

# Submission to consultation on Mandatory Registration of Platform Providers

Consumers of Mental Health WA

March 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 cover 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 the NDIS Commission.*

In November 2024, the NDIS Quality and Safeguards Commission (hereafter, the NDIS Commission) provided a consultation paper by way of inviting feedback on the implementation of [mandatory registration of platform providers](#). This followed the Minister for Government Services and the NDIS, the Hon Bill Shorten MP, announcing on 16 September 2024 that mandatory registrations would be required.

The Platform Providers consultation sought feedback on the following questions:

- How can the registration of Platform Providers support Platform Providers to deliver high quality and safe services?
- How can the registration of Platform Providers ensure that innovation and choice and control are maintained and encouraged?
- How can the NDIS Commission ensure a smooth transition to mandatory registration for participants, workers and providers?
- What are the benefits and risks of the approach we are considering to define Platform Providers? What other features could we include?

The NDIS Commission invited submissions through an online survey or via a submission form to be emailed to: [consultation@ndiscommission.gov.au](mailto:consultation@ndiscommission.gov.au)

Submissions closed on 7<sup>th</sup> March 2025.

### 3. Introduction

CoMHWA welcomes the opportunity to provide feedback to the consultation on mandatory registration of Platform Providers. As the peak body in WA for mental health consumers, we focus in this submission on providing feedback specifically informed by the experiences of participants accessing the scheme for supports with psychosocial disability.

CoMHWA has heard from participants with psychosocial disability that mandatory registration of Platform Providers should be designed to promote participant choice, control, and autonomy, and that the NDIS Commission must be mindful of potential impacts on accessibility and affordability of supports. Many participants we spoke with emphasised the need to ensure participant safety when participants are engaging providers and sharing their personal information on such platforms. However, many were against overly rigid regulation or onerous registration frameworks as a means to accomplish this, as they felt that this could increase costs that would be passed on to participants, could impact negatively how accessible platforms were, and could reduce the number of Platform Providers available, which would in turn make it harder for them to find supports. Some participants felt that registration could be a good opportunity to promote inclusiveness in Platform Providers and encourage innovation if it were approached in the right way. There was near unanimous agreement from participants that clear and timely information delivered about what will change, how this will affect individual participants, and when they will notice such changes is needed. A major theme emerging from what we heard from participants was declining trust in the NDIS Commission. CoMHWA echoes the disappointment many participants expressed to us that they were not more meaningfully involved with the decision-making and planning that has led to the making of these changes that will impact their systems of support.

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
- Responses to a survey inviting feedback from CoMHWA's members who are NDIS participants with psychosocial disability disseminated between 12<sup>th</sup> of February 2025 and 5<sup>th</sup> March 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 papers.

## 4. Consultation Questions

### 1. How can the registration of Platform Providers support Platform Providers to deliver high quality and safe services?

CoMHWA's position is that the registration of Platform Providers should be designed with participant experience foremost in mind, with participants being supported to maintain and improve their access to safe, quality, affordable platforms. Reflecting the feedback we heard from participants, regulation and registration, while sometimes important for protecting safety, should not be done without regard for how changes might impact the availability and accessibility of these platforms for participants. Many participants we heard from agreed that directories of services do need to pass some checks for there to be an assurance of quality and safety in the system, though many participants also felt that increased NDIS Commission regulation and policing could potentially reduce their choice and sense of control over their supports. This is discussed further in the following section.

Registration should facilitate the ability of Platform Providers to affordably and accessibly meet the needs of diverse NDIS participants, protecting their personal information and preventing them from encountering fraud and abuse when accessing supports. Participants with psychosocial disability often encounter difficulties when attempting to find NDIS providers with the capability to understand and respond to their needs, and for that reason, promoting the ability of Platform Providers to provide accessible ways in which participants are able to find the right supports for them can improve the ability of the NDIS system to meet their needs. One participant noted the need for an emphasis on inclusion in designing criteria to encourage Platform Providers to meet the diverse needs of NDIS participants:

*“Define clear and objective criteria for platform providers to ensure that they can meet the diverse needs of NDIS participants. The standards should cover aspects such as service scope, technical capabilities, and financial stability, while also being inclusive enough to accommodate emerging and innovative platforms.”*

Participant feedback and experiences should be the key metric for understanding whether services are safe and high quality, and the NDIS Commission should establish meaningful and regular ways of obtaining and responding to such feedback. One participant suggested that the registration process could be improved if the NDIS Commission were to:

*“Establish an effective user feedback mechanism to enable NDIS participants to provide feedback on platform services in a timely manner.”*

Participants shared a variety of ideas for how registration of Platform Providers could improve quality and delivery of services, including having a regulatory framework, having regular audits to ensure providers are meeting criteria and offering clear criteria and guidance for providers to follow. A focus on protecting participant privacy and data security considerations is also essential, as one participant commented:

*“Participant safety is of utmost importance. The commission needs to ensure that registered platform providers have robust security measures in place to protect participants' personal information, prevent fraud and abuse, and create a safe online environment. This involves verifying the platform's data protection policies, user authentication processes, and content moderation mechanisms.”*

## **2. How can the registration of Platform Providers ensure that innovation and choice and control are maintained and encouraged?**

CoMHWA believes that retaining and promoting participant autonomy should be the central aim when designing processes that impact access to NDIS supports. Platform Providers are one way in which participants are able to choose the way they get the supports they need, because they enable participants to access information and options on available providers. Registration should be focused on increasing choice and control for participants, rather than risking reducing service options, affordability and accessibility through over-policing and regulation of Platform Providers.

Many participants were against overregulation and policing of Platform Providers, which they said would increase costs and reduce their options for choosing services. Participants also told us of their concerns on the potential effects on the accessibility, useability and security of the platform, and the quality of services. Participants noted that such regulations often resulted in more barriers for them to access supports, saying that:

*“We don't need more hoops”*



Participants highlighted the impact on Aboriginal and Torres Strait Islander participants, who already encounter significant barriers to accessing culturally appropriate supports:

*“This impacts highly on First Nation communities and people helping people. We don’t need over regulation.”*

We have also heard participants’ worries about how this would affect access to specific types of support commonly accessed through Platform Providers, such as cleaners, who are typically more expensive through registered providers, and Peer Workers, who often advertise services through those platforms. CoMHWA feels it is essential that Peer Workers in the NDIS (participants with psychosocial disability who also provide NDIS services) be recognised and encouraged in the work they do, rather than experiencing barriers to being Peers in the NDIS system. Some participants raised questions about whether Peer Workers who advertise their services through Platform Providers would be disproportionately impacted by the changes, and whether Platform Providers would be supported to recognise the skills, value and expertise of Peer Workers that might be on their platforms.

Choice and control could be maintained and encouraged through the registration process by promoting affordability of supports through Platform Providers. Participants wondered if registration could raise costs that will be passed on to participants and suggested that affordability be kept front of mind in designing the registration process, as one commenter said:

*“The NDIS Commission should consider the financial impact on participants. It should encourage platform providers to offer affordable options and ensure that the cost of using platforms does not become a barrier for participants to access necessary services or support. This may involve negotiating with platform providers to offer discounted rates.”*

The NDIS Commission should be proactive in supporting Platform Providers to innovate and to offer more participants access to opportunities to exercise choice, rather than relying on registration alone to accomplish this. As one participant suggested:

*“While the regulations for platform provider registration are important for safeguarding participants’ interests, there should also be room for innovation. The NDIS Commission could consider creating incentives for platform providers to develop new and improved services. For example, offering grants or recognition for platforms that introduce novel solutions for enhancing the independence and well - being of NDIS participants.”*

It is only by promoting innovation and the growth of more options for participants to exercise choice and control, that the NDIS Commission can work to win back and sustain the trust of participants. It is important that registration does not become such a significant deterrent to Platform Providers remaining in the NDIS market that participants are left with no options. CoMHWA heard from some participants that they viewed increased regulation as a money-saving endeavour to restrict the options available for them to access supports, and therefore leave them with no real options for using their funding. This sentiment is indicative of a loss of trust in the NDIS Commission to promote the rights, inclusion, and needs of people with psychosocial disability.

### **3. How can the NDIS Commission ensure a smooth transition to mandatory registration for participants, workers and providers?**

The NDIS Commission must approach transition arrangements with a view to ensuring that no participant is taken by surprise by the changes that are planned, because these are changes that will impact their supports. Participants have emphasised to CoMHWA that they need processes to be simple, with clear communication and lots of prior notice of what will change and how *before* those changes are implemented. Information in language that caters to different literacy needs and avoids jargon would ensure that more participants are able to understand the changes.

Sharing information through multiple communication platforms and pathways would ensure that participants remain informed, with participants suggesting options like an FAQ page on the NDIS Commission's website, a dedicated helpline that people could call for answers to questions they might have, online and face-to-face meetings in different locations, social media communications, and NDIS newsletters and website updates. Several participants noted that sending letters to participants about what is changing and when, including personalised information about which of their supports will be affected and how, could enable them to prepare. Participants said that personalised support throughout the transition would be helpful, for participants and providers alike. CoMHWA has heard from participants with psychosocial disability both in discussions around this consultation, and consultations on other NDIS reforms, that communications with the NDIS Commission and the NDIA are challenging – they describe being unable to easily find the right person to ask, long waits, or unclear and inconsistent advice. Information provided should include specific information about impacts to people with psychosocial disability.

It was important to participants that their rights, privacy, and access to supports be protected throughout the process. Some participants also mentioned that the NDIS commission should endeavour to be person-

centred, keeping in mind that it is working with people, and that changes are affecting their access to supports. One participant emphasised the need to:

*“Work closely with Platform Providers to ensure a smooth transition and minimal disruption to service delivery.”*

On a similar point, simplifying the process for participation in any transition processes for both participants and providers would promote accessibility of transition arrangements.

#### **4. What are the benefits and risks of the approach we are considering to define Platform Providers? What other features could we include?**

CoMHWA acknowledges that the NDIS Commission needs to be able to recognise emerging Platform Providers for the sake of ensuring that Platform Providers are operating in ways that promote participants’ safety, choice and access to support, but it should not then use any definition it creates to coerce Platform Providers into retroactively fitting with that definition. Some flexibility in the approach to define Platform Providers is needed, but the flexibility of the NDIS Commission’s approach is both a benefit and a risk. While it is clear that the definition of Platform Providers needs to be somewhat flexible, it should not be so broad as to risk intervening in the personal support networks and communications of participants. Some participants access platforms like Facebook groups for finding service providers. Those participants told CoMHWA of their worries this would be interfered with, as it is part of participants’ control of their own lives. Regulating social media platforms is also likely to be challenging in practice. In the words of one participant:

*“If I find a worker through an informal network like a friend of a friend, I should be able to.”*

CoMHWA feels that there should be checks and balances on the NDIS Commission’s ability to designate Platform Providers outside of its given definition of a Platform Provider, and it should not be a unilateral or arbitrary decision. CoMHWA heard mixed feedback from participants about whether they felt that the NDIS Commission should be able to do this. Some participants noted that the NDIS Commission should be able to have flexibility because of the emergence of new models and the fast pace of change in the digital landscape. Other participants felt that this would encourage ambiguity and would compromise the integrity of the system and the way it governs different organisations. One participant wrote:

*“Without clear and strict guidelines and procedures, the process of designating an organization as a Platform Provider may be influenced by personal biases or other factors, rather than objective*

*standards. This could lead to unfair treatment of some platforms and damage the credibility of the regulatory system.”*

When identifying features to be included in definition of Platform Providers, participants mentioned that those providers are distinguished by:

- the fact that they are professional undertakings aiming to make money
- they provide infrastructure to enable users to connect with providers
- they are often digital and have an app or website.

Yet, participants highlighted the immense variability in Platform Providers, including differences between how they make money and the source of their revenue, the behaviours of their user base, and the types of services offered by providers on different platforms.

## **5. Conclusion**

Strict registration requirements that stifle innovation and that result in a loss of accessible and affordable platforms that promote the choice and control of NDIS participants with psychosocial disability are likely to further erode participants’ trust in the NDIS Commission. Instead, an approach that rewards inclusiveness, accessibility, affordability, security and safety in Platform Providers is strongly preferred by many participants. CoMHWAs urge the NDIS Commission to be more proactive in meaningfully partnering with participants, including participants with psychosocial disability, from the outset in decision-making and planning when it comes to reforming and developing the NDIS.



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