

BUILDING A FAIR AND ACCESSIBLE NDIS ACCESS SYSTEM FOR AUTISTIC PEOPLE.

**AMAZE SUBMISSION:
NDIS ACCESS CHANGES
CONSULTATION**

2 OCTOBER 2026

Acknowledgement of Country

Amaze respectfully acknowledges the Wurundjeri Woi Wurrung peoples of the Kulin Nation as the Traditional Custodians of the land on which we work.

We pay respect to their Elders past and present and reflect on the continuing connection with Country and community.

Recognising our work provides services to the Autistic community in all corners of the land now referred to as Australia, we extend this acknowledgement to all Aboriginal and Torres Strait Islander peoples across this continent.



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About Amaze

Amaze was established in 1967 by a group of parents who faced challenges in accessing resources for autism. For nearly 60 years, Amaze has provided support to Autistic people and their families. While based in Victoria, its services extend across Australia. Amaze is dedicated to increasing autism awareness within the community, influencing policy change, and delivering independent, credible information and resources.

In 2021, Autism Connect successfully expanded from a small, Victoria-based autism information service to a national autism information service, maintaining high quality and satisfaction levels among individuals, families, and caregivers throughout Australia. To date, more than 50,000 cases have been managed through this service. We were excited to commence delivery of the national Thriving Kids helpline and information service on 1 October 2026.

Amaze also partners with various organizations to create inclusive environments that support Autistic people. The organisation helps workplaces move beyond mere awareness to meaningful action by offering practical training, professional development programs, and advisory services that promote cultural safety, accessibility, and inclusion.

Its professional development and training offerings cater to participants at any stage of learning and are delivered flexibly across Australia. The programs are designed in partnership with individuals with lived experience, including opportunities for meaningful discussion, ongoing reflection, and real-world application. Additionally, Amaze provides advisory and consulting services to people leaders, HR professionals, and Diversity & Inclusion teams, assisting them in embedding inclusive practices throughout the employee lifecycle. These services support organizations in creating sustainable change and building more inclusive workplaces for Autistic employees.

Amaze vision: An Australia that embraces Autistic people and their families living their best lives.

Amaze mission: To create positive change for Autistic people and their families at all life stages by advocating, influencing, innovating, mobilising efforts, and opening doors. This mission is realised through being a trusted source of information, advice, and support, as well as a committed partner in the development of new practices and approaches.

Amaze values: Achievement of the mission and vision depends on collaboration and community involvement. Amaze operates with a strengths-based approach, maintains independence, and supports the work of all partners. The organisation is held accountable to the following standards.

- **Community-centric:** The Board and staff are representative of and dedicated to the community. Lived experience is valued and prioritised, ensuring the voices of Autistic people and families inform all efforts.
- **Collaboration and Partnership:** A strong commitment to working with partners and stakeholders to achieve shared objectives.
- **Constructive and Solutions Focused:** Embracing a change-maker mindset with a constructive and solution-oriented attitude.
- **Determination and Independence:** Maintaining independence while offering a unique contribution to the field.
- **Evidence Informed and Outcomes Driven:** Decisions and work are guided by the best available research, community insights, and practical evidence.
- **Strengths Based:** Adopting a strengths-based rather than deficit-based perspective, highlighting the contributions Autistic people make and the societal benefits of their participation and inclusion.

Executive Summary

Amaze welcomes the opportunity to provide feedback on the proposed NDIS access changes. We support the Government's objective of improving the consistency, fairness and transparency of access decisions and broadly support the proposed guiding principles, particularly their emphasis on human rights, equity, lived experience, evidence-based decision-making and accountability. However, our participation in this consultation should not be interpreted as an endorsement of moving away from diagnosis-based access pathways. The changes must be implemented carefully to avoid unintended consequences for Autistic people and others with lifelong and significant disability.

Our submission is informed by feedback from Autistic people, families and carers, including concerns about the impact recent public and political discussions about autism and NDIS eligibility have had on trust, wellbeing and community attitudes. This feedback highlights the need for access reforms that are grounded in evidence, human rights and individual need, and implemented in ways that build trust and avoid reinforcing stigma or perceptions that particular disability groups are being targeted for exclusion.

Any future NDIS access process must recognise that autism is a lifelong neurodevelopmental condition, while also acknowledging that functional capacity can be dynamic, context-dependent and influenced by factors such as environmental demands, support availability, masking, sensory differences and autistic burnout. Greater consistency in decision-making is an important objective, but this should not come at the expense of accurately understanding a person's day-to-day functioning and support needs across settings. Assessment and decision-making processes must be capable of capturing the complexity and variability of functional capacity and should avoid relying solely on standardised assessment tools and environments, or assumptions about diagnosis, future outcomes or support needs.

Amaze also emphasises that access reforms should not proceed in a way that leaves people without support. Consistent with the Australian Autism Alliance's *Readiness Before Reliance* framework, people should not lose access to the NDIS until Foundational Supports are fully implemented, available, accessible and capable of meeting need across Australia.

Our key recommendations

- **Build trust and avoid stigma** by ensuring assessment design, eligibility criteria and public messaging are grounded in evidence, human rights and individual need.
- **Recognise that autism is lifelong but functional capacity is not static**, and ensure assessment processes recognise the difference between supported functioning and independent capacity, and varying capacities across environments and over time.
- **Retain flexibility in evidence requirements**, allowing decision-makers to consider allied health reports and other evidence alongside standardised assessments.

- **Ensure children are not denied access based on assumptions about future development or intervention outcomes**, with decisions based on current functional capacity.
- **Implement diagnosis-neutral, disability-informed decision-making** that avoids assumptions, stereotypes and differential treatment of disability cohorts.
- **Thoroughly validate assessment tools and decision-making frameworks** across diverse disability cohorts before implementation.
- **Delay any reforms that may reduce NDIS access until Foundational Supports are fully implemented** and demonstrably meeting need.
- **Strengthen transparency and accountability** through clear assessment requirements, review mechanisms, public reporting and monitoring of access outcomes.
- **Reduce administrative burden and improve accessibility** through a no wrong door approach, accepting existing evidence where possible, providing reasonable adjustments and offering streamlined pathways for people with significant and well-documented disability.

We are ready to assist

We welcome any further opportunity to discuss our submission and share our expertise, learnings and insights from community. Please contact me on (03) 96571600 or david.tonge@amaze.org.au.

Yours sincerely,



David Tonge

Chief Executive Officer

Our key messages and recommendations.

1. **The reforms must be implemented in a way that builds trust and avoids stigma.** Assessment design, eligibility criteria and public communications should be grounded in evidence, human rights and individual needs, and should avoid reinforcing narratives that position autism or any other disability cohort as a policy problem or cost driver.
2. **Autism is lifelong, but functional capacity is not static.** Assessment processes must distinguish between the permanence of autism, a person's functional capacity at a point in time, and the supports required to participate in everyday life. They should recognise masking and burnout, the difference between supported functioning and independent capacity, and that functioning can vary significantly across environments and over time.
3. **Children should not lose or be denied NDIS access based on assumptions about future outcomes.** Access decisions should be based on current functional impacts and support needs, not assumptions about future development, intervention outcomes or potential capacity gains.
4. **Reforms should improve fairness without creating new barriers.** Any new access model should demonstrate that it improves consistency, transparency and equity without reducing access for people with lifelong and significant disability, including Autistic people and others who already face significant challenges navigating eligibility processes.
5. **Consistency in decision-making is important, but flexibility in evidence should be retained.** While standardised functional capacity assessments can support greater consistency and fairness, decision-makers should also be able to consider broader allied health reports and other evidence where these provide a more complete picture of functional capacity across settings and time.
6. **Access reforms should not proceed until Foundational Supports are available and accessible.** Consistent with the Australian Autism Alliance's *Systems That Work – Readiness Before Reliance* framework, people should not lose access to the NDIS unless alternative supports are fully implemented, available nationally, accessible and demonstratable capable of meeting need, including in regional and remote communities.
7. **Assessment tools and decision-making frameworks need to be transparent, independently validated and tested before implementation.** New assessment approaches should be tested across a broad range of disability cohorts to ensure they accurately capture functional capacity, including for people with complex support needs, fluctuating disabilities, intersectional disadvantage and less visible disabilities.

In relation to the draft guiding principles:

- We broadly support the proposed principles, particularly the emphasis on human rights, equity, lived experience, evidence-based decision-making and transparency.

- The principles should explicitly recognise that functional capacity is dynamic and context-dependent, particularly for Autistic people, and that strengths, adaptation, masking and compensation strategies do not diminish the permanence of a disability or its functional impacts across settings or the lifespan. Strengths in one area should not be used to offset substantial functional impairment or support needs in another.
- Access decisions should be diagnosis-neutral and free from assumptions, stereotypes, cost saving ambitions or stigma associated with particular disability cohorts and the NDIS. Decision making should be informed by diverse lived experience, disability-specific expertise, and neuro-affirming and trauma-informed practice.
- Greater transparency and accountability should be embedded through clear assessment requirements, review mechanisms, public reporting and monitoring of disaggregated access data to identify and respond to any inequitable outcomes.

Introduction

Amaze welcomes the opportunity to provide feedback on the proposed NDIS Access Changes consultation. This submission responds to the consultation questions and highlights issues of particular relevance to Autistic people and their families, carers and supporters. We support the Government's objective of improving the consistency, transparency and fairness of access decisions. However, our participation in this consultation should not be interpreted as endorsement of removing diagnosis-based access pathways.

This submission is informed by Amaze's ongoing engagement with the autism community, including a qualitative survey conducted in July 2026 to inform the Victorian Autism Plan review. The feedback provides important insight into community perspectives on NDIS access reforms and their impacts on Autistic people and their families.

We strongly support the submission of the Australian Autism Alliance and the principles outlined in its *Readiness Before Reliance* framework. This submission should be read alongside the Alliance's detailed recommendations.

Our submission begins by summarising our community's feedback on trust, stigma and reform before setting out Amaze's responses to the consultation questions. Our key messages and recommendations are summarised on pages 7 – 8 above.

The autism community's perspectives on trust, stigma and reform.

We are deeply concerned about the impact recent public and political debate regarding autism and NDIS eligibility has had on the wellbeing, sense of belonging and safety of Autistic people and their families. Feedback from our community suggests these discussions have contributed to increased stigma, heightened anxiety and reduced confidence in both the reform process and broader community attitudes towards autism and disability.

These views are informed by feedback gathered through a qualitative community survey of 30 respondents, conducted by Amaze in July 2026 to inform the Victorian Autism Plan review. Participants included Autistic people, parents and carers of Autistic people, and professionals, representing a diverse range of experiences and backgrounds, including LGBTQIA+ people, First Nations people, people from culturally and linguistically diverse communities, people living in regional and remote areas, and people with co-occurring conditions.

Many respondents felt that autism and Autistic people had been unfairly singled out in public discussions about NDIS sustainability and reform. Participants described recent commentary as "dismissive", "hurtful", "dangerous" and "utterly unfair", with some stating that autism had been "demonised" and portrayed as a burden on government systems. One parent described seeing "thousands of comments calling Autistic people bludgers, rip-off merchants, and worse", while another described the government's public framing of autism during reform discussions as "the biggest gut-punch in recent history".

Respondents consistently linked these narratives to increased stigma and reduced confidence in proposed reforms. As one participant observed, "the punching down of autistic people, particularly in the media is really damaging". Many reported feeling less safe disclosing their autism and more concerned about broader community attitudes towards disability and support needs. One respondent noted that "telling people I'm Autistic feels the same as coming out in many ways, I can only do it if it's safe".

Importantly, participants emphasised that these impacts are not merely emotional or symbolic. They reported that stigma and misunderstanding create real barriers to participation, support access and disclosure, and contribute to the dismissal of support needs across healthcare, education, employment and community settings.

As the Government progresses these reforms, access policy, assessment design and public messaging must avoid reinforcing narratives that position autism as a cost driver, policy problem or justification for restricting scheme access. Reforms should be grounded in evidence, human rights and individual need, applied consistently across disability cohorts, and implemented in ways that build trust within the disability community. Particular care should be taken to avoid language, assumptions or implementation approaches that contribute to stigma or create a perception that specific disability cohorts are being targeted for exclusion from the Scheme.

Amaze responses to consultation questions.

1) Do the draft guiding principles provide the right foundation for a future NDIS access process?

- We broadly support the proposed guiding principles, particularly the emphasis on human rights, lived experience, evidence-based decision-making, person-centred practice, equity and transparency. These principles provide a strong foundation for a future NDIS access process.
- We support the commitment to equitable and non-discriminatory decision-making regardless of disability type and believe this principle should remain central to the design and implementation of the new access process.
- Consistency should not be interpreted as requiring identical assessment for every person. It should mean consistent rights, safeguards, evidence standards and decision-making quality across disability cohorts.
- The principles should more explicitly recognise that functional capacity is not static. For Autistic people, functional impacts may be less visible, context-dependent, influenced by masking and compensation strategies, and may vary across environments and over time.
- We welcome the inclusion of a strengths-based principle, however care must be taken to ensure that strengths, coping strategies, adaptation and acquired skills are not interpreted as evidence that a person no longer has a permanent and significant disability.
- Greater emphasis should be placed on transparency, including clear public information about assessment tools, evidence requirements, decision-making criteria and review mechanisms.
- Trust and confidence in the reforms will depend on demonstrating that the principles are applied consistently across all disability cohorts and are not influenced by assumptions associated with particular diagnoses.

2) Should any principles be added, removed or changed?

- The principles should recognise that functional capacity is rarely static. For Autistic people, it is often context-dependent and may vary across environments and over time. Assessment processes should not rely solely on observations made in a standardised assessment setting.
- An explicit commitment is needed to diagnosis-neutral decision-making, ensuring no disability cohort is advantaged or disadvantaged by the design of assessment tools, evidence requirements or eligibility thresholds.
- The principle on lived experience should specifically recognise the importance of engaging with a diversity of perspectives and experiences, including people with high and complex support needs and people experiencing intersectional disadvantage. Priority cohorts for engagement should be clearly identified.

- The principles should explicitly recognise the importance of disability-specific expertise, including autism expertise, in the design, implementation and ongoing evaluation of assessment processes.
- The principle on safety should explicitly reference neuro-affirming and disability-affirming practice alongside cultural safety, psychological safety and trauma-informed approaches.
- The principle on continuous improvement should require the collection, monitoring and public reporting of disaggregated access data across disability cohorts, including by disability type, complexity of support needs and intersecting characteristics such as gender, cultural background and geographic location. This will be critical to identifying and responding to any unintended disparities or inequitable outcomes arising from the reform
- The principles should underpin communication and implementation approaches that actively avoid contributing to stigma towards people with disability, or particular cohorts, including Autistic people.

3) What do we need to consider when designing an access decision-making process that is fair, consistent, transparent, disability-informed and evidence-based?

- For Autistic people, assessments must distinguish between the permanence of autism as a lifelong neurodevelopmental disability, a person's functional capacity at a particular point in time, and the supports required to participate in everyday life.
- While standardisation may support consistency in decision-making, assessment in a "standardised environment" may not accurately capture the functional impacts of autism. For many Autistic people, functional capacity is highly context-dependent and influenced by sensory demands, communication expectations, masking, compensation strategies, environmental factors, supports, autistic burnout and major life transitions. Many Autistic people may appear capable in structured settings while experiencing significant challenges in everyday life.
- Assessment processes should recognise that functioning can be maintained through substantial effort, accommodations, routine, support from others or masking strategies. Sustained participation may come at considerable personal cost and can result in autistic burnout, reduced capacity and increased support needs.
- Assessment processes should distinguish between supported functioning and independent capacity. Completing an activity, attending school or work, or participating in the community should not be assumed to mean a person can do so independently. Effective support, accommodations, prompting and supervision may enable participation, but should not be interpreted as evidence that disability-related support needs are absent. Decisions should consider what support is required to achieve and sustain participation in everyday life.
- Assessment should consider whether activities can be completed safely, reliably, repeatedly and sustainably, rather than whether they can be performed once in a structured assessment setting. It should also take account of the preparation, support, prompting and recovery required to sustain participation over time.

- Standardised functional capacity assessments can support greater consistency and fairness, but decision-makers should also be able to consider wider allied health reports and other evidence where these provide a more complete picture of functional capacity across settings and over time.
 - Access decision makers must be required to undertake autism led training to ensure a consistent understanding of autism, neurodiversity, masking, autistic burnout, sensory processing differences, communication differences and the ways functional impacts can vary across environments and over time. This will be critical to ensuring functional capacity assessments (and other evidence if permitted) are interpreted accurately and consistently.
 - Access decision making processes must consider the cumulative impact of co-occurring conditions and intersectional disadvantage. Autism frequently co-occurs with other disabilities and health conditions, and functional impacts cannot always be meaningfully understood in isolation. Assessment frameworks must allow decision-makers to consider the combined impact of multiple disability and/or health conditions, and intersectionality on functioning and participation.
 - Access decision-making frameworks must be thoroughly validated across a broad range of disability cohorts, including people with fluctuating disabilities, complex support needs and intersectional disadvantage.
 - Children must not be deemed ineligible for the NDIS based on assumptions about future development, intervention outcomes or potential capacity gains. Access decisions should be based on a child's current functional impacts and support needs, rather than expectations of future improvement.
 - Access reforms should be driven by equity, evidence and support needs, not NDIS cost containment or cost-saving objectives. Assessment and decision-making processes should avoid assumptions, stereotypes or generalisations associated with particular diagnoses, such as autism.
 - Consistent with the Australian Autism Alliance's *Systems That Work – Readiness Before Reliance* framework, changes to access arrangements should not proceed until Foundational Supports are fully implemented, accessible and available across Australia, including in regional and remote communities. People should not lose access to the NDIS before alternative supports are in place and demonstrably meeting need.
- 4) **How could the access decision-making process, including referral pathways, be designed to reduce administrative burden and make it easier and more equitable for people with disability, their families and carers to understand what information is needed and how decisions are made?**
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- The access process should be designed to minimise complexity and avoid creating additional administrative, evidentiary or assessment burdens that may inadvertently disadvantage Autistic people and others who already face barriers navigating eligibility processes.
- Requirements should be clearly communicated using plain language, with examples of the types of evidence and information that may be relevant to demonstrating functional impact.

- Existing reports and assessments should be accepted wherever possible to minimise duplication, costs and the need for people to repeatedly explain or justify their disability.
- People should not be required to navigate multiple complex assessment processes across different systems to establish access to supports. A no wrong door approach should support people to access the most appropriate supports, whether through the NDIS, Foundational Supports or other systems, without requiring them to navigate multiple pathways. A streamlined system should support access to the NDIS and Foundational Supports
- The process should provide tailored communication supports, individual advocacy supports and reasonable adjustments to ensure equitable participation. People should also have access to independent navigation support and clear information about what evidence is required, how it will be considered, what happens next and what options are available if they disagree with a decision.
- People who clearly meet access criteria due to significant and well-documented functional impairment should be able to access a streamlined pathway that reduces assessment burden.

5) What should be considered to ensure the access decision-making process, as well as referral pathways, works well for all disability cohorts including people with communication, cultural, cognitive, degenerative, fluctuating, episodic or complex support needs?

- Disability-related functioning is not always static. Decision-making processes should recognise that impacts may fluctuate over time and across environments. They should not rely solely on observations from a single assessment interaction, particularly for people with less visible, episodic or context-dependent functional impacts. Where necessary, decision-makers should be able to consider other allied health reports and evidence to build a more complete understanding of functional capacity in everyday life.
- Assessment and referral processes should accommodate different communication styles and provide accessible information, communication supports, interpreters, augmentative and alternative communication (AAC), additional time and other reasonable adjustments where required. Information about rights, available supports, referral options and review pathways should be actively provided.
- Processes should be culturally safe and responsive to the needs of First Nations people, culturally and linguistically diverse communities, and people whose disability experiences may be understood differently across cultural contexts. The design and implementation of assessment and referral processes should be informed by meaningful engagement and co-design with these communities.
- Referral pathways should be clear, accessible and coordinated for people whose needs span multiple service systems, including disability, health, mental health and community services.

6) What factors and evidence should be considered when determining whether an impairment is permanent or likely permanent, including whether appropriate treatment is likely to improve the functional impact of an impairment?

- Decision-makers must distinguish between the permanence of the impairment, a person's functional capacity at a particular point in time or in certain contexts, and the supports required to participate in everyday life. Improvements in capacity, participation or independence should not be interpreted as evidence that a disability is temporary or resolved.
- The existence of interventions, therapies, skill development opportunities, accommodations or environmental supports should not be interpreted as evidence that a disability is temporary, remediable or likely to cease having a significant impact. While capacity, participation and support needs may change over time and across settings, this does not alter the permanence of the underlying disability. Autism is lifelong.
- Decision-makers should consider evidence from a range of sources, including health professionals, disability professionals, functional assessments and evidence of the person's lived experience over time.
- Any consideration of treatment or intervention should be reasonable, evidence-based and proportionate, and should not create unrealistic expectations regarding the outcomes that may be achieved.



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