INSIGHTS REPORT

BCA Business Council of Australia

A More Productive National Disability Insurance Scheme

Five practical steps for the next phase of reform

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BCA

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Summary

The passage of the *National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Act 2026* marks an important milestone in strengthening the long-term sustainability of the National Disability Insurance Scheme (NDIS). The legislation passed Parliament on 19 August 2026 and received Royal Assent on 20 August 2026, introducing reforms to eligibility, planning, governance, pricing and Scheme integrity designed to secure the NDIS for current and future participants.

However, legislative reform alone will not be sufficient to ensure participants can access suitable, high-quality services. Long-term sustainability will also depend on improving productivity across the Scheme by making better use of funding, workforce, technology and private capital, while reducing administrative and regulatory costs that do not improve participant outcomes.

The Business Council of Australia (BCA) supports the successful implementation of the NDIS reforms and is committed to helping turn policy change into practical outcomes. This report outlines five initiatives that can be pursued alongside the Government's implementation agenda and scaled over the next five years:

- Reduce avoidable market costs through a Treasury-led target to cut the total cost of NDIS regulation by 25 per cent by 2030.
- Improve frontline productivity and quality by empowering participants, workers and providers to identify and solve service delivery challenges, while addressing pricing, regulatory and industrial barriers.
- Modernise pricing and payments by progressively expanding the role of the Independent Health and Aged Care Pricing Authority (IHACPA) in developing models that reward quality, innovation and productivity, beginning with Supported Independent Living.
- Scale proven innovations through a Care Innovation and Productivity Accelerator focused on solving persistent system challenges.
- Unlock investment in the care economy through a national technology strategy and a forward pipeline of government technology investment.

While grounded in the NDIS, these initiatives are designed to strengthen productivity, sustainability and service quality across the broader care economy, including aged care. The report also identifies practical ways the BCA and its members can contribute, bringing expertise in business, technology, service delivery and investment to help test, refine and scale solutions that improve outcomes for people who rely on care and support services.

1. The case for a productivity agenda

1.1 The reform task

The NDIS was originally created to give Australians with permanent and significant disability greater independence, participation, choice and opportunity. These are practical expressions of the rights at the centre of the Scheme.

Maintaining that promise requires the Scheme to be financially sustainable. The BCA supports the trajectory towards a fiscally sustainable NDIS and wants to contribute to the successful implementation of the NDIS reforms.

Government's current reform agenda is building the fiscal control and integrity layer needed to stabilise the Scheme: access, planning, pricing, payment integrity, registration and fraud.

These reforms are necessary to enhance public confidence and put the NDIS on a sustainable growth path. In doing so, they protect the Scheme's capacity to continue supporting people with permanent and significant disability over time.

The success of these reforms cannot be measured only by lower expenditure growth. It must also be measured by whether people with disability receive reliable, high-quality support that enables independence, participation, choice and opportunity. A more holistic view of success needs to consider the experience of people with disability who access supports outside of the NDIS.

Achieving success requires a joined-up approach to implementation. Some of the problems the reforms need to solve, and the capabilities needed to solve them, extend beyond the NDIS and across the broader care economy.

Addressing them within silos risks creating improvements in one area while creating new costs, complexity or pressure elsewhere. It misses opportunities to draw on expertise from across the care economy and the wider private sector.

1.2 Productivity is the link between sustainability and outcomes

Fiscal reforms are necessary to put the NDIS on a sustainable path. NDIS 2.0 needs to be more than a lower-growth version of the current Scheme.

The people who continue to access the NDIS will have the highest needs. Many will require ongoing, and sometimes intensive, support. A sustainable funding path protects that support, but it does not explain how the Scheme will keep improving what people access and the outcomes they are supported to achieve.

Productivity is central to that task. It is how the NDIS can deliver better outcomes and opportunities for people with disability through better use of funding, workforce, technology and private capital, while reducing avoidable administrative and regulatory costs.

This is not productivity for its own sake. A saving is not a productivity improvement if it reduces quality, transfers costs or risks to participants and families, weakens capable service delivery or creates higher costs elsewhere.

Genuine productivity gains in the NDIS can support lower cost growth across the care economy because they have overlapping workforces, providers and technology

markets, along with regulatory and administrative requirements that can duplicate or conflict.

1.3 Productivity, innovation and investment need the right conditions

Tighter funding will create pressure for change within the NDIS, but it will not automatically produce productivity improvements. Without changes to the way the Scheme operates, fiscal pressure may instead reduce service availability, weaken provider capability and discourage investment.

Over the next five years, once the reforms are implemented, the Scheme that emerges will look different from today's. Government cannot yet detail every future setting, but it can create certainty about the direction and the conditions. That certainty is what allows providers and investors to commit ahead of the change.

Productivity gains require better ways of designing, delivering and administering support. Innovation, technology and private investment can help develop and scale those approaches, but only when the surrounding conditions support them.

Government has a central role because it shapes the operating environment through regulation, pricing and payment rules, market settings, data and digital infrastructure, and the pathways through which new approaches can be tested and adopted.

The starting point needs to be the problems experienced by people with disability and the outcomes they want from the Scheme.

People with disability could help identify priorities, test proposed changes and help judge whether they produce value. Providers and workers contribute practical knowledge from delivering support every day. Technology firms, investors and other businesses bring specialist capability, capital and the ability to scale better approaches.

Government is best placed to bring these perspectives together and, working with implementation partners including businesses, to establish the conditions in which they can produce better outcomes. These include proportionate administration and regulation, capable and sustainable service delivery, stable pricing and payment arrangements, pathways for innovation to move from testing to adoption, and clear direction for technology and infrastructure investment.

Those conditions need to be built into reform implementation now. This will allow innovation, technology and private capital to translate into productivity improvements and better outcomes for participants, rather than relying on fiscal pressure alone to drive change.

It will also allow the NDIS to draw on technologies, innovations and delivery approaches developed elsewhere, while enabling the broader care and support sector to learn from the NDIS experience.

These conditions are not NDIS-specific. The same settings fit-for-purpose regulation, capable providers, stable pricing, adoption pathways, clear investment direction – are what aged care and other systems also require. Built well once, these settings can be applied across the care economy, with the NDIS as the test case rather than the exception.

2. Five practical steps for implementation

2.1 Priorities for action

There are multiple ways Government could begin creating the conditions for greater productivity, innovation and investment in the NDIS.

The existing reform program is already significant and complex. Adding a large number of further reforms would increase delivery risk and distract from putting the NDIS on a sustainable path.

The priority is therefore to identify the smallest number of ideas that can strengthen implementation now and begin changing how the Scheme operates over time, whilst complementing and supporting the current reform implementation.

The threshold test is whether an idea addresses a real problem affecting people with disability and can improve their outcomes, experience or opportunities within a sustainable funding path.

Each idea must also be:

- Sustainable: it should reinforce fiscal sustainability.
- Implementable: it should be capable of progressing alongside the broader reform program without delaying implementation or materially increasing delivery risk.
- Urgent: there should be a clear reason to act, including where decisions being made through the current reforms will shape the Scheme for years to come.
- Scalable: its benefits should be capable of applying across the care economy, not only the NDIS.

The ideas were also assessed as a package: whether together they cover the connected conditions for better delivery, from the costs, workforce arrangements and financial incentives shaping current services to the development, adoption and scaling of new approaches.

Applying these tests points to five practical ideas that Government and implementation partners can begin progressing now, alongside the current NDIS reform agenda:

1. Cut avoidable market costs
2. Improve quality through productive frontline work
3. Reform what the NDIS pays for
4. Develop different solutions to known failures
5. Give businesses a basis to invest.

Implementation horizon

All five ideas can begin alongside the current reforms, but they would develop over approximately five years. The regulatory target and Supported Independent Living pricing work would start immediately. Government could also begin the first workforce productivity cycle, establish the Accelerator on a small scale and map existing and planned technology investments. These programs, capabilities and institutional arrangements would then build over the forward estimates.

The end point is a Scheme and market operating within the agreed growth path, supported by settings that other care systems can adapt.

**Note: The practical scenarios featured in this publication are fictional and have been developed for illustrative purposes only. They illustrate how the reforms and ideas outlined in this report could improve experiences and outcomes for NDIS participants, including people living in Supported Independent Living and those who rely on regular support from support workers. Any resemblance to real individuals is purely coincidental.*

IDEA 1 Cut avoidable market costs

Set a Treasury-led target to cut the total cost of NDIS regulation by 25 per cent by 2030, then extend the approach across the care economy and to provider-facing administration.

PRACTICAL SCENARIO 1*: Sam lives in Supported Independent Living. His provider has a strong safety record, and Sam is happy with his support.

To stay registered with the NDIS, the provider must complete regular audits. Even when previous audits have found no issues, staff often spend a lot of time resubmitting the same paperwork.

A target to reduce regulatory costs by 25 per cent would support a more risk-based approach, with fewer repeat audits for providers that consistently perform well. This would allow greater focus on areas of highest risk, and on the quality of support people receive.

For Sam, that means less time on paperwork and more time supporting him to live independently and achieve his goals.

The problem

Across the care economy, Government does not manage regulatory and provider-facing administrative costs as a total system cost.

This is particularly visible in the NDIS. The growth target provides firm fiscal discipline to participant costs, but there is no equivalent discipline for regulatory and administrative costs. Costs that put upward pressure on prices and Scheme expenditure.

The NDIS shows how this failure operates:

- No agency is owning the cumulative cost created by regulatory obligations and administrative requirements across Government.
- Existing regulations are not being tested for actual benefits and

Proposed approach

BCA proposes that Treasury set a target to reduce the total cost of NDIS regulation and provider-facing administration by 25 per cent by 2030. The NDIS should be the first application, with the target then expanded across the full care economy.

The target needs to drive stronger participant safety, service quality and Scheme integrity at lower total cost. Unnecessary regulation and administration burden would be removed. Ineffective or overly costly requirements can be replaced with more cost-effective models.

The target would make the combined burden visible and trackable and apply the same fiscal discipline to regulatory and administrative costs that Government is applying to Scheme participant expenditure. Good regulation, without duplication, when done right, will enhance the governance measures the government is undertaking whilst reducing costs.

Treasury, working with implementation partners, could establish a simple baseline of the costs imposed on providers by regulatory obligations and government administration processes. This would draw directly on providers' experience to show where the greatest burden falls and where the gap between cost and benefit is largest.

Government already has enough evidence to start. There is extensive evidence about areas for improvement from the recent Productivity Commission inquiry, the NDIS Review, and

effects on participants, providers and workers – testing whether a more effective approach is available at lower cost.

- The cost burden falls most heavily on providers supporting those with the highest needs – the same providers at risk of exiting the NDIS under pricing pressure and the same providers Government needs most in the future.

the numerous provider submissions to these and similar inquiries.

The target needs to give common direction and momentum to work already underway. This includes the Department of Finance's regulatory reform agenda, and care economy reforms such as worker screening mutual recognition and harmonisation.

The target should drive immediate movement on known reforms:

– making every provider visible to Government at very low cost and proportionate obligations according to risk;
– reducing repeated processing for capable providers with sound assurance histories;
– replacing low-value document checking with stronger assurance of service quality and participant outcomes; and
– reusing information held across Government and using shared data, technology and end-to-end process redesign to change how obligations are met.

Drawing on Australian and international expertise could help identify more effective and lower-cost approaches to regulation, administration, digital delivery and assurance.

IDEA 2 Improve quality through productive frontline work

Establish an ongoing care workforce productivity program that tackles specific service problems by redesigning frontline work and addressing the pricing, regulatory and industrial barriers to change.

PRACTICAL SCENARIO 2*: Lily sees many different support workers each week and often has to explain how she likes things done.

Lily, her support workers and her provider know a small, regular team would work better. But current rostering, claiming and award rules make this hard to set up.

Under a workforce productivity program, they would test a better way to organise Lily's support, and Government would work with the responsible bodies to fix the rules that get in the way. Lily gets support from people she knows.

The problem

Improving support quality and workforce productivity across the care economy depends heavily on how frontline work is organised.

Technical reforms can remove some barriers but cannot substitute for changes to frontline practice and operating models.

This is principally an adaptive challenge. It requires people to change practice, roles, relationships and operating models. There is no single workforce model that can be designed centrally. Better approaches must be developed and tested in real services, then adapted across different participants, providers, organisation types and support settings.

At the same time, changes made on the ground can be limited by structural settings determined centrally, including pricing, claiming rules, regulation and industrial arrangements.

Proposed approach

An ongoing care workforce productivity program covering three connected functions should be established. It should begin in the NDIS and be designed for adoption across the care economy.

The program needs to improve outcomes and quality through better use of workforce capacity:

1. Frontline change: support participants, workers and providers to develop and test better ways of organising work in frontline services.
2. Central action: use Government's convening power to secure the involvement of stakeholders and institutions responsible for pricing, claiming rules, regulation and industrial arrangements, and coordinate action on structural barriers.
3. Technical reform: progress standardisable changes such as common credentials and workforce checks, and fewer duplicated requirements.

Practical problem-solving cycles would connect frontline change with central action. Each cycle would focus on one or two significant frontline problems. Participants, workers and providers would lead the definition of the problem, the outcomes to be improved and the constraints affecting frontline delivery.

Each cycle would identify the different elements of the problem and direct them towards three forms of action:

– clear technical roadblocks that can be addressed quickly;
– changes to frontline practice and provider operating models that participants, workers and providers need to develop and test; and

- Participants, workers and providers hold the practical knowledge needed to develop better approaches.
- Government and other institutions control many of the conditions required to make them viable.
- Government cannot see from the centre how these settings interact in practice.

– structural constraints that require evidence, negotiation and a formal pathway towards resolution by Government or other responsible institutions.

Government is best placed to use its convening power to secure the involvement of institutions responsible for pricing, claiming rules, regulation and industrial arrangements throughout each cycle. Government can act on barriers to increased productivity within its control and coordinate responses from the other responsible institutions. The powerful lever of Government as a convenor is critical for this issue, given the need to pull together many different stakeholders around the problem.

Government could progress known technical reforms across the market at the same time. Technical barriers identified through the cycles could feed into this wider reform agenda.

Key stakeholders can work with Government to design and co-convene the initial problem-solving cycles, bringing business and employer experience in workforce redesign, technology and organisational change into a Government-led process.

IDEA 3 Reform what the NDIS pays for

Build a more capable pricing and payments system, led progressively by the Independent Health and Aged Care Pricing Authority, that moves the NDIS to reward quality and productivity.

PRACTICAL SCENARIO 3*: Leo lives in Supported Independent Living and wants to learn to cook and catch the bus to work.

His provider wants to help him get there. But providers are paid for hours of support delivered, not for the progress participants make, so this work is not recognised.

A payment model designed by IHACPA would pay for the outcomes Leo is working towards, with safeguards so he keeps the support he needs. Leo gains independence, and his provider is rewarded for good results and has more certainty to invest in its staff.

The problem

The NDIS still relies on a simple payment model that was well suited to Scheme rollout. Participants primarily purchase units of support, usually measured in time, at prices capped by Government.

This supports participant-directed commissioning and incentivised providers to respond to significant unmet demand as the Scheme expanded.

The same model now limits productivity. It remains relatively simple to administer and well suited to individual purchasing, but provider revenue rises with the volume of paid support and falls when the same or better participant outcome is achieved with fewer paid hours.

The model:

- creates commercial pressure for more support hours to be sought, funded and used, contributing to plan inflation;

Proposed approach

The Independent Health and Aged Care Pricing Authority (IHACPA) should establish an NDIS pricing and payments system that rewards outcomes, innovation and productivity.

The commissioning approach for Supported Independent Living (SIL or 24/7 housing and living) should be the first application. The first step would be to define the service response required for different participant needs, then determine how that response can be funded and how providers will be held accountable.

SIL presents a significant opportunity for two reasons:

– Around 37,000 participants access SIL. They represent less than 10 per cent of Scheme participants but account for almost one-third of total Scheme payments, with annual plan payments of around $16.4 billion. These participants have significant and enduring support needs and will remain central to the Scheme into the future as Government works to tighten eligibility.

– Alternative payment models require more sophisticated pricing, contracting and monitoring than individual time-based payments. Alternative commissioning creates a practical way to administer payment arrangements that are too complex, or depend on too much scale, to operate efficiently through individual purchasing.

IHACPA should lead the design of the payment model for trials of alternatively commissioned SIL arrangements. The model should allow providers to benefit when they improve participant outcomes or reduce future support requirements through technology, capacity building or service redesign. It must also include clear service commitments, quality measures and safeguards for participant choice and control and protect against underservicing.

- penalises providers that use technology or service innovation to achieve the outcome with fewer paid hours; and
- discourages investment in early intervention and capacity building that could reduce future support needs. Providers bear the cost but lose future revenue if the investment succeeds. This works against the Scheme's insurance approach.

IHACPA is likely to initially need additional expertise to support the project. But it is best placed to undertake this work due to its skills in health and aged care pricing. It also extends the government's move to address the care sector in a more coordinated way, such as bringing health, aged care and disability into a single department. The work could build enduring disability, data and payment-design capability within the authority.

The model(s) needs to be tested through live SIL commissioning arrangements rather than as a separate payment trial without a clear path to adoption. Once operating, it can provide the evidence and capability needed to develop other new or redesigned NDIS payment arrangements.

The Minister would continue to set prices and determine payment models within the NDIS. The NDIA would continue to advise on existing price caps, while IHACPA would lead technical development and advice on new pricing and payment models, beginning with SIL. IHACPA's role could expand progressively and be formalised further as its capability develops.

IDEA 4 Develop different solutions to known failures

Establish a Care Innovation and Productivity Accelerator to build scalable care businesses, back high-value innovations and develop new ways to solve major Government care problems.

PRACTICAL SCENARIO 4*: Tracy lives in a regional town. She has funding in her plan, but there are few providers nearby and she often goes without support.

This is a long-standing problem, and past fixes have not worked.

Government could ask the Accelerator to bring together providers, businesses and local people to design and test new approaches, such as sharing workers across disability and aged care services. Tracy gets reliable support close to home.

The problem

Care innovation can scale rapidly when it addresses a significant problem, is backed by capable people and has a receptive market, a viable commercial model and a clear route to adoption.

However, these conditions do not consistently come together in the care economy. Better technologies, service models and business practice can stall before reaching widespread use:

- Even where an innovation has a viable commercial model, it can struggle to scale without the capital, capability and adoption pathway needed to reach wider use.
- Some innovations create substantial value but have no viable commercial pathway. They could significantly improve participant outcomes or reduce system costs, but the innovator carrying the cost and risk may not

Proposed approach

A Care Innovation and Productivity Accelerator could be established, specialising in the care economy and designed around three streams. The streams would sit within one Accelerator and share care-specific expert networks:

– Stream 1: Scale promising commercial innovations. Led by people who have built and scaled innovative businesses, this stream would help people with promising care ideas, including people who access care, build viable businesses. It would connect each founder with the commercial, technical and care expertise, investors and adoption partners needed to scale.

– Stream 2: Support innovations with significant public value but limited commercial pathways. Support could include Government funding for development and testing, co-investment, early purchasing or changes to pricing and payment arrangements. This could include workforce and service-model innovations where founders or providers bear significant development or implementation costs, but the benefits extend across the system.

– Stream 3: Apply innovation to significant Government problems. Government could refer a significant challenge and intended outcomes to the Accelerator. The Accelerator would investigate the problem, assemble a purpose-built team and develop and test genuinely different responses that would be unlikely to emerge through traditional policy or procurement processes. A sponsoring agency would provide the access and authority needed to test the options and act on the results.

Each project needs to begin with a credible route to adoption: who could take it up, how it would be funded, what evidence would be required, and which system settings may need to change. Projects would proceed in stages, with evidence determining whether they stop or move into investment, purchasing or implementation.

capture enough of that benefit to justify investing. ■ Government does not consistently use innovation to solve its own problems. Policy and procurement processes tend to move towards defining and purchasing existing known responses, rather than seeking a new way to do things.	As a first step, Government could partner with an experienced private-sector party to launch and lead Stream 1 and refer one significant implementation challenge as a proof of concept for Stream 3. The proposed NDIS payment and claiming system could be a good test case. Stream 2 could then be established once the workforce productivity program is underway and able to refer promising ideas to it.

IDEA 5 Give businesses a basis to invest

Publish a Care Economy Technology Strategy and a three-year pipeline of government technology investments that set shared priorities, clarify Government's role and give businesses a basis to invest.

PRACTICAL SCENARIO 5*: Alex's provider wants to invest in new software to manage her support and connect with NDIS systems.

But it's hard to know what technology Government plans to build or change over the next few years. Without that information, the provider risks buying software that may need costly changes later.

A published plan for government technology investment would help providers and technology businesses invest with confidence and build systems that work well together. More time and money go to Alex's support.

The problem

Technology is becoming core infrastructure for how care is accessed, funded, assured and delivered. How well it is designed, connected and adopted will increasingly affect care quality, costs and productivity.

Government is a major technology market shaper through its systems, data arrangements, standards, procurement and investment decisions.

It shapes through individual decisions it makes in different programs but does not yet steward the technology market as a whole. This creates two problems:

- Related government programs develop duplicated and bespoke systems, with unclear architecture, inconsistent standards and poorly sequenced investment. This increases integration costs and limits what technology

Proposed approach

BCA proposes that Government, in partnership with industry, develop and publish a Care Economy Technology Strategy, supported by an annually updated three-year pipeline of government technology investments across the care economy.

Together, they would enable Government to steward technology across the care economy as a whole. They would provide shared direction for government decisions and give businesses practical visibility of where Government is heading. This would reduce duplication and integration costs and support greater investment in technology that can improve quality and lift productivity.

Defence provides a useful precedent. The National Defence Strategy sets strategic direction and is supported by an Integrated Investment Program that identifies and prioritises the capabilities Government will fund to deliver it. The care economy could do the same by linking strategic direction to an investment pipeline.

The strategy should begin with the outcomes it seeks to deliver for people, and the problems it needs to solve. It would establish:

- the shared capabilities and architecture required across the care economy, including common data and interoperability standards;
- priorities and sequencing for government technology investment;
- principles for when Government will build, procure, co-invest or rely on private delivery; and
- Government's approach to technology-enabled service delivery models, including platforms.

can deliver across the care economy. ■ Businesses cannot see Government's future priorities or whether it intends to build, procure, co-invest or rely on private delivery. The market hears of plans after decisions are announced, with no broader direction to guide investment. This weakens private investment in technology that can lift productivity, quality and reduce cost.	Government would own the Strategy because only Government can provide an authoritative signal about its intended direction. It would develop the Strategy in partnership with people who use care, workers, providers, researchers, technology businesses and investors. The three-year pipeline would identify funded, planned and indicative investments and, where possible, their timing, scale, status and likely delivery approach. Different levels of certainty could be communicated clearly, enabling Government to provide useful direction to the market without prematurely disclosing Cabinet considerations. All significant care economy technology proposals submitted to Cabinet would include an assessment of consistency with the Strategy. This would preserve the authority of decision-makers while helping them to see how individual decisions they are asked to make fit into the broader environment and strategy. A practical first step would be for Government to map existing and planned technology investments across aged care, disability and veterans' services. This would provide a practical starting point, establishing an initial pipeline based on existing announcements.

Conclusion

The NDIS now has its legislative foundations for the next stage. The question is no longer whether the Scheme will change, but what kind of Scheme emerges from that change.

Fiscal discipline can slow cost growth. It cannot by itself improve support, and if moderating Scheme growth is the only driver of reform, the risk is less effective services and lower investment.

The decisions made during implementation will shape the Scheme for years to come. That makes now the time to set the conditions for reform, including proportionate regulation, pricing that rewards outcomes rather than hours, clear pathways for innovation to be adopted, and a visible direction for investment.

Success should be measured by whether the Scheme remains sustainable and effective for future generations of Australians. Getting these settings right will not only strengthen the NDIS but also provide valuable insights for building a more productive, person-centred and sustainable care economy across Australia, including in aged care.

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