

# Inquiry into the Integrity of the NDIS

**Response to the inquiry to the Joint Standing Committee on the  
NDIS**

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## **Recipient**

Joint Standing Committee on the National Disability Insurance Scheme  
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## **About Dietitians Australia**

Dietitians Australia is the national association of the dietetic profession with over 9000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve.

The Accredited Practising Dietitian (APD) program is the credentialing program of Dietitians Australia. It provides an assurance of safe and quality dietetic practice and is the foundation of self-regulation of the dietetic profession in Australia. APDs have an important role in safeguarding frameworks for critical issues such as dysphagia, enteral feeding, and menu planning. Our members are dedicated to supporting functional capacity and improving the health and wellbeing of all Australians through optimal nutrition safeguarding practices.

This submission was prepared by members of the Dietitians Australia Policy and Advocacy team following processes approved by the Board of Dietitians Australia. Stakeholder contributions, including direct quotations and experiences, were provided by Dietitians Australia members of the Disability Sector Expert Reference Group.

## **Acknowledgement of Country**

We acknowledge the Traditional Custodians of Country throughout Australia and recognise their enduring connections to land, waters, and food systems. We pay our respects to Elders past, present and emerging and extend this respect to all First Nations peoples. We recognise the importance of Indigenous food sovereignty and knowledges in shaping a just and sustainable food future.

## Executive Summary

In view of Australia's commitment to the rights of people with disability under the *UN Convention on the Rights of Persons with Disabilities* (CRPD)<sup>1</sup>, Dietitians Australia welcomes the opportunity to contribute to this parliamentary inquiry which is part of a broader commitment to improve safety, quality, and accountability across the NDIS. This inquiry represents a critical step in improving scheme integrity including strengthening safeguards, addressing fraud and non-compliance, and supporting a fairer and more sustainable NDIS.

We support the Honourable Jenny McAllister's written proposal to the Chair of the Joint Standing Committee on the National Disability Insurance Scheme to inquire into the Integrity of the NDIS. We understand that the inquiry's purpose is to examine fraud, misuse and poor practices in the NDIS, the impact on participants, and changes to better protect the scheme and its users, in line with the findings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.<sup>2</sup> We believe this inquiry by the Committee would help the Government and Parliament to consider measures to strengthen the NDIS to address the exploitation, abuse and neglect of people with a disability.

In this submission, Dietitians Australia responds to Terms of Reference (ToR) 3 and 4 proposed by the Committee and provides a nutrition and dietetic lens to address issues raised. ToRs 3 and 4 highlight the need for integrity reforms that safeguard the scheme without compromising participant access to clinically appropriate nutrition and dietetic therapy supports that maintain or improve functional capacity. This is consistent with our ask for access to safe, evidence-based nutrition care for NDIS participants, in line with human rights frameworks.<sup>3, 4</sup>

Dietitians Australia makes two recommendations under ToR 3 that address effectiveness and safeguarding aspects highlighted and the adequacy of policy processes in the NDIS, and a further two recommendations under ToR 4 that address legislative reforms and clarity around the boundaries between NDIS and health care systems to strengthen the scheme's integrity.

We would welcome the opportunity to continue engaging with the Committee and Government to support the development and implementation of effective reforms.

## Dietitians Australia's Recommendations and Response to Terms of Reference

Dietitians Australia puts forward four recommendations across ToRs 3 and 4. These recommendations made to the Joint Standing Committee relate to nutrition and dietetics therapy supports for people with disability to maintain their functional capacity.

### **ToR 3: The effectiveness and adequacy of successive government policies to improve scheme integrity, safeguard participants, and tackle non-compliance**

**Recommendation 1 – Effectiveness & safeguarding:** Government policies under the NDIS must not be assessed solely on reductions in non-compliance and fraud, but by whether they are evidence-based and protect safe and appropriate outcomes for people with disability.

**Recommendation 2 – Adequacy of policy processes:** To strengthen NDIS integrity, a standardised and transparent requirement should be established for *independent* review and impact evaluation prior to implementation of all significant policy decisions within the NDIS. This can help to strengthen consistency, integrity and accountability of the scheme and ensure that the policy decisions effectively safeguard people with disability and support sustainable service delivery. Implementation of significant policy decisions without adequate independent review risks unintended consequences for program delivery and sustainability that will be more difficult to resolve once introduced.

### **Response to ToR 3**

The effectiveness and adequacy of successive government policies to strengthen and improve NDIS integrity depend not only on fraud and non-compliance checks and controls, but on alignment with evidence-based practice and demonstrable participant outcomes. APDs highlight that the Independent Review of Art and Music Therapies provides a useful benchmark for best practice by showing the importance of formal evaluation of impact and benefit, and independent review (e.g. by a health economist Dr Stephen Duckett AM) before implementing significant policy decisions.<sup>5</sup> While there are elements of impact assessment and review currently undertaken by the NDIS, these processes are not applied in a consistent and transparent way across significant policy decisions.<sup>6</sup> This Independent Review of Art and Music Therapies reflects both the effectiveness and adequacy lens where policies are grounded in evidence and decision making is transparent, robust and responsive to the needs of people with disability, rather than implemented without proper evaluation. For example, Dr Duckett made 19 recommendations for NDIS participants (15 directed at the NDIA which the NDIA supports) to provide a clear way forward for NDIS participants and providers of art and music therapy.<sup>7, 8</sup> His recommendations were grounded in “research findings given life by reading and listening to the deeply personal stories heard from people with disability and their families and therapists.”<sup>8</sup>

Dietitians Australia asserts that this ‘sense-testing’ by an independent expert is critical in the context of nutrition and dietetic therapy supports especially as people with disability present with complex and intersecting needs including comorbidities associated with disability.<sup>9</sup> The NDIS Review Final Report highlighted that the current policy settings do not always cater for this complexity which risks underestimating the level of expertise, time, value and funding required to deliver safe, clinically appropriate care to people with disability.<sup>6</sup> Our members assert that people with disability often face complex economic, social and functional challenges, meaning that the level of therapy or care

required is typically greater than for someone in the wider community who can manage their needs independently.<sup>10</sup> APDs not being explicitly referred to in NDIS guidance documents related to funding periods and therapy supports at the outset creates confusion for service providers and participants and are also cited by APDs as disrupters at the policy level.

Given the feedback from our members, safeguarding participants must extend beyond non-compliance and fraud checks and controls to ensure there is access to safe and adequately funded nutrition and dietetic therapy supports provided by highly trained healthcare professionals such as APDs. Poorly designed policies (a non-compliance lens) can create risks by limiting provider availability, reducing service quality and compromising outcomes<sup>11</sup> for people with disability. Overall, the evidence highlights the critical need for policy design to include safe, equitable and evidence-based care for people with disability and independent review of policy decisions prior to implementation.

#### **ToR 4: Legislative or other reforms required to strengthen scheme integrity.**

**Recommendation 1 – Codifying NDIS purpose, intent and limitations:** Strengthen the legislative framework underpinning the NDIS by clearly defining and codifying the purpose, intent and limitations of the NDIS and consistently applying this in practice for the benefit of people with disability.

**Recommendation 2 – Clarify and enforce NDIS-health system boundaries:** Strengthening and operationalising the interface between NDIS and the health care system, supported by consistent decision-making frameworks and mechanisms to resolve any ambiguity when responsibilities intersect or overlap.

#### **Response to To4**

Strengthening the NDIS requires reforms that ensure the purpose, intent and limitations of the NDIS are clearly defined, codified in guidance documents and in regulations as appropriate, and consistently applied in practice, especially in relation to functional capacity (e.g. language and communication, personal care, mobility and movement, interpersonal interactions, psychosocial functioning) and participant outcomes (social and economic participation). This aligns with the NDIS Review Final Report findings about the Scheme's intent, purpose and sustainability.<sup>6</sup> The aim should be reinforcing the Scheme's focus on functional capacity and social/economic participation and embedding consistent application of this purpose in legislation, Rules, and operational guidance. This means, for example, reducing variability in how "reasonable and necessary" supports are interpreted. Our members have advised that "if the request for professional or provider input (or consumables) is perceived not to be in service [of functional capacity], then another system (likely the healthcare system) must equitably address the need and provide the care." This illuminates an important feature of the Scheme. While the intent of the Scheme is well established, it is not always operationalised consistently in practice.<sup>6</sup> This can result in supports being approved, declined, or misclassified in ways that do not reflect participants' functional needs or goals.

Dietitians Australia also recommends reforms to clarify the boundaries between the NDIS and other service systems, such as health, to prevent gaps and inconsistencies in access to care in practice. Scheme integrity is compromised by ambiguity at the boundary between the NDIS and the health system and this remains a significant source of inconsistency and risk to the scheme.<sup>12, 13</sup> There is a risk of both under-provision of necessary supports and cost-shifting between systems which undermines participant outcomes and creates inefficiencies across the broader service system. This boundary clarification would help to establish clearer, enforceable guidance on which system is responsible for what supports, addressing gaps where participants are left without care due to cost-

shifting or ambiguity. It would also ensure participants can access clinically appropriate supports without fragmentation. A structured decision-making test—asking whether a support clearly contributes to functional capacity and participation—could strengthen decision integrity by guiding whether it should be funded through the NDIS (where it does) or through another system, such as health (where it does not). As part of this, our members also emphasise that there is a need to strengthen the capability and governance of NDIS decision-makers and assessors through formalised training, access to appropriate clinical expertise, insights and clearer operational guidance. This ensures participants genuinely have “safe care, the opportunity to sustainably build capacity, and can achieve their goals.”

Together, these recommendation under ToR 3 and 4 would support more consistent, transparent, and evidence-informed decision-making, improving participant outcomes and safeguarding the integrity of the Scheme.

## REFERENCES

- <sup>1</sup> United Nations. Convention on the Rights of Persons with Disabilities [Internet]. New York: United Nations; 2006 Dec 13 [cited 2026 Feb 27]. Available from: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
- <sup>2</sup> Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. **Final report** [Internet]. Canberra (AU): Commonwealth of Australia; 2023 Sep 29 [cited 2026 Apr 22]. Available from: <https://disability.royalcommission.gov.au/publications/final-report>
- <sup>3</sup> United Nations. United Nations Decade of Action on Nutrition 2016–2025 [Internet]. Geneva: World Health Organization & Food and Agriculture Organization of the United Nations; 2016 [cited 2026 Feb 27]. Available from: <https://www.un.org/nutrition/>
- <sup>4</sup> United Nations. Transforming our world: The 2030 Agenda for Sustainable Development [Internet]. New York: United Nations; 2015 Sep 25 [cited 2026 Dec 27]. Available from: <https://sdgs.un.org/2030agenda>
- <sup>5</sup> The Sydney Morning Herald. Government winds back drastic cuts to NDIS therapies [Internet]. Sydney (AU): Nine Entertainment Co.; 2025 Sep 10 [cited 2026 Apr 21]. Available from: <https://www.smh.com.au/politics/federal/government-winds-back-drastic-cuts-to-ndis-therapies-20250910-p5mtsv.html>
- <sup>6</sup> Australia. Department of the Prime Minister and Cabinet. Working together to deliver the NDIS: Independent Review into the National Disability Insurance Scheme – final report [Internet]. Barton (AU): Commonwealth of Australia; 2023 [cited 2026 Apr 21]. Available from: <https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf>
- <sup>7</sup> National Disability Insurance Agency. Statement – NDIS funded music and art therapy [Internet]. Canberra (AU): NDIA; 2024 Nov 26 [updated 2025 Sep 10; cited 2026 Apr 21]. Available from: <https://www.ndis.gov.au/news/10522-statement-ndis-funded-music-and-art-therapy>
- <sup>8</sup> National Disability Insurance Agency. Duckett review confirms art and music therapy to continue [Internet]. Canberra (AU): NDIA; 2025 Sep 10 [cited 2026 Apr 21]. Available from: <https://www.ndis.gov.au/news/10894-duckett-review-confirms-art-and-music-therapy-continue>
- <sup>9</sup> Victorian Health Promotion Foundation (VicHealth). Enabling Health: Taking action to improve the health of people with a disability [Internet]. Melbourne (AU): VicHealth; 2014 Jun [cited 2026 Apr 21]. Available from: <https://www.vichealth.vic.gov.au/sites/default/files/vic082-EnablingHealth-Pages-WEB-03.pdf>
- <sup>10</sup> Gréaux M, Moro MF, Kamenov K, Russell AM, Barrett D, Cieza A. Health equity for persons with disabilities: a global scoping review on barriers and interventions in healthcare services [Internet]. Int J Equity Health. 2023 Nov 13;22(1):236 [cited 2026 Apr 21]. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10644565/>
- <sup>11</sup> Office of the Disability Services Commissioner (Victoria). Review of disability service provision to people who have died [Internet]. Melbourne (AU): State Government of Victoria; [cited 2026 Apr 21]. Available from: <https://odsc.vic.gov.au/abuse-prevention/review-of-disability-service-provision/>
- <sup>12</sup> Morgan K. The NDIS & Health interface: 3 key issues [Internet]. Team DSC; 2017 Nov 21 [updated 2024 Apr 15; cited 2026 Apr 22]. Available from: <https://teamdsc.com.au/resources/health-ndis-3-problems>
- <sup>13</sup> Disability Advocacy Network Australia (DANA). NDIS Review: Mainstream and Tier 2 – summary report [Internet]. Sydney (AU): DANA; 2023 Sep 6 [cited 2026 Apr 22]. Available from:

[https://www.ndisreview.gov.au/sites/default/files/2023-11/DANA\\_Summary\\_Report\\_Mainstream\\_and\\_Tier\\_2.pdf](https://www.ndisreview.gov.au/sites/default/files/2023-11/DANA_Summary_Report_Mainstream_and_Tier_2.pdf)