

# Service-for-one factsheet

## September 2024

### What is a service-for-one?

Service-for-one is a term that was developed by VALID and Inclusion Australia to cover a unique disability service model in Australia. A service-for-one is an alternative to the mainstream group-based disability service provider system, which has failed many people with an intellectual disability over many years.

*The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* (Disability Royal Commission) highlighted the levels of abuse and violence people have experienced in group-based disability services, and the trauma and ongoing impacts throughout their lives. This is demonstrated in the infographic at the end of this factsheet.

A service-for-one is often set up by families to organise and provide support for people with complex support needs and multiple disabilities. Many people with complex needs in our community have experienced severe neglect and abuse in mainstream disability services. Families typically developed services-for-one after trying a range of other options. This has enabled the family member with disability to receive the level of tailored and individualised supports they need, provided in a way that centres their needs and preferences.

A service-for-one is a unique way to self-manage an NDIS plan. By self-managing the participant's funding, families or other important people in the participant's life directly employ staff to provide the participant with the support they require. These supports can be delivered in ways that meet the needs and preferences of the participant, which is something that may not be achievable through larger service providers.

As a service-for-one, there are obligations that must be upheld. Operators may need to register as an NDIS provider, hold appropriate insurances, and manage staff and other matters relevant to

running a business such as payroll, human resources, and risk management. We note there is an expectation there will be changes to the NDIS registration model as part of the Australian Government's response to the independent NDIS Review and the NDIS Provider and Worker Registration Taskforce's findings, in late 2024.

## What are the benefits of a service-for-one?

We often receive enquiries seeking information and advice about services-for-one. These enquiries are often motivated by family members who are concerned about the wellbeing of a family member with disability currently living in a group home. Also, parents of people with disability often investigate this approach when planning for the future or investigating how they can provide their family member with the best outcomes based on their individual situation.

The service-for-one approach offers a range of benefits. Most importantly, this approach enables a person's supports to be delivered in a way that meets their needs and preferences, meaning they have a better quality of life.

There are a range of potential benefits for the person receiving support. While there has not yet been much formal research into services-for-one, Inclusion Australia hears many stories from our community about their positive impacts.

This includes people being able to spend time doing what they enjoy for the first time in many years, building relationships and community connections, and starting to heal from trauma when they are supported through a service-for-one. By providing services that are tailored to the individual, services-for-one can also specifically foster and support the development of natural supports<sup>1</sup> and community inclusion.

The support services available through a service-for-one can also change with the person. This approach adapts as they grow and their preferences, interests, or level of confidence change over time. Since support is individualised, there are opportunities for creativity, adaption and innovation that are unavailable in large service providers.

Since the person's needs are being recognised and met, often for the first time in many years, there is a demonstrated impact on the use of restrictive practices. Anecdotally, we

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<sup>1</sup> Friedman, C. (2021). Natural supports: the impact on people with intellectual and developmental disabilities' quality of life and service expenditures. *Journal of Family Social Work*, 24(2).

hear there is a significant reduction or even a complete elimination of restrictive practices in many cases.

While there is little research available about this approach so far, available evidence suggests that there is a reduction in the use of restrictive practices through adaptations that can be made in a service-for-one. These benefits are observed when people have access to the following essential supports:

- Supported decision-making
- Trauma-informed supports
- Ongoing communication support
- A sense of belonging in the community.<sup>2</sup>

Inclusion Australia recently developed a model demonstrating how these factors may lead to a reduction and elimination of restrictive practices, which you can see at the end of this factsheet. You can find [more information about the model here](#).

## Why did the service-for-one approach develop?

The service-for-one approach developed before the implementation and rollout of the NDIS. Since deinstitutionalisation occurred across Australia, many people with an intellectual disability, especially those with complex support needs, moved from their family home into a group home. At the time, it was generally believed people would receive the appropriate care and supports and that this environment would support their independence as they became young adults. Unfortunately, as evidenced by the Disability Royal Commission, group homes have rarely led to better outcomes for people with an intellectual disability.<sup>3</sup>

The service-for-one approach developed from the advocacy of families living in states where their state governments provided individualised disability funding before the NDIS. The families met and shared their concerns about the conditions their family

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<sup>2</sup> McVilly, K., Ainsworth, S., Graham, L., Harrison, M., Sojo, V., Spivakovsky, C., Gale, L., Genat, A., Zirnsak, T. (2022). Outcomes associated with 'inclusive', 'segregated' and 'integrated' settings: Accommodation and community living, employment and education. A research report commissioned by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. University of Melbourne, Australia; Spivakovsky, Claire., Steele, Linda., and Wadiwel, Dinesh. 2023. Restrictive practices: a pathway to elimination. A research report commissioned by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. University of Melbourne, Australia.

<sup>3</sup> Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2020). Overview of responses to the Group homes Issues paper. Retrieved from: <https://disability.royalcommission.gov.au/system/files/2022-03/Overview%20of%20responses%20to%20the%20Group%20homes%20Issues%20paper.pdf>

members were experiencing in group settings. Together, they petitioned their state governments to enable them to set up a more flexible model. This allowed families to move their family member with disability from their group home into appropriate housing, and directly employ people to provide the required supports.

Participants supported by service-for-one approaches were some of the first people to transition across to the NDIS after rollout commenced. People involved in this process say that their initial planning meetings were collaborative and purposeful, with families being encouraged to continue to support their family member with disability in an ongoing way through a service-for-one approach. However, because the service-for-one approach developed organically in specific states, it was not well-known across the country, and it is still not commonly recognised or understood.

## What are the current challenges for the service-for-one approach?

Initially, a key concern raised by families operating a service-for-one was the new NDIS registration process. While there is typically a reduction and even an elimination of restrictive practices in a service-for-one approach, this can take time to happen, and there are cases where these practices must continue to be utilised.

Under current NDIS registration requirements, providers using behaviour support plans and restrictive practices must be registered. This covered services-for-one where the person with an intellectual disability had a behaviour support plan and restrictive practices in place. At this time, families running services-for-one were concerned that the 'one size fits all' approach to provider registrations was not reflective of their unique situation or proportionate to the work they were doing. There were also concerns around the significant administrative burden that such registration would entail.

In 2020-21, due to these concerns, the NDIS Commission funded Inclusion Australia and VALID to explore the issues and provide advice to families and auditors about services-for-one. This led to the development of a suite of information which is freely and publicly available on our website.

As part of this project, a steering group made up of families running services-for-one across Australia was established. This group was interested in continuing to meet after the project finished. It has since become an ongoing community of practice, which is facilitated by an Inclusion Australia staff member with personal experience delivering services-for-one.

Concerns about the registration of services-for-one have not yet been resolved. Meetings have been held over the years between families, Inclusion Australia, the NDIS Commission, and the NDIA to raise awareness of the importance of the model and seek a more appropriate 'light touch' registration model. However, there are limitations around registration requirements in the current NDIS legislation, and we wait to hear about the changes that may be announced as part of the Australian Government's response to the NDIS Review.

## The current registration debate

Since the NDIS Review's final report was released in December 2023, there has been much discussion about how to develop an effective regulatory approach and registration system for the NDIS.

Inclusion Australia is a strong defender of the service-for-one approach. We have seen, and firmly believe in, its ability to provide truly person-centred supports to people with an intellectual disability, especially people who have higher and/or more complex support needs who are often marginalised.

While we remain committed to promoting the value and benefits of services-for-one, we are aware that there is still work to be done across our community. We need to ensure that consistently safe and high-quality care is provided to people with disability, and to bring a level of visibility and accountability to providers that does not currently exist.

We are aware that individual arrangements around services-for-one vary (for example: non-profit organisations, companies limited by guarantee, self-managers) and that there may be different practices and different levels of understanding around compliance requirements and continuous improvement.

However, the current registration process for services-for-one is not fit-for-purpose and does not reflect their unique situations. We recently provided feedback to the NDIS Review Registration Taskforce on this matter and called for the co-designing of a more suitable registration process that is proportionate to the scale of service delivery while still upholding the highest levels of participant safety and well-being.

Services-for-one are identified by name as a consideration in the terms of reference for the NDIS Provider and Worker Registration Taskforce. This was an important step as it affirmed there are unique elements of the service-for-one approach that need to be considered in the

regulatory requirements for the NDIS, and that these are different to other provider and service models.

We are keen to work with families running services-for-one people with an intellectual disability and other stakeholders, to co-design a practice model that incorporates:

Best practice standards

Recognition, management, and mitigation of conflicts of interest

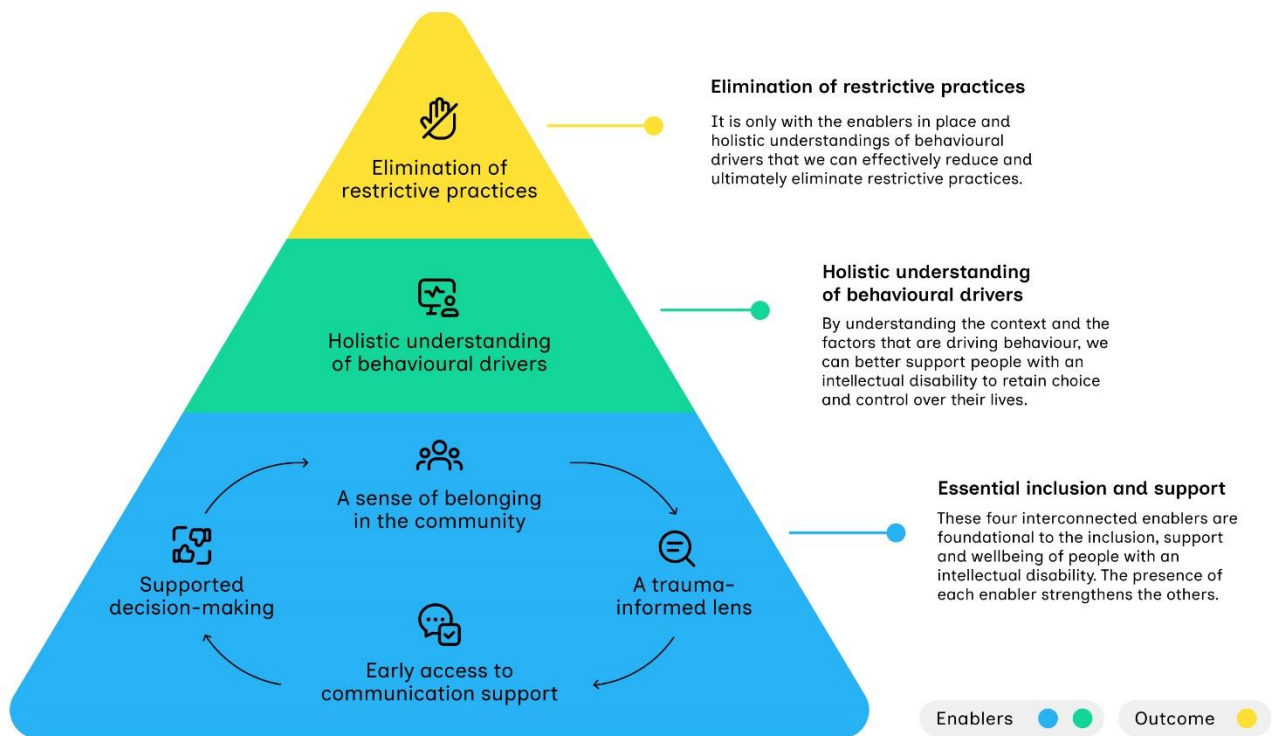
- Participant safeguarding
- Value for money
- Promotion of participants' rights and autonomy.

Building greater community awareness of services-for-one and improving visibility of the approach will provide more opportunities to build effective partnerships and collaboration, share lessons and good practice, and support ongoing learning and innovation. This will help practice innovation for existing services-for-one and support the establishment of new services-for-one around the country.

If you are interested in learning more about our work around services-for-one, get in touch with us via [families@inclusionaustralia.org.au](mailto:families@inclusionaustralia.org.au).



# A model for the elimination of restrictive practices



For more information please visit: <https://www.inclusionaustralia.org.au/resource/a-model-for-the-elimination-of-restrictive-practices/>

# Lessons from the Disability Royal Commission

People with an intellectual disability are more likely to:



## Live in a group home

Almost half of Specialist Disability Accommodation (SDA) participants have an intellectual disability as their primary disability (42%).



## Be unemployed, or work for subminimum wages

People with an intellectual disability are less likely to be employed full-time than other people with disability and are more likely to be employed in an Australian Disability Enterprise, with only 15% having a job in open employment on a full wage.



## Suffer from financial hardship

Among people with disability, people with an intellectual disability are among the least likely to receive an income from a wage through employment and report higher rates of financial hardship.



## Rely on government payments as a primary source of income

72% of people with an intellectual disability's main source of income comes from a government pension or allowance, usually the Disability Support Pension.



## Be a victim of violence and abuse

67% of people with an intellectual disability have experienced violence since the age of 15. The rate is higher among women with an intellectual disability.



## Be overrepresented in the criminal justice system

People with an intellectual disability, especially First Nations people, are significantly overrepresented at all stages of the criminal justice system, from police contact and arrest, through to court processes and correctional settings.



## Be detained for longer periods if found unfit to stand trial

When a person with an intellectual disability does not have access to appropriate supports, they are likely to be detained for longer periods than had they been found guilty and sentenced accordingly, and are at risk of being detained indefinitely.



## Be subject to restrictive practices in response to 'behaviours of concern'

People with disability are subject to the greatest use of restrictive practices in segregated settings such as group homes, where people with an intellectual disability are more likely to reside.



## Be overprescribed psychotropic medications

In some cases, the number and dosage levels of psychotropic medications administered to people with an intellectual disability are so significant, they constitute abuse.



## Experience seclusion and solitary confinement in youth detention and prisons

Isolation amounting to solitary confinement is over-used in criminal justice settings, especially youth detention, in which people with an intellectual disability are overrepresented.



## Have limited access to legal aid as victims of crime

People with an intellectual disability are likely to experience a range of barriers to access to justice, such as support to give evidence with proper legal representation.



## Have limited access to quality healthcare

People with an intellectual disability experience significant barriers in accessing safe and quality healthcare, and experience higher mortality rates, increased incidence of preventable illness and more frequent hospital admissions.