

**Carers Australia Submission to
the Joint Standing Committee on the National
Disability Insurance Scheme on the
Integrity of the National Disability Insurance
Scheme Inquiry**



April 2026

About Carers Australia and our submission

Carers Australia welcomes the opportunity to provide feedback to the Joint Standing Committee's inquiry on the Integrity of the National Disability Insurance Scheme (NDIS).

Carers Australia is the national peak body representing Australia's 3 million carers (12% of the population) providing unpaid support to family and friends with a disability, mental illness, chronic condition, terminal illness, alcohol or drug dependence, or age-related frailty.¹

Carers provide an estimated 2.2 billion hours of care annually, valued at approximately \$77.9 billion per year, which far exceeds formal care system capacity if replaced by paid services.² The sustainability of the NDIS is therefore intrinsically linked to the wellbeing of unpaid carers and their ability to continue to care.

Carers are central to the effective functioning of the NDIS and many play a critical role safeguarding participants and identifying integrity concerns. They not only support NDIS participants, they also undertake unpaid administrative, coordination, and advocacy work.

Integrity of the NDIS is essential not only for protecting public funds, but also for safeguarding participant wellbeing and sustaining carers' capacity to provide care. Integrity risks extend beyond deliberate fraud to include sharp practices, systemic non-compliance, and complexity that shifts risk and responsibility onto participants and families.^{3,4}

Recent remarks by the Minister for Disability and the NDIS emphasise that integrity risks within the NDIS are structural and systemic, rather than the result of participant or carer behaviour.⁵ The Minister acknowledged that the Scheme's design lacks core preventative integrity controls, creating conditions where fraud, sharp practices and misuse can flourish. These acknowledgements reinforce carers' lived experience that integrity failures are predictable outcomes of system design.

Our submission outlines the nature and impacts of integrity failures from a carers' perspective. It also comments on the effectiveness of current integrity measures, the need for formal recognition of carers within integrity and safeguarding frameworks and recommends ways to strengthen the integrity of the NDIS without increasing carer burden.

Carers Australia submits that NDIS integrity reforms will be more effective and sustainable if carers are formally recognised as partners in safeguarding, rather than remaining largely invisible within the system.

¹ Parliament of Australia (2010) [Carer Recognition Act 2010](#).

² Ibid (Parliament of Australia (2010) [Inquiry into the recognition of unpaid carers](#))

³ Australian Government Transparency Portal (2024) [NDIS Integrity Annual Report](#)

⁴ Parliament of Australia (2010) [Inquiry into the recognition of unpaid carers](#)

⁵ Butler, M. (2026) [Speech at the National Press Club – Securing the NDIS for future generations](#), 22 April. Canberra: Australian Government Department of Health, Disability and Ageing.

1. Nature and extent of non-compliance, fraud and sharp practices: Impact on carers

The Joint Standing Committee recognises that non-compliance within the NDIS includes fraud, sharp practices (unfair or deceptive actions that take advantage of participants), and other unethical behaviours that may not always be unlawful, but nevertheless undermine participant wellbeing and confidence in the Scheme.⁶ Unpaid carers play a critical frontline integrity role, often being the first to observe and raise concerns about provider-related non-compliance.

Provider non-compliance and the role of carers

Carers report observing consumer harms affecting NDIS participants, including participants paying higher prices for products or services than non-NDIS consumers, provider conduct that could be in breach of Australian Consumer Law, unfair contract terms, and scams.⁷

A recent Australian Competition and Consumer Commission report outlined concerns of NDIS participants about providers not doing the right thing, including false or misleading advertising, providers failing to meet consumer guarantees rights, providers overcharging or wrongfully accepting payment, contract issues, including unfair terms, harms to First Nations participants, scams, and false or misleading claims about specialist disability accommodation.⁸

Complaints data analysed by the NDIS Quality and Safeguards Commission also points to pricing concerns, overcharging, and billing disputes as common integrity issues,^{9 10} reinforcing carers' experiences and the importance of their vigilance.

"I have to check invoices, question pricing, and challenge providers when things don't add up. Carers end up doing the job of regulators because overcharging, billing disputes and misleading claims are so common." Anonymous, Carer Wellbeing Survey 2025.¹¹

"Without carers staying alert, participants would be exposed to scams, false promises and unfair terms. The complaints data might show pricing and billing issues, but for carers this is daily lived experience, not just statistics." Anonymous, Carer Wellbeing Survey 2025.

⁶ Australian Competition and Consumer Commission (ACCC) (2026) [NDIS report: ACCC observations of consumer issues in the NDIS](#). Canberra: Australian Government.

⁷ Australian Competition and Consumer Commission (2026) [Consumer rights and the National Disability Insurance Scheme](#).

⁸ Ibid Australian Competition and Consumer Commission (2026).

⁹ NDIS Quality and Safeguarding Commission (2024) [Market Spotlight: Theme analysis of complaints data](#).

¹⁰ NDIS Quality and Safeguards Commission (2024) [Cracking down on overcharging of NDIS participants](#).

¹¹ Quotes are drawn from the qualitative (open-ended) responses of the Carer Wellbeing Survey Report 2025, The survey gathered carers' reflections on wellbeing, support needs, and systemic challenges, including financial pressure, access to respite, mental health impacts, and recognition of the caring role.

Sharp practices and the critical safeguarding role of carers

The NDIS Quality and Safeguards Commission defines sharp practices as unfair or deceptive actions that take advantage of participants, including high-pressure sales tactics and inducements. Sharp practices present a distinct and pervasive risk, particularly for participants with cognitive, intellectual, or psychosocial disability who rely heavily on carers to safeguard their interests.

Carers frequently act as interpreters of complex information, challenge inappropriate provider conduct, and support participants to exercise informed consent in line with the Code of Conduct's requirements for honesty, transparency, fair pricing, and acting in participants' best interests.¹² Without active carer involvement, many of these practices could be undetected, allowing exploitation to persist within the Scheme.

"Sometimes it feels like it's just me who is concerned about safety and has to constantly raise things with therapists or providers who really should know about this already."

Carer, NDIS Participant Safeguarding Co-Design – Workshop 1, 2025.¹³

"You get very young support workers with no qualifications matched with people with complex disability. They're not equipped, and it creates real safeguarding risks." Carer, NDIS Participant Safeguarding Consultation – Workshop 2, 2025.

System complexity and compliance burden on carers

System complexity and gaps in preventative controls contribute to both intentional and unintentional non-compliance across the NDIS. NDIA reporting and an audit by the Australian National Audit Office find that, prior to recent integrity reforms, only a small proportion of claims were actively reviewed before payment, which created opportunities for misuse and error.¹⁴

For carers and participants, frequent rule changes, complicated claiming processes, and unclear guidance increase the risk of inadvertent non-compliance and can discourage full plan utilisation because of a fear of making mistakes. This places an additional compliance burden on carers, who are expected to navigate administrative safeguards while supporting participants' daily needs, underscoring the need for clearer systems that recognise carers as partners in Scheme integrity.

Carers also report difficulty navigating the different and often inconsistent compliance and accountability frameworks across systems, including the NDIS and aged care. For carers supporting people across multiple systems, these misaligned rules, processes and

¹² NDIS Quality and Safeguards Commission (2018) [NDIS Code of Conduct](#).

¹³ These quotes are drawn from four Participant Safeguarding co-design workshops jointly organised by the National Disability Insurance Agency and Carers Australia in June 2025. The workshops engaged carers with lived experience to inform the development of participant safeguarding policy, resources, and guidance.

¹⁴ Australian National Audit Office (2025) [NDIA's Management of Claimant Compliance with NDIS Claim Requirements](#), Auditor-General Report No. 48 (2024–25).

expectations significantly increase complexity and compliance risk, compounding stress and administrative load.

“The rules change constantly and the guidance is unclear, so as a carer I am always worried about getting something wrong. I’m expected to manage complex NDIS processes while also providing daily care, and the compliance burden falls on me.” Anonymous, Carer Wellbeing Survey 2025.

“My head’s spinning with all the changes at the moment. I used to use plan funding to get myself trained so I could understand my children’s conditions and keep them safe, and now I’m not even sure what’s allowed anymore.” Carer, NDIS Participant Safeguarding Consultation – Workshop 2, 2025.

“We are effectively the preventative control in the system. Because claims were barely checked before payment, carers are left to double-check, interpret rules, and protect participants, even though we are unpaid and unsupported in that role.” Anonymous, Carer Wellbeing Survey 2025.

2. Impacts of non-compliance on NDIS participants and families: Impact on carers

Administrative and time burden

Family and friend carers navigate disability, health, aged care and social service systems on behalf of the people they support. When NDIS non-compliance occurs, such as billing irregularities, poor provider conduct, fraudulent behaviour or sudden service withdrawal, the workload escalates considerably.

Carers report being required to detect service and billing discrepancies, pursue complaints through fragmented and complex mechanisms, re-source withdrawn services, and manage repeated reassessments and paperwork.

Carers describe the administrative load as “another unpaid job” layered onto continuous caring responsibilities, contributing significantly to burnout.

“Sometimes I feel like I work in an office with the amount of emails, phone calls, booking appointments, chasing paperwork and correcting mistakes, while also being expected to care full-time.” Anonymous, Carer Wellbeing Survey 2025.

“I spend so much time fighting systems, correcting invoices, following up missing services and trying to get someone to respond that it takes time away from actually caring.” Anonymous, Carer Wellbeing Survey 2025.

“I am constantly having to re-prove the same information, redo forms, and justify support that everyone already knows is needed. It never ends.”

“The admin side feels like another unpaid job on top of caring. There is no downtime, and it’s exhausting and overwhelming.” Anonymous, Carer Wellbeing Survey 2025.

Wellbeing and stress impacts

Non-compliance within the NDIS has profound flow-on effects on carers’ mental and emotional wellbeing, particularly where caring roles are long-term and intensive. The 2025 Carer Wellbeing Survey found that carers in general already experience high levels of role strain, with only 39% reporting healthy wellbeing (compared to 66% of the general population) and over 31% reporting high psychological distress.¹⁵

Integrity failures compound this stress by requiring carers to undertake additional caring activities including advocating for participants, managing service disruptions, and addressing gaps in care.

Qualitative responses highlight chronic sleep deprivation, anxiety, depression, and feelings of invisibility when carers concerns are dismissed or inadequately addressed. Some carers described avoiding raising concerns altogether due to the emotional cost and fear of making an

¹⁵ Carers Australia (2025) [Carer Wellbeing Survey 2025 Report](#)

already fragile situation worse. This illustrates how non-compliance indirectly undermines both participant safeguarding and carer wellbeing.

“NDIS is causing a lot of problems and insecurity. I think about what will happen to my adult child when I die. The constant fighting for support, paperwork and uncertainty has caused burnout, depression, anxiety and overwhelming stress.” Anonymous, Carer Wellbeing Survey 2025.

“You can talk about safeguarding all you like, but when it’s two in the morning and everything is falling apart, and there’s no funding and no continuity of support, you’re it.” Carer, NDIS Participant Safeguarding Consultation – Workshop 2, 2025.

“It gets so exhausting dealing with the NDIS system that sometimes I just don’t complain anymore. Raising concerns makes things worse, and I don’t have the emotional energy to fight battles that never seem to lead anywhere.” Anonymous, Carer Wellbeing Survey 2025.

Financial impacts and cost-shifting

Financial impacts arising from NDIS non-compliance frequently shift costs onto families. Evidence indicates carers already face significant financial hardship, with 73% reporting reduced earning capacity due to caring responsibilities and 63% experiencing at least one financial stress event in the previous year.¹⁶

When NDIS funds are misused, delayed, or exhausted due to non-compliant practices, carers report covering service gaps themselves, including paying out-of-pocket for support workers, equipment, travel, or essential services. These financial impacts are not short-term or episodic. Caring roles generate cumulative and long-term financial disadvantage, including reduced workforce participation over many years, lower lifetime earnings, and significantly diminished superannuation, with lasting consequences for carers’ financial security beyond the period of active caring.¹⁷

“We can have all the protective factors in the world, but if you don’t have funding and continuity of support, when things collapse there is no system to fall back on.” Carer, NDIS Participant Safeguarding Consultation – Workshop 2, 2025.

“If the funding runs out or a provider pulls out, the care doesn’t stop. I pay for support workers myself or I do it all, because there’s no alternative.” Anonymous, Carer Wellbeing Survey 2025.

“I often put off my own medical appointments and medication because every spare dollar goes to medical bills, transport and supports for the person I care for.” Anonymous, Carer Wellbeing Survey 2025.

“We use our savings for travel, equipment and extra care because the NDIS doesn’t cover what’s actually needed. It feels like families are silently picking up the bill.” Anonymous, Carer Wellbeing Survey 2025.

¹⁶ Carers Australia (2025) [Carer Wellbeing Survey 2025 Report](#)

¹⁷ Carers NSW (2022) [Caring Costs Us: The economic impact on lifetime income and retirement savings of informal carers – a report for Carers Australia Summary of Findings](#)

Barriers to raising integrity concerns

Carers report significant barriers to raising integrity concerns within the NDIS due to fear of service withdrawal or retaliation by providers, unclear and inaccessible reporting pathways, and a lack of recognition of carers as legitimate informants within the integrity system. These concerns are reflected in NDIS documents which acknowledge that participants and their support networks may be reluctant to raise issues due to fears that complaints could negatively affect their future access to the Scheme.¹⁸ Formal integrity mechanisms do not always sufficiently account for these barriers, reducing the likelihood of early detection of misconduct.^{19 20}

Carers also report that, when concerns are raised, some service providers have used mechanisms such as guardianship arrangements to exclude carers from discussions, decision-making processes, and at times from involvement in the provision of care itself. In these situations, carers are frequently positioned as obstructive, rather than as legitimate safeguarding partners, silencing complaints and deterring further reporting.

The Minister for the Department of Health, Disability and Ageing has acknowledged declining community confidence in the NDIS and growing urgency to control spending.²¹ While reform is necessary, this environment amplifies carers' anxiety that raising concerns may lead to reassessment, funding reductions or service disruption, particularly in thin markets where alternatives do not exist.

Carers often self-censor reporting in thin or highly concentrated markets, where there are limited alternative providers and reporting a concern may risk continuity of essential supports.

"There isn't a straightforward way to communicate safety concerns. Carers and participants don't know where to go, and complaints can go unanswered for weeks." Carer, NDIS Participant Safeguarding Co-Design – Workshop 1, 2025.

"There are so few providers where we live that I'm scared to complain. If we lose this service, there is no backup, and then I'm left doing everything myself." Anonymous, Carer Wellbeing Survey 2025.

"I've seen things that should be raised, but when there's only one provider willing to travel here, you hold back because you don't want to be blacklisted." Anonymous, Carer Wellbeing Survey 2025.

¹⁸ NDIA (2024) [NDIS Enquiries, Feedback and Complaints Policy](#). Canberra: National Disability Insurance Agency.

¹⁹ National Disability Insurance Agency (NDIA) (2024) [National Disability Insurance Agency Annual Report 2023–24: 5.8.1 NDIS integrity](#)

²⁰ Australian Government Department of Health and Aged Care (2016) [NDIS Quality and Safeguarding Framework](#).

²¹ Butler, M. (2026) [Speech at the National Press Club – Securing the NDIS for future generations](#), 22 April. Canberra: Australian Government Department of Health, Disability and Ageing.

Research on regional and remote markets confirms that limited-service choice reduces consumer power and discourages complaints, allowing poor practice to persist undetected.²² Together, these factors weaken early detection of non-compliance and place carers in an untenable position; forcing them to choose between safeguarding obligations and maintaining care continuity for the person they support.

Market failure and integrity impacts in thin markets

The impacts of NDIS non-compliance are felt most acutely by carers and participants in thin markets, particularly in regional, rural and remote areas. Where providers withdraw or services fail, carers are often required to fill the gaps by increasing direct care, coordinating alternative supports, and absorbing additional costs, becoming the sole source of care continuity.

The 2024 NDIS Review explicitly states that provider withdrawal and lack of viable supply persist in thin markets, funding does not equal access in regional and remote areas, and carers and participants absorb risk when markets fail.²³ The Review confirms that these pressures are not incidental as the market-based mechanisms alone have been insufficient to overcome workforce shortages, high travel costs and low service density. As a result, supports may be fully funded in a participant's plan yet remain practically unavailable, shifting responsibility onto carers to fill the gap.²⁴

These impacts are exacerbated by the ongoing absence of effective 'provider of last resort' arrangements, despite longstanding recognition of the need for such safeguards. In jurisdictions such as New South Wales, where no provider of last resort mechanism operates, service withdrawal can result in complete loss of support, leaving carers to absorb risk and ensure continuity of care without any systemic fallback.

Carers in rural and remote communities consistently describe long travel distances, lack of available providers, delayed assessments, and an almost complete absence of respite options (conditions that substantially increase physical, emotional and financial strain).

"We have to travel hours for appointments because there are no providers locally. The time, cost and exhaustion all fall on me as the carer." Anonymous, Carer Wellbeing Survey 2025.

"Assessments take months, sometimes longer, and during that time nothing changes. The responsibility just keeps piling onto me." Anonymous, Carer Wellbeing Survey 2025.

"There is no respite available in our area at all. I haven't had a proper break for years, and it has taken a huge toll physically and emotionally." Anonymous, Carer Wellbeing Survey 2025.

²² Baylous, C. (2024) *Thin markets, thin hopes: The NDIS in regional, rural and remote NSW*. Sydney: Thriving Australia.

²³ NDIS Review (2024) [Improving access to supports in remote and First Nations communities](#). Canberra: Australian Government.

²⁴ NDIA (2023) [Thin Market Trials: Final Evaluation Report](#). Canberra: National Disability Insurance Agency.

3. Effectiveness of current integrity measures: Impact on carers

Integrity measures and the demands placed on carers

Recent NDIS integrity reforms are intended to protect participants and deter misconduct through strengthened regulatory powers and compliance monitoring. However, evidence indicates that the practical operation of these measures has significant unintended consequences for carers.

Integrity arrangements continue to rely heavily on complaints-based detection rather than prevention mechanisms, resulting in carers frequently becoming the first (and sometimes only) line of defence against non-compliance.²⁵ Carers and families are a primary source of intelligence for detecting non-compliance, yet they are not formally recognised or supported as stakeholders within integrity reporting or enforcement systems.^{26 27}

Carers are expected to monitor providers, initiate complaints, document concerns, and manage the consequences of enforcement actions such as provider suspensions or exits, while continuing to provide unpaid care. The transfer of integrity oversight responsibility occurs without corresponding authority, resourcing or protections, increasing carers' exposure to stress, conflict with providers, and service instability.²⁸

“When safety and risk are discussed, it feels overly legalistic. It’s about protecting the agency, not about what actually keeps the person safe.” Carer, NDIS Participant Safeguarding Co-Design – Workshop 1, 2025.

“Carers are usually more expert in the actual support needs of the person than NDIA staff, providers, and sometimes even medical professionals – yet we are the last to be listened to.”

Carer, NDIS Participant Safeguarding Consultation – Workshop 2, 2025

Increased stress, workload and administrative harm to carers

Integrity measures that prioritise controls without simplifying system navigation exacerbate the high workload carried by carers. Carers often engage with multiple integrity and reporting pathways (across the NDIA, the NDIS Quality and Safeguards Commission, plan managers and providers) leading to duplicated effort, confusion and emotional fatigue.²⁹ From a carer perspective, reforms that focus on procedural compliance without reducing complexity or

²⁵ NDIS Quality and Safeguards Commission (2024) *Annual Report 2023–24*. Canberra: Australian Government.

²⁶ Australian National Audit Office (2024) [National Disability Insurance Agency’s Management of Claimant Compliance with National Disability Insurance Scheme Claim Requirements](#).

²⁷ Parliament of Australia (2024) [Chapter 1 – Introduction, Joint Standing Committee on the National Disability Insurance Scheme](#). Canberra: Parliament of Australia.

²⁸ NDIS Review (2023) [Working together to deliver the NDIS - Final Report of the Independent Review of the National Disability Insurance Scheme](#). Canberra: Australian Government.

²⁹ Australian National Audit Office (2024) [National Disability Insurance Agency’s Management of Claimant Compliance with National Disability Insurance Scheme Claim Requirements](#).

providing adequate support risk causing harm rather than strengthening safeguarding outcomes.³⁰

Carers for NDIS participants report increasing pressure linked to inadequate access to funded support coordination, describing barriers to reinstating coordination, dismissive planner communication, and feeling unsupported when seeking assistance. These experiences can exclude carers from key decisions affecting both participants and carers’ wellbeing, eroding trust, discouraging reporting of non-compliance, and undermining both integrity objectives and the intent of the *Carer Recognition Act 2010*.

Exclusion of carers and loss of trust

Trust in integrity systems is strongly shaped by carers’ experiences of being heard, informed and respected. Carers often feel excluded from decision-making and feedback loops, even when raising serious concerns about service quality or safety.³¹ While carers may lodge complaints, regulatory reporting shows that many complainants receive limited or delayed information about outcomes, which undermines confidence in the integrity process.³²

For carers, this exclusion has tangible consequences. When concerns appear dismissed or remain unresolved, carers can disengage from reporting altogether. Safeguards reliant on reporting are weakened when those closest to risk feel discouraged or unsupported. For carers, being excluded from integrity processes erodes trust in the NDIS and reduces their willingness to participate in safeguarding, directly undermining the effectiveness of the reforms.

“I am the only one who notices when things aren’t right such as incorrect invoices, services not delivered, staff not trained. If I don’t chase it up, nothing happens.” Anonymous, Carer Wellbeing Survey 2025.

“When safety and risk are discussed, it feels overly legalistic. It’s about protecting the agency, not about what actually keeps the person safe.” Carer, NDIS Participant Safeguarding Co-Design consultation – Workshop 1, 2025.

“I’ve raised concerns so many times and nothing changes. You eventually stop reporting because it just causes more stress and no action.” Anonymous, Carer Wellbeing Survey 2025.

Effectiveness of current integrity measures

Current integrity measures are only partially effective. While stronger regulatory powers and tougher penalties are necessary to address misconduct, their effectiveness will be limited if carers are left to take on additional compliance, advocacy and emotional loads. Carers consistently experience increasing stress, administrative burden and lack of recognition threaten carers’ capacity to continue in their role over time.³³

³⁰ Australian Institute of Family Studies (2024) [Building the evidence base for the National Carer Strategy](#)

³¹ NDIS Review (2023) [Final Report of the Independent Review of the National Disability Insurance Scheme](#). Canberra: Australian Government.

³² NDIS Quality and Safeguards Commission (2024) *Annual Report 2023–24*. Canberra: Australian Government.

³³ Carers Australia (2025) [Carer Wellbeing Survey 2025 Report](#).

For integrity measures to be effective, carers need to be explicitly recognised as partners in safeguarding rather than being informal compliance agents. This requires reducing administrative burden on families, embedding carer-inclusive design in integrity frameworks, and ensuring transparent communication and feedback when carers raise concerns.

4. Legislative and policy reforms required: Recommendations

Carers Australia recommends that the Committee consider the following:

1) Recognising carers as integrity partners

Unpaid carers play a critical frontline role safeguarding NDIS participants and identifying integrity concerns. Carers are often the first to notice when supports are not delivered as agreed or when funds are being misused, particularly where participants experience cognitive, intellectual, or psychosocial disability. Despite this, carers remain largely invisible within formal integrity and safeguarding frameworks, limiting early risk identification and effective intervention.

Carers need to be recognised as integrity partners. They should be engaged in the co-design and implementation of integrity and safeguarding initiatives. Formal recognition of carers as integrity partners should be accompanied by practical mechanisms that enable carers to perform this role safely and effectively.

That said, while carers play a critical role in supporting participant safety, recognition of carers as integrity partners must not create an expectation that carers assume responsibility for integrity monitoring or enforcement. Carers are already time-constrained and under significant pressure combining daily care with system navigation. Integrity frameworks should prioritise stronger systemic compliance mechanisms, proactive monitoring, and automated alerts rather than reliance on unpaid carers. Responsibility for NDIS integrity must sit within the system itself. Recognising carers as integrity partners should complement (not substitute for) structural reform that embeds preventative controls and reduces reliance on informal, unpaid oversight.

Clear, standardised service agreements, transparent billing practices, and improved real-time visibility of plan spending are essential for carers and participants to understand which supports are being delivered and how NDIS funds are being used. Greater transparency would reduce confusion, deter misuse, and support timely escalation of concerns, reinforcing carers' role as integrity partners rather than leaving them to act as unsupported compliance monitors.³⁴

2) Embed carer-inclusive practices in planning, reviews, and integrity investigations

Carer-inclusive practices should be embedded across planning, reviews, and integrity investigations with participants consent. Carers frequently hold critical contextual knowledge about participants' daily support needs, informal care arrangements, and service risks.³⁵ The NDIS Review and Carers Australia consultation with carers highlighted that excluding carers from formal processes increases the likelihood of incomplete assessments, delayed detection of risk, and unintended cost-shifting onto families.^{36 37}

³⁴ [NDIS market oversight | NDIS Quality and Safeguards Commission](#)

³⁵ Carers Australia (2026) [Carers Australia Submission to the Department of Health, Disability and Ageing on NDIS Rules: New Framework Planning](#)

³⁶ NDIS Review (2023) [Working together to deliver the NDIS – Final Report of the Independent Review of the NDIS](#).

³⁷ Carers Australia (2026) *Carer Consultation Report: Recognising Carers in Health Systems in Australia*.

Integrity and compliance actions must also be designed to avoid unintended harm to participants and carers. Enforcement actions which disrupt essential supports or create uncertainty can increase reliance on unpaid care and exacerbate carer stress and burnout.³⁸ Adopting trauma-informed, carer-inclusive compliance processes would ensure investigations are conducted sensitively and align integrity objectives with participant wellbeing and caring sustainability.

Carer-inclusive integrity processes should also be supported by mandatory carer awareness training for staff involved in complaints, compliance and integrity investigations, to ensure carers are treated respectfully and their roles understood. In addition, carers should be routinely offered referral to emotional support services and access to independent advocacy or navigation support when engaging with complaints processes, recognising the emotional and practical impacts of raising integrity concerns.

3) Improve integrity reporting pathways to ensure carers can raise concerns safely, confidentially, and without fear of adverse consequences

Accessible and trusted reporting pathways are essential for early detection of integrity risks. Carers often hesitate to raise concerns due to fear of provider retaliation, loss of services, or negative impacts on future plan decisions (particularly in thin or highly concentrated markets).^{39, 40} This creates a significant barrier to complaint-based integrity mechanisms and allows harmful practices to persist undetected.

This fear is particularly sensitive in the current context of heightened public discussion about NDIS sustainability and prospective funding restraint. For many carers and participants, concern about raising integrity issues is no longer hypothetical. It reflects a real and immediate anxiety that complaints may trigger reassessment, funding reductions, or increased scrutiny of already vulnerable plans.

Integrity reporting systems should explicitly recognise carers as legitimate informants and provide confidentiality, protections against adverse consequences, timely and consistent feedback on outcomes, and clear accountability within reporting and enforcement processes. Without these safeguards, carers may disengage from reporting entirely, weakening the Scheme's ability to detect misconduct early. Strengthening reporting pathways would improve trust, encourage timely escalation, and reduce reliance on crisis-driven enforcement.

4) Provide clear, accessible information to carers on identifying and responding to integrity risks

Carers and participants require clear, accessible information to understand integrity risks, reporting options, and their roles and responsibilities within the NDIS.⁴¹ Targeted investment in carer-focused integrity education and independent navigation support would help carers identify risks, understand reporting pathways, and support participants to engage safely with the Scheme, without absorbing unnecessary compliance responsibilities themselves.⁴²

³⁸ Carers Australia (2025) [Carer Wellbeing Survey 2025 Report](#).

³⁹ NDIS Quality and Safeguards Commission (2024) *Annual Report 2023–24*.

⁴⁰ Australian Government Transparency Portal (2024) [NDIS Integrity Annual Report](#)

⁴¹ Australian Institute of Health and Welfare (2025) [Informal carers](#)

⁴² Carers Australia (2026) *Carer Consultation Report: Recognising Carers in Health Systems in Australia*.

Providing consistent, plain-language information would support informed decision-making and strengthen Scheme integrity and protecting carer wellbeing.

“NDIS information needs to pass the pub test. So, if you could go down and just pick anybody up off the street and provide them with whatever and see if they can understand everything. If a public servant is the only person who can understand it, then it's not going to pass general public.” Carer, 2025 NDIS Participant Safeguarding Consultation – Workshop 4.

“Talking to the NDIA builds a fear of authority figures kind of, doesn't it? I think that's a really important point that the NDIS is supposed to be there as a support, and for so many people it ends up just being something that they're scared of and something traumatising.” Carer, 2025 NDIS Participant Safeguarding Consultation – Workshop 4.

“The inclusion of having information targeted to carers in the information fact sheet is important, as carers often seemed to be overlooked. When carers are not properly informed, they cannot carry out their caring role efficiently. As part of their caring role involves assisting those they care for create their NDIS plan meeting, scheduling appointments, communicating with providers, and much more.” Carer, 2025 NDIS Participant Safeguarding Consultation – Workshop 4.

5) Embed carer impact assessments in future reforms

Future integrity and policy reforms should be subject to formal and systematic carer impact assessments to identify and mitigate unintended consequences for unpaid carers. Integrity measures can significantly increase carers' administrative burden, financial stress, and emotional load when reforms are implemented without assessing their impact on caring capacity.

Embedding carers at the design stage will help ensure integrity reforms protect participants without accelerating carer burnout or disengagement from the Scheme. Given the central role carers play in sustaining participant wellbeing and the NDIS itself, reforms that undermine carers' capacity risk weakening integrity outcomes over time. Systematic carer impact assessments would therefore strengthen the effectiveness, fairness, and sustainability of future NDIS reforms.

Conclusion

Carers are essential to the integrity, safety, and sustainability of the NDIS. Carers Australia is calling for carers to be recognised as integrity partners as they are essential partners in safeguarding participants and ensuring quality outcomes. It also urges the Committee to ensure that the reforms are focused on protecting participants, strengthening trust and transparency, and reducing (not increasing) the load on carers.

About Carers

Our definition of a carer aligns with the Carer Recognition Act 2010:

Section (1) For the purpose of this Act, a carer is an individual who provides personal care, support and assistance to another individual who needs it because that other individual:

- a) has a disability; or
- b) has a medical condition (including a terminal or chronic illness); or has a mental illness; or
- c) is frail and aged.

Section (2) An individual is not a carer in respect of care, support and assistance he or she provides:

- a) under a contract of service or a contract for the provision of services; or
- b) in the course of doing voluntary work for a charitable, welfare/community organisation; or
- c) as part of the requirements of a course of education or training.

Section (3) To avoid doubt, an individual is not a carer merely because he or she:

- a) is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or
- b) lives with an individual who requires care.

Carers Australia also recognises carers who provide unpaid care for people experiencing drug and substance issues.

Key Statistics



3 million carers across Australia *



11.9% of people in Australia are carers *



11% of carers are aged under 25 years (391,300); an increase of 60% since 2018*



30% of primary carers cared for 40 hours per week or more*



4.6% of all people in Australia (1.2 million people) are primary carers, those who provide the most informal care support to a family member or friend *



43.8% of primary carers have disability themselves*

Source: * [Australian Bureau of Statistics. 2022. Survey of Disability, Ageing and Carers](#)

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