FOR IMMEDIATE RELEASE

NDIS planning decisions raising safety concerns as families say evidence is being ignored

MILDURA, VIC: Concerns are being raised about recent NDIS planning decisions that families and providers say are not reflecting current clinical evidence, potentially placing vulnerable participants at risk. Advocates are calling for greater transparency and for participant safety and choice to remain central to planning outcomes.

One case involves “Sammy”, an 18-year-old with severe autism and a complex seizure disorder Sammy’s family says recent changes to his plan have stripped away the supports that made it possible for him to live safely at home, leaving him with no real option but to move into Supported Independent Living in a Specialist Disability Accommodation facility. They say the revised plan no longer supports him remaining at home and instead forces a move into shared accommodation, despite clinical recommendations outlining the need for 2:1 support in the community and 1:1 support within the home. The approved plan instead proposes 1:3 Supported Independent Living.

Sammy experiences frequent seizures and is at high risk of sudden falls. In the past, he has suffered significant injuries. During one incident, he lost a front tooth after collapsing during a seizure while a support worker was responsible for multiple participants, demonstrating that reduced staffing ratios place him at serious risk and that he requires consistent one-to-one support. His family also reports that in previous group respite settings, limited supervision meant seizures were not anticipated, resulting in repeated falls and head injuries. At one stage, he wore protective headgear because of the frequency of impacts

Sammy’s family say he has been subjected to abuse in shared care environments, raising serious concerns about any reduction in supervision. They argue that anything less than consistent 1:1 support place him at unacceptable risk and fails to protect him from further abuse or exploitation.

The family believes the current plan contradicts documented clinical risks and ignores their preference for Sammy to remain in his own home. His housing costs are covered by his Disability Support Pension, while shared Specialist Disability Accommodation can cost approximately $4,000 per month per participant, funded through the participant’s NDIS plan. They argue that reducing supports and encouraging relocation not only increases risk but also disregards participant choice, established living arrangements and the availability of a safer, more cost-effective option.

A second case involves a participant with high support needs who requires 24-hour care, currently provided largely by his sister. Following a recent plan review, the NDIA reduced funded supports from seven days per week to six and cut the number of daily support hours. The family says the decision effectively shifts essential care responsibilities onto the participant’s sister and her husband, who are already experiencing significant carer fatigue. They argue the reduction does not reflect the participant’s ongoing needs and places unsustainable pressure on informal supports, increasing the risk of burnout and potential breakdown of care arrangements.

A third participant had her supports reduced from 1:1 to 1:3, despite an allied health professional report recommending 11 hours of 1:1 support per day. The family and providers say the change does not reflect the evidence that was specifically requested to support funding decisions. They question how planning outcomes are being determined if detailed allied health reports, prepared to guide reasonable and necessary supports, are not being reflected in final plans. The reduction has raised

concerns about safety, quality of care and the participant's ability to engage in daily activities with appropriate supervision.

Narelle Fraser, Director of Mildura Disability Support Services and NDIS advocate, says the situations reflect broader concerns emerging across the sector.

"NDIS participants should not be punished for fraud and misuse across the sector. The focus must be on fixing systemic issues without placing vulnerable people at risk," Ms Fraser said. "When professional risk assessments clearly outline the level of support required to keep someone safe, those recommendations must be taken seriously."

Ms Fraser said families are not without options if they believe decisions are unsafe or inconsistent with evidence. In some cases, reviewable decisions can also be appealed to the Administrative Review Tribunal, where independent consideration is provided. She noted that carers, parents and participants can escalate concerns to their local Member of Parliament if an internal review does not resolve the issue. As the NDIS is a hot topic, MP's have a direct line to the NDIA regarding funding decisions particularly. The downside of this is, the appeals process can be confusing and difficult to navigate, adding to the pressure and stress on carers and participants.

Ms Fraser said she is aware of families who have pursued these pathways and achieved favourable outcomes. However, she highlighted a growing concern that not all planning outcomes are clearly classified as reviewable decisions, which can limit access to external appeal mechanisms.

"The difficulty arises when decisions are structured in a way that may not be considered reviewable. This creates uncertainty for families who are trying to challenge outcomes that they believe place their loved ones at risk," she said.

Advocates are encouraging participants and families to understand their rights and act quickly where concerns arise, including requesting a review, providing updated clinical evidence, contacting their local Member of Parliament and, where applicable, pursuing external review pathways.

Sector representatives are calling for planning decisions that remain evidence based, transparent and centred on participant safety and choice.

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About Mildura Disability Support Services
Mildura Disability Support Services provides personalised disability support, advocacy, occupational therapy, and support coordination to participants and families across the region. The organisation advocates for participant choice, safety and evidence-based planning, and works closely with families, allied health professionals and support teams to ensure individuals receive supports that reflect their needs, goals and clinical recommendations.