NDIS Access Changes

Submission to the Public Consultation on NDIS Access Reforms
Department of Health, Disability and Ageing

Submitted by:

National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA).
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Contact:
Wendy Anders CEO
Email: ceo@natsiwa.org.au
Ph: 0481458339

Acknowledgement

The National Aboriginal and Torres Strait Islander Women's Alliance acknowledges the Traditional Custodians of the lands, waters and skies across Australia, and pays respect to Elders past and present. We recognise the enduring connection Aboriginal and Torres Strait Islander peoples have to land, culture, community and kinship.

We honour Aboriginal and Torres Strait Islander women as knowledge holders, carers, decision-makers and leaders, and the women who have long advocated for the safety, wellbeing and rights of their families and communities. Their lived experience, cultural authority and expertise are central to this submission.

We affirm the right of Aboriginal and Torres Strait Islander peoples to Indigenous Data Sovereignty: the right to govern the collection, ownership, interpretation and use of data about our peoples, communities, lands and cultures. Data about Aboriginal and Torres Strait Islander women should be gathered and used in ways that respect self-determination and benefit our communities.

About NATSIWA

The National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA) is the national peak body representing Aboriginal and Torres Strait Islander women across Australia. NATSIWA provides a collective national voice to ensure that the leadership, lived experience and policy priorities of Aboriginal and Torres Strait Islander women are centred in government decision-making.

NATSIWA engages with Aboriginal and Torres Strait Islander women across urban, regional, rural, remote and very remote communities. Our work is grounded in self-determination, cultural authority and community-led solutions, recognising that effective policy must respond to the diverse circumstances of women, families and communities.

Purpose of this Submission

NATSIWA welcomes the opportunity to respond to the Department of Health, Disability and Ageing's public consultation on changes to access and eligibility for the National Disability Insurance Scheme (NDIS). This submission responds to the six consultation questions, covering the draft guiding principles, the design of the access decision-making process and evidence requirements for permanence, with a focus on Aboriginal and Torres Strait Islander women, their children and families.

After adjusting for differences in age structure, Aboriginal and Torres Strait Islander people are 1.5 times as likely as non-Indigenous Australians to live with disability, and twice as likely to have a profound or severe core activity limitation.[1] Aboriginal and Torres Strait Islander people are also more likely to provide unpaid care, and much of that care is provided by women for children, grandchildren, partners and Elders with disability. Decisions about who can enter the NDIS, and on what evidence, will therefore have a significant and lasting impact on our women, families and communities.

NATSIWA supports a fairer, clearer and more consistent access process. However, the move to a standardised functional capacity assessment, together with new tests of permanence and of access to other services, carries real risk for Aboriginal and Torres Strait Islander people unless it is designed with us, culturally validated before it is used, and backed by services that actually exist where people live. Access reforms will apply from 1 January 2028, with current participants reassessed over three years.[2] The design choices made now will decide whether these reforms close gaps or widen them. These concerns are shared across the disability sector. In May 2026, twelve national disability representative organisations, including the First Peoples Disability Network and Women With Disabilities Australia, warned that the reforms were being rushed ahead of the safeguards and services needed to support them.[3]

The reforms will also change how children enter the NDIS. Children aged 8 and under with developmental delay or autism and low to moderate support needs will be supported through Thriving Kids, outside the NDIS, and the reforms are intended to reinforce that boundary.[2] Disability among Aboriginal and Torres Strait Islander children is often identified late or not at all, and many children are cared for by mothers, grandmothers and kin who already carry heavy responsibilities. NATSIWA has therefore considered the impact on children throughout this submission.

Summary of Recommendations

- Add a guiding principle on self-determination and cultural safety for Aboriginal and Torres Strait Islander people, developed in partnership consistent with Priority Reform One of the National Agreement on Closing the Gap.
- Do not introduce any functional capacity assessment tool until it has been independently and publicly validated with Aboriginal and Torres Strait Islander people, including women, children, remote communities and people with cognitive and psychosocial disability.
- Assess real-world functioning, not only capacity in a standardised environment, so that remoteness, housing, service gaps and family violence are taken into account.
- Make functional assessments and supporting evidence free for applicants, delivered face-to-face and on Country where preferred, with Aboriginal and Torres Strait Islander assessors, women assessors and interpreters available, and family-centred assessments for children.
- Fund Aboriginal community-controlled organisations and Aboriginal Health Workers and Practitioners as trusted referral points and recognised sources of evidence.
- Treat ‘appropriate treatment’ as treatment that is actually available, affordable and culturally safe where the person lives, and never refuse access on the basis of services that do not exist.
- Guarantee that no current participant, including children, loses supports during reassessment, with advance notice, independent advocacy and full review rights.

- Build safety for women experiencing family violence into every stage of the access process.
- Complete and publish a gender impact analysis of the access reforms before assessment tools and eligibility thresholds are finalised.
- Ensure Aboriginal and Torres Strait Islander children are not left without support as access boundaries with Thriving Kids are introduced, including where Thriving Kids is not available or culturally safe, and recognise the rights and best interests of children throughout the access process.
- Publicly report access outcomes by Aboriginal and Torres Strait Islander status, age, gender and remoteness, consistent with Indigenous Data Sovereignty principles.

Questions 1 and 2

The draft guiding principles

NATSIWA supports the intent of the seven draft guiding principles, particularly the commitments to human rights, lived experience, cultural safety, trauma-informed practice and minimising burden. However, the principles do not yet provide the right foundation for Aboriginal and Torres Strait Islander people. They mention cultural background only as one of several characteristics, and do not recognise the distinct rights of Aboriginal and Torres Strait Islander people or the Government's commitments under the National Agreement on Closing the Gap.

The Disability Royal Commission found that existing policy and support services do not meet the needs of Aboriginal and Torres Strait Islander people with disability, that disability among Aboriginal and Torres Strait Islander people is underdiagnosed or misdiagnosed, and that many Aboriginal and Torres Strait Islander people prefer a cultural model of disability centred on inclusion and contribution to community, rather than individual impairment.[4] An access process built only on a Western, individual model of impairment will not reflect how many Aboriginal and Torres Strait Islander families understand and respond to disability.

Principle 3 (evidence-based and consistent) should also require that assessment tools are validated for the populations they are used with. A tool that is consistent but has not been tested with Aboriginal and Torres Strait Islander people cannot be assumed to be fair. The First Peoples Disability Network has raised that the functional assessment tool proposed for the NDIS has no published cultural validation for Aboriginal and Torres Strait Islander populations.[5]

Principle 5 (equitable, inclusive and safe) already names gender and should also address family violence explicitly. Gender also matters for access: women and girls make up 51 per cent of people with disability, but only 38 per cent of NDIS participants.[6] Women With Disabilities Australia has called for a comprehensive gender impact analysis of the reforms before they proceed.[7] Women experiencing violence, coercive control or systems abuse face particular risks when a perpetrator is present at an assessment, controls their information or acts as their nominee.

The principles also do not mention children. Children with disability have distinct rights under the United Nations Convention on the Rights of the Child, and access decisions for children should be guided by the best interests of the child, the importance of early support, and the central role of family and kin. For Aboriginal and Torres Strait Islander children, this includes the right to grow up connected to family, community and culture.

NATSIWA recommends

- A new principle on self-determination and cultural safety for Aboriginal and Torres Strait Islander people, including shared decision-making with Aboriginal and Torres Strait Islander representative bodies in the design, implementation and review of the access process.
- Principle 3 require independent cultural validation of all assessment tools with Aboriginal and Torres Strait Islander people before they are used to decide access.
- Principle 5 retain its recognition of gender and explicitly address family violence and the safety of women and children.
- A gender impact analysis of the access reforms be completed and published before assessment tools and eligibility thresholds are finalised.
- A new principle that no person is refused access on the basis of other services unless those services are actually available, accessible and culturally safe where they live.
- A new principle that current participants will not lose supports while a reassessment or review is under way.
- A new principle recognising the rights and best interests of children, including the right of Aboriginal and Torres Strait Islander children to support that keeps them connected to family, kin and culture.

Question 3

Designing a fair, consistent, transparent, disability-informed and evidence-based access process

The amended NDIS Act defines functional capacity as a person's ability to undertake an activity in a standardised environment, designed to minimise the impact of environmental and personal circumstances.[2] For many Aboriginal and Torres Strait Islander women, environmental and personal circumstances are central to how disability affects everyday life. Remoteness, overcrowded or unsafe housing, the absence of local services, caring responsibilities and family violence all shape what a woman can do day to day. An assessment that deliberately removes these factors risks underestimating need, particularly in regional, rural and remote communities.

Who conducts an assessment, where and how, also matters. Many Aboriginal and Torres Strait Islander people have good reason to distrust government assessments, including through past experiences with child protection, justice and welfare systems. An assessment conducted by an unfamiliar assessor, by video, in English and in a single session is unlikely to produce an

accurate picture. The earlier attempt to introduce independent assessments in 2021 was abandoned after widespread concern from people with disability and their representative organisations, and those lessons should not be repeated.

For children, functional capacity must be considered against what is expected at the child's age and stage of development, and with the people who know the child best. A young child cannot describe the impact of their disability, and a single session in an unfamiliar setting is unlikely to show how a child manages at home, in early learning or at school.

NATSIWA acknowledges that removing diagnosis lists may help some Aboriginal and Torres Strait Islander people who have significant functional impairment but no formal diagnosis. That benefit will only be realised if the functional assessment is free, accessible and culturally safe, and if people are supported to take part in it.

NATSIWA recommends

- The access process assess real-world functioning alongside capacity in a standardised environment, and record the environmental barriers a person faces.
- Applicants be offered an Aboriginal or Torres Strait Islander assessor, a woman assessor, an interpreter and a support person or kin of their choosing.
- Assessments be available face-to-face and on Country, over more than one session where needed, and never by video or telephone alone unless the person chooses this.
- Assessments for children be developmentally appropriate and culturally validated, conducted with the child's family and kin, and held in settings familiar to the child.
- Every access decision include clear written reasons in plain language, with information about review rights and access to independent advocacy.

Question 4

Reducing administrative burden and making the process easier to understand

The cost of gathering evidence is one of the biggest barriers to the NDIS for Aboriginal and Torres Strait Islander families. Specialist and allied health reports are expensive, waiting lists are long, and in many regional and remote communities the relevant professionals are not available at all. Women who are carers often carry the burden of organising appointments, travelling long distances and completing forms for several family members at once.

Aboriginal community-controlled organisations, Aboriginal Community Controlled Health Services, Aboriginal Health Workers and Practitioners, and Remote Community Connectors already hold trusted relationships and detailed knowledge of the people they support. The Disability Royal Commission recommended expanding community connector programs, with long-term funding and multilingual staff in remote areas, and funding community-controlled organisations to deliver flexible supports.[4] These organisations should be central to referral pathways and recognised as sources of evidence.

For children, early childhood services, maternal and child health services and schools often see developmental concerns first. Families should be able to rely on this evidence, and on the health checks already provided through Aboriginal community-controlled health services, rather than waiting months or years for specialist reports while a child misses out on early support.

A proportionate approach for people who are clearly eligible is welcome. People with significant and lifelong impairment, and existing participants whose circumstances have not changed, should not have to repeat assessments or produce new reports simply to confirm what is already known.

NATSIWA recommends

- Functional assessments and any evidence the NDIA requires be provided free of charge to applicants.
- Aboriginal community-controlled organisations be funded as referral and support points for access, including outreach to regional, rural and remote communities.
- Evidence from Aboriginal Health Workers and Practitioners, community workers, early childhood educators, teachers, family and kin be accepted and given appropriate weight.
- Information about access be available in plain English, Easy Read and community languages, and through yarning and face-to-face sessions, not only online.
- People who are clearly eligible, and existing participants whose circumstances have not changed, be exempt from repeat assessment.

Question 5

Ensuring the process works for all disability cohorts

Aboriginal and Torres Strait Islander people experience high rates of cognitive and psychosocial disability that often go unrecognised. In the 2022 survey, which excluded very remote areas and discrete Aboriginal and Torres Strait Islander communities, one in ten Aboriginal and Torres Strait Islander people had a psychosocial disability, and almost two-thirds of those with disability needed assistance, most often with cognitive and emotional tasks.[8] A study of young people in detention in Western Australia found that 36 per cent had Fetal Alcohol Spectrum Disorder and 89 per cent had at least one severe neurodevelopmental impairment, yet only two of the 36 young people with Fetal Alcohol Spectrum Disorder had been diagnosed before the study.[9]

People with fluctuating or episodic disability, including many with psychosocial disability, may appear to function well on the day of an assessment. People with cognitive disability may mask difficulties or agree with questions they do not understand. Shame and past experiences of racism can also make people reluctant to describe the full impact of their disability to a stranger.

Children are among those most likely to be missed. Developmental delay, hearing loss, Fetal Alcohol Spectrum Disorder and other cognitive disability in Aboriginal and Torres Strait Islander

children are often identified late or misdiagnosed. A 2025 national study estimated that up to one in 28 Australians may be living with Fetal Alcohol Spectrum Disorder, and that many children with the condition are never diagnosed, particularly those in out-of-home care, youth justice settings and remote Aboriginal and Torres Strait Islander communities.[10] The Disability Royal Commission found that a lack of early support for Aboriginal and Torres Strait Islander parents and children with disability can contribute to increased contact with child protection systems, particularly in remote areas.[4] In 2025, 52.2 per 1,000 Aboriginal and Torres Strait Islander children were in out-of-home care, and progress against the Closing the Gap target to reduce this over-representation is worsening.[11]

Women experiencing family violence need particular protection. In 2024–25, the age-standardised rate of hospitalisation for family violence among Aboriginal and Torres Strait Islander women and girls was 26 times as high as for non-Indigenous women and girls.[12] Women with disability also report higher rates of violence than women without disability: in 2021–22, 4.0 per cent of women with disability had experienced sexual violence in the previous two years, compared with 2.5 per cent of women without disability. In 2022, one in five Aboriginal and Torres Strait Islander adults with disability reported experiencing at least one form of abuse or neglect in the previous 12 months.[13] An assessment where a perpetrator is present, is the nominee, or can see the woman's information, is neither safe nor accurate.

Aboriginal and Torres Strait Islander people in prison, youth detention, out-of-home care and kinship care, and those leaving these settings, are also at high risk of being missed. Access processes should reach into these settings, so that people can apply and be assessed before release or transition rather than after supports are needed.

NATSIWA recommends

- Assessment approaches for cognitive, psychosocial, degenerative, episodic and fluctuating disability be co-designed with Aboriginal and Torres Strait Islander people and community-controlled organisations, and allow evidence over time, including progression of degenerative conditions, rather than a single snapshot. Provide communication aids, supported communication and additional time where needed throughout assessment and referral.
- Every assessment include a private, safe opportunity for a woman to speak without family members, nominees or a perpetrator present, and safety screening before any information is shared.
- The NDIA work with corrections, youth justice and child protection systems so people can apply for and be assessed for the NDIS before release or transition.
- Assessors receive mandatory training in cultural safety, trauma-informed practice, cognitive disability including Fetal Alcohol Spectrum Disorder, and family violence and coercive control.
- Access for children in out-of-home care and kinship care be streamlined, so that a change of carer or placement does not delay or interrupt a child's access to support.

Question 6

Evidence of permanence and appropriate treatment

The amended Act clarifies how permanence of impairment is defined, including whether an impairment is likely to be substantially remedied by available and appropriate treatment.[2] In practice, whether treatment is available depends heavily on where a person lives and whether services are affordable and culturally safe. In many regional, rural and remote communities, specialist mental health, allied health and rehabilitation services are limited, visiting only occasionally, or not available at all.

National Legal Aid has warned that the changes to permanence and to eligibility based on access to other services risk reducing access and entrenching disadvantage for Aboriginal and Torres Strait Islander people and people in rural and regional areas.[14] NATSIWA shares these concerns. An Aboriginal woman should not be found ineligible because a treatment exists in theory in a capital city, or because a service she cannot reach is assumed to meet her needs.

Evidence of permanence should also recognise that many Aboriginal and Torres Strait Islander people have limited treatment histories because services have not been available to them. A short or incomplete treatment history is often evidence of service gaps, not evidence that an impairment is temporary. Relevant evidence should include clinical prognosis, records of functioning over time, previous treatment outcomes and reasons why treatment is unavailable or clinically inappropriate.

Permanence is particularly difficult to establish for young children, whose development changes quickly. Uncertainty about permanence should not delay support at the age when early intervention makes the greatest difference.

The reforms are also intended to reinforce the boundary between the NDIS and Thriving Kids.[2] If Thriving Kids is not available, not culturally safe, or not yet operating where a family lives, that boundary will leave children with no support at a critical stage of development. The consultation paper notes that the Technical Advisory Group will not advise on access thresholds for Thriving Kids,[2] so decisions about which children are directed away from the NDIS need separate consultation with Aboriginal and Torres Strait Islander families and community-controlled organisations.

NATSIWA recommends

- ‘Available and appropriate treatment’ be defined as treatment that is actually available, affordable, timely and culturally safe in the person’s own community.
- A limited treatment history not be treated as evidence that an impairment is not permanent, particularly for people in regional, rural and remote communities.
- Decisions on permanence for psychosocial disability recognise that recovery-oriented support does not mean an impairment is temporary.

- Where access is refused because another service is considered more appropriate, the NDIA confirm that the service is available and will accept the person's referral, so people are not left with no support.
- No Aboriginal or Torres Strait Islander child be refused NDIS access on the basis of Thriving Kids unless Thriving Kids is actually available, accessible and culturally safe where the child lives.
- Uncertainty about permanence not delay access to early support for young children.
- Thriving Kids access thresholds and the boundary with the NDIS be subject to separate consultation with Aboriginal and Torres Strait Islander families and community-controlled organisations, consistent with Priority Reform One.

Other matters

Reassessment of current participants

At 30 June 2026, around 67,900 Aboriginal and Torres Strait Islander people were NDIS participants, making up 8.7 per cent of all participants.[15] All will be reassessed over the three-year transition from 2028. For families who waited years to enter the Scheme, the prospect of losing supports is a source of real fear. The First Peoples Disability Network has also reported that more than one-third of Aboriginal and Torres Strait Islander participants in remote areas do not use their allocated supports, and that less than one per cent of NDIS providers are Aboriginal and Torres Strait Islander organisations.[5] It has called for cultural validation of assessment tools, transition guarantees, dedicated funding for Aboriginal community-controlled organisations, the establishment of a First Nations Disability Forum and a disability outcomes framework. NATSIWA supports these calls.[5] Reassessment must not become a way of removing people who are underserved by the Scheme rather than well served by it.

NATSIWA recommends

- Current participants, including children, keep their existing supports until any reassessment, review and appeal is finalised, with particular care for children in out-of-home care or kinship care.
- Participants receive advance written notice, support to prepare and access to independent advocacy before any reassessment.
- Reassessment outcomes be monitored and published by Aboriginal and Torres Strait Islander status, age, gender and remoteness, with a pause and review if outcomes show disproportionate impact.

Aboriginal and Torres Strait Islander women as carers

Aboriginal and Torres Strait Islander people are more likely than non-Indigenous Australians to provide unpaid care, with 15 per cent of those aged 15 and over doing so in 2021.[1] Much of this care is provided by women for children, grandchildren, partners and Elders. The access process should not add to that load. Carers should be recognised, supported through the process and

able to apply for, or support applications for, several family members without repeating the same information.

NATSIWA recommends

- The access process recognise and support kinship carers and grandmothers caring for children with disability, including through coordinated applications for family members.

Indigenous Data Sovereignty and governance

The NDIS Quarterly Report records Aboriginal and Torres Strait Islander participant numbers.[15] Access application and decision data by Aboriginal and Torres Strait Islander status are also needed to assess whether the new process is fair. Data about Aboriginal and Torres Strait Islander applicants and participants should be governed consistently with Indigenous Data Sovereignty principles, with Aboriginal and Torres Strait Islander people and organisations having genuine authority over how it is collected, interpreted and used.

NATSIWA recommends

- Access applications, decisions, reviews and reassessment outcomes be published by Aboriginal and Torres Strait Islander status, age, gender and remoteness.
- The Technical Advisory Group on NDIS Functional Capacity include Aboriginal and Torres Strait Islander expertise, and its advice on Aboriginal and Torres Strait Islander matters be developed in partnership with community-controlled organisations.
- Governments implement the Disability Royal Commission's recommendations on Aboriginal and Torres Strait Islander people with disability alongside the access reforms.

Conclusion

NATSIWA thanks the Department of Health, Disability and Ageing for the opportunity to contribute to this consultation.

NATSIWA supports a fairer and more consistent access process, but consistency is not the same as fairness if the tools, evidence requirements and assumptions behind it do not reflect the lives of Aboriginal and Torres Strait Islander women, children and families. NATSIWA's members are clear: governments are not listening. Despite commitments under the National Agreement on Closing the Gap, Aboriginal and Torres Strait Islander women continue to be consulted after decisions are made rather than before, and key targets, including for children in out-of-home care, are going backwards.[11] These access reforms must not repeat that pattern. Assessment tools must be culturally validated before they are used, assessments must be free, safe and available on Country, the evidence held by community-controlled organisations must be recognised, and no one, including young children, should be refused support because of services that do not exist where they live. NATSIWA calls on the Government to work in genuine partnership with Aboriginal and Torres Strait Islander women and their organisations before any eligibility thresholds, assessment tools or transition arrangements are finalised. The recommendations in this submission set out how this can be achieved.

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