Self Manager Hub

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: Self Manager Hub

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1. About the Self Manager Hub

The Self Manager Hub is a national peer-led organisation representing and supporting people who self-manage or self-direct our NDIS supports.

We are run by self-managers, for self-managers. We promote self-management and self-direction so that people with disability and our families can exercise choice and control, uphold our rights, and lead the lives we choose.

The Self Manager Hub provides information, peer support, resources and community connection for people who self-manage or self-direct our supports. Our community includes NDIS participants and nominees who self-manage or self-direct supports, including people who directly employ workers, use sole traders and independent workers, operate service-for-one arrangements, or rely on self-direction to build safe, flexible and individualised support arrangements.

The Self Manager Hub has a large and active national community, including a Facebook community of more than 16,000 members who self-manage NDIS plans. Our work is grounded in the lived experience, practical knowledge and policy insights of people who self-manage and self-direct our supports.

We have significant concerns with many aspects of the Bill. This submission focuses on the provisions that most significantly affect people who self-manage or self-direct our supports, while also addressing the broader rights and safety risks created by the Bill.

2. Executive summary

The Self Manager Hub supports integrity, safety, sustainability, and accountability in the NDIS. Self-management and self-direction help achieve these goals by giving participants and nominees direct oversight of the supports we use, the workers we engage, and the way our funding is spent. These arrangements can reduce unnecessary provider layers, improve transparency, strengthen relationships of trust, and support efficient delivery of high-quality, individualised supports.

The Bill should treat self-management and self-direction as part of the solution to a sustainable NDIS. It should support good self-management and make it easier for participants and nominees to understand obligations, keep appropriate records, use trusted workers, and manage funds responsibly. Instead, the Bill would make self-management and self-direction more restricted, more complex, more punitive, and more uncertain.

The Bill also raises serious human rights concerns. The NDIS is one of the main ways Australia gives practical effect to the rights of people with disability under the UNCRPD. Those rights include the right to live independently and be included in the community, the right to exercise choice and autonomy, the right to equal recognition before the law, the right to access justice, the right to bodily integrity and informed consent, and the right to adequate support for an adequate standard of living.

The registration provisions are particularly concerning because they do not protect participant and nominee-led self-directed arrangements in the primary legislation. Without clear protections, people who self-manage or self-direct our supports are left uncertain about whether we can continue using the workers and arrangements that deliver high-quality support and keep us safe, independent and connected to community.

The Bill could also create a pathway to registered-provider-only, commissioned or block-funded arrangements that reduce choice and control, close the market to smaller and innovative supports, and push people back into provider systems that have already failed them. For people who self-manage or self-direct our supports, the right to choose who provides support is closely connected to safety, dignity, autonomy and protection from violence, abuse, neglect and exploitation.

The Self Manager Hub is also deeply concerned about proposed section 34A and related support caps. These provisions would allow funding for reasonable and necessary supports to be reduced below their actual cost. This strikes at the heart of the NDIS. If supports are accepted as reasonable and necessary, but the plan does not fund their full cost, participants may be left without the support we need to live safely, maintain continuity of care, participate in community and avoid crisis.

The proposed reduction in claim times from two years to 90 days, the proposed debt provisions linked to record-keeping, new civil penalty powers, and automated decision-making powers would create a more punitive environment for self-managers. Participants should not face debt recovery, penalties or loss of support because of technical or administrative issues where supports were genuinely received and claimed in good faith.

The Bill should not be passed in its current form. The Committee should recommend that the Bill be rejected, or at a minimum substantially amended, so that it strengthens integrity without weakening safety, reasonable and necessary support, self-management, self-direction, choice and control, and the rights of people with disability and our families.

2.1 Summary of recommendations

The Self Manager Hub recommends that the Committee not recommend passage of the Bill in its current form. If the Bill proceeds, it should be substantially amended to protect the NDIS as an individualised, rights-based scheme.

1. Insert an objects and principles clause requiring all decisions, rules and instruments under the NDIS Act to be interpreted consistently with the UNCRPD, including choice and control, independent living, accessibility, equal recognition before the law and access to justice.
2. Retain and strengthen the existing NDIS principles of choice and control, individualised support, participant-directed planning and supported decision-making. Financial sustainability should be one consideration, not an overriding principle that can displace rights, safety and assessed need.
3. Protect participant and nominee-led self-directed arrangements in the provider definition and registration framework, including direct employment, sole traders, independent workers and services for one.
4. Require a specific self-directed registration category before any expansion of mandatory registration affects people who self-manage or self-direct our supports.
5. Ensure people who self-manage or self-direct our supports are not forced to use registered providers unless this is clearly justified, proportionate to risk, based on the individual circumstances of the participant, and subject to notice, reasons and review rights.
6. Prevent future rules, commissioning arrangements or block-funded models from removing or substantially restricting a participant's practical ability to choose and control our supports.
7. Recognise direct employment and services for one as legitimate participant-led support models and essential safeguards against market failure.

8. Remove proposed section 34A. If it is retained, amend it so that funding can never be reduced below the actual cost of reasonable and necessary supports.
9. Remove powers to impose broad funding caps, support intensity caps or worker-to-participant ratio caps where those caps would override individual need, safety, support continuity, direct employment, services for one, or one-to-one support where required.
10. Provide an automatic exemption from any support determination or cap for participants with high or complex support needs, including participants requiring 24-hour supervision, intensive one-to-one support, complex health support, behavioural support, airway management, swallowing support or other continuous safety supports.
11. Retain the whole-of-person approach to reasonable and necessary supports by deleting the word 'directly' from proposed section 34(1)(aa) and ensuring supports can be funded where needs arise from the interaction of a participant's eligible impairments, other impairments and circumstances.
12. Ensure lived experience evidence and evidence from treating practitioners are given proper weight in decisions about whether a support is effective and beneficial.
13. Retain a fair claiming window of at least six months, with broad reasonable-excuse protections for late claims linked to disability, illness, hospitalisation, accessibility barriers, nominee issues, technology failure, payroll corrections or other reasonable circumstances.
14. Amend debt provisions so a debt cannot be raised solely because of a technical or administrative record-keeping failure where supports were genuinely received and claimed in good faith.
15. Require the NDIA to give participants and nominees a reasonable opportunity to remedy record issues before a debt is raised, and require consideration of disability-related barriers, accessibility issues and inconsistent NDIA advice.
16. Create a binding pre-claim advice mechanism so participants, nominees and plan managers can obtain written, binding advice about whether a support is claimable before spending funds.
17. Create a statutory safe harbour where a participant or nominee relies in good faith on written advice from the NDIA that a support is claimable.
18. Provide a merits-review pathway for claim disallowances, post-payment claim reversals and debts arising from disputed claims.
19. Remove or substantially amend nominee civil penalty provisions so unpaid family nominees acting in good faith are protected by a reasonable-steps defence and are not exposed to disproportionate penalties.
20. Limit automated decision-making to low-risk administrative decisions and require human review, clear reasons, disclosure that automation was used, accessible appeal information, independent audit and merits review for any decision affecting funding, claims, plans, debts or participant status.
21. Retain the 21-day decision timeframe for unscheduled reassessment requests, restore the deemed decision safety net, and remove narrow requirements that prevent timely reassessment when support needs, informal supports, housing, employment, safety or living arrangements change.
22. Insert an emergency reassessment pathway with a statutory 14-day timeframe where the participant, nominee or treating practitioner identifies urgent safety, housing, health, behavioural or support-breakdown risk.

23. Amend automatic plan renewal provisions so they cannot remove, reduce or alter support funding without participant involvement, written reasons and review rights. One-off funding that has been quoted, ordered or otherwise actioned should carry over until the support is delivered and claimed.
24. Strengthen safeguards before plan suspension or revocation, including accessible communication requirements, contact through all available channels, contact with nominees or authorised supporters, consideration of disability-related barriers, protected circumstances and urgent reinstatement pathways.
25. Remove or narrow access restrictions based on 'appropriate treatment' so the participant's real circumstances are considered, including geography, cost, waitlists, accessibility barriers, risk and informed consent.
26. Ensure a person is not excluded from the NDIS because another system exists unless that system actually provides equivalent, timely, rights-aligned disability supports that meet the person's needs.
27. Require all NDIS Rules, transitional arrangements and implementation measures affecting self-management, self-direction, direct employment, services for one, claiming, records, provider status or plan funding to be co-designed with people who self-manage or self-direct our supports.
28. Require an independent post-implementation review of any enacted changes within two years, including public reporting on participant safety, unmet need, hospitalisation, restrictive practices, plan suspensions, revocations, debts, claim rejections and impacts on self-managed participants.

3. The UNCRPD rights framework

Australia has obligations under the United Nations Convention on the Rights of Persons with Disabilities. The NDIS is not only a funding system. It is a central mechanism for giving practical effect to the rights of people with disability and our families.

The Bill should therefore be assessed against the rights it affects. The Self Manager Hub is particularly concerned that the Bill risks moving the NDIS away from a rights-based, participant-directed scheme and towards a more centralised, cost-controlled and compliance-heavy system.

3.1 Rights most directly engaged

- **Article 3:** general principles, including respect for dignity, individual autonomy, freedom to make one's own choices, independence, full and effective participation and inclusion in society, equality of opportunity and accessibility.
- **Article 4:** the obligation to ensure and promote the full realisation of human rights, and to closely consult with and actively involve people with disability through our representative organisations in decisions that affect us.
- **Article 5:** equality and non-discrimination. This is engaged where the Bill creates barriers to access, support, review or communication that disproportionately affect people with disability and our families.
- **Article 9:** accessibility. This is engaged where the NDIS relies on inaccessible communication, complex record-keeping, narrow timeframes, or digital systems that people cannot use equally.

- **Article 12:** equal recognition before the law. This is engaged where people face strict liability debts, automated decisions, civil penalties or complex obligations without accessible support, reasons and review rights.
- **Article 13:** access to justice. This is engaged where the Bill removes or narrows review rights, makes decisions non-reviewable, or makes it harder to challenge claim rejections, funding reductions or plan changes.
- **Article 17:** protecting the integrity of the person. This is engaged by provisions that could make NDIS access depend on accepting treatment, particularly where refusal for non-medical reasons may be disregarded.
- **Article 19:** the right to live independently and be included in the community. This is central to the NDIS and directly engaged by any reduction in supports needed to live safely, choose where and with whom we live, and participate in community.
- **Article 23:** respect for home and family. This is engaged where the Bill shifts greater support responsibility onto families, increases reliance on unpaid care, or puts family stability at risk.
- **Article 25:** health, including free and informed consent to health care. This is engaged where access to disability support may be affected by whether a person undertakes treatment.
- **Article 28:** adequate standard of living and social protection. This is engaged where people are denied access to the NDIS, pushed into other systems that do not provide equivalent disability support, or funded below assessed need.

3.2 How the Bill risks undermining these rights

The Bill risks undermining Article 19 by enabling funding cuts and caps that leave people without the support needed to live safely, avoid isolation and participate in community. This is especially serious for people with high and complex support needs, where community participation funding can be part of a 24-hour safety framework rather than optional social support.

The Bill risks undermining Articles 12 and 13 by expanding debt, compliance, civil penalty and automated decision-making powers while narrowing or excluding review rights. A person who self-manages should be supported to comply with clear rules. They should not be exposed to automatic debts or automated claim rejections without proper reasons, human review and merits review.

The Bill risks undermining Articles 4 and 19 by leaving major issues to future rules, ministerial determinations and transitional instruments. These instruments could reshape access, funding, registration and self-directed arrangements without the level of Parliamentary scrutiny and co-design that such changes require.

The Bill risks undermining Articles 17 and 25 by making access to the NDIS conditional on broad treatment requirements, including in circumstances where a person refuses treatment for non-medical reasons. People with disability have the same right as others to bodily integrity and informed consent.

The Bill risks undermining Articles 5 and 28 by excluding people from the NDIS because another system exists, without requiring that other system to provide equivalent, timely and rights-aligned disability supports. This is particularly concerning for people in aged care, compensation schemes, regional and remote communities, and First Nations communities.

The Bill risks undermining Articles 19 and 23 by giving greater weight to informal supports and parental responsibility. Families already provide substantial unpaid care. The NDIS should not reduce formal support by assuming families can absorb more responsibility, especially where that increases burnout, family breakdown or risk of harm.

4. Provider registration and the right to self-direct supports

4.1 What the Bill does

Schedule 2, Part 1, item 3 would insert proposed section 10C into the NDIS Act. This provision could form the basis for future rules requiring more participants to use registered providers. If those rules are not carefully limited, they could take away or seriously restrict the practical right of participants and nominees to self-manage and self-direct our supports.

The Bill leaves important details to future NDIS Rules. Those Rules could add other people or organisations to the provider definition, or exclude particular classes of people or organisations from it. This means the Bill does not clearly say whether participant and nominee-led arrangements, including direct employment, sole traders, independent workers and services for one, will be protected.

The combination of a broad provider definition, future registration rules, ministerial instruments and funding caps could create a closed market where participants are pushed towards registered providers, commissioned services or block-funded arrangements. This would reduce innovation, reduce competition, increase provider overheads and take control away from people with disability and our families.

4.2 Why this matters

Self managers often use supports that do not fit neatly within traditional provider systems. These include direct employment arrangements, independent workers, sole traders, culturally safe supports, community-based supports, services for one, and carefully chosen support teams built around trust, communication and safety.

For many people, self-direction is not a preference at the margins. It is the reason support works at all. It allows the person or nominee to choose workers who understand communication, routines, health risks, cultural needs, sensory needs, behaviour support strategies, family context and personal boundaries.

These arrangements are also often a response to market failure. Many participants self-direct after registered providers have been unable to provide consistent, safe or suitable support. For some people, especially people with high and complex needs, forcing a return to conventional provider models would increase risk rather than reduce it.

The right to self-direct supports is closely connected to UNCRPD Article 19. Article 19 is about more than where a person lives. It requires access to supports that enable people with disability to live in the community with choices equal to others, and to avoid isolation or segregation. For many people, that right depends on being able to build and maintain trusted individualised support arrangements.

4.3 What participants and nominees have told us

The Self Manager Hub works closely with our community through surveys, workshops and peer support groups to understand what matters to people who self-manage or self-direct our supports. This evidence demonstrates the importance of self-management and self-direction, including direct employment and services for one.

Participants and nominees describe direct employment of support workers as a practical response to service failure and market failure:

> *"Traditional providers could not meet the complex and individual needs of my son. We needed to employ and train our own team to keep him safe and happy."*
>
> *"We moved to direct employment because we needed consistent, skilled staff, people who know our routines and communicate well."*
>
> *"I know exactly who's in my home, and I can train them to meet my needs. It's safer, and I feel respected."*

We also asked our community if they would accept changes that would require more NDIS participants to use registered providers. In that survey, all respondents answered "No". This shows that participants and nominees strongly oppose being forced away from the workers and arrangements that are already keeping us safe.

A clear and consistent message from our community is that registration does not automatically deliver safety, quality or accountability:

> *"Registration does not automatically equal more oversight and safety and it can limit choice and control for participants in who our providers are."*
>
> *"Registered providers does not equal safety for people with disabilities."*
>
> *"Using registered providers does not guarantee safety for participants in fact most cases of neglect have been by registered providers. People with disabilities should have the right to choose who comes into our homes and who touches our bodies"*
>
> *"We have our own strict (better) oversight of all workers. A registered provider cannot compete with our structure. We have our own comprehensive written protocols."*
>
> *"Registration does not keep people safe, being supported by a committed Team with shared values and being an active and visible part of her local community does."*

This lived experience demonstrates why the Bill must not treat self-management and self-direction as risks to be controlled. These arrangements are a critical safeguard. They provide direct oversight, trusted relationships, person-specific training, continuity, flexibility and accountability.

4.4 Recommended amendments

The Bill should include clear protections for participant and nominee-led self-directed arrangements. These protections should include an express right for participants and nominees to self-direct our supports, including undertaking direct employment, and engaging sole traders, independent workers and service-for-one arrangements.

Any restriction on those arrangements should be limited, clearly justified, proportionate to the level of risk, and designed to preserve choice and control wherever possible. Participants and nominees should be given notice, reasons and access to review rights.

The Bill should require a specific self-directed registration category before any expansion of mandatory registration affects people who self-manage or self-direct our supports. Such a category should be co-designed with self managers and should recognise the distinctive nature of participant and nominee-led arrangements. It should not impose provider-style obligations on people with disability and families who are directly arranging supports in our own lives.

5. The most serious harms the Bill could create

The Self Manager Hub's primary focus is self-management and self-direction. However, some provisions of the Bill would create broader harms that would directly affect self managers because they affect access, funding, planning, review rights and the basic security of support. These harms must be considered together, not in isolation.

5.1 Funding below assessed need

Schedule 1, Part 4, item 34 would insert proposed section 34A. This would allow the Minister, by legislative instrument, to reduce funding for specified groups of supports by a percentage lower than 100 per cent. Proposed subsection 34A(5) states that the determination has effect even if the result is that funding for a reasonable and necessary support is less than the total cost of the support, or funding for all reasonable and necessary supports in the plan is less than their total cost.

This is one of the most serious provisions in the Bill. It would allow the NDIS to accept that a support is reasonable and necessary, while refusing to fund the support at the level required to actually purchase it. That creates planned unmet need. It also removes the individualised foundation of the NDIS by replacing person-by-person assessment with broad percentage reductions.

This is inconsistent with UNCRPD Article 19 because it risks removing the supports people need to live independently and be included in the community. It is also inconsistent with Article 28 because it undermines access to adequate support and social protection. For participants with high and complex support needs, the consequences may include unsafe gaps in care, loss of trusted workers, collapse of self-directed arrangements, increased restrictive practices, preventable hospitalisation, family breakdown and crisis.

5.2 Cuts to social and community participation supports

The Bill and public commentary risk framing social and community participation supports as optional or discretionary. That framing is inaccurate and unsafe.

For many participants, social and community participation funding is part of the practical support system that keeps a person safe outside the home. It may involve communication support, personal care, active support, behavioural support, supervision, support to attend medical appointments, support to maintain family relationships, support to access ordinary community life, and support to prevent isolation.

For a participant who requires continuous support, community participation funding can form part of a 24-hour support framework. A percentage cut does not reduce the person's need for supervision,

communication support, health support or safe assistance. It simply creates a gap where no safe support arrangement exists.

The Bill should therefore prohibit any support determination or cap from applying to participants whose funding in the affected category reflects high or complex support needs. There should be an automatic exemption mechanism so that broad funding reductions cannot produce unsafe gaps in supervision or support.

5.3 Caps on support intensity and worker-to-participant ratios

The Bill also proposes powers to set maximum funding amounts, maximum support intensity and maximum worker-to-participant ratios. These provisions could override individual need and force support levels below what is safe, workable or clinically required.

This is particularly concerning for people who need one-to-one support, two-to-one support at specific times, active overnight support, skilled health support, or support workers trained in communication, behaviour support, suctioning, airway management, swallowing risk, transfers or complex routines.

Worker ratios and support intensity are safety decisions. They should be made according to individual evidence and the participant's circumstances, not through broad caps that apply to groups of people. Any decision to reduce intensity or ratios should be reviewable and should include written reasons addressing safety, choice and control, and the participant's self-directed arrangements.

5.4 Narrowing the whole-of-person approach

The Bill would narrow the whole-of-person approach by requiring supports to arise 'directly' from an impairment that meets the access criteria. This risks artificial distinctions between impairments and support needs.

People do not live our lives in diagnostic categories. Physical, psychosocial, cognitive, sensory, communication, health and environmental factors often interact. A support need may arise from the interaction of multiple impairments and circumstances. A narrow 'directly arising' test could deny supports that are plainly required for the person to function safely and participate in ordinary life.

This would undermine individualised planning and is inconsistent with the principles of autonomy, participation and inclusion in the UNCRPD. The word 'directly' should be removed, and the law should preserve the whole-of-person approach.

5.5 Access restrictions, treatment requirements and other systems

The Bill makes major changes to access. These include a new functional capacity test, provisions requiring 'appropriate treatment', and exclusions where another system, such as compensation or aged care, is considered available.

These provisions are not limited to self-management, but they are relevant because a person cannot self-manage or self-direct supports if they are excluded from the NDIS in the first place. The Bill could also affect existing participants if eligibility is reopened through new assessment tools.

A standardised functional assessment tool must not be used to remove people from the Scheme unless it has been published in draft, co-designed, piloted with diverse cohorts, independently

evaluated and made subject to disallowable Parliamentary scrutiny. It must be capable of recognising complex, fluctuating, psychosocial, intellectual, rare, degenerative and multiple disabilities, and it must consider real-world functioning, not an abstract version of the person stripped of support, technology and environment.

The 'appropriate treatment' provisions must respect bodily integrity and informed consent. A person should not be denied access because of treatment they cannot realistically access because of cost, geography, waitlists, risks, accessibility barriers, trauma, cultural safety concerns or other personal circumstances.

A person should also not be excluded from the NDIS because another system exists unless that system actually provides equivalent, timely and rights-aligned disability support that meets the person's needs. Otherwise, the Bill risks pushing people into systems that are under-resourced, institutional, inaccessible or unable to deliver disability-specific supports.

5.6 Devaluing lived experience and shifting responsibility onto families

The Bill would alter how the NDIA assesses whether a support is effective and beneficial by prioritising generalised and peer-reviewed research. Research is important, but it must not become a veto against individualised supports, innovative supports, rare conditions, complex disability or supports that have already worked for the participant.

The evidence of the participant, nominee and treating practitioners must have real weight. Self managers often develop support arrangements that are effective precisely because they are tailored to the person. The NDIS should not reject those supports because they do not fit a narrow research hierarchy.

The Bill also risks shifting greater responsibility onto families and informal supports. This is inconsistent with the purpose of the NDIS and with UNCRPD Articles 19 and 23. Families and nominees provide extraordinary unpaid support already. The law should not assume more unpaid care is available, reasonable or safe.

6. Claims, records, debts and automated decisions

6.1 Claims and record-keeping

Schedule 2, Part 4, item 83 would insert proposed section 45B into the NDIS Act. It would require records to be kept and retained in relation to claims and the provision of NDIS supports. Schedule 2, Part 4, item 86 would replace subsection 182(4) so that an amount equal to an NDIS amount is a debt due to the Agency if a person made the claim, received the amount, was required to keep and retain a record, and did not comply with that requirement.

Schedule 2, Part 5, item 89 would reduce the claiming period from two years to 90 days. The Self Manager Hub considers this too short for many self managers, particularly people managing direct employment, payroll, timesheets, superannuation, invoices, support coordination, health needs, nominee arrangements and changing NDIA requirements.

Self managers accept the need for proper records and accountability. Public funds must be protected. Fraud should be addressed. However, the proposed debt provision is too blunt. It appears to allow a debt to be raised because of a failure to comply with a record-keeping

requirement, even where the support was genuinely provided, the participant acted in good faith, and the issue was administrative or technical.

Many self managers are people with disability managing complex lives. Records may be affected by technology failures, worker turnover, illness, hospitalisation, communication barriers, software changes, payroll corrections, superannuation corrections, nominee issues, accessibility barriers or confusion caused by inconsistent NDIA advice.

A punitive record-keeping regime undermines UNCRPD Articles 12 and 13 when it makes the exercise of legal capacity depend on navigating complex, high-risk administrative demands without accessible support, clear guidance and fair review rights.

6.2 Good faith protection and safe harbour

The Bill should include a good faith protection, a reasonable excuse provision, a requirement to consider disability-related barriers, an opportunity to remedy record issues before a debt is raised, and clear limits on retrospective action.

Proposed subsection 182(4) should be amended so a debt is not raised solely because of a technical or administrative record-keeping failure where the participant can demonstrate that the support was received and the claim was made in good faith.

The Bill should also create a binding pre-claim advice mechanism. Participants and nominees should be able to ask the NDIA, in writing, whether a proposed support is claimable for that participant. If the NDIA gives written approval or does not respond within a statutory timeframe, the participant should be able to rely on that advice.

The Bill should also include a statutory safe harbour where a participant or nominee relies in good faith on written advice from the NDIA. If the Agency later changes its mind, the participant should not be left with a debt for a support they were told was claimable.

6.3 Automated decisions

The Bill contemplates automated decision-making by the NDIA, including decisions about payment or rejection of claims and approval of old framework plans. It also allows the Minister to expand automated decision-making by future legislative instrument.

Automated decision-making in a system as complex as the NDIS carries significant risk. Claim decisions and planning decisions often require context, judgement, accessibility adjustments and understanding of the participant's circumstances. An automated system may not recognise disability-related barriers, good faith reliance on NDIA advice, payroll corrections, nuanced self-directed arrangements or urgent safety issues.

Automated decision-making should not be used for complex or high-risk decisions affecting funding, claims, debts, plans, participant status, access, registration restrictions or self-directed arrangements. Any use of automation must include disclosure, accessible reasons, human review, merits review, independent audit, public reporting and protections against bias and error.

7. Planning, reassessment and review rights

Schedule 1, Part 5, item 50 would insert proposed section 50A, allowing automatic renewal of old framework plans. The new plan may remove one-off funding and include other alterations determined by the Minister. The Bill states that making the new plan does not require a new statement of participant supports and does not involve a reviewable decision.

Automatic renewal without proper participant involvement, reasons and review rights is inconsistent with the participant-directed nature of the NDIS. It also creates practical risks for self managers. A person may have one-off funding for assistive technology, home modifications, vehicle modifications, training or other supports that have been quoted, ordered or actioned but not yet delivered. That funding should not disappear because a plan end date is reached.

Schedule 1, Part 2 would limit participant-requested reassessments by requiring conditions in proposed section 48A to be met, and would change the decision period from 21 days to 90 days. These provisions may prevent timely plan changes when support arrangements break down, informal supports become unavailable, housing changes, employment needs change, equipment fails, direct employment arrangements change, or safety risks increase.

For participants facing urgent safety, housing, health, behavioural or support-breakdown risk, 90 days is not a meaningful timeframe. Harm can occur long before an ordinary reassessment decision is made. The Bill should include an emergency reassessment pathway with a 14-day statutory timeframe and a deemed decision safety net if the NDIA fails to act.

Review rights are central to UNCRPD Article 13. Where the Bill removes review triggers or makes significant changes non-reviewable, participants lose practical access to justice. Any plan renewal, funding reduction, claim reversal, debt, suspension, revocation or restriction on self-directed arrangements should be accompanied by notice, reasons and merits review.

8. Suspension, revocation, transitional rules and ministerial overreach

Schedule 1, Part 7 would allow plan suspension and possible revocation of participant status where a participant is considered not contactable. The Self Manager Hub is concerned that people may be difficult to contact for disability-related reasons, including hospitalisation, communication barriers, psychosocial disability, inaccessible correspondence, nominee issues, homelessness, family violence, support breakdown or lack of access to phone, email or online systems.

Suspension or revocation in these circumstances could cause serious harm. It could abruptly remove essential supports needed for daily living, communication, personal care, health, safety and independent living. It could also expose people to violence, abuse, neglect and exploitation if supports suddenly stop.

The Bill should define 'reasonable attempts' to contact a participant. It should require contact through every channel the participant has provided, contact with nominees or authorised supporters where appropriate, accessible communication, documented attempts over a minimum period, consideration of disability-related barriers, protected circumstances that pause the process, review rights and urgent reinstatement pathways.

Schedule 5 would allow transitional rules by legislative instrument. The Self Manager Hub is concerned that this power is broad and could be used to make significant changes to the operation of the NDIS without ordinary Parliamentary amendment processes. Any transitional rule-making power should be narrowed, time-limited, subject to mandatory consultation and supported by a published impact statement.

These concerns are directly connected to UNCRPD Article 4, which requires close consultation with and active involvement of people with disability through our representative organisations. Major changes to access, funding, self-management, self-direction, registration, records, claims or review rights must not be made through closed or rushed processes.

9. Co-design and implementation support

The Bill leaves many critical details to future rules and instruments. This is particularly dangerous for people who self-manage or self-direct our supports because the practical effect of the law will depend on how those rules treat provider status, registration, claims, records, audits, debts, direct employment, services for one and the use of independent workers.

Any rules or implementation measures affecting self-management and self-direction must be co-designed with people who self-manage or self-direct our supports.

Integrity measures should be paired with practical support. The NDIA should fund accessible guidance, templates, training, payroll and record-keeping tools, peer mentoring, help lines, and independent advice for self managers and nominees. Good integrity policy should make it easier to do the right thing.

The Self Manager Hub is well placed to assist with peer-led education, community feedback and practical implementation supports, provided such work is properly resourced.

10. Conclusion

This Bill creates serious risks for people who self-manage or self-direct our supports. It could make self-management more restricted, more complicated and more difficult to administer. It could create uncertainty about whether we can keep using trusted workers, direct employment, sole traders, independent workers and services for one. It could expose participants to harsh debt recovery for technical record-keeping issues, reduce claim times to an unworkable 90 days, weaken review rights, expand automated decision-making and allow funding to fall below the actual cost of reasonable and necessary supports.

For people who rely on NDIS supports every day, these are direct threats to safety, continuity of care, independent living, community inclusion and the right to decide who comes into our homes and who touches our bodies.

The Bill risks undermining arrangements that are already delivering high-quality, accountable and cost-effective support. It could force people back into provider systems that have failed them, increase costs, reduce flexibility and leave people with less control over who provides intimate and essential support.

The Committee should not recommend passage of the Bill in its current form. At a minimum, the Bill must be amended to protect participant and nominee-led self-direction in the primary legislation,

preserve access to direct employment and services for one, prevent funding from being cut below the cost of reasonable and necessary supports, and ensure that any new compliance powers include fairness, proportionality, accessibility, notice, reasons and review rights.

The NDIS must remain true to the original principles of choice and control and individualised support. It must also remain consistent with Australia's obligations under the UNCRPD. People with disability and our families need a Scheme that supports us to live safely, independently and with choice and control over our own lives.

Appendix A: Community voices from the Self Manager Hub

"Traditional providers could not meet the complex and individual needs of my son. We needed to employ and train our own team to keep him safe and happy."

"We moved to direct employment because we needed consistent, skilled staff, people who know our routines and communicate well."

"We could never get consistent support from a provider, every week was a new face. Direct employment gives us control and continuity."

"I know exactly who's in my home, and I can train them to meet my needs. It's safer, and I feel respected."

"Through direct employment, we've built a small, professional team that works around our schedule and lifestyle, not the other way around."

"We're not asking for special treatment, just fair support to keep doing what works."

"Registration does not automatically equal more oversight and safety and it can limit choice and control for participants in who their providers are."

"I would support better education and guidance for participants and providers- and the creation of a category for people who self direct- but registration is never going to equal safe or quality supports and can offer false perceptions that a provider is better, more qualified or safer than an unregistered provider."

"Forcing registration would mean we would lose her staff who (after rigorous induction and training that we provide) know her well to be able to support her properly."

"We would be forced into using registered service providers who cannot deliver the same quality of support, who would assign strangers to work with her, causing serious disregulation that takes weeks to subside."

"Registration does not guarantee QUALITY of supports. We are severely limited and restricted with a lack of good registered providers, hence the need to have unregistered providers to give us at least a small degree of choice and control."

"We use unregistered providers who know & understand our daughter & have been supporting her for years. Having to change will lead to an increase of self harming behaviours & risk of losing supports."

"We have spent years building up a trusted team of Independent support workers who understand our non-verbal sons needs and history has shown on numerous occasions that registered providers do not employ quality support workers nor do they train them adequately

for high needs PWD and our sons behaviour escalates out of control when we use registered providers as they do not provide continuity in staffing."

"Registered providers does not equal safety for people with disabilities."

"We are able to keep our adult daughter happy, safe and engaged in her community by directly employing her support staff."

"They work as a Team, are committed and and stay for an average of 4 years."

"It would be devastating for her if she could not continue with this arrangement as her life would be unrecognisable."

"Registration does not keep people safe, being supported by a committed Team with shared values and being an active and visible part of her local community does."

"I have developed years building a support network that works for me and able to meet my needs. My supports are sole traders and provide me the support I need."

"I am supporting small local businesses and by doing that I'm also saving NDIS money. Most importantly this is about my safety at home and who I choose to have in my house."

"They know her inside and out, they respect her, they give consistency, trust and engagement into her life."

"We have our own strict (better) oversight of all workers. A registered provider cannot compete with our structure. We have our own comprehensive written protocols."

"We have used both registered providers and independent sole-traders. I spend the same amount of time training and mentoring new support workers, both registered or not; because someone comes from a registered provider does not mean the support worker is trained in your needs, your method of communication, your likes or dislikes, etc."

"However, nearly always the independent sole-trader will stay with you for longer, you build a relationship and trust with them, they are almost like extended family."

"Using registered providers will not guarantee safety and minimise risk for us but just adds an extra layer of seperation between ourselves and the provider."

"It will also limit our choice and control over who enters our home and has the most intimate access to our family member in providing support for personal care."

"I have successfully built a self directed team of trusted competent SW after 'escaping' the incompetent unsafe unreliable and fraudulent registered providers and I cannot go back to that."

"Being Self Managed meant I could find the Providers who suited ME. Not having to be tied to using specific providers who, from previous experience, don't necessarily operate to MY schedule, or my standard."

"That is not choice and control and not the way I build my team."