to woolies, will now be sanctioned to their residence. Those living alone will be incredibly vulnerable, and we'll likely see increase all cause mortality and mental health issues. Those in group settings will also be severely impacting, with self-determination reduced 20 years.	5/24/2026 1:10 PM
43	This change will put lives at risk.	5/24/2026 12:47 PM
44	This is an extreme amount of power with no oversight, or any form of recourse for those affected	5/24/2026 12:25 PM
45	If this goes ahead, there needs to be STRICT rules on how it can be applied. Largely this is not constructive. Cutting funding doesn't directly improve the NDIS's functioning and will likely cause more costly expenses if future as disabled people deteriorate due to lack of support.	5/24/2026 12:05 PM
46	People with disabilities are individuals with individual needs. This is so discriminatory	5/24/2026 12:00 PM
47	So much for equity.	5/24/2026 11:43 AM
48	Those are the most needed supports!!!!	5/24/2026 11:37 AM
49	How can we employ people? How unfair on the workforce. Even harder in rural areas	5/24/2026 11:36 AM
50	Again - this is political and fiscally driven at the expense of humans!!! It is immoral, unethical and a breach of a person's basic human rights	5/24/2026 11:34 AM
51	Where funds are used ethically it is fine but more needs to be done to weed out those who are doing the wrong thing.	5/24/2026 11:33 AM
52	He clearly does not understand what these funding areas were originally set up to support and will push disabled people back out of the community and marginalise, hide, eradicate them from society. Meaning they cannot access medical appointments, work, education, shops, contribute to society, experience the fullness of the world and their life. Pushing us back to prepare 1980s where disabled people were institutionalized, killed and forgotten.	5/24/2026 11:30 AM
53	Cutting social and community participation funds is counter-intuitive. The more people can participate socially and in the community, the more well they become. Isn't that the point of NDIS? To be fully human, we must belong somewhere.	5/24/2026 11:28 AM
54	One of the biggest problems for people with disabilities is social and community participation, they will be more isolated impacting the well being	5/24/2026 11:25 AM
55	That would cut me off almost completely from supports I desperately need and I can easily see many people suicidal if that funding got cut.	5/24/2026 9:59 AM
56	Not all people with intellectual disability or Autism need support to function and have a life like everyone else. Many people like my children, can have full time employment, a home, children, a licence and their own friends. I think children in special schools leave these schools with limited social and living skills their peers have because of the environment in the school. Funding would be better spent in the schools to ensure these kids have a better start to adulthood	5/24/2026 9:27 AM
57	Decisions will need to be made between supports, increasing risk and reducing quality of life.	5/24/2026 9:24 AM
58	People with disabilities deserve to have enjoyment in their lives too! It shouldn't just be about taking care of their personal care, social activities are scientifically proven to be beneficial, needed and a fundamental human right.	5/24/2026 9:21 AM

59	Where is the rationale for this decision? No consultation with disabled communities, purely and budget decision with no consideration for the people who it will directly impact.	5/24/2026 8:45 AM
60	Without this funding, crime will go up, mental health and suicide rates will rise not to mention the impact on the hospitals and mental health units. A lot of the people accessing this funding. Have nothing else in their lives.	5/24/2026 8:24 AM
61	This will literally cause people to die by suicide. Forcing people to stay in their homes is archaic and disgusting and will be deeply disturbing to people. Humans are not meant to be kept inside like caged animals. How are people going to get to their medical appointments? How can people live meaningful lives if they're forced into isolation? How can people work and participate in the community which are pillars of the ndis????????? Out of everything proposed, this angers me the most and makes me so scared for the future. People like me will become more disabled, more unwell, require more medical intervention (hospitalisation) if we cannot maintain our access to routine healthcare and social interaction.	5/24/2026 6:50 AM
62	This should NEVER be done across the board. If certain plans need looking at, do that but the risk of these measures is extreme.	5/24/2026 5:32 AM
63	This could have dire impacts on access to supports due to other impacts in provider fields (see freeze and cuts campaigns and burnout rates). This matters to me as a clinician not just because of it being my livelihood but that this will impact access for people. The long term impacts of not having therapies are documented and well established it's why evidence based field exists like speech pathology, occupational therapy and physiotherapy (to name a couple but not all). These therapies make a difference functionally. People being able to communicate. To work. To make friends. To live independently. To swallow safely. To move safely. To have adequate energy and intake. To be regulated. To live and enjoy life. This is the point of the NDIS participation and is shown in the data that every dollar spent brings \$2 into the economy restricting participation and capacity building will lead to less benefits.	5/23/2026 9:59 PM
64	This will impact some people more than others. It feels scary	5/23/2026 9:42 PM
65	One person should never have this power alone	5/23/2026 8:21 PM
66	By cutting costs on social and community participation activities you are essentially cutting the dignity and independence of the participants. Instead you should be looking into the price gouging and ripping off of NDIS participants. (It should be illegal to charge more for an NDIS customer than an able bodied customer)	5/23/2026 8:08 PM
67	Does not take an individualised approach, and it will disproportionately affect people who already do not have enough supports in these areas.	5/23/2026 7:29 PM
68	Disabled people need to be supported to participate in social connection activities, to live a life of dignity enriched through activities that are beneficial and meaningful to that person. This is one of the cornerstones of the NDIS.	5/23/2026 7:26 PM
69	Social and Community Participation is an area that has had a massive impact on the quality of life of my clients. A 50% reduction for my clients would lead to very restricted community participation and an increase (or return to) being significantly isolated. There are ways to make those supports more cost effective gradually over time (a well thought increase in participants to support workers, where that works well for the participants involved). Also, providing funding assistance for transport affordable to people on DSP who can't use public transport or drive, would lead to much less cost for certain people accessing the community. But a 50% reduction is way too much. In terms of capacity building supports, I would have thought that building capacity would be a high priority as it leads to a reduction in future funding and/or improved quality of life.	5/23/2026 6:43 PM
70	Social isolation has been a huge red flag for many years if people are not able to interact with others they become fir isolated and unwell which will then impact the hospital system that is already falling apart at the seams	5/23/2026 4:53 PM
71	Why Minister thinks that it needs to be cut by half of funding for social and community participation? Participant with autism and psychosocial disnogsis do need to access social and community participation at higher level.	5/23/2026 4:43 PM
72	Surely the giverbwmnt can clawing back some of our covid debt by saving money elsewhere instead of inhibiting access to people's daily life?	5/23/2026 4:32 PM
73	This is so bad. Going back to the bad old days of isolating pwd nd also will impact on family and carers lives as they will have to fill the gap. Removes choice and control over people's own lives	5/23/2026 3:21 PM
74	You're not talking about a budget. You're talking about PEOPLE. It's time the government	5/23/2026 3:12 PM

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remembered that.

75	Any sweeping cuts across the board will ignore individual needs. It should be evaluated case by case.	5/23/2026 2:51 PM
76	I think this will increase suicide rates and hospitalisations. It will prevent people being able to access medical appointments, their mental health will decline and so will their physical health. There will be more demand on hospitals.	5/23/2026 2:01 PM
77	already marginalised and this will be more so	5/23/2026 1:48 PM
78	I am terrified. This will force participants and their informal carers back into isolation. This will un-end lives and undo years of work and progress towards greater social inclusion, improved quality of life and so many other things for people with disability.	5/23/2026 1:24 PM
79	In theory I agree with it but a 50% cut is too big, particularly for participants who don't have adequate funding as it is	5/23/2026 10:37 AM
80	I already constantly face harrassment, abuse and threats of violence as an Autistic Assistance dog user, even when a Support Worker is present. Denying me funding for a support worker, directly places my safety at risk, and keeps me trapped in the home on safety grounds.	5/23/2026 9:56 AM
81	That is due to the minister and all the decisions makers not really understanding how the scheme works, I mean he thinks that plan managers submit change of circumstance or reviews for more funding	5/23/2026 8:57 AM
82	That will curb 50% of my son's access to the work, volunteering, sport, shopping and activities he does as well as being able to meet with friends (who also have Down syndrome/disabilities)	5/23/2026 8:53 AM
83	I see many abuses of the social and community participation so I support this.	5/23/2026 6:48 AM
84	Blanket cuts are just awful. Support needs already determined should not be ignored and unfounded or have funding cuts for no valid reason.	5/23/2026 6:27 AM
85	Some participants are already underfunded so a blunt cut to everyone would put them at risk	5/23/2026 5:19 AM
86	Funding should be needs based. Not cut for the sake of cutting. Eg. An individual needs hearing aids - that funding should be allowed to give them the best chance of participating in society	5/23/2026 4:13 AM
87	Social and community participation is very important. Isolation will add to mental health struggles and out pressure on the health system	5/22/2026 10:27 PM
88	People with disabilities should have the right to access the community and go out in the community like any other person. This is so against a persons Human rights.	5/22/2026 9:11 PM
89	50% cut is ridiculous and will severely limit capacity to be part of the community	5/22/2026 7:28 PM
90	How is cutting capacity-building supports helping anyone? Do they not want people to get better to whatever level they can so they can maybe in future require less support? Are capacity-building supports not a GOOD THING to a penny pinching politician?	5/22/2026 6:44 PM
91	Dumbest idea ever. Does the minister get to decide how much a person gets back on workers comp or accident comp?	5/22/2026 6:34 PM
92	Social and community access is vital, in fact this is essential to living a quality life. If my child can't get to social groups anymore, the impact on them will be immense. This is so wrong. People are very scared, and so they should be.	5/22/2026 6:23 PM
93	Participant's have had plans cut & unfairly reduced over the last 12-18 months already. Some are already underfunded, so to reduce again is insanity.	5/22/2026 6:23 PM
94	Rolling back amounts when costs have increased is not appropriate	5/22/2026 4:27 PM
95	I think they should find other areas outside of NDIA to find savings. Not further isolate the people that already struggle with leaving the house	5/22/2026 4:18 PM
96	This will cause harm and reduced services to vulnerable people.	5/22/2026 3:56 PM
97	Feels wrong and cold	5/22/2026 2:35 PM
98	This is unfair, unethical and unjust. Can any one say ROBODEBT? Social and community participation is about being able to access the community in everyday life. If someone could do it independently and without needed funding, of course they'd do it on their own. Who	5/22/2026 1:51 PM

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wants to be portrayed as a "burden?" The minister should not have the ability to reduce funding levels for some groups of supports for many participants at once - people with disability have the basic human right to have their support needs met and to access the best life possible. When (because it's sure not "if") the minister cuts funding, people with disability will once again become hidden from society, because they won't have access to the supports they need to participate in activities of daily living. How do I feel about capacity-building supports being cut by 10%? Fucking angry. Taking away what little funding people get for being able to build their capacity to develop or sustain their skills is wrong.

99	Blanket cuts are unfair and will cost lives.	5/22/2026 1:45 PM
100	How would the Ministers feel if they could only access outside their house 50% per day?? What makes them so special??	5/22/2026 1:23 PM
101	funding needs to pertain to the individual participant and their needs not to all participants as faceless numbers in a system	5/22/2026 12:24 PM
102	Cutting capacity-building supports would reduce my physio visits, which would mean a continuous reduction my functional capacity leading to needing 24/7 support and full time wheel chair use.	5/22/2026 11:59 AM
103	I have clients with severe behaviours of concern. Some of the things that reduce their behaviours is going out and being active. Reducing their community access is going to put them and the workers and co-residence at risk because these people will become very very aggressive and uncontrollable. All because they couldn't go out that day because the government cut funds. In the long run they will end up costing a heck of a lot more. They will need two people present to manage them due to their boredom behaviour or they will be medicated which is a restrictive practice.	5/22/2026 11:52 AM
104	This is discrimination	5/22/2026 11:24 AM
105	Community participation is what builds a participants capacity, and to give them a choice to live and do what they want. Taking this away will take away their independence.	5/22/2026 10:36 AM
106	How can you possibly decide that all people with a specific disability type no longer need support. What justification could there be to do something so uncaring and cruel	5/22/2026 10:33 AM
107	It needs to be a case by case basis, not slashing support across the board	5/22/2026 9:58 AM
108	The funding should be individualised according to the client's support needs.	5/22/2026 9:52 AM
109	this is horrific unethical and based on no evidence. This is just money saving without looking at the impact on the person and life. Families will be at risk.	5/22/2026 9:10 AM
110	How can you make a decision like that for everyone? People are not the same, and peoples experiences of diagnosis are not the same, and peoples needs are not the same, peoples goals are not the same. Makes no sense to cut a funding pool for everyone all at once.	5/22/2026 7:16 AM
111	Social and community participation is one of the main reasons people with a significant disability depend on the NDIS, ridiculous suggestion to cut by 50%, needs to be assessed on a case by case basis.	5/22/2026 5:56 AM
112	Again individualised support is absolutely necessary	5/22/2026 3:17 AM
113	This will harm my family. These supports literally saved our lives. I'm extremely distressed by the thought that they could be taken away.	5/21/2026 9:29 PM
114	This does not take the needs of the individual into account. It also changes the whole service the NDIS provides. There has been a lot of talk recently about how community programs need to be utilised more. These programs usually don't fill the gaps the NDIS will be removing. These categories of support are generally NOT provided elsewhere.	5/21/2026 9:13 PM
115	I'm only able to participate in community because of the community participation budget, I am so isolated and the participation that I am able to get because of Ndis is life-saving	5/21/2026 9:11 PM
116	Again, i don't think ministers should have absolute power like this. You can provide more clarity as to when participants can use social-community participation to ensure money is spend appropriately, however, doing a big overall cut is not the answer.	5/21/2026 8:20 PM
117	I can say with absolute confidence that 90% out of the almost 400 participants that we coordinate supports for, are using community access support for activities of daily living like buying groceries, attending medical appointments, trying to access employment, picking up medication. Cutting this support will result in people dying. The few that are accessing the community for leisure (which they are entitled to, as human beings), will also impact the ability for people to practice capacity building skills in real world situations.	5/21/2026 7:16 PM

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118	Funding is allocated on reasonable and necessary criteria which in the current legislation is very clear and thorough. Applying an arbitrary cut is cutting supports to fit a budget not ensuring a persons has the supports they need to live their best life	5/21/2026 7:03 PM
119	There appears to be NO thought/consideration about the impact this will have on participants.	5/21/2026 6:42 PM
120	It's limited as it is. Drop the damn price not the support.	5/21/2026 4:56 PM
121	So when my hearings aids break, need additional low cost AT Parts that have to get in person to make sure its the right one and Medications and food shopping are all needed to be done but also am really unwell and need to see GP (typical week now) I will have to decide which one(s) dont get attended to as not enough funding to support me to attend to them. Its not effective and beneficial having to choose between eating, hearing or attending to a medical need that can easily turn life threatening. I hope this makes sense, having trouble explaining.	5/21/2026 4:36 PM
122	Community participation is so important for mental health. This is one of the most important items of the NDIS that make it a game changer for quality of life. It allows people to live and not just exis.	5/21/2026 3:29 PM
123	Again, ridiculous. Imposing arbitrary restrictions to how often disabled people can leave their house is abhorrent. This will lead to increase in mental health costs in the community, hospitals and admissions, increased suicides of disabled people and greater strain on community services	5/21/2026 3:16 PM
124	This is really concerning as the vast majority of participants require support with social, economic and community participation. The level of positive outcomes that have come from participants receiving these supports needs to be considered as many participants don't have family or friends, their main connection to community comes from a support worker who helps build their confidence and capacity to get out of the house, grab a coffee, have a chat, attend a new activity, go for a walk in nature. Taking this away from people leaves them at risk of social isolation, mental decline and doesn't help build capacity or independence. Not to mention people with physical disabilities and intellectual disabilities who need this support to attend appointments etc and provide safety in the community. It's actually a horrible thought that they will remove this support from a lot of people's plans.	5/21/2026 3:14 PM
125	Society is lacking badly in social skills and common sense. Parents are so busy working, there isn't time or money to support a person with disabilities to be able to access social situations and access sports or attend capacity building appointments. The social participation is integral in so many cases for families. If we want to see our ndis money work, then why are you cutting people with disabilities access to normal everyday life skills. If the government wants to change how money is spent. Reduce cost of living. Stop banks from lending money to a two income household. We are in a vicious circle of a society where two incomes are needed to pay a mortgage/bills/ food etc. and who suffers. The children. They aren't getting the opportunities to be with family. Socialise, or play /do sports or other activities. Because all adults do is work their guts out to maintain living and essential needs.	5/21/2026 1:19 PM
126	This arbitrary cutting is not person-centred. Some groups will be more affected than others. This only causes more inequities.	5/21/2026 12:21 PM
127	I understand that cost savings should be made. But if this is done with no consideration of people's individual circumstances then people will die.	5/21/2026 12:17 PM
128	Isolating disregarding and devaluing if fun commit	5/21/2026 12:05 PM
129	Again, this gives the Minister unprecedented powers over disabled people's lives and does not consider us as individuals.	5/21/2026 12:04 PM
130	Isolation already causes so much paint	5/21/2026 11:38 AM
131	A major purpose of the NDIS was to provide opportunities for people with disabilities to participate in life (not just be shepherded to mandatory appointments).	5/21/2026 11:38 AM
132	Without the ongoing supports our kids and participants will go backwards i have seen it first hand the skills they gain from ongoing supports to where it gets scaled back to monthly is a huge disadvantage to the participant and the skills they originally gained they loose	5/21/2026 11:26 AM
133	The only way my son gets out into the community and learns to socialise with someone other than me is with their support worker. This is critical for their development. Without it they will not reach their goals.	5/21/2026 11:11 AM
134	If they cut my funding by 50% the 2nd 50% is virtually unusable because no one would	5/21/2026 11:09 AM

	want 1hr shifts. Travel costs don't go down by 50% so they eat into support time.	
135	I'd support plan reductions over removals, because at least when labour are gone, there may be hope for the person still on the scheme, but we shouldn't have to do either	5/21/2026 11:08 AM
136	Many of us don't even get enough to begin with. Simply cutting it will be devastating.	5/21/2026 10:57 AM
137	This is terrible Participants are entitled to have access/opportunity to create social experiences and connections. This will destroy that.	5/21/2026 10:57 AM
138	Definitely see it overused in some cases	5/21/2026 10:48 AM
139	Could not disagree more strongly. I have less than eight hours a week during which the NDIS allows me to leave my home. How am I meant to maintain a household, run errands, attend medical appointments, and oh my goodness, what if I wanted to get a take away coffee??? And I have the responsibility of caring for an aged parent who I cannot see in person because I have no community access support to visit her. I have no informal supports. Eight hours per week maximum. Kill me now already.	5/21/2026 10:46 AM
140	Doesn't take into account a persons needs people can be left without funds Cuts should be considered in writing new plans and with individuals circumstances in mind.	5/21/2026 10:43 AM
141	For f***k sake, how inhumane and cruel!	5/21/2026 10:39 AM
142	That's like pulling the rug from under people's feet	5/21/2026 10:34 AM
143	Ridiculous. See comment above.	5/21/2026 10:29 AM
144	This will cause further isolation, mental health issues and stress	5/21/2026 10:26 AM
145	Social and community participation is the only thing I have right now. It doesn't even come close to being enough. Let me ask you why do they want to reduce social and community participation? The government doesn't want disabled people to be out socially. This is all about sit down, shut up and accept the fact we allow you to even eat.	5/21/2026 10:25 AM
146	Very dangerous to participants and families.	5/21/2026 10:11 AM
147	Are we heading back to an institutional model? Except that it's now a bedroom or living room in a private home instead of a state run dormitory? It terrifies me that this is even being considered. Most of my son's quality of life, his everyday purpose involves group based activities with specialist organisations.	5/21/2026 9:14 AM
148	We deserve to engage in our communities like everyone else. We deserve to decide what that looks like and not be forced into group segregated spaces, particularly in country areas.	5/21/2026 7:47 AM
149	Services outside of NDIS are either lacking, underfunded, or non-existent	5/21/2026 7:02 AM
150	Uniform cuts are not what the ndis is about. They need to assess each person and how the cuts will impact them and their carers	5/21/2026 6:55 AM
151	Disabled people should have the same rights as non disabled people when it comes to accessing the community. We have known for a long time the importance of connection for health and well being. Capacity building funding is vital for developing skills to manage disability and can increase capacity to participate more meaningfully in society.	5/21/2026 6:35 AM
152	Making it so that disabled people are stuck at home only means they are less seen in the community - that might 'look nice' but it's a step back toward segregating the disabled community.	5/21/2026 6:27 AM
153	The ndis was to make it so a disabled person could live a normal life with dignity, so a family member could interact with their disabled family member as a person not as a carer. These are things promised and in the workshops before the ndis roll out. All of this is being stripped and it's disgusting and terrifying	5/21/2026 5:55 AM
154	I have very limited informal supports and rely on someone for all community access. I think this proposal is disgusting and also fails to recognise the individual planning and consideration required for all people on the NDIS. I already do not have enough community funding as it is and this has caused me great distress and increase social isolation. I'm off not talking about even being able to attend fun or social gatherings but being able to attend important medical appointments, go grocery shopping, be able to get out for a walk. I'm unable to do any of those things without Support. I am unable to get out of my specialist Disability accommodation Building without assistance.	5/21/2026 5:43 AM
155	Disability is unique to the INDIVIDUAL. How DARE the Minister ASSUME that a group of people with disabilities must all have the Same social/community/participation needs. Or not. It's ableist and smacks of privilege.	5/21/2026 5:40 AM

156	These are people who are productive toward both themselves and the community with the right supports	5/21/2026 3:17 AM
157	They should not reduce Client funding	5/20/2026 11:57 PM
158	I think this is outrageous as it fails to understand the lived experience of people with disability. It is purely a cost cutting measure and demonstrates a complete lack of empathy and care towards the lives of people with disability/	5/20/2026 10:42 PM
159	Cuts to Social and community access funding for NDIS participants will be detrimental to the mental health of those with a disability and their families. Without funding for supports to access the community Participants will be isolated and unable to live an ordinary life and access services for their basic needs. It's so cruel to think that denying funding to have support worker help a disabled person to access the community that the general public take for granted.	5/20/2026 9:44 PM
160	How about you bring in mandatory nursing skills for all future support workers with a 3 year amnesty on current support workers to upgrade their skill set. That after 3 years only graduates of an enrolled nursing certificate be allowed to work with people with disability, thereby eradicating rogue providers from placing inexperienced people on student visas, or their friends, their family or the guy around the corner who just got out of jail on their provider lists to work with our most fragile co-hort of society.	5/20/2026 8:59 PM
161	Disability isn't linear, each person MUST be treated as an individual, just like any other health/medical field. Their first responsibility is to the care of their participants, not their stakeholders.	5/20/2026 8:25 PM
162	This is shocking. Supports aren't a luxury. Only supports required to live an ordinary life are funded. I don't know why anyone in the health dept or attorney general's office would say this is okay.	5/20/2026 8:21 PM
163	Why these targets? They are FAILING already marginalised and vulnerable INDIVIDUALS with each of these targets. This is a disgusting target to have when they're directly impairing individuals in their daily functioning.	5/20/2026 8:20 PM
164	Supports like social and community participation and capacity building are not "extras" for many people with disability — they are what help people stay connected, independent, mentally well and able to function day to day. Large across-the-board cuts risk increasing isolation, carer burnout, declining mental health and greater long-term reliance on crisis services.	5/20/2026 7:14 PM
165	This is like the Government saying that Medicare will only fund a fixed amount of subsidies for everyone seeing their GP & if you need to see your GP more then that's too bad. It would be better to introduce more scrutiny over the quality of these supports rather than taking them away because of the awful people who haven't genuinely supported people!	5/20/2026 6:40 PM
166	This is Very individual and cannot be a blanket policy.	5/20/2026 6:08 PM
167	If these cuts are made for me it could lead to death. At best I will spend a lot of time in public hospital.	5/20/2026 5:52 PM
168	This has to be the biggest and dumbest implementation considered. What this will do for people, like my son, is make them severely regress and be completely withdrawn from society and then become more of a burden by going on the disability support pension, as they won't leave the house. Thus becoming a financial burden to the Government and losing their complete liberty.	5/20/2026 5:25 PM
169	This will kill people. This will affect people's ability to see doctors, earn a wage, have any social interactions... If my capacity building was cut further than it already was recently, I would need the wheelchair full time. I walk a tightrope that the NDIS is constantly trying to sever.	5/20/2026 5:18 PM
170	I have been working in the sector for 20 years, so have watched the progression away from supported employment or gatekeeping day services who received block funding to the funding being tied to the individual instead and i have felt this to be a very positive change. We know from research that the biggest barrier to social inclusion is the negative and reductive attitudes towards disabled people. Funding for social and community participation has enabled disabled people entry into many new activities and parts of social life and this is crucial to changing attitudes and continuing to keep things open. The more non disabled people are able to meet and participate alongside disabled people the better it is for everyone!	5/20/2026 4:45 PM
171	social groups are extremely important to alot of participants as this is usually the only	5/20/2026 4:37 PM

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means of them being able to get out into the local community. Capacity building helps participants keep themselves as strong mentally and physically as possible for their own health to reduce future implications

172	Group settings allow targetted intervention to practice skills to participate in society in a safe and educational way which is therapy. Rather than isolation. Social group also are more affordable than one on one therapy	5/20/2026 4:04 PM
173	My son has ASD2, PDA, mental health and physical health conditions. He's now developed social phobia and fears being outside or doing things in real life. With the right supports, community participation is essential and critical for him to become a more active member of society, even a tax payer... but right now, it'll just tick along and stay the same. We'll all be stuck at home on Centrelink and I'm worried for my financial future, being a full time single carer of two children, one an adult.	5/20/2026 3:48 PM
174	The cost of creating social isolation will be paid for in the future!	5/20/2026 3:27 PM
175	Everyone should be able to access the community.	5/20/2026 2:33 PM
176	Ministers have no idea what people need and what is reasonable and necessary. Codesign with lived experience should be directing how the NDIS operates and what is available through funding.	5/20/2026 2:28 PM
177	Community participation/social support is often the only way some participants have to access the community or just get out of their house. Loosing this could cause serious harm, create mental health issues which in turn can put pressure on other public health services. Capacity building helps participants so much and can in the long run reduce the amount of support some participants require. Loosing this could end up putting more pressure on the system & create a need to increase support because the participants hasn't built capacity to support themselves.	5/20/2026 2:04 PM
178	This is going to be devastating for my daughter!	5/20/2026 1:55 PM
179	Cutting tens or hundreds of thousands of participants' plans at once, with no idea of what the consequences of those cuts would be, is a reckless and callous proposal that will cause unforeseen levels of harm.	5/20/2026 12:51 PM
180	I used to be a social worker and there is so much research that actually tailoring supports to individuals and giving them self determination and control over their needs is much more effective, and cost efficient. Forcing a square peg into a round hole is a waste of money because it is ineffective.	5/20/2026 12:42 PM
181	Why do you not want to see people with disabilities in the community? Why are you forcing people with disabilities to sit in a room full of other people with disabilities? Just because they have a disability does not mean they have to be reduced to only being with other pwd for socialisation.	5/20/2026 12:38 PM
182	Social participation is part of the diagnostic criteria for autism. This discriminates against autistic Australians more than other disability types.	5/20/2026 12:10 PM
183	Plans must be individualised	5/20/2026 11:06 AM
184	This negates the whole point of the NDIS being about individualised support without cause	5/20/2026 11:00 AM
185	Disabled people deserve to live full and happy lives and cutting community participation is taking that away from us.	5/20/2026 10:57 AM
186	Does the minister have an understanding of the impact on participants and their families? How does this meet the ndis goal of helping ppl live an ordinary life? Why not go back to institutions	5/20/2026 10:50 AM
187	I'm very concerned about that approach, particularly because supports like social and community participation and capacity building are often the supports that help people maintain independence, connection, regulation, and long-term functioning. A 50% reduction to social and community participation supports could have a huge impact on people's: * inclusion * relationships * confidence * mental health * routine * community access * ability to leave the house safely * opportunities to build independence For many people, these supports are not "extras" or recreational add-ons. They are what make everyday life possible and sustainable. As an OT, I'd especially worry about participants who: * experience social isolation * have emotional regulation challenges * rely on structured community access * are developing independent living skills * need support to engage safely in the community * have limited informal supports These supports are often preventative. Reducing them may initially reduce spending on paper, but can increase: * mental health deterioration * crisis presentations * family burnout * behavioural escalation * isolation * hospital admissions *	5/20/2026 10:50 AM

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loss of independence The same concern applies to capacity building supports. Therapy, skill development, behavioural support, and capacity building are often the supports aimed at improving long-term outcomes and reducing future reliance on higher levels of support. Cutting these areas can create a cycle where people receive less early or preventative support and then later require: * more intensive supports * crisis intervention * increased supervision * more restrictive environments I'm also concerned about broad reductions being applied across large groups of participants at once. Disability support needs vary enormously. Two people accessing the same category may use it for completely different reasons and with very different levels of necessity. Across-the-board reductions risk: * reducing individualisation * overlooking cumulative complexity * disproportionately affecting high-risk participants * making plans less responsive to real-world needs I understand the government is concerned about sustainability and rising scheme costs. But I think there's a difference between improving efficiency and reducing supports that are foundational to participation and prevention. One of the original goals of the NDIS was increasing inclusion and participation in everyday life — not just funding basic survival needs. Social connection, community access, and skill development are a major part of that. I think any changes in these areas should involve: * genuine co-design with disabled people * strong evidence about likely impacts * individualised assessment * safeguards for high-risk participants * recognition of the preventative value of these supports Because once people become isolated, overwhelmed, or disconnected from community, rebuilding that participation is often much harder — and much more costly — later on.

188	A cut to social and Community Participation budget would make it very difficult for me to do the things I enjoy doing now such as going to dinner with friends, attending festivals and Blind and low Vision Tennis as well as getting to appointments. Some activities I do at night so for my safety I need a support worker to accompany me. Due to my low vision I don't drive.	5/20/2026 10:16 AM
189	Social and community participation/capacity building has repeatedly shown improvements to overall wellbeing. This will just cause more problems that need different support.	5/20/2026 10:11 AM
190	this seems like a broad approach - to complex individualised supports that ignores human rights and human dignity - to save money as the sole focus	5/20/2026 9:31 AM
191	Again needs are currently ignored. To reduce funding that is already inadequate or incorrectly allocated would be unfair. Need to actually address needs	5/20/2026 8:48 AM
192	I agree with recovery coach funding being reduced and more hours being given to qualified therapists.	5/20/2026 8:37 AM
193	Real danger moving away from person centred care and choice and control	5/20/2026 8:23 AM
194	Funding should be provided in line with individualised allied health recommendations not blanket cuts.	5/20/2026 6:23 AM
195	This move is all about the finances and not at all about the participant needs. Blanket reductions do not factor in individual needs and circumstances meaning many will be left without vital supports they need to access the community and therapy services. The flow on effect cost-wise is significant and the government will instead see an increase in mental health decline and loss of function leading to an increase in healthcare costs.	5/20/2026 6:18 AM
196	Feels discriminatory	5/20/2026 6:13 AM
197	Why not fix the inaccessibility on social and community spaces first?	5/20/2026 6:09 AM
198	It undermines the whole purpose of the NDIS	5/20/2026 12:53 AM
199	Unforeseen negative ramifications will be huge. Already have difficulty developing a skilled, stable, sufficient in number disability workforce. This will create havoc: support workers will face less opportunities for paid ongoing work and will leave for more stable employment outside of disability. A lot of great workers and their experience, skills, contemporary values and understandings of disability will go. Many of the outstanding allied health professionals are women working as a sole trader or small business. Due to sudden losses of work and therefore income many will also be forced to look elsewhere as their businesses are no longer profitable. Loss of experienced familiar workers and allied health professionals and support coordinators and heavily reduced choices in plan managers will catastrophically and rapidly impact availability of quality supports and further build uncertainty and fear for participants and families	5/19/2026 11:35 PM
200	This is direct discrimination against - and harm - of groups of disabled people for no good reason, with no appeal, and no consideration of individual circumstances. There's no word for this but eugenics	5/19/2026 10:38 PM
201	This will cause isolation and reduced capacity building. People will literally die from being	5/19/2026 10:12 PM

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unable to access doctors / shops / connection with others. This is an Ableist, idiotic proposal. As for daily living capacity building, If part of the idea of the ndis is to try and reduce impairment, so that the person 'costs less' to the scheme in the long term, doesn't it seem ridiculous to cut the budget of the allied health that can actually improve this? Their budgets are already stretched as it is since the 2025 legislation changes.

202	Simple cost shifting. Cutting social and community participation, poorer physical and mental health outcomes.	5/19/2026 9:28 PM
203	Therapeutic capacity building is built through exposure, repetition and engagement in an activity/ skill. If there is no opportunity to implement/repeat a skill that is being built then there is no capacity built. Removing opportunity to build skills by accessing community or having a support worker implementing recommendations and strategies destroys the foundation of skill development and creates further reliance on funded supports.	5/19/2026 8:59 PM
204	Cutting a category of supports across a category will result in much more harm by unmet needs, and risk systemic abuse becoming prevalent within the industry. Cutting community participation has a great number of consequences, the most concerning is locking participants into isolation ad the dollar value announced equated to around 4.5hrs a week, less outside hours than are mandated for maximum security prisoners in solitary confinement, and less hours out than during Covid lockdowns. Mental health will suffer enormously and people's connection to their community will be severed.	5/19/2026 8:49 PM
205	The NDIS was set up to help people with a disability to participate in an ordinary life with social, community and economic support. We should not be subjected back to being locked up again. Social and community participation funding allows us to interact with family, friends, volunteer, work, exercise, attend appointments and go shopping for essential supplies. It gives us a reason to live.	5/19/2026 8:36 PM
206	The eugenicist Mark Butler wants to strip the NDIS and lock away the disabled community	5/19/2026 7:45 PM
207	The proposed changes to the framework fundamentally alter the original intent of the NDIS and risk stripping disabled Australians of essential supports necessary for safety, dignity, participation, and survival.	5/19/2026 7:22 PM
208	? How is this different to seen but not heard?? Lock them away?? Appalling and disgusting	5/19/2026 7:14 PM
209	What on earth?! How can it be reasonable or necessary to just do blanket cuts without looking at a person's needs? What about those of us who are reliant on social and community to do essentials like doctor's appointments or grocery shopping?	5/19/2026 7:14 PM
210	It completely changes the nature of the scheme. It's devastating. We aren't seen as real people anymore, deserving of actual lives.	5/19/2026 7:10 PM
211	It doesn't sound great but I can understand why if they're going to cut a stream, it's this. Prob they want people fed and washed and clean above going out. Hierarchy of needs	5/19/2026 7:08 PM
212	My sister (who is on the NDIS) has made great strides when it comes to independence and confidence with her social group. I don't want to see her regress	5/19/2026 7:05 PM
213	The Government knows who misspends and overspends. Target those participants rather than punish everyone.	5/19/2026 6:54 PM
214	Too disabled to access community for social and recreational activities anyway. Can't use those funds.	5/19/2026 6:51 PM
215	This is just about balancing the budget	5/19/2026 6:46 PM
216	Somebody that requires 24 x 7 care has community participation in their budgets if they have this then that person might be lying in their own waste for the amount of time that has cut. That has gotta be against human rights and the rights of the disabled	5/19/2026 6:38 PM
217	It needs to be individualised. General cuts are so dangerous and will directly impact people's health.	5/19/2026 6:36 PM
218	Discrimination. Discrimination. Discrimination	5/19/2026 6:27 PM
219	Mental health will plummet if people can't leave the house	5/19/2026 6:14 PM
220	Again, these ministers and policy makers are absolute idiots who have no background or education and experience in health, disability or allied health. Why would anyone listen to them and let them decide where funding should be cut.	5/19/2026 5:36 PM
221	What's going to happen to people with intellectual disability etc who use SACP funds to travel to day services or employment?	5/19/2026 5:29 PM

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222	The NDIA is already slash happy with individual plans. People are already suffering because they don't get the help they need. More cuts of any kind is only going to intensify the problem. We need a way for people who need to help to get more funds, not less.	5/19/2026 5:29 PM
223	Changes should be determined by individual assessment of need not cuts made on the whim of a minister who just wants to save money. People use social and community participation for essential things like doctors appointments and shopping. It's not just for the movies. I get they're worried about support workers providing low quality care and being on their phones but cutting supports doesn't resolve that problem	5/19/2026 5:27 PM
224	One person within government should not have the right to make that over arching decision . Especially when they don't understand the impact	5/19/2026 5:16 PM
225	My child cannot access 90% of things mainstream children can, without some form of accommodation. The stress it has on me as parent / carer impacts my ability to work, earn / pay bills / pay taxes / be healthy myself without being isolated. A program may be a "nice to have" for some people, but "essential to have" for others. A sweeping but risks great harm to some	5/19/2026 4:36 PM
226	Too much control by Minister - political football rather than helping people be part of community and receive supports they require.	5/19/2026 4:05 PM
227	This does not take individual circumstances into consideration.	5/19/2026 3:50 PM
228	More than 50% of my sisters funding sits in the community participation line item. This was done by the planner and does not in any way reflect her actually day to day life. She requires most of her supports to occur in her home around activities of daily life so is her community participation budget is reduced by 50% we are in deep trouble and she would not be able to continue to live in her own home. She will not be moving into a group home or any shared care arrangement. What does the NDIS think is going to happen for her????	5/19/2026 3:41 PM
229	Cut the fraud from providers before arbitrarily cutting people's supports!	5/19/2026 3:33 PM
230	i would love to see the entire ALP caucus try to live for a month with a disability and not be able to go out of their homes with ndis support.	5/19/2026 3:29 PM
231	Deeply unfair and not thought through properly, especially for participants in SIL who rely on their social and community participation funds to make up their 24/7 supports.	5/19/2026 2:50 PM
232	There already wasn't enough funding here	5/19/2026 2:22 PM
233	In many cases, people require support whether at home or in the community. You will be replacing this with other core support funding and preventing people from accessing their community, participating, providing social opportunities and also contribute to the economy by spending money	5/19/2026 2:16 PM
234	one of my adult children has a ridiculous low 10hrs a year and can't even use it because no transport came so no support worker will help - if that's halved she will never get support to become a thriving adult in the community independent	5/19/2026 1:33 PM
235	We are individuals so group-based decisions will not meet the needs of individuals. Harm will be caused.	5/19/2026 1:09 PM
236	Automatic reductions to NDIS funding will remove essential supports without proper assessment or review of a participant's actual needs.	5/19/2026 12:58 PM
237	Social and community access is extremely important for each and every participant, it allows the client to get out and about with other people and less likely to become withdrawn and depressed	5/19/2026 12:25 PM
238	I never leave my home and go anywhere by myself except to do what is absolutely necessary. With my support worker I feel more confident to go out to do other things that contribute to my well being like going to an art gallery, having a coffee, walking on the beach - you know the things people WITHOUT disability do ALL the time and take for granted.	5/19/2026 12:01 PM
239	How is this not discrimination? supports are about equity how could this help the participants?	5/19/2026 11:58 AM
240	This is NOT a ministerial function. It's akin to the Prime Minister setting the prices at the parliamentary cafeteria AND telling everyone how much they can spend	5/19/2026 11:23 AM
241	I feel that they've already been doing this informally - eg a) rarely funding support workers for children, usually saying it is parental responsibility (even though increased level of support need and level of risk eh of parental burnout should be taken into account here), and	5/19/2026 11:22 AM

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	b) telling autistic people to use mainstream supports (medicare) for psychology, even though this does NOT cover autism.	
242	Many more families will have to relinquish care which will cost more in the long run	5/19/2026 11:21 AM
243	This is disgusting and has the potential to cause huge, severe issues for participants and their families	5/19/2026 11:15 AM
244	I wonder how the minister and others who do not have disability would feel if they were forced to stay home alone and not access essential health and well being maintaining therapy.	5/19/2026 11:09 AM
245	People's needs should be assessed individually. It is discrimination to cut things across the board.	5/19/2026 10:55 AM
246	As well as my physical and psychosocial disabilities, I have aggraphobia made worse since my mother died 22 months ago. I now need to be with my dad at all times. Through work with my psychologist and support worker I am slowly leaving the house without him. I am proud to say that with the help of my support worker under either social and community participation and/or capacity building, I have managed to walk to the end of my street (100m). My goal is to go to the movies with just her. You take this support away from me and all my hard work will be wasted. Once again, supports should be funded on a case by case assessment.	5/19/2026 10:12 AM
247	This needs to be based on the participants requirements	5/19/2026 9:53 AM
248	I have three young adult children with disabilities if their community core funding is decreased, they will not have quality of life	5/19/2026 9:39 AM
249	Disability needs are not the same for everyone even with the same impairment. It's naive and dangerous to think it is. Disability is not "aging", the support needs are not the same or time limited as over 70yrs, but can be 7mth old babies or 7yr old children with decades to live. Aligning disability support to aged care support is not safe or appropriate.	5/19/2026 9:39 AM
250	How can the minister possibly judge the appropriateness and safety of cuts across whole cohorts when those budgets were decided by necessity in the first place? This is utterly cruel.bbc	5/19/2026 9:28 AM
251	Again without having lived experience as a carer the minister nor government has any understanding of what complex needs or assistance individuals with disabilities need. As a 'normal' person how would you cope if your access to the community was cut by 50%. We saw and have documented evidence of the impact on mental health in the community (none disabled) after Covid. Many of our LO's with a disability depend on some normality with their daily life by being able to access the community. As a carer i already have lived experience of Capacity Building being cut per say when they took away Movement and Dance Therapy. This was an integral part of my daughters healing journey from brain injury. It facilitated the healing pathways leading back to speech, walking etc.	5/19/2026 9:27 AM
252	So dangerous. Politicians aren't health professionals, they don't know about disabilities enough to make these decisions. They say so many ableist things, we can't trust them with this much power.	5/19/2026 9:19 AM
253	I don't think that some people need to be getting 6hrs give or take daily for coffee, movies etc while some people struggle to even get minimal support for personal care. No so called normal person goes out for coffee every day	5/19/2026 9:00 AM
254	This is appalling. These are the main supports for many people, and already the funding is often inadequate. The government obviously wants to provide only the bare minimum for people to survive, not to have a life. And some won't even survive if this goes ahead.	5/19/2026 8:56 AM
255	You can't say everyone has the same level of needs in these areas... plus if someone already has low amounts in these areas that already doesn't give them much reducing that by 50% would mean they have nothing (or at best nothing useable)	5/19/2026 8:46 AM
256	Should be based on individual NEED. Maybe reduce the WANT area.	5/19/2026 8:29 AM
257	Community participation for many is their only outlet in life. This builds their self esteem, breaks the cycle of anxiety separation from their primary carer, gives them some sort of supported independence. For example a 30 yr old man able man would have a 9-5 job, have a social life, a family of his own. Halving social and community participation takes away the participants chance of living a life they can be capable of with the support of workers. It again seems like people with disabilities are being treated as second class citizens and that the NDIA want to hide them behind closed doors	5/19/2026 8:23 AM

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258	This is dangerously careless and disrespectful of participants who require such supports in community to function.	5/19/2026 8:19 AM
259	arbitrarily reducing spending on supports for budgetary reasons completely ignores the needs of the people relying on those supports - some may cope with the cuts with minimal impact, but for others the cuts can potentially be life-threatening and whole-of-sector cuts cannot discriminate between those consequences (and the government doesn't seem to care at all about the risk of people literally dying due to their decisions)	5/19/2026 8:09 AM
260	How is this a person centric approach? I do not use a lot of social and community participation funds (as an example) as they don't benefit me hugely but to other people they are critical and life changing. On the other hand I find capacity building funding the most effective way to maintain my capacity, whereas other people (even with the same disability) find therapy to be not beneficial and benefit more from help by support workers. We are all different and therefore what works best for us differs. These types of blanket approaches are harmful	5/19/2026 7:37 AM
261	This is a politician making a decision based on money. The Minister does not have the skills and knowledge that comes with the years of training and experience of the allied health and health service providers, disability advocates, lived experience participants.	5/19/2026 7:32 AM
262	Government have given this and now taking it away! Why not reduce the ridiculous hourly rate they advise suppliers to charge - why not start there instead of taking it away from participants.	5/19/2026 7:31 AM
263	This is incredibly unsafe!	5/19/2026 7:29 AM
264	It's dangerous and reckless It will cause harm	5/19/2026 7:12 AM
265	Social & Community participation is the main thing that keeps me as a fulltime carer going. Without my daughter being able to socialise with like minded peers it would destroy her. And without the break it gives me I wouldn't be able to keep giving her the care she needs.	5/19/2026 7:05 AM
266	Social and community supports is currently useless, but it is one of the most important, nonetheless.	5/19/2026 7:02 AM
267	Why is this something one person without any relevant qualifications or knowledge of specific cases should get to do? The only benefit here is to the government and authoritarianism.	5/19/2026 6:57 AM
268	An across the board cut is dangerous. I believe that some participants should have their funding reduced (myself included) but only when appropriately assessed by competent professionals, not by accountants.	5/19/2026 6:54 AM
269	This extremely worries me.	5/19/2026 5:41 AM
270	God power with no knowledge or care of the effects on the participants	5/19/2026 5:34 AM
271	Social and community participation is not an optional extra. It is fundamental to inclusion, independence, wellbeing, and dignity. The original intent of the NDIS was to provide people with disability with "choice and control" over their lives. These proposed changes appear to move away from that principle and toward greater control by the system itself. During COVID-19, the broader community experienced how damaging isolation can be. Yet now people with disability are being pushed back toward isolation because social participation is viewed as non-essential. The proposal to move people toward community hubs and group-style supports risks returning many Australians with disability to institutional-style care arrangements that the NDIS was originally designed to replace. Removing community supports removes inclusion, autonomy, agency, and participation — the very foundations upon which the NDIS was established. People with disability are already among the most marginalised and vulnerable members of our community. These proposed changes risk increasing discrimination, isolation, and inequity rather than improving outcomes.	5/19/2026 5:16 AM
272	Worry i cant get to my volunteer job. Worried i cant go to a day program or ndis social groups or art class and will be housebound and have to live with my husband my informal carer who gets frustrated with me and my disability and says I am being autistic and raises his voice and gets angry at me.	5/19/2026 3:00 AM
273	What concerns me most is that these proposed reductions appear to apply broadly to categories of support rather than being based on proper individual assessments. Two people may both receive funding under the same support category but have completely different levels of need and risk if those supports are reduced. For people with complex disabilities, autism, psychosocial disability, intellectual disability, or high behavioural and communication needs, these supports are often what allow them to remain engaged in education, family life, and the community safely. The NDIS was meant to be an	5/19/2026 2:18 AM

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individualised scheme based on reasonable and necessary supports. Blanket percentage cuts move away from that principle and risk harming the very people the scheme was created to support.

274	The reduction in funding will increase social isolation. My teen with multiple disabilities needs support to communicate as well as push her in her wheelchair.	5/19/2026 12:56 AM
275	This is a particular egregious proposed change - cutting an arbitrary 50% from funding for 'social and community participation' - do They not understand how insane that sounds? 50% reduction in funding for disabled people being able to access daily life and their community. Absolutely disgusting	5/18/2026 11:20 PM
276	Supports like social and community participation and capacity-building are often the very things that help people maintain independence, relationships, employment, and mental wellbeing. A 50% reduction to social and community participation funding could have effects such as: increased isolation and loneliness, fewer opportunities to build confidence and life skills, reduced access to community activities, volunteering, sport, or social connection, and greater reliance on family carers or more intensive supports later.	5/18/2026 10:45 PM
277	There are many reasons why different individuals have different requirements to one another & a one size fits all is very inappropriate & can be very damaging to a persons quality of life, mental health & cause further isolation.	5/18/2026 9:53 PM
278	This would strongly effect my son who is supported in a work roll and he would no longer be employable, losing his community value and community participation opportunities to improve his social skills and communication.	5/18/2026 9:26 PM
279	They do not have the requisite knowledge to do this. This will get people killed.	5/18/2026 9:15 PM
280	So now it's unreasonable and unnecessary to do your food shopping, have a haircut, go to the bank go to your gp, see a friend. Sorry none of that is reasonable and necessary anymore.	5/18/2026 9:13 PM
281	We have just as much right to go out as anyone else. We just may need help to do so. Without access to much needed therapy, our physical condition will deteriorate quickly and we will become a much greater burden on the community and government supports including Medicare, hospitals, ambulance, health and mental health	5/18/2026 9:09 PM
282	Disabled people need support for their quality of life, for my daughters they are both ASD with no siblings who go to a special school, without community and social participation they would have no access to regular friendships	5/18/2026 8:53 PM
283	Again, by no means should one minister have that power?	5/18/2026 8:50 PM
284	Self care vs social clash so the deductions will be felt in every aspect and what if they are related to their goals	5/18/2026 8:14 PM
285	Outrageous idea. Completely against the rights of people with disabilities under the United Nations convention on the rights of persons with disabilities. It is terrible policy. Will lead to increased abuse and neglect of people. Likely to result in loss of life.	5/18/2026 6:59 PM
286	must be on need	5/18/2026 6:33 PM
287	How can they cut a persons plan by 50 percent	5/18/2026 6:12 PM
288	Funding cuts across the board wont have the same affect on everyone	5/18/2026 5:58 PM
289	This is in humane. Does the minister not understand that for some any reduction in funding would cause crisis, death, relinquishment of care and more!!!!!!!!!!	5/18/2026 5:57 PM
290	This would only be justified if society as a whole was universally accessible. That not being the case, no other services will fill the gap.	5/18/2026 5:57 PM
291	People's needs within these groups vary significantly. Decisions about funding should reflect individual circumstances rather than applying blanket cuts that may not reflect actual support requirements.	5/18/2026 5:29 PM
292	My son uses every single cent of his community access all his funding actually- for example we need 2 people at all times usually it's myself and one other when out and about, however so my younger child doesn't have to be dragged out occasionally I have been able to pool this money for 2:1 which he needs. I am my children's only informal support and can't be in 2 places at once. my son attends a special group during school holidays for 2 days my son needs supports every day due to his high and complex support needs. if his community access is halved we will not have any funding left for 40 weeks per year. You can't do this it is inhumane. He won't understand why he can't do what gives him	5/18/2026 5:28 PM

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joy. He teaches people all the time when he's out things like compassion, understanding and inclusion locking him away or making him join groups he won't like ; I know because we've tried is just not fair) this will break him, his brother and me.

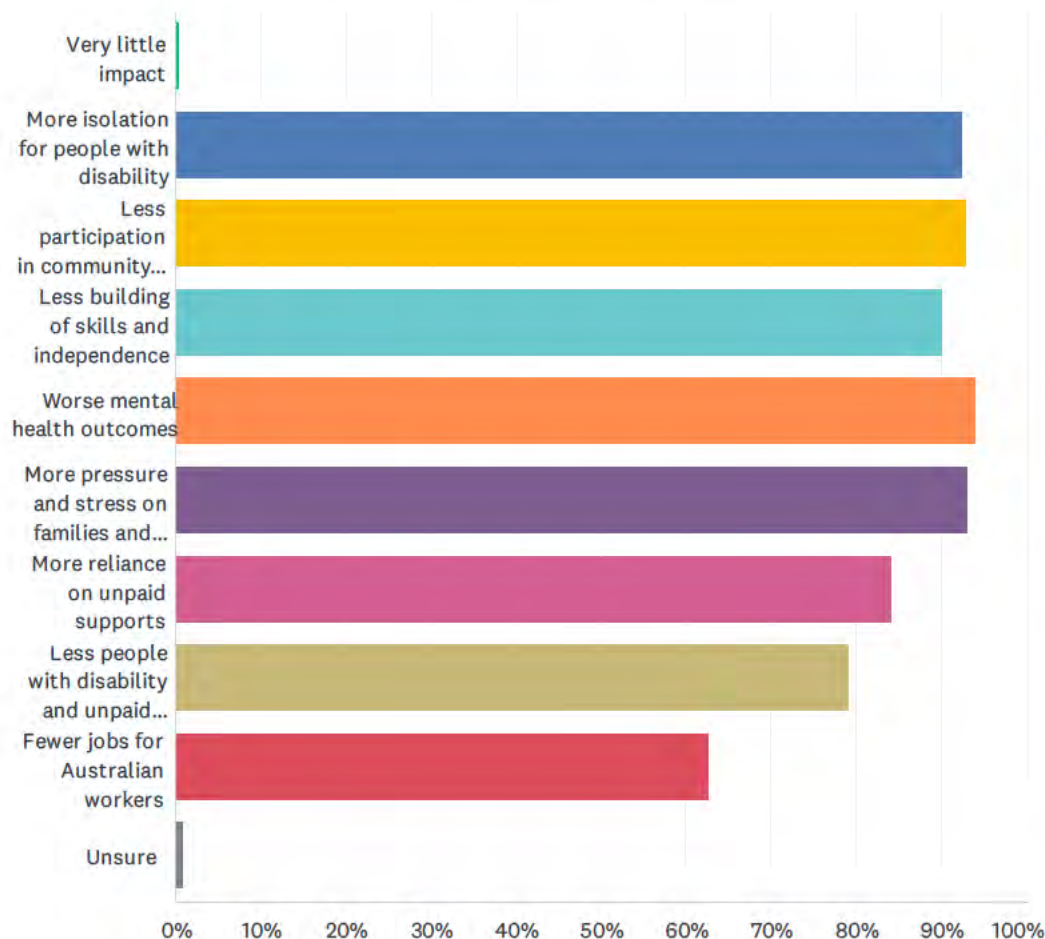
293	This is a return to ugly laws - keep disabled people in their homes so the public don't see us.	5/18/2026 4:54 PM
294	I think many have been way overfunded	5/18/2026 4:44 PM
295	This goes against what the NDIS was meant to be	5/18/2026 4:21 PM
296	For some it takes a while to build rapport to accept help. This would hinder progression.	5/18/2026 4:13 PM
297	People with disability will be isolated again. They will have little choice and control over their own lives. Forcing people back to the bad old days of having to do group activities or attend daycares. People won't have enough to work, volunteer visit friends, attend training like TAFE and this will also impact their families lives too as they will have to try to fill this gap.	5/18/2026 3:51 PM
298	If they feel these cuts are necessary and my life so comfortable, let us change places and they experience everything I do. The pain that never shifts, the only comparison I can make is burning barbed wire screwed into your forearm bones every second you're awake. The total loss of the taste of food. The total lack of any enjoyment in life. The total lack of safety, having a plan to pack a bag and go, needing only minutes to pack it. Knowing three exits to every building and counting your steps. Let's see how long they last before they beg and scream for help. Only for them to be told no.	5/18/2026 3:44 PM
299	For those requiring 24/7 1:1 support they will be left at high risk. Many PWD cannot attend group activities with shared supports. There is insufficient funding within Assistance in Daily Life to cover this shortfall. How will participant be supported for the missing hours?	5/18/2026 3:37 PM
300	NDIS participants spends their funds on Australian businesses so not only cutting funding hurts disabled people it hurts small to medium Australian businesses that have been going under for years with no direct government help its always disability and centerlink participants. We have proof from covid and shutdowns	5/18/2026 3:36 PM
301	My son was funded according to needs and cutting this impacts his safety	5/18/2026 3:32 PM
302	This means some participants would not be able to get out and about. Leading to isolation.	5/18/2026 3:30 PM
303	This will kill people. The funding determinations were already made based on what was NECESSARY support for people. Gutting that funding will risk their lives. It was already assessed as needed supports	5/18/2026 3:27 PM
304	I think the government has looked at social and community supports as just "going out to the movies" etc, but accessing the community is so much more and everyone has a right to access the community even just as simple as going to the movies, but they are trying to impose rules to a complex and very real part of people's lives, without understanding the person	5/18/2026 3:20 PM
305	Does not consider individual needs.	5/18/2026 2:57 PM
306	Capacity building support funding is critical for building the skills to function day to day. But social and community is also a critical component of building resilience and capacity for people with a disability without support to facilitate that you are leaving people stuck inside unable to contribute to or access their community. You may as well lock them away in an institution at least then they won't be alone	5/18/2026 2:50 PM
307	This is an appalling suggestion by the minister. Reducing people's social participation by 50% will ensure people will not be able to travel outside their homes for community activities, see friends, keeping in touch with their families or seeing their doctor's or specialists.	5/18/2026 2:47 PM
308	Medical degree? Psychology degree? How are they making these decisions - better be on medical evidence.	5/18/2026 2:44 PM
309	This is completely outrageous from a government. I've seen ignorant members of the public make comments like - "just cut everyone's plan by 50%!" That the government actually wants to do this is disgusting and misguided. I don't know where to begin with explaining this.	5/18/2026 2:32 PM
310	We have a right to a dignified life. We should be able to participate in society.	5/18/2026 2:08 PM
311	Cuts to social and community result in an increase in decline on mental and physical health resulting in higher hospitalisations Increase for some in anti social behaviours resulting in higher court costs and incarceration costs when goals are already past capacity (full)	5/18/2026 1:57 PM

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312	My blind friends and I rely on this category of support more than anything. It is what enables us to get out into the community and access otherwise inaccessible activities. It gives us some degree of independence.	5/18/2026 1:49 PM
313	The plan should reflect the individual's needs. These do not cease or reduce by 50% just because the Minister makes a decision!	5/18/2026 1:47 PM
314	Cutting funding with no justification is ridiculous, there should be a valid reason.	5/18/2026 1:20 PM
315	Disabled people should have the opportunity to get the help they need to engage with "full" life in the community.	5/18/2026 1:05 PM
316	Community participation is a flawed area as it only works for some. But capacity building is essential especially for young people!	5/18/2026 12:52 PM
317	Ministers have NO right inflicting trauma on the disabled. Ministers do NOT experience reality for the disabled	5/18/2026 12:48 PM
318	That increases the isolation of participants. Medical appointments will be affected if no support is available and any hint of social participation will be dramatically reduced or non-existent.	5/18/2026 12:45 PM
319	Again see comment above the minister has zero knowledge or understanding of the nature of my disabilities or my needs, that's why I have health professionals who do reports and outline my needs very clearly.	5/18/2026 12:34 PM
320	Where do they think these people go who are in day programs which take up most of their core funding. If they cut it by 50% who do they think will look after them, not the providers I can guarantee you as they will only take the people requiring less care.	5/18/2026 12:28 PM
321	This is a generalised cost cutting measure taking no account of the needs of individual participants.	5/18/2026 12:06 PM
322	Being misused and overused by carers. Should access community options available	5/18/2026 11:34 AM

Q21 If funding is reduced for social, civic and community participation and capacity building supports, what do you think is most likely to happen? (Please choose all that apply)

Answered: 1,098 Skipped: 289



ANSWER CHOICES	RESPONSES	
Very little impact	0.46%	5
More isolation for people with disability	92.62%	1,017
Less participation in community and social activities	92.99%	1,021
Less building of skills and independence	90.26%	991
Worse mental health outcomes	94.08%	1,033
More pressure and stress on families and carers	93.08%	1,022
More reliance on unpaid supports	84.24%	925
Less people with disability and unpaid carers in paid employment	79.05%	868
Fewer jobs for Australian workers	62.66%	688
Unsure	0.82%	9
Total Respondents: 1,098		

#	OPTIONAL COMMENT:	DATE
1	This not only impacts participants significantly, it removes 50% of those personal care workers who are employed to support the participants, and the carers that need to take up this extra responsibility- they can no longer work. A lot more people on unemployment and it will make homelessness explode as no one will be able to afford rents/mortgages/food/electricity and water bills, we will also see a significant increase in mental health care needs and higher burnout and suicide numbers (including those carers taking the participants lives as they see no other way as a result of these changes)	5/25/2026 10:15 PM
2	carer burnout - may increase crime/murder cases more people may become homeless, or no carers for the participants and they will be stuck in their own world.	5/25/2026 6:05 PM
3	Greater reliance on SIL which means rooming houses	5/25/2026 4:51 PM
4	Higher rates of death and self harm will ensue.	5/25/2026 3:13 PM
5	More reliance on the health system and other systems, without commensurate increases in funding	5/25/2026 2:19 PM
6	The knock on effect is exponential! This decision is very shortsighted, disability participants are not commodities and should not be treated numbers in the red on a spreadsheet to mitigate!!	5/25/2026 1:21 PM
7	The above list of delirious outcomes to cut in this funding level are very comprehensive and a great concern	5/25/2026 1:11 PM
8	Families of young adults who cannot take on near full time caring supports if the young person needs high care will have to consider SIL accommodation much sooner than was planning	5/25/2026 7:47 AM
9	I think this part of the bill is against human rights and is draconian and quite frankly horrendous.	5/25/2026 6:28 AM
10	Complete isolation in the home for many with complex needs. Complex physical participants require more time just to transfer in and out of their homes before social interaction can even occur. Currently and in the new bill this isn't taken into account	5/24/2026 6:59 PM
11	Carer stress is a major issue and without these supports there is no opportunity for other services to supplement the support of a carer.	5/24/2026 4:33 PM
12	This change will significantly impact participants ability to engage in community, social and real world experience. It will also reduce opportunities to build independence, confidence and social skills.	5/24/2026 4:30 PM
13	I have no informal supports to help care for my children and so will have to stop studying and give up returning to the work force after 22 years being on Centrelink payments and my family will become isolated and our financial situation will continue to worsen and my marriage will fall apart because we need two incomes and we can't do that without help with our youngest child who struggles to leave the house.	5/24/2026 4:28 PM
14	Unpaid supports will not have any training- to suggest this as unfathomable thinking	5/24/2026 4:26 PM
15	The mental health of my son will deteriorate again. I already have all sharps locked up in my home. I am so worried that he will regress.	5/24/2026 4:06 PM
16	The ripple effect will be enormous.... people will loose jobs, businesses that operate ethically will cease and disabled people will loose connection to their community's	5/24/2026 3:56 PM
17	I must say that my community access and capacity building (physiotherapy) funding has significantly helped improve my symptoms, which ultimately means that I impose less on the healthcare system. I think any savings in this area that the NDIS sees, might be seen as a higher cost to the healthcare system.	5/24/2026 2:07 PM
18	Cannot believe open the door then shut it.Do not trust any politician in Australia. All about yourselves	5/24/2026 1:47 PM
19	It will reduce preventative care and increase instances needing support	5/24/2026 1:45 PM
20	Increase in people accessing voluntary assisted dying.	5/24/2026 1:24 PM
21	People with disabilities have a RIGHT to participate as part of their community. The government wants them put away so no one sees.	5/24/2026 12:46 PM
22	We will become hidden again. There is a reason group homes were stopped.	5/24/2026 12:43 PM

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23	Humans as a species are social creatures, to take away funding for individuals with a condition or disability to access social, civic and community participation will potentially add additional pressures to an already broken system in the future as mental health declines resulting in the increase of new supports needing to be address. However, when the government is looking to meet a budget and make the proposal "appear" viable and attractive, long term implications for a short term fix aren't a priority for them.	5/24/2026 12:27 PM
24	I personally know someone on the NDIS who would be completely isolated in an unsafe commuiny withouth the aid of their support workers - with no family, friends or informal supports to rely on. There are also no local government programs in their area. If their social supports are cut, they are a high suicide risk. This situation isn't uncommon.	5/24/2026 12:05 PM
25	How can the government even suggest this? Why don't the adults that I care for deserve to be part of the community like everyone else? How am I supposed to do it all? I'm the only informal support. How can I do it all by myself? Give up my job, again???	5/24/2026 12:00 PM
26	Death	5/24/2026 11:43 AM
27	Many suicides.	5/24/2026 11:37 AM
28	If the Gvt actually had better stewardship over the program and the our of control issue of "independent support workers" charhing a rate that is meant for an organisation and are largely unskilled. Rather than control the REAL problem - indpeendent support workers and the dsw sector who misuse this funding - cut the funding provided for PED!! Appalling!! Could it be that they have a union??? The pub test knows where the problem is but the gvt seem to brush it under the carpet and penalise PWD more and more!!	5/24/2026 11:34 AM
29	It would depend on the disability as some people can live a very fulfilling life this seems to be the majority of people whose see taking advantage of multiple opportunities right down to having extra money in their pockets when they could be out working and those that do should be commended and supported particularly if there is no transport eg regional	5/24/2026 11:32 AM
30	It will put more strain on the current mainstream systems that are understaffed, unfunded and inadequate. Higher deaths of disabled people and end it more families and carers murdering disabled family members and friedns as well as individuals with disabilities dying or killing themselves.	5/24/2026 11:30 AM
31	Suicide rates would skyrocket, anyone with mental health conditions would have breakdowns (at the very least). People without our debilitating conditions should have no right to restrict our access to everyday activities	5/24/2026 9:59 AM
32	I think there would be more support workers who value their jobs and would encourage independence. Too many of the support worker think if they don't skill up, their jobs are secure! Services believe if they don't skill up, they will have regular funding coming in as well.	5/24/2026 9:27 AM
33	More strain on the already overstrained health system as a direct result	5/24/2026 9:24 AM
34	Long term fiscal impacts with less disabled people joining the workforce paying less tax over the next 10-15 years. This scheme is not a 4 year government cycle, it is a long term support system to improve independence and outcomes over their lifetimes.	5/24/2026 8:45 AM
35	This will not only affect people with disabilities and their support networks but also Australian businesses with models built on NDIS support.	5/24/2026 6:52 AM
36	As above	5/24/2026 6:50 AM
37	Also fewer PWD in jobs	5/24/2026 5:54 AM
38	Endless and far reaching consequences. Im an employer i will be forced to close my business making 14 people redundant	5/24/2026 5:32 AM
39	Strain on an already breaking allied health sector resulting in less access to therapies	5/23/2026 9:59 PM
40	What is not listed is increased deaths and hospitalisations of people with a disability. Increased ableism within the community. Loss of human rights for people with a disability. Worse levels of inclusion in our general communities.	5/23/2026 7:29 PM
41	Increased risk of self harm and suicide particular for teenagers and young people	5/23/2026 7:26 PM
42	A large impact on women who are more often carers.	5/23/2026 6:43 PM
43	I know several young adults who volunteer too, it allows them to feel they are contributing members of society, helps with self worth .	5/23/2026 3:21 PM
44	The vast majority of unpaid carers are women. This is Handmaid's Tale stuff - forcing	5/23/2026 1:24 PM

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women back into the home. I was an unpaid carer for decades. My son, who has complex support needs, severe intellectual disability and level 3 autism is now in supported independent living. The fact that he had NDIS supports available through his tween and teen years meant that I was able to complete a Bachelor of Arts part-time, online, during this time. I am now doing a PhD and contributing new knowledge to society. If these changes had been in place during those years I would not have been able to study. These changes are and attack on our human rights - disability rights, carer rights and women's rights.

45	In my case, it will radically increase my exposure to violence and abuse in the community.	5/23/2026 9:56 AM
46	People with intellectual disabilities will have more mental health problems depression included. Personal experience mood changes being down mentally for my son if he's not being social.	5/23/2026 9:29 AM
47	The big registered providers have invented sharp practices which take more funding than the agency provides for their services. Group supports are funded under community participation. Recently, due to funding periods and sharp practices a young adult was unable to "work" in the sheltered workshop he'd been at for years and he was very unhappy. This should never happen.	5/23/2026 6:27 AM
48	Many people with disabilities work in the disability sector	5/23/2026 5:19 AM
49	I do agree that this party of the ndis funding is where people have taken advantage of the system. This should be a parental responsibility when it comes to things like paying for sport access etc. The funding should cover a carer to support if needed, but not for the activity itself	5/23/2026 4:13 AM
50	For each dollar spent the economy grows, this will be disastrous and cost not only carers jobs but the economy economy at large and small local businesses will lose customers from both disabled people being stuck indoors and their carers having less money to spend.	5/22/2026 6:47 PM
51	Disastrous outcome for participants and the economy.	5/22/2026 6:23 PM
52	It is discrimination	5/22/2026 4:27 PM
53	Likely see a higher rate of suicide	5/22/2026 4:18 PM
54	Again, I cannot believe that the government has been funding a smear campaign against legitimate allied health providers and legitimate supports. I also cannot believe the media and government are so aligned in targeting the basic social human rights of NDIS participants to access social, civic and community participation and capacity building supports. How dare they say that a participant does not have the right to have support to access activities that they find enjoyable, but cannot do on their own.	5/22/2026 1:51 PM
55	People with disabilities should not be restricted to their home. This takes away a basic human right and will lead to severe mental health issues. We all struggled when Covid hit and had to stay home, how do you think this will impact someone who forced to stay indoors on a permanent basis?	5/22/2026 1:48 PM
56	Stupid stupid policy on the Govt's part	5/22/2026 1:23 PM
57	it will cause certain death to some. Unable to attend medical/therapy appointments, certain depression due to loneliness and sense of purpose in life as stuck at home 24 hours a day endlessly with no outside contact. Will raise the suicide numbers.	5/22/2026 12:24 PM
58	A lot of that money for me is about getting to appointments with doctors and specialists. It would put me at risk. The other day my eye swelled up, I had to attend a doctor and after a specialist. Without social support funding i would have been able to attebd	5/22/2026 11:59 AM
59	In the long run it will end up costing more	5/22/2026 11:52 AM
60	More admissions to hospital due to preventable causes (falls, malnutrition, dehydration,constipation, pressure areas and more) We've already seen mental health impact in community groups of participants asking about voluntary assisted dying.	5/22/2026 10:43 AM
61	I don't even know how to describe how bad of an idea this is	5/22/2026 10:33 AM
62	Yes I lost my job due to this situation	5/22/2026 5:56 AM
63	I feel there would be much higher suicide rates & more incidents of murder/suicide where families cannot cope. The mental health of the people who effectively get kicked off ndis & the carers will deteriorate rapidly causing a bigger burden on the health care system.	5/22/2026 5:22 AM
64	I would be at a loss	5/22/2026 3:17 AM
65	This change would mean I could no longer work, and we would loose our home and face	5/21/2026 9:29 PM

financial and housing insecurity. It would also result in increased violence within our home. There are no other supports for this - we have tried.

66	Disabled people deserve to enjoy leisure activities and outings as well as medically necessary aid. If we ignore this for a moment, why would we also reduce capacity building supports? Those are not 'extras' or 'nice-to-haves'. These include appointments with allied health. The very people who help to improve our quality of life through pain reduction, improved communication, improved life skills to increase autonomy, self-determination, the ability to work or hold down a job, and improved mental and physical health. These are core to the reason for the NDIS!	5/21/2026 9:13 PM
67	An increase in pressure on our already strained health system, justice system, education system and child protection system	5/21/2026 7:03 PM
68	The economy is going to be destroyed	5/21/2026 5:32 PM
69	This pressure will mainly fall on women as unpaid carers and may mean some carers will need to leave the workforce and create more poverty for those with disabilities and caring for people with disabilities.	5/21/2026 3:29 PM
70	The impact on unpaid carers is going to be insane. Mothers will burn out and need their own care, families with a person with disability will be all living in poverty	5/21/2026 3:16 PM
71	This is massive. I do feel that paying for holidays should go. But maybe it should be looked at how many people are using and accessing the funds. How often and maybe there could be more restrictions around how it's used in the sense of therapy assistance, and making sure people with disabilities are accessing their appointments, and social participation like sports or recreational. And yes. Families who are in burn out need a break.	5/21/2026 1:19 PM
72	People will die. This is the funding I use to attend medical appointments. I already have to delay and/or reduce my medical care. I have no informal support. Without funding I can't even access emergency care.	5/21/2026 12:21 PM
73	The media portrays social supports as coffee and haircuts, with support workers on their phones. The supports provide opportunities for people with disability to live a fulfilling life, to engage in their community, work work, live and have a good quality of life, not just barely survive and be grateful for scraps.	5/21/2026 12:17 PM
74	Without these supports, there will be a guaranteed increase in isolation and mental health impacts. Already, disability has a major influence on how isolated a person is and their likelihood of finding a life partner (e.g. the DSP rules impose a financial burden on any employed person that chooses a disabled partner). The economic impact to removing so much support work will be felt heavily by Centrelink. I suspect there won't be much net savings to the government from this move, it may actually increase net costs borne by other departments.	5/21/2026 11:38 AM
75	I will not be able to work so will they raise the carers payment so we can live above the poverty line instead?	5/21/2026 11:11 AM
76	Death will also occur.	5/21/2026 10:57 AM
77	Increase in deaths and increase of hospital resources.	5/21/2026 10:46 AM
78	Catastrophic, people went mad during Covid from restrictions for short periods, yet this is what the government is proposing to force onto pwd?!	5/21/2026 10:39 AM
79	It won't be very long before I'm dead. I'm barely able now with the tiny supports that I have.	5/21/2026 10:25 AM
80	Yes all of these are major concerns. Again, another high risk high stakes issue. Regarding participation- Why isn't more happening in different industries and sectors to employ people with disabilities? They want to contribute to the economy and train towards this yet no incentives to back this up so that employers take on people with disabilities. Why?	5/21/2026 9:14 AM
81	It not only affects people with disability, but unemployment and local businesses	5/21/2026 7:02 AM
82	Create bigger divide between disabled people and able bodied people.	5/21/2026 6:55 AM
83	Providing people with the supports they need to participate in society is likely to save money in the long run	5/21/2026 6:35 AM
84	Women/mothers are most likely to have to do unpaid carer work in this situation. This will mean less workforce participation and more pressure on families, specifically women.	5/21/2026 5:43 AM
85	I worry about the impact. This will have on my Mum who is my primary informal Support. After I moved into special accessibility accommodation three years ago I now live	5/21/2026 5:43 AM

approximately 30 minutes away from her. She still has to regularly come and provide me with support. To add extra context, she still works full-time, is the primary caregiver for my nephew and brother-in-law after the death of my sister (my other main informal support before her passing) and has to do a lot of admin for myself and for my young nephew who is also on the NDIS. She's also a grandmother to other grandchildren and would like to spend time with them and with my brother and her other family. The wonderful opportunity that NDIS gave me was the ability to move out of home and live independently with Support. This changed my relationship significantly with my mum and my siblings in a positive direction. I now feel like my relationship has gone back towards one where my mum is more my carer rather than my mother. We often don't talk about things except for things relating to my care and the NDIS.

86	Everyone suffer	5/20/2026 11:57 PM
87	I think people don't realise this funding supports community access for shopping, personal care/appointments and employment. Arbitrarily cutting this support category won't just impact participants and informal carers, it will tank the economy:	5/20/2026 8:21 PM
88	I think these supports are often underestimated because they aren't always seen as "essential" in the same way as personal care or equipment, but they play a huge role in preventing isolation, maintaining independence and reducing long-term strain on families and the broader health system.	5/20/2026 7:14 PM
89	Families cannot rely on goodwill from strangers to live. That's what is being asked of us.	5/20/2026 6:55 PM
90	It would be better to run a campaign to give people a positive view of people with disabilities. This policy further excludes disabled people, we need them to be seen more and included more. Increase accountability for people taking the money and failing to do their job!	5/20/2026 6:40 PM
91	This will be devastating for not just the participants but also put people out of work. Also families will no longer be able to go to work. The government clearly don't understand the major impacts this will have on so many people.	5/20/2026 2:33 PM
92	Hugely detrimental to society and the Australian community as a whole.	5/20/2026 2:28 PM
93	More sexual & physical abuse, neglect, exploitation, and deaths in institutional and congregate settings such as nursing homes and group homes; longer waiting lists for health care services (with or without private insurance) as beds are taken up by disabled people trapped in hospitals.	5/20/2026 12:51 PM
94	More pressure in hospital systems and ambulance as for some of us this is how we go to rehab and specialists and if it means choosing between that and going to work or participating in community then that's not fair	5/20/2026 11:52 AM
95	Serious mental health outcomes. Our community is already so isolated.	5/20/2026 10:57 AM
96	Clearly we want to go back to the time when ppl with disabilities were not seen but just a problem some families had	5/20/2026 10:50 AM
97	I think the most likely outcome is that people's worlds become smaller. When social, civic, community participation, and capacity building supports are reduced, the impact is often not immediate dramatic collapse — it is gradual loss of: * connection * confidence * independence * routine * skill development * opportunities to participate in everyday life Over time, that can become very significant. I think we would likely see: * increased social isolation * more people staying home * reduced community participation * worsening mental health * increased carer stress and burnout * regression in functional skills * fewer opportunities to build independence * increased crisis presentations later For children and young people, I'd worry about: * school disengagement * reduced participation in extracurricular activities * loss of opportunities to develop social and emotional skills * increased family stress * greater long-term support needs For adults, it may look like: * losing confidence to leave the house * reduced employment or volunteering opportunities * loss of routine and purpose * increased reliance on family supports * deterioration in emotional wellbeing Capacity building supports are particularly important because they are often preventative and future-focused. They aim to help people: * develop skills * increase independence * improve regulation * strengthen communication * access community safely * reduce long-term reliance on higher-intensity supports If those supports are reduced, I think there is a real risk the system becomes more reactive and crisis-driven instead of preventative. As an OT, one of the biggest concerns is that participation itself is therapeutic. Community access, meaningful activity, relationships, autonomy, and routine are deeply connected to health and wellbeing. These supports are often what help people maintain: * identity * belonging * emotional regulation * confidence * resilience * quality of life Without them, families and unpaid carers will likely absorb more pressure. And many	5/20/2026 10:50 AM

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families are already stretched beyond capacity. I also think the impacts will not be equal. People with: * strong family support * financial resources * private therapy access * transport * flexible employment may still find ways to participate. People without those advantages may become increasingly isolated. That's why many people are concerned these cuts could unintentionally shift the NDIS away from supporting participation and inclusion, and toward funding only the most basic or crisis-level needs.

98	Therapist travel was cut from my daughters last plan and we were told we had to use social and community participation funding to have a support worker take her to appointments - now what do we do when social and community participation funding is cut?	5/20/2026 10:45 AM
99	The focus should be on the problems with NDIS admin rather than punishing those it is meant to support - this international standard system gave many people a chance to improve and thrive with the required therapy and support they needed to live dignified and independent lives - so yes all of those issues listed are guaranteed to occur for many - deeply concerning	5/20/2026 9:31 AM
100	People will die. They won't be able to get to appointments either.	5/20/2026 8:58 AM
101	The govt is actively contracting an entire industry. Cutting employment, not addressing disability needs. Where is support for active driven participants looking for a productive life and associated life rewards	5/20/2026 8:48 AM
102	And a real possibility of carer burnout leading to high risk of mental health crisis.	5/20/2026 6:23 AM
103	Segregation and isolation is a restrictive practice. That is government force of a Restrictive Practice	5/20/2026 6:13 AM
104	Parents and carers can't work. Gonna be a whole lot of people signing up for Job Seeker Allowance.	5/20/2026 5:18 AM
105	Snowball effect....catastrophic.	5/19/2026 11:35 PM
106	You are going to end up with dead carers or dead participants Tell us Minister what are these magical community groups you speak of that people with disability are going to join that do not even exist	5/19/2026 11:04 PM
107	Aside from the obvious impacts on people with disability, people that have built honest businesses will lose them and the economy will be even worse off than it is now.	5/19/2026 10:12 PM
108	Our society is better as a whole when we have our disabled people included as an active part of the community. Our society's morals and values degrade without our vulnerable people being an example of acceptance and respect for everyone	5/19/2026 8:49 PM
109	People with disability suffering harm and neglect	5/19/2026 8:27 PM
110	Unemployment will soar. The disabled community will be unable to participate in society, get to appointments and have a life. Carers will have to quit work or take time off work, losing pay. I thought Albo was an economist?	5/19/2026 7:45 PM
111	During COVID people demanded to be allowed out of their homes during lockdown. Now people think that keeping disabled people mostly housebound isn't cruel.	5/19/2026 7:14 PM
112	I also foresee people with disabilities having less access to medical care as many are reliant on paid supports to get them there.	5/19/2026 7:14 PM
113	Overwhelmingly carers are women - you are effectively telling women they cannot work and must do unpaid care.	5/19/2026 7:12 PM
114	It's unfathomable they'd be so cruel to do this.	5/19/2026 7:10 PM
115	I have already seen this happen. Ministers should be held accountable for the irreparable damage they are going to cause participants.	5/19/2026 6:36 PM
116	The impact on the future of Australia will be huge - you will have a lot of people who will be unable to be functional and contributing members of society in the near future.	5/19/2026 5:36 PM
117	I dread to think the pressure it would put on my family.	5/19/2026 5:32 PM
118	The links to community participation and connection to positive mental health outcomes is evidence based.	5/19/2026 4:43 PM
119	This is the very worst idea. The Minister is deluded if he thinks mainstream Australia is standing with open arms waiting to support people to 'access typical mainstream things' without adequate support. Why did the NDIS come into being in the first place. This suggestion keeps me awake at night for both my son and my sister. I'm 69yrs old and	5/19/2026 3:41 PM

	cannot be expected to support both a sister and a son in their every day lives. What about mine???	
120	These things are literally what has happened to my family already when we have been between plans and without our current ndis supports. Isolation, inability to work full time...	5/19/2026 3:33 PM
121	Putting disabled people in unsafe situations where they must rely on help from unsafe or abusive partners/family members in order to access resources.	5/19/2026 2:22 PM
122	as an unpaid carer my work always has to be impacted as it is because my LO can't access support through her funding- how broke fo I have to continue to live	5/19/2026 1:33 PM
123	Everything is worse. Due to social isolation more violence, abuse, neglect and exploitation will also occur to people with disability. Gender inequity will increase as women make up the vast majority of unpaid carer roles.	5/19/2026 1:09 PM
124	Removing funding for social participation supports sends the message that people with disability should survive rather than truly participate in society. These supports protect basic human rights, wellbeing and community connection. Removing funding for capacity building supports risks undoing the gains already made by people on the scheme.	5/19/2026 12:58 PM
125	I'll just be home alone 24/7 seeing no-one, hearing from no-one, feeling unwanted and worthless so I'll probably end my life and save Australia some money.	5/19/2026 12:01 PM
126	Higher impact to function. Greater needs and greater costs. More need for SIL and Hospital. Without social my husband has no purpose. This reduces his functioning and makes him impossible to live with (SCA17 with dementia symptoms)	5/19/2026 11:58 AM
127	This will have a HUGE negative impact on participants and their families and could literally be dangerous for some	5/19/2026 11:15 AM
128	I 'need' these supports or I would not have any social participation.	5/19/2026 10:12 AM
129	Under the impression I had sufficient funding for social and community support, I bought an accessible van fully at my own expense as a pensioner, to overcome access barriers. Now I will need to sell this van at a loss, as halving my social and community funding in a rural area makes it a white elephant. My life returns to HOUSEBOUND. NDIS purpose has failed me completely.	5/19/2026 9:39 AM
130	Families will need to relinquish care. More burden on systems. Families will burn out.	5/19/2026 9:31 AM
131	Horrific outcomes. I use this funding to see doctors. without it I can't see a doctor or go to an emergency department or have medical treatment. I might die.	5/19/2026 9:28 AM
132	It will increase suicide	5/19/2026 9:19 AM
133	I'd also add that this would place a heavier burden on existing agencies that are already struggling to keep up with the demand of supporting these participants. Such as hospitals, mental health supports etc.	5/19/2026 8:56 AM
134	So many concerns here, and it's important to think about all the negative effects for people, families, carers and workers. People losing their jobs means they won't be able to pay rent/mortgages - greater reliance on welfare, increased homelessness, suicides.	5/19/2026 8:56 AM
135	Less community events and interaction.	5/19/2026 8:19 AM
136	this will be a small short-term NDIS financial saving with enormal long-term economic and (more importantly) human costs	5/19/2026 8:09 AM
137	Downfall of employment and less services is not a desirable result.	5/19/2026 7:31 AM
138	Deaths	5/19/2026 7:29 AM
139	This whole proposal is ridiculously knee jerk idea and will have massive down stream consequences	5/19/2026 7:12 AM
140	As a parent I will not be able to work and pay tax pushing us further into poverty.	5/19/2026 6:24 AM
141	It will cause unemployment, damage to the economy, harm & death to vulnerable people	5/19/2026 6:00 AM
142	People without informal support will die	5/19/2026 5:34 AM
143	The proposal to move people toward community hubs and group-style supports risks returning many Australians with disability to institutional-style care arrangements that the NDIS was originally designed to replace. Removing community supports removes inclusion, autonomy, agency, and participation — the very foundations upon which the NDIS was established. People with disability are already among the most marginalised and vulnerable	5/19/2026 5:16 AM

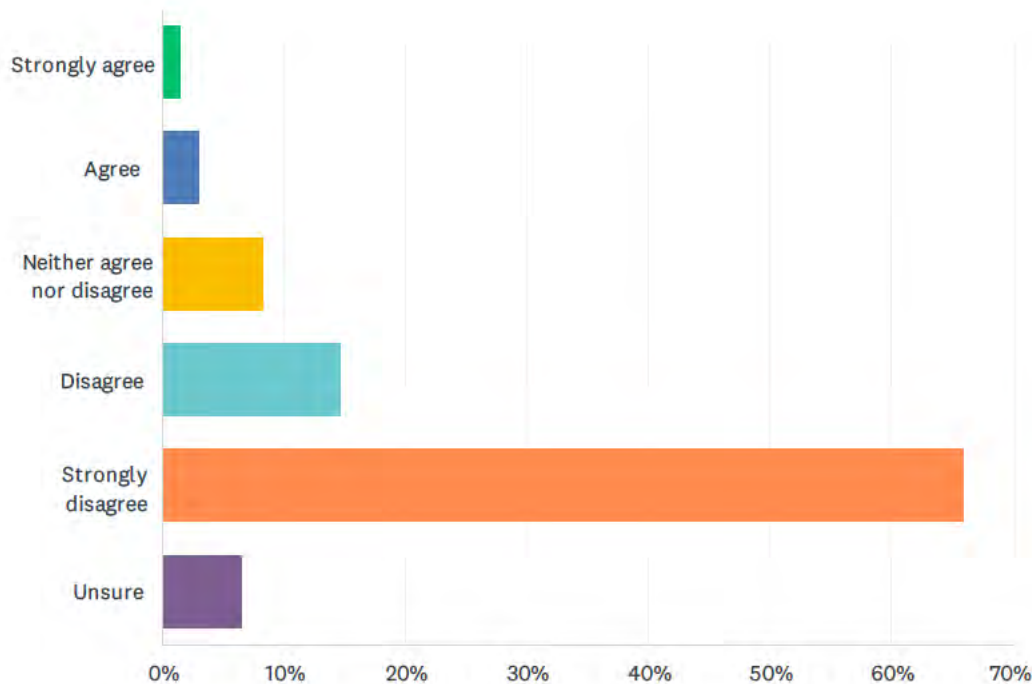
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members of our community. These proposed changes risk increasing discrimination, isolation, and inequity rather than improving outcomes.

144	Increased burden on healthcare system when people deteriorate rapidly	5/19/2026 5:15 AM
145	More suicides.	5/19/2026 4:07 AM
146	Puts us in a vulnerable position with informal carers family members frustrated and treating us worse as they dont handle being with us and our disabilities and also work themselves to support the household.	5/19/2026 3:00 AM
147	I also worry that reducing community participation funding reflects a misunderstanding of what these supports actually do. For many participants, community access is not just recreational. It is therapy in real-life settings. It is where people practice communication, emotional regulation, safety, independence, and social interaction. Cutting these supports may reduce spending on paper in the short term, but it risks creating greater human and economic costs over time through increased crisis intervention, hospitalisation, school refusal, mental health deterioration, and loss of independence.	5/19/2026 2:18 AM
148	Less people will be able to access normal daily activities like shopping etc	5/18/2026 9:15 PM
149	More disabled people stuck in group homes experiencing violence, abuse, neglect and exploitation.	5/18/2026 9:13 PM
150	Also: while I totally support using community participation for going to the movies or a cafe if that's what you want, I've never used mine that way (even though I have enough funding to do that sometimes) because I'm too exhausted and overwhelmed after using that same funding pool to get me to appointments, do grocery shopping, and pick up my meds. That's all I've ever used it for, and I wouldn't be able to do my shopping in person or go to appointments as frequently as I'm recommended to without it.	5/18/2026 8:52 PM
151	Call premise of the NDIS was to support people with disabilities to participate in society with choice agency and autonomy. To take this away now is not only cruel. It will produce significant increases in mental health issues in people with disabilities their families and support supports. There will be an increase in mutual terminations of Existence.	5/18/2026 8:50 PM
152	Carer fatigue and burnout. Informal supports will not survive and there will be reliance on the state	5/18/2026 6:44 PM
153	Massive impact, not saying the idea is wrong, just the cutting the critical needs is wrong.	5/18/2026 6:33 PM
154	Unpaid supports may not even be available in the first place.	5/18/2026 5:59 PM
155	Being part of your community keeps you safe	5/18/2026 5:58 PM
156	For my child it means he might not be able to live at home anymore. And that is unimaginable .. his whole world is his little outings into the community it means we wouldn't be able to holiday together btw I pay for his sw to travel with us it's just suportot hours claimed so I pay double of other families but must take my sons trusted supports with us. This must be removed from the bill the ramifications are to great for some us included.	5/18/2026 5:57 PM

Q22 The NDIA already has to decide what supports are “reasonable and necessary”. The Bill would require the NDIA to prioritise saving money and being “fair between participants” when making those decisions. What is your view?

Answered: 1,083 Skipped: 304



ANSWER CHOICES	RESPONSES	
Strongly agree	1.48%	16
Agree	3.05%	33
Neither agree nor disagree	8.31%	90
Disagree	14.59%	158
Strongly disagree	66.02%	715
Unsure	6.56%	71
TOTAL		1,083

#	OPTIONAL COMMENT:	DATE
1	Taking care of vulnerable people is more important than money	5/26/2026 7:30 AM
2	This is outrageous to think money so blatantly comes before someone's wellbeing, it is so un-Australian it makes me feel like we would be living in a 3rd world country - these aren't luxury items we are talking about these are critical needs for a person to function in life - the participants didn't ask for the condition(s) that require them to need these levels of support and I am sure anyone of them wishes their life was different. if the government want to work out what is fair and equitable they need to put better technology in place for scrutiny over every invoice that uses NDIS funds for payment, every single invoice should follow strict guidelines (set down by the NDIS in conjunction with the disability sector)- ie: standard functional supports, participating in daily life supports, consumable expenses etc consumables should be pre approved and part of that pre approval process the invoice should be accompanied by a letter from the health / suitably qualified professional stating	5/25/2026 10:15 PM

	the need and outcome of such expenditure), they system should be looking for red flags of rorting and these mess to be investigated by someone in the NDIA within 7 days and if needed referred immediately to the AFP (there should be a dedicated taskforce that investigate these) the government have already identified that rorting is happening - stamp that out and there will be enough money for everyone that need it without putting the country into further debt and it will no longer be the money pit of the country	
3	Saving money. Really, this is just the government's subconscious way of saying suicide is a great idea, infanticide is a great idea, actually do the whole family is a great idea. They're not leaving much choice	5/25/2026 6:07 PM
4	I literally don't know what the question is asking! What am I being asked to agree / disagree with? There is no contention requiring my opinion in the statement. Do you mean to ask whether cost saving is more important than being 'fair and reasonable'?	5/25/2026 4:51 PM
5	Disabilities vary so greatly from one individual to another and their circumstances. It's extremely frustrating that this oversimplification is considered as if everyone's experience is identical. This naive perspective exposes a staggering lack of understanding and shows a complete failure to grasp what it truly means to live with a disability.	5/25/2026 4:10 PM
6	So far I haven't seen fairness, I have been treated like my capacity is way higher than it is and my internal review was conducted in contravention of NDIA own guidelines. I have been underfunded and declining due to this. These changes won't make it any fairer on most participants.	5/25/2026 3:13 PM
7	There are no considerations for the fact that some of these supports can save money in the long term. Also, human beings shouldn't be reduced to a budget item - our needs don't go away just because the support does.	5/25/2026 2:19 PM
8	I am an individual and it would be a violation of the U.N.C.R.P.D	5/25/2026 2:04 PM
9	Saving money is obviously needed. Investing in and addressing the fraudulent activity adequately would save a lot more than taking services away from people with a disability.	5/25/2026 1:48 PM
10	The current scheme already sees many planners under provide reasonable and necessary supports , even with allied health reports. Over 70% of ART appeals around this end up with participant requests being upheld. We aren't allowed to get a licence if we fail 70% of the test, why doesn't that apply here? If a drug causes harm (under supported plans cause harm), it would not be allowed. So why is this? Why would we give planners even MORE complex decision making powers when they can't even handle the basic ones -aka how to connect supports to allied health recommendations.	5/25/2026 12:15 PM
11	Decisions made based on saving money are biased and risk overlooking what people truly need to live and participate effectively. I like the idea of being fair across participants but the way this is done needs to take into consideration the other supports that person has available rather than a one size fits all line item.	5/25/2026 10:23 AM
12	Every participant is ndis assessed hopefully this stands true for genuine cases.	5/25/2026 9:10 AM
13	Being fair between participants is very difficult to quantify as you're not comparing apples with apples!	5/24/2026 10:29 PM
14	Stop looking at the participants and look at where the money is really being wasted. Or maybe don't buy submarines.	5/24/2026 10:05 PM
15	Some of the people in NDIA have no experience with disabilities and chronic pain so would not understand	5/24/2026 9:58 PM
16	Everyone's needs are different	5/24/2026 8:31 PM
17	What is saving money on paper will produce risks to participants. Eg expecting vulnerable people to go out into the community with a dreaded ratio of care. What happens when one person heads across a road and another goes in a different direction. The support worker will get the blame for any catastrophe when in fact it is the fault of the funding body.	5/24/2026 8:00 PM
18	If supports are properly costed and funded, it is likely that participants NDIS plans would be sufficient and would reduce the cost to the NDIS of plan reassessment or going to the Tribunal (ART). Too much emphasis has been on cost cutting with very little forward planning and this has contributed to some of the cost blow outs that the NDIS has reported. The focus should be on the welfare of participants and how their disability is best supported.	5/24/2026 7:25 PM
19	We want equity, not equality.	5/24/2026 7:01 PM
20	That sends the message to participatants they are worthless.	5/24/2026 6:59 PM

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21	How is what's 'fair' determined? Everyone is different. Different needs/ environment/ capacity/ family support just to name a few.	5/24/2026 6:59 PM
22	You cannot make blanket changes. This is so unfair and not how disabilities work.	5/24/2026 4:55 PM
23	I think the disability community would need more information in order to provide an educated response to this statement. What would be "fair between participants" when the federal government very clearly wants to save money? At this time, I don't think the federal government is considering people with disabilities as individuals with needs but as numbers on a spreadsheet and that is a dangerous place for a person with a disability as their whole life is at risk and placed into the hands of people who do not have their best interests at heart.	5/24/2026 4:48 PM
24	The NDIA haven't a clue or the Minister what they are doing.	5/24/2026 4:46 PM
25	What is fair in disability? Did I choose to have two children with significant autism? Do my boys have the same level of deficits? Is my mortgage cheaper than my neighbours? This is a nonsense!	5/24/2026 4:33 PM
26	These are people in a place of privilege who don't understand what disabled people are going through and will be given a incentive to reduce funding and get people off he NDIS	5/24/2026 4:28 PM
27	Ridiculous idea. As usual the people making decisions will be driven by the almighty dollar and people with disability will die and kids will be expelled from school because the school system will be in overload	5/24/2026 4:26 PM
28	There are other ways the government can make money. Tax gas exports & leave the most vulnerable of society alone.	5/24/2026 4:06 PM
29	It is unacceptable to say one person's need is more than another.	5/24/2026 3:42 PM
30	A great way to save money would be to implement stops to things like price gouging and corrupt companies swindling us and the system. Oh, and maybe not buying nuclear submarines? That might help the budget a little :)	5/24/2026 3:06 PM
31	I'm unsure if this is an issue. Shouldn't that already be a consideration?!	5/24/2026 2:07 PM
32	Every situation is individual with different needs	5/24/2026 1:24 PM
33	The amount of "proving need" is exhausting already! no body wants a wheelchair thats heavy to lift and takes up half their boot space just for fun! Its necessary to be able to access life as a family at all!	5/24/2026 1:12 PM
34	So many risks.	5/24/2026 1:10 PM
35	That makes it sound like participants are stealing from other participants. This is highly inappropriate	5/24/2026 1:05 PM
36	People making decisions have absolutely zero experience with disability and do not know what participants need. NDIS staff should be required to have a degree is a relevant field, or minimum experience in disability.	5/24/2026 12:46 PM
37	It is reasonable for the minister to have a car provided that he is driven in and airfares paid. It is reasonable for me to have dirty hair because I can't afford to pay for my hair to be washed, and it is unreasonable for the NDIS to pay someone else to do it because I can't.	5/24/2026 12:43 PM
38	While can only imagine the pressures placed on ministers and government relating to financial restrictions and the budget, it is absolutely imperative that something as complex as the system in place for NDIA not be driven by cost effectiveness. Again, the ability for the quality of services and the accessibility will be compromised as well as the potential for more quality and compliance issues to arise from putting saving money first.	5/24/2026 12:27 PM
39	Money spent on disability support goes back into the economy. Money spent on nuclear submarines does nothing. I am disgusted by this decision.	5/24/2026 12:25 PM
40	Let's not pretend this is remotely about saving the NDIS. Losing access to individualised supports will be devastating for disabled people.	5/24/2026 12:05 PM
41	We are talking about human beings here! This is disgusting!	5/24/2026 12:00 PM
42	why punish the vulnerable - try tightening up the people running programs and being support coordinators. They call for two seconds and charge for an hour. Any mug can be a support person - no qualifications and charge an arm and a leg for nothing or not turn up and still get paid, or demand two hours \$ when they are only needed for 1 hour - clean up the other side of the coin.	5/24/2026 11:51 AM

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43	The government has already stated that some people with disability will be worse off than other people with disability just because of their type of disability - no equity whatsoever.	5/24/2026 11:43 AM
44	There is already a very strong view that people with physical disabilities are more deserving of supports. What about those that you can't easily see and quantify.	5/24/2026 11:36 AM
45	Another abuse of power	5/24/2026 11:34 AM
46	No everyone is the same	5/24/2026 11:30 AM
47	I don't quite understand what this question is asking. Maybe bc the change makes no sense. The proposed changes are meant to be fairer but everyone has different needs. It shouldn't be a competition between disable people, they need what they need. It can't be "fair" it has to be based on an individual's needs.	5/24/2026 11:28 AM
48	I don't understand the question	5/24/2026 9:59 AM
49	Total agree. Plenty of support in services could be higher ratios but they choose 1:1 because of the funding participants have	5/24/2026 9:27 AM
50	Fairness is one thing. Saving money is only a short term short sighted goal, when long range forecasts indicate a \$2.25 return on every dollar spent. Government would be shooting themselves in the foot trying to cut funding now, reducing outcomes for individual participants into the future.	5/24/2026 8:45 AM
51	If the NDIA acted on all the complaints that are made around the providers that are currently cohering and grooming vulnerable people then this would save a lot of NDIS funding. The amount of misused funding within this scheme is disgusting. Even the large NFP's have a lot to answer for. Get rid of the EAD's audit the groups that are being charged at a 1:1 - the list goes on.	5/24/2026 8:24 AM
52	Disability is NOT FAIR. Impairment levels and support needs are not equal. The whole point of the NDIS was individualised plans where there was choice and control.	5/24/2026 6:50 AM
53	The gov would rather attack the vulnerable and risk abuse, self harm and destruction of the disability community than reform tax. Generations fought for the "fair go" once aligned as general Australian principles not this hyper capitalist trope	5/24/2026 5:54 AM
54	On what basis was this decided??? Some people have higher needs than others. Less supports than others. just like some are tall and some are short. This is not OK and is risky to those needing high levels of supports and their families.	5/24/2026 5:32 AM
55	What does "fairness between participants mean" and worry it's intentionally vague. Sustainability is important but things like - equity vs equality matter Who decides what's fair - especially with a standardised assessment doesn't consider a whole person. People are the bottom line not money. These are human lives. Priorities are wrong if cost savings are willing to be had at the cost of people's lives.	5/23/2026 9:59 PM
56	People are different and have different needs. To prioritise saving money over reasonable and necessary is very scary and denies human rights	5/23/2026 9:42 PM
57	It is impossible for the NDIS to realistically consider what is 'fair between participants' because participants are all unique and individual. What will happen is the NDIS will just compare to the lowest funded plan, and tell people that is how they are making it 'fair' between participants - by funding everyone inadequately.	5/23/2026 7:29 PM
58	Each person should be considered on their merits and circumstances, not judged by others or averages. Some have family and community supports and others have no one of maybe one family member, often a single mum who is working hard to cope financially, emotionally and physically. Equality and equity are not the same.	5/23/2026 7:26 PM
59	If it means reverting to the lowest common denominator that will have a significant negative impact on participants.	5/23/2026 6:43 PM
60	As i said, find a way te reduce our national debt from covid another way	5/23/2026 4:32 PM
61	I think their focus is only on saving money and not on participants at all. If it were then they would be looking at their own misuse of funds and that by certain providers.	5/23/2026 2:01 PM
62	The very idea that participants, parents and nominees can be told 'sorry, you're access to basic human rights it too expensive right now' is just horrible. And comparing participants with each other like this does not allow for the nuances of participant needs and situations.	5/23/2026 1:24 PM
63	People are individuals. Very few will have the same needs profile.	5/23/2026 12:16 PM
64	This is a recipe for disaster, which in practice, will inevitably dehumanise those us with	5/23/2026 9:56 AM

disabilities to "useless eaters".

65	It's allowing people in NDIS who don't know clients to make choices about them on paper with no understanding of the consequences for the person with the disabilities .	5/23/2026 9:29 AM
66	Support needs are very individualised and should never be compared from one person to the next. They are like fingerprint, unique and individual	5/23/2026 8:57 AM
67	My son already gets less than some of his friends with same age and disability for no good reason.	5/23/2026 8:53 AM
68	There's no feasible way this will have a positive outcome for us.	5/23/2026 8:42 AM
69	Support needs are support needs. The agency could look at better, streamlined administrative processes and preventing fraud and sharp practices for savings.	5/23/2026 6:27 AM
70	There is nothing fair in the system now. Why do people with mental conditions get more from ndis than a permanently disabled person.	5/23/2026 1:33 AM
71	Focusing on saving money puts people's needs being funded at risk	5/22/2026 8:20 PM
72	Equality doesn't mean it's equal.	5/22/2026 8:13 PM
73	Money over needs will lead to deaths participants are individuals and have individual needs and should be treated as such	5/22/2026 7:28 PM
74	This sounds like an approach appropriate to a tax return, not helping people to live their lives. People are not spreadsheets.	5/22/2026 6:47 PM
75	People need the support they need, the point of the NDIS was that people could GET the support they need. We've seen before the NDIS what they think is 'fair', and it was throwing everyone in institutions so they don't have to think about us.	5/22/2026 6:44 PM
76	It's the govts fault the legislation is so grey in the first place.	5/22/2026 6:34 PM
77	This is already such a poorly interpreted concept. How can it get any worse. The NDIS has no concept of the impact of caring for a child with disability, and are quick to justify plan cuts based on 'reasonable' parenting responsibilities. Is it reasonable that because my child can't access school due to disability, and I'm the only informal support, that it's OK I can no longer work and am now providing 24/7 disability care round the clock.	5/22/2026 6:23 PM
78	This will end in people dieing due to inadquate support as well as the ablest views this government has.	5/22/2026 4:32 PM
79	Disability enhancing quality of life and respect should be the prevailing goal	5/22/2026 4:27 PM
80	So far the evidence doesn't support NDIA being fair so why would this change. What is considered reasonable and necessary seems to be a lottery for the person making the decision. No qualifications or framework seems to apply, just lack of life experience or empathy or understanding.	5/22/2026 4:18 PM
81	Not all people with autism(for example) are the same, nor their circumstances. Blanket cuts ignore this basic fact. It puts different conditions into assumed-same baskets, not representing the true situation.	5/22/2026 3:56 PM
82	Equity is about everyone having what they need, not access to the same thing.	5/22/2026 3:05 PM
83	This is a money prioritisation rather than needs of the individual. This is looking at horizon one whilst horizon 2 and 3 would be saving money in the long run with the participation in society.	5/22/2026 2:35 PM
84	Being "fair between participants" is government speak for "we're cutting funds to save money" and we don't give a fuck how it impacts the lives of people with disability.	5/22/2026 1:51 PM
85	Money!! What about lives?? I'm sure the Minusters fat salaries are working nicely for THEM though!	5/22/2026 1:23 PM
86	How do they determine this?	5/22/2026 12:44 PM
87	Reasonable and necessary is so vague, they could do whatever they want.	5/22/2026 12:44 PM
88	this will not save money, it will kill people and create unemployment	5/22/2026 12:24 PM
89	the wording is too obscure and allows for vastly different interpretation by NDIA staff and contractors.	5/22/2026 11:59 AM
90	I guess if you're going to kick one to disabled person in the guts you should be kicking all of	5/22/2026 11:52 AM

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them in the guts. That's pretty much what this means.

91	We all have different needs. Some people might need a quiet life where they only access the community periodically while someone else might need to leave their home everyday. We know what we need.	5/22/2026 11:24 AM
92	These are the kinds of decisions that gets people killed	5/22/2026 10:33 AM
93	Unclear of how what the statement "fair between participants" would be applied	5/22/2026 10:23 AM
94	The current system for NDIA to decide what is fair and necessary support funding is adequate.	5/22/2026 9:52 AM
95	Individual plans will differ because of individual needs and should not be compared to another person's needs.	5/22/2026 6:53 AM
96	I understand the need for fairness but I think the Govt needs to focus efforts on fixing the avenues in which the NDIS can be rorted and stop punishing participants.	5/22/2026 5:56 AM
97	I've already been told I'm not value for money.	5/22/2026 3:17 AM
98	Every participant has individual requirements for support needs.	5/22/2026 12:28 AM
99	Disability does not equally effect everyone. It's like suggestion that everyone moving forward will receive the same dosage of chemotherapy as the government will spend equally on everyone.	5/21/2026 9:44 PM
100	How is benchmarking to other participants appropriate. This is dehumanizing, and to be honest a very disheartening thing to be proposed in Australia.	5/21/2026 9:29 PM
101	Fairness between participants is so subjective. Are we talking about equality or equity? Somwe people require more to be brought up tot he same level of functioning. People with the same condition are also affected differently, with some requiring more or less support than another. Rather than giving everyone the same things, funding should be given based on need. I've been given some supports that I don't really need, purely cause others with my condition usually need them. I'm chosing not to spend that portion of funding, but it's infuriating that it's sitting there when there are supports that I'm not approved for but need. That funding could be helping me in other ways, or helping others who need more supports that they're not getting. If everyone got the supports they actually needed and not those they don't need, I suspect the amount of total funding spent would end up being pretty similar to how it already is. It would even out.	5/21/2026 9:13 PM
102	What is the definition of fair here? what is the criteria here? Fairness is not equality, it is about equity and giving people what they need.	5/21/2026 8:20 PM
103	Having a reasonable and necessary framework is important and valid. This includes separating responsibilities of each government service/department. However, making that decision based on how much it would save the agency is ridiculous. People have changing, fluctuating needs. There is no-one else to provide this support if the NDIS does not. All that will happen in this case, is a transfer of cost to another state or federal department. Those needs do not disappear.	5/21/2026 7:16 PM
104	How can you possibly determine what one person should be getting compared to another based on a value. Fairness isn't legislation is an ideology and value that can't be measured.	5/21/2026 7:03 PM
105	Question was vague in language could not answer	5/21/2026 7:01 PM
106	I dont understand this question	5/21/2026 4:36 PM
107	Saving money over vulnerable peoples lives is not fair or reasonable. This would only be fair if the agency genuinely takes the time to read all evidence provided, to truly get to hear from each participant and understand their daily life and challenges etc Their lives are not just a dollar amount. It's unreal to think the government would prioritise saving money over vulnerable people only to spend it on things like defence for wars no one wants to be a part of	5/21/2026 3:14 PM
108	Again, we are individuals not group pets we all have individual different needs. You cannot put us in groups of similar.	5/21/2026 2:47 PM
109	Not sure I understand this. But what is "fair"? Everyone getting the same or everyone getting outcomes that are the same? It's too vague. Just like reasonable and necessary is.	5/21/2026 12:21 PM
110	It's a basic human right to be able to get out of bed safely Everyday and have the support you need to be safe in your own home to live the way that you choose to live	5/21/2026 12:05 PM
111	I think there does need to be consistency between plans where people have equivalent	5/21/2026 12:04 PM

	conditions and impairments as a result of those conditions. However, I'm concerned that saving money means leaving people without the supports they need.	
112	They do not need to save money as for every \$1 put into the NDIS is creates \$2.3 in economic return	5/21/2026 11:39 AM
113	Who knows what's is reasonable and fair better than the parent or individual	5/21/2026 11:11 AM
114	They should save money by sorting out their bureaucratic overspend before they start cutting front line services	5/21/2026 11:08 AM
115	How can one trust their idea of "fair" especially when we are not all the same and have different circumstances?	5/21/2026 10:57 AM
116	Priority should be saving lives. I'm appalled.	5/21/2026 10:57 AM
117	People first.	5/21/2026 10:46 AM
118	This is Arbtrrsry and not in the best interest if dysavked people. Could be used to cut fair and reasonable supports	5/21/2026 10:43 AM
119	A very dangerous addition that is primed for NDIA to exploit. It only says it needs to be fair BETWEEN participants, not that it needs to be fair FOR participants. So essentially they can do whatever horrific thing they want to your plan, as long as they do that same horrific thing to everyone.	5/21/2026 10:37 AM
120	They are already way off beam when assessing reasonable and necessary and value for money because they don't know the person	5/21/2026 10:34 AM
121	Again, every persons needs are unique and should be looked at this way	5/21/2026 10:26 AM
122	What the ndia already do. This is why they employ lawyers instead of health professionals. This needs to become about the people not about the money. We live in Australia. We can afford this. It's about the choices that we want to make. Billionaires and greedy politicians versus the rest of us.	5/21/2026 10:25 AM
123	The idea of fairness is misnomer. They need to look at what is necessary for each individual.	5/21/2026 10:09 AM
124	Awful that saving money is the determinate. AUKUS anyone??	5/21/2026 9:14 AM
125	There are ways that this could save money reasonably, but I feel participants may be stuck with options that are cheap and poor quality, and inadequate to their needs as an individual.	5/21/2026 8:22 AM
126	It's not about equality, it's about equity. Everyone needs what THEY need, not what a different person with different circumstances needs.	5/21/2026 7:47 AM
127	The reasonable and necessary terms are already cutting/ignoring needed services and technologies	5/21/2026 7:02 AM
128	The main focus being saving money is disgusting	5/21/2026 7:00 AM
129	Prioritising saving money can come from a different budget, not at the expense of disabled people. Life isn't fair people with less money or less family support will need more than someone with the same disability who have a lot of family support and family money.	5/21/2026 6:55 AM
130	Being fair between participants should mean assessing each individual's unique needs and providing for them. Giving the same supports to everyone does not equate to being fair between participants.	5/21/2026 6:35 AM
131	Where the hell is your humanity?	5/21/2026 5:55 AM
132	I do agree that there is often an unfair uneven way that plans are developed not at the fault of particular participants but just whose desk manages to land on sort of thing. I do not think this proposed change is likely to actually make things equitable between participants or reduce the inequality that currently exists in the planning process but rather impacts negatively upon everyone.	5/21/2026 5:43 AM
133	Disability is INDIVIDUAL. We CANNOT compare one PWD against another!!! Everyone's needs ad capacity is unique to them and their circumstances.	5/21/2026 5:40 AM
134	Saving money should be down the list in terms of treatments.	5/21/2026 3:17 AM
135	The only people that know what a reasonable are the participant and the people that help the participants not governments	5/20/2026 11:57 PM
136	It's not about being fair. It's about making sure that each individual gets the funding that	5/20/2026 11:13 PM

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they need.

137	It is clear what this bill is about and that is about cutting costs rather than focusing on the needs of Pwd. It is appalling.	5/20/2026 10:42 PM
138	Fairness is not equity of supports.	5/20/2026 9:46 PM
139	It's a ridiculous strategy that still avoids where the costs are being extorted, so all of this question will happen and is already happening. Not value for money is a perspective, not a viable reason, especially when allied health reports and referrals are ignored and not participant centric.	5/20/2026 8:59 PM
140	No 2 people with the same disability are the same	5/20/2026 8:25 PM
141	We are individuals. What my son needs to live an ordinary life will be different to other people his age with the same disability, and naturally plans will end up being different amounts. Education to the broader public is required so people understand all participants have needs, but these needs aren't the same. We shouldn't be doing cookie cutter plans.	5/20/2026 8:21 PM
142	Fairness is important, but disability support decisions should primarily be based on a person's actual needs and functional impact, not cost-saving measures. My concern is that prioritising budget savings could lead to people being denied supports that genuinely help them stay safe, independent and engaged in everyday life. Not everyone's disability looks the same, and "fairness" shouldn't mean treating everyone identically if their needs are very different.	5/20/2026 7:14 PM
143	Where people have the means I think it is fair to expect co-contributions. The NDIS does also need to be sustainable. More scrutiny would be better- people have been totally taking the piss and claiming all sorts of things that aren't related to their disability- I have even heard of people taking their family out for dinner then claiming the cost back from the NDIS! This is ridiculous and the NDIS shouldn't be punishing people with disabilities who have a genuine need just because successive governments have allowed fraud to run rife!	5/20/2026 6:40 PM
144	That's what all these reports for the NDIS are supposed to be. They are recommendations by highly qualified specialists for that particular individual. The NDIS needs to acknowledge and accept these experts advice and treatment plans for each individual.	5/20/2026 5:25 PM
145	I do not trust what they mean by "fair between participants". Cutting funding so the NDIS can save money is prioritising money over lives.	5/20/2026 5:18 PM
146	they already have decided what is reasonable the necessary, leave it at that, it works as a good boundary/ platform to work to/from	5/20/2026 4:37 PM
147	It makes sense to be a reasonable expense but I feel it'll be worse than what they're saying. I think they're giving us a shit sandwich.	5/20/2026 3:48 PM
148	No issue with fairness but real concerns about the priority being saving money when we are talking about supports for such a vulnerable group of people!	5/20/2026 3:27 PM
149	Unsure what this means in reality. Saving money should never be the objective when it comes to people's lives and wellbeing.	5/20/2026 2:28 PM
150	They cannot judge one participant to be similar to another. There are so many factors involved in what a person requires for support. No 2 participants are the same. Also you should not prioritise saving money over the care of people. It's disgusting to even consider that.	5/20/2026 2:04 PM
151	The NDIA already saves \$2.25 for every \$1 invested in it. It literally costs more to be cruel.	5/20/2026 12:51 PM
152	Having disabilities is not equitable or fair... why should the supports be? Some people need more.	5/20/2026 12:41 PM
153	Equity and fairness are too different things	5/20/2026 11:00 AM
154	what support I need should not have anything to do with anyone elses support. (Maybe I'm misunderstanding?)	5/20/2026 10:57 AM
155	Sometimes the person making this decision has no idea what it actually happening for the participant. And the next day it is given to another admin person who makes a completely different decision.	5/20/2026 10:50 AM
156	I understand why sustainability and fairness are important considerations in a publicly funded scheme. The NDIS needs accountability, consistency, and long-term viability. But I would be very concerned if "saving money" becomes a central driver of support decisions rather than a consideration balanced alongside individual need, safety, participation, and	5/20/2026 10:50 AM

long-term outcomes. The phrase "fair between participants" also sounds reasonable on the surface, but disability support is not always equal in the sense of everyone receiving similar funding or similar supports. Different people have very different: * impairments * environments * risks * informal supports * communication needs * behavioural support needs * participation barriers Treating people "the same" does not always produce fair outcomes. As an OT, I think there is a risk that broad cost-saving priorities could: * reduce individualisation * discourage preventative supports * narrow interpretation of reasonable and necessary * prioritise short-term savings over long-term outcomes * create more rigid planning approaches I'd particularly worry about supports that are harder to measure financially but are still incredibly important, such as: * community participation * emotional regulation supports * therapy * capacity building * support coordination * preventative interventions * carer sustainability These supports can prevent much more costly outcomes later, including: * hospital admissions * mental health crises * school breakdown * family collapse * homelessness * restrictive practices * increased lifelong dependency There is also concern that "fairness" could unintentionally become standardisation. But fairness in disability support often requires flexibility and responsiveness to individual circumstances. For example: * one participant may have strong family support * another may live alone * one may live in a metro area with many providers * another may have almost no local access * one may communicate needs easily * another may rely heavily on advocates Providing identical approaches in those situations may not actually be equitable. I think sustainability absolutely matters. But it should be achieved through: * reducing inefficiency * improving system design * strengthening safeguards * workforce planning * clearer pathways between systems * fraud prevention * evidence-informed supports —not by shifting the focus away from what participants genuinely need to function safely and participate in life. The original intent of the NDIS was to support people with disability to live ordinary, meaningful lives in their communities. I think that principle needs to remain central in decision-making.

157	The idea of equity between participants is appealing, but I don't know how it could work in practice.	5/20/2026 10:18 AM
158	I agree that we need to manage finances to extend the support to cover all participants. Though I don't think this is the appropriate strategy.	5/20/2026 10:11 AM
159	again it isn't really focussing on the issues of NDIA admin rather than genuine support for those that need it through no fault of their own	5/20/2026 9:31 AM
160	Everyone's situation is different. People have individual needs.	5/20/2026 8:58 AM
161	There needs to be consistency	5/20/2026 8:53 AM
162	This is a non-profit support providing service. The point is to support, not to copy the private equity capitalistic model of making things as cheap as possible with the side-effect of reducing quality of life. It's a public service. Not a business. Next thing we know it'll be in the same flawed position as Australian healthcare funding with the insanity of WAUs and loopholes to inflate figures.	5/20/2026 8:48 AM
163	Untrained staff with no background in disability and no experience making decisions!!!!???? The govt will need to lose the financial benefits of these changes to employ experienced and qualified staff. Not school leavers with no experience	5/20/2026 8:48 AM
164	People vary so greatly, it needs to be individually calculated	5/20/2026 8:23 AM
165	The ROI of every dollar spent on NDIS supports reportedly generates \$2.25 to the economy, I don't logically understand why the government would prioritise reducing how much goes into the scheme given its social and economic benefits.	5/20/2026 7:00 AM
166	Fairness is always important but there will be some who require much higher levels of funding depending on their disability. AAC devices, mobility equipment etc are costly.	5/20/2026 6:18 AM
167	People who have disabilities are NOT all the same and cannot be treated as such. This move away from the NDIS original intent	5/20/2026 6:13 AM
168	Im unsure about this. I don't believe the taxpayer should be responsible for 1:1 24/7 care at a cost of approximately \$1 Million per participant and certainly not 2:1 care 24/7. They should be in facilities that take care of them at much less cost ie approx \$200,000 per year instead of 5 times that.	5/20/2026 4:02 AM
169	The government is demonstrating their total disregard for people with disabilities by introducing this Bill. They'll prioritise cost cutting every time	5/20/2026 12:53 AM
170	I believe this is what the Bill aims to do. "Saving money" could be anything...we've been there before pre-NDIS. our son needed orthotics that were v specialised. Therapist already knew provider x (children's hospital) didn't have staff with the necessary skills...but we had	5/19/2026 11:35 PM

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to go through that process (and cost), then therapist had to argue they didn't meet needs to then be allowed to have them made privately. New ones worked. Time, energy, money wasted in the interim: each of these needed to be valued and protected. Instead, process had to be followed when everybody new it was a farce. False economy. Did not endear son or me, exhausted mother of 3 children, simultaneously grieving for our son's co-twin...people are incredibly resilient but games like these waste capacity and tolerance.

171	They already ignore medical advice, scientific evidence, and clear need. This allows them to say that any person's support is "not value for money" at any time. Without appeal. Potentially ending their life with one decision. This is monstrously unjust	5/19/2026 10:38 PM
172	No two people disability have the exact same needs, therefore determining what's 'reasonable and necessary' will differ from person to person. If NDIA are worried about cost, maybe they should consider getting plans adequately funded in the first place to reduce the need to spend money on their lawyers at ART.	5/19/2026 10:12 PM
173	Fails to see economic circumstances of that household, and ability to afford supports.	5/19/2026 9:28 PM
174	Given that for every \$1.00 put into the NDIS, over \$2.20 is put back into the economy, there are other areas the government should be focusing on like immigration and giving money overseas or taxing precious metal and gas companies appropriately that would easily be more viable options than to take from the least fortunate and most vulnerable	5/19/2026 8:59 PM
175	Cookie cutter plans benefit no one. This just makes a bunch of plans that don't meet anyone's needs and give supports people cant use.	5/19/2026 8:49 PM
176	every participant is an individual with individual needs and requirements. There are physical & mental age differences, different living conditions, different levels of unpaid supports, people of different life goals	5/19/2026 8:36 PM
177	So they want to give a pissant amount of funding and it's a survival of the fittest in the grab for funding? Fuck off!	5/19/2026 7:45 PM
178	Decisions made about essential care and quality of life should not be driven by 'saving money'.	5/19/2026 7:39 PM
179	I support fairness, but no two disabilities or disabled people are alike, which begs the question: what is actually fair?	5/19/2026 7:23 PM
180	Nothing about us without us	5/19/2026 7:14 PM
181	How can this possibly be contested. Will that mean someone on a \$1m plan will suddenly get only \$100k, not enough for them to live, to make it fair?	5/19/2026 7:12 PM
182	Saving money is a ruse. The NDIS adds to the economy by allowing us to participate in life. They'd rather shut us behind closed doors than tax people correctly.	5/19/2026 7:10 PM
183	I don't know what some of these things will mean in practice	5/19/2026 7:08 PM
184	They want to prioritise saving money over actual people's quality of life. And though people can have the same disability it doesn't mean it affects them the same. It's not necessarily fair to fund them the exact same either when they may have entirely different support needs	5/19/2026 6:57 PM
185	Not much consistency in current decision making	5/19/2026 6:51 PM
186	We are a democratic society not a Socialist country	5/19/2026 6:46 PM
187	I don't understand this question	5/19/2026 6:38 PM
188	Not sure how they will measure fair between participants, not every person with the same disability is the same	5/19/2026 6:36 PM
189	If the people within ndia understood disability and had the expertise to make these decisions it may work. However none of the workers seem to have any medical background or knowledge of disability	5/19/2026 6:36 PM
190	Algorithm is denial of individual rights to have a funding based on the whole person	5/19/2026 6:27 PM
191	Individual needs should be paramount	5/19/2026 6:14 PM
192	Basically what's the point of the NDIS reasonable and necessary criteria if teh NDIS is going to do whatever the hell they want?	5/19/2026 5:36 PM
193	will 'save money' as cost of participants lives	5/19/2026 5:32 PM
194	As said in previous comments. the NDIA is already known to be slash happy. We don't need more cuts. We need a way to get that lost funding back.	5/19/2026 5:29 PM

195	People's wellbeing should ALWAYS come before saving money.	5/19/2026 4:45 PM
196	Every participant should be considered on a case by case basis	5/19/2026 4:14 PM
197	Not prioritizing medical evidence and need. Too much uncertainty, depends on who you are evaluated by.	5/19/2026 4:05 PM
198	You aren't comparing apples to apples. Every person is different. Some people with similar support needs require very different levels of support simply because they are different people, living different lives	5/19/2026 3:41 PM
199	How can you be "fair among participants" who decides what fairness is when everyone has different evidenced support needs?	5/19/2026 3:33 PM
200	the government's job is to provide support for pwd and other members of the community that need it, not "save money"	5/19/2026 3:29 PM
201	Saving money should never be the priority in meeting individuals' needs arising from disability.	5/19/2026 2:50 PM
202	if he looked at the levels of pay supports are charging he'd save ALOT more money than punishing the people living with the disabilities. What a joke to cut back yet those raking in the money through invoices can continue to do so - seems like the government has not looked at exactly who is draining the NDIS	5/19/2026 1:33 PM
203	The NDIS gives back more to the economy than the money spent on it. This is known. So if you prioritise saving money it will end up costing more. Nobody is trying to as much money as they can out of the NDIS, we are all just trying to get the services we need for an equitable quality of life.	5/19/2026 1:09 PM
204	'Prioritise saving money' - How about the government shows us they are really committed to that by firstly reducing politicians' salaries?	5/19/2026 1:06 PM
205	This change is deeply concerning because it shifts the focus of the NDIS from meeting individual needs to reducing expenditure. Fairness should not mean that if one participant is denied necessary supports, others should lose them too. Equality should not be achieved by lowering everyone to the same inadequate standard. NDIS supports are not luxuries — they are essential to safety, health, participation and survival. Prioritising budget savings over human impact risks devastating consequences for people with disability and their families.	5/19/2026 12:58 PM
206	Every individuals needs are different and so are the families that support them	5/19/2026 12:25 PM
207	By treating everyone the same you are automatically being UNFAIR. People should be treated as individuals. What is fair and reasonable for one is not necessarily fair and reasonable for another even if they have the same disability. Only a human being talking with the participant is able to determine that. RoboNDIS will treat everyone the same but that is fundamentally unfair.	5/19/2026 12:01 PM
208	Fair is equity not equal.	5/19/2026 11:58 AM
209	It should already be fair between participants under current guidelines. The government is confusing equit and equality	5/19/2026 11:23 AM
210	They already do this (deny supports, resulting in harm to participants, because they prioritise cost cutting), but let's not make it legal hey.	5/19/2026 11:22 AM
211	Disgusting. Participants needs are what they are, it's so disgusting and immoral to destroy their lives and independence to save some money. The fact this is even being considered is disgusting and horrifying.	5/19/2026 11:15 AM
212	This is a construct devised by government and fuels division among people. Support is never about others. It is focussed on the individual and what they need.	5/19/2026 11:09 AM
213	People with a disability have no choice. They would happily be freed of it if they could. We are not an expense, we are human beings with needs.	5/19/2026 10:55 AM
214	Money focused NOT need focus.	5/19/2026 10:12 AM
215	Individual needs, goals, aspirations cant be made "fair" between participants in the way this legislation intends. As a minority participant (less than 200 on the scheme) where the nuerological condition with physical, nuerological p, cognitive and sensory impairments is greatly misunderstood, faces bias and discrimination from all areas of society yet is the quintessential NDIS participant, how can I recieve fair funding if not seen as an individual. MS, Parkinson's, Dementia are not my peers, acquired brain injury and spinal cord injuries	5/19/2026 9:39 AM

	are closer, but still miss many areas of need. How can they determine fair when there are 4 categories of impairment and NONE are more severe than the other, but do cause a synergistic response where im more disabled than per one impairment category alone.	
216	I strongly feel the Government is trying to cut costs to the wrong areas. The participants are not at fault here.	5/19/2026 9:27 AM
217	It's just not the right direction to go in, why don't they listen to us - they did a whole royal commission for nothing	5/19/2026 9:19 AM
218	If a support is needed it's needed whether there are others needing supports or not	5/19/2026 9:17 AM
219	The NDIS should be consistent but saving money should not be prioritised above people's needs. This doesn't happen with Medicare and people's health needs, why should it be part of NDIS and people's support needs.	5/19/2026 8:56 AM
220	Saving money should never be at the cost of a disabled person's wellbeing and safety	5/19/2026 8:46 AM
221	Fair between participants is nonsense. What each person needs is different.	5/19/2026 8:24 AM
222	Profit over people is dangerous and will cause death of participants and/or unpaid carers.	5/19/2026 8:19 AM
223	prioritising "saving money" over providing needed supports sounds abhorrent to me and I am deeply ashamed of our government's attitude toward the disability community, and the general populations willingness to go along with it - this is all very unAustralian!	5/19/2026 8:09 AM
224	They are not qualified to judge what is fair between participants. What is reasonable and necessary for me can be very different to another person with the same disability. For example, my late diagnosis makes me very reliant on therapy supports, but I struggle to engage with support workers safely so those supports do not benefit me much whereas I know others with the same diagnosis that feel they get nothing from therapy, but rely heavily on having good support workers available to be able to live safely and participate in society. In addition peoples funding should not be allowed to become a political football. This is peoples lives that are being played with.	5/19/2026 7:37 AM
225	How can they KNOW! They don't have a disability nor are they reliant on ndis. They are not medically trained to make this decision!	5/19/2026 7:31 AM
226	This is only about the bureaucracy wanting it to be simple for them to administer. And you can be sure they will benchmark "fair" and "consistent" to the lowest rather than supporting the most disempowered to raise to a better quality of life and wellbeing. They will make everyone equally miserable and isolated. This obsession bureaucrats have with consistency and simplicity is very telling of their inadequacy in being able to deal with the realities of complexity and diversity in the disability community	5/19/2026 7:12 AM
227	Especially in combination with the previous rule, this ignores individual circumstances and presentations/complexities of personal situation, access to alternative support, and systemic bias. Someone who has strong informal support networks should have different support funding from someone who has limited access to informal support, for example.	5/19/2026 6:57 AM
228	We are humans, not expense items. Try fixing the horrendous waste within the agency before punishing PWD for the governments poor management of the scheme.	5/19/2026 6:54 AM
229	This makes funding a competition as to who is more deserving!?	5/19/2026 6:24 AM
230	Save money elsewhere before throwing vulnerable people with disabilities under a bus	5/19/2026 6:00 AM
231	I've busted my arse to ensure my adult son has a good life, including ART, employing own staff, training them, creating community connections and giving him purpose, to have this stripped away because it doesn't fit with what other families have done is horrific.	5/19/2026 5:54 AM
232	Ndia is too increase benefits to disabled people, not be a money scrimping thing.	5/19/2026 4:07 AM
233	Tax the rich	5/19/2026 4:05 AM
234	I understand that the NDIS needs to be financially sustainable, and I agree that funding decisions should be fair and consistent. However, I am very concerned about introducing "saving money" as a core consideration when deciding what supports a person with disability can access. The purpose of the NDIS was to provide reasonable and necessary supports based on an individual's functional needs and circumstances. If cost-saving becomes a primary factor, there is a real risk that participants will no longer receive supports because they are needed, but only if they are considered affordable within broader budget targets. I am also concerned about the idea of being "fair between participants" if that is interpreted as making people fit into standard funding expectations rather than recognising individual differences. True fairness does not mean everyone receives the same	5/19/2026 2:18 AM

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amount or type of support. Fairness means people receive the supports they actually need to participate safely and equally in society. People with disability are not affected equally. Some participants have far more complex needs, higher support requirements, or limited informal supports. A system focused too heavily on cost control risks disadvantaging those people the most.

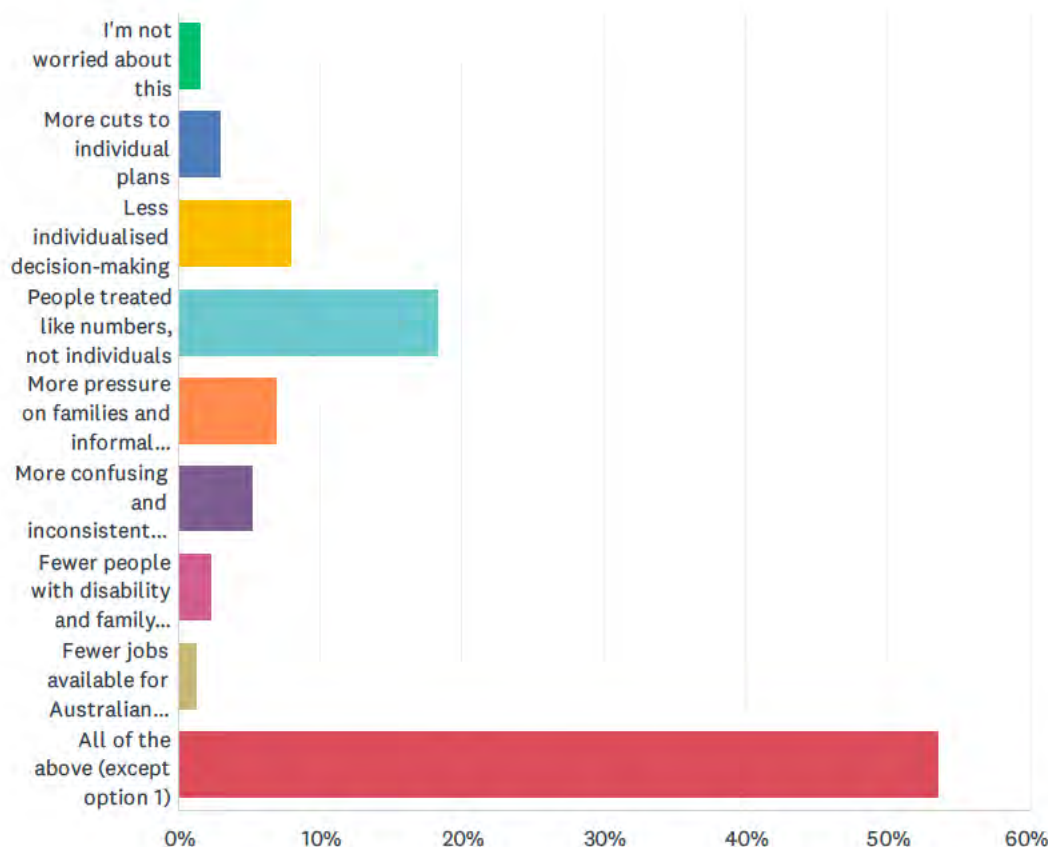
235	Two people with the same condition often have VERY different support needs. Giving them "equivalent" supports is inappropriate.	5/19/2026 1:38 AM
236	Another utterly ridiculous utterance. Ever persons disability impacts them individually, and their support needs are as varied and personal to their particular disability and circumstances. That was the blessing of the NDIS - individualised support specific to the person	5/18/2026 11:20 PM
237	Saving money should not be what guides someone's support!! Spending money now to provide support is likely to reduce NDIS or other services costs into the future.	5/18/2026 10:22 PM
238	Prioritising by money means they will deny us all, regardless of need. They are already doing this to us without the legislation without any accountability.	5/18/2026 9:15 PM
239	This will just give the bean counters and AI algorithms more excuse to slash budgets especially with the wholesale remov	5/18/2026 9:13 PM
240	It shouldn't be about saving money. The NDIS must be about PEOPLE and HELPING PEOPLE! The Minister himself stated that the occurrence and cost of fraud is far les than has been frequently stated by him and in the media.	5/18/2026 9:09 PM
241	Priority should be maximising quality of life and ability to meaningfully interact in society. After I'm gone I hope that my daughters will still have the supports they need to lead happy and connected lives	5/18/2026 8:53 PM
242	I don't even know what it really means to be "fair between participants" and I suspect they don't know either. Saving money just entrenched the culture of ableism in the NDIA more deeply and made it more hostile to participants. I've heard of people being told that community participation isn't "value for money" for them because they're dying anyway - this just encourages more behaviour like that.	5/18/2026 8:52 PM
243	They dont know these people	5/18/2026 8:14 PM
244	This sets up participants to 'compete' against each other for appropriate supports	5/18/2026 7:40 PM
245	It sounds fair on paper, but in reality the NDIA's decision process around what is reasonable and necessary has thus far been fraught with inconsistency. Having an equally inconsistent process around what is fair between participants could be devastating for the individuals and the scheme.	5/18/2026 7:35 PM
246	Equality is not equity	5/18/2026 7:24 PM
247	This is a disaster. How can you compare participants? Disability is complex and people have individual circumstances. I don't see how you can compare participants and use that to decide what is equitable. Sustainability is rubbish. No definition of what that means.	5/18/2026 6:59 PM
248	subjective, never ends well	5/18/2026 6:33 PM
249	Bureaucrats are not qualified to determine the needs of disabled individuals.	5/18/2026 5:59 PM
250	While financial sustainability and fairness are important considerations, these should not outweigh individual need when determining reasonable and necessary supports.	5/18/2026 5:29 PM
251	Disability is not fair. Introducing a concept of fair between participants means they will punish people for having needs which are more expensive, and they will push the idea that many of our needs are wants.	5/18/2026 4:54 PM
252	This is not achievable, both cannot be done and so participants will suffer.	5/18/2026 4:21 PM
253	Whoever said this is clearly insane. Paraplegia and quadriplegia require different needs than someone who is totally blind. There's what's going to help that person and what's not going to help. Some deserve hundreds of thousands dollars in a year, to make their home fitted for their needs. Others do not and never will.	5/18/2026 3:44 PM
254	It sounds great in theory but no one person with a disability is the same as the next. How will it be assessed to be fair.	5/18/2026 3:37 PM
255	"reasonable and necessary" is so vague and up to the government people who know nothong about being "reasonable and necessary".	5/18/2026 3:36 PM

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256	These are long term investment programs so short term savings lead to increased long term costs	5/18/2026 3:32 PM
257	I dont understand the phrasing of the question. But i think that budget allocation for the ndis or any other program is always a matter of what is prioritised and what a government values. They could fund the ndis to cover these supports in the budget. Its an intentional choice to refuse to do that. Framing a Nation's budget as if its run like a low-income household having to make difficult decisions is manipulative framing. There's enough money in the budget for this. The government just don't care about adequately supporting disabled people to allow them to be valued citizens in our society. There's a word for that: eugenics	5/18/2026 3:27 PM
258	How can they be "fair" between people if you standardise the test of capacity? 100 people with the same results on the test get the same funding except half are also struggling with severe mental health struggles others have parents with disabilities others have no informal supports some have complex medical issues impacting access to community and support others have communication shut down when accessing a new therapy meaning it takes 3x as long to gain benefit from a therapy. But they all would get the same level of funding to be "fair" ?	5/18/2026 2:50 PM
259	This takes away the right of each individual to be assessed correctly according to their disability and specific needs. Saving money is important but it should not come at the expense of the individual and his/her needs. Cost savings can do much damage. If it is cost savings that are crucial, I suggest the Government looks at the bureaucratic structure of the NDIS and its use of high-cost lawyers for starters. Currently the NDIS is not fit for its purpose.	5/18/2026 2:47 PM
260	No Action has Been Taken At All To Reduce expenditure by the NDIA such as \$60 million on legal representation	5/18/2026 2:44 PM
261	Saving money means not giving out money. Making it fair! We have to use APM - we get \$7000 to use every year. My son's friend is not with APM and they have a plan over \$250,000 - very similar syndroms/disabilities. The issues isn't with the participant but the companies and organisations that write the plans and pass them onto NDIS. For one kid we couldn't get NDIS to give him a new wheelchair but his sister got a new bed every 12mths. It's this level of ridiculous that needs fixing.	5/18/2026 2:44 PM
262	I have no idea what they are thinking here, but I think it will be very bad for participants. The whole idea of the NDIS is to be individualized. It seems like they want to change this so they can make blanket rules. It's going to reduce flexibility, participant choice and tailoring to individual needs. It's gutting the core principles of the scheme. It's going to end up being Frankenstein's monster - a jumbled together mess with the only clear principles being "save money" and "avoid bad press". It will be heartless, cold, dysfunctional and not meeting the needs of disabled people and their families. What will even be the point of it?	5/18/2026 2:32 PM
263	People should simply get the support they need.	5/18/2026 2:08 PM
264	This is a subjective analysis by AI Human input is redundant An absolute disgrace and against any form of human rights to fair and reasonable treatment to have a quality of life. SHAME ON THE CURRENT POLICY MAKERS ROBodebt is well known for it's massive and fundamental faults CENTRELINK examples	5/18/2026 1:57 PM
265	You need what you need.	5/18/2026 1:55 PM
266	The plan should be based on the individual's disability related needs for individual supports and services, not some theoretical allotment based on a diagnosis, or some other criteria.	5/18/2026 1:47 PM
267	If the NDIA has to save money, then all the "non essential" to physical life services , that could get them sued, will be cut or pushed onto the already over stretched families. That means the disabled people will get less supports and will suffer. This is heartless and cruel.	5/18/2026 1:05 PM
268	It needs to be based on participants needs, not fairness. Support levels vary.	5/18/2026 12:52 PM
269	Cuts don't save money, we know this for a fact.	5/18/2026 12:34 PM
270	Don't lump me into a category - my disability shows differently than another person with the same disability	5/18/2026 12:27 PM
271	define fair - are we saying equality or equitable? everyone is different, a one size fits all approach will be very damaging	5/18/2026 11:38 AM

Q23 What worries you most about this extra focus on cost and “fairness between participants”?

Answered: 1,096 Skipped: 291



ANSWER CHOICES		RESPONSES	
I'm not worried about this		1.55%	17
More cuts to individual plans		2.92%	32
Less individualised decision-making		7.94%	87
People treated like numbers, not individuals		18.25%	200
More pressure on families and informal supports		6.93%	76
More confusing and inconsistent decisions		5.20%	57
Fewer people with disability and family members able to be part of the workforce		2.28%	25
Fewer jobs available for Australian workers		1.28%	14
All of the above (except option 1)		53.65%	588
TOTAL			1,096

#	OPTIONAL COMMENT:	DATE
1	Is the problem that the government thinks all people with disabilities should have the same amount of support, regardless of disability? If this is what you're getting it then obviously it's essentialist and ablist	5/25/2026 4:51 PM
2	People such as Myself decining and it impacting the whole family, being a single Mother,	5/25/2026 3:13 PM

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this has been so difficult on my children.

3	A lot of single parent families have a child/children or adult children who require disability supports. Cuts always put the onus back onto already the already burnt out parent. Single parents do not have the time available, or the finances to increase their life load. Parents will be put in the position of having to reduce/cease work commitments to adequately provide their loved ones.	5/25/2026 1:48 PM
4	Many of the above apply	5/25/2026 12:22 PM
5	Outliers don't represent outliers. What works for one disabled person doesn't work for another. It's common sense. Otherwise, why don't we all just get the same surgeries in life? We should all get our tonsils removed, all study the same topics in university, all eat the same foods, sleep at the same time, meet the same friends... individuality = variance of needs.	5/25/2026 12:15 PM
6	Genuine ndis participants have worked hard to have in place the supports they need they are reasonable and very necessary for mental health and well being not to mention the independence they still are able to have.	5/25/2026 9:10 AM
7	I dont have any informal supports so I dont have anyone to help me	5/24/2026 9:58 PM
8	Minus the im not worried part	5/24/2026 4:31 PM
9	My marriage will fall apart and I will end up in APU.	5/24/2026 4:28 PM
10	I will not be voting for any party that thinks this is ok	5/24/2026 4:26 PM
11	More carer exhaustion & burnout	5/24/2026 4:06 PM
12	Surely this means participants with the same diagnosis! Otherwise it's ridiculous and unfair in the extreme.	5/24/2026 2:07 PM
13	People have different needs, some people with lower support needs would survive ok with lower funding, higher support needs people would be at risk of death and injury the impacts on their families trying to carry the load is detrimental to everyone	5/24/2026 1:12 PM
14	honestly its all bar option 1 + 8 but the one I've selected captures my main overall concern.	5/24/2026 12:40 PM
15	What is fair in a system that encounters such diversity, is that the said system is not governed by "cost effectiveness" and "budget cuts"	5/24/2026 12:27 PM
16	The way the government has handled this has been utterly dehumanising and caused me undue stress.	5/24/2026 12:25 PM
17	I would like add increased vulnerability for queer disabled people who no longer get to choose safe supports.	5/24/2026 12:05 PM
18	once again, why is this targeting only the vulnerable participants and not the over priced or under qualified providers?	5/24/2026 11:51 AM
19	People with significant disabilities will have the funding they need	5/24/2026 9:27 AM
20	These powers are extraordinarily wide and absolutely against the premise of NDIS Act.	5/24/2026 5:32 AM
21	That comment gives no clarity about how they plan to go about it. Trying to consistently be equitable is understandable, but if it means that no participant can get more funding than another in a (percieved) similar situation, that could be very problematic.	5/23/2026 6:43 PM
22	it the agents that are ripping off the system not the individual	5/23/2026 5:17 PM
23	My son has highly complex behavioural needs. I have to work very hard to try to convey the complexity of his needs, as they are far outside of what most people understand and/or encounter in their lives. The idea that he can have a plan built on the basis of comparison with other participants with a similar diagnosis is terrifying to me. For my son, this change as the clear potential to lead to him being institutionalised for life. I want to make it clear that I am not exaggerating when I say that. He has already spent two months of his life sedated and restrained on a hospital ward because it took us that long to find a SIL provider who could support him. If his funding is cut there will be no-where else for him to go but back into hospital. I can no longer care for him. He needs more support than I can give. I do not know how I could cope with the trauma of him being institutionalised. His life is good now. He has the supports he needs. And just as his team and I have achieved what should be life-long stability, the federal government are preparing to ignore his human rights and take it all away again. I have no words that can reach the horror of this.	5/23/2026 1:24 PM
24	The NDIA has inbuilt rotting that are out of reach of the participants. This tightening of rules	5/23/2026 10:00 AM

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is focused in the wrong area. The rot starts at the top echelons of the private enterprises who secured the government contracts for this. Redirect your focus upward Mr Butler instead of punching down.

25	The government and NDIA will simply weaponise the plans of lower support needs NDIS participants, to slash the plans of higher-support needs participants, in the interests of being "fairer" to the lower-support-needs participants.	5/23/2026 9:56 AM
26	It will have a wide range of consequences for people with disabilities and families.	5/23/2026 9:29 AM
27	When will they listen to the parents of people with intellectual impairment who can clearly see the problems in the scheme? My son and his friends can't advocate for themselves	5/23/2026 8:53 AM
28	The NDIS as it exists is cost prohibitive. Changes need to be made urgently to ensure the system can exist in the future. It should ONLY exist for those with severe or profound lifelong disability	5/23/2026 6:48 AM
29	This is the trolley problem in real life, just awful.	5/23/2026 6:27 AM
30	People treated like numbers instead of individuals also!	5/23/2026 4:13 AM
31	People with disability should not be considered a burden and a cost to be lessened.	5/22/2026 1:51 PM
32	I lose supports for my son which are inadequate anyway I will end up in hospital	5/22/2026 12:44 PM
33	the carers are already at their ends of what they can manage	5/22/2026 12:24 PM
34	I don't want more strain on my marriage as my husband struggled to care for me and hold down a job already.	5/22/2026 11:24 AM
35	All of these reasons worry me as someone who works face to face with these families every week. It is extremely concerning to think about how they will manage without their current supports	5/22/2026 8:23 AM
36	People will be harmed, and lives lost. For the policy makers, please come and spend a day in my home. That's all it would take to see the burden removing supports will cause.	5/21/2026 9:29 PM
37	Participants would receive cookie-cutter plans, rather than plans tailored to their individual needs. I would like to point out (as I did in my previous answer), that cookie-cutter plans also waste money, as they often include supports that an individual may not even need, while missing some that are needed!	5/21/2026 9:13 PM
38	Only allowed to put one comment in but wanted to put more different comments in	5/21/2026 12:21 PM
39	What is reasonable and necessary has been a judgement call from day one of the NDIA depending on the plan is experience and compassion and understanding of the day-to-day challenges of a person with a particular permanent disability	5/21/2026 12:05 PM
40	No consideration for the real fact that many people with severe disabilities need much more funding to survive than other participants. We are people not numbers.	5/21/2026 11:39 AM
41	Fair does not mean equal supports. It means equal opportunity to participate in life, family, employment. The current focus on 'saving money' is myopic. A broader view needs to be considered i.e. one that acknowledges costs moved to other departments, current benefits to the economy from this spending (and governments have so often encouraged spending in other budgets, so why is this particular spending considered wasteful!?!), as well as the social/health/well-being of participants (there is real value in this!)	5/21/2026 11:38 AM
42	The survey doesn't allow me to choose more than one option here.	5/21/2026 10:57 AM
43	Again, the focus should be on fairness FOR participants not fairness BETWEEN participants	5/21/2026 10:37 AM
44	This negatively affects everyone	5/21/2026 7:02 AM
45	The same disability affects people in different ways. It has to be individualised for it to work. It's like giving every person who needs glasses the same prescription - it's fair because they get glasses but the script is the same so most people still can't see	5/21/2026 6:27 AM
46	As stated above, I do think there needs to be a change in the way planning occurs because there are people whose plan works well for them and others whose plan does not work for at all and then everyone in between of course but I don't think the proposed changes will assist with this and will rather worse than the problem	5/21/2026 5:43 AM
47	We will be screwed	5/20/2026 11:57 PM
48	People are individuals. Doing cookie cutter plans will result in individual needs not being	5/20/2026 8:21 PM

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met.

49	My biggest concern is that people with disability will increasingly be treated like numbers in a budget instead of individuals with unique needs and circumstances. I worry this will lead to more cuts, less flexibility, more reliance on exhausted families and carers, and decisions driven more by cost targets than real-world outcomes for participants.	5/20/2026 7:14 PM
50	We already feel like numbers on a page. Most families don't want to spend funds on things they don't need, but we either have no real say in it, or we don't have the funds there.	5/20/2026 6:55 PM
51	As a burnt out carer I'm worried about carer collapse but I also worry for participants trying to navigate this system - what an absolute nightmare. How are those with intellectual disability managing at all? Gah.	5/20/2026 3:48 PM
52	They will justify dangerously cutting everyone's plans as "fair between participants"	5/20/2026 12:51 PM
53	It's inhumane to forget the person behind the disability. The government and the minister forget that they are one bad accident away from joining us on NDIS - don't be unkind to a system that may one day be your only assistance.	5/20/2026 11:09 AM
54	There's a big lack of looking at the big picture happening	5/20/2026 10:50 AM
55	What worries me most is that "fairness" can start to mean "everyone gets less" instead of "everyone gets what they individually need." Disability is inherently unequal and highly individual. Two people may have the same diagnosis but completely different: * functional impacts * support networks * safety risks * emotional regulation challenges * environments * capacity to cope day to day Treating everyone more uniformly can sometimes look fair administratively, while actually becoming less equitable in practice. I'm also worried that a strong focus on cost can unintentionally shift the conversation away from: * participation * quality of life * prevention * long-term outcomes * human rights * inclusion and toward short-term financial containment. Many supports that seem "expensive" upfront are often the very supports preventing: * hospital admissions * mental health crises * school breakdown * homelessness * family collapse * carer burnout * justice system involvement * long-term higher support needs So if cost becomes the dominant lens, there's a risk we stop funding the supports that keep people stable *before* crisis occurs. As an OT, I think one of the hardest parts is that disability support outcomes are not always easily measurable in neat numbers. Sometimes success looks like: * a child attending school three days instead of none * a person leaving the house safely once a week * a family surviving without burnout * reduced distress at home * someone maintaining relationships * avoiding hospitalisation * building trust slowly over time Those outcomes are incredibly meaningful, even if they are difficult to quantify economically. I'm also concerned that "fairness between participants" can ignore cumulative complexity. People with: * multiple diagnoses * trauma histories * fluctuating capacity * psychosocial disability * intellectual disability * limited informal support * regional barriers often need more flexible and individualised supports, not less. Another major concern is that systems become more suspicious and adversarial: * people feeling they must constantly prove impairment * fear of showing progress * increased reassessments * clinicians spending more time justifying supports than providing them * participants feeling like financial liabilities instead of people And I think that changes the culture of the scheme in a really important way. I absolutely understand the NDIS needs to be sustainable. Public systems need accountability. But sustainability should not come from narrowing people's lives, increasing barriers, or withdrawing preventative supports. To me, true fairness is not everyone getting the same thing. It is people getting the support they genuinely need to participate in life as safely and independently as possible. Equity not equality!	5/20/2026 10:50 AM
56	I am concerned about the children who will not get services. What will the next generation look like? What impact will this have on the criminal justice system in the future? Or is this just a next government/generation problem?	5/20/2026 7:20 AM
57	Very dangerous territory. Who decides what is fair? What criteria? Do the goal posts keep changing (this has been the most consistent feature of our experience of the NDIS.) TRUST...a few years ago our son needed additional consumables budget following surgical procedure arising from dysphagia (reduced swallowing skills resulting from years of high muscle tone from cp). I was given a verbal assurance by planner that this would not initiate any other parts of the plan being reviewed. I asked for, and received, a written assurance via email. Ultimately, the whole plan was rewritten without consultation, discussion. When I questioned what had happened, NDIS planner (a new one who had miraculously appeared, unannounced) agreed that's what should have happened, but it didn't. Someone else did this and No they couldn't change it. Fast forward to 2025. Our son requires more \$ consumables to fund a daily Farrell bag which manages stomach gas so that it is bearable, rather than excruciatingly painful. This arrived at after trialling other approaches recommended by his NDIS funded nurse practitioner. Support co-ordinator forwarded letter of support and	5/19/2026 11:35 PM

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explanation from nurse practioner to *new* liason person, LAC, (after NDIS arbitrary decision to take son out of Complex Needs Planner area.) No reply May 26. Contacted NDIS affiliated LAC. Email received saying previous email NOT RESPONDED TO because request needed to be a formal application for review. LAC says can't guarantee that it won't be a full plan review.....back to square one. This happening before proposed changes to legislation AND amongst media statementsvsaying there are too many requests for plan changes. So what the Minister says and what NDIS rep tell me are 2 completely different things. Decisions have not improved in consistency or fairness at all in whole time son has been a participant. When Bill Shorten contracted company for \$400000 to advise on suggested narratives for public to slash NDIS plans and numbers, the fed gov were engaging in an untransparent, unAustralian, unLabor process to SAVE MONEY at the expense of reasonable and necessary supports for disabled Australians,...and to dress it up as caring about disabled people and part of current gov's commitment to NDIS makes me feel sick to the stomach. Disabled people - could be any of us, any day - have been extensively dehumanised and the public encouraged to drop their contemporary attitudes to disabled people and go back to the Dark Ages. Our son's siblings and we, his parents, are so so betrayed by people we thought genuinely cared for all Australians.

58	What defines 'fairness' to the NDIA and government? How is it measurable?	5/19/2026 10:12 PM
59	My current plan gives things I don't need and omits things I do. Carrying this cost cutting focus will create more plans missing the mark on most fronts and cause deaths. It will give funding in categories to people who don't need it and give less to those who do need it. Not everyone wears size 8 clothes, so we shouldn't be giving everyone size 8 clothes (metaphor I know ndis don't buy clothes in general)	5/19/2026 8:49 PM
60	I am an individual and have individual funding needs	5/19/2026 8:36 PM
61	Let's apply the same principle to the wages in Canberra and see how they go	5/19/2026 7:45 PM
62	It is nearly impossible to put two participants together and get the same outcome. Their lives responsibilities families etc are completely different and that is just with two people. Now imagine that with 20,000 people. I don't think that this has been thought through properly and people are going to get hurt and die or commit suicide	5/19/2026 6:38 PM
63	They only way for it to be actually fair is to have people who understand disability make the right decisions.	5/19/2026 6:36 PM
64	Worried I will no longer cope as a unpaid carer.	5/19/2026 6:27 PM
65	Arguments for fairness never give. They take away	5/19/2026 5:29 PM
66	As a parent and carer I AM DROWNING. If we lost the ability to have the very carefully curated team of allied health supports, my child and I wouldn't make it through. I'd lose our home, my child would deteriorate. We'd drown. Barely holding on by our fingernails as it is. PLEASE hear this	5/19/2026 4:36 PM
67	Fair is not the appropriate decision making criteria, funding should be based on reasonable and necessary criteria.	5/19/2026 3:50 PM
68	I commonly see very unfair differences between individuals' plans.	5/19/2026 2:48 PM
69	Who decides what fairness is and based on what data? The data will never be broad enough. There is no way it can be fair without taking into account individual factors impacting individuals.	5/19/2026 1:09 PM
70	I am concerned this creates a mindset of competition between vulnerable people instead of focusing on whether each individual has the supports they reasonably need. People with disability should not be pitted against one another in order to justify reducing supports.	5/19/2026 12:58 PM
71	It is IMPOSSIBLE to treat everyone the same. Parents do not treat all their children the same. Teachers do not treat all their students the same. Doctors do not treat all their patients the same. Do politicians accept that they're all the same? No they don't! They think they're all individuals so why can't they see we are too. This concept the government and the NDIS cling to is illogical and discriminatory.	5/19/2026 12:01 PM
72	Rare neurodegenerative Will fall through the cracks. Autism will (already) be treated harshly as more common. All loose	5/19/2026 11:58 AM
73	+ more cuts to indiv plans!	5/19/2026 11:22 AM
74	This could entirely destroy participants' lived, mental health and independence	5/19/2026 11:15 AM
75	The way in which the government has tried to divide the community - firstly non-disabled against disabled and then specific disability groups against each other. This is an appalling	5/19/2026 11:09 AM

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way to operate in a country full of richness and diversity. This is a fear based system and in any way I can I will refuse to participate.

76	There is no one size fits all. And those who are not living in the situation have zero idea what it is actually like.	5/19/2026 10:34 AM
77	We are not all the same - we are not a number.	5/19/2026 10:12 AM
78	Multiple categories of impairment- ndis suggest a primary category and secondary is not funded. So what are eligible impairments end up not funded because the "fair" system doesn't look at whole of disability, or even the eligible impairment from other categories. That's got to be illegal and remain illegal behaviour by govt,	5/19/2026 9:39 AM
79	That across the board there are already large differences between people with the same needs some over funded others under funded	5/19/2026 9:00 AM
80	I'm worried about all of the above really.	5/19/2026 8:56 AM
81	I am only applying so I can continue to work (I am in severe autistic burnout due to perimenopause and a lifetime of being unsupported - I have tried to get by with self-funded supports for the last two years but the burnout continues to worsen and I need more supports than I can afford), and while I am unsupported I still have to provide support for my child and husband and now the government is saying I need to do even more to support my family when I'm already overwhelmed	5/19/2026 8:09 AM
82	All of the above doesn't work as the answers don't all work together with I'm not worried about this being in the list, but it is the closest answer that fits. I agree with all but that one. This is going to smash employment and the economy, be used to excuse ill thought out cuts, and stop treating us as individuals worthy of our own unique care	5/19/2026 7:37 AM
83	There is no fairness to participants with this new bill.	5/19/2026 7:31 AM
84	This is removing from the holistic intent of the NDIS	5/19/2026 7:29 AM
85	I think currently the level of support you get is hit and miss and depends on the planner so some consistency in approach would be good but not to the detriment of the individual. Value for money is important but this could be used as an excuse not fund reasonable and necessary supports	5/19/2026 7:26 AM
86	All of the above except "I'm not worried about this". Your survey wouldn't let me choose all other options	5/19/2026 6:00 AM
87	Except the first box	5/19/2026 5:54 AM
88	All of the above, except option 1	5/19/2026 5:54 AM
89	All these options are true	5/19/2026 5:16 AM
90	What worries me most is that "fairness between participants" could end up meaning treating very different people as though they have the same needs, while the stronger focus on cost-saving could gradually override the individualised approach the NDIS was built on. Disability is not equal or predictable. Two people with the same diagnosis can function very differently and require completely different levels of support. A system focused heavily on consistency and budget control risks pressuring planners to fit people into standardised funding levels rather than properly considering the complexity of their actual lives. I am particularly worried about participants with high or complex needs being viewed primarily through the lens of cost. When funding decisions are influenced by saving money, there is a risk that supports will be reduced not because they are unnecessary, but because they are expensive.	5/19/2026 2:18 AM
91	We are not all the same people. Our needs are individual. We should be treated as such. Also our environments aren't the same..	5/18/2026 9:15 PM
92	It'll straight up kill people, guaranteed.	5/18/2026 9:13 PM
93	Pitting disabilities in a bidding war really is not the mark of a compassionate fair society.	5/18/2026 9:08 PM
94	I have identical twin girls and I still need them to be treated as individuals. If they don't require the same supports in the same environment how is it possible that completely unrelated participants can be judged the same?	5/18/2026 8:53 PM
95	I definitely feel like not only this bill but the government's rhetoric about the NDIS is leading more and more people to hold really ableist views and to see PWDs as less than human - not only in the NDIA, but *especially* in the NDIA. It's enraging. I thought we were making progress. I thought we'd finally seen the last of the "refrigerator mother" bullshit regarding autism, and they've brought it all back.	5/18/2026 8:52 PM

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96	If my son loses his community supports and I can't work, we lose our home. How does a woman who has chronic illness and a medically induced spinal injury with the sun with profound intellectual, and physical disabilities survive homeless	5/18/2026 8:50 PM
97	All of the above except 'i am not worried about this	5/18/2026 8:50 PM
98	All of the above except the first "I'm not worried about this" answer!	5/18/2026 7:40 PM
99	Higher risk of carer fatigue and burnout	5/18/2026 6:44 PM
100	Disabled people are already struggling to make a life for themselves. I have felt that my future is in the hands of someone else. Losing further agency in our futures could see suicides increase.	5/18/2026 5:59 PM
101	More cuts to individual plans. Less individualised decision-making. People treated like numbers, not individuals. More confusing and inconsistent decisions. Fewer people with disability and family members able to be part of the workforce. Fewer jobs available for Australian workers.	5/18/2026 5:50 PM
102	This will hurt people with unusual presentations, complex needs and specialised care needs.	5/18/2026 4:21 PM
103	I have selected all of the above, however to repeat a previous point whoever said I'm not worried about this is completely insane. Equal to who and how?	5/18/2026 3:44 PM
104	Without support I nor my husband would be able to work. We would become entirely dependent on the government pension system.	5/18/2026 2:50 PM