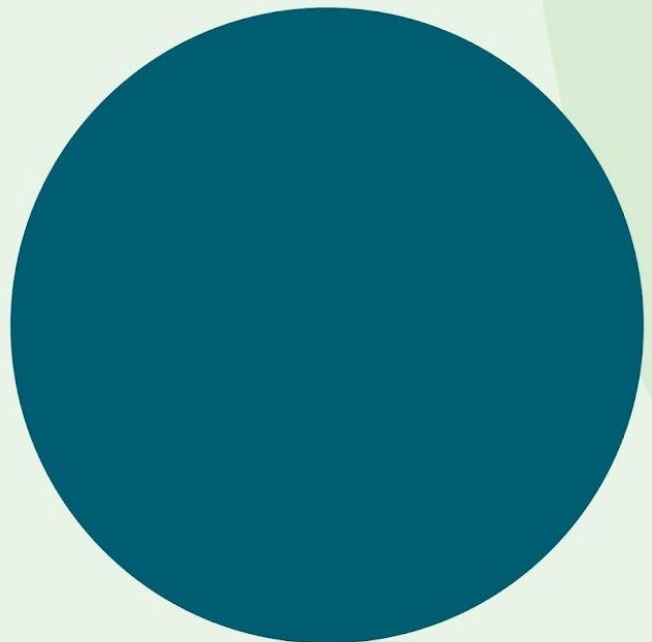




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## **DEVELOPMENTAL EDUCATORS AUSTRALIA (DEA) SUBMISSION**

### **National Disability Insurance Scheme (Securing the NDIS for Future Generations) Bill 2026**

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## Executive Summary

Developmental Educators Australia (DEA) welcomes the opportunity to provide feedback on the proposed amendments to the National Disability Insurance Scheme (NDIS) legislation. DEA supports efforts to ensure the Scheme remains effective, evidence-informed, and sustainable. However, we are deeply concerned that several proposed reforms risk undermining the foundational principles of the NDIS, including individualisation, participant choice and control, and Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

Developmental Educators are uniquely qualified allied health professionals specialising exclusively in disability. DEA members work across the lifespan to support people with disability to build functional capacity, strengthen participation, and achieve meaningful inclusion within their communities through evidence-based, person-centred practice.

Developmental Educators Australia is particularly concerned that the proposed amendments risk shifting the National Disability Insurance Scheme (NDIS) away from person-centred practice towards a more standardised and gatekeeping-focused model. We are anxious that participant progress, quality of life, preventative supports, and maintenance-based interventions may be undervalued, particularly where outcomes are non-linear or difficult to quantify through conventional measures.

DEA is also concerned by the proposed introduction of subsections 1E and 1F, which establish a restrictive hierarchy of evidence that prioritises published and generalisable research over participant outcomes, clinical expertise, and lived experience. While evidence-informed practice is essential, disability support frequently requires highly individualised approaches that cannot always be captured through large-scale research studies. The proposed framework risks excluding supports that are demonstrably effective.

DEA further raises concerns regarding the proposed definition of "functional capacity," which will assess individuals based on what they can do without supports, assistive technology, or environmental adjustments. This approach risks overlooking the realities of disability. It may also penalise participants who have developed adaptive strategies or who rely on informal supports to maintain functioning.

The reforms appear to reinforce a medical and productivity-focused understanding of disability that emphasises remediation, independence, and economic participation over dignity, interdependence, wellbeing, and social inclusion. DEA is concerned this approach is inconsistent with contemporary disability rights frameworks.

DEA also strongly opposes the replacement of the long-standing “reasonable and necessary” framework with the new concept of “NDIS supports.” The existing framework provides important legal protections, participant safeguards, and established interpretive guidance through case law. Replacing it with a system increasingly governed through subordinate legislation and ministerial rules risks reducing transparency, weakening parliamentary scrutiny, increasing executive discretion, and narrowing access to supports based on predefined categories and fiscal priorities rather than individual need.

Finally, DEA is concerned the proposed changes will significantly increase administrative burden on allied health practitioners, increase costs, reduce time available for direct participant support, and further strain rural and regional workforces.

## Recommendations

Developmental Educators Australia makes the following recommendations:

- 1. Clinical expertise, participant outcomes, and lived experience remain equal considerations alongside published evidence.**
- 2. Core eligibility protections and support principles remain embedded in primary legislation.**
- 3. Functional assessments recognise environmental barriers, fluctuating disability, and the role of supports in maintaining participation and wellbeing**
- 4. The NDIS retain its commitment to individualised, rights-based, and person-centred support.**

Developmental Educators Australia urges Parliament to ensure that any reforms to the NDIS preserve the Scheme’s original intent of enabling people with disability to live meaningful, self-directed, and inclusive lives.

### **1. About Developmental Educators Australia**

Developmental Educators Australia is the peak representative and governing body for registered Developmental Educators practicing in Australia. Developmental Educators (DE) are university qualified specialists who work alongside people with disability using a human-rights model of practice to achieve full and meaningful inclusion and participation in society.

*Developmental Educators are the only allied health profession in Australia with qualifications specifically focused on disability.*

*They work alongside people with disability to co-design and deliver supports that are person-centred and outcomes focused. Building capacity to achieve goals, strengthen functional skills, and enhance social and community participation; whilst fostering connection, inclusion, understanding and independence.*

As a national peak body Developmental Educators Australia (DEA) defines the professional scope, competencies, structural, procedural and ethical standards for Developmental Educators. Our governance and oversight ensure that Developmental Educators provide high-quality services, operate with transparency and accountability, and adhere to rigorous professional guidelines.

Registered Developmental Educators must meet the DEA Core Competencies via formal qualifications at an AQF7 (4-year bachelor) or AQF9 (master's degree) level in a disability studies discipline such as the Bachelor of Disability and Developmental Education (Flinders University), Master of Disability Practice and Leadership (Flinders University), Master of Human Services/Disability Practice (Griffith University), or the Master of Autism and Neurodivergent Studies (University of Wollongong).

The National Disability Insurance Agency (NDIA) recognises Developmental Educators as a suitably qualified profession to deliver therapeutic supports across the lifespan. Developmental Educators are also listed in the NDIS Pricing Arrangements and the NDIS Quality and Safeguards Commission Practice Standards Verification Module. DEA has practising members across all Australian states and territories.

### **1.1 What do Developmental Educator's do?**

The foundation of Developmental Educator practice is the United Nations Convention on the Rights of Persons with Disabilities (CRPD, 2007).

Developmental Educators use evidence-based approaches to assess needs, identify barriers, and plan supports in collaboration with individuals and families. They teach essential skills, support key life transitions, design and monitor programmes, advocate for inclusion, and provide education and capacity-building support to families and communities.

Developmental Educators are distinct from other allied health professions due to the disability-specific nature of their qualifications, skills, and knowledge. No other profession or peak body in Australia maintains an equivalent, singular focus on disability.

The education and training undertaken by Developmental Educators draw on multiple disciplines, including special education, psychology, philosophy, sociology, and health. This knowledge is applied through a singular lens; supporting people with disability to live meaningful, self-directed, and fulfilling lives.

## **2. Concerns Regarding Proposed Subsections 1E and 1F**

Developmental Educators Australia supports the goal of ensuring NDIS supports are effective, evidence-informed, and sustainable. However, the **proposed subsections 1E and 1F** risk creating a restrictive evidentiary framework that may undermine individualised disability support and reduce access to clinically appropriate interventions.

### **2.1 Over-Reliance on Published and Generalisable Research**

Proposed **subsection 1E** establishes a hierarchy of evidence that prioritises:

- Published, peer-reviewed, and generalisable research
- Evidence relevant to the participant's circumstances
- Evidence from participant outcomes and previous plans

While research evidence is valuable, this hierarchy risks disproportionately privileging standardised academic evidence over individual participant outcomes, clinician expertise, and lived experience. Many disability supports used in practice do not yet have extensive large-scale peer-reviewed evidence despite demonstrating substantial functional benefit in real-world settings.

This is particularly relevant for neurodivergent participants, people with rare disabilities, participants with co-occurring conditions, culturally responsive supports, and highly individualised interventions. The proposed hierarchy risks removing access to supports that are clinically appropriate but insufficiently represented in the research literature.

### **2.2 Risks to Person-Centred and Individualised Practice**

The NDIS was established on principles of choice and control, individualisation, and participant-centred decision-making. The proposed legislative changes risk moving the Scheme toward a standardised model where supports are judged primarily against population-level evidence rather than participant-specific effectiveness.

Developmental Educators Australia is concerned that **subsection 1F** may permit supports to be declined even where participants have demonstrated meaningful progress, families report improved quality of life, practitioners have documented functional gains, or prior NDIS plans have shown positive outcomes.

This may disproportionately impact participants whose progress is non-linear, maintenance-focused, preventative in nature, or difficult to quantify through standardised outcome measures.

### **2.3 Impacts on Neurodevelopmental and Psychosocial Disability Supports**

Many developmental, behavioural, and psychosocial interventions rely on highly individualised and relationship-based approaches. The evidence base in these areas may be emerging, rely on smaller-scale studies, involve qualitative outcomes, or not easily meet ‘generalisable’ evidence thresholds.

Participants with intersecting or complex needs are particularly vulnerable to exclusion under rigid evidentiary frameworks.

Developmental Educators Australia is concerned that supports for autism, intellectual disability, developmental delay, psychosocial disability, and complex behaviours of concern may face increased scrutiny despite well-established practical effectiveness.

### **2.4 Undervaluing Clinical Expertise**

Allied health professionals are trained to integrate evidence-based practice, clinical reasoning, participant goals, environmental context, and lived experience. The proposed amendments risk reducing the weight afforded to professional judgement and participant-specific experience.

Clinical recommendations should not be overridden solely due to limited availability of large-scale peer-reviewed research, particularly in disability contexts where heterogeneity of presentation is common, participant needs are highly individualised, or controlled research may be limited or impractical.

Developmental Educators Australia believes the legislation should explicitly recognise clinical expertise and participant outcomes as equal considerations alongside published evidence.

### **2.5 Increased Administrative Burden**

The proposed provisions are likely to substantially increase administrative demands on allied health practitioners. Practitioners may be required to provide extensive literature reviews, justify supports against research evidence, produce increasingly detailed reports, and generate additional outcome measurement data.

Consequently, this could reduce time available for direct participant support, increase costs, and disproportionately affect smaller providers and sole practitioners. In rural and regional areas where workforce shortages already exist, additional administrative complexity may further reduce service accessibility.

### **3. Definition of “Functional Capacity”**

The proposed Bill amendments would introduce a tighter definition of functional capacity, based upon what a person can do without assistance, assistive technology, or environmental supports. This is likely to have a significant impact for people with disability, particularly those with psychosocial disability, autism, intellectual disability, episodic conditions, and people with complex or fluctuating support needs.

It also has the potential for people who currently function well because of supports, technology, or modifications to appear less disabled during the assessment process. Consequently, this is likely to increase difficulty accessing the NDIS, maintaining eligibility, and justifying current or increased supports.

A standardised assessment process may fail to capture cumulative support needs, sensory processing differences, executive functioning difficulties, fatigue, emotional regulation, burnout, masking, the impact of trauma, or environmental stressors. People with moderate presentations may lose eligibility despite requiring substantial ongoing support to maintain functioning.

#### **3.1 Shift Toward “Medical Improvement” Expectations**

The Bill proposes that a person may not qualify for the NDIS if treatment or intervention could reduce the impact of their impairment. This is likely to increase demand for therapies and medical interventions within the health system, leading to an increase in already overflowing waitlists. It will also disadvantage people who are unable to access treatment due to cost or geographic location therefore, creating inequity for rural or low-income participants.

The proposed amendments will also undermine disability acceptance frameworks. The Bill frames disability primarily through the lens of remediation, improvement, or restoration of function, rather than recognising disability as a valid and ongoing aspect of human diversity. This has important implications for contemporary disability rights approaches, including the social model of disability, the neurodiversity paradigm, psychosocial recovery-oriented practice, and the human rights framework underpinning the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

This will only act to reinforce the idea that disability is a deficit to overcome and that people should maximise functioning before they can receive support. It also frames support as conditional on pursuing intervention and that reduced disability visibility should equal reduced support need.

Many people with disability learn adaptive strategies to survive in environments that are not accessible. Under stricter functional assessments, these adaptations may appear as evidence that a person is functioning well independently. However, disability acceptance frameworks recognise that the ability to function does not necessarily mean low support needs. Chronic exhaustion and burnout are common consequences of compensation strategies, and informal supports can often conceal the true extent of disability-related impact. Developmental Educators Australia is concerned that the reforms could penalise people for adapting successfully.

### **3.2 Prioritising Productivity and Independence over Wellbeing**

The language of “capacity building,” “independence,” and “economic participation” is prominent within NDIS reform discussions. Whilst these goals can be positive, there is increased risk when independence becomes the primary measure of worth, support is reduced once a person appears partially functional, people are expected to constantly improve, or dependence on support is viewed negatively. Instead, the focus should be on interdependence, dignity, participation on a person’s own terms, reasonable adjustments, and support as a human right rather than a reward for progress.

For some people, the goal is not independence, but safety, regulation, communication, connection, and quality of life.

### **3.3 Shifting Responsibility from Systems onto Individuals**

The amendments proposed in Section 9 (clause a and b) risk disability support policy moving away from recognising social and structural barriers and instead placing increasing responsibility on disabled people to adapt, improve, self-manage or overcome barriers themselves.

The social model of disability posits that people are disabled not only by impairment, but by inaccessible environments, discrimination, and lack of support. If eligibility focuses narrowly on individual functional deficits, it will overlook environmental barriers, reduce accountability for accessible systems, and frame disability as a personal limitation rather than a societal issue.

Overreliance on functional assessments can frame disability as existing independently of social and environmental conditions, risking a shift in disability policy away from inclusion and systemic responsibility towards eligibility gatekeeping.

#### **4. Replacement of the “Reasonable and Necessary” Framework**

Previously, Section 34 of the National Disability Insurance Agency legislation required disability supports to satisfy specific “reasonable and necessary” criteria. This framework required decision-makers to consider whether a support related to a participant’s disability, represented value for money, was effective and beneficial, considered informal supports, and was most appropriately funded by the NDIS.

The phrase “reasonable and necessary” has become a foundational principle of the Scheme and has been heavily interpreted through tribunal and court decisions.

However, the proposed amendments would instead introduce the concept of “NDIS supports” with detailed inclusions and exclusions increasingly determined through subordinate legislation and rules.

The “reasonable and necessary” test has functioned as a legal protection, an interpretive safeguard, and a participant-centred decision-making framework. Because the term has been extensively tested, meaning participants can challenge decisions using established legal principles.

Replacing it with “NDIS supports” will narrow the scope of funded supports, increase government discretion, reduce flexibility, shift decision-making power into rules that can change more easily, and weaken participants’ ability to rely on previous case law.

The proposed framework will allow the Government to define what supports are excluded, what supports are replacement supports, and what categories can never be funded. This will create a more prescriptive system that shifts from “what support does this person reasonably need to participate?” to “does this support fit within predefined categories?”. Leading to a reduction in individualisation.

With many decisions now intended to sit within the NDIS Rules rather than primary legislation, the Government will be able to enact changes quickly and easily. Traditionally, major eligibility rights and protections have been written directly into legislation passed by Parliament. If legislation instead gives broad powers to Ministers or agencies to define details later through Rules or instruments, the Executive gains greater control over how the law operates in practice. Meaning the Government will gain significant power to redefine what can be funded without rewriting the Act. This will reduce legislative certainty, weaken parliamentary scrutiny, create instability for participants, and increase executive control over support access.

Funding decisions will become increasingly budget-driven influenced by fiscal pressures, government priorities, and sustainability targets, rather than individualised need.

Developmental Educators Australia believes that core eligibility protections and support principles should remain clearly embedded in primary legislation rather than delegated to future Rules or Ministerial powers.

## Conclusion

Developmental Educators Australia acknowledges the importance of ensuring the long-term sustainability and integrity of the NDIS. However, the proposed amendments risk narrowing access to supports, reducing individualised decision-making, and shifting the Scheme away from its original rights-based and participant-centred foundations.

DEA urges Parliament to ensure that reforms preserve the principles of choice and control, recognise the value of clinical expertise and lived experience, and maintain strong legislative safeguards for people with disability. Disability support frameworks must continue to promote inclusion, dignity, participation, and wellbeing rather than relying on restrictive functional assessments or inflexible evidentiary thresholds.

**The National Disability Insurance Scheme should remain a Scheme that responds to the diverse and individual needs of people with disability and upholds Australia’s commitments under the United Nations Convention on the Rights of Persons with Disabilities (2008).**

**Date of Submission:**

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