**NDIS Survey: Reduction of supports/removal from scheme**

During May 2025, Advocacy for Inclusion developed a snap survey to provide insight into what is happening on the ground for some NDIS participants, particularly in response to perceptions that no participants had been removed from the scheme. By inviting people to share their experiences of lost or reduced supports, we aimed to gather real-world evidence to better inform decision makers. As part of this effort, we offered to share these deidentified stories with elected representatives to promote greater accountability and ensure that participant voices are heard in policy discussions.

**Summary of responses**

NDIS participants who responded told us they have experienced significant reductions and restrictions in their supports, often without clear explanation or consideration of their individual needs. Some have lost essential therapies such as physiotherapy, psychology, and allied health services, as well as critical assistance like support coordination, domestic help, and respite care. Some supports have been reclassified as “everyday items” and are no longer funded, despite their direct link to disability needs. Participants have also faced reduced funding for consumables, transport, and community engagement activities, impacting their independence and social participation. Several individuals report loss of choice and control, removal from the scheme due to outdated or disputed documentation, and denial of supports even after legal appeals. These changes have often led to increased isolation, worsening health outcomes, and diminished quality of life for participants and their families.

This was a brief snap survey with a small number of responses. So we don’t claim this to be a comprehensive exercise, but the stories were rich and detailed and *do* provide an indication that some people are experiencing major reductions and removals of supports. What follows is a curated summary of relevant responses:

**Response 1**

**Initial supports under the NDIS:**
The participant received domestic assistance including cleaning, gardening, house maintenance, shopping, and meal preparation. They also accessed social supports such as transport, therapies to maintain mobility, low-cost equipment with maintenance and consumables, and respite care.

**Changes to supports:**
Weekly physical therapy was discontinued due to new restrictions on provider qualifications. Access to frozen meal services was lost because of changes to invoicing requirements. Fully funded respite support was reduced, with individuals unable to attend group settings now required to pay a co-payment. There is also a potential loss of funding for replacement and maintenance of equipment, as some items are now classified as everyday products and are no longer covered.

**Response 2**

**Initial supports under the NDIS:**
The participant previously had full access to NDIS supports for their children, along with the ability to exercise choice and control over how those supports were delivered.

**Changes to supports:**
The children’s NDIS plans were cut by half without explanation, and the participant reports having lost all choice and control in decision-making regarding their supports.

**Response 3**

**Initial supports under the NDIS:**The participant initially received funding for psychology, occupational therapy, support coordination, and support workers.

**Changes to supports:**Support coordination funding was denied, with the explanation that the Local Area Coordinator (LAC) could provide this – despite the participant never having had contact with one. Psychology was removed on the basis that it is covered by Medicare, even though the therapy is entirely related to the participant’s disability. Funding for period underwear was also denied, as it is now considered an everyday item, despite the participant being unable to use standard menstrual products.

**Response 4**

**Initial supports under the NDIS:**
The participant originally received support for capacity building, support work, and support coordination.

**Changes to supports:**
Support coordination was removed, with the participant told it was no longer necessary – despite experiencing memory loss and difficulty using technology. They were advised to seek assistance from the LAC partner, who had previously provided no meaningful support. Additionally, funding under "finding and keeping a job" was declined without explanation.

**Response 5**

**Initial supports under the NDIS:**
The participant initially received funding for speech therapy, occupational therapy, physiotherapy, psychology, and support work for both daily living and social activities. Additional supports included assistive technology and coordination.

**Changes to supports:**
Physiotherapy was declined despite the participant having a diagnosed movement disorder. It was suggested that their support worker could assist with exercises, even though the participant experiences balance issues and is at risk of falling. Support coordination was also denied, with the justification that it was unnecessary – despite the coordinator previously managing appointments and essential communications. A request for transport assistance was rejected on the basis that the participant holds a driver’s licence, even though they are medically prohibited from driving. A letter from their neurologist confirming this was provided, but the decision remained unchanged.

**Response 6**

**Initial supports under the NDIS:**
The participant previously received support from a worker who assisted with community engagement, attending appointments, and maintaining involvement in everyday activities. They also worked with an occupational therapist who supported them in managing daily tasks and participating in community life.

**Changes to supports:**
The participant was removed from the NDIS on the grounds of lacking updated documentation – despite having submitted recent documents. The decision was instead based on assessments from ten years ago. As a result, the participant has lost all support and is now isolated at home, experiencing severe anxiety. The loss of long-term assistance has had a serious negative impact on their mental health and ability to engage with the community.

**Response 7**

**Initial supports under the NDIS:**
The participant originally received funding for allied health supports and essential consumables.

**Changes to supports:**
There was a reduction in both the allied health and consumables budget, limiting access to therapy and necessary daily items.

**Response 8**

**Initial supports under the NDIS:**
The participant’s son received support for his physical and psychosocial disabilities, including podiatry, physiotherapy (30 minutes every two weeks), a support worker to assist with appointments, funding for a support coordinator, and limited transport funding. His plan included activities to promote community engagement.

**Changes to supports:**
Soft tissue therapy, though only 30 minutes fortnightly, was removed despite its benefit in reducing stiffness and pain from physical injuries. Gym support, provided for 30 minutes per week, was also cut. Most significantly, music therapy was removed – an activity crucial to his well-being that helped improve cognitive development, social skills, confidence, mood control, and alleviated anxiety and OCD symptoms. While funding for a music therapist was included in the new plan, there is no available therapist in the ACT who works with his instrument. The participant values the relationship built with his current music teacher, emphasising that he needs meaningful activity rather than traditional therapy. These cuts failed to consider his individual needs and the importance of music as a source of wellness and identity beyond his disability.

**Response 9**

**Initial supports under the NDIS:**
The participant initially received funding for core daily activities, social participation, transport, capacity building therapy, assistance with finding a job, and a recovery coach.

**Changes to supports:**
The participant experienced a loss of over $25,000, not accounting for two years of price inflation. After appealing to the Administrative Appeals Tribunal (AAT), they were granted a two-year plan worth $105,000. However, at the first review, the NDIA reduced the supports approved by the AAT – including short-term accommodation (STA), additional social participation hours, and meal deliveries. The participant now has fewer informal supports than before the appeal. They have submitted a review and anticipate needing to return to the Tribunal to seek reinstatement of the supports.