

Submission to consultation on Self-Directed Supports Registration

Consumers of Mental Health WA

February 2025

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1. Acknowledgement of Country

Consumers of Mental Health WA proudly acknowledge Aboriginal people as Australia's First Peoples and the Traditional Owners and custodians of the land and water on which we live and work. We acknowledge Western Australia's First Nation's communities and culture and pay respect to Aboriginal Elders past, present and emerging.

We recognise that sovereignty was never ceded and the significant and negative consequences of colonisation and dispossession on Aboriginal communities.

Despite the far-reaching and long-lasting impacts of colonisation on First Nations communities, Aboriginal people remain resilient and continue to retain a strong connection to culture. We acknowledge the strong connection of First Nations Peoples to Country, culture and community, and the centrality of this to positive mental health and wellbeing.

2. Preamble

2.1 About the Respondents

Consumers of Mental Health WA (CoMHWA) is Western Australia's peak body for and by mental health consumers (people with a past or present lived experience of mental health issues, psychological or emotional distress). We are a not-for-profit, systemic advocacy organisation independent from mental health services that exists to listen to, understand and act upon the voices of consumers. We work collaboratively with other user-led organisations and a diversity of stakeholders to advance our rights, equality, recovery and wellbeing.

2.2 Request for Feedback

CoMHWA works to uphold the dignity and human rights of consumers, through providing advocacy in leading change with and for consumers. We appreciate notification of the outcomes of our submission to this consultation in order to understand and communicate the difference made through our work.

Please provide feedback via the contact details on this submission's final page.

2.3 Language

CoMHWA uses the term mental health 'consumer' throughout this submission. Mental health consumers to refer to people who identify as having a past or present lived experience of psychological or emotional distress, irrespective of whether they have received a diagnosis of mental illness or accessed services. Other ways people may choose to describe themselves include 'peer,' 'survivor,' 'person with a lived experience' and 'expert by experience.'

This definition is based on consumers' call for respect, dignity and choice in how we choose to individually identify. As individuals we choose different ways to name and describe our experiences that may confirm or trouble ideas about 'mental illness.'

CoMHWA endorses Black Dog Institute's Aboriginal and Torres Strait Islander Lived Experience Centre's [universal definition](#) of lived experience for First Nation communities:

"A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community."

People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or having a loved

one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander peoples' ways of understanding social and emotional wellbeing.

This definition recognises that there are fundamental differences to how Aboriginal and Torres Strait Islander people experience and define mental health challenges and suicide compared to mainstream definitions.

2.4 About the consultation

Information reproduced from: <https://engage.dss.gov.au/selfdirect/>

On 29th November 2024, the Department of Social Services (hereafter, DSS) provided a consultation paper and survey by way of opening consultation and inviting feedback on the implementation of the Category C: Service for One/Self-Directed Support Registration, as recommended by the NDIS Provider and Worker Registration Taskforce (the Taskforce).

The consultation paper built upon the Taskforce advice and sought feedback on the following key areas:

- Definition of self-directed supports
- Proposed obligations for registered self-directed participants
- Support from the NDIS Commission

The NDIS Commission invited submissions through an online survey or via a submission form to be emailed to NDISRegulation@dss.gov.au

Submissions closed on 7th February 2025.

3. Introduction

CoMHWA welcomes the opportunity to provide feedback to the consultation on Self-Directed Supports Registration. As the peak body in WA for mental health consumers, we focus in this submission on providing feedback informed by the experiences of participants accessing NDIS for supports with psychosocial disability.

CoMHWA believes it is important to protect the ability of NDIS participants to engage unregistered providers. Unregistered providers are sometimes the only option for participants in rural, regional and remote areas to get certain kinds of support as they don't have the same variety and number of registered providers available as those living in metro areas. CoMHWA heard from participants that while it is important to explore how misconduct can be prevented so that participants can access high-quality and safe supports, enabling participants to be able to access unregistered providers without placing barriers in their way is important to maintain participants' capacity to access supports they need. We heard that the proposed requirements for registration and compliance were likely to be onerous, and participants expressed their opposition to the registration process, and supports such as check ins, being used to police and scrutinise them. Participants explained their need for accessible, straightforward and clear processes around registration and meeting obligations, and genuinely supportive information, check ins, and one-to-one contact from the NDIS Commission to facilitate their capacity to self-direct their supports.

We base our submission on:

- Consultation and discussion with our members and with consumers who are accessing NDIS with psychosocial disability identified as their primary disability, including a survey that was conducted between 18th of December 2024 and 29th of January 2025.
- Ongoing data collection and input from CoMHWA's Individual Advocacy and Peer Pathways (service navigation) programs
- Ongoing consultation with consumers in Western Australia on joint priorities for an improved mental health system
- Consumer representation in relevant settings, including but not limited to: Primary Health networks (WAPHA), WA regional equivalents of the Local Health Networks (regional mental health services under the WA Health Board structure), the Mental Health Commission and the health complaints agency, Health and Disability Services Complaints Office (HaDSCO).

This submission is structured to respond to the areas of discussion and questions provided in the consultation paper. Summaries of information the consultation paper gives as context for specific questions are provided where relevant.

4. Discussion of Consultation Questions

Section 1. Definition of self-directed supports

DSS defines self-directed supports, as distinct from self-managed supports, in the following way:

“Self-managed is considered to mean:

- The financial management of funding for supports under an NDIS plan. A self-managed participant is a participant who manages their NDIS funding without the use of a nominated registered plan manager. The participant directs funding by purchasing any goods or services for their disability-related support needs.

Self-Directed Supports is considered to mean:

- A way of managing supports, where the participant directly employs workers providing support; or
- Self-directed supports include service-for-one arrangements, where a company or business structure is established for the purpose of providing disability support services to one individual.

The distinction between self-directed supports and self-management is important because:

- Self-managed participants will not need to register with the NDIS Commission. Oversight and safeguarding is achieved here through Provider registration as proposed by the Taskforce and NDIS Review.
- Self-directed participants will need to register with the NDIS Commission and can directly employ workers. The participant will be responsible for maintaining their registration and will need to comply with obligations commensurate with the risk for the services provided to them.”

1. Do you agree with the definition of Self-Directed Supports above?

Participants told CoMHWA they broadly agreed with the definition of self-directed supports provided. They validated that it was essential for participants to be able to self-direct supports where appropriate and that participants should have the choice of arrangement of management of their funding and supports. They were clear that this should remain a matter of participant choice, with those who do not have the time, desire or capacity to go through a registration process and meet compliance requirements not being required to move into the self-directed supports category, and retaining other options available to them to direct and choose their supports. As one participant noted:

“I partly agree with the definition, but I think imposing registration on participants is onerous. It feels like more choice and control will be lost, and it also feels like because this is something the participant wants to do, they are penalised for.”

Section 2. Proposed obligations for registered self-directed participants

The Taskforce proposed a range of obligations and requirements, which DSS is seeking feedback on. The following obligations have been proposed:

- Adherence to NDIS Code of Conduct
- Worker screening
- Complaints process
- Incidents
- Audits – though not external audits, and practice standards would only apply in the case of high-risk support categories.
- Ongoing monitoring
- Participants undertaking their own assessment for practice and quality according to self-defined standards
- Suitability assessment – undertaken by participant
- Regular check-ins with the NDIS Commission
- In directly engaging their supports, the participant or nominee takes on the responsibilities of an employer, including mandatory responsibilities such as occupational health and safety, insurance, and compliance with the terms set out in industrial awards.

Registration through an online portal is proposed, with participants applying online and being registered automatically upon approval. Similar criteria to those who self-manage plans are proposed, which would exclude application participants who are bankrupt or insolvent under administration, or whom the NDIA determines self-directed support would pose an unreasonable risk. Any supports that fall within the proposed new Advanced Registration Category would need to be provided by registered providers.

2. Do you agree with the proposed obligations for registered self-directed participants?

CoMHWA does not agree with the proposed obligations, and believes that obligations require careful codesign with participants and clear and consistent messaging to ensure they are understood by all participants, pathways to meeting them are easy to follow and accessible, and they do not place stressful burdens on participants.

The proposed obligations and registrations process is likely to be more onerous for groups of participants who already encounter significant barriers to accessing NDIS supports, such as those in rural, remote and regional areas, who may encounter barriers to accessing information and support around registration, and Aboriginal and Torres Strait Islander people. As recognised in the *NDIS First Nations Strategy 2025-2030*,¹ respect for the self-determination and agency of Aboriginal and Torres Strait Islander people means supporting their rights to manage their own affairs, and self-directed supports are a key way that NDIS participants can do this. While data on this is scarce, what is available suggests that, compared to other participants, a lower proportion of Aboriginal and Torres Strait Islander people have a self-managed plan,² which implies that the proportion of those who self-direct supports may be similarly lower. This suggests that work is needed to explore how the processes around self-management might be made more accessible and culturally appropriate, and to make available the right supports and information to enable self-management. It is therefore crucial that the obligations and processes around self-directed supports registration are explicitly reconsidered and co-designed with Aboriginal and Torres Strait Islander NDIS participants. As stated in the First People’s Disability Network’s (FPDN) submission to the NDIS Provider and Worker Registration Taskforce:³

“Any time that the Taskforce considers the introduction of a given registration requirement, it must then ask whether that requirement will have a disproportionate effect (directly or indirectly) on First Nations persons with disability. If the answer is ‘yes’, then effective countermeasures and exceptions must be designed and introduced from the outset, before the measure is even approved; not as an afterthought.”

This quote is as relevant to consideration of self-directed supports registration as it is to the Taskforce. As the FPDN notes in the same submission, many First Nations persons with disability in rural and remote areas may prefer individual unregistered providers they know and with whom they feel comfortable over larger, commercial providers, and it is important to maintain their ability to access supports in line with their preferences.⁴

Our consultation with participants with psychosocial disability showed that the proposed obligations are both extensive and unclear, and so need to be reconsidered. For instance, there is ambiguity around what

¹ National Disability Insurance Agency (2025). *First Nations Strategy 2025-2030*. <https://www.ndis.gov.au/about-us/strategies/first-nations-strategy>

² National Disability Insurance Agency (2022). *National Disability Insurance Scheme Summary: Participant Survey on Self-Management*. <https://www.ndis.gov.au/media/5116/download?attachment>, p. 5.

³ First People’s Disability Network (2024). *FPDN Submission: NDIS Provider and Worker Registration*. <https://fpdn.org.au/wp-content/uploads/2024/08/FPDN-Submission-NDIS-Registration-Taskforce-.pdf>, p. 5.

⁴ Ibid, p. 10.

“self-defined standards” might look like or how participants may determine these to meet the requirement that they undertake their own assessment for practice and quality against self-defined standards. Furthermore, the specific “responsibilities of an employer, including mandatory responsibilities such as occupational health and safety, insurance, and compliance with the terms set out in industrial awards” need to be fully explained in terms of what these mean for NDIS participants, as the mention of these responsibilities in the consultation paper is a vague reference to a large and complex catalogue of legislative and regulatory requirements. Online registration may not be accessible for every participant, and so it is essential that participants be supported to register in other ways if needed.

Refusing some participant’s ability to self-direct supports because the NDIA determines these would “pose an unreasonable risk,” could curtail choice and control for some participants, denying them dignity of risk. Overly rigid approaches to assessment of participant’s ability to self-direct, and overly strict registration and compliance rules could force those who could, with the right supports, self-direct, into plan or agency-managed plans that deny them the opportunity for more choice and control. Participants with psychosocial disability shared that they often encounter barriers to choice and control in NDIS and around choosing and managing their supports and funding, experiences which research has found are shared more broadly among people with psychosocial disability accessing NDIS in Australia.⁵

Participants have understandable questions regarding what the NDIA feels constitutes a determination of unreasonable risk, who makes that judgement, and how it ensures that such judgements are made in fair, equitable, and consistent ways. Participants have said that they have often received inconsistent information and messaging from different NDIA or NDIS Commission personnel and support providers, and have concerns about this being the case when it comes to determining the validity of their applications for registration. If specific criteria is put in place, the NDIA should provide detailed information about what guidelines it uses to make such determinations, and should provide clear reasoning to participants it refuses, alongside accessible pathways for participants to challenge such decisions. It should also build in regular review-points for those decisions so that participants who develop the capacity to self-direct supports are not forever denied the opportunity to do so based on a past NDIA decision.

In general, there were mixed responses from participants with some agreeing obligations to meet requirements are warranted, and some expressing concerns about the onerous nature of obligations being put on participants, and how these might result in increased surveillance and reduced control for participants. One participant commented:

⁵ Hamilton, D., Hancock, N., & Scanlan, J. N. (2023). Impeded choice and control within the NDIS: experiences of people living with psychosocial disability. *Disability & Society*, 39(12), 3312–3333. <https://doi.org/10.1080/09687599.2023.2263629>

“This is a huge undertaking for those persons with disabilities to manage.”

Another said that:

“It’s a lot to put on a participant. ... I see the importance of checking that the participant is not making mistakes or hiring fraudulent workers. I worry about this being a trap for participants, as it’s easy to make a mistake.”

One participant opined that it was important for participants to show the ability to self-direct supports as part of registration, and another said that it is important to follow up on self-directed supports and that participants should have to observe a similar process as service providers to:

“ensure equity and compliance across the sector.”

If any criteria to qualify for self-directed supports are put in place, these should be made very clear to participants, and should include information on how criteria will be monitored and overseen.

Participants had mixed perspectives on requirements for check ins, as detailed further in our response to section 3, below.

3. Are there any barriers to compliance with these requirements?

There are significant barriers to compliance with these requirements arising from the complexity and size of tasks participants are asked to undertake, lack of information and transparency, and lack of participant trust in NDIS processes.

The lower proportion of participants with psychosocial disability on self-managed plans suggests that there are likely to be lower proportions who self-direct their supports.⁶ Such data points to a systemic lack of consideration of the needs of people with psychosocial disability in the development of processes and regulation of these categories of plan and support management. Participants with psychosocial disability should have equitable access to opportunities to self-direct their supports.

Major barriers to self-directing supports that are likely to place additional workload on participants rather than providers run the risk of making the responsibility for safeguarding the participant’s own. One participant commented that increasing participants’ control of their budgets and support would help to increase protections for participants when engaging with support providers. CoMHWA feels that a flexible, supportive and informative approach should be taken to enable participants who are not meeting requirements to be able to meet them, and revocation of registration should only be a last resort.

⁶ NDIS (2024). *Plan Management types data September 2024*. <https://dataresearch.ndis.gov.au/datasets/participant-datasets>

Participants told us that having extensive, difficult to meet requirements would present a major barrier to compliance. As one participant stated:

“There are numerous and complex barriers to meeting these obligations. The tasks involved to implement, managing and maintain are onerous tasks that some people might struggle immensely with.”

Lack of information and understanding was identified as a barrier by several participants. One participant made note of the many questions raised by the proposed requirements:

“Who covers the costs? Where are these records kept, and who ensures the security and confidentiality of such personal records? And if the participant can't manage this registration process, and the ongoing compliance, record keeping, auditing, etc who does?”

Participants noted that information on how to remain compliant needs to be readily available, accessible, and communicated effectively, to prevent lack of understanding of processes and requirements from becoming a major barrier. As one participant commented:

“I think sometimes the lack of understanding and knowledge around process. I think when the NDIA offers training and information sessions to participants and families, the information needs to improve in delivery.”

Another participant pointed out that previous arrangements and processes which led to lack of information being provided to participants, and lack of transparency, have led to significant mistrust among participants around the NDIS:

“Make them simple as possible. Transparent as possible. What is ok and what is not heaps and heaps of knowledge before hand not like the current NDIS where they jumped in not having any information of what yes and what's no. The system took advantage of us and we are being blamed, why would that not happen again.”

One participant elaborated on that participants should be supported to meet compliance requirements in a proactive way and that the NDIS Commission should have regard for the amount of stress compliance requirements might cause:

“[Supports are needed around] form approval. [To] make sure forms and receipts are in correct format and backed up. Participants may find audits very stressful. So I propose an informal meeting to prepare someone for an audit. Stress in general is a factor. Make the process easy and with few steps.”

4. What features are important for the regulator to have when registering self-directed supports?

It is difficult to understand what this question is asking, and participants also expressed to us confusion about what feedback this question was seeking. Future consultations should prioritise ease of understanding in how questions are posed to remove barriers to participants wishing to be involved in consultation on the delivery of supports essential for their day to day lives.

If regulator refers here to the actual team, process, and/or mechanism overseeing and facilitating registration, then priorities include cultural appropriateness and flexibility, transparency in how registrations are processed, being as communicative and supportive of participants engaged in registration as possible, opening pathways for participants to ask questions and seek clarification on the process, and accessibility. Information should be available in plain English and should be communicated to participants in a timely manner, across a variety of modes, not just digital or online.

Section 3. Support from the NDIS Commission

DSS has proposed specific support arrangements, including regular check ins, and is seeking feedback on other kinds of support participants who self-direct supports would find helpful. The consultation paper explains:

“The Taskforce recommended registered self-directed participants have a regular check-in with the NDIS Commission. The Taskforce recommended that this process as an obligation and a requirement of gaining and maintaining registration. If a registered self-directed participant does not comply with this obligation, the NDIS Commission would be able to suspend or revoke the participant’s registration.”

The consultation paper also references the Taskforce’s advice that check ins would be an opportunity for knowledge and best practice sharing, and ongoing engagement with the Commission. The Taskforce has also recommended check ins be flexible and respectful of participants’ rights to privacy, with strict confidentiality guidelines in place.

5. How often should participants who self-direct their supports check-in?

CoMHWA believes that mandatory check ins should be infrequent, but that participants should have the choice to have more frequent voluntary check ins, and participants’ registrations should not be immediately threatened if they are unable to attend a check in. Mandatory check ins should not take place so frequently as to place an undue burden on participants. Some participants we spoke with agreed with the idea of regular check ins and some were unsure. One participant was against the idea of check ins because they will lead to further policing of NDIS participants:

“Check-Ins feel like an intrusion of privacy and a way to make people feel inadequate, anxious and monitored for wrong-doing. When they might make mistakes based on the limitations of their disability.”

Similarly, participants had differing views on how often check-ins should happen, with some saying monthly check ins are helpful and some saying check ins every 3 months are preferable.

6. What form should these check-ins take?

It is important that the check ins are not themselves aimed at measuring and policing compliance, but rather take the form of a supportive conversation in which participants can access information and assistance in navigating requirements around self-directed supports. There should be flexibility around the mode and form check ins take to ensure that more participants are able to access check ins in the ways that work for them. Participants told us that they feel that check ins would be helpful as a way for those who self-direct supports to get information and support they need to continue to do this effectively. However, all participants were very clear that these check ins should not be an occasion for policing and surveillance of participants who self-direct their supports. In the words of one participant, check ins would be helpful only under the following circumstances:

“So we can ask questions actually and have more access to information. But not check ups on US as people and do we deserve NDIS and put under the stress we are under now. I feel like a criminal for needing help.”

Another participant commented:

“I think there should still be autonomy. There is a lot of tick box exercised people with NDIS plans are having to follow, which could become overwhelming.”

The question of how participants will be supported to check in remains open. CoMHWA has concerns around how any costs associated with check ins be addressed. One participant asked:

“How much will all this cost, and where is the money coming from when so many persons with disabilities are on very low incomes?”

We also have questions about what kinds of support they be able to access during check ins, including support to understand their responsibilities. It is CoMHWA’s position that mandatory requirements, including check ins, should be covered by additional funding and support allocated so that participants do not end up out of pocket and do not have to cover this out of their existing plans.

7. What types of information could assist with checking in?

To assist with the check in process, CoMHWA heard from participants that clear information about the schedule, form, and purpose of check ins must be given in a timely fashion. When indicating the purpose, it

is particularly important that the check ins are about provision of information and support, not surveillance. Information about who will be overseeing and accessing records should be given to participants to ensure transparency.

Delivery of information about the check-in process must be consistent, accessible, clear and simple:

“I think when the NDIA offers training and information sessions to participants and families, the information needs to improve in delivery.”

Within check ins themselves, participants mentioned a variety of types of information that could be useful, including guidance about:

- managing the registration process
- record keeping
- managing the financial aspects
- NDIS processes, including clarity about NDIS jargon.

8. What types of support structures could help participants share innovative practices? (for example, via a knowledge base, templates, or community of practice)?

Support structures should be meaningfully co-designed with participants (as should the whole registration process), and supports on offer should include the option of one to one support for some participants and the development of peer networks. Participants felt it could be useful for each participant who self-directs their supports to have an NDIA contact person who they can phone or email for assistance and information, as one participant proposed:

“I suggest a mentor in place to check work they are unsure about.”

Another wrote of the importance of continuity of support from a specific contact person:

“Case managers from NDIS who will stick with us through the term if its 3 years like NDIS and if we don't get along we get a different one like all establishments.”

Another echoed that one to one support would be needed, but also questioned the costs associated, noting that extensive requirements mean that more support is needed, and so the registration process as a whole was likely to become an expensive undertaking that would be detrimental to participants.

In general, participants felt that measures to improve control and autonomy of participants are important, and that any measures to introduce self-directed supports registration should increase their capacity to exercise control and autonomy, rather than placing restrictions and barriers in their way, as one participant said:

“Participants do need more control of their budget. Like relocating funds from core to support.”

Another participant expressed that the process should enable:

“Self governing, self control.”

Supporting the development of peer networks for participants with psychosocial disability who self-direct supports, and connecting interested participants in with those networks, would promote information-sharing and connection.

The NDIS Provider and Worker Registration Taskforce recommended a co-designed approach.⁷ While this consultation is a first step, a consultation is not co-design. CoMHWA hopes that DSS undertakes a robust co-design process with NDIS participants, including people with psychosocial disability, to ensure that the registration process, requirements and support do not add undue administrative burden and are accessible, straightforward, and meet the needs of participants.

5. Conclusion

CoMHWA has previously heard from people accessing NDIS with psychosocial disability that the ability to engage unregistered providers for their support needs through their NDIS plans facilitates choice and control. Participants describe being able to secure the type of support they needed, from providers they trust, who are able to meet their support needs in a tailored manner. Some participants describe their experiences with unregistered providers as ranking among their best experiences of NDIS support. It is essential that the NDIS Commission approach the registration process as an opportunity to support more participants to self-direct supports and engage unregistered providers as needed, rather than implementing registration processes and requirements that exclude those participants from exercising choice and maintaining control over the supports they engage.

⁷ Wade, N., Borowick, M., O'Halloran, V. and Fels, A. (2024). *NDIS Provider and Worker Registration Taskforce Advice*.

<https://www.dss.gov.au/national-disability-insurance-scheme-review-and-reforms/resource/ndis-provider-and-worker-registration-taskforce-advice> p. 60.



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