

# Submission to consultation on NDIS New Framework Planning

Consumers of Mental Health WA

March 2026

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# 1. Acknowledgement of Country

Consumers of Mental Health WA proudly acknowledge Aboriginal people as Australia's First Peoples and the Traditional Owners and Custodians of the Land and Water on which we live and work. We acknowledge Western Australia's First Nation's communities and culture and pay respect to Aboriginal Elders past, present and emerging.

We recognise that Sovereignty was never ceded and the significant and negative consequences of colonisation and dispossession on Aboriginal communities.

Despite the far-reaching and long-lasting impacts of colonisation on First Nations communities, Aboriginal people remain resilient and continue to retain a strong connection to culture. We acknowledge the strong connection of First Nations Peoples to Country, culture and community, and the centrality of this to positive mental health and wellbeing.

## 2. Preamble

### 2.1 About the Respondents

Consumers of Mental Health WA (CoMHWA) is Western Australia's peak body for and by mental health consumers (people with a past or present lived experience of mental health issues, psychological or emotional distress). We are a not-for-profit, systemic advocacy organisation independent from mental health services that exists to listen to, understand and act upon the voices of consumers. We work collaboratively with other user-led organisations and a diversity of stakeholders to advance our rights, equality, recovery and wellbeing.

### 2.2 Request for Feedback

CoMHWA works to uphold the dignity and human rights of consumers, through providing advocacy in leading change with and for consumers. We appreciate notification of the outcomes of our submission to this consultation in order to understand and communicate the difference made through our work.

Please provide feedback via the contact details on this submission's cover page.

### 2.3 Language

CoMHWA uses the term mental health 'consumer' throughout this submission. Mental health consumers refer to people who identify as having a past or present lived experience of psychological and emotional distress, irrespective of whether they have received a diagnosis of mental illness or accessed services. Other ways people may choose to describe themselves include "peer", "survivor", "person with a lived experience" and "expert by experience".

This definition is based on consumers' call for respect, dignity and choice in how we choose to individually identify. As individuals we choose different ways to name and describe our experiences that may confirm or trouble ideas about 'mental illness'.

CoMHWA endorses the Indigenous Australian Lived Experience Centre's (IALEC) [universal definition](#) of lived experience for First Nation communities:

A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community.

People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or having a loved

one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander peoples' ways of understanding social and emotional wellbeing.

This definition recognises that there are fundamental differences to how Aboriginal and Torres Strait Islander people experience and define mental health challenges and suicide compared to mainstream definitions.

## 2.4 About the consultation

Reproduced from the Australian Government Department of Health, Disability and Ageing [webpage](#) on the consultation:<sup>1</sup>

“This consultation is about the new framework planning rules.

New framework plans are designed to make NDIS planning clearer and more transparent. New framework plans will start from mid-2026 for some participants who are over the age of 16. It will be a phased introduction so many participants will not experience any change for some time. Participants will be told before anything changes for them, and support will be provided by the NDIA.

We are still developing the rules explaining how new framework planning will work in practice. We want to hear from NDIS participants and the disability community to get the rules right.

[...]

You will have the option to:

- upload a submission as a standalone response or
- at the end of the survey.

This can be written in a text box or attached as a file.”

Consultation opened on the 23rd January 2026 and closed on the 6<sup>th</sup> March 2026.

<sup>1</sup> Australian Government Department of Health, Disability and Ageing. (2026). *NDIS rules: Public consultation on new framework planning*. <https://consultations.health.gov.au/ndis/nfp-public-consultation/>

### 3. Introduction

CoMHWA welcomes the opportunity to provide feedback to the Australian Government Department of Health, Disability and Ageing on NDIS New Framework Planning. As the peak body in WA for mental health consumers, we focus in this submission on providing feedback informed by the experiences of consumers and of NDIS participants with psychosocial disability. Participants feel they have not been meaningfully involved in co-design or decision-making about the new framework planning approach, and feel that the approach that is proposed in this consultation offers a far reduced ability for them to be involved in the creation of tailored individualised plans that meet their needs. Participants now routinely express to CoMHWA their lack of faith in the likelihood of NDIS-related consultation to result in meaningful changes to proposed rules and decisions, particularly given that major changes have recently been announced without prior warning or consultation. Lack of specificity in information so far provided about new framework planning creates worries for participants and presents a challenge in responding to aspects of this consultation, and as such, CoMHWA feels that there is a clear need for reconsideration of the timeline for commencement of transition to new framework planning at least until all the information is made available and has been opened to consultation, and, ideally, until such time as a tailored approach can be created. CoMHWA provides this submission in the hopes that its insights into how planning processes can better meet the needs of NDIS participants with psychosocial disability will prompt action to partner with, and ultimately be led by, those participants, to design and tailor an approach that works for them.

We base our submission on:

- Ongoing consultation with CoMHWA's consumer reference and advisory groups, including our NDIS reference group that is comprised of NDIS participants with psychosocial disability.
- Ongoing data collection and input from CoMHWA's Individual Advocacy and Peer Pathways (service navigation) programs.
- Ongoing consultation with consumers in Western Australia on joint priorities for an improved mental health system
- Consumer representation in relevant settings, including but not limited to: Primary Health networks (WAPHA), WA regional equivalents of the Local Health Networks (regional mental health services under the WA Health Board structure), the Mental Health Commission and the health complaints agency, Health and Disability Services Complaints Office (HaDSCO).

This submission provides feedback on the proposed process for new framework planning, feedback on each of the proposed rules and on the support needs assessment process, with our recommendations highlighted in each section.

## 4. Process of new framework planning

**Recommendation 1:** Create a tailored new framework planning approach for participants with psychosocial disability, and delay rollout of the new framework planning process for those participants until this approach has been created.

Support planning should be a process that aims to empower participants and leave them with the confidence that they will be able to access the supports they need. Yet, participants with psychosocial disability often encounter a planning process and rules that are not designed with them in mind, and produce plans that fail to facilitate their access to adequate and appropriate supports. CoMHWA feels that the new framework planning approach as it is currently proposed will further disempower participants, and restrict access to needed supports. Moving to a standardised process with independent assessors and plans generated on the basis of reports leaves many participants wondering whether the new framework planning approach will be able to understand their particular needs and experiences, which can be different in key respects from other NDIS participants.

### 4.1.1 The need for psychosocial recovery navigators

**Recommendation 2:** Develop a trained workforce of psychosocial recovery navigators to provide the ongoing support that is needed for participants to understand how, where and when they can use their plans and funding, and identify and connect to appropriate supports.

CoMHWA has heard from participants that it is difficult to find providers with the right training and expertise to be able to provide not only the type of supports they need, but to understand how to tailor support provision so that it is relevant and appropriate to them. They encounter non-NDIS mental health systems that do not understand the scope and type of support provided in the NDIS, which presents challenges to accessing non-NDIS supports and, ultimately, to coordinating and meeting their support needs across NDIS and non-NDIS systems. At the same time, participants are often left to try to navigate finding the right providers alone, as the supports currently available to help participants understand how to best use their plans are not helpful, and do not always know about psychosocial supports. The Australian Psychosocial Alliance's Access Denied Report echoes what CoMHWA has heard about the limitations of navigation support for people with psychosocial disability.<sup>2</sup> There is a strong need for a workforce of psychosocial recovery navigators, who have competencies in psychosocial supports, as per key

<sup>2</sup> Australian Psychosocial Alliance. (2025). *Access Denied: Psychosocial Disability and the NDIS*. <https://psychosocialalliance.org.au/campaign>, p. 29.

recommendations (4.1, 7.1) of the NDIS review.<sup>3</sup> Psychosocial recovery navigators would work with participants with psychosocial disability, develop a plan of action for them to identify and connect with the right providers, use their budget to meet their needs, and check in periodically to explore how to address any emerging or changing needs. CoMHWA has seen from our own Peer Pathways service the ways in which peer service navigation support can encourage better service and systems coordination by providing consumers with support to understand and navigate the service system and the interface between NDIS supports, access pathways and non-NDIS supports.<sup>4</sup>

## 5. Proposed rules

### 5.1 Transition to new framework plan rules

**Recommendation 3:** Provide specific information about when particular cohorts of NDIS participants can expect to transition to new framework plans, and how long the process takes from when they first receive the notice they are to move to the new framework, to when they commence needs assessment and planning, and when they can expect to receive their new plan.

The transition to new framework plan rules do not provide enough information to allow participants to understand when they might transition to new framework plans, given that they give a 3-year window within which participants might receive a notice.<sup>5</sup> This generates significant uncertainty for participants, who already feel worried about changes to be introduced by new framework planning.

### 5.2 Notice of Impairments rules

**Recommendation 4:** The NDIA should develop capacity to recognise intersecting experiences of disability and ensure that the introduction of impairment notices does not present additional barriers to people with psychosocial disability having their support needs recognised and met through robust and tailored NDIS plans. The notice of impairments rules should not allow variation to impairment notices without knowledge and input of participants.

The NDIA should, additionally, provide clarification about how impairment notices influence support plans.

<sup>3</sup> Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2023). *Working together to deliver the NDIS Independent Review into the National Disability Insurance Scheme Final Report*. <https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf>, p. 135.

<sup>4</sup> <https://peerpathways.org.au/> (funded by WAPHA).

<sup>5</sup> Australian Government Department of Health, Disability and Ageing. (2026). *Draft National Disability Insurance Scheme (Getting the NDIS Back on Track No. 1) (Transition to New Framework Plans) Transitional Rules: Explanatory document*. [https://consultations.health.gov.au/ndis/nfp-public-consultation/user\\_uploads/explanatory-document--transition-to-new-framework-plan-2.pdf](https://consultations.health.gov.au/ndis/nfp-public-consultation/user_uploads/explanatory-document--transition-to-new-framework-plan-2.pdf), p. 2.

CoMHWA has long held reservations about the introduction of notice of impairments, particularly given that the language of impairment embeds medicalised ways of thinking about disability that frame disability in terms of deficiency. Consumers tell us that they find this language dated and problematic, as it ignores the ways in which social norms, attitudes and systems present barriers to the full enjoyment of life, health, and rights for people with disability. Feedback from participants highlights that the impairment tables and their relation to the legislation of the NDIS (for instance, how these determine which are the NDIS supports for which they might be able to access funding) are difficult to understand.

CoMHWA feels there is an inherent contradiction between what has been communicated about how impairment notices will determine access to NDIS supports, and how the proposed needs assessment process will work to determine supports. Impairment notices, by their nature, will restrict participants' access to NDIS supports as participants can only access supports for needs relating to the impairment for which they have met access criteria for the NDIS. The new support needs assessment has promised to enable a holistic assessment of participants' needs across all domains of their life, with the assessment resulting in a report that will underpin, and largely determine, the support plan and budget. However, CoMHWA sees that the resulting plan will be in fact limited to meeting needs the NDIS deems related to specific impairments, rather than allowing for a more holistic understanding of the ways in which a person's disability will affect different areas of their lives, in ways that will vary significantly between individuals with different intersectional experiences and identities.

CoMHWA, and the participants we spoke with, feel it is possible that impairment notices will present additional challenges in the context of a system that already struggles to recognise participants' multiple and intersecting experiences of disability, especially where these do not fit neatly into particular NDIS categorisations. Many participants with psychosocial disability are unable to get support needs around physical disability met – even for those participants whose physical health and disability is connected with psychosocial disability (i.e., some participants have highlighted the impacts of their medication on their physical health). One participant who is currently undertaking a process to have a secondary disability recognised has said that where secondary disability used to have lower threshold for being evidenced, there is now an equal evidence requirement, and that it is expected that evidence shows the day-to-day impact of disability across the different aspects of life. For participants with multiple, intersecting experiences of disability, it is not straightforward to identify impacts of one aspect of their experience or disability on areas of their life as those experiences intersect. A person with intersecting experiences of psychosocial and physical disability may find aspects of their life are impacted differently by psychosocial disability than a participant with psychosocial disability who does not have an intersecting experience of physical disability.

CoMHWA feels that, whenever the CEO initiates variation of a participant's impairment, the participant should be engaged so that they know if and when a variation is being considered and can provide their input into the decision. We know that this rule may, as the explanatory document suggests, reduce administrative burden on participants, but it is disempowering for variations to happen without participants' knowledge or against their wishes.

## 5.3 Support needs assessment

**Recommendation 5:** The NDIA should co-design and tailor the support needs assessment process with participants with psychosocial disability.

Participants have told CoMHWA of their significant reservations around the degree to which the needs and experiences of people with psychosocial disability have been taken into consideration in the proposed support needs assessment including the use of the Instrument for the Classification and Assessment of Support Needs (I-CAN) and how the assessment is conducted. For most participants, there has been little opportunity to understand what the I-CAN will entail, what it will look like, or how it can be tailored to understand their needs. There has, as yet, been no information about what the "personal and environmental circumstances questionnaire" will look like. Participants have not felt included in decision-making around selection and adoption of the I-CAN in the NDIS. Messaging about the I-CAN has highlighted that it is appropriate for use across all experiences of disability including psychosocial disability, however, we note that this is related to its *general* use to map support needs. The NDIS has specific rules that govern what it considers to be NDIS supports, and also conceptualises disability, psychosocial disability, support needs and eligibility for NDIS access in specific ways, and how the I-CAN will be used, and what it will look like in this context differs markedly from its general use across other settings. The needs assessment must be culturally appropriate for Aboriginal and Torres Strait Islander participants with psychosocial disability, and there has been little information given about the degree to which the cultural safety is being embedded into the process, or whether the I-CAN and the personal circumstances questionnaire are being tailored to ensure they are relevant and appropriate.

### 5.3.1 What is included in the support needs assessment

**Recommendation 6:** Evidence considered should include reports from allied health professionals and any other existing documentation participants have provided to the NDIS.

Participants often have documentation that they have gone to significant lengths to obtain. Sometimes, they might have a long, ongoing relationship with a particular mental health or other health professional or provider, who they trust and who has a strong understanding of their experiences and needs. The reports and evidence provided by those professionals or providers should be included in developing a picture of

support needs. While some participants have had positive experiences with allied health professionals, especially OTs, conducting assessments and reflecting their support needs in reports, and some have not, participants expressed concerns over reports from professionals they trusted and that are qualified and experienced in working with people with psychosocial disability being discounted in favour of assessments conducted by a person without such knowledge. Some participants felt strongly that this kind of documentation provided a far more reliable and in-depth assessment of their support needs than they were likely to get from an I-CAN assessment conducted by an agent they had not previously met and who may not have qualifications, training and knowledge in mental health and psychosocial disability.

### 5.3.2 Administration of the support needs assessment and I-CAN tool

**Recommendation 7:** Supports needs assessments for participants with psychosocial disability should be conducted by people with experience, training and knowledge of mental health and working with participants with psychosocial disability. Participants should be given choice around who will assess them, and should have the option to meet with the assessor ahead of time to build trust.

Training is required to ensure adequate supply of NDIA assessors who are able to work in supportive ways that enable full participation of people with psychosocial disability, and conduct assessments that develop a strong understanding of the support needs of participants. CoMHWAs have heard there is some confusion around who will be able to become an NDIA assessor, as currently, allied health professionals and other support professionals can undertake training to be able to use the I-CAN for assessments, but it is unclear whether this will enable them to work as NDIA assessors, or whether other training is required.

Many participants shared that their experiences of mental health challenges are episodic, and questioned whether the needs assessment process would be able to capture how this impacts their needs at different times. They felt it was even more likely that the needs assessment would be unsuitable if their assessor did not have an understanding of the episodic nature of mental health challenges. If participants engage with the support needs assessment at a time when they need fewer supports, then the assessment may not adequately capture the increased need at other times. The proposal to ask participants to respond to needs assessment questions in terms of support needs on their 'worst day' certainly goes some of the way towards building an understanding that participants may need more support at some times than at others, and ensuring that their plan is able to account for this. However, it does not capture the degree to which actual support needs fluctuate not only in terms of degree and intensity of support required, but *type* of support required. A person on their 'best' day may still have support needs, and the nature, type and degree of these may vary considerably from what they need at other times. Furthermore, participants experiencing intensified challenges and distress around the time of the assessment may not have as much capacity as they would at other times to be fully engaged and participate in the process.

Some participants spoke about the importance of establishing trust between themselves and the assessor. This will be challenging to establish if they are meeting the assessor for the first time, and then immediately undergoing the support needs assessment. Sharing needs, perspectives and details of their lives without trust in place can make for poor experiences, and lack of trust is a barrier to participants sharing everything they might need to. Some participants told CoMHWA that they often 'mask' when they are navigating social situations, meeting people they don't know well, or in an unfamiliar space, and masking entails working to avoid showing behaviours, signs, symptoms or distress relating to their experiences of disability and mental health challenges. This, too, could prevent them from sharing and having their needs recognised. Opportunities to meet an assessor or have some communication prior to the assessment could be helpful, as could making supports available to participants during the assessment. If participants had choice around who will assess them, this would also enable trust and a degree of comfort to be established.

**Recommendation 8:** Participants should be actively involved in monitoring and evaluation of assessment of the ways in which the I-CAN and the needs assessment overall is conducted to ensure the process is accountable to participants and to increase quality and safeguarding.

The NDIA controlling both assessment and planning raises questions around the degree to which this may constrain plans, especially in the light of recent messaging around the need for the NDIS to be more economically efficient. While participant involvement should include invitations to give feedback on their experiences and satisfaction with the process, this alone does not engage participants in monitoring and evaluation meaningfully and more opportunities for involvement are needed. This could include assessors being monitored or audited by participants in their administration of assessments.

### 5.3.3 Engaging participants in the needs assessment process

**Recommendation 9:** The rules contain measures ensuring that participant engagement, control and decision-making lead the assessment and planning process, including special consideration given to including and supporting full participation of participants who are under guardianship and/or administration orders.

Participants are the experts in their own lives and needs, but they have told CoMHWA that they feel that their perspectives and sense of their own needs are not heard and not trusted, and that instead, the voices and judgments of their needs from support workers, assessors, providers and practitioners dominate. There are widespread fears that the I-CAN and the needs assessment process will result in further silencing of participants' voices. NDIS participants under guardianship orders have told CoMHWA that information and communications about their NDIS access and plans go right to their guardian and not to them, and that they are cut out of decision-making relating to their engagement with supports. One participant told

CoMHWA that her guardian refused to engage, or allow her to engage, with particular NDIS supports and processes, something that has deeply negatively impacted her wellbeing, access to needed supports, and ability to use her plan.

CoMHWA hears of instances of disagreement between consumers and guardians, consumers who have minimal contact with their guardian (especially if their guardian is the public advocate), and consumers being excluded from decision-making that affects their lives, supports, and wellbeing. Consumers in WA are particularly affected by this, as WA's *Guardianship and Administration Act 1990* (which has recently been under review<sup>6</sup>) embeds a substituted decision-making model and does little to compel guardians work with consumers through a supported decision-making approach. Numbers of people under guardianship and administration orders in WA are much higher than in other states and territories,<sup>7</sup> and people with mental health challenges and/or psychosocial disability make up the largest proportion of those.<sup>8</sup> Aboriginal and Torres Strait islander people are also overrepresented in in numbers of people under guardianship orders,<sup>9</sup> and 30% of those guardianship appointments in the 2024-25 financial year being for Aboriginal and Torres Strait Islander people with mental health challenges and/or psychosocial disability.<sup>10</sup> Given that the NDIS has driven increases in guardianship orders,<sup>11</sup> it is essential that the NDIA provide clear information about how assessors will engage with participants when they are under guardianship orders, including messaging that they are committed to ensuring full participant inclusion in the process, rather than just their guardian.

### 5.3.4 Location and timing of support needs assessments

**Recommendation 10:** Participants should have control over when and where the assessment takes place, and should be able to choose to engage support persons if needed.

Current information suggests that participants will have choice regarding time and place, but the degree of choice available, the practicalities involved, and whether this includes participants in regional, remote, and rural areas is unclear. CoMHWA heard participant concerns regarding location of assessments, which

<sup>6</sup> Law Reform Commission of Western Australia. (2026). *Project 114 – Guardianship and Administration*.

<https://www.wa.gov.au/government/publications/project-114-guardianship-and-administration>

<sup>7</sup> Consumers of Mental Health WA. (2025). *Submission to the Law Reform Commission of Western Australia Project 114: Guardianship and Administration Act 1990 (WA)*. <https://comhwa.org.au/wp-content/uploads/2025/06/SA-2025-9-GAA-Law-Reform-Commission-of-Western-Australia-Project-114.pdf>, pp. 11-12.

<sup>8</sup> Office of the Public Advocate. (2025). *Annual Report 2024/25: The Public Advocate of Western Australia*.

<https://www.wa.gov.au/system/files/2025-11/opa-annual-report-2024-2025.pdf>, p. 5.

<sup>9</sup> Law Reform Commission of Western Australia, 2026, p. 46.

<sup>10</sup> Office of the Public Advocate, 2025, p. 9.

<sup>11</sup> Law Reform Commission of Western Australia, 2026, p. 41.

reinforce the need for participants to be able to choose location and timing of assessments. Some participants were worried about and would struggle to engage with in-home assessments, as they felt that having strangers coming into their homes to assess them was potentially uncomfortable, invaded privacy, or exposed them to potential judgement about their housing situation, which could lead to the introduction of prejudice into the assessment. Online or phone assessments will be a good alternative for some participants, though some participants prefer or will be better able to engage for in-person assessment. Alternative location options should be available for participants who want in-person meetings not in their home, or participants who have no fixed address or who are experiencing homelessness.

The length of time it takes to conduct a needs assessment, currently estimated to be 3 hours, will present difficulties for some participants who have told us they would not be able to engage for that long. As such, participants should have the option to access several, shorter sessions, or one long single session. One participant who had early experience with the I-CAN assessment, recounted her assessment took around 5 hours, but that she deteriorated after hour 3. She said that this was able to provide information for support workers to understand better her capacity, but that it was a long and hard process.

**Recommendation 11:** The NDIA should tailor and adapt the approach to meet the needs participants in custodial settings. This should include considerations such as where participants can meet with Assessors or have a call with assessors as part of their needs assessment.

The general approach described in the consultation paper for new framework planning is unlikely to work well for NDIS participants in custodial environments like prisons. Some facilities do not have private, quiet spaces participants can use for long meetings, and instead, have communal meeting spaces, which, CoMHWA has heard from participants with experiences in prisons, tend to be noisy and often spaces of high emotion. Furthermore, it can be challenging for people in prisons to be able to access longer meeting blocks. There is little to no flexibility around when and for how long they can have meetings, and when an allotted block of time is over, they can't extend it. As such, completing a needs assessment that takes 3 or more hours likely requires several meetings or a different approach altogether. We have also heard that people in prisons are only allowed to have a certain number of social visits per week, and while they can also have official visits, there are also rules governing such visits in different facilities. Assessors are not likely, if attending in person to conduct the assessment, to be able to carry in laptops to some facilities.

### 5.3.5 Supports during needs assessments

**Recommendation 12:** People with psychosocial disability should have the choice to have a support worker, informal support person, advocate or other support person in their needs assessment meeting. Supports must be proactively made available for participants who would not otherwise have them.

One participant recounted that for her several-hours long assessment, being able to bring a support person along was really helpful in enabling her participation. Some participants do not have access to support workers, and don't have support people in their lives, but require support to be able to engage in such a long and intensive assessment. Participants may also require different supports, or a variety of supports, to engage fully. For instance, they may require support workers, translators or individual advocates. Individual advocacy will be an important support for some participants to understand their rights through the process and have their voices heard. We often see that consumers endure long waitlists to access individual advocacy services. Making such supports available would likely require the funding of additional services and programs, but this is a necessary step to ensure that participants are not left to navigate long, stressful and complicated assessment process alone.

### 5.3.6 Replacement needs assessments and reviews

**Recommendation 13:** Participants must be given the opportunity to review and comment on the final report that is made after the support needs assessment, prior to its approval.

Additionally, participants should be able to request a replacement needs assessment if the previous assessment did not accurately or adequately reflect their needs prior to the final report being approved.

CoMHWA understands that the participant will be invited to review the support needs assessment at the end of the assessment process, but current information included in the factsheet on the process provided as part of this consultation<sup>12</sup> suggests that this is the final time they will be able to review it before the report is prepared. Given that this review will come at the end of an hours-long assessment process that is likely to be very draining for many participants, and given the immense impact of the report on support and funding planning, an additional review opportunity allows more meaningful participant engagement in and control over the process. This will give them an additional opportunity to input or to request a replacement needs assessment if the report does not appropriately reflect their support needs.

CoMHWA feels that the proposed support needs assessment has the potential to significantly restrict the ability of participants to have input on and freedom to request review of decisions made in the assessment process, as it appears to limit them to requesting a replacement needs assessment. Furthermore, the NDIA delegate will be the one deciding whether to undertake replacement assessment.

<sup>12</sup> Australian Government Department of Health Disability and Ageing. (2026). *New framework planning rules: Step 2. The support needs assessment*. [https://consultations.health.gov.au/ndis/nfp-public-consultation/user\\_uploads/fact-sheet---step-2-1.-the-support-needs-assessment.pdf](https://consultations.health.gov.au/ndis/nfp-public-consultation/user_uploads/fact-sheet---step-2-1.-the-support-needs-assessment.pdf), p. 1

### 5.3.7 How the needs assessment report determines supports

**Recommendation 14:** Make information around how exactly the needs assessment report determines supports publicly available, and open a consultation to enable people with disability and participants to have a chance to have a say on this crucial aspect of the process.

The specificities of the ways in which support needs assessments will determine the supports that are available on plans are not yet available. This ambiguity around what happens in the steps between the generation of a report and the generation of a plan makes it hard to assess likely impacts on participants.

**Recommendation 15:** Ensure human oversight and involvement at all steps of the process planning process to ensure that plans are appropriate and tailored to individual needs.

There have been suggestions that reports will be used as the basis for automatically generated plans, something that is of extreme concern for participants because:

- This entails a lack of transparency around how reports determine plans and what they contain
- It is possible for bias to be hard coded into the kinds of tools that enable auto generation of plans
- Any mistakes or issues in reports could profoundly influence plans
- Any issues in plans might not be caught in time
- The degree of human oversight and intervention is unclear, and lack of human oversight would mean no way to ensure plans are tailored towards individual needs.

Use of algorithmically-generated disability support plans in the NDIS that use data-based models to classify the support needs for participants based on diagnosis and demographic information are troubling for participants with psychosocial disability, as they have the potential to embed bias around mental health and particular diagnoses into planning, and they also have the potential to result in inadequate funding and support plans. Campaigns against the use of such technologies in the NDIS have developed, with some calling the scheme 'RoboNDIS,'<sup>13</sup> illustrate deep and widespread community misgivings. Many participants have told CoMHWA that they do not think human oversight is enough, rather, they feel the process should remain controlled by humans.

Another consideration is how the needs assessment report will be interpreted in the process of determining supports. CoMHWA would like to be able to make specific comments to give feedback on this process, but there has been limited information provided so far about what the rules governing this

<sup>13</sup> van Toorn, G. (2024). *United against algorithms: a primer on disability-led struggles against algorithmic injustice*. ARC Centre of Excellence for Automated Decision-Making and Society, University of New South Wales, and Data Justice Lab, Cardiff University. <https://doi.org/10.60836/aweg-0922>

process, including the new budget method rules, will be. CoMHWA is apprehensive about the degree to which needs assessment reports might distil complex detail into numerical scores that are used in calculations deciding supports and budgets. Participants with psychosocial disability may require very different kinds of support to meet areas of need, and we feel it is unlikely that a numerical score would reflect this. As one participant told us, they have needs centring around accessing therapy and support workers, and if a planner does not understand their context, they won't be able to interpret their support needs appropriately. That participant also noted that in previous functional capacity assessments, there was little opportunity to provide information they wanted to express, such as their diagnosis, to ensure that the planner had a good understanding of their context. As a result, their current plan and funding does not appropriately reflect their needs. CoMHWA feels that rules and methodology determining supports should not be rigidly universalised in their application; instead, there must be a degree of flexibility enabled to account for differences between participants' needs and circumstances.

### **5.3.8 Participant involvement in needs assessment reports and planning processes**

**Recommendation 16:** Create a step between creation of plans and their approval to enable participant input and direction on plans prior to finalisation, so that participants can check over reports once they are created, and identify any needed alterations.

It does not at this point seem that participants are able to have input beyond the needs assessment in determining how their plans look, which CoMHWA feels is an issue. Participants note that they have had experiences with previous report recommendations/assessments of their needs being ignored when it comes to preparing plans. If participants are happy with their support needs assessments and the reports produced, but do not see what is said in the report reflected in their plan, this will majorly undermine trust in the process and will also mean lower choice and control for participants. There must be an opportunity for participants to have a say in the way the report is reflected in their plan.

The ways in which goal-setting affects participants plans is a feature of the present planning process that the new planning framework has the opportunity to improve. CoMHWA feels that the specific goals, objectives, hopes and preferences of participants should be reflected in planning processes, but that participants must be the ones to lead how this happens. As it presently stands, CoMHWA has heard many instances of participant goals as stated on their plans being a significant departure from their actual goals, and has also heard from participants whose experiences involve being ignored, dismissed and having planners select goals on their behalf.

CoMHWA understands that aspects of the proposed approach are designed to facilitate greater consistency, so that participants' support and funding plans are not as contingent as they have been in the

past on who is assessing participant needs and who is creating their plan. While this is a laudable goal, it is also the case that overly prescriptive, universalised, or pre-set approaches will not be flexible enough to ensure that assessment and planning responds to the specific needs of participants.

## 5.4 New framework plan spending rules

**Recommendation 17:** Alter the proposed new framework plan spending rules so that restrictions to funding periods and to spending, against the will of the participant, should never be a default restriction (as 3-month funding periods are) and should only be used as a measure of final resort after other options enabling participants to manage their own plan spending are exhausted.

CoMHWA is against the introduction of new mechanisms placing restrictions on how and when participants can spend their funding as this means further restrictions on participant choice and control in the NDIS.

CoMHWA anticipates particular implications for the freedom and choice of some participants with psychosocial disability should the rules enable the restriction of portions of a participants' flexible budget, or move their funding to plan-managed should the CEO decide that the participant is at risk of being subject to exploitation or undue influence, or otherwise in need of support managing their finances. This would add to the legislative and systemic frameworks that currently all too often restrict the rights, freedoms and decision-making power of consumers. Restrictions to funding periods and spending restrictions should not be imposed as a first-line response for reasons of prevention of harm, fraud or financial exploitation or for past non-compliance with certain other requirements (which already carries its own penalties), so that less restrictive pathways are explored to prevent harm or assist the participant to manage their funding.

The lengthy list of things the CEO must consider in the course of making decisions to restrict funding raises questions about the amount of information this enables the CEO to access (including information that is not directly related to a participant's NDIS participation) and the possibility of biased or stereotyped assumptions being made about participants, their support needs, and their capacity appropriately to manage and spend their support funds. The explanatory document for the proposed transitional new framework plan spending rules states that the CEO must consider whether participants have transitioned from or may be likely to transition from mental health settings to home/the community.<sup>14</sup> We feel that this could affect participants with psychosocial disability more than other participants, whether they have transitioned to home from mental health hospital settings or not, because of the assumption that is likely to be made that they have/might need to in the future. While we see that such consideration may enable

<sup>14</sup> Australian Government Department of Health. (2026). *Draft National Disability Insurance Scheme (Getting the NDIS Back on Track No. 1) (New Framework Plan Spending) Rules*. [https://consultations.health.gov.au/ndis/nfp-public-consultation/user\\_uploads/explanatory-document---new-framework-plan-spending-rules-1.pdf](https://consultations.health.gov.au/ndis/nfp-public-consultation/user_uploads/explanatory-document---new-framework-plan-spending-rules-1.pdf), p. 10.

the recognition of the need for more or specific types of supports and funding to be recognised on the plan, we also see that this could lead to problematic assumptions about their capacity that could inform decisions to place restrictions on how their funding is managed or spent.

As mentioned, participants are deeply disturbed by the idea of the automation of all or part of the supports and budget planning process. All participants feel that automation of this kind without oversight was problematic, and some participants feel this process should always be undertaken by humans. CoMHWA feels that safeguards are needed to ensure that there is always human oversight whenever an automated process or AI tool is in place as part of the planning process.

CoMHWA supports the creation of commissioning arrangements aimed at improving availability of appropriate supports in thin market areas, and understands that this comes with the need to ensure that participants access the arranged supports. That said, the idea that participants might be compelled to engage particular providers or make use of particular supports does have troubling implications if participants have prior negative experiences or other reasons for not wanting or being unable to engage with specific providers. CoMHWA feels that participants should retain, at all times, choice of engagement with specific providers. We also feel that the NDIA should communicate with participants transparently about the nature of arrangements in place that may affect their plans.

Allocation of funding in stages doesn't meet everyone's needs, especially in 3-month brackets rather than as needed, and CoMHWA is against the blanket imposition of 3-month funding periods in plans. There are some supports mentioned in the proposed new framework plan spending rules that CoMHWA does not feel should be subject to funding periods restrictions, such as assistance animals, as expenses can often be uneven over time or arise without notice, such as high costs of training, especially early on, and veterinary costs.

## 5.5 Stated supports rules

**Recommendation 18:** Create increased flexibility around some of the stated supports so that participants can purchase supports needed in a timely way.

CoMHWA is concerned that there appears to be no flexibility for participants to purchase stated supports unless they have them on their plans *as* stated supports. This means that participants can't access those supports without needing to appeal their entire plan.

Some participants have encountered difficulties arising from existing plan restrictions on use of funding to access some supports, and these stated supports rules will increase these difficulties. We have heard feedback about the need to ensure there is some flexible funding available for most supports, including:

- Support Coordination. One participant highlighted the challenges of only having twice-yearly support coordination on her plan, as she needed more support coordination meetings, but was unable to access this because of plan inflexibility.
- Private vehicle transport. Another participant spoke to us of the detrimental effects of having no flexible funding for this kind of transport, which hindered her ability to be able to access key supports.
- Lower cost home modifications. These should be able to be accessed flexibly and as needs arise.
- Repairs to accessibility features. These should be accessed flexibly as these are unpredictable in how they will arise and participants should be able to access them rapidly when needed. CoMHWA feels that imposing a rule that funding can only cover costs for repairs to damage done 'exclusively' as a result of disability needs is based on a problematic demarcation of what the NDIA considers to be disability needs and what lies outside of that, which is at odds with the actual experiences of participants and the impacts of disability in their lives.

## 5.6 Plan variations

**Recommendation 19:** The Administrative Review Tribunal (ART) should retain its power to vary funding amounts for the new framework plans, and there should be greater scope for plan variation at participants' request.

Participants should be allowed to get a replacement needs assessment without appealing the entire plan once the plan has been approved. This would allow for the replacement assessment to uncover any additional or alternative support needs, and the participant to be able to then make the decision to appeal the plan or obtain a plan variation.

CoMHWA believes that the ART retaining its power to vary funding amounts is an essential power for an overseeing body, enabling the ART to remedy potential deficiencies and issues in this as-yet-untried new framework planning approach. Limits to the ART's powers, oversight and rulings leave participants with few options for recourse when a plan does not meet their needs. Currently, the ART is a key pathway available to participants when they seek review of decisions that adversely affect their experience with the NDIS, as (drastically increasing) figures on number of cases lodged with the ART suggest. It is significant that the majority of these cases do result changes in the decision under review, as this implies that the ART is functioning as an effective safeguard against participants being affected by inconsistent or problematic decision-making, which, going by those numbers, does appear to be much more common than it ought to

be. In the 2024-25 financial year, 73% of the NDIS cases the ART finalised resulted in a change or overturning of NDIA decisions.<sup>15</sup> In 2025-26 to January, so far that figure is 52%.<sup>16</sup>

## 6. Conclusion

Current proposed rules governing the new framework planning process are extremely complex, lengthy and difficult to understand, while also remaining vague on the key details of major changes to the planning process that will significantly impact participants' experiences of assessment, getting support, and their funding plans. This consultation required engagement with many lengthy documents, but also did not provide sufficient information and detail to enable those responding to gain a clear sense of critical aspects of the new framework planning rules. Despite stated intentions of some of the rules to address longstanding issues in the NDIS that negatively impact participant experiences, including major issues recognised in the NDIS Review, some of the measures introduced neither keep with the spirit of recommendations made in that review, nor support participants to have greater choice and control when using their plans to get the supports they need. Many participants have expressed the view that change is being motivated by the desire to contain costs in the NDIS, rather than improve participant experiences and access to needed supports.

In the words of one participant:

*“NDIS was meant to provide choice and control, now the NDIS makes the choice and takes control.”*

CoMHWA feels that a much less restrictive approach is required, and that the NDIA and the Government must seek to be led by participants and people with disability, who are the ones best placed to understand what a planning framework that enables their needs to be acknowledged and met should be like.

<sup>15</sup> Administrative Review Tribunal. (2025). *ART Caseload Report: For the period 14 October 2024 to 30 June 2025*.  
[https://www.art.gov.au/sites/default/files/2024-12/ART\\_Caseload\\_2024-25.pdf](https://www.art.gov.au/sites/default/files/2024-12/ART_Caseload_2024-25.pdf)

<sup>16</sup> Administrative Review Tribunal. (2026). *ART Caseload Report: For the period 1 July 2025 to 31 January 2026*.  
[https://www.art.gov.au/sites/default/files/2024-12/ART\\_Caseload\\_2024-25.pdf](https://www.art.gov.au/sites/default/files/2024-12/ART_Caseload_2024-25.pdf)



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