WSWS speaks to Australian disability advocate Megan Spindler-Smith on Labor’s NDIS cuts

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Disability advocate Megan Spindler-Smith spoke to the World Socialist Web Site *last week about the federal Labor government’s onslaught against the National Disability Insurance Scheme (NDIS).*

Labor’s budget, brought down this month, outlined $35–38 billion in cuts to the NDIS. Up to 300,000 disabled people are to be kicked off the scheme altogether, under conditions where there are no alternative supports, and those who remain will have their assistance greatly reduced.

This brutal agenda, which will claim lives, is the spearhead of a broader austerity offensive, targeting public education, healthcare and other essential social spending. Labor is targeting the working class, including its most vulnerable layers, to pay for record military spending in preparation for war and to meet the demands of the corporate and financial elite.

Legislation mandating the cuts states that access to the NDIS will no longer be based primarily on a medical diagnosis, but on arbitrary examinations of “functional assessments.” The aim is to limit support to the bare minimum. Future participants will have to prove that they have sought every conceivable “alternative” to the NDIS. The health and disability minister is provided with dictatorial powers to eliminate funding to whole sections of the NDIS and to set price caps on assistance provided.

Spindler-Smith is the Acting CEO of People With Disability Australia (PWDA), Australia’s peak disability rights and advocacy organisation. Founded in 1981, PWDA is a non-profit organisation which directly represents thousands of people with disabilities in Australia, as well as advocating on behalf of the broader disability community.

PWDA has been among a number of disability advocacy groups that have warned about the disastrous social consequences of Labor’s NDIS cuts. The organisation launched a petition on April 20 titled “Protect the NDIS: Don’t cut the supports people need to live ordinary lives,” which at time of publication has received almost 20,000 signatures.

The following interview was edited for brevity and clarity.

World Socialist Web Site: These cuts to the NDIS are the largest to any social program in Australian history. What will this mean for the 760,000 people currently relying on NDIS?

Megan Spindler-Smith: Social and community participation is one of the key areas being targeted for reductions. What that means is our ability to go to work, get out of bed, or even access the support we need, including taking medication, could be reduced or removed. That means we’re going to have to rely more on informal supports, if we have them, which places more burden on carers and families.

It also has the potential to mean that people like me can’t continue in the workforce because these are the supports that allow us to actually go to work—or, for me, to even have this conversation with you in the first place.

The legislative powers that are also being introduced for the health and disability minister means that decisions could change over time. The things you could previously access when you came onto the scheme could change within six months or a year because of spending caps or other expectations imposed under the new ministerial powers. It means we’re at the whim of decision-making that isn’t necessarily based on our specific needs and requirements.

WSWS: In other words, it’s outside your control.

MS-S: Correct.

WSWS: This must be extremely stressful.

MS-S: Yes. It’s stressful because we’re already seeing what we believe is about a 10 percent reduction in daily capacity-building supports. This means a reduction in our ability to build and access the supports we need to maintain things long-term. That could affect our ability to apply for university, stay in university, continue building skills at school or participate in employment.

The problem is that, right now, there’s a real void. There’s nowhere else for people with disability to go because the previous systems—while they had their problems and we wouldn’t want to return to them exactly as they were—haven’t been replaced yet. The potential for people to fall through the gaps is huge because there’s nowhere else to get that support.

We’ve already seen reductions in early intervention supports that make a difference across a lifetime. If you don’t get access to those supports at the right age, during pivotal periods of mental and physical development, it can have long-term effects, including increased psychosocial disability and mental health challenges.

We’re seeing really worrying trends where access to support is increasingly predicated on people missing milestones they likely would have achieved if they’d received early intervention through the NDIS. It becomes a catch-22: you almost have to go backwards to get access to the supports you need, and it’s hard to come back from that.

WSWS: As an NDIS participant yourself, how did that support help you?

MS-S: To be clear, I’m currently in a review process, so I’m the classic example of someone who previously had access to supports and now doesn’t have the same level of access.

I need to rely much more heavily on my wife. For example, I can’t wash my own hair, so I rely on her to do that. That’s not something anyone’s partner should be expected to provide, but I don’t really have another choice.

It also means that I must choose between working and having any form of friendship or community participation. I don’t access my community outside of work unless I take leave, because I must balance the energy demands created by the lack of support.

My mobility has also absolutely worsened. Since losing my previous level of support, I've gone from mostly using a walking stick—or sometimes no mobility aid at all—to needing walkers, scooters and other supports.

This shows how things go backwards for us when we don't get access to the right supports at the right time. And I'm lucky—I'm highly privileged. I have a great job. But even then, I need to choose between my job and my life, and 90 percent of my community don't have that level of privilege or access.

WSWS: We've spoken to other people with disabilities, some of whom have said the NDIS cuts will cost lives, that people will die.

MS-S: I don't think that's hyperbole. I'm very cautious about ever referring to concerns around people dying because of a lack of access. However, the fact is that there are some very sad examples we can point to—like Koa Gibson and Noah Johnston—which show that when access is removed, reduced or inappropriate, it does cause harm. While death is an extreme form of harm, it is sadly not unlikely.

[Koa Gibson was a four-year-old girl from Geelong with a rare brain disorder which medically required her to receive 24-hour nursing care. She died in 2025, just days after the NDIS cut funding for such care and she choked on her vomit alone in a hospital ward. Noah Johnston was a 22-year-old man with cerebral palsy who died in 2025 when his ventilator tube disconnected without a critical care registered nurse there to reconnect it. The NDIS cut 24-hour nursing care from his plan two years prior.]

WSWS: The new NDIS measures talk about "functional assessments." Can you unpack this term?

MS-S: The idea behind a functional assessment is that you have a loss of function, which means you can't do certain things, but it's not clear what the baseline is that you are supposedly losing functionality from. Some of us have not "lost" functionality over time; we were born this way. You cannot lose something that was never there to begin with. So, in order to prove a loss of function, we end up being compared against someone else's functionality.

For us to participate in a society that is not designed for people with disability, we require a certain level of support to function. Put more simply, we must demonstrate that we cannot do something in order to get the supports we need to do it in the same way others in the community can.

WSWS: In the past, if an assessment resulted in your program being cut, you could appeal that. There was a two-stage process, and while it was difficult and stressful, there was still a pathway to challenge the decision. As I understand it, that avenue is not there now. Is that true?

MS-S: There have been changes to unscheduled reassessments, and that speaks directly to what you're talking about.

Currently we can go to the ART—the Administrative Review Tribunal—if we disagree with a decision made by the agency. Essentially, it allows us to say, "We don't agree with the decision. Here is our evidence. We don't believe the decision was appropriate or correct, and we need an independent third party to review it."

What we've seen is that, in 2024, around 90 percent of NDIA (National Disability Insurance Agency) decisions taken to the ART were overturned in favour of the participant, not the NDIA. That demonstrates why these review mechanisms matter.

But if certain programs are simply removed at the minister's discretion, then even if an appeal process still exists, you are effectively appealing for the restoration of something that no longer exists.

The new legislation appears to counteract or contradict previous legislative recognition of "whole-of-person" consideration. A practical example would be a person who is deafblind. We've seen cases where a deafblind participant was told that the only device they could access through their supports was one addressing hearing needs alone. But deafblindness is not two separate impairments operating independently; it is an integrated disability experience.

In effect, the person was being told they could receive support for hearing, and perhaps some limited support for vision, but they would effectively have to choose between being able to hear or being able to see. The ART recognised that these are not disparate issues—they interact, they create dual needs and the whole person must be considered. Nobody should have to decide whether they want to be able to see or hear. That is not a reasonable expectation.

WSWS: The other difficulty in all of this is the requirement that a person must have sought "all appropriate treatment" to be eligible to enter the NDIS.

MS-S: That assumes there are existing pathways to support that prevent a hierarchy emerging around socioeconomic status. Put simply, if you can afford to pay for treatments, assessments or other forms of support, you can demonstrate compliance with those requirements much faster and more effectively than those who can't.

For people who either don't have the financial means, don't have strong support systems or don't have access to alternative pathways, those requirements become far harder to meet.

The void that currently exists within the states and territories includes reliance on "foundational supports" or "two-tier supports." Those systems are supposed to include pathways to treatment, but in many cases they either don't exist yet or rely on a level of financial privilege that most people with disability simply do not have.

WSWS: The disabled are being told that they are somehow responsible for "rorting" the system and therefore must bear the consequences.

MS-S: And sadly, this reinforces the idea that people with disability are simply drains on society rather than people who contribute to it. The reality is the complete opposite.

People with disability contribute across every part of the economy. We also know there are likely to be unintended consequences from these changes. What will happen is that support needs won't disappear—they will simply shift onto unpaid carers, family members, children and parents.

Even if you want to talk purely in financial terms, we know that for every dollar spent on the NDIS, around $2.25 is returned to the economy. So even on a strictly economic basis, people with disability contribute enormously.

WSWS: What do you make of the virtual silence on this issue by the media and the health unions?

MS-S: The media silence reflects the fact that the NDIS cuts, although making up approximately 60 percent of savings in the budget, were only mentioned in one line in the Treasurer's address. There has also been a long-term discussion about how much fraud and "rorting" is supposedly in the NDIS system, with the media presenting this as a drain.

The disability community is not being quiet about the harm and the fact that this is taking away from ordinary lives that are the same as everybody else's. We can't go back to the abuse and neglect that was shown in the disability royal commission [from April 2019 to September 2023]. When you don't talk about the harm and abuse, it's allowed to continue and start up again.

The disability community represents around 22–25 percent of the population and so the media needs to recognise the impact of not talking about the harm to this marginalised group. Their silence reflects quiet agreement with that harm. In terms of the health unions, we don't work with them very often. We would love for the health unions to align with us, but that historically hasn't been the case.

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In her concluding comments, Spindler-Smith said:

We're working hard to make sure we are not only sharing stories about our lives and the impacts these changes will have—those stories are incredibly important—but also demonstrating the broader community impact that will occur beyond the disability sector itself.

And let's be clear: the disability community is the one community that anyone can join. Any one of us is only one day away from becoming disabled. When our supports are weakened or holes are created in the systems that meet our needs, these are support that you may one day need to continue living the life you currently have.