



Submission to the Senate Community Affairs Legislation Committee

Inquiry: National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026

Committee Secretary
Senate Standing Committees on Community Affairs
Parliament House
Canberra ACT 2600

Dear Committee Secretary,

I write with a submission to the Senate Community Affairs Legislation Committee in relation to the current inquiry into the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026.

Author background

I make this submission in my capacity as CEO and founder of InLife Independent Living, a not-for-profit disability support provider.

InLife supports more than 300 people with disability across Victoria and employs over 1,000 staff. Our model focuses on highly personalised supports for people with significant and complex needs. In a recent client survey, 96% of respondents indicated they would recommend InLife to others, and we were recognised among Australia's top 10 Best Workplaces in 2025 by Great Place to Work Australia.

Summary of concerns

I strongly oppose the proposed power for the Minister to unilaterally reduce participant funding, and in particular the proposed application of that power to reduce community access funding by 50% across all participants.

Based on InLife's experience, I am concerned that the proposed reduction would create unacceptable risks for people receiving supported independent living (SIL) funding. It will fundamentally alter their ability to participate safely in community life, with impacts ranging from reduced independence and social inclusion to serious risks to participant wellbeing, worker safety and public safety.

The NDIS was established on the principle that funded supports should be determined according to individual need. A blanket reduction applied irrespective of a participant's circumstances is fundamentally inconsistent with that principle.

Others, including Sam Paior, Chris Coombes and InLife board member Jeramy Hope have outlined the broader implications of these proposed powers¹.

This submission focuses specifically on the consequences of the funding reduction for people who receive SIL funding.

Implications for people receiving SIL funding

People receiving SIL funding require support throughout the day and night. Some require one-to-one support at all times, while others share support arrangements in the home and access varying forms of support in the community.

While individual circumstances vary, four broad cohorts are useful in assessing the impact of the proposal:

1. People who require one-to-one support at all times
2. People who share supports at home and receive one-to-one community access supports
3. People who share supports at home and participate in shared community programs
4. People who share supports at home and participate in supported employment.

For each cohort, the proposed reduction creates significant risks.

1. People who require one-to-one support at all times

Impact: Extreme and unacceptable risk

These participants typically have the most complex support needs and require intensive, highly individualised support to remain safe and engaged in the community.

For example, one InLife participant with severe autism experiences significant cognitive impairment, limited communication, high sensory needs and frequent behavioural escalation. Access to structured community activities is a critical component of maintaining emotional regulation and preventing behaviours that

¹ See <https://www.thegrowingspace.com.au/our-submission-to-the-senate-community-affairs-legislation-committee/> ; https://www.linkedin.com/posts/chris-coombes-71107667_submission-to-the-ndis-bill-activity-7465251579089027075-RSIO/ ; and https://www.linkedin.com/posts/jeramyhope_submission-lodged-activity-7465958165503832064-ur8n

place him and others at risk. His circumstances are typical of many who require one-to-one support at all times.

For this cohort, reducing community access supports by 50% would substantially increase the likelihood of behavioural crises, injury, property damage and interactions with emergency services.

In our experience, in many instances it may ultimately lead to hospital admission or other highly restrictive responses, including physical or chemical restraint.

Rather than reducing costs, the likely outcome is that they are simply transferred elsewhere in the system, potentially at higher overall cost and with significant negative impact on participant wellbeing and human rights, as well as significant risk of harm to people and property.

2. Participants sharing supports at home and participating in shared community programs

Impact: Significant and unacceptable risk

Participants in this cohort already access community supports through shared, and therefore relatively efficient, service models.

It is difficult to see how a further 50% reduction could be achieved without substantially reducing access to support altogether or transferring costs elsewhere in the system.

The likely consequence for participants in this cohort is that they will spend extended periods of time without meaningful support or community participation, exposing them and the community to significant risks to wellbeing and safety.

3. Participants sharing supports at home and receiving one-to-one community access supports

Impact: Significant reduction in quality of life and community inclusion

Many participants in this cohort previously accessed group-based programs and transitioned to individualised community participation under the NDIS. This shift has delivered substantial improvements in choice, control and quality of life.

As a result of this shift to individualised community access, many of the group-based options that once existed are no longer available. Furthermore, the recently announced Inclusive Communities Fund is unlikely to be sufficient to recreate the breadth and scale of supports that were previously in place.

Therefore, if community access funding is reduced by 50%, many participants will have no practical alternative but to remain at home.

For these participants, the proposal risks reversing one of the NDIS's most significant achievements: enabling genuine participation in community life.

4. Participants sharing supports at home and participating in supported employment

Impact: Potential for significant reduction in quality of life and community inclusion

Participants in supported employment typically receive lower levels of community access funding because employment activities substitute for some of those hours.

However, when these participants do access the community, they commonly have one-to-one supports. The effect of a 50% reduction would therefore be similar to that experienced by participants in the previous cohort, albeit for shorter periods.

The proposal would still result in reduced access to support, diminished community participation and increased risk to their wellbeing and social inclusion.

Conclusion and recommendations

For participants receiving Supported Independent Living funding, the proposed reduction in community access supports is not a simple efficiency measure. For many, it would fundamentally alter their ability to participate safely in community life.

The impacts range from reduced independence and social inclusion to serious risks to participant wellbeing, worker safety and public safety.

In some cases, the proposal may increase reliance on hospitals, crisis responses and restrictive practices, shifting costs to other parts of the service system rather than reducing them.

I therefore urge the Government to:

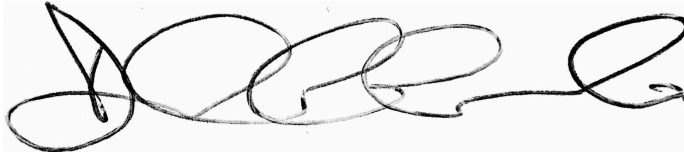
1. Remove or significantly constrain the proposed ministerial power to impose broad funding reductions.
2. Reject any blanket reduction in community access funding.
3. Maintain the principle that participant funding decisions must be based on individual circumstances and assessed need.

4. Undertake a detailed impact assessment of the proposal for participants receiving Supported Independent Living supports before any changes are implemented.

The NDIS was established on the principle that funded supports should be determined according to individual need. Any reform that applies a uniform reduction across participants, regardless of those needs, risks undermining that foundational principle and causing substantial harm to some of the scheme's most vulnerable participants.

I'd welcome the opportunity to discuss this with you further.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'D Clarke', written over a light grey rectangular background.

David Clarke
CEO & Founder, InLife Independent Living

About David Clarke

David is the founder and CEO of InLife Independent Living. He has long held a passion for social inclusion and economic development.

Prior to InLife, he was a Principal with BCG in the public sector practice where he worked alongside many innovation-driven social enterprises. He spent three years as an economic development advisor to the Cape York Institute for Policy and Leadership, as well as other NGOs.

He was awarded a Sir John Monash Scholarship in 2007 and completed a Masters of Public Administration at the Harvard Kennedy School. The launch of the National Disability Insurance Scheme (NDIS) created the settings to establish InLife and offer a fresh approach and service delivery model for disability services. He was also a Director of the Sir John Monash Foundation from 2009 - 2015.