NDIS Evidence Advisory Committee

Inclusion tree submission

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We commit to reconciliation and acknowledge Aboriginal and Torres Strait Islander peoples', their histories, cultures and communities. We acknowledge the lands of Australia were never ceded and we respect the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the land

1. Introduction

Inclusion Tree welcomes the opportunity to contribute to the NDIS Evidence Advisory Committee's February 2026 consultation. We provide this submission from the dual perspective of:

- A disability support provider delivering supports across community, therapeutic, and developmental contexts; and
- A Registered Training Organisation (under development), responsible for developing and delivering workforce education aligned with contemporary, rights-based disability practice.

Our submission is grounded in person-centred, relationship-based, and strengths-based practice, informed by the UN Convention on the Rights of Persons with Disabilities (UNCRPD). We explicitly embed Supported Decision Making, Active Support, and Conscious Care and Support as essential practice frameworks that must underpin both how supports are delivered and how evidence of effectiveness is interpreted.

Who we are and who we support:

Inclusion Tree provides human-centred support services, in most all States and Territories of Australia. Our services are individually tailored, strengths-focused, trauma-informed, and inspired by leading edge practices and social innovations.

We enjoy compassionately inquiring together to co-create solutions that make a difference to the people experiencing disability and mental health.

We know that investing in our people and acknowledging their gifts is what makes our business thrive. We are committed to nurturing the personal and professional development of all our staff through an intentional culture of growth and learning.

We do this through providing Support Coordination, Capacity building, workforce training and allied health services to NDIS participants. We support 860 participants of which 63% manage their own supports through independent workers and 'service for one' models.

We are currently developing a Registered Training Organisation to deliver education in

We actively participate in industry working groups, events, roadshows, as well as policy and consultation sessions, advocating tirelessly for the rights of individuals to maintain control of their lives.

How we currently engage with the NDIS?

We engage with the NDIS in many ways, both personally with loved ones on the NDIS, and professionally with the participants we support. We do this by;

- Supporting participants and nominees to engage the NDIS, to choose their own providers and make informed decisions on how to best utilise their funding to achieve their goals.
- Supporting participants to implement their NDIS plan through providing links to registered, unregistered and mainstream providers.
- Build capacity and support participants and nominees to understand the NDIS and navigate the processes.

- Support exploration of a variety of service delivery models to ensure progress towards nominated goals.
- Meet with NDIS planners to review participant's plans with the participant and nominees.
- Monitor and track the effectiveness of NDIS supports and provide the NDIS with supporting documentation and updates as required.
- Assist participants with ongoing supports and derive ways to iterate supports if there are changes in their circumstances.
- Coordinate and collate reports and assist participants with plan reviews, identifying goals, and changes in circumstances.
- Participating in auditing processes to demonstrate compliance to risk, policy, service delivery and procedural requirements.
- Deliver best practice training to families and supports of people experiencing disability and mental health
- As an organisation, we advocate for people's rights by attending industry working groups, events, roadshows, also policy and consultation sessions.

2. Overarching Principles for Evidence Assessment

2.1 Human Rights and the UNCRPD

Across all supports under review, Inclusion Tree strongly recommends that evidence assessment explicitly align with the UNCRPD, particularly:

- **Article 3** – Respect for dignity, autonomy, individual choice
- **Article 12** – Equal recognition before the law (supported decision making)
- **Article 19** – Living independently and being included in the community
- **Article 26** – Habilitation and rehabilitation
- **Article 27** – Work and economic participation (including workforce development)

Evidence frameworks that prioritise outcomes such as function, behaviour change, or skills acquisition without equal weighting to autonomy, wellbeing, participation, and rights risk endorsing supports that are technically effective but ethically misaligned.

2.2 Conscious Care and Support

Conscious Care and Support requires practitioners to work with awareness of power, trauma, relational impact, and context. Evidence reviews should therefore:

- Consider how supports are delivered, not just *what* is delivered
- Examine impacts on sense of safety, agency, identity, and connection
- Recognise harms arising from intensity, compliance-based approaches, or deficit-focused models, even when short-term gains are demonstrated

3. Early Intensive Behavioural Interventions (EIBI)

Inclusion Tree Position

Inclusion Tree recognises that early childhood supports can support learning, communication, and participation. However, we urge the Committee to ensure that any endorsement of EIBI:

- Avoids prescriptive intensity as a proxy for effectiveness
- Rejects deficit-focused or compliance-driven interpretations of outcomes
- Centres the child's right to development, play, agency, and relationships

Key Recommendations

1. **Person-Centred and Relationship-Led Delivery**
   Evidence should distinguish between approaches that are:
   - Relational, developmental, and responsive
   - Versus those that prioritise standardisation, compliance, or behavioural normalisation
2. **Supported Decision Making for Children and Families**
   Families must be meaningfully supported to:
   - Choose approaches aligned with their values and the child's interests
   - Adjust intensity, goals, and methods over time
3. **Active Support and Everyday Contexts**
   Evidence should value:
   - Learning embedded in natural routines
   - Skill development in meaningful contexts (home, childcare, community)
4. **Outcomes Beyond Skill Acquisition**
   Assess outcomes including:
   - Child wellbeing and enjoyment
   - Parent wellbeing and sustainability of care
   - Long-term participation rather than short-term behavioural change

4. Positive Behaviour Support (PBS)

Inclusion Tree Position

We support Positive Behaviour Support as a rights-based, person-centred framework when practiced as intended. However, we caution against interpretations that reduce PBS to:

- A technical behaviour management tool
- A compliance or risk-containment mechanism

Key Recommendations

1. **PBS Must Remain a Human Rights Practice**
   Evidence should privilege PBS models that:
   - Reduce restrictive practices
   - Increase quality of life, autonomy, and participation
   - Explicitly recognise behaviour as communication
2. **Supported Decision Making as Core Practice**
   PBS plans must be:
   - Developed with the person, not merely for them
   - Supported by accessible communication, advocacy, and trusted relationships
3. **Workforce Capability and Supervision**
   Evidence assessments should consider:
   - Practitioner competence and reflective supervision
   - Risks of poor outcomes linked to unqualified or unsupported practitioners
4. **Whole-of-Environment Approaches**
   PBS effectiveness should be evaluated in the context of:
   - Environmental fit
   - Relationships
   - Consistency across settings

5. Social Skills Training (Children and Young People)

Inclusion Tree Position

Social skills do not develop in isolation from relationships, identity, belonging, and lived experience. Inclusion Tree is concerned that narrowly framed social skills training can unintentionally prioritise behavioural conformity over authentic communication, self-advocacy, and social inclusion.

Evidence assessment must therefore recognise that social competence is context-dependent, relational, and culturally embedded, rather than a discrete skill set that can be standardised or universally measured.

Key Recommendations

1. **Strengths-Based and Neuro-Affirming Practice**
   Evidence should clearly differentiate between programs that:
   - Teach compliance with neurotypical social norms, and
   - Support young people to understand themselves, communicate authentically, set boundaries, and build relationships in ways meaningful to them.

   Social difference should not be framed as deficit. Supports should align with UNCRPD Articles 7 and 24, which recognise the evolving capacities of children with disability and the right to inclusive education and participation.

2. **Active Support in Real-World Contexts**
   Greater evidentiary weight should be given to approaches that embed social learning within:
   - Peer relationships
   - Community participation
   - Shared activities of interest

   Skills practiced in isolation without supported transfer into daily life often fail to generalise and may inflate perceived effectiveness without lasting impact.

3. **Relational and Participation-Based Outcomes as Core Measures**
   Inclusion Tree recommends that evidence assessment prioritise outcomes such as:
   - Sense of belonging and inclusion
   - Ability to initiate or sustain relationships
   - Self-confidence and social self-efficacy
   - Reduced social anxiety through supported participation

   These outcomes are more reflective of real-world impact than short-term improvements on standardised social skills scales.

4. **Supported Decision Making for Young People and Families**
   Social skills supports should be chosen and adapted through supported decision making, ensuring that:
   - Young people have a voice in goals and methods
   - Families understand different philosophical approaches and implications
   - Participation remains voluntary, respectful, and person-led

   This is essential to upholding Article 12 of the UNCRPD in child and youth contexts.

6. Robot-Assisted Gait Training (RAGT)

Inclusion Tree Position

Inclusion Tree recognises the potential of Robot-Assisted Gait Training to support mobility, physical conditioning, and rehabilitation for some people with disability. However, we strongly emphasise that RAGT must be understood as a tool within a broader, person-centred habilitation or rehabilitation pathway, not as an outcome in itself.

Evidence must reflect the principle that walking is not synonymous with participation, autonomy, or quality of life.

Key Recommendations

1. **Person-Centred Goals Must Drive Use of RAGT**
   Evidence should clearly distinguish:

- Outcomes that matter to the person (e.g. reduced fatigue, confidence, endurance, comfort, participation), from
- Clinically observable biomechanical or gait improvements alone

RAGT should only be recommended where it aligns with the person's own goals and priorities, consistent with UNCRPD Articles 19 and 26.

2. **Supported Decision Making and Informed Choice**
   People must be supported to make informed decisions about:
   - The purpose of RAGT
   - Potential benefits and limitations
   - Alternative approaches

   This includes honest conversation about whether the intervention supports participation, independence, or wellbeing — rather than implied expectations about "normalising" movement.

3. **Active Support and Functional Transfer**
   Evidence frameworks should prioritise whether gains achieved through RAGT:
   - Translate into everyday activities
   - Reduce reliance on supports
   - Enhance participation in community life

   Without supported transfer into functional contexts, improvements risk remaining clinic-bound and of limited lived value.

4. **Psychosocial and Identity Impacts Must Be Considered**
   The experience of RAGT can have emotional and identity impacts, particularly where:
   - Walking is positioned as a preferred or superior outcome
   - Assistive mobility options are implicitly devalued

   Evidence assessment should include consideration of:
   - Dignity
   - Emotional safety
   - Validation of diverse mobility identities
5. **RAGT as Part of an Integrated Support Pathway**
   RAGT should be evaluated in comparison with — and in combination with — supports such as:
   - Physiotherapy and occupational therapy
   - Active Support approaches in daily routines
   - Assistive technology and environmental adaptation

   Effectiveness should be measured by overall quality-of-life outcomes, not isolated physical metrics.

7. Workforce Development and Evidence Interpretation

As an RTO in development, Inclusion Tree emphasises that workforce capability critically mediates outcomes across all supports under review.

Evidence assessments should explicitly consider:

- Level and quality of practitioner training
- Reflective supervision and ethical oversight
- Capacity for person-centred adaptation rather than protocol-driven delivery

Supports shown to be effective in controlled conditions may produce very different outcomes when delivered by an under-trained or unsupported workforce.

8. Concluding Position

Inclusion Tree strongly recommends that the Evidence Advisory Committee:

- Embed human rights, person-centredness, and supported decision making as core evaluative criteria
- Avoid privileging outcomes that reflect compliance, intensity, or standardisation over lived experience
- Recognise that effectiveness is inseparable from how supports are delivered, by whom, and in relationship with whom

A rights-based NDIS evidence framework must assess not only *whether* a support works, but for whom, in what context, and at what human cost or benefit.