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Developmental Educators Australia (DEA) Submission

New Framework Planning and NDIS Supports Consultation

October 2026

Submitted to: Department of Health, Disability and Ageing

Consultation closes: 14 October 2026

About Developmental Educators Australia

Developmental Educators Australia (DEA) is the national peak body representing Developmental Educators in Australia. Developmental Educators are university-qualified professionals with disability-specific qualifications. They work alongside people with disability, using a human rights model of practice, 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.

As a national peak body, DEA defines the professional scope, competencies and ethical standards for Developmental Educators, and upholds continuing professional development requirements and membership compliance. Developmental Educators are listed in the NDIS Pricing Schedule 2026–27 as a distinct profession, with support items for therapy, employment therapy and early childhood intervention.

Introduction

DEA supports a sustainable NDIS. However, sustainability must be measured by more than what the NDIS spends. The cost of disability support does not disappear when the Scheme declines to fund it. It shifts: to the health system, to the mental health system, to participants and their families, and to costs that are harder to measure, such as reduced quality of life and reduced participation.

Autistic people already experience significantly reduced life expectancy, with an average age at death of 54 years compared with 70 years in the general population, and 39.5 years for autistic people with intellectual disability (Hirvikoski et al., 2016). Suicide and preventable injury, including drowning associated with eloping, are among the contributors. Decisions that reduce supports for this cohort carry risks to safety and life that are not reflected in Scheme expenditure.

Throughout this submission, DEA asks the Department to consider three questions:

- What meaningful consultation looks like, and whether people with disability have had a genuine opportunity to influence these reforms.
- The disproportionate burden of proof placed on participants, who must evidence every support they seek, while decisions that reduce or refuse those supports offer limited transparency and limited recourse.
- Where decision-making power now sits.

As more decisions move into centrally determined tools, categories and rules, planner decisions carry significant consequences for participants' quality of life, which is why DEA recommends minimum allied health or disability-specific qualification requirements for planners and delegates (Section 1).

Summary of recommendations

1. Support Needs Assessments

- Publish and separately consult on the assessment tool and methodology for children under 16 before New Framework Planning applies to them.
- Publish when targeted assessments are triggered, how specialist evidence is weighed, and the criteria for a new assessment, with written reasons where evidence conflicts.
- Publish minimum competency requirements for assessors, and apply minimum allied health or disability-specific qualification requirements to planners and delegates.

2. Access to appropriately qualified professionals

- Continue to engage with disability-specific allied health professions and their peak bodies, and publish which bodies have been invited to contribute.
- Define professional eligibility by purpose, qualifications, competency, accountability and scope of practice, not AHPRA registration alone.
- Explicitly recognise Developmental Educators as appropriately qualified to undertake functional assessments and provide supporting evidence under New Framework Planning.
- Define “allied health professional” consistently with existing NDIS recognition of credentialed self-regulated professions, including Developmental Educators.

3. Assessment to budget

- Provide for consideration of how co-occurring conditions intensify the support needs arising from a participant's primary disability.
- Publish funding parameters in an accessible form, and explain to each participant how their assessment translated into their budget.
- Provide a clearly defined mechanism for individual adjustment.

4. Informal supports

- Assess the reasonableness and sustainability of informal supports, not simply their availability.
- Require assessors and delegates to identify care exceeding what is expected for a child of a similar age, using developmental benchmarks.
- Identify an accessible alternative service before declining funding on the basis that another system should meet the need.

5. Flexible budgets

- Assess and monitor budget adequacy and budget flexibility as separate measures.
- Allow flexible funding for everyday items where they meet a disability-related need and represent equal or better value than alternative supports.

6. Ministerial powers to reduce funding

- Publish the rationale, evidence and impact modelling for any determination reducing funding.
- Consult people with disability and their representative organisations before any determination is made or varied.
- Commission independent economic analysis of the costs of funding these supports compared with not funding them.
- Extend the 24-hour care variation pathway to any participant for whom a funding reduction creates a risk to safety, wellbeing or autonomy, with providers able to support requests with consent.

7. Categorical exclusions

- Establish a narrow exception mechanism based on functional need, safety and value for money.
- Ensure Schedule 2 exclusions do not prevent funding of items in an authorised behaviour support plan.
- Assess low-cost everyday items on their disability-related function and value for money compared with alternative supports.
- Fund the additional disability-related cost of an item rather than the entire item, where appropriate.

8. Plan variations and reassessments

- Publish clear guidance, with examples, on what constitutes a “significant and ongoing” change.
- Consider a plan variation before full reassessment where the change is discrete.
- Ensure reassessment is proportionate to the change in circumstances.

9. Meaningful consultation

- Include transparent information on budget limitations and set funding levels in the exposure-draft consultation.
- Publish a consultation response showing what was adopted, what was not, and why.
- Describe clearly who is consulted, how, and which decisions remain open to influence.
- Establish a community of practice to inform implementation and review.
- Provide sufficient time to respond, with consultation completed before New Framework Planning commences.

10. Accessible review and early resolution

- Establish independent oversight of NDIA internal review processes.
- Introduce an optional, accessible pathway for independent reconsideration of disputed funding decisions.
- Publish de-identified data on review outcomes.

1. Support Needs Assessments: consistency without losing individualised assessment

1.1 Issue

DEA acknowledges the benefits of improving consistency and transparency in the Support Needs Assessment process, particularly where it reduces planner-to-planner variability and the financial and administrative burden on participants of funding functional assessments.

However, the Support Needs Assessment will have a substantial influence on the supports and funding available to a participant. The NDIA's core assessment tool is the I-CAN version 6 (NDIA, 2025a), which its developers state is “designed for people with a disability aged 16 years and above” (Centre for Disability Studies, n.d.). The Department has stated that “there will be different assessment tools for children and adults” (Department of Health, Disability and Ageing, 2026a), yet the tool for children has not been identified and no children's assessment methodology is included in this consultation. It is also unclear how participants can introduce evidence from the specialists who know them. For autistic children, whose support needs change as they develop, these are not technical details. They determine whether the assessment reflects the child at all.

1.2 Key points

Standardised tools are useful components of assessment, but should not become substitutes for comprehensive assessment. The National Framework for assessing children's functional strengths and support needs concludes that “no single tool can account for all considerations, for all children, all of the time” (Fitzpatrick et al., 2024, p 39).

The Framework's international search of research and grey literature “revealed no tools that could directly support differentiation for all children” (p 53). The commitment to a separate children's tool therefore needs to be transparent and open to consultation.

The ICF framework underpinning the I-CAN characterises functioning as the interaction between the person, their activities and participation, and personal and environmental factors. This is fundamentally at odds with a pathway that reduces functioning to scores generated during a single assessment interaction.

A person's presentation during a single assessment may be affected by communication differences, unfamiliar people or environments, masking, available supports and the accessibility of the assessment itself.

The Support Needs Assessment includes targeted assessments that “draw on evidence from health and allied health professionals”, and the delegate will “consider whether a new assessment is needed” where a participant raises concerns (Department of Health, Disability and Ageing, 2026d). However, it has not been stated who decides when a targeted assessment is required, what weight specialist evidence carries, or what the criteria are for a new assessment.

Standardisation can reduce arbitrary inconsistency. However, where an assumption within a standardised process is incorrect, it also has the potential to make that error systematic.

1.3 Evidence and practice insight

The National Framework states that children’s functional strengths and support needs “change over time as they grow”, and that this “should inform all aspects of professional practice, including the assessment process, selection and interpretation of tools, and support recommendations” (p 5).

The Framework defines support need as “the gap between their current performance in activities and life situations with existing sustainable supports” and the level of performance required. It also distinguishes needs “that go beyond what is expected for a child the same age, in the same culture and context” (p 25).

The Framework cautions that “a tool used to identify impairment” is often “mistakenly considered by untrained users to be a valid and reliable measure of functioning... This is not the case” (p 53).

The Framework requires that professionals have “competencies and core capabilities that match their roles and responsibilities. This also applies to people who work with the findings” (p 40).

A NDIA position description for an APS 6 Planner Team Leader, a role that makes reasonable and necessary decisions and supervises APS4/5 Planners, lists relevant qualifications in human services, allied health or disability as desirable only (NDIA, n.d.). Current recruitment advertising for APS4 Participant Support Officer roles similarly seeks administrative or customer service experience, without requiring tertiary, allied health or disability-specific qualifications (DFP Recruitment, 2026; face2face Recruitment, 2026).

1.4 Recommendations

- **Children’s assessment pathway:** The Australian Government publish and separately consult on the assessment tool and methodology for children and young people under 16 before New Framework Planning applies to them. The methodology should be developmentally appropriate and aligned with the National Framework.

- **Specialist evidence:** The NDIA publish when targeted assessments are triggered, how existing professional evidence is weighed, and the criteria for a new assessment. Where reliable professional evidence materially conflicts with assessment findings, the discrepancy should be considered and explained in writing rather than disregarded without reasons.
- **Competency:** The NDIA publish minimum competency requirements for assessors that extend beyond tool accreditation, including disability-specific knowledge, communication accessibility and supported decision-making. Planners and delegates should be subject to minimum allied health or disability-specific qualification and competency requirements, commensurate with the impact their decisions have on participants' lives.

1.5 Rationale

A consistent assessment framework can improve fairness and reduce unnecessary evidence burden. However, consistency should mean consistency in the quality and integrity of the assessment process, not an assumption that individual support need can be fully represented by a standardised instrument. Clear correction mechanisms and appropriately competent assessors may also reduce downstream costs associated with inaccurate assessments, including repeated assessments, reviews and disputes.

2. Participant choice and access to appropriately qualified professionals

2.1 Issue

The consultation paper's support categories, including therapy supports and early intervention, refer to "allied health professionals" without defining the term (Department of Health, Disability and Ageing, 2026b, Attachment 1). At the same time, national work on the definition of allied health professions is ongoing. How this term is interpreted will determine which appropriately qualified professional participants are able to access for assessment, evidence and supports. DEA asks that the NDIA continue to engage with disability-specific allied health professions and their peak bodies about how they can contribute to the rollout of New Framework Planning, rather than making decisions that may unintentionally exclude them or limit participants' access to the most appropriate professional.

2.2 Key points

Participant choice and control should remain central to decisions about who provides their supports and relevant professional evidence.

Professional safeguards are necessary, but should be based on qualifications, competency, professional accountability and scope of practice, rather than restrictive lists of preferred professions.

AHPRA registration should not be treated as the only indicator of professional legitimacy. The NDIS already recognises self-regulated professions accredited or credentialled through relevant professional authorities.

Different forms of evidence appropriately require different expertise. Evidence concerning diagnosis or medical treatment may require a medical or other health professional. Evidence concerning functional capacity, strengths and support needs is routinely provided by Developmental Educators and other allied health professionals with competency in those areas.

Unnecessarily limiting the professionals able to provide relevant evidence may reduce participant choice, create duplicate assessments, increase costs and waiting periods, and further restrict options in regional and underserved communities.

2.3 Evidence and practice insight

Developmental Educators are listed in the NDIS Pricing Schedule 2026–27 as a distinct profession, with support items for therapy, employment therapy and early childhood intervention (NDIA, 2026c).

DEA's Scope of Practice (DEA, 2026a) identifies biopsychosocial and neuro-affirming assessment of development, functional capacity, adaptive skills, sensory processing and behaviour, and assessment of environmental and systemic facilitators and barriers.

This scope is accompanied by safeguards. Developmental Educators practising within the Scope of Practice must meet the DEA Core Competencies through formal qualifications at AQF7 (four-year bachelor) or AQF9 (master's degree) level in a Developmental Education or disability studies discipline, and DEA credentials Developmental Educators at graduate entry into the profession (DEA, 2026a).

2.4 Recommendations

- **Engagement:** The NDIA continue to engage with disability-specific allied health professions and their peak bodies on the rollout of New Framework Planning, and publish which professional bodies have been invited to contribute to definitions, eligibility criteria and operational guidance.

- **Competency, not title:** Professional eligibility be defined by the purpose of the evidence or support, relevant qualifications, demonstrated competency, professional accountability and scope of practice. The absence of AHPRA registration should not, of itself, result in professional evidence being afforded less weight.
- **Recognition of Developmental Educators:** Developmental Educators, who are already funded under current NDIS therapy and early childhood supports, be explicitly recognised under New Framework Planning as appropriately qualified professionals to undertake functional assessments and provide supporting evidence, within their scope of practice.
- **Definition:** The rules define “allied health professional” consistently with the NDIS’s existing recognition of appropriately credentialled self-regulated professions, including Developmental Educators.

2.5 Rationale

A participant-centred professional framework should consider who is appropriately qualified and competent to provide the particular assessment, evidence or intervention. Narrowly defined lists of professions risk creating an unintended hierarchy between professions, without considering which appropriately qualified practitioner is best suited to the individual participant’s needs. A competency and scope-based approach maintains appropriate safeguards while protecting participant choice and control, and makes effective use of the broader qualified disability workforce.

3. Assessment to budget: individual experience of disability

3.1 Issue

Budgets must reflect each person’s individual experience of disability. Many participants have complex presentations but meet access requirements for a single diagnosis. Where co-occurring conditions are not themselves funded, the framework must still recognise how they shape and intensify the support needs arising from the primary disability. Participants must also be able to understand how their assessment translates into their budget.

3.2 Key points

The Bill as introduced provides that the NDIS is “to fund supports for participants to meet disability support needs that arise directly from impairments in relation to which participants meet the disability requirements” (s 17B(2)(a)). From February 2027, participants will receive a Notice of Impairment setting out “the impairment categories a participant meets to access the NDIS” (Department of Health, Disability and Ageing, 2026d).

Co-occurring conditions do not operate in isolation. A condition not listed on a participant's Notice of Impairment may still change the nature, intensity and risk of the support needs arising from their primary disability. The rules do not explain how this interaction will be assessed or reflected in budgets.

Funding will be determined through five mechanisms, including relative needs levels “mapped to final budgets”, policy decisions and single funding levels (Department of Health, Disability and Ageing, 2026e). Standardisation can reduce arbitrary decision-making, but predictability in funding allocation should not be conflated with equity.

A highly individualised assessment does not necessarily produce an individualised funding outcome if the next step compresses that information into funding bands that cannot accommodate individual variation.

3.3 Evidence and practice insight

A 2026 systematic review found that co-occurring ADHD was associated with three times the odds of eloping in autistic children (Ciai et al., 2026). An autistic child who has met access requirements on the basis of autism alone may have eloping-related support needs intensified by co-occurring ADHD. If assessment considers only the primary disability, these needs, and the associated risk, may be understated.

Caregiver data also show that the triggers for eloping differ by co-occurring diagnosis, including energy levels with ADHD, stressful environments with anxiety, and transitions with learning disability (Andersen et al., 2020).

The Department acknowledges that “the detail about the budget method rules is currently being developed and tested” (Department of Health, Disability and Ageing, 2026e). This makes transparency in how those rules operate particularly important (see Section 9).

3.4 Recommendations

- **Co-occurring conditions:** The budget method rules explicitly provide for consideration of how co-occurring conditions interact with and intensify the support needs arising from a participant's primary disability, even where the co-occurring condition is not itself a basis for access.

- **Transparency and explainability:** Where set funding levels, funding ranges, cohorts, benchmarks or default amounts are used, these parameters and their eligibility criteria should be published in an accessible form. Participants should receive sufficient information in their plan to understand which funding level, cohort or benchmark has been applied, and how their assessed needs resulted in that allocation, including any adjustments or offsets.
- **Individual adjustment:** A clearly defined mechanism for individual adjustment be provided, based on relevant evidence and circumstances.

3.5 Rationale

Consistency does not necessarily equate to equity. Standard funding levels may fail to capture the diversity and nuance of support needs within a cohort. Where standardised funding parameters become prescriptive, there is a risk of shifting from the social and human rights models of disability towards the medical model, in which supports are determined by diagnostic category rather than the individual's circumstances, environment and personal goals. Individualised assessment must be matched by a budget methodology capable of responding to individual variation.

4. Informal supports: availability is not sustainability

4.1 Issue

DEA recognises that families, carers and informal networks play an important role in the lives of many people with disability. However, the expectation that informal supports can deliver disability-specific care is often neither reasonable nor realistic. Parents of autistic children report being told that care well beyond what is expected for a child of the same age, such as toileting support for a five-year-old, or dressing and toothbrushing support until seven or eight, is “normal parental responsibility”, and being advised to “sort out” informal supports that do not exist. Extended family and community networks are often unable or unwilling to provide disability-specific care, leaving parents providing intensive care for years longer than other parents.

4.2 Key points

The Bill as introduced presumes parents are responsible for substantial care, but defines that care as assistance “that, regardless of the child's disability, would reasonably be expected of a parent of a child of a similar age” (s 34(1H)(b)). Care that exceeds age-expected levels is therefore not ordinary parental responsibility under the legislation's own test.

The Support Needs Assessment will consider “information about support provided by family, friends, community services and paid supports” (Department of Health, Disability and Ageing, 2026d). This creates a risk that existing unpaid care is treated as evidence of capacity, without considering whether it is sustainable.

The Bill recognises that informal supports may need to be replaced “because of the unsustainability of the provision of those supports and networks” (s 34(1K)(b)(ii)). Sustainability must therefore be actively assessed, not assumed.

Informal support has an economic cost. At age 11, 47% of mothers of NDIS participants were in paid employment, compared with a 75% population benchmark (NDIA, 2018, p 50). The NDIA notes these figures are not directly comparable, as the NDIS data are cross-sectional and the benchmark is longitudinal.

Care intensity is strongly associated with workforce participation. In 2022, 71.6% of primary carers providing fewer than 20 hours of care per week were employed, compared with 45.4% of those providing 40 hours or more (ABS, 2024).

Additional consideration needs to be given to the fact that many carers are also living with disability themselves. In 2022, 43.8% of Australia’s primary carers had disability (ABS, 2024), which directly affects the sustainability of the informal support they are able to provide.

4.3 Evidence and practice insight

Developmental Educators work with people with disability within the context of their families and support systems. A family member may technically be available while simultaneously experiencing disability, illness, employment demands, other caring responsibilities, financial pressure or carer fatigue.

Determining what care is expected for a child of a similar age, culture and context is a developmental judgement. The National Framework defines support needs as those “beyond what is expected for a child the same age, in the same culture and context” (Fitzpatrick et al., 2024, p 25).

Where a caregiver has already reduced or ceased employment to meet a participant’s unmet support needs, their resulting availability should not be treated as evidence that they can sustainably continue providing that level of unpaid support.

4.4 Recommendations

- **Sustainability, not availability:** Any consideration of informal supports include an explicit assessment of the reasonableness and sustainability of the support relied upon, including caregiver capacity, disability or health needs, care intensity, employment impacts and competing responsibilities.
- **Age-expected care:** Guidance require assessors and delegates to identify care that exceeds what would reasonably be expected of a parent of a child of a similar age, using developmental benchmarks, and ensure such care is not treated as ordinary parental responsibility.
- **Available alternatives:** Where funding is not provided because a need should be met by a mainstream service or informal network, the NDIA identify a clear and accessible pathway to a service that can reasonably meet that need. Where none exists, the unmet need should not default to the participant's family.

4.5 Rationale

Theoretical responsibility and practical availability are not the same. Where a responsible service is unavailable, inaccessible or does not provide an equivalent level of support, the practical consequence is that the support falls to families and carers. This is an unrecognised transfer of cost from the NDIS to unpaid caregivers. Adequate funded support enables family members to remain parents, partners and siblings, rather than requiring those relationships to become primarily caregiving arrangements.

5. Flexible budgets: flexibility does not replace adequacy

5.1 Issue

DEA supports the move towards broader and more flexible support categories. However, budget flexibility and budget adequacy are separate considerations. Choice over how to allocate insufficient funding is not the same as genuine choice and control. Flexibility is also limited by what participants are permitted to purchase: where everyday items are excluded, participants cannot use their budget for supports that would enable independent daily access, even where those supports cost less than the alternative.

5.2 Key points

Most supports will be flexible, but only “as long as the support meets the NDIS supports Rules” (Department of Health, Disability and Ageing, 2026b, p 8). The flexible budget “may have some restrictions and requirements applied to the spending” (Department of Health, Disability and Ageing, 2026e).

Where funding is insufficient, greater flexibility may obscure rather than resolve unmet need, shifting rationing decisions from the NDIA to participants and families.

With the replacement supports process removed, “no items, including standard commercially available household items” would be available through that pathway (Department of Health, Disability and Ageing, 2026b, p 9). An everyday item that enables a participant to complete a task independently may be excluded, while support worker hours to complete the same task for the participant remain fundable.

Value for money under the NDIS Act considers whether costs are reasonable “relative to both the benefits achieved and the cost of alternative support” (s 34(1)(c)), and the Bill as introduced requires decision-makers to consider “whether comparable supports are available at a lower cost” (s 34(1A)). A blanket exclusion of everyday items prevents that comparison from being made.

5.3 Evidence and practice insight

Participants frequently have multiple interrelated disability support needs. Flexibility between categories helps participants respond to changing circumstances, but it does not reduce the underlying cost of meeting those needs. Where the total budget is inadequate, participants may be required to reduce one necessary support to maintain another.

5.4 Recommendations

- **Adequacy and flexibility:** Budget adequacy and budget flexibility be assessed and monitored as separate measures, including whether participants are rationing necessary supports, exhausting funding prematurely or leaving identified needs unmet. Flexibility should not be used as a substitute for sufficient funding.
- **Everyday items:** Participants be able to use flexible funding for an everyday item where it meets an established disability-related need and represents equal or better value than alternative supports, including where it increases independence and reduces reliance on support worker hours.

5.5 Rationale

Flexible funding can strengthen participant autonomy, but choice over how to allocate insufficient funding is not the same as genuine choice and control. The success of flexible budgets should be measured not only by how freely participants can spend their allocation, but by whether that allocation is sufficient to meet their assessed needs, and whether it can be spent on the supports that most effectively build independence.

6. Ministerial powers to reduce funding for specified support categories

6.1 Issue

DEA is concerned that new Ministerial powers allow participants' funding to be reduced without consultation with the participant or the disability community, leaving participants without adequate funding. The burden of proof remains disproportionately with the person with disability, who must provide extensive evidence to secure funding, while the Government can now reduce that funding without published evidence or individual review. Participants also have no transparency about what they are likely to be funded for their support needs.

6.2 Key points

Section 34A allows the Minister, by legislative instrument, to reduce funding for specified groups of supports across participants' plans.

A reduction applies even where the resulting funding is less than the cost of a support assessed as reasonable and necessary (s 34A(5), Bill as introduced).

From October 2026, budgets for social, civic and community participation and capacity building daily activities are being "progressively updated" as plans are reassessed or renewed. The NDIA's information for participants and providers does not state that funding will be reduced, or by how much (NDIA, 2026a, 2026b).

A variation pathway is available only to high support needs participants who require continuous 24-hour care. Most participants affected by a reduction have no equivalent pathway.

Providers can no longer request a plan reassessment on a participant's behalf. Participants with disability-related capacity barriers must challenge reductions themselves or through a nominee.

6.3 Evidence and practice insight

DEA members are supporting participants affected by these changes, including the following de-identified example. A parent with disability who also has complex medical needs depends on community access funding to attend medical appointments. External agencies are involved due to disability-related barriers to parenting capacity. Their community access funding is now scheduled to be reduced as their plan is renewed, without any review of how integral these supports are to maintaining their safety and wellbeing. They fall outside the 24-hour care variation pathway, and their providers cannot request a reassessment on their behalf. They have no informal supports outside the disability community, so any plan nominee would also be a person living with disability. Without their providers being able to support a request for review of funding, they are at increased risk of requiring a publicly appointed guardian to ensure they are supported, an outcome that is more restrictive of their autonomy, and likely more costly, than the supports being reduced.

6.4 Recommendations

- **Transparency:** Any determination reducing funding for groups of supports be published with its rationale, the evidence relied on, and modelling of its impact on participants.
- **Consultation:** People with disability and their representative organisations be consulted before any determination is made or varied.
- **Economic analysis:** Independent economic analysis be commissioned and published comparing the costs of funding these supports with the costs of not funding them, including impacts on participant outcomes and costs shifted to other service systems.
- **Individual review pathway:** Extend the variation pathway available to participants requiring 24-hour care to any participant for whom a funding reduction creates a risk to their safety, wellbeing or autonomy, and allow providers to support a participant's request with their consent.

6.5 Rationale

Participants are required to evidence every support they seek. The same standard should apply when the Government reduces those supports. By creating a variation pathway for participants requiring 24-hour care, the Government has acknowledged that these reductions can place participants at risk. That protection should not depend on how high a participant's needs are. Reduced NDIS expenditure does not equal a reduced cost of disability support. Where supports are withdrawn, costs shift to health, education, housing, justice and welfare systems, and to families and unpaid carers. Additional costs beyond economic factors must also be considered. Where funding reductions affect a person's quality of life or their ability to exercise agency, there is a human cost. The objects of the NDIS Act include supporting the independence of people with disability and enabling them to exercise choice and control (s 3(1)). The cost of funding cuts that reduce outcomes in these areas must be weighed against any savings.

7. Categorical exclusions and functional purpose

7.1 Issue

DEA supports clear boundaries around what the NDIS does and does not fund. However, absolute exclusions can ignore why an item is required in an individual participant's circumstances. Items such as noise-cancelling headphones and fencing are everyday items for the general public, purchased by choice. For many autistic participants, they are disability-related supports that maintain safety and participation, not "nice to have" items.

7.2 Key points

The consultation paper proposes adding electronic noise-cancelling headphones and fencing and gates to the Schedule 2 exclusions, citing “confusion and disputes” about whether they are NDIS supports (Department of Health, Disability and Ageing, 2026b, p 8).

These disputes indicate that participants have genuine disability-related needs these items meet. Excluding the items resolves the dispute by removing the participant’s ability to demonstrate that need, rather than addressing it.

Where fencing is implemented in response to eloping, it is a restrictive practice requiring assessment, authorisation and inclusion in a behaviour support plan. The Scheme cannot consistently treat the same item as a regulated disability-related intervention and as an ordinary household item.

The rules already recognise funding for the additional costs of upgrading standard household items for disability-related reasons (Department of Health, Disability and Ageing, 2026b, Attachment 1). The same principle could apply here.

7.3 Evidence and practice insight

A practising Developmental Educator contributing to this submission estimates that eloping is identified in around 70% of the risk assessments they complete with autistic children.

A 2026 systematic review found a pooled eloping incidence of 46% among autistic children. The behaviour was persistent over time and did not differ significantly by cognitive or language ability. Lack of danger awareness was a key risk factor (Ciai et al., 2026).

Australian coronial data indicate that autistic children who drown are more likely than other children to drown in lakes and dams (Peden & Willcox-Pidgeon, 2020), a particular risk for regional and rural families.

Families report physical fencing among the most effective and least burdensome strategies for preventing eloping (Andersen et al., 2020), although physical barriers are most effective as part of a broader safety plan (Ciai et al., 2026).

Electronic noise-cancelling headphones provide sensory processing support. They are an environmental modification with a dual purpose: reducing noise that leads to dysregulation, while also creating a safe environment through preferred or regulating auditory input. The same practitioner has used electronic noise-cancelling headphones successfully to promote engagement in learning environments and, as the parent of an autistic child, as a safety strategy when early warning signs of dysregulation emerge.

7.4 Recommendations

- **Exception mechanism:** Retain general exclusions but establish a narrow exception mechanism based on functional need, safety and value for money, where a functional or risk assessment identifies a disability-related need.
- **Behaviour support plans:** Where an item forms part of a strategy in an authorised behaviour support plan, including environmental safety measures such as fencing and gates (NDIA, 2025b), the Schedule 2 exclusions should not prevent it from being funded.
- **Low-cost everyday items:** Low-cost items on the excluded or “everyday items” lists, such as floor rugs, beanbags and standard indoor or outdoor play equipment (NDIA, n.d.), be assessed on their disability-related function and value for money compared with alternative supports, rather than excluded because they are also used by people without disability.
- **Additional cost:** Where appropriate, fund the additional disability-related cost (for example height, climb resistance or self-closing gates) rather than the entire item.

7.5 Rationale

Categorical rules improve predictability but cannot anticipate every disability-related circumstance. Limited exceptions may actually reduce disputes while preserving appropriate Scheme boundaries. Where an item forms part of an authorised behaviour support plan, the Scheme cannot consistently regulate it as a disability-related intervention while excluding it as an ordinary household item. Excluding low-cost items that build independence may also increase overall costs, where support worker hours are funded to complete the same task (see Section 5).

8. Plan variations, reassessments and changing support needs

8.1 Issue

DEA supports greater use of plan variations and longer plans where circumstances are stable. However, plan reassessments will now only occur where a participant’s support needs or circumstances have changed in a “significant and ongoing way” (NDIA, 2026a). This threshold is not defined, leaving participants without a clear understanding of when and how they can seek a review of their funding and supports. Additionally, providers can no longer request a reassessment on a participant’s behalf. This places a disproportionate administrative burden on participants who experience disability-related barriers to navigating administrative processes, without providing adequate alternative pathways for support. These changes risk reducing, rather than promoting, agency and quality of life.

8.2 Key points

Disability and support need are dynamic. A person's disability may remain unchanged while their environment changes dramatically. Family circumstances, education, housing, informal supports, accessibility and life transitions can all alter support need.

Plans may now last up to five years (Department of Health, Disability and Ageing, 2026c). For children, this can span major developmental transitions, such as the move from early intervention into school.

Only participants, plan nominees or child representatives can request a reassessment. Providers can no longer do so on a participant's behalf (NDIA, 2026a, 2026b).

Without clear guidance, there is a risk that participants avoid reporting changes if doing so exposes the whole plan to reassessment.

8.3 Evidence and practice insight

DEA's Scope of Practice recognises environmental and systemic factors, and the interaction between personal and environmental circumstances, in shaping support need (DEA, 2026a).

Life transitions are an obvious example of support needs changing while the underlying disability remains the same. A person may demonstrate relatively stable functional skills over several years while the demands placed on them increase. Transitions such as starting school, moving into secondary school, leaving school, entering employment or moving out of the family home may introduce substantially different demands relating to communication, social interaction, independence and self-management, increasing support needs without any change in the person's underlying disability.

A practising Developmental Educator contributing to this submission reports participants being refused a reassessment because their change in circumstances was not accepted as meeting the threshold, without being given clear information about why their situation did not qualify or what circumstances would.

8.4 Recommendations

- **Clear threshold:** Publish clear guidance, with practical examples, on what constitutes a "significant and ongoing" change in circumstances for the purposes of reassessment.
- **Variation first:** Require consideration of a plan variation before full reassessment where the change is discrete.
- **Proportionality:** Ensure reassessment is proportionate to the extent of changed circumstances.

8.5 Rationale

A stable diagnosis does not necessarily mean stable support need. Variation mechanisms can preserve responsiveness without unnecessary reassessment, but only if participants understand when each pathway applies.

9. Meaningful consultation on an unfinished operational framework

9.1 Issue

DEA supports testing and iterative development. However, major components that will determine actual participant outcomes are still being developed, making meaningful consultation difficult. DEA is concerned that the focus on reducing Scheme expenditure has shifted the central question from what a person needs to equitably access their environments and meaningfully participate in daily life, to what the NDIS will or will not fund. When consultation is framed around funding boundaries, it shapes what can be implemented rather than inviting genuine influence over how supports are designed around the person.

9.2 Key points

The high-level architecture is available, but important operational detail is not. Assessment tools, thresholds, funding settings and adjustment mechanisms may determine actual outcomes, yet are not available for comment. Consultation should not conclude before stakeholders can examine these details.

The Government has stated that it is consulting with the disability community. However, Australia's Disability Representative Organisations have publicly stated that the reform process "has not met any reasonable standard of transparency, accessibility, or consultative practice", and that earlier consultation on the new framework planning rules "undermines the integrity of the consultation process" (Disability Representative Organisations, 2026).

In its submission on the Securing the NDIS for Future Generations Bill, DEA raised concerns about the Scheme being "increasingly governed through subordinate legislation and ministerial rules" (DEA, 2026b). The rules now under consultation are part of that shift, and DEA seeks to understand how its earlier feedback was considered.

Under Article 4(3) of the United Nations Convention on the Rights of Persons with Disabilities, Australia is obliged to "closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations" in developing legislation and policy (United Nations, 2006).

9.3 Evidence and practice insight

The Support Needs Assessment report “is currently being designed by the NDIA” (Department of Health, Disability and Ageing, 2026d).

9.4 Recommendations

- **Budget transparency:** The exposure-draft consultation includes transparent information on budget limitations and set funding levels.
- **Consultation response:** The Department publish a consultation response setting out the feedback received, what has been adopted, what was considered but not adopted, and why.
- **Consultation process:** The Department clearly describe how it is consulting with the community: who is engaged, through what methods, and which decisions remain open to influence.
- **Community of practice:** A community of practice be established, including people with disability, families, representative organisations and relevant professions, to inform the implementation and review of New Framework Planning.
- **Time:** Sufficient time be provided for people with disability, families, representative organisations and relevant professions to respond, with consultation completed before New Framework Planning commences.

9.5 Rationale

People cannot meaningfully assess the consequences of rules they have not seen. Co-design requires an opportunity to influence consequential design decisions. As a profession grounded in the human rights model of disability, DEA regards close consultation with people with disability not only as good practice but as an obligation under Article 4(3) of the UNCRPD.

10. Accessible review and early resolution

10.1 Issue

The existence of review rights in legislation does not mean those rights are accessible in practice. As decision-making becomes more standardised, accessible mechanisms for correction and review become more important, particularly for participants with communication, cognitive or other disability-related barriers to navigating administrative processes.

10.2 Key points

Participants who dispute a decision carry the administrative, emotional and financial burden of gathering further evidence and navigating review, often while their funding is already insufficient.

Practical routes to correct a decision are narrowing. Providers can no longer request a reassessment on a participant's behalf (Section 8), and the variation pathway for funding reductions is limited to participants requiring 24-hour care (Section 6).

10.3 Recommendations

- **Independent oversight:** Establish independent oversight of NDIA internal review processes, including monitoring of timeliness, accessibility, consistency and outcomes.
- **Early resolution:** Introduce an optional, accessible pathway for independent reconsideration of disputed funding decisions, with authority to amend decisions, that does not restrict existing Administrative Review Tribunal rights or add a compulsory review stage.
- **Reporting:** Publish de-identified data on review outcomes, including the proportion of decisions changed and the stage at which changes occur.

10.4 Rationale

Accessible early resolution enables participants to obtain timely decisions about essential supports, while reducing the administrative and legal costs of prolonged disputes for both participants and the Scheme.

Conclusion

DEA supports a sustainable NDIS and welcomes the opportunity to contribute to New Framework Planning. Developmental Educators work alongside people with disability, their families and the environments around them every day. That work gives DEA members a clear view of how funding rules translate into lived outcomes: whether a student can remain engaged in education, whether a parent or carer can remain in the workforce, and whether a person can safely participate in their community.

It is from that position that DEA makes this submission. The success of these reforms will ultimately be measured not by what the Scheme spends, but by whether people with disability can equitably access their environments and meaningfully participate in daily life.

DEA asks that the Department continue to engage meaningfully with people with disability, their families and the professions who support them; publish the detail on which participant outcomes

depend; and demonstrate how this feedback has shaped the final rules. DEA would welcome the opportunity to contribute further.

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