THE AUSTRALIAN NEURODIVERGENT PARENTS ASSOCIATION

Disabled Persons Organisation | Nothing About Us Without Us

PARLIAMENTARY SUBMISSION

Submission to the Senate Community Affairs Legislation Committee

Inquiry into the *National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026*.

Submitted by	The Australian Neurodivergent Parents Association (The ANPA)
Date	May 2026
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Organisation type	Disabled Persons Organisation (DPO)
ANPA's position	**Oppose**

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1. Executive Summary

Who We Are

The Australian Neurodivergent Parents Association (The ANPA) is a Disabled Persons Organisation (DPO) founded in 2023 led by and for neurodivergent parents, carers and families across Australia. Our members include autistic parents, parents with attention deficit hyperactivity disorder (ADHD), parents with psychosocial disability, parents with intellectual or cognitive disability, and families where **disability is intergenerational.** A number of our members are also Aboriginal and Torres Strait Islander parents and carers.

Many of our members are both National Disability Insurance Scheme (NDIS) participants and the primary carers of children who are NDIS participants. Our membership also includes people with lived experience of exclusion from education, poverty (including intergenerational poverty), domestic and family violence, and incarceration; engagement with child protection services, family preservation services, the Family Court, Children's Courts, the justice system, and mental health systems across Australian states and territories, where their own disability, their child's disability, or disability-related support needs were a factor contributing to that contact.

For this reason, we are driven to seek better and further supports for our community. Our goal is stronger, safer and more supported families and kin - remaining together, and living well, in dignity and connected to their rights and the community. We are a subsection of the Disability community who are deeply underserved - historically and now.

We hold de-identified lived-experience evidence from directly affected families concerning the widespread nature of NDIS support loss for our community since the passage of the 2024 NDIS Amendment Bill; mass eligibility reassessment; inaccessible review and support pathways; inadequate supports; and the downstream consequences of support failures for children, families, and women bearing unpaid care.

We do not receive any Commonwealth or State/Territory funding. We are funded via community donations, and have no paid staff. We are all peer volunteers, seeking to better the circumstances of our shared community and most especially, our children.

write in accordance with our foundational principle: **Nothing About Us Without Us.**

What the Bill Proposes

The *National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026* (the Bill) was introduced to Parliament on 14 May 2026. It proposes significant amendments across five schedules: access and planning, fraud enforcement, governance and automated decision-making, new framework planning, and transitional provisions.

The most consequential provisions for ANPA's community are:

1. The functional capacity definition at proposed section 9B;
2. The ministerial funding reduction power at proposed section 34A;
3. The removal of reviewability for automatic plan renewals at proposed section 50A(4);
4. The restricted reassessment conditions at proposed section 48A;
5. The parental responsibility provisions at proposed subsections 34(1G) to 34(1K);
6. and the automated administrative action framework at proposed sections 59B to 59E.

Why This Matters

The Bill has been introduced and referred to inquiry within a compressed 15-day period. The Senate Community Affairs Legislation Committee inquiry opened and closes within the same fortnight. Critical operative detail, including the entire methodology for assessing functional capacity under proposed section 9B, has not been published. The government's own correspondence to ANPA confirms that the Technical Advisory Group that will advise on that methodology has not yet been established.

Parliament is being asked to pass legislation whose practical effects on eligibility cannot yet be assessed. This is not a minor drafting issue. For the families ANPA represents, it is a rights and safety issue.

Who Is at Risk

The Bill creates reasonably foreseeable risks for the following cohorts, addressed in order of severity in this submission:

> *'You do not realise…you have made the future quite terrifying. You need to see us as people, as individuals.'*

> - Respondent, QLD, ANPA community survey, May 2026

- Disabled children, particularly those whose disability is contextual, fluctuating, or mediated by environmental demands
- Neurodivergent families and families where disability is intergenerational
- Women, mothers and sole parents bearing disproportionate unpaid care labours
- First Nations neurodivergent families facing compounded barriers
- Culturally and linguistically diverse (CALD) and migrant families facing language and evidence barriers
- Autistic people and people with psychosocial, cognitive, intellectual and complex communication disabilities
- The Commonwealth itself, through legal and fiscal exposure.

What the Evidence Shows

ANPA's survey of 398 respondents conducted in May 2026 found that 369 (92.7%) were very concerned about the proposed changes.

Of those:

- 330 (82.9%) identified families being expected to provide more unpaid support as a top concern;
- 302 (75.9%) identified automated or AI decision-making;
- 249 (62.6%) identified changes to eligibility.
- **A total of 177 respondents (44.5%) selected increased suicide and self-harm risk for their child as a foreseeable impact.**

While these are self-reported findings from a self-selected sample and cannot establish population-level prevalence, they do indicate the nature and intensity of concern within the community ANPA represents.

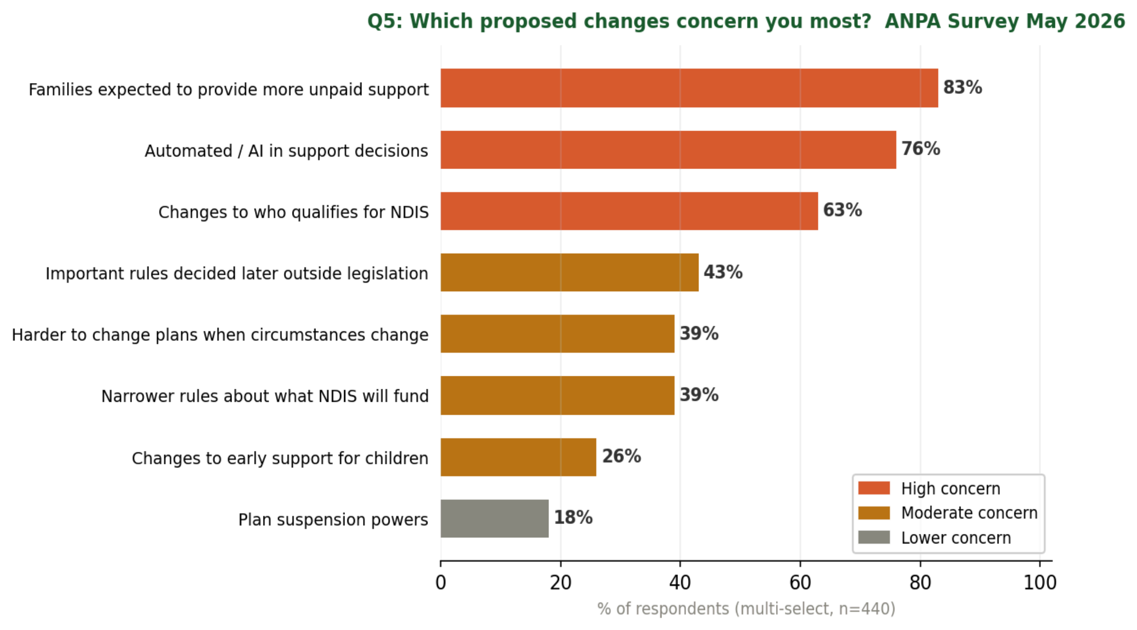


Figure 1: Q5 — which proposed changes concern you most? Multi-select, n=440.

The peer-reviewed evidence base, summarised in Section 12 of this submission, supports the following risk pathways:

- Standardised functional capacity assessment structurally undercounts the support needs of autistic people, people who mask or camouflage, and people with fluctuating conditions;
- Automated decision-making in welfare contexts replicates documented algorithmic harms without adequate accountability;
- Support reduction increases mental health medication use and creates downstream costs to health, child protection, and other systems;
- and administrative labour from NDIS navigation disproportionately harms neurodivergent families.

What ANPA Asks Parliament to Do

ANPA asks the Committee to recommend that the Bill not proceed in its current form.

Specifically, we ask Parliament to:

- Decline to pass the Bill until all operative Rules, instruments and assessment frameworks are published for scrutiny by the Parliament and adequate time is allowed for the disabled community to properly consider and respond. A 15 day period is inaccessible.

- Require independent disability rights, child rights, gender, and First Nations impact assessments before any further passage
- Amend the Bill to preserve meaningful merits review for all decisions affecting access and funding
- Remove or substantially amend the automated decision-making provisions to prohibit automated evaluative decisions without human safeguards
- Amend the parental responsibility provisions to remove the presumption of substantial parental care that will function to shift support labour to women and unpaid carers
- Extend public consultation, conducted accessibly and led by disabled people and their representative organisations.

> *‘Nothing About Us Without Us’ is not a slogan. It is a legal standard which Australia is obligated to observe.*
>
> *CRPD Article 4(3) requires that disabled people and their representative organisations be closely consulted and actively involved in the development of legislation affecting them.*
>
> *That standard has not been met in the development of this Bill.*

2. About The Australian Neurodivergent Parents Association

The Australian Neurodivergent Parents Association (The ANPA) is a Disabled Persons Organisation constituted, governed and led by neurodivergent parents and carers. We are not a charity, service provider or government-affiliated body. We are a rights-based membership organisation with standing under the Convention on the Rights of Persons with Disabilities (CRPD) as a Disabled Persons Organisation under Article 4(3).

Our constituency includes: neurodivergent parents of neurodivergent and disabled children; disabled parents who are themselves NDIS participants; families where multiple members have disability; sole parents carrying both disability and carer responsibilities; First Nations neurodivergent families; CALD and migrant neurodivergent families; and families navigating the intersection of poverty, disability, and complex system demands.

Our work includes: public advocacy, parliamentary submissions, parliamentary briefings, community education, the NWO (Nobody Worse Off) Harm Tracker project, human rights based policy analysis, and direct engagement with the Senate, House of Representatives, state and territory legislators, and the Australian Human Rights Commission (AHRC).

ANPA has active correspondence on the record with the Ministers for Disability and the NDIS, the Department of Health, Disability and Ageing, the Australian Human Rights Commission, and parliamentary committees. ANPA submitted a detailed technical letter to the Senate Standing Committee for the Scrutiny of Bills on 19 May 2026 raising specific legislative scrutiny concerns about the drafting of the Bill. This submission expands on and provides evidence for those concerns.

ANPA operates under the principle that disability policy must be developed with, not for, disabled people. We hold our community's trust because we do not speak over them; we amplify, document and present their evidence to decision-makers with institutional rigour.

3. Summary of Recommendations

The following recommendations are addressed in detail in the body of this submission. Each recommendation is specific, legally intelligible, administratively workable, and connected to the evidence base.

> *‘We want to see Disabled people and families living with [NDIS] plans consulted. Disabled people and their families experiencing changes consulted. And those consultations being considered and accounted for in legislation. Treat people like people, not numbers.’*
>
> — Respondent, QLD, ANPA community survey, May 2026

Recommendations on Process and Consultation

Recommendation 1 - The Senate Community Affairs Legislation Committee recommend that the Bill not proceed in its current form. Parliament should defer passage until all operative Rules, instruments, thresholds and assessment frameworks are published, subject to public scrutiny, and independently assessed for human rights compatibility.

Recommendation 2 - The government conducts accessible, disability-led consultation on the functional capacity framework, iCAN assessment tool, and all operative Rules before those instruments are finalised, consistent with CRPD Article 4(3). Consultation must include DPOs, First Nations disability organisations, CALD disability organisations, and organisations representing neurodivergent parents.

Recommendation 3 - The government commission and publish independent disability rights, child rights, gender, and First Nations impact assessments of the Bill and all associated Rules before any further parliamentary consideration.

Recommendations on Functional Capacity and Eligibility

Recommendation 4 - Section 9B be amended to require that functional capacity assessment take into account the interaction of impairment with environmental, social, and contextual factors, consistent with the social model of disability embedded in the CRPD. The Bill must not permit assessment that strips context from disability.

Recommendation 5 - The iCAN assessment tool be independently peer-reviewed across all disability types it will be applied to, including diverse autism presentations, psychosocial disability, cognitive disability, intellectual disability, and fluctuating and episodic conditions, before it is used in any eligibility or funding decisions.

Recommendation 6 - Section 48A be amended to ensure that people with fluctuating, episodic or condition-sensitive support needs are not excluded from reassessment access. That the 90-day decision period be reduced or subject to urgent pathway provisions for people in crisis.

Recommendations on Merits Review and Accountability

Recommendation 7 - Section 50A(4) be amended to remove the provision that automatic plan renewals do not constitute reviewable decisions. All decisions that alter a participant's funded supports must be reviewable.

Recommendation 8 - Section 34A be amended to remove or substantially limit the ministerial power to reduce plan funding below the cost of reasonable and necessary supports. Any funding determination instrument must be disallowable and subject to parliamentary scrutiny.

Recommendations on Automated Decision-Making

Recommendation 9 - Sections 59B to 59E be amended to prohibit automated or effectively automated decisions involving evaluative judgement, discretion, or state-of-mind formation in relation to access, eligibility, plan content or funding, without a human decision-maker reviewing and approving each individual decision. The Robodebt Royal Commission's recommendation of a clear path for those affected to seek review must be implemented.

Recommendation 10 - Section 59E(3) be removed. The provision that CEO failure to ensure validity of automated decisions does not affect decision validity must not proceed. It places the labour of systemic administrative failure on participants.

Recommendation 11 - Automation arrangements made under section 59B be required to be legislative instruments, subject to disallowance and parliamentary scrutiny, rather than internal administrative arrangements.

Recommendations on Parental Responsibility and Family Preservation

Recommendation 12 - Proposed subsections 34(1G) to 34(1K) be substantially amended to **remove the presumption of substantial parental care and the provisions limiting funded supports where parental time labour would be reduced.**

These provisions may create a foreseeable shift of disability support labour to women in breach of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) Article 23, the United Nations Convention on the Rights of the Child (CRC) Articles 9 and 27, and the United Nations Convention on the Elimination of all forms of Discrimination Against Women (CEDAW).

Recommendations on Independent Oversight

Recommendation 12 - Parliament require independent public reporting on the impacts of the Bill's implementation on disabled children, neurodivergent parents, women and sole parents, First Nations families, CALD families, and people with psychosocial, cognitive, intellectual, autistic and complex communication disabilities. Reporting must be published annually and be accessible to the disability community.

Recommendations on Participant-Directed Planning

Recommendation 13 - **Schedule 1, Part 6, item 66 be deleted,** and section 31 and Division 1 of Part 2 of Chapter 3 of the NDIS Act be retained. Participant plans must remain individualised, participant-directed wherever possible, grounded in choice and control, and responsive to the participant’s goals, circumstances, communication needs, family context and disability support needs.

Recommendations on Alternative Supports

Recommendation 14 - **Proposed section 25B be amended** so that a person can only be excluded from the NDIS on the basis of alternative supports where those supports are actually available, accessible, timely, safe, disability-affirming, culturally appropriate, subject to proper risk assessment, supported by evidence of effectiveness, suitable for the person’s needs, consistent with free and informed consent, substantially equivalent to individualised NDIS supports, and enforceable.

Foundational supports, group programs, parenting programs, referral pathways and mainstream services **must not be treated as equivalent to individualised NDIS supports** unless this test is satisfied.

Recommendations on Appropriate Treatment

Recommendation 15 - **Schedule 1, Part 8, items 88 to 94 be amended** so that treatment is only considered ‘appropriate’ where it is evidence-based, clinically appropriate, reasonably available, affordable, accessible, disability-affirming, appropriate to the person’s age, disability, communication needs and trauma history, and importantly - undertaken with ***free and informed consent.***

For children, **any treatment assessment must additionally consider the best interests of the child,** family wellbeing, developmental safety, and **whether the intervention is disability-affirming.**

Recommendations on Plan Suspension and Revocation

Recommendation 16 - **The revocation power in Schedule 1, Part 7 be removed.** If it is not removed, it must be substantially amended to require multiple accessible contact attempts, trauma-informed outreach, checks for crisis circumstances, involvement of nominees and advocates, a reviewable decision before any revocation, no revocation where the person is a child or in crisis, and immediate reinstatement on re-established contact.

Loss of contact with the NDIA should trigger outreach and support, not removal from the scheme.

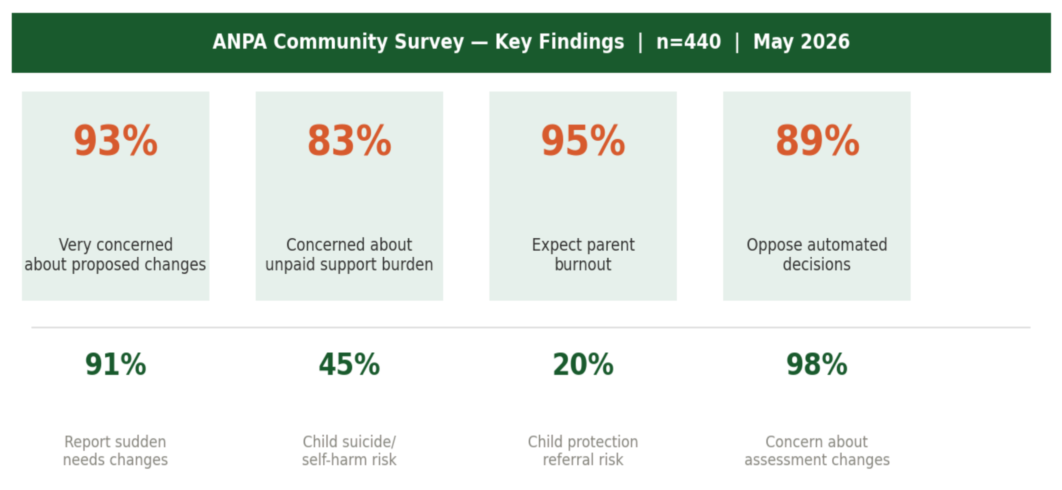


Figure 2. Overall level of concern about proposed changes (n = 440, ANPA community survey, May 2026)

4. Methodology and Evidence Base

This submission draws on four categories of evidence. Each is clearly identified and appropriately qualified throughout.

We thank the members of our community who contributed their time and experiences to the survey we ran and their frank and personally meaningful conversations with us over time on our social media platforms. We are a strong community, despite being also so vulnerable systemically. We acknowledge each and every person contributing efforts - no matter how big or small - towards the protection of our collective rights under the UNCRPD.

4.1 ANPA Community Survey

> *‘We are not neat tick boxes that fit into an automated system. We are complex, our needs fluctuate, and we deserve dignity, respect and support.’*
>
> *- ANPA Community Survey Respondent, May 2026.*
>
> — Respondent, NSW, ANPA community survey, May 2026

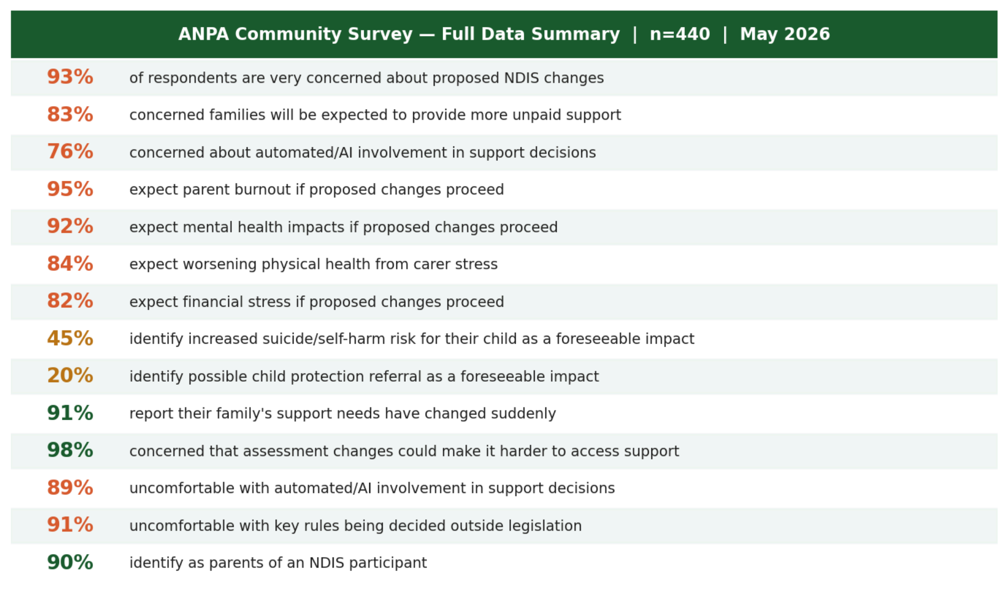
ANPA conducted an online survey titled '**Major NDIS Changes May Be Coming: Have Your Say on the Draft NDIS Bill'** in May 2026, in response to the announcement of the Bill and the opening of this inquiry. The survey was distributed through ANPA's networks, social media channels, and community contacts.

The survey received 440 responses. Respondents were located across all states and territories: Victoria (37.2%), New South Wales (21.6%), Queensland (16.6%), Western Australia (9.3%), South Australia (8.8%), Tasmania (3.0%), Australian Capital Territory (2.8%), and Northern Territory (0.8%).

The survey included questions on NDIS status, household income, concerns about the Bill, foreseeable family impacts, support needs assessment concerns, attitudes to automation and delegated rules, and open-text responses.

Methodological limitation

This survey was self-selected and recruited through ANPA's networks. Respondents self-identified and chose to participate. The sample cannot be treated as representative of all NDIS participants, all neurodivergent families, or all disabled Australians. All findings are described as reported experience from respondents to this survey. Percentages use n=398 as the denominator throughout. The survey is a community signal source indicating the nature, direction, and intensity of concern within ANPA's community.



ANPA Community Survey — Full Data Summary | n=440 | May 2026

93%	of respondents are very concerned about proposed NDIS changes
83%	concerned families will be expected to provide more unpaid support
76%	concerned about automated/AI involvement in support decisions
95%	expect parent burnout if proposed changes proceed
92%	expect mental health impacts if proposed changes proceed
84%	expect worsening physical health from carer stress
82%	expect financial stress if proposed changes proceed
45%	identify increased suicide/self-harm risk for their child as a foreseeable impact
20%	identify possible child protection referral as a foreseeable impact
91%	report their family's support needs have changed suddenly
98%	concerned that assessment changes could make it harder to access support
89%	uncomfortable with automated/AI involvement in support decisions
91%	uncomfortable with key rules being decided outside legislation
90%	identify as parents of an NDIS participant

Figure 5. Key findings summary (n = 440, ANPA community survey, May 2026)

4.2 NWO Harm Tracker

The Nobody Worse Off (NWO) Harm Tracker is a national tool, co-designed with disabled people and allied health workers, to document how NDIS changes are affecting people.

As at 17 April 2026, the Harm Tracker had received 547 responses documenting impacts on at least 6,924 NDIS participants. Responses were received from across all states and territories.

Methodological limitation

The Harm Tracker is an open-access public reporting tool. Responses are self-selected and cannot be treated as a representative or random sample. Harm Tracker data is used in this submission as community signal evidence of reported harm patterns, consistent with its design purpose as a public interest documentation project.

4.3 CYDA Masking is Not Thriving Survey

Children and Young People with Disability Australia (CYDA) conducted the Masking is Not Thriving national survey between August and September 2025 (n=1,535). The survey found that 76% of respondents were worried about the proposed reforms, 51% recorded feeling scared or confused, and 79% considered the implementation timeframe inadequate. (Source: CYDA, Masking is Not Thriving, August-September 2025)

The CYDA survey corroborates ANPA’s own survey findings across a larger and independently conducted sample. Both surveys indicate high levels of concern, fear, and opposition to the implementation timeline. Neither is a representative population sample. Together they constitute consistent community signal across two independent data collection exercises.

4.4 Facebook Community Comment Data

ANPA conducted a structured scrape of 1,015 public comments from posts on ANPA's Facebook page between April and May 2026, following the National Press Club address on 22 April 2026.

After filtering ANPA's own content, approximately **950 community member comments** were available for analysis. Comments are used in this submission as illustrative community signal evidence. All identifying details have been removed or generalised. No comment from a private group is quoted.

Methodological limitation

Facebook comment data reflects a self-selected audience on a disability advocacy page. It is not a survey and cannot establish prevalence. It is used to illustrate recurring themes, not to make population-level claims.

4.5 Peer-Reviewed and Authoritative Evidence

This submission draws on peer-reviewed literature, Royal Commission findings, Australian Institute of Health and Welfare (AIHW) data, government correspondence, and other authoritative sources. Each source is identified by type.

The literature review is structured around **nine risk mechanisms** identified through statutory analysis of the Bill. It is presented at Section 12.

4.6 ANPA's Own Institutional Record

This submission also draws on ANPA’s own prior work including:

- Thriving Kids Community Leaders Roundtable Brief (March 2026);

- ‘Red Alert report’ letter of notice and report on the Inklings program lodged with Ministers Butler and McAllister (21 February 2026);
- Letter to the UN Special Rapporteur on the Rights of Persons with Disabilities (6 February 2026);
- Correspondence with Minister McAllister requesting a direct community meeting (March 2026) and the ministerial decline of that request (31 March 2026);
- Urgent DPO correspondence to Minister Butler and copied parliamentarians regarding parliamentary integrity concerns (24 May 2026);
- Representative complaint to the Australian Human Rights Commission under the Disability Discrimination Act 1992 (Cth) (28 May 2026);
- Thriving Kids Initiative media briefing (March 2026);
- National Press Club media pre-brief (April 2026);
- Budget Night media release (May 2026);
- ANPA’s technical letter on the NDIS Bill to the Senate Standing Committee for the Scrutiny of Bills (19 May 2026);
- and ministerial and departmental correspondence received by ANPA in 2026. These materials are identified by source throughout.

5. Legislative Overview and Key Provisions

The Bill was introduced to the House of Representatives on 14 May 2026. It proposes amendments to the *National Disability Insurance Scheme Act 2013* (NDIS Act) across five schedules.

This section identifies the provisions of greatest concern to ANPA’s community.

5.1 Schedule 1: Access and Planning

> *‘So on one hand, the assessment is supposed to be done in a vacuum, measuring what they can do regardless of other factors, but then parental support is weaponised and we are not even allowed to ask the agency to consider carers wellbeing.’*
>
> — Community member, ANPA Facebook page, May 2026

Proposed section 9B: Functional capacity

Proposed section 9B defines 'functional capacity' as a person's ability to undertake an activity without assistance from other people, assistive technology or modifications, and in a context that excludes, as far as possible, the impact of environmental and personal circumstances.

Proposed subsection 9B(3) then delegates to NDIS Rules the power to determine methods, criteria, classifications, thresholds, matters that may or must or must not be taken into account, and circumstances to be deemed to exist or not exist.

This is a stripping definition. It assesses capacity in a decontextualised environment, deliberately excluding the factors that make disability real in daily life. It departs from the social model of Disability upon which the CRPD is based, and which is embedded in the Objects and Principles of the NDIS Act.

For neurodivergent people, autistic people, people with psychosocial disability, fluctuating conditions, trauma histories, communication differences and complex needs, this definition will structurally undercount actual support needs and render their Disabilities largely invisible upon assessment.

> *The government's own correspondence to ANPA, dated May 2026, confirms that the Technical Advisory Group that will advise on the functional capacity assessment methodology has not yet been established.*

> *The Rules giving section 9B its operative effect do not yet exist and will not be published before Parliament is asked to vote on the Bill.*

Proposed sections 34(1G) to 34(1K): Parental responsibility

These provisions require the CEO, when considering reasonable family support for a child participant, to presume that parents are responsible for providing substantial care and support, including supervision, personal care, transport, emotional support, behavioural support, and other assistance with daily living regardless of disability.

They prevent the CEO from approving funded supports whose primary purpose is to reduce parental time labour below what would be expected of a parent of a non-disabled child.

The effect of these provisions is to embed a normative expectation of substantial parental care as a precondition for funded support. For neurodivergent parents who are themselves disabled, for sole parents without informal networks, and for families in crisis, these provisions may make it structurally impossible to demonstrate need without first demonstrating that parental capacity is exhausted beyond any normative expectation.

Proposed section 34A: Support determinations

Proposed section 34A allows the Minister, by legislative instrument, to reduce funding component amounts for specified groups of supports by a specified percentage for financial sustainability purposes. **Proposed subsection 34A(5)** explicitly provides that the determination has effect even if the funding provided is less than the total cost of reasonable and necessary supports.

This is a power to cut individual plans below the cost of needs-assessed support, by ministerial instrument, without participant reassessment. The instrument is exempt from sunsetting provisions of the Legislation Act 2003.

This is a significant accountability gap.

Proposed section 48A: Reassessment conditions

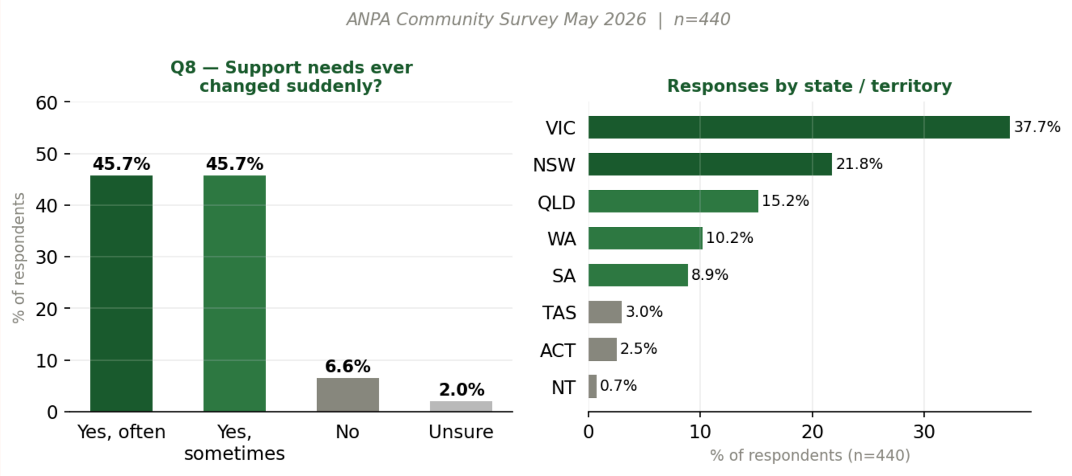


Figure 7: Q8 - sudden support needs changes, and geographic distribution of respondents. n=440.

Proposed section 48A restricts participant-initiated reassessment to circumstances involving a significant, ongoing alteration in functional capacity or a significant change in personal or environmental circumstances.

The CEO's decision period is extended from 21 days to 90 days. For people with fluctuating conditions, episodic disability, or support needs that change during developmental windows, the section creates a foreseeable barrier to timely reassessment.

Proposed section 50A(4): Plan renewal reviewability

Proposed section 50A provides for automatic rollover of plans at the end date. Proposed subsection **50A(4)(b)** explicitly states that the making of the new plan does not involve the making of any reviewable decision. This removes merits review access for plan renewals, including any renewal that incorporates a section **34A funding reduction.**

Schedule 1, Part 8: Tightening the Meaning of Permanence

Schedule 1, Part 8 of the Bill tightens the meaning of permanence through proposed new subsections **24(5) and 25(1B)** of the NDIS Act. Both provisions state that an impairment is not permanent or likely to be permanent unless a person has undertaken all appropriate treatment. An impairment cannot be found permanent if there is any other treatment likely to materially improve, reverse, or alleviate its impact.

The Explanatory Memorandum states that ‘materially’ means noticeably or significantly (EM, **Item 89**). The operative definition of ‘appropriate treatment’ is in proposed new section **25A,** inserted by Item 92. Under section **25A(1)**, appropriate treatment is treatment that is evidence-based, is regularly undertaken in Australia and can reliably be expected to improve, reverse or alleviate the impact of an impairment. (Source: Explanatory Memorandum, Items **88-93 (Schedule 1, Part 8).**

At first reading, this framing may appear clinically reasonable. In practice, it creates a foreseeable risk of converting evidence-informed therapeutic options into de facto access preconditions. This risk is particularly acute for neurodevelopmental disability, where children are highly heterogeneous in presentation, needs, developmental trajectory, co-occurring conditions, sensory profile, communication style, trauma history, and family circumstances.

Peer-reviewed literature consistently recognises autism as a heterogeneous condition rather than a uniform clinical entity with predictable treatment response. Masi et al. (Neuroscience Bulletin, 2017, DOI: 10.1007/s12264-017-0100-y) review the history, prevalence, and heterogeneity of autism spectrum disorder and conclude that it is a complex, pervasive, heterogeneous condition with multiple aetiologies, sub-types, and developmental trajectories.

The authors note that heterogeneity complicates the development of personalised treatment approaches and that clinical trials evaluating therapeutic efficacy in autism populations face significant methodological challenges arising from this heterogeneity.

Critically, the existence of evidence supporting a therapy at a population level does not mean that therapy is clinically appropriate, accessible, tolerable, or beneficial for every individual child.

This distinction has direct practical significance because the Commonwealth is simultaneously advancing alternative early childhood intervention architectures, including Thriving Kids, which emphasise evidence-based early intervention pathways. The interaction between these policy settings creates a foreseeable implementation risk: that families may experience direct or indirect pressure to undertake government-preferred intervention pathways in order to establish the permanence of an impairment or to maintain access to the NDIS.

This is particularly concerning where a therapy is clinically inappropriate for the child; inaccessible due to geography, cost, waitlists, or workforce scarcity; poorly tolerated or distressing; inconsistent with trauma-informed care; or declined on informed clinical or parental grounds. The Explanatory Memorandum makes the operational effect of section 25A explicit: ‘A person’s personal and environmental circumstances, including financial and geographical circumstances, are not relevant in considering whether a person has undertaken all appropriate treatment.’ (EM, Item 92)

The worked example in the EM, labelled ‘Soo’, illustrates the consequence directly: a five-year-old child in regional Australia on a specialist waitlist is found ineligible for the NDIS because the fact that she lives in a regional area where waitlists to see specialists are longer than in metropolitan areas is not able to be taken into consideration. This is not an edge case in the EM. It is the exemplar the government has chosen to explain how the provision works. For neurodivergent children in rural and remote areas, children from CALD families with language barriers to treatment access, and children whose families cannot afford private assessment costs, this provision creates a direct and foreseeable pathway from geographic or financial disadvantage to NDIS ineligibility.

> *'I scored 98 per cent on my carer burnout scale in the severely high range, and they still want me to do more. I am AuDHD myself with 2 additional needs kids. I physically cannot do more.'*
>
> — Community member, ANPA Facebook page, May 2026

Program Evidence, Ownership, and Therapeutic Gatekeeping

ANPA does not necessarily submit that Inklings, PACT, or Secret Agent Society are without evidence. Each has published limited peer-reviewed research.

The concern is different and more serious: program-level evidence is being converted into system-level policy confidence faster than the long-term, individualised, rights-based evidence can safely support. The JAMA Pediatrics Inklings trial (Whitehouse et al., 2021, DOI: 10.1001/jamapediatrics.2021.3298) reported reduced odds of ASD classification at age 3 years but involved 89 children at reassessment and described its effects as small with uncertain clinical significance.

Published RCT evidence for a program does not prove universal suitability.

Ownership and delivery structures also warrant scrutiny. Inklings is delivered through CliniKids at The Kids Research Institute Australia, the WA pilot was NDIA-funded, and PACT training is delivered through the same institution in Australia. Secret Agent Society is published and distributed through a subsidiary of Autism CRC Ltd.

These institutional arrangements do not render the programs improper. They do create a foreseeable pathway: research trial, branded intervention, professional training product, government pilot, policy endorsement, delivery market, possible access expectation. Parliament should be alert to the risk that a narrow menu of government-endorsed interventions creates de facto prerequisites for disability support. (GL, sector analysis).

Social-emotional skills programs such as Secret Agent Society require particular caution. Meta-analysis evidence on social skills interventions for autistic youth has found modest effects with concerns about generalisation (Reichow and Volkmar, PMC5358101, 2010). Peer-reviewed autism research has raised concerns about ableist assumptions in autism research where autistic perspectives are insufficiently included (Frontiers in Psychology, DOI: 10.3389/fpsyg.2022.1050897).

Autistic community advocates have consistently documented that social skills training focused on producing neurotypical behaviour, rather than changing inaccessible environments, risks causing harm. Such programs may be helpful where voluntary, individualised, and neurodiversity-affirming.

These programs critically become problematic when treated as default prerequisites for support or when refusal or unsuitability is treated as evidence that a family has not done enough.

The statutory terms likely to apply under Part 8, including concepts such as appropriate, available, and likely to remedy, are highly indeterminate. Without clear legislative constraint or published guidance, these concepts are susceptible to broad discretionary interpretation by decision-makers. This creates a foreseeable risk of shifting the NDIS from a needs-based disability support framework toward a compliance-based access model, where families must demonstrate therapeutic conformity rather than disability-related support need.

For disabled children, whose rights and best interests require genuinely individualised assessment rather than standardised assumptions about treatment, this would be especially concerning. **CRC Article 23** requires that assistance for disabled children be appropriate to the child's condition and the circumstances of the parents. Further, **CRPD Article 26** requires habilitation and rehabilitation services to be based on multidisciplinary assessment of the individual's needs.

Neither standard is met by a provision that conditions permanence on exhaustion of population-level treatment options without regard to individual child appropriateness.

> *'We have people who know nothing about disability making devastating decisions on behalf of disabled people and their families. Imagine if it was your family.'*
>
> — Community member, ANPA Facebook page, May 2026

Schedule 1, Part 6, Item 66: Repeal of Participant-Directed Planning

What the provision does. Schedule 1, Part 6, item 66 proposes to repeal Division 1 of Part 2 of Chapter 3 of the NDIS Act, which includes section 31. Section 31 is one of the clearest statutory statements that participant plans must be individualised and directed by participants. It requires that plans reflect the participant's goals, circumstances, preferences and will. It is not a procedural provision. It is a substantive expression of the scheme's rights-based, person-centred foundations.

Why this matters. Removing section 31 is not a technical amendment. For neurodivergent people and families, support needs are highly individual, contextual, and often not captured by standardised approaches.

Section 31 provides the statutory ground on which a participant or family can insist that a plan reflect their actual life, not a template.

Without it, plans risk becoming more formulaic, less responsive to individual need, and less directed by the person who holds the plan. For children with complex, fluctuating or communication-dependent support needs, a plan that does not reflect individual goals and circumstances is not merely less useful - it may actively fail to provide the support required to maintain safety, family stability, and development.

Recommendation. ANPA recommends that Schedule 1, Part 6, item 66 be deleted, and that section 31 and Division 1 of Part 2 of Chapter 3 of the NDIS Act be retained.

If item 66 is not deleted, the Bill should insert an equivalent provision requiring all participant plans to be individualised, participant-directed wherever possible, grounded in choice and control, and responsive to the participant's goals, circumstances, communication needs, family context and disability support needs.

Proposed Section 25B: Alternative Support Requirements

What the provision does. Proposed section 25B creates a gateway under which a person may be excluded from NDIS eligibility where another support system is said to be available to them. The government's fact sheet describes this as clarifying when a person may not be eligible for the NDIS because they can access supports through other service systems.

Why this matters. ANPA is concerned that section 25B could be used to divert neurodivergent children and families into Foundational Supports, mainstream services, referral pathways, parenting programs, group programs or other alternative supports that are not equivalent to individualised NDIS support.

A service being theoretically available is not enough. Concerns already raised in this submission about programs such as Inklings - including whether there has been sufficient scrutiny of risk, informed consent, neurodiversity-affirming practice and potential harm - illustrate exactly why the theoretical availability of a program cannot be treated as a substitute for individualised support.

A group program, parenting program, referral pathway or mainstream service should not be treated as a substitute for individualised NDIS support unless it is safe, appropriate, accessible and genuinely meets the person's needs.

Recommendation. ANPA recommends that proposed section 25B be amended so that a person can only be excluded from NDIS eligibility on the basis of alternative supports where those supports are:

1. actually available to the person in practice;
2. accessible, timely and geographically reachable;
3. safe and disability-affirming;
4. culturally appropriate;
5. subject to proper risk assessment and safeguarding;
6. supported by evidence of effectiveness for the relevant cohort;
7. suitable for the person's communication, sensory, developmental and support needs; consistent with free and informed consent;
8. substantially equivalent to the individualised NDIS supports that would otherwise be provided;
9. and enforceable, not merely discretionary or contingent on waiting lists.

Foundational supports, group programs, parenting programs, referral pathways or mainstream services must not be treated as equivalent to individualised NDIS supports **unless each element of this test is independently satisfied.**

Schedule 1, Part 7: Plan Suspension and Participant Revocation

What the provision does. Schedule 1, Part 7 allows the NDIA to suspend a participant's plan where reasonable attempts to contact them have been made without adequate response. It allows participant status to be revoked if a plan has been suspended for at least 90 days and the NDIA has not been able to contact the person.

Why this matters. ANPA strongly opposes this provision. Loss of contact with the NDIA is not evidence of indifference or disengagement. It is frequently a symptom of the exact circumstances this submission documents throughout.

Neurodivergent participants and families may lose contact with the NDIA because of burnout, carer crisis, family violence, homelessness, hospitalisation, mental health crisis, executive functioning difficulties, communication barriers, digital exclusion, poverty, trauma, or administrative overwhelm. These are the families this submission is about.

The NDIA can already suspend plans when participants are not contactable. Extending that to revocation of participant status after 90 days converts a period of crisis into the legal ground for permanent removal from the scheme. If a person is hard to reach in the way this provision describes, they are almost certainly a person who needs more support, not a person who should be removed from the scheme entirely.

The provision also disproportionately affects children, where a parent or carer may be the contact point, and families in crisis or domestic violence situations where administrative contact is exactly the thing that has broken down.

Recommendation. ANPA recommends that the revocation power in Schedule 1, Part 7 be removed. If it is not removed, it must be substantially amended to require:

1. multiple contact attempts across phone, email, post, nominee, advocate and trusted contact pathways;
2. accessible communication in the person's preferred format;
3. trauma-informed outreach;
4. checks for crisis circumstances including family violence, homelessness, hospitalisation, mental health crisis, communication barriers or child protection involvement;
5. involvement of nominees, guardians, advocates, support coordinators or trusted people where appropriate;
6. a written warning in accessible formats;
7. a reviewable decision before any suspension or revocation;
8. no revocation where the person is a child, is in crisis, or has known communication or access barriers;
9. and immediate reinstatement where contact is re-established.

5.2 Schedule 3: Automation of Administrative Action

Proposed sections 59B to 59E

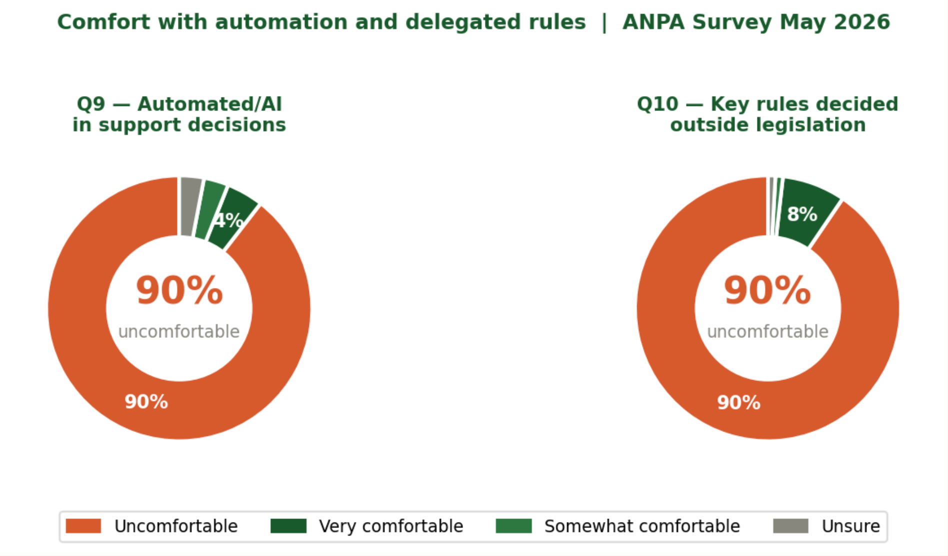


Figure 8. Comfort with automation and delegated rules (n = 440, ANPA community survey, May 2026)

Proposed section 59B authorises the CEO to arrange for computer programs to take administrative action that would otherwise be taken by the CEO. Proposed subsection 59B(4) explicitly includes administrative action involving discretion, evaluative judgement, or formation of a state of mind.

Proposed section 59E requires the CEO to take all reasonable steps to ensure automated action is valid. However, proposed subsection 59E(3) provides that a failure to comply with this obligation does not affect the validity of the automated action. The automation arrangement itself is not a legislative instrument under proposed section 59B(12), making it non-disallowable and outside parliamentary scrutiny.

Proposed section 59C(2) allows the Minister to expand automation to additional provisions by legislative instrument.

This is a rolling delegation with no parliamentary floor.

Statutory analyst note

These provisions create the structural conditions identified by the Robodebt Royal Commission as productive of systemic harm:

1. automated decisions affecting vulnerable people;
2. an accountability gap where system failure does not affect decision validity;

3. and administrative arrangements placed beyond parliamentary scrutiny.

(Source: Royal Commission into the Robodebt Scheme, Final Report, July 2023.)

The 'Human in the Loop' Problem

On 28 May 2026, the day this submission was finalised, **Member for Curtin Kate Chaney** raised automated decision-making safeguards in a motion to the Parliament. The majority voted against her motion.

Minister Tanya Plibersek responded by pointing to 'human oversight' safeguards - commonly described in international literature on Automated Decision Making as 'human in the loop'.

ANPA welcomes that these issues are now being raised publicly in Parliament. However, the disability community and in particular, our children, are already experiencing harms associated with increasingly automated, semi-automated, standardised, and constrained administrative decision-making within the NDIS.

ANPA's response to the Chaney-Plibersek exchange, sent to parliamentarians on the same day, sets out why **'human in the loop' safeguards are insufficient.** (Source: ANPA correspondence to parliamentarians, 28 May 2026, ANPA institutional record)

The central question is not whether a human is technically present in a decision workflow. It is whether that person is capable of exercising genuine independent judgment within a constrained administrative environment.

Peer-reviewed research on automation bias demonstrates that humans frequently defer to automated or system-generated outputs, that constrained administrative environments increase automation bias risks, and that nominal review processes can mask systemic failures.

Alon-Barkat and Busuioc (2023) found in a study of human-AI interactions in public sector decision-making that automation bias leads to selective adherence to algorithmic advice, reducing the independence of human oversight. Laux and Ruschemeier (2025) analysed the EU AI Act's human oversight provisions and found that the promise of human oversight is frequently illusory in practice because it does not address the structural conditions that produce deference in humans. We tend to defer to machines where our own judgment may do; and because of work cultures and pressures surrounding us.

Further, the European Data Protection Supervisor (2025) has documented the limits of human oversight in automated systems as an active regulatory concern. (Sources: Alon-Barkat S & Busuioc M 2023, Journal of Public Administration Research and Theory, vol. 33, no. 1, pp. 153-169; Laux J & Ruschemeier H 2025, European Journal of Risk Regulation, vol. 16, no. 4, pp. 1519-1534; European Data Protection Supervisor 2025, TechDispatch #2/2025: Human Oversight of Automated Decision-Making. (P))

The NSW Structured Decision Making model in child protection provides a domestic example. The model was designed to standardise and support risk assessment decisions and was implemented as an outcome of the Wood Report of the 1990s NSW Child Protection Inquiry. It was subsequently turned off in NSW in 2024 because it produced error and disproportionate harm at scale, increasing removal rates from Aboriginal families instead of reducing them.

There is now a movement within NSW Child Protection to adopt more responsive measures that allow discretion, flexibility and attunement to 'the family in front of the worker' to come back in to child protection work. SDM is a case study in why individual, responsive assessment matters and the harms that can arise when we 'bench' human judgement. Human judgement is not inherently lesser than automated assessment.

The mechanism is the same one that makes automated and automation-supported systems dangerous in the NDIS context: unlike bias operating at the level of an individual decision-maker, automated systems can embed flawed assumptions or discriminatory patterns directly into operational decision-making architecture, replicating those harms consistently and rapidly across entire vulnerable populations.

Once embedded, these patterns become normalised and difficult to identify, challenge, or reverse. This is not a theoretical risk. It is a documented pattern in Australian public administration. Schedule 3 creates the architecture for this risk to materialise in NDIS decision-making at scale. (Source: ANPA correspondence to parliamentarians, 28 May 2026)

5.3 The Bill as Enabling Legislation for Thriving Kids

The Bill must be understood in the context of the **Thriving Kids Initiative (TKI),** announced by Minister Butler at the National Press Club on 22 April 2026. Thriving Kids proposes to divert children aged 0 to 8 with autism or developmental delay from individualised NDIS early intervention under **section 25 of the NDIS Act** into pooled Foundational Supports delivered through schools and community settings.

Proposed section 9B's decontextualised functional capacity definition will determine which children access individualised NDIS plans and which are redirected. The parental responsibility provisions at proposed subsections 34(1G) to 34(1K) will determine how much support is attributed to informal family care. The eligibility changes commencing 1 January 2028 will apply to existing participants being reassessed.

These are the operative provisions through which Thriving Kids is implemented at scale for over 130,000 children.

ANPA's Thriving Kids Community Leaders Roundtable Brief (March 2026), produced by 40 or more community leaders, raises a further legal concern. Section 25 of the NDIS Act establishes early intervention as a statutory entitlement. It has not been repealed. Drawing on Plaintiff S157/2002 v Commonwealth (2003) 211 CLR 476 and Minister for Immigration and Citizenship v Li (2013) 249 CLR 332, the Brief argues that if the cumulative effect of administrative measures renders section 25 materially harder to access for a class of children, the substance of the entitlement shifts without parliamentary amendment.

A statutory pathway that remains in form but is materially constrained in operation risks becoming illusory. Structural reform of that character is a matter for primary legislation, open parliamentary debate, and formal accountability. It cannot be left for delegated legislation.

Verified Discrepancies in the Government's Fiscal Case

ANPA's Roundtable Brief extracted the following figures directly from NDIA Participant Dashboards (dataresearch.ndis.gov.au), the government's own published data source. These discrepancies have not been publicly explained.

- Published NDIA data shows 135,722 children in the cohort at June 2025, compared with the government's figure of 120,444. The methodology for the lower figure has not been published. Source: NDIA Participant Dashboards, Tables 8 and 17, June 2025.
- Total published NDIS spend on this cohort is $2.217 billion per year, compared with the government's stated $1.8 billion: a discrepancy of approximately $417 million per year. Source: NDIA Participant Dashboards, June 2025.
- Under Thriving Kids, direct services to states amount to $2,063 per child per year, compared with $16,333 per child per year under the current NDIS. Source: Thriving Kids Fact Sheet, 3 February 2026; NDIA Participant Dashboards, June 2025.

- Nearly 12,000 developmental delay children have already been removed from individualised NDIS support since September 2024, before the Bill has passed and before the replacement system exists. The December 2025 participant count shows a decline of 11,849 from the September 2024 baseline. Source: NDIA Participant Dashboards, Developmental Delay Table 1.
- The implied NDIS line reduction from published figures is approximately $1.42 billion per year, not the government's stated $960 million. The lower figure requires using the government's unpublished 120,444 cohort count.

These discrepancies are not ANPA's figures. They arise from comparing the government's own published data sources. Parliament cannot responsibly assess the fiscal case for the Bill without the government explaining these discrepancies, publishing its cohort methodology, and providing independently verified cross-system cost modelling.

Administration Without Authority: Current Removals Prior to Legislative Amendment

On 6 February 2026, ANPA wrote to the Special Rapporteur on the Rights of Persons with Disabilities at the Office of the United Nations High Commissioner for Human Rights, requesting urgent intervention. The letter raised a legal argument that goes beyond prospective policy concern. It argues that children are currently being formally and constructively removed from the NDIS at national scale using automated processes and without lawful authority, before the Bill was introduced, before Parliament voted, and before any replacement system is operational.

The NDIS Act 2013 has not been amended. Under that Act, disabled children who meet access criteria are legally entitled to participant status, an individual plan, reasonable and necessary early intervention supports based on individual need, and access to internal and external review. These are mandatory, not discretionary. Policy documents, program guidelines, and intergovernmental arrangements cannot override primary legislation. Age is not a lawful basis for exclusion from entitlements.

ANPA's letter to the Special Rapporteur argues that the large-scale diversion and removal of eligible children currently occurring is ultra vires: administration without legal authority. On this analysis, the Bill is not prospective reform. It is ex post facto authorisation of administrative action already taken without authority. The Bill would make lawful what is currently unlawful.

The Bill provides the legislative architecture through which this diversion becomes legal and operable at scale and if retrospectively applied, may remove or make difficult substantial remedies for children already diverted without statutory authority.

Our submission to the Joint Committee of Public Account and Audit for the current inquiry into the administration of the NDIS further explores that diversion decisions for young children revoked or constructively removed between October 2024 and now, may well have been *ultra vires* - beyond the power of the Agency to make.

These tens of thousands of children who have lost NDIS supports where no other alternative yet properly existed may form the foundation of a future NDIS 'Robodebt' class - and it is entirely likely that the amendments within this Bill may be intentionally designed with the purpose of frustrating access to justice for these children, by application in retrospect.

In sum, it is our view that the Commonwealth and Agency are aware they have engaged in widespread ultra vires automated decision making involving our children, which has been amply highlighted by ourselves and other DPOs; and are now attempting to double back and amend the Act so they are less fiscally exposed in the future.

We ask that the Parliament refuse to allow such a miscarriage of justice for young Disabled children. Any provisions under this section must, at the very least, not operate retrospectively.

This reframes the purpose and urgency of parliamentary scrutiny of this Bill significantly.

Source: ANPA Letter to Special Rapporteur on the Rights of Persons with Disabilities, 6 February 2026 (ANPA institutional record). Note: the specific NDIA operational data cited in the letter requires source verification against published NDIA Participant Dashboards before the precise figures are cited in the submission.

The letter sent to the Special Rapporteur further states that ANPA had exercised many domestic remedies over the 24 months preceding it to resist the stripping of children's rights, and was at the time of writing in discussions with senior strategic litigators. ANPA has notified this Committee that this correspondence and these discussions form part of the context in which the submission is made.

6. Human Rights Compatibility

The NDIS Act expressly gives effect to Australia's obligations under the CRPD and refers to the CRC and the CEDAW. The Bill amends that Act. Its human rights compatibility must therefore be assessed against those instruments.

Australia has ratified all seven core human rights treaties and their most relevant optional protocols, including the Optional Protocol to the CRPD (ratified 2009), which enables individual communications to the CRPD Committee. This gives Australia's CRPD obligations direct practical significance beyond aspirational commitments.

6.1 CRPD

The CRPD is the primary instrument. The social model of disability embedded in the CRPD's preamble and general principles treats disability as arising from the interaction of impairment with environmental and attitudinal barriers. Proposed section 9B's decontextualised functional capacity definition appears to move in the opposite direction, treating capacity as an intrinsic individual characteristic measurable in isolation from environment.

Article 4(3) requires that disabled people, including children with disability, be closely consulted and actively involved through their representative organisations in legislation and policy development. The Bill was introduced 14 days before the inquiry closes. The Technical Advisory Group on functional capacity assessment had not been established at the time of introduction. DPO joint statements, including from organisations with CRPD Article 4(3) standing, recorded the absence of co-design. The government's consultation process does not appear to satisfy the close consultation and active involvement standard.

ANPA’s formal letter of notice dated 21 February 2026, lodging the Red Alert report on the **Inklings** program with Minister Butler, Minister McAllister and relevant organisations, discloses a further concern about the quality of consultation conducted.

The letter states that the majority of consultations with the Autistic community about this program, to that date, had been conducted under Non-Disclosure Agreements, with a very limited number of hand-picked clinicians who also happen to be Autistic.

ANPA characterised this as insufficient and as not constituting a risk assessment proportionate to the safety concerns identified. **No DPOs have been formally consulted on the Inklings program.**

Consultation under Non-Disclosure Agreements with a small number of individually selected participants does not constitute close consultation and active involvement with disabled people through their representative organisations as required by Article 4(3). Source: ANPA Letter of Notice, 21 February 2026.

On 13 March 2026, ANPA wrote directly to Minister McAllister requesting a private meeting with a small group of ANPA mothers in the Blue Mountains to discuss Thriving Kids. The letter explicitly invoked CRPD Article 4(3), noting ANPA's DPO status and the requirement that governments closely consult with and actively involve disabled people through their representative organisations when developing policies that affect them.

ANPA noted that a request for a ministerial meeting made months earlier had not been granted. On 31 March 2026, the Minister's office declined this meeting too.

The pattern of declined meetings, NDA-constrained consultations, and expert-only technical engagement is now documented across multiple written records. Individually, each instance may be explicable. Cumulatively they indicate a consultation approach that does not satisfy the standard required by CRPD Article 4(3). Source: ANPA correspondence with Minister McAllister, 13 March 2026 and 31 March 2026 (ANPA institutional record).

The Statement of Compatibility in the Explanatory Memorandum itself acknowledges that while some measures were informed by the NDIS Review and Royal Commission consultation processes, 'other measures introduced by the Bill were not directly consulted on' (EM, Statement of Compatibility, p. 155). This is a significant concession.

The key eligibility provisions in Schedule 1, Parts 1 and 8, and the automated decision-making provisions in Schedule 3, were not directly consulted on with DPOs. The government characterises this as compatible with Article 4(3) because indirect consultation through prior reviews is sufficient. ANPA does not accept this characterisation. Article 4(3) requires consultation on legislation itself, not only on the policy reviews that preceded it.

> *'We recognise that ANPA is not part of the current in-crowd. We asked for a meeting with you months ago but to no avail. We are a Disabled People’s Organisation and Article 4(3) of the CRPD requires governments to closely consult with and actively involve Disabled people through their representative organisations.'*
>
> The Explanatory Memorandum explicitly establishes the commencement linkage. Schedule 1, Parts 8 and 9 are timed to commence alongside the access reforms to enable the rollout of Thriving Kids.
>
> The EM states: 'Thriving Kids will help give children the best start in life by identifying those with additional developmental needs and support them with evidence-based early

> childhood interventions’ and describes Foundational Supports funding of $6 billion in joint Commonwealth and state and territory investment as the delivery vehicle outside the NDIS. This means the Bill is not a standalone eligibility reform. It is the enabling legislative architecture for the replacement system. Source: Explanatory Memorandum (EM), Schedule 1 commencement table and Thriving Kids description (pp. 2–5).
>
> — ANPA letter to Minister McAllister, 13 March 2026

Article 12 on equal recognition before the law, read with General Comment 1 of the CRPD Committee, requires that supported decision-making be available and that substituted decision-making be a last resort. Automated evaluative decisions under proposed section 59B, without human review or supported decision-making safeguards, may engage Article 12 concerns.

Article 13 on access to justice requires effective access to legal and administrative proceedings. Proposed section 50A(4), removing reviewability of automatic plan renewals, and proposed section 59E(3), protecting invalid automated decisions from challenge, may create a barrier to effective access to justice.

Article 23 requires States Parties to render appropriate assistance to disabled people in child-rearing and to prevent separation of children from parents on the basis of disability. Proposed subsections 34(1G) to 34(1K) presume substantial parental care and limit funded supports accordingly. Where a neurodivergent parent's disability affects their parenting capacity, these provisions may create a pathway toward support insufficiency and downstream child protection involvement, engaging Article 23(4).

Article 26 on habilitation and rehabilitation requires services to begin at the earliest possible stage based on multidisciplinary assessment of individual needs. Restrictions on early intervention access for children, and the use of a decontextualised functional capacity tool not validated across diverse disability presentations, may engage this article.

> *‘My daughter needs are complex and may look manageable from the outside but that is only because I have ASD, a psych degree and I am a teacher so I recognised and intervened early. But I cannot do this alone. I financially cannot afford the care she needs.’*
>
> — Respondent, VIC, ANPA community survey, May 2026
>
> CRPD Article 19 provides that all persons with disability have the right to choose where, how and with whom they live, with full inclusion and participation in the community on

> an equal basis. CRPD Article 3 establishes individual autonomy and the freedom to make one’s own choices as a general principle of the Convention. The repeal of section 31 of the NDIS Act by Schedule 1, Part 6, item 66 removes the primary statutory expression of participant-directed, individualised planning from the Act. This is directly inconsistent with Articles 3 and 19 and with the scheme’s founding purpose.
>
> The Statement of Compatibility identifies Article 19 as an engaged right, but does not address how the repeal of section 31 is compatible with it.
>
> **This is a gap in the Statement that Parliament should require the government to address.**

6.2 CRC

The CRC's Article 3 best interests standard requires that in all actions concerning children, the best interests of the child be a primary consideration. The foreseeable developmental, educational and safety consequences for children of support reduction or delayed reassessment have not been publicly assessed. Parliament cannot apply the best interests standard without that assessment.

Article 23 requires that disabled children enjoy a full and decent life in conditions ensuring dignity and promoting self-reliance, and that assistance be appropriate to the child's condition and the circumstances of the parents. Proposed subsections 34(1G) to 34(1K) condition the child's funded support on parental capacity, engaging Article 23(2) and (3).

Australia has not ratified the Optional Protocol 3 to the CRC enabling individual communications. The Australian Human Rights Commission has identified this as a priority ratification gap, noting that it treats children's rights as less important than other rights for which communications mechanisms are available. This gap is relevant context for Parliament's consideration of legislation affecting disabled children.

The Statement of Compatibility does not address the CRC.

The government’s Statement of Compatibility identifies rights engaged by the Bill across the CRPD, ICCPR, and ICESCR. It does not mention the Convention on the Rights of the Child. For a Bill that removes statutory entitlements from approximately 130,000 children under nine, and that does so in advance of any replacement system being operational, this omission is not a technicality. CRC Article 23 requires that disabled children receive assistance appropriate to their condition and the circumstances of the parents, with the goal of ensuring effective access to education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities. CRC Article 4 requires that states take all appropriate measures for the implementation of children's rights to the maximum extent of available resources. CRC Article 3(1) requires that the best interests of the child be a primary consideration in all actions concerning children. None of these are addressed in the Statement of Compatibility.

Parliament should require the government to provide a supplementary children's rights analysis before the Bill proceeds.

6.3 CEDAW

CEDAW Article 11 addresses women's employment and economic equality. CEDAW Article 13 addresses economic and social benefits. The NDIS Act itself references CEDAW in its objects, confirming its direct relevance.

National Carer Survey data (2024) establishes that 82.6% of carers in Australia are women.

When formal NDIS supports are reduced or conditioned on parental capacity, the unpaid labour does not disappear. It transfers to informal carers, disproportionately women. Proposed subsections 34(1G) to 34(1K) create a legal presumption favouring informal care over funded support. The foreseeable gendered economic cost of this presumption has not been publicly assessed.

The Statement of Compatibility does not address CEDAW.

The Statement of Compatibility does not engage the Convention on the Elimination of All Forms of Discrimination Against Women. Section 9 of this submission documents the gendered mechanism of the Bill in detail. NDIS participants are disproportionately female (Disney et al. 2025), primary carers are overwhelmingly women, and the allied health and disability support workforce is female-dominated.

The Bill's parental responsibility provisions shift unpaid care labour onto informal carers, who are predominantly women.

Its eligibility narrowing reduces supports that enable women with disability to participate in paid work. Its workforce destabilisation effects fall most heavily on a female-dominated sector. CEDAW Article 13 requires non-discrimination in economic and social benefits. CEDAW Article 11 protects the right to work on equal terms. CEDAW General Recommendation 18 addresses women with disability specifically.

The government's failure to assess these impacts in the Statement of Compatibility means Parliament has not been given a complete picture of the Bill's human rights implications.

6.4 ICESCR

Article 9 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) addresses the right to social security. Article 11 addresses the right to an adequate standard of living. Article 2(1) requires progressive realisation to the maximum of available resources and prohibits retrogression without adequate justification.

A Bill that reduces access, narrows eligibility, restricts reassessment, and enables ministerial reduction of plan funding below the cost of reasonable and necessary supports appears, on its face, to create a risk of retrogression in disability social security. The government has not published a non-retrogression analysis. This is a matter Parliament should require before passage.

Non-retrogression and progressive realisation: two distinct obligations

Progressive realisation: a forward-looking permission

Article 4(2) of the CRPD and Article 2(1) of the ICESCR establish progressive realisation as the framework for economic, social and cultural rights. This obligation acknowledges that full realisation may not be immediately achievable given resource constraints. It permits a state to say: we have not yet fully achieved this right, but we are taking concrete steps toward it. It is a forward-looking permission: it allows incremental progress toward a goal not yet reached.

Non-retrogression: an immediate prohibition

Non-retrogression is qualitatively different and operates independently of progressive realisation. It is not a slowed-down version of forward progress. It is a presumptive prohibition on going backward from a level of protection already achieved. The ICESCR Committee stated in General Comment No. 3 that ‘any deliberately retrogressive measures… would require the most careful consideration and would need to be fully justified by reference to the totality of the rights provided for in the Covenant and in the context of the full use of the maximum available resources.’ This is an immediate obligation. It applies regardless of resource constraints. Progressive realisation permits delay in moving forward. Non-retrogression prohibits moving backward. The two operate in opposite directions.

The government has conflated them

The government’s Statement of Compatibility acknowledges that some measures ‘may appear on their face to be retrogressive.’ It then justifies them using the language of progressive realisation: measures are ‘reasonable, necessary and proportionate to ensure the long term integrity and sustainability of the NDIS.’ It invokes the obligation to employ maximum available resources, refers to phased implementation, and points to future Foundational Supports as a parallel investment (EM, Statement of Compatibility, pp. 162-163).

All three of these justifications draw on progressive realisation logic: they are about managing the forward trajectory of the scheme. None of them answer the non-retrogression question.

The non-retrogression question is: has a right been established at a particular level? If so, are you now reducing it? If yes, non-retrogression is engaged - and progressive realisation is not the answer.

What the Bill actually does: walking rights back

The NDIS Act 2013, as it currently stands, confers legally enforceable individual entitlements: participant status, an individual plan, reasonable and necessary supports, and rights of internal and external review. These entitlements have been in force for over a decade. Hundreds of thousands of people with disability have structured their lives, care arrangements, employment, and housing around them.

The Bill narrows who is eligible, reduces what can be funded, removes merits review for plan renewals, and delegates critical access thresholds to ministerial instruments that were not publicly available at the time the Bill was introduced. Each of these is a reduction from an existing level of protection.

That is the definition of retrogression. It is not a restraint on future progress. It is the removal of something people already have.

The test the government must satisfy

The ICESCR test for justified retrogression is demanding and immediate. The government must demonstrate: that the measures were considered with the most careful deliberation; that all alternatives were exhausted; and that they are justified by reference to the totality of rights in the context of the full use of maximum available resources. ANPA submits that none of these limbs is satisfied.

First, the Impact Analysis was rated only ‘Adequate’ by the Office of Impact Analysis, which expressly found it would have benefited from further quantification of costs and benefits: this is not the most careful consideration.

Second, no evidence has been published that alternatives to rights reduction, such as pricing reform, fraud recovery, or market regulation without eligibility narrowing, were exhausted. Third, the government has published no whole-of-government modelling of costs to health, child protection, housing, and justice systems: it cannot demonstrate that maximum available resources have been deployed without that modelling.

The CRC gap: children are not in the Statement of Compatibility

The government's Statement of Compatibility does not address the Convention on the Rights of the Child or the Convention on the Elimination of All Forms of Discrimination Against Women. This is a material omission for a Bill that removes statutory entitlements from approximately 130,000 children and shifts unpaid care labour onto women.

The CRC Committee has applied non-retrogression to children's socioeconomic rights with particular force, including the proposition that any retrogressive steps must be justified against the standard of avoiding any measures that adversely affect the rights of children (CESCR, General Comment No. 3; CRC Committee, General Comment No. 19 on public budgeting).

The SOC's silence on children and women does not mean those rights are not engaged. It means they have not been assessed. Parliament should require the government to produce a supplementary rights analysis addressing CRC Article 23 (children with disability), CRC Article 4 (maximum available resources for children), and CEDAW Article 13 (economic and social benefits) before the Bill proceeds to a vote.

6.5 ICCPR

Article 2(1) of the The International Covenant on Civil and Political Rights (ICCPR) requires effective remedies for violations of Covenant rights. Proposed section 50A(4) and proposed section 59E(3) both remove or limit the ability to seek effective remedy for administrative decisions. ICCPR Article 17 protects the family from arbitrary or unlawful interference.

Proposed subsections 34(1G) to 34(1K), by conditioning funded support on parental capacity assessments that may not adequately accommodate disability, may create foreseeable interference with family life.

7. Impact on Disabled Children and Families

Children come first in ANPA's analysis. This is required by CRPD Article 7, CRC Article 3, and our own institutional priorities.

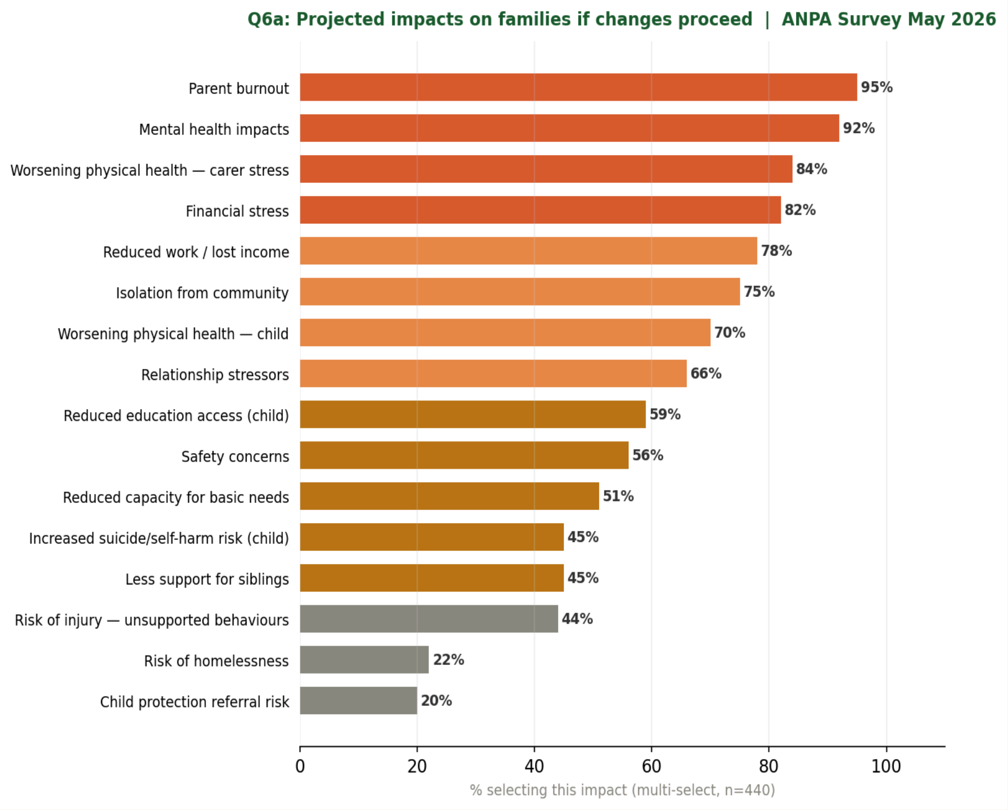
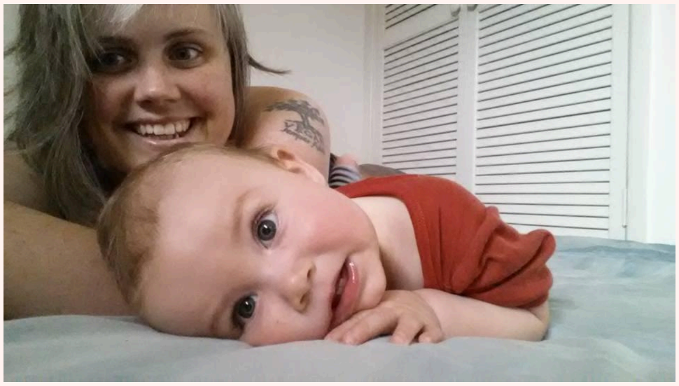


Figure 11: Q6a — projected impacts on families if changes proceed. Multi-select, n=440.

7.1 Early Intervention



The evidence base for early intervention in disability is clear: timely, individualised, evidence-based early support improves developmental outcomes across cognitive, physical, social, emotional and communication domains (NDIA Evidence Review, 2020; Marveggio et al., Journal of Applied Research in Intellectual Disabilities, 2025). The Disability Royal Commission's fact sheets confirm that one in five Australian children has disability or developmental concerns, and that children with disability are less likely to attend early education and face difficult school transitions without support.

> *‘Without NDIS I would not have the supports I need to be at university. Without NDIS my kid would not have had the support he needs and would not be thriving. The Reforms will harm our community.’*
>
> — Community member, ANPA Facebook page, May 2026

Proposed section 9B's decontextualised functional capacity definition, applied to children, may systematically undercount support needs that are expressed through interaction with educational, sensory, social or behavioural environments rather than in decontextualised assessment conditions. A child who presents as capable in a structured, quiet, one-on-one assessment may have profound support needs in the sensory and social complexity of a school environment.

ANPA's Thriving Kids Initiative briefing documents that approximately 11,849 children with developmental delay were removed from individualised NDIS support between September 2024 and December 2025, before the legislation establishing the replacement system had been introduced to Parliament. No evidence has been published that alternative supports adequately meet those children's needs.

ANPA’s letter to the UN Special Rapporteur (6 February 2026), drawing on publicly reported NDIA operational data, parliamentary evidence and government statements, indicates substantial reductions in developmental delay participation and significant diversion of children into alternative pathways prior to any legislative authority. ANPA analysis of publicly available NDIA Participant Dashboard data shows a decline of 11,849 developmental delay participants between September 2024 and December 2025. The letter also references diversion of children to the Early Connections program at significant scale. Source: ANPA Letter to UN Special Rapporteur, 6 February 2026; ANPA analysis of NDIA Participant Dashboard, Developmental Delay Table 1 (September 2024 to December 2025). (ANPA institutional record; G)

7.2 Fluctuating Support Needs

In ANPA's survey (n=398), 365 respondents (91.7%) reported that their family's support needs have changed suddenly, either sometimes (46.2%) or often (45.5%). This pattern is directly relevant to proposed section 48A's restrictive reassessment conditions, which require a significant, ongoing alteration rather than recognising the episodic or fluctuating nature of many neurodevelopmental and psychosocial conditions.

For a child with autism experiencing school refusal, a child with ADHD entering adolescence, or a child with a psychosocial disability in crisis, support needs may change rapidly and severely. A

90-day decision period and a threshold requiring ongoing significant change is not compatible with these developmental realities.

7.3 Child Safety Downstream Risk

The Disability Royal Commission (Research Report, UTS and Western Sydney University, July 2023) found that disabled parents lose their children to child protection not because of poor parenting, but because of insufficient support. This finding is directly relevant to proposed subsections 34(1G) to 34(1K), which presume substantial parental care and condition funded support accordingly.

In ANPA's survey, 81 respondents (20.4%) selected possible referral to child protection due to unmet needs for themselves as a neurodivergent parent, and 74 respondents (18.6%) selected possible referral to child protection due to unmet needs for their child, as foreseeable impacts. These are self-reported responses from a self-selected sample. They indicate a community that has identified a specific and serious downstream risk pathway.

The evidence-based logic is not complicated: reduce support for a disabled parent of a disabled child; increase the parent's care labour beyond their capacity; create safety concerns; trigger child protection notification. This pathway is documented in the Royal Commission evidence. The Bill does not contain provisions to interrupt or prevent it.

> *‘If things change dramatically I fear I will be unable to care for my granddaughter and she will go into care.’*
>
> — Respondent, QLD, ANPA community survey, May 2026

8. Impact on Neurodivergent Parents and Family Preservation

ANPA's primary constituency is neurodivergent parents: people who are themselves autistic, have ADHD, live with psychosocial disability, have intellectual or cognitive disability, or otherwise identify as neurodivergent, and who are also parenting disabled or neurodivergent children.

This is a cohort that the NDIS system already struggles to serve. A peer-reviewed study in BMC Women's Health (Summers et al., 2021) found that women represent only 37% of NDIS participants despite comprising approximately 49% of the disability population in the NDIS-eligible age group. Neurodivergent women, autistic women in particular, face compounded barriers because their disability presentation is less likely to match the visible, male-coded disability models that assessment tools are calibrated to detect.

> *‘I am already dealing with this parental responsibilities crap with the ART at the moment. It is honestly driving me crazy. They don't care if you have no informal supports, or if your partner works away.’*
>
> — Community member, ANPA Facebook page, May 2026

8.1 The Parental Responsibility Provisions

Proposed subsections 34(1G) to 34(1K) are the provisions ANPA regards as most directly harmful to our community. They embed a legal presumption that parents are responsible for substantial care including supervision, personal care, transport, emotional support, behavioural support, and other daily living assistance, regardless of disability. They prevent funded supports from reducing parental time labour below what would be expected of a parent of a non-disabled child.

The effect for a neurodivergent parent is this: the parent's own disability is not a valid reason to replace parental care with funded support, unless the parent can demonstrate that their care labour exceeds normative parental expectations. This is not a workable standard for parents whose disability affects executive function, sensory processing, energy regulation, or communication, often invisibly and in ways that are difficult to document.

ANPA's community survey found that 330 of 398 respondents (82.9%) identified families being expected to provide more unpaid support as their top concern. The Harm Tracker data shows that 218 family or carer respondents (from 547 total responses) reported their own mental health being negatively affected by NDIS changes, and 140 reported needing to financially support the participant themselves.

8.2 Administrative Labour

Research consistently documents that NDIS navigation imposes high administrative labour on families (Prowse et al., cited in PMC review of cerebral palsy families, 2024; Gavidia-Payne et al., 2020). For neurodivergent parents, this labour is compounded by the cognitive and executive function demands of the system. A parent with ADHD faces a different level of challenge in tracking plan expiry dates, gathering supporting evidence, meeting documentation requirements, and navigating review processes than a neurotypical parent.

> *‘My child's support was removed from her plan and they kept saying it was "parental responsibility" and should be provided by "informal supports". I had to go to ART and fight to get the funding back.’*
>
> — Community member, ANPA Facebook page, May 2026

The Bill increases this labour. Proposed section 48A raises the evidentiary threshold for reassessment. Proposed section 9B delegates operative criteria to unpublished Rules, creating ongoing uncertainty. Proposed section 50A removes reassessment opportunity at plan renewal. Each of these changes is an additional cognitive and administrative load on parents who are already managing at or beyond their capacity.

8.3 Autistic Mothers, the Inklings Program, and Perinatal Safety

The Thriving Kids Initiative, which the Bill enables, includes the Inklings program as a component targeted at autistic mothers in the perinatal period. ANPA formally lodged a report with Minister Butler, Minister McAllister, PRECI, ECIA and ECA on 21 February 2026, titled Red Alert: Maternal Safety, Evidence Fidelity, and Risk Assessment of the Inklings Program as part of the Thriving Kids Initiative. The letter of notice states that the report was prepared for the House Standing Committee on Health, Aged Care and Disability.

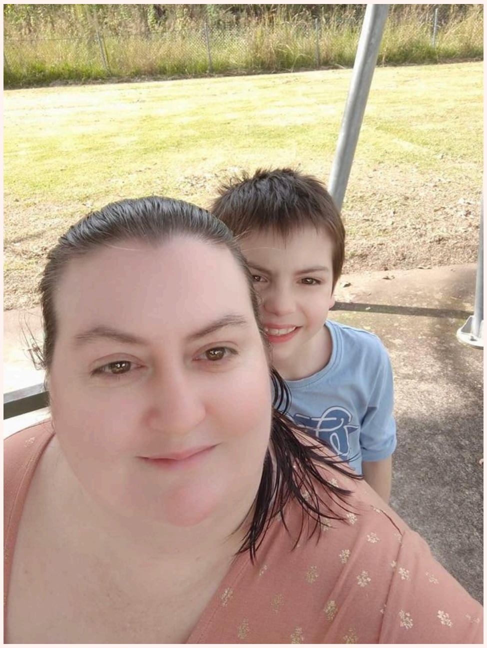
The letter of notice identifies the following concerns about the Inklings program, each of which is described as grounded in established literature across autism research, suicidology, perinatal mental health, implementation science, and risk governance:

- Loss of evidence fidelity in the current, rewritten Inklings model
- Absence of independent, peer-reviewed evaluation of the current iteration of the program
- Foreseeable maternal mental health and suicide risk pathways associated with videotaping and evaluative feedback during the perinatal period in all models

- Inadequate monitoring mechanisms, including reliance on tools that do not accurately detect acute or transitory suicidal crises for the cohort of mothers engaged with their babies
- Lack of substantive risk assessment demonstrated in any stage of development or rollout
- Absence of genuine consultation and co-design with Autistic mothers and Disabled People's Representative Organisations, as required under CRPD Article 4(3)

The perinatal period presents a specific and well-documented vulnerability for autistic women. The intersection of new motherhood, autism, evaluative observation, and inadequate crisis monitoring creates a risk pathway that is distinct from and additional to the general support reduction risks addressed elsewhere in this submission. The Inklings program is not peripheral to the Bill. It is a named component of the Thriving Kids Initiative that the Bill enables.

The letter of notice explicitly states: 'This notification is provided to formally document that you were made aware of the identified safety concerns and the need for a substantive, independent risk assessment and meaningful consultation with the affected community. Should harm occur in the absence of such safeguards, there will be a clear record of what was known, by whom, and when.' This statement was made to Minister Butler and Minister McAllister on 21 February 2026, more than two months before the Bill was introduced to Parliament. Source: ANPA Letter of Notice, 21 February 2026. (ANPA institutional record)



The suicidality risk identified in the Red Alert report is grounded in established peer-reviewed evidence. A systematic review and meta-analysis (Newell et al., Molecular Autism, 2023, DOI: 10.1186/s13229-023-00544-7) found pooled suicidal ideation prevalence of 34.2% and pooled lifetime suicide attempt or behaviour prevalence of 24.3% in autistic people without co-occurring intellectual disability. These figures are materially higher than population base rates. The perinatal period and evaluative intervention contexts create additional risk pathways not accounted for by these pooled figures.

9. Impact on Women, Mothers and Gendered Unpaid Care

The gendered dimensions of the Bill's impact are not incidental. They are structural. Australia's National Carer Survey (2024) establishes that 82.6% of carers are women. AIHW data confirms that in 2022, 68% of primary carers were female. Unpaid carers contribute an estimated $77.9 billion annually to the Australian economy, more than the total NDIS annual expenditure.

> *'One of the major reasons for the NDIS originally was to help boost productivity by enabling women who had been full-time carers to re-enter the workforce as supports would be funded by the government.'*
>
> — Community member, ANPA Facebook page, May 2026

9.1 The Mechanism of Gendered Harm

When formal disability supports are reduced, delayed or conditioned on informal care being exhausted first, the labour does not disappear. It transfers to unpaid carers, overwhelmingly women. This is not an advocacy claim. It is documented in national survey data, peer-reviewed literature, and AIHW statistics.

Proposed subsections 34(1G) to 34(1K) create a legal mechanism for this transfer. By presuming substantial parental care and conditioning funded support on parental time labour exceeding normative expectations, the provisions functionally instruct NDIS planners to treat mothers as an available resource before approving paid support.

A peer-reviewed study in BMC Women's Health (Summers et al., 2021) found that women with disability face gendered barriers to NDIS access and that the scheme's female participation rate of 37% is inconsistent with women comprising approximately 49% of the disability population in the eligible age group. For neurodivergent mothers who are both the carer and the participant, these barriers compound.

> *'I am struggling with only being able to work one day a week. My family have jobs and commitments. There is no after school care for kids like mine. My superannuation is looking terrible but yeah we can totally do more.'*
>
> — Community member, ANPA Facebook page, May 2026

9.2 Economic Consequences

In ANPA's survey, 311 of 398 respondents (78.1%) identified reduced work or lost income as a foreseeable impact. Harm Tracker data shows that 218 family or carer respondents reported their mental health being negatively affected, and 140 reported needing to financially support the participant themselves. These impacts fall disproportionately on women.

The Harm Tracker includes a quote from a respondent (de-identified) documenting that when their son's funding was lost overnight without warning, they had to reduce work hours because it was not safe to leave him home alone. This pathway, from support loss to workforce exit, is documented across ANPA's evidence base and is consistent with national carer data.

9.3 CEDAW and Domestic Violence

In ANPA's survey (Q6b), 32 respondents (8.0%) selected more pressure to remain in an unsafe domestic relationship due to a lack of other supports as a relationship impact. This finding, from a self-selected sample, indicates that for a subset of respondents, NDIS support functions as a pathway to safety. Support reduction or conditionality may increase entrapment in unsafe relationships.

CEDAW requires States Parties to take measures to eliminate discrimination against women including in access to social services and in protection from all forms of gender-based violence, including domestic and family violence. The interaction between NDIS support reduction and domestic violence safety has not been assessed in the Bill's impact analysis.

10. Impact on First Nations Neurodivergent Families

First Nations people experience disability at approximately twice the rate of non-Indigenous Australians (ABS 2022). As at June 2025, 60,529 First Nations people were NDIS participants, comprising 8.2% of all participants (AIHW, 2026). Yet First Nations people face compounded barriers to NDIS access and ongoing support.

10.1 Structural Barriers

The Disability Royal Commission, Final Report Volume 9 (2023), identified contributing factors to First Nations disability support barriers including thin markets, significant service delivery gaps, low awareness of NDIS eligibility, and cultural barriers affecting trust and engagement. Mainstream disability services were found to overlook cultural needs, contributing to mistrust and disengagement.

A peer-reviewed meta-synthesis (Disability and Society, 2023) found that Aboriginal and Torres Strait Islander organisations have expressed concern that the NDIS model's administrative approach is unable to engage First Nations people because it attempts to categorise severity based on a western understanding of disability. A peer-reviewed systematic review (Disability and Society, 37(6), 2022) found that culture and Indigeneity pervades access, engagement, and lack of support as a super-ordinate theme.

10.2 Impact of Section 9B on First Nations Participants

Proposed section 9B defines functional capacity by stripping out environmental and personal circumstances. For First Nations participants, disability experience is shaped by colonisation, intergenerational trauma, community and kinship obligations, cultural understandings of health and wellbeing, and geographic remoteness. These are precisely the contextual factors that the definition excludes.

A decontextualised functional capacity assessment applied to a First Nations participant in a remote community, conducted by a non-Indigenous assessor using an assessment tool not validated for cultural relevance, is structurally likely to produce an undercount of support needs. The iCAN tool's validation status across First Nations populations has not been publicly established.

10.3 Community Voice

> *‘I am only finding my way back to mob as I was hidden by my grandmother. There are no informal supports for me so if I didn't have supports I wouldn't be able to attend cultural events and be involved with the local mob.’*
>
> — Respondent, First Nations community member, ANPA community survey, May 2026

In ANPA's survey, 21 First Nations respondents answered a specific question about the impact of presumed informal family support. Responses described: the inability to attend cultural events and maintain kinship connections due to support gaps; no available extended family due to carer burnout, stolen generations impacts, or geographic separation; loss of connection to community as a direct consequence of support reduction; and one respondent who reported attempting to surrender care of a child when the NDIS failed to provide necessary home modifications.

Methodological note

Twenty-one First Nations respondents is a small cell size. These findings cannot be generalised to all First Nations NDIS participants. They are presented as evidence of reported experience from a small subset of First Nations respondents to ANPA's survey, illustrating concerns consistent with the peer-reviewed and Royal Commission evidence base.

One respondent wrote that their family had no informal supports and that NDIS support was the only pathway that allowed them to attend cultural events and connect with their community. This is not merely a disability services issue. It is a cultural rights issue engaging UNDRIP Articles 11 and 12 on cultural practices and manifestations.

11. Impact on Culturally and Linguistically Diverse Families

People from culturally and linguistically diverse (CALD) and migrant backgrounds are significantly underrepresented in the NDIS relative to their share of the disability population. An NDIS briefing paper found that CALD people with disability are significantly less engaged with the NDIS than anticipated across every age group, and that a lack of supporting evidence is the leading cause of cancelled access requests for CALD applicants.

Research by the Victorian Council of Social Service (VCOSS 2021, ‘NDIS access, eligibility and independent assessments issues paper’) and the Ethnic Communities’ Council of Victoria found that approximately 80% of CALD participants reported their family did not have good knowledge about disability supports and the NDIS, and approximately 90% reported insufficient information and help was available. These findings pre-date the Bill and reflect existing access barriers. The Bill's increased evidence requirements and documentation thresholds, including the reassessment conditions at proposed section 48A, will compound these barriers.

The MJA study (Disney et al., 2025) analysing NDIS administrative data found that applicants from socioeconomically disadvantaged areas, who disproportionately include CALD communities, were less likely to be deemed eligible, partly due to the cost of gathering sufficient supporting medical evidence. Measures that increase documentation requirements without reducing cost barriers will widen this inequality.

Automated decision-making under proposed sections 59B to 59E presents specific risks for CALD applicants. Systems trained on majority-population data may perform less accurately for people whose communication, documentation, and disability presentation patterns differ from the training population. These risks have not been assessed or publicly disclosed.

12. Literature Review

This section summarises the peer-reviewed and authoritative evidence base relevant to the Bill's foreseeable risks. Evidence is organised by risk mechanism. Source types are identified: (P) peer-reviewed; (G) government or AIHW data; (I) public inquiry or Royal Commission; (GL) grey literature.

Risk Mechanism 1: Reduced Clarity Increases Administrative labour

Multiple peer-reviewed studies report that NDIS navigation imposes high administrative labour on families of disabled children. A review of three qualitative and mixed-methods studies (reviewed across the literature) found NDIS navigation difficult and administratively laboursome, with parents feeling inadequately equipped to manage plans.

A 2024 Australian Journal of Social Issues study (Toorn et al., DOI: 10.1002/ajs4.342) found that NDIS algorithmic systems operate in an 'algorithmic grey hole' that is neither publicly known nor amenable to legal rectification, and that this significantly compromises substantive algorithmic fairness.

Risk Mechanism 2: Administrative labour Disproportionately Harms Neurodivergent Families

A peer-reviewed study on wellbeing and support needs of Australian caregivers of neurodivergent children (PMC, 2023, https://pmc.ncbi.nlm.nih.gov/articles/PMC9909132/) found that caregivers report significant difficulty accessing and navigating the NDIS, that neurodivergent children and families represent the largest participant group, and that families experienced frustration that the scheme is tailored toward individual adults rather than families and carers.

A Medical Journal of Australia study (Disney et al., MJA, February 2025, DOI: 10.5694/mja2.52594) found that women, girls, and applicants from socioeconomically disadvantaged areas with psychosocial and unclassified disability types are less likely to be deemed eligible for NDIS support. The study identified the cost of gathering supporting medical evidence as a contributor to socioeconomic inequality in eligibility.

> *‘Early intervention for my children has been invaluable. Taking that away will potentially push resources on to other areas that are not ideal or already at capacity.’*
>
> — Respondent, QLD, ANPA community survey, May 2026

Risk Mechanism 3: Loss of Support Increases Family Stress and Child Risk

A peer-reviewed working paper (Deshpande M, Kaplan E and Leigh-Wood A, NBER Working Paper No. 33745, 2025, doi: 10.3386/w33745) examined the 2014 Australian Disability Support Pension crackdown and found that disability income removal led to a statistically significant increase in prescriptions for strong mental health drugs, consistent with a stress effect. Critically, average effects masked heterogeneity by family structure: for recipients without informal safety nets, effects were potentially quite negative.

A peer-reviewed study (Gavidia-Payne et al., Child: Care, Health and Development, 2023) examining early childhood service providers' perspectives found that NDIS implementation prevented families from providing opportunities that foster children's developmental goals and long-term trajectories, and that assessment procedures relied on administrative and medicalised approaches.

Risk Mechanism 4: Women Absorb Unpaid Labour When Formal Supports Fail

The 2024 National Carer Survey found that 82.6% of carers in Australia are women. Unpaid carers save the Australian economy an estimated $77.9 billion annually. Of 182 young carers surveyed, 70.6% were female.

Section 9 analyses the gendered impact in detail. Women are underrepresented in the NDIS relative to their share of the disability population (Disney et al., Medical Journal of Australia, 2025, DOI: 10.5694/mja2.52594). The parental responsibility provisions and workforce destabilisation together compound this underrepresentation through the mechanisms documented at section 9.1 and 9.2.

Risk Mechanism 5: First Nations Families Face Compounded Risk

The Disability Royal Commission Final Report, Volume 9 (2023) found that First Nations people face barriers including thin markets, service delivery gaps, low awareness, and cultural barriers affecting trust and engagement. It found mainstream services often overlook cultural needs. (I)

A peer-reviewed systematic review (Disability and Society, 37(6), 2022) found that culture and Indigeneity as a super-ordinate theme pervades access, engagement and lack of support for Aboriginal and Torres Strait Islander people with disability.

Risk Mechanism 6: CALD Families Face Compounded Access Barriers

Section 11 documents the structural barriers in detail. The core risk mechanisms are: documentation requirements disadvantage families from non-English-speaking backgrounds; CALD families are less likely to provide supporting evidence and more likely to have access requests cancelled on that basis; and interpreter and advocate access gaps compound these barriers under the Bill's increased evidentiary requirements.

Risk Mechanism 7: Standardised Assessment Misses Complexity

A systematic review of social camouflaging in autistic adults and youth (Klein et al., Development and Psychopathology, 37, 2025, DOI: 10.1017/S0954579424001159) found that camouflaging is associated with missed or delayed autism diagnosis and increased lifetime suicidality. Cassidy et al. (Molecular Autism, 2018) found an association between camouflaging and increased suicidality in autistic adults. Hull et al. (Autism Research, 2021) found that adolescents who camouflage well may present as needing less support in structured settings despite significant invisible labour.

These findings are directly relevant to any standardised assessment tool used to determine NDIS eligibility or funding. Autistic people, particularly women and girls, who mask or camouflage effectively in structured assessment settings may have their support needs systematically undercounted.

Risk Mechanism 8: Reduced Review Reduces Accountability

The Royal Commission into the Robodebt Scheme (Commissioner Holmes AC SC, July 2023) found Robodebt was a 'crude and cruel mechanism, neither fair nor legal,' resulting in a $1.8 billion class action settlement. The Commission recommended a clear path for those affected to seek review and greater transparency in automated decision-making. The government agreed in principle to all 56 recommendations.

A peer-reviewed article (Australian Journal of Administrative Law, 2024, DOI: 10.1080/1323238X.2024.2409620) analysed Robodebt against obligations under the International Covenant on Civil and Political Rights (ICCPR) and found that government embrace of automated decision-making in welfare, without adequate safeguards, risks mass-replicated erroneous decisions creating systemic issues. The Bill's automation provisions replicate the structural conditions the Robodebt Royal Commission identified as productive of harm.

Risk Mechanism 9: Short-Term Savings May Shift Costs

The Deshpande, Kaplan and Leigh-Wood NBER study (2025) provides direct Australian evidence of cost-shifting: disability income removal increased mental health drug prescriptions, suggesting health system cost transfer.

AIHW Closing the Gap data (2025) confirms that proactive, primary prevention approaches to child protection cost less than reactive crisis responses, establishing the fiscal logic for support preservation.

ANPA's Thriving Kids Initiative briefing demonstrates that the government's fiscal case for the Thriving Kids Initiative uses an unpublished cohort count and an unverified savings figure that did not appear in any published NDIA or Department of Social Services document. The government has published zero cross-system cost modelling.

Risk Mechanism 10: Automation Bias and Structural Discrimination

Automation bias is the tendency of human decision-makers to defer to automated or system-generated outputs, reducing the independence and quality of human judgment. In high-volume public administration systems operating under throughput pressure, KPI-driven workflows, and constrained policy settings, human oversight may become nominal rather than substantive. The mere presence of a human reviewer does not restore genuine discretion, individualised reasoning, or adequate consideration of individual circumstances. Peer-reviewed evidence confirms this effect in public sector contexts: Alon-Barkat and Busuioc (2023) documented patterns of selective adherence to algorithmic advice among public officials; Laux and Ruschemeier (2025) found that legal human oversight requirements in AI governance frameworks frequently fail to address the structural conditions that produce deference.

For the population this submission represents, automation bias compounds existing barriers. Autistic people, people with psychosocial disability, people with fluctuating support needs, and people with communication differences present in ways that standardised systems are least equipped to assess fairly. Where automated systems are trained on, or optimised toward, population-level patterns, they are structurally likely to misclassify or undercount the most complex, atypical, and marginalised presentations. The NSW Structured Decision Making example demonstrates that this risk is not theoretical in Australian public administration. It is a documented outcome of system design that prioritised efficiency and standardisation over individualised judgment. Schedule 3 of the Bill creates the legislative architecture for this risk to emerge in NDIS decision-making.

13. Risk Analysis: Foreseeable Harm if the Bill Proceeds Without Substantial Amendment

This section synthesises the evidence across the nine risk mechanisms to identify foreseeable harms, ranked by severity and cohort.

> *'Come and spend a day in our home and see what life looks like without support. If support is withdrawn, families like ours end up deep in the psychiatric and emergency healthcare, with increased risk of suicide and extreme social isolation.'*
>
> — Respondent, VIC, ANPA community survey, May 2026

13.1 Risks to Disabled Children

13.1A Crisis Non-Contact and Wrongful Removal from the Scheme

Schedule 1, Part 7 introduces a plan suspension and participant revocation power. A participant's status can be revoked where their plan has been suspended for 90 days without adequate contact with the NDIA. ANPA's survey data documents the populations who will be most exposed: 95% expect parent burnout, 92% expect mental health impacts, 45% identify increased suicide and self-harm risk for their child. These are families already at the edge of what they can manage. Non-contact with an administrative system is not an unusual feature of this population's lives. It is a predictable consequence of crisis.

Neurodivergent participants and families may lose contact with the NDIA because of burnout, family violence, homelessness, hospitalisation, mental health crisis, executive functioning difficulties, communication barriers, digital exclusion, poverty, trauma, or administrative overwhelm. Each of these circumstances is overrepresented in the community this submission represents. The provision converts a period of crisis into the legal ground for permanent removal from a statutory entitlement. That is not a proportionate administrative tool. It is a harm multiplier targeted precisely at the people who are most at risk. The provision also disproportionately affects children, where a parent or carer may be the administrative contact, and families experiencing domestic and family violence, where administrative contact is exactly the function that breaks down first. The correct administrative response to non-contact with a vulnerable population is outreach, not revocation.

The Bill creates reasonably foreseeable risk of developmental harm to disabled children through three intersecting pathways.

First, proposed section 9B's decontextualised functional capacity definition is structurally likely to undercount the support needs of children whose disability is expressed through interaction with environmental, educational and social demands. This is supported by the evidence on autistic camouflaging, by peer-reviewed evidence on early intervention, and by the finding that the iCAN tool has not been validated across diverse autism presentations (Source: Australian Psychological Society, reporting on Guardian Australia, 21 January 2026; Australian Autism Alliance, September 2025).

Second, proposed section 48A's restrictive reassessment conditions create a foreseeable barrier for children whose support needs change during developmental windows. The evidence base (ANPA survey: 91.7% of respondents reported sudden changes in support needs) indicates that fluctuating needs are the norm rather than the exception in this community.

Third, proposed subsections 34(1G) to 34(1K) condition children's funded support on parental capacity assessments that may not accommodate neurodivergent parents' disability. The Disability Royal Commission found that disabled parents lose children to child protection due to insufficient support, not poor parenting. A legal presumption of substantial parental care, applied to families the Royal Commission has already identified as at risk, creates a reasonably foreseeable pathway from support insufficiency to child protection involvement.

> *‘Removing or reducing supports from participants and families places significantly more pressure on families and carers. It will push carers into burnout and potentially mean more children will end up in state care as families will simply not be able to cope.’*
>
> — Respondent, VIC, ANPA community survey, May 2026

13.2 Risks to Neurodivergent Families and Family Preservation

Proposed subsections 34(1G) to 34(1K), read with proposed section 9B's decontextualised assessment framework, create a compounding risk for families where both parent and child are disabled. The parent's disability is not a qualifying basis for additional support unless parental labour can be demonstrated to exceed normative expectations. For neurodivergent parents with invisible disabilities, executive dysfunction, or communication differences, meeting this standard through a standardised assessment process presents a foreseeable structural barrier.

ANPA survey respondents identified relationship strain on attachment with their disabled child (204 of those responding to Q6b), increased marriage and relationship breakdown risk (210), and isolation from community (297 of 398) as foreseeable impacts. These are not abstract concerns. They reflect the reported experience of families already living with insufficient support.

13.3 Risks to Women, Mothers and Sole Parents

The parental responsibility provisions create the most direct gendered risk. The presumption of substantial parental care, combined with the prohibition on funded support whose primary purpose is to reduce parental time below normative expectations, constitutes a legal mechanism for shifting disability support labour back to informal carers. National data establishes that those carers are overwhelmingly women.

For sole parents, this risk is acute. There is no second parent to share the labour the provisions contemplate. ANPA's survey found that financial stress (327 of 398, 82.2%), reduced work or lost income (311 of 398, 78.1%), and parent burnout (378 of 398, 95.0%) were among the most commonly anticipated impacts. These impacts fall disproportionately on women.

The 32 survey respondents who identified pressure to remain in an unsafe domestic relationship as a relationship impact illustrate a further dimension: for women in unsafe relationships, NDIS support may be the only practical pathway to independent safety. Support reduction or conditionality may function as entrapment.

> *'State disability supports were largely dismantled and defunded when NDIS was introduced. Now that NDIS is beginning to gut plans and declining participants we are left with little alternative. The most vulnerable are being penalised.'*
>
> — Respondent, WA, ANPA community survey, May 2026

13.4 Risks to First Nations Families

The decontextualised functional capacity definition at proposed section 9B, applied to First Nations participants, strips out the colonial history, community obligations, kinship responsibilities and cultural health understandings that shape First Nations disability experience. This is structurally likely to produce undercounts of support needs for First Nations participants assessed using culturally inappropriate tools.

The Bill does not contain specific provisions to ensure cultural safety in assessment, to mandate culturally appropriate assessment instruments, or to recognise community-based models of care. The NDIA's First Nations Strategy 2025-2030 is an administrative document. It does not have statutory force and does not constrain the operative effect of section 9B.

13.5 Risks to CALD Families

The Bill's increased documentation requirements, decontextualised assessment framework, and automated decision-making infrastructure will compound existing CALD access barriers without mitigation measures. The absence of language access requirements in the assessment framework, and the absence of validation data for the iCAN tool across non-English-speaking populations, are evidence gaps that Parliament should require to be addressed before passage.

13.6 Risks to People with Complex, Psychosocial, Cognitive and Communication Disabilities

People with psychosocial disability represent 9% of NDIS participants with an average annual budget of $86,600 (Community Mental Health Journal, 2025). They have the lowest employment outcomes of any disability group in the scheme (10%). Proposed section 9B's capacity assessment, applied to a person with episodic psychosocial disability, must accommodate fluctuating capacity across crisis and recovery phases. The published definition does not require this. The Rules that would operationalise it have not been published.

The Harm Tracker includes a de-identified account from a respondent whose plan was moved from self-managed to plan-managed, slashed by over 20%, resulting in loss of their community-visiting physiotherapist, inability to find a replacement, and a psychologist's diagnosis of post-traumatic stress disorder arising from how the NDIS had treated them. This single illustrative account is consistent with patterns documented across ANPA's full evidence base.

13.7 Legal Exposure of the Commonwealth

The Bill creates reasonably foreseeable legal exposure across several dimensions.

The Statement of Compatibility with human rights is required under the Human Rights (Parliamentary Scrutiny) Act 2011. The analysis in Section 6 of this submission identifies multiple provisions that may engage CRPD, CRC, CEDAW, ICCPR and ICESCR compatibility concerns that any Statement of Compatibility would need to address.

Proposed section 59E(3), which protects invalid automated decisions from challenge, may be inconsistent with ICCPR Article 2(3) on effective remedies and with administrative law principles of procedural fairness and the general right of appeal. The provision appears to insulate the government from liability for its own automated system failures.

This should not pass Parliament in any form, especially not in a retrospective form. It is not acceptable for any provision in this Bill to be written in such a way that some of Australia's most vulnerable people lose access to justice - and legal remedy, especially those already harmed.

Proposed section 50A(4), removing reviewability of automatic plan renewals, may be challenged as inconsistent with the NDIS Act's existing objects including the right to pursue grievances and the principle that participants should be equal partners in decisions affecting their lives.

Australia has ratified the Optional Protocol to the CRPD. Individual communications may be brought to the CRPD Committee by or on behalf of people who have exhausted Australian remedies. A Bill that reduces review access, embeds decontextualised assessment, and automates evaluative decisions without adequate safeguards creates conditions under which individual CRPD communications may arise.

ANPA draws the Committee's attention to a contemporaneous record of prior notice of risk of significant harm of certain programs under Thriving Kids. On 21 February 2026, more than two months before the Bill was introduced, ANPA formally lodged a report identifying specific maternal safety risks in the Inklings program with Minister Butler, Minister McAllister, and relevant organisations.

The letter of notice explicitly stated that its purpose was to formally document that decision-makers were made aware of identified safety concerns before further rollout or expansion of the program, and that should harm occur in the absence of safeguards, there would be a clear record of what was known, by whom, and when. That record now exists.

It has also now been communicated to this Committee in this document, and forms part of the evidentiary record of this inquiry. The Committee are now also tasked with the safety of these mothers and their children.

Source: ANPA Letter of Notice to PRECI, ECIA, ECA, Minister Butler and Minister McAllister, 21 February 2026.

On 6 February 2026, ANPA formally notified the UN Special Rapporteur on the Rights of Persons with Disabilities that children were being removed from statutory NDIS entitlements at scale without lawful authority. This notification preceded the Bill's introduction by three months and is documented at section 5.3 of this submission. The Commonwealth has been on notice at UN level since that date. Ministers for the NDIS are aware of that correspondence as it was sent to them by The ANPA.

The Special Rapporteur was notified again by email of the risk of severe and irreversible harm and breach of the UNCRPD that this draft Bill posed to Disabled children and parents. The Ministers for the NDIS were copied into this correspondence and are aware of it.

On May 28, 2026, The ANPA also lodged a representative complaint with the Australian Human Rights Commission against the Commonwealth, Ministers for the NDIS and the NDIA under the

Disability Discrimination Act 1992 on behalf of Autistic children and children with developmental delay impacted by the removal of their statutory rights under the NDIS Act. This removal of rights is chiefly occurring on the basis of disability type and age. The Ministers for the NDIS were copied into this correspondence and are aware of it.

Source: ANPA Letters to UN Special Rapporteur, 6 February 2026; May 26; and to the AHRC, May 28, 2026.

13.8 Fiscal Exposure of the Commonwealth

The Bill’s fiscal case has not been subject to whole-of-government cost modelling. The government claims savings through reduced NDIS expenditure. As documented at Section 5.3 of this submission, the government’s own published NDIA Participant Dashboard data (June 2025) shows 135,722 children in the cohort and $2.217 billion in total annual spend: approximately 15,000 more children and $417 million more in annual expenditure than the government’s stated figures. The implied NDIS line saving from published data is approximately $1.42 billion per year, not the government’s stated $960 million. Neither figure has been independently modelled or audited. No cross-system cost modelling has been published.

The Office of Impact Analysis (OIA) rated the government’s own Impact Analysis as only ‘Adequate’, noting it would have benefited from further quantification of costs and benefits and a more detailed implementation and evaluation plan (OIA 2026, oia.pmc.gov.au). The OIA is the independent Commonwealth body established to assess whether regulatory impact assessments are fit for purpose. An ‘Adequate’ rating means the analysis met the minimum threshold but was found deficient. For a Bill that the government argues is necessary and proportionate to ensure scheme sustainability, an Adequate-rated Impact Analysis that cannot independently quantify costs and benefits is a material evidentiary gap. Parliament is being asked to approve fiscal savings on the basis of analysis that the government’s own independent assessor found insufficiently quantified.

The NBER Working Paper (2025) provides direct Australian evidence that disability income removal increases mental health drug prescriptions, suggesting cost transfer to the PBS and health system. AIHW child protection data establishes that tertiary child protection intervention costs substantially more than primary prevention support. AIHW informal carers data documents $77.9 billion annually in unpaid care that would represent market cost if absorbed by the formal care system.

> *‘The proposed changes will not actually save any money, but will force families like mine to rely more long-term on other government departments. Maintaining NDIS support equips families to be in work and contribute to community.’*
>
> — Respondent, QLD, ANPA community survey, May 2026

13.9 International Precedent: the UK SEND Reforms

Australia is not developing these reforms in isolation. The United Kingdom’s Special Educational Needs and Disabilities (SEND) reforms offer a directly relevant international precedent. The UK SEND and Alternative Provision Improvement Plan (2023) introduced reforms emphasising early intervention, mainstream inclusion, evidence-based local plans, and national standards, while seeking to reduce reliance on Education, Health and Care Plans (EHCPs), which are legally enforceable individual entitlements. Reporting in The Guardian in February 2026 documented that under the reforms, fewer children in England are projected to receive EHCPs by 2035, shifting more children into school-managed support with weaker legal protections. Sources: UK Department for Education, SEND and AP Improvement Plan, 2023; The Guardian, 23 February 2026.

The structural parallel is precise. Governments in both countries have responded to rising disability support costs by promising earlier, standardised, evidence-based support in mainstream systems, while narrowing access to stronger individualised entitlements. The language of early intervention and evidence-based inclusion is used to justify a reduction in legally enforceable individual rights. ANPA does not submit that the UK system is identical to the Australian context. The parallel is in the policy pattern: needs-based individual entitlement is being replaced by population-level program access, and the shift is framed as reform rather than retrogression. That is what Australia should not reproduce through the NDIS.

Parliament is being asked to approve fiscal savings that are unverified, unmodelled at whole-of-government level, and that may generate downstream costs exceeding the projected savings across health, child protection, housing, justice, and family violence systems. This is a foreseeable fiscal risk that Parliament should require to be assessed before passage.

13.10 Parliamentary Integrity: ANPA’s Procedural Concern

On 24 May 2026, five days before this submission closed, ANPA wrote urgently to Minister Butler and copied parliamentarians, oversight stakeholders, central policy leadership, and affected sector representatives. The correspondence was titled: URGENT: DPO Request for immediate clarification prior to House debate re: political bargaining over draft NDIS Bill.

ANPA stated that it had seen contemporaneous stakeholder communications indicating that the progression of the Bill was being discussed in connection with broader parliamentary or fiscal negotiations unrelated to disability policy. ANPA attached publicly available media reporting from The Australian (Greg Brown and Matthew Cranston) which ANPA stated materially corroborated that information. ANPA requested immediate clarification before parliamentary debate proceeded and asked three direct questions: whether the government was aware of any attempt to link the Bill's progression to unrelated negotiations; whether the legislation was being used as leverage in broader political negotiations; and whether Parliament would be asked to consider the Bill solely on its policy merits.

ANPA does not assert that political bargaining over the Bill in fact occurred. That question is for Parliament to investigate. What ANPA does assert, and what this submission places on the record, is that a DPO with CRPD Article 4(3) standing raised a formal procedural integrity concern with the responsible Minister five days before this inquiry closed, and that no response to that specific concern has been provided to ANPA in the period available before submission.

In that correspondence, ANPA stated that it does not consent to progression of the legislation under the current conditions. ANPA's reasons, stated in its correspondence and recorded here, are: meaningful representative participation has not occurred consistent with CRPD Article 4(3) and General Comment 7; families are being positioned as the substitute system where no substitute system exists; disabled children face foreseeable harm where supports are reduced, delayed, denied, or reclassified as parental responsibility; nominal entitlement is not real access where funding below delivery cost, administrative opacity, and delegated uncertainty do not produce meaningful support; and women bear disproportionate harm through this Bill's combination of parental responsibility assumptions and destabilisation of female-dominated disability and allied health workforces.

ANPA draws the Committee's attention to the following statement made by ANPA in that correspondence: 'If Parliament is being asked to progress major disability legislation while unrelated political bargaining occurs in parallel, that raises a serious question as to the legitimacy of the process.' ANPA respectfully asks this Committee to seek clarification on this matter. (Source: ANPA correspondence to Minister Butler and copied parliamentarians, 24 May 2026).

On 28 May 2026, the day this submission was lodged, ANPA filed a representative complaint with the Australian Human Rights Commission under the Disability Discrimination Act 1992 (Cth) and the Australian Human Rights Commission Act 1986 (Cth), naming the Commonwealth of Australia and the NDIA as respondents. The complaint alleges indirect and systemic disability discrimination, discriminatory administrative and implementation architecture, failure of meaningful consultation consistent with CRPD Article 4(3), retrogressive reduction in practical access to individualised disability supports, and engagement of rights under the CRPD, CRC, CEDAW, ICESCR and ICCPR. ANPA requested urgent triage and prioritisation given the compressed implementation and parliamentary timeframes. The AHRC complaint is Annexure A to ANPA's parliamentary submission. The Commonwealth and NDIA have been on notice of ANPA's concerns through the UN Special Rapporteur letter (6 February 2026), the Red Alert report (21 February 2026), ministerial correspondence, the Senate Scrutiny of Bills letter (19 May 2026), the political bargaining integrity correspondence (24 May 2026), and now the AHRC complaint. (Source: ANPA representative complaint to the Australian Human Rights Commission, 28 May 2026).

14. Conclusion

The Australian Neurodivergent Parents Association does not oppose reform of the NDIS. We understand the scheme faces fiscal challenges. We share the goal of a sustainable, equitable, rights-based system that serves people who need it most, across their lifetimes.

We oppose this Bill in its current form because it does not achieve that goal. It achieves the appearance of reform by shifting costs, complexity and risk onto the people least able to bear them: disabled children, neurodivergent parents, women in unpaid care, First Nations families, and people with complex and invisible disabilities.

The Bill's architecture, as enacted, would delegate the operative substance of disability eligibility to unpublished Rules, automate evaluative decisions without adequate accountability, remove merits review for automatic plan renewals, presume substantial parental care in ways that structurally disadvantage mothers and neurodivergent parents, and expose the Commonwealth to human rights liability under instruments it has voluntarily ratified.

None of these are theoretical risks. Each is anchored to the Bill's text, to Australia's rights obligations, and to a documented evidence base.

Parliament has an opportunity to pause, to require the government to publish its Rules before asking for a vote, to commission the impact assessments that have not been done, and to amend the provisions that pose the greatest risk to the most vulnerable families.

> *Disabled children, neurodivergent parents and families must not be made the shock absorbers for scheme sustainability. The evidence is before Parliament. The choice is Parliament's to make.*

Submitted by,

The Australian Neurodivergent Parents Association

Nothing About Us Without Us

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