

June 4th 2025

Dear Minister Butler and Minister McAllister,

Mental Health Carers NSW (MHCN) is the NSW peak body organisation for carers, families, and loved ones of people with mental health issues and the systemic provider of psychosocial disability advocacy for the Department of Communities and Justices' *Disability Advocacy Futures Program*. MHCN welcomes the establishment of the new Ministry for Disability and thanks the Government for honouring and implementing the Disability Royal Commission *Recommendation* 5.6. We are pleased that these portfolios are being managed by ministers with extensive expertise and experience in the disability, health, and social services sectors.

The NDIS was a landmark Labor policy achievement and, as such, Labor is best placed to rebuild the fractured relationship between government, the NDIS, and its participants, applicants, and their carers, families, and kin. There must be clearer and more timely communication around decision-making particularly when services are moved into various categories or funding is allocated to certain supports or redirected from others. We understand that the NDIS is not a bottomless bucket of funding and that allocations are competitive, but stakeholders are frequently confused, stressed, and unsure about navigating an often-changing service and their continuing access to their plans and services. Our stakeholders have reported cuts to plans and confusion as a result of the jurisdictional aspects of the development of Foundational Supports. There must be no cuts or changes to packages while these Foundational Supports are being developed as these services are simply not yet equipped to supply the demand. Moreover, carers, families, and kin are often the ones who bridge the gaps between services and users, support their person financially, logistically, and emotionally when services and providers can or do not. They must be better supported, consulted and informed, and equipped to access respite.

The Ministry must act on the public demonising of the NDIS by a media which often blames participants alone for the rising costs of the scheme. The sentiment that participants are a fiscal burden or misusing and 'rorting' the system is pervasive, indicating that more must be done to communicate the necessity and value of the NDIS to Australian society. The onus should not be on a person with disability to prove to the public that they are not a fraud and are worthy of service provision. They must not be treated as expenses and burdens, as inadequate, or as though their capacity can always be built, as for people with lifelong disability this is simply not possible and perpetuates ableism. The inherent design of the NDIS with 100% private provision of supports drives unsustainable costs and this architecture should be reviewed before wholesale cuts to supports are entertained in the name of sustainability. Better reporting of the qualitative outcomes of the NDIS is also needed as well as robust data collection around

Mental Health Carers NSW Inc.

Funded by the NSW Ministry of Health Suite 2.03, Level 2, 3 Spring St, Sydney NSW 2000 Carer Connection Helpline: 1300 554 660 – Free Call P: (02) 9332 0777 W: www.mentalhealthcarersnsw.org E: MHCNadmin@mentalhealthcarersnsw.org participant engagement to improve the quality of services provided and offer the Australian public a better understanding of the merits and necessity of the Scheme.

Sincere and accountable actions to engage the disability community in decision-making must be taken. Establishments of Support Lists and frameworks for accessing services must be done in clear and meaningful consultation with disability representatives, advocates, and organisations. The staffing at the NDIA needs to be more diversified and inclusive of staff with their own lived experience of disability and trained to elevate the lived experience of participants. The Agency requires a deeper understanding of the scope and intersectionality of disability experiences and needs. Investment in training and capacity building for staff may address high staff turnover and employing staff with disability will improve the quality of reforms and their acceptance by disability communities. The principle of *'nothing about us, without us'* must be upheld by the Government to set a positive example to organisations and services nationwide.

The free market is not focused on nor sufficiently equipped to understand or empathise with disability experiences to provide safe and respectful services. Service providers, not just individuals, participating in the scheme must be under more scrutiny to address resourcing issues. Providers need to be accountable, sufficiently trained, and culturally-safe, as there are clear power imbalances between service providers, coordinators, and participants, particularly when the documentation and reporting is controlled by service providers. Plans and claims should be assessed and reviewed empathetically not punitively. More can also be done to identify and eliminate fraud and exploitation of the scheme by corrupt providers and OCGs, who profit from low effort or non-provision of services, and to communicate this to the media where appropriate. Moreover, many parts of the market are too small and require too many specialised skills to support competitive provision of accessible, effective, and safe supports to highly vulnerable people, particularly in rural and remote areas. We would welcome any initiative that reviews the structure of the scheme to identify cost savings by funding state governments to be the 'providers of last resort' specialised supports that cannot be sufficiently, efficiently, or safely delivered through the market-based, individual package funding model, particularly for people with psychosocial disabilities or cognitive impairments that directly impact decision making.

By tackling systemic stigma against people with disabilities, addressing service-level exploitation, and taking accountable steps to engage people with disability meaningfully and purposefully, and restructuring some aspects of support so they can be efficiently delivered by government providers, the Ministry can adhere to the NDIS's principle of disability inclusion and rebuild a fraught relationship with participants, while securing the sustainability of the scheme.

Sincerely,

Dr Alyce Cannon, Psychosocial Disability Policy & Research Coordinator Mental Health Carers NSW