

2 October 2026

NDIS Access Branch  
Department of Health, Disability and Ageing  
GPO Box 9848  
Canberra ACT 2601

Submitted online

Dear NDIS Access Branch,

### **Response to Consultation on NDIS Access Changes**

The Australian Psychological Society (APS) welcomes the opportunity to respond to the Department of Health, Disability and Ageing's (the Department) consultation on NDIS access changes. As the peak professional body for psychologists in Australia, we are committed to evidence-informed policy that supports the capacity and wellbeing of people with disability, their families and carers, and the professionals who work alongside them.

### **A psychologically informed principles-based approach**

NDIS reform is currently being progressed through several concurrent consultations, each addressing a different part of the participant journey, from access and assessment through to planning and service delivery. The same psychological evidence applies across all of them, and no single consultation shows how the reforms will work together. For this reason, we have prepared one set of ten principles for NDIS reform, informed by psychological evidence and practice, rather than a response limited to one consultation.

### **Alignment with this consultation**

The Department's draft guiding principles in the consultation paper provide a sound foundation and are aligned with previous APS submissions on NDIS reform. The proposed commitments to lived experience, equity and cultural safety, psychological safety and trauma-informed practice, and continuous quality improvement are consistent with our principles on meaningful co-design, equity and cultural safety, psychological safety, and adaptive design. Our principles on functional understanding and evidence integrity bear directly on the consultation's questions about assessment design and the evidence required to determine permanence and the likely effect of treatment.

Our psychologically informed principles also point to areas the draft guiding principles do not yet address explicitly. These include protecting trusted relationships during reassessment and transition (relational continuity), preserving participants' choice and control and supporting their decision-making (agency and control, supported decision-making), and ensuring the workforce can sustain the new arrangements (workforce sustainability). We encourage the Department to consider these in finalising the access principles.

We draw particular attention to the pairing of standardised tools with professional judgement. A standardised assessment which has been properly validated may form part of the measures to improve consistency in access decision-making. However, such assessments will only fully capture functioning if they also take account of the person's own experience of their capacity, including fatigue, distress, fluctuating or less visible impairments within their cultural and relational context.

The attached psychologically informed principles for NDIS reform are offered in a spirit of collaboration. We would welcome the opportunity to discuss them with the Department and the Technical Advisory Group, and to contribute psychological expertise as the access reforms are developed. If further information is required from the APS, I would be happy to be contacted through the National Office on (03) 8662 3300 or by email at [z.burgess@psychology.org.au](mailto:z.burgess@psychology.org.au).

Yours sincerely

**Dr Zena Burgess FAPS FAICD**  
Chief Executive Officer

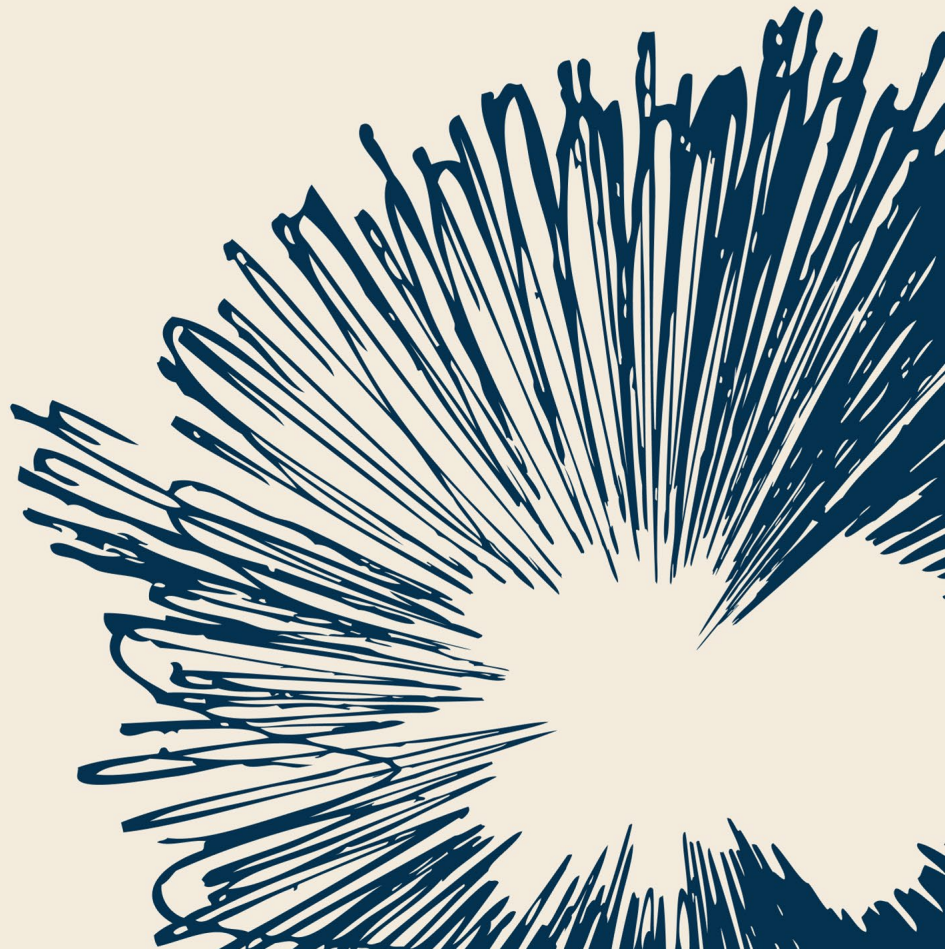
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# Psychologically Informed **Principles** for **NDIS Reform**

2/10/2026



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# Table of Contents

- Purpose.....1
- Principle 1: Functional Understanding.....1
- Principle 2: Psychological Safety .....2
- Principle 3: Relational Continuity .....2
- Principle 4: Meaningful Co-design.....3
- Principle 5: Evidence Integrity .....3
- Principle 6: Agency and Control .....4
- Principle 7: Workforce Sustainability .....4
- Principle 8: Equity and Cultural Safety .....5
- Principle 9: Supported Decision-Making.....5
- Principle 10: Adaptive Design .....6
- Additional Resources .....6

## Purpose

Reform in the National Disability Insurance Scheme (NDIS) is currently being progressed through several concurrent consultations, each addressing a different aspect of the participant journey, from access and assessment through to planning and service delivery. This statement sets out ten principles informed by psychological evidence and practice that hold constant across each of these NDIS reforms and any that follow.

These principles are intended to be used in two ways: as a guide for policymakers when designing and testing rules and exposure drafts, and as a consistent basis on which the APS and others can assess the design and lived impact of reform, both individually and cumulatively, across the current consultations and as reform of the NDIS continues to evolve.

## Principle 1: Functional Understanding

Disability should be understood, and support should be based on, how a person functions in their day-to-day life. This should take into account both what can be observed and measured, and how the person themselves experiences their own capacities.

Functional capacity is not only about what an assessor can see or measure from the outside. It includes how a person feels about their own effort, capabilities and experience in daily life. Psychologists are trained to consider both the outward, observable signs of ability and the person's inner experience, and both matter for understanding what support a person needs. Relying only on visible indicators, or only on scores based on observable indicators or behaviours, risks missing important aspects of disability that are not easily identified by others, such as fatigue, distress, trauma, or difficulty with tasks that appear manageable, but may not be. Structured tools are valuable, but they need to be paired with professional judgement so that both dimensions of functional capacity are captured.

### Questions to consider:

- Do the reforms assess functioning in a way that captures both what can be observed and what the person reports or expresses about their own experience?
- Do proposed assessment protocols allow for and value professional judgement alongside standardised tools? What processes are in place to support the development of the evidence base in relation to these tools in a transparent and accessible way?

## Principle 2: Psychological Safety

Every interaction a participant has with the NDIS, including assessment, planning and engaging with supports, should leave them feeling safe, respected and heard, not simply as subject to decisions made about them.

Psychological research consistently shows that how people are treated during a process, not only the outcome they receive, strongly shapes whether they trust and engage with a system in future. A participant who receives an appropriate funding decision but feels unheard, judged or unsafe during the process has still been poorly served. This matters practically as well as ethically, because distress or a rupture in trust at the participant level can undermine the intended purpose of system-level reform. Psychological safety also applies to providers and workers, particularly where policy or regulatory change creates situations where service provision becomes psychologically or economically unsustainable or where moral injury becomes more likely to occur.

### Questions to consider:

- Do the reforms give explicit attention to the experience of participants and their families and carers, not only to the economic impact of the proposed measures?
- Are there psychologically informed safeguards to prevent participants feeling judged, rushed or unsafe during assessment, planning or service transitions?
- Do the reforms acknowledge the importance of psychological safety for providers and workers, including through mitigating systemic and regulatory factors which give rise to moral injury or burnout?

## Principle 3: Relational Continuity

The proposed reforms should protect existing trusted relationships between participants and the people who support them, especially during periods of transition or change.

Trust between a participant and the professional providing therapy supports, their coordinator or support worker often takes considerable time to build, particularly for people with a history of difficult experiences with services or systems. Decades of research on therapeutic relationships show that this trust is one of the strongest predictors of a person engaging with, and benefiting from, support. Changing who a participant works with, without good reason or a considered transition, risks undoing this progress and can lead to disengagement.

### Questions to consider:

- Do the reforms minimise unnecessary disruption to existing relationships between participants and their support providers?
- Where a change in provider or worker is unavoidable, does the reform include a considered transition process rather than an abrupt handover?

## Principle 4: Meaningful Co-design

People with disability and the professions who support them should shape the design of reform, with enough time and influence over key decisions, rather than being consulted after those decisions have been made.

A sense of involvement in decisions that affect one's own life is a well-established contributor to psychological wellbeing. This applies to system design as much as to individual choices, and it also reflects a basic principle of disability rights: that decisions affecting people with disability should not be made without them. Consultation that occurs only after key parameters have already been settled, or that allows inadequate time for considered input, does not meet this standard, regardless of the volume of feedback subsequently collected. The psychological effort of participating in consultation and co-design (including the emotional labour, time and potential distress) should also be acknowledged and valued in establishing consultative processes.

### Questions to consider:

- Have the proposed reforms been shaped by input from people with disability and relevant professions before key decisions were finalised, rather than after?
- Are consultative processes designed to invite input at the right level of detail at the right time?
- Has the psychological cost of participating in consultative processes (including time, opportunity costs, emotional labour, psychological distress and potential (re-)traumatisation) be considered in consultation processes?

## Principle 5: Evidence Integrity

Both individual-level evidence and broader research evidence should be given appropriate weight in decisions about eligibility and funding, without one being automatically favoured over the other.

Good professional practice combines the best available research evidence with the provider's own expertise and the preferences and knowledge of the participant. Rules that treat general research findings as automatically more reliable than a provider's assessment of what works for a specific person risk defunding support that is effective, simply because it has not been tested in a large trial. This risk is heightened for groups who are underrepresented in research and standardised tools, including Aboriginal and Torres Strait Islander people, where broad evidence bases may not translate well to individual circumstances.

### Questions to consider:

- Do the proposed reforms allow participant-level evidence to carry weight in decisions, rather than being routinely outweighed by population-level research findings?
- Have the proposed reforms considered whether the evidence base and assessment tools are equally valid across different cultural groups and communities?

## Principle 6: Agency and Control

Reform should preserve, wherever possible, participants' sense of control over their own support, and any reduction in choice made in the interests of consistency or safety should be clear, justified and kept to a minimum.

A substantial body of psychological research links a person's sense of control over their own circumstances to their motivation, coping and mental health. When people feel that decisions are being made for them rather than with them, this can lead to disengagement and poorer outcomes over time. Reforms that shift decisions from the participant to a formula or narrow the range of providers or supports available to choose between, should treat this as a cost to be weighed carefully, not as a neutral administrative change.

### Questions to consider:

- To what extent do the proposed reforms preserve and promote meaningful choice and control for participants in practice?
- Where choice or control is reduced, is there a clear and proportionate reason for doing so?

## Principle 7: Workforce Sustainability

Reforms to the NDIS will only succeed if the workforce required can be sustained over time through fair pricing, reasonable administrative demands and clearly defined roles.

Workplace psychology research shows that people can sustain demanding work over the long term only when their resources and support are adequate to match its demands. Where pay does not reflect the real cost and effort of delivering a service, or where administrative burden becomes excessive or duplicated, workers understandably withdraw from that work over time. A reform that appears sound on paper but drives experienced practitioners out of the NDIS will ultimately fail participants, including by undermining psychological safety (Principles 2) or the continuity of relationships (Principle 3).

### Questions to consider:

- Do the proposed reforms reflect the true cost and effort involved in delivering the relevant service, including administrative and coordination work?
- Are compliance and reporting requirements proportionate to risk and incentivise the provision of quality and participant-centred supports?

## Principle 8: Equity and Cultural Safety

Reform should be judged by whether it narrows the gap in outcomes experienced by groups who have historically been underserved by the NDIS, not only by whether it improves outcomes on average.

Reforms can improve outcomes overall while leaving some groups, such as Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, people in regional and remote areas, and people with psychosocial disability, no better off, or, indeed, worse off. Cultural safety, as understood in contemporary research and practice, means that whether a service feels safe is assessed by the person receiving it, not assumed by the person providing it. Reform should be specifically tested against the experience of these groups, not only against system-wide averages.

### Questions to consider:

- Have the proposed reforms been specifically assessed for its impact on groups who have historically experienced poorer access or outcomes under the NDIS?
- Do the reforms define safety and quality by reference to the experience of the people receiving support, rather than only by the standards of those providing it?

## Principle 9: Supported Decision-Making

Safeguards should support participants to make their own decisions wherever possible, rather than shifting decisions away from them in the course of trying to protect them.

There is an important difference between protecting someone from harm and removing their ability to make their own choices. International disability rights law and practice recognise the right of people with disability to make decisions with support, rather than have decisions made for them. Psychological research on wellbeing similarly recognises that the opportunity to make decisions, including the opportunity to sometimes get them wrong and learn from that, is itself important to a person's growth and sense of dignity. Safeguards designed without this distinction in mind risk becoming overly protective in ways that reduce, rather than support, a participant's independence.

### Questions to consider:

- Do the safeguards proposed in the reforms support participants to make their own decisions, rather than substituting the judgement of others for their own?
- Do the proposed reforms consider whether they strike an appropriate balance between protecting participants and preserving their independence?

## Principle 10: Adaptive Design

Proposed reforms should include a clear plan to monitor the effects of regulatory and operational change and to adjust settings as real-world evidence emerges, rather than treating initial decisions as final.

Complex changes to service systems rarely work exactly as intended the first time they are implemented, however carefully they are designed. Good practice in implementing large-scale change involves building in approaches to detect problems early and adjust course, rather than waiting for problems to become entrenched before responding. Without this, the burden of identifying and living with design flaws falls on participants and practitioners, rather than being anticipated and addressed by the system itself, or those who design it.

### Questions to consider:

- Do the proposed reforms include a specific plan for monitoring and evaluation its impact once implemented?
- How can the experience and expertise of providers and professional bodies inform ongoing monitoring and evaluation processes, including through data sharing and direct feedback channels?
- Are there clear mechanisms for adjusting regulatory, policy and operational settings in response to emerging evidence and experience?

## Additional Resources

### APS resources for NDIS participants, families and carers

- [Listening, understanding and supporting: How psychologists can help people with disabilities and their families](#)
- [Listening, understanding and supporting: How psychologists can help \(Easy Read Resource\)](#)
- [How psychologists can support early childhood intervention](#)

### APS policy submissions

Read APS submissions on NDIS, disability and other topics here:  
<https://psychology.org.au/psychology/advocacy/submissions/>

The Australian Psychological Society Limited  
[psychology.org.au](https://psychology.org.au)



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