Submission

NDIS Access Changes: Design considerations

Response to public consultation to inform the advice of the Technical Advisory Group to the Australian Government

October 2026

DANA Disability Advocacy Network Australia

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About DANA

As the national peak body for more than 70 independent disability advocacy organisations, Disability Advocacy Network Australia (DANA) is uniquely positioned to contribute to consultation on changes to NDIS access decision-making. Our insights are grounded in the lived experience shared by our member organisations and people with disability. DANA brings a national, systemic disability advocacy perspective to the design of an equitable, accessible, and person-centred process.

Our Vision

People with disability are valued, safer, have quality of life and can reach their full potential.

Our Purpose

DANA strengthens, supports and provides a collective voice for independent disability advocacy for and with people with disability across Australia.

We achieve this by:

- promoting the role and value of independent disability advocacy.
- providing a collective voice for our members.
- providing communication and information sharing between disability advocacy organisations.
- providing support and development for members, staff and volunteers of disability advocacy organisations.
- building the evidence base to demonstrate the value of disability advocacy.
- promoting the human rights, needs, value and diversity of people with disabilities.

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Executive Summary

DANA welcomes the opportunity to provide feedback to inform advice on changes to NDIS Access.

The NDIS access reforms are an opportunity to make the scheme fairer, clearer, and easier to reach. DANA supports the objectives of greater consistency and transparency. However, our member consultation shows that, for many people, the main barrier is not eligibility itself but the process of demonstrating that they meet eligibility. The process requires navigating a complex system, obtaining evidence that is costly or unavailable, and having their circumstances accurately understood.

A new assessment tool alone cannot fix this. DANA proposes four design principles to guide the redesign:

1. Assess the pathway, not only the tool.
2. Recognise that equity is more than consistency.
3. Ask only for the information needed to make the decision.
4. Design for people facing the greatest barriers.

Drawing on the experience of disability advocates, DANA makes four key recommendations (see next page) alongside illustrative scenarios drawn from real advocacy cases. DANA encourages the Government to use them to test the redesigned process before it is implemented. We also welcome further discussions with Government about our positions and recommendations, and how these may apply in policy settings.

Recommendations

Recommendation 1: Establish a funded, independent navigation role, with clear accountability for supporting people through NDIS access from first contact, linked to a single-entry point that connects people to the right support across the NDIS, Foundational Supports and mainstream services, with evidence shared between them.

Recommendation 2: The NDIS should use existing evidence first, retain an access list or equivalent pathway for permanent and well-established impairments, fund any further evidence needed to make an access decision and publish clear guidance on what evidence is sufficient.

Recommendation 3: Standardised assessment tools should inform, not determine, access decisions. Any framework must enable person-centred assessments that adapt to the diversity and complexity of lived experience, including:

- Assessing functioning over time and across environments, including for fluctuating, episodic, degenerative and progressive conditions.
- Setting clear rules for weighing the combined impact of impairments alongside environmental barriers and life circumstances.
- Removing the communication, cultural and practical barriers applicants face.
- Resolving discrepancies between assessment results and other relevant evidence before an access decision is made.
- Giving weight to the applicant's supported personal account, and checking that it has been accurately understood.
- Connecting access and planning while keeping their purposes distinct, with evidence carried through where consent is given.

Recommendation 4: Publish the assessment framework, thresholds and evidence rules, and independently validate and pilot the whole access pathway with the communities facing the greatest barriers before implementation with independent oversight of outcomes.

Overarching design principles

DANA proposes four design principles to guide the redesign of the NDIS access pathway. Together they aim to build on what already works and to ensure reform does not make access harder for people for whom it is currently straightforward.

Design principle 1: Assess the pathway, not only the tool

A statistically valid assessment instrument tells us little about whether people can reach the assessment, participate in it meaningfully, or have their circumstances accurately captured. Reform should consider the whole pathway, from first contact to decision. That pathway should connect each person to the supports that best meet their needs, whether through the NDIS, mainstream services, Foundational Supports or community supports.

Design principle 2: Equity is more than consistency

Consistency matters, but treating everyone identically will not produce equitable access. As the access process and assessment tool become more standardised, they must stay flexible enough to be holistic and person-centred. Fair and consistent decisions come from processes that adapt to the person, not from identical processes.

Design principle 3: Ask only for information needed to make the decision

Applicants should not have to repeatedly prove what reliable evidence already establishes. Evidence requirements should be proportionate to the decisions being made, responsive to different needs and circumstances, and preserved existing streamlined pathways, rather than replace them.

Design principle 4: Design for people facing the greatest barriers

A robust framework is designed and tested for the most complex circumstances from the start. Tools and processes should be co-designed and tested with communities that have diverse needs, the most barriers, intersecting forms of marginalisation, and are at most risk of falling through the gaps in the system. When systems are designed to meet the needs of those facing the greatest barriers, they become simpler, more accessible, and easier for more people to use. We have referenced some illustrative cohorts and scenarios throughout this submission.

A supported and simple pathway into the right system

The issue is often not eligibility. The issue is whether people can successfully navigate the pathway to demonstrate eligibility.

Members broadly support the objectives of greater consistency and transparency, particularly in the access process. At present, the system can pose barriers to those who are eligible for the scheme but cannot navigate its complexity without practical support. Advocacy organisations consistently identified the complexity of the system as the core problem, compounded by inconsistent requirements and decision-making by the Agency.

There is currently minimal support for people to navigate complex systems. For instance, advocates commonly described Local Area Coordinators (LACs) not taking an active role in providing practical help for applicants. In their experience, LACs simply provide an Access Request Form and direct people to obtain evidence, but people often did not understand what information they needed or how to obtain it. One advocate noted that a previous supported decision-making program had assisted people from access through to connection with support. This program ceased on the expectation that this role would be undertaken through the existing local access systems.

Generally, the sentiment is that people are feeling overwhelmed about navigating the complex NDIS system, as well as the understanding of evidence [requirements], and especially if there are no natural supports.

Advocates are filling this gap. One organisation reported receiving around five to ten referrals a week from people seeking help with NDIS access. This work involves supporting people identify and gather evidence, navigate referrals and other systems, and describe the impact of their disability in their own words (for example, through an impact statement). This demand comes at a time when advocacy organisations report extreme capacity pressures. In effect, advocates are absorbing work because responsibility for supporting people through access has not been clearly allocated or evenly distributed across the sector.

A redesigned assessment cannot overcome an access pathway that people cannot reach or navigate. People need an accessible pathway to seek support, understand what is required of them and receive a decision.

The access process, therefore, should be simpler. We argue that people should get practical help to move through it from first contact. Responsibility and accountability for that help should be clearly assigned to a funded navigator role that can explain the pathway, identify what evidence is needed, coordinate appointments and help the person understand and respond to decisions.

Such a 'navigator' function was proposed by the NDIS Review as a valuable component for a connected system of support.[1] In 2025, DANA (with some of its members from independent disability advocacy organisations) co-designed a service design model for navigators as part of Foundational Supports.[2] The proposal positions 'foundational navigation' as an independent, locally embedded and person-

[1] *Working together to deliver the NDIS: Independent Review into the National Disability Insurance Scheme*, Final Report October 2023.

[2] See Appendix A for a summary of that work.

led service—not merely an information function. Its value lies in combining practical assistance and supported decision-making with trusted relationships, cross-system knowledge and feedback that helps governments identify and address service gaps. We consider this type of model crucial in the roll out of NDIS reforms.

Similarly for access navigation, support should be independent and funded, with embedded supported decision-making. It should be available before an access request is complete, particularly for people who do not have family, nominees or informal supports to rely on. To reach the people who most need it, navigation should be delivered through funded, local community controlled and bicultural services, including outreach into remote communities and closed settings.[3]

Even with support to navigate, the pathway must lead somewhere. People should not fall between systems due to dead-ends. Services need to be able to respond, which means supports must be available, accessible and affordable in practice. While many reforms are underway, the Government is still yet to show how these separate processes and systems will work together. Timelines for Foundational Supports have stretched out, with little detail on Thriving Kids and its practical links to NDIS systems. Advocates are concerned about the lack of clarity around Foundational Supports beyond Thriving Kids. People should not have to work out which systems exist and which program they belong to before they can get help.

Access reforms are an opportunity to connect the NDIS with the wider care and support systems, and designing seamless access to the right support should be a primary focus. This is a critical period to get things right – to address system inefficiencies and enable people to access the support they need. This requires a clear commitment, backed by practical work, to harmonise access across services.

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[3] In 2025, DANA and National Disability Services (NDS) jointly produced a report based on discussion with members identifying 11 key principles for this new function: *Guiding the Way – Building Common Principles for Navigators*, April 2025, <https://dana.org.au/resource/guiding-the-way-building-common-principles-for-navigators/>.

Access pathways should be designed together, so that people can use a single point of contact to be directed and assessed for the most appropriate support. Access needs to be equitable and consistent across the system for people whose needs cross administrative boundaries. Reform should also consider the multidisciplinary referral mechanisms that previously operated at state and local levels to connect people with services. Finally, people should be able to receive multiple referrals to meet different support needs and, with their agreement, have relevant evidence transferred between services to avoid unnecessary reassessment.

Recommendation 1: Establish a funded, independent navigation role, with clear accountability for supporting people through NDIS access from first contact, linked to a single-entry point that connects people to the right support across the NDIS, Foundational Supports and mainstream services, with evidence shared between them.

Evidence should remove barriers, not create them

It's actually getting that first information. And then people just give up. They say, 'They make it so hard, so we just don't. We just don't do it.'

Evidence requirements are where the access process breaks down for many people. Advocates described applicants abandoning access altogether because obtaining the initial evidence was too difficult, and a system that is not equipped to respond to complex circumstances.

The most common barriers are cost and availability. Members reported that applicants can face very significant assessment costs and wait time. They provided several examples of this, starting with unaffordable assessments, particularly for

psychological assessments and occupational therapy assessments, with one costing $6,500. In addition to this, there are often long wait time for specialists, particularly for children, rural and regional areas, and those seeking affordable practitioners (for example, at universities). One member reported wait times of around two years for autism assessments. Lastly, some people have no regular GP, or encounter practitioners who are unfamiliar with NDIS access requirements. Availability of qualified professionals in rural, regional and remote areas is limited.

Other people struggle because the records the system expects do not exist or are not accepted. The cohorts most impacted by the Agency's rigidity are often already experiencing compounding disadvantages. For example, people who have transitioned from closed settings, such as institutions or earlier state disability systems, may have little historical information. Those records often do not adequately document their disability or reflect the cumulative impact of their life experiences.

Qualified overseas evidence is often not accepted, and there is no funded pathway to have it translated. Where supplementary assessment is genuinely required, culturally responsive assistance is not available. One advocate described a family who already held professional assessments of their daughter's intellectual disability from their country of origin. Because the reports were not in English, they were not accepted and the family faced the cost and complexity of obtaining new assessments in Australia. Settlement services were not always equipped to help them navigate the disability system. Interpreter access was also described as inconsistent: changing interpreters forced people to repeat their stories and weakened trust.

Standard evidence requests can also be poorly suited to people with intersecting disability, health, communication or justice-system needs. In one example, prison staff were asked to complete a sleep chart for a person in custody. advocates noted that, in circumstances like this, a four-hour assessment is not feasible in a custodial setting.

These barriers are compounded when people are asked to prove what is already known. Members recognised the inequities created by diagnosis-based pathways, but questioned why a functional capacity assessment (FCA) should be required to "re-prosecute" matters already established through reliable clinical evidence. They particularly highlighted lifelong intellectual and physical disability, where repeatedly proving the underlying impairment creates burden without improving the quality of the decision.

> *Some of their capacity might hopefully change or fluctuate over their lifetime, but the diagnosis and the impact of that diagnosis is not going to change. Having to continue over and over and over again to prove that is exceedingly unreasonable.*

Advocates were concerned that removing access lists without an alternative pathway would require people to repeatedly prove permanent impairments. Members distinguished this from assessing changing support needs and argued that time spent re-proving known impairments would be better used to understand a person's individual support needs.

Moving away from diagnosis as the determinant of eligibility should not mean disregarding diagnosis or other reliable evidence where it already establishes part of the eligibility question. Instead, Government should ask what remains genuinely unresolved about a person's eligibility, and direct evidence requirements to that question rather than requiring each applicant to build an access case from the beginning.

The FCA should have a clear purpose in resolving the access decision and should not become a routine requirement. Financial barriers must also be considered. A person's ability to pay for, or obtain, evidence should not determine the strength of their application, and no one should be left pursuing further reports or inaccessible treatment to satisfy an unclear requirement. Where new evidence of functional impact is needed, a government-funded FCA could replace the reports applicants currently have to purchase (noting other information may still be needed to explain a person's circumstances or satisfy other access requirements).

Changes to evidence requirements should:

- Use existing evidence first and limit further enquiries to matters that remain unresolved.
- Retain an access list, or equivalent evidentiary pathway, where recognised diagnoses and established evidence can satisfy relevant criteria.
- Use FCAs only where they resolve an outstanding question, not to re-prosecute matters already established by reliable evidence.
- Arrange and fund new evidence where it is required.
- Specify what applicants must demonstrate and what evidence will be sufficient and clarify how limits in clinical knowledge or the availability of treatment will be handled.
- Accept diverse forms of evidence, including existing clinical, allied health, historical, translated, community, carer, advocate and lived-experience evidence.
- Not require evidence or exhaustive treatment that is unavailable, unaffordable, inappropriate, culturally unsafe or unlikely to remedy the impairment.
- Recognise existing assessments when people move from foundational or child-focused supports to the NDIS.

Recommendation 2: The NDIS should use existing evidence first, retain an access list or equivalent pathway for permanent and well-established impairments, fund any further evidence needed to make an access decision and publish clear guidance on what evidence is sufficient.

A flexible and person-centred approach to functional capacity

It's not just undertaking a functional capacity assessment, whatever tool you use, in an isolated situation in a clinical setting... There needs to be a really comprehensive, holistic understanding about what the person's needs are.

A central question for these reforms is how a framework can balance standardisation with person-centred decision-making. An equitable assessment must be able to adapt to the applicant. No single assessment, tool or pathway will create equity unless it is flexible, culturally responsive, accessible and adaptable.
Advocates identified three situations where a standardised approach frequently falls short.

1. **Access rules need to explain how cumulative impacts will be treated, particularly where no single domain is significantly affected but several are 'almost significant.'** Where a person has multiple interacting impairments, their combined significance is lost when each is considered separately. The picture is also incomplete without the environmental barriers, life circumstances and cultural context that shape how those impairments affect daily life. An assessment tool may measure each domain accurately, but that does not settle how the findings should be weighed together in the eligibility decision.

2. **Assess fluctuating, episodic or degenerative conditions holistically.** Where a person has a fluctuating, episodic, degenerative or progressive condition, a single assessment may not capture their usual level of functioning. Members warned against treating a good day as representative. The process needs evidence of functioning over time and across the different environments in a person's life. It also needs a clear basis for deciding whether that pattern meets the access threshold.

3. **Design an assessment that meets diverse and complex communication needs. The assessment itself can create barriers**. Members raised concerns about communication barriers in current eligibility assessments and questioned whether standardised tools would perpetuate or worsen them. The assessment setting affects what a person can communicate or demonstrate. Intersectional cohorts may need different resources, decision-making supports, translation and interpreters, or tools validated as culturally and linguistically appropriate. The process needs to be flexible enough to remove the communication, cultural and practical barriers people face.

In each of these situations, an assessment can miss or misrepresent someone's circumstances. Where relevant evidence shows this has happened, the discrepancy must be resolved before the result is used to decide access. For this reason, standardised tools should be one source of information, not the sole determinant of eligibility.

Across all these situations, the applicant is an important source of evidence. Advocates described routinely helping people prepare personal impact statements that explain how impairment affects their everyday life. The consultation also explored the value of a supported or prompted narrative, because people do not necessarily describe their lives most effectively through a series of standardised functional questions. Establishing eligibility should not require people to describe their lives solely through deficits, as their own knowledge, strengths and circumstances are part of the picture. Every applicant should have a supported opportunity to give an account of their functioning in the form that works for them. They should be able to have that account taken seriously and to check that it has been accurately understood.

Finally, access is only one stage of a person's journey through the scheme. The impairments and capacity issues identified at this point can shape later planning decisions and the supports that are considered. While the access process should be straightforward, it should not do so at the expense of identifying information that may be important later. Where this information is not captured early, participants may be forced to rely on plan reassessments or variations to obtain appropriate supports.

Access and planning should have clear and distinct roles, but the overall design should support continuity by carrying relevant evidence forward rather than requiring people to provide the same information again.

Recommendation 3: Standardised assessment tools should inform, not determine, access decisions. Any framework must enable person-centred assessments that adapt to the diversity and complexity of lived experience, including:

- Assessing functioning over time and across environments, including for fluctuating, episodic, degenerative and progressive conditions.
- Setting clear rules for weighing the combined impact of impairments alongside environmental barriers and life circumstances.
- Removing the communication, cultural and practical barriers applicants face.
- Resolving discrepancies between assessment results and other relevant evidence before an access decision is made.
- Giving weight to the applicant's supported personal account, and checking that it has been accurately understood.
- Connecting access and planning while keeping their purposes distinct, with evidence carried through where consent is given.

Designing for Complexity and Transparency

Transparent Rules and Decisions

> *The diagnostic list does give some sort of publicly available benchmark of who is in and who's not... An opaque definition of functional capacity, using tools that you can't actually even look at, really removes that transparency.*

Advocates highlighted the need for people to understand the rules before they apply, and to understand a decision once it is made. Members valued the existing access lists because they give applicants a degree of publicly visible predictability. They were concerned about replacing them with an opaque functional threshold or a proprietary assessment process that applicants cannot understand.

Any new system must provide equivalent clarity to minimise barriers to access. It should explain the policy objective behind the threshold and why that level of functional limitation was chosen for eligibility. Individual decisions should show how the person's account and other evidence were considered, including the reasons for any relevant information being discounted. People can then identify what they disagree with and seek correction or review. This means the system should:

- Publish the assessment framework, thresholds, evidence rules and how different information is weighted.
- Identify information gaps and give the applicant a chance to fill those gaps before an adverse decision is made.
- Give applicants accessible reasons that connect the evidence to each criterion, setting out what evidence was considered, how the applicant's account was understood, any conflicting evidence, and why evidence was accepted or discounted.
- Provide opportunities to correct misunderstandings, submit further information or request a different mode of assessment.

Designing for Complex Circumstances

Throughout recent engagements, advocates have stressed the importance of designing for people whose circumstances are not anticipated by existing systems. The process must work where communication needs, language barriers, or closed and complex settings make evidence difficult to obtain. Because these circumstances are foreseeable, they should be met with established arrangements, appropriate expertise and meaningful support, rather than leaving people to secure an exception to make the process work. DANA's member organisations hold deep

expertise in the specific needs of these cohorts, and advocates provided several examples.

Children need an assessment approach that reflects how quickly their functioning changes. Children's functional capacity is inherently dynamic, yet some validated assessment instruments cannot appropriately be repeated often. This creates a problem where a child sits just below an eligibility threshold but cannot reasonably wait a long period before reassessment. Advocates highlighted the need for child-specific validated tools, developmentally sensitive thresholds, mechanisms for timely reassessment, and careful treatment of age comparisons.

Assessing each child individually can miss the needs of the family as a whole. Members described a family with two children who may each fall just below the NDIS threshold, while their combined needs exceed what their parents can reasonably provide. No other system offers the family sufficient practical support. This illustrates why access design cannot be separated from the availability of supports outside the NDIS.

Any tool used needs to be valid and reliable, and tested for use with people from culturally and linguistically diverse backgrounds.

Assessments must be valid for communities they are used with, not simply adapted from Western clinical tools. Members cautioned that translating or modifying a tool does not establish its validity for culturally and linguistically diverse communities. Both the tool and the way it is administered must be culturally responsive and tested across communities and languages. In practice, this requires qualified interpreters, a bicultural workforce, cultural capability, and non-written or narrative methods where appropriate.

We have set out illustrative scenarios and the related potential issues (see Appendix B). These examples demonstrate that complex cases must be considered early in design rather than at implementation. Advocates also cautioned that the people who take part in consultation are not always representative of those who face the greatest barriers.

When we are told that people with intellectual disability have been able to navigate the process successfully, we need to remember that those are the people who were able to engage in the consultation process. That's not everybody.

A decision-making framework built around the hardest cases, including people close to the threshold and people whose impairments interact, fluctuate or change over time, will be stronger and more agile for everyone. This means the system should:

- Independently validate tools across disability types, cultures, languages, ages, communication methods and settings before implementation.
- Co-design and pilot the process with diverse communities, including First Nations people, culturally and linguistically diverse communities, children and families, and people in justice or other closed settings.
- Require assessor training, supervision and quality assurance in disability rights, supported decision-making, communication access, cultural responsiveness and trauma-informed practice.

Testing the whole pathway

Implementation must test the whole pathway, not just the assessment framework. It should:

- Pilot the entire pathway, not only the assessment tool, across diverse locations, communities and settings.
- Evaluate whether people can complete the process without unpaid advocacy or excessive personal cost.
- Provide clear transitional arrangements so people are not left between the NDIS, Foundational Supports and mainstream systems.
- Resource disability advocacy organisations for increased navigation, evidence and review work during the transition.
- Use independent oversight, routine auditing and disaggregated outcome monitoring to identify bias and inconsistent practice.

Recommendation 4: Publish the assessment framework, thresholds and evidence rules, and independently validate and pilot the whole access pathway with the communities facing the greatest barriers before implementation with independent oversight of outcomes.

Conclusion

The redesign of NDIS access will shape who can reach the scheme and how fairly they are treated along the way. A standardised assessment can improve consistency, but only if it sits within a pathway that people can navigate. That pathway must draw on evidence that already exists, take the person's own account seriously, and work for people in the most complex circumstances. Standardisation must not become rigid. Standardised tools should operate within a flexible, holistic and human-led assessment process. Getting this right means designing and testing with the people most likely to be missed from the start, rather than adjusting for them after implementation. Careful, consultative design will be vital to creating a process and decision-making framework that is fit for purpose.

Disability advocates see every day where the current system breaks down, and they are already absorbing work the system has not allocated. DANA and its members welcome the opportunity to continue working with Government to deliver an access process that is simple, fair and transparent, and that works for everyone who needs it.

Appendix A: Foundational Navigation - a co-designed approach

Summary of DANA's Foundational Navigation short-form paper

DANA developed the Foundational Navigator concept through a month-long, human-centred co-design process with leaders from disability advocacy organisations across several jurisdictions. Weekly workshops examined people's navigation needs, practical solutions and the organisational capabilities required to deliver them. The project focused specifically on navigation as a Foundational Support, while recognising that related principles may also inform navigation within the NDIS.

This is a summary of a short paper developed and presented to key decisions makers. It covers:

- The co-design process
- Identified needs and service features
- Navigator roles and provider capabilities
- Independence and conflict-of-interest safeguards
- Commissioning options and system intelligence
- Indicative investment
- A concise key takeaway

Co-designed framework

The concept begins with four groups of needs:

- **Empowerment and autonomy:** support to make informed decisions that reflect each person's will, preferences and goals.
- **Clear, local and relevant information:** simple, timely information about nearby options and smoother connections to services.
- **Trust, safety and psychological security:** culturally safe, respectful support that protects privacy and gives people control over their story.
- **Consistent, person-centred relationships:** continuity with someone who understands the person and responds to changing needs.

DANA proposes three corresponding service features: person-led and flexible support; informed choice and empowered decision-making; and trust, safety and respect. People should be able to choose how and when they engage, increase or reduce support as circumstances change, receive supported decision-making, and share information by consent so they do not need to repeatedly tell their story.

Role and capabilities of Foundational Navigators

Foundational Navigators would be local experts who help people understand and compare options, make decisions, develop simple plans, connect with services, complete forms and follow up to keep support on track. They would complement—not replace—digital information and telephone services. They could also gather robust, de-identified intelligence about unmet needs, service gaps and how systems operate locally.

Organisations delivering navigation would need:

- Person-led and flexible practice, including accessible ways to opt in, pause, re-engage and scale support.
- Expertise in information navigation, supported decision-making and dignity of risk.
- Relational and cultural capability, including trauma-informed practice, adaptable communication and peer-informed approaches.
- deep local knowledge and connections across disability, health, housing, education and justice systems.
- independence from service referral benefits, supported by clear conflict-of-interest policies and boundaries between navigation and other services.

Commissioning and system role

DANA's central design requirement is local responsiveness. Delivery could be commissioned centrally by the Commonwealth through small service areas, by states through districts aligned with local service systems, or through intermediaries experienced in commissioning community-based programs. Existing organisations

funded through programs such as the National Disability Advocacy Program,[4] Care Finders and Elder Care may already hold relevant capabilities, subject to independence and suitability.

DANA also identifies a strategic role for Navigators in the staged development of Foundational Supports. Because Navigators would work alongside people across multiple systems, they could provide government with independent, community-level intelligence about additional supports required, emerging gaps, cost shifting and the performance of new services. The paper suggests establishing Navigators in the initial tranche of Foundational Supports, potentially through a three-year term with a two-year extension, so this evidence can guide later commissioning.

As an indicative benchmark, the paper compares proposed navigation investment with NDIS expenditure on Partners in the Community and Support Coordination. On that basis, it estimates approximately $36 million for navigation for every $1 billion invested in Foundational Supports. This is presented as a high-level estimate requiring further development.

[4] The Disability Advocacy Support Program (DASP) launches in late 2026 and will replace several existing programs, including NDAP.

Appendix B: Stress-testing access scenarios

DANA and its members developed these scenarios from real disability advocacy cases. Each scenario identifies potential issues that a redesigned access process should be tested against before implementation.

Scenarios from advocacy practice

Scenario 1: Woman managing intellectual disability and complex health needs

- A woman with mild intellectual disability has undergone an amputation due to diabetes and related health issues.
- She requires dialysis several times a week because of her diabetes.
- She needs support to make decisions.
- She needs support to organise and attend appointments.

Potential issues

- The process may assess each impairment separately and fail to recognise their combined impact across functional domains.
- It may overlook disability-related support needs because they arise in the context of managing healthcare.
- Her need for decision-making support may not meet the new significance threshold.
- Without support, her health needs are likely to escalate significantly.
- The health system does not provide support to organise, remember and attend appointments.

Scenario 2: Child with fluctuating functional capacity

- When regulated and supported, a child presents as intelligent, social and engaging.
- His mother provides most of his support, including intensive supervision, assistance with daily tasks and co-regulation.
- When dysregulated, his functional capacity declines significantly.
- During these periods, he has difficulty processing language, regulating behaviour, recognising danger and meeting his needs independently.

- Escalations have involved emergency services, hospital admission and security personnel.
- He has a history of absconding and behaviours that pose safety risks.

Potential issues

- Intelligence, insight or articulate communication may be incorrectly treated as evidence of functional capacity.
- The informal care that enables him to remain regulated may be invisible or excluded from the assessment.
- As a result, his support needs may be substantially underestimated.
- A standardised assessment may treat his presentation in a single setting as representative of his day-to-day functional capacity.
- Longitudinal evidence from treating professionals and people who know him across different contexts must materially inform the assessment outcome.

Scenario 3: Incarcerated man facing access barriers

- An incarcerated man experiences recurring insomnia, impulsivity, poor concentration, disorganised thoughts and impaired psychomotor functioning.
- These difficulties affect his interpersonal relationships, personal hygiene, cell cleanliness and ability to learn.
- He is frequently disciplined and placed in isolation.
- He cannot complete the courses required to become eligible for release.

Potential issues

- He may have limited awareness of the NDIS and the systems through which he could access eligible supports.
- Custody restricts his ability to seek information, use the internet or call a 1800 number.
- He may be unable to obtain medical reports.
- He may be unable to develop a relationship with a consistent treating professional.
- These barriers can compound one another, with lack of access potentially extending his time in custody.
- This scenario illustrates how barriers at the beginning of the access pathway can be difficult to overcome.