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Consultation on Self-Directed Supports Registration

Submission to the Department of Social Services

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About Inclusion Australia

Inclusion Australia is the national peak organisation representing the rights and interests of Australians with an intellectual disability and their families. Founded 70 years ago in 1954, our mission is to work with people with an intellectual disability, their families and our members to make positive change.

Our strength is in our national representation and our connection to our community. We have a member organisation in every state and territory across Australia:

- ACT Down Syndrome and Intellectual Disability (ACT DSID)
- Council for Intellectual Disability (NSW)
- Developmental Disability WA (DDWA)
- Inclusion Northern Territory (Inclusion NT)
- Parent to Parent (P2P, Queensland)
- South Australian Council on Intellectual Disability (SACID)
- Speak Out Advocacy (Tasmania)
- Victorian Advocacy League for Individuals with Disability (VALID).

About this submission

Thank you for the opportunity to provide feedback on the proposed registration model for self-directed supports.

We were engaged by the Provider and Worker Registration Taskforce throughout their activities to provide expertise from our community, especially on behalf of those who use self-directed supports, such as the service-for-one model. This cohort is likely to be significantly impacted by changes to registration.

We strongly agree with the need for legislative and policy changes to enable many of the NDIS Review's recommendations about registration to be co-designed and implemented. We agree with the Taskforce's Recommendations 6, 7 and 8(f), which contain strong directives for the co-design of mechanisms to support arrangements for self-directed supports. In this submission, we also raise concerns about the unintended consequences of requiring automatic registration in the Advanced Registration category for self-directed supports who use some higher risk supports, including restrictive practices and behaviour support. We also make recommendations about how to best mitigate these unintended consequences.

As part of developing this submission, we held a consultation about the Department's Consultation on Self Directed Supports Registration with the Inclusion Australia Service-for-

One Family Reference Group. This group began as a community of practice with families who run a service-for-one with their family member. There were four participants who took part in the consultation. This submission draws on their feedback.

The issues raised in this submission are of great importance to our community, and we look forward to continuing to work with the Department and NDIS Commission to develop a registration system that is fit-for-purpose for all NDIS participants with an intellectual disability and their families. We warmly invite further conversations with the Department and the NDIS Commission about any of the issues and recommendations raised here.

This submission has been endorsed by the Down Syndrome Australia Consortium.



Summary of Recommendations

Recommendation 1

We recommend the NDIS Commission develop accessible information for self-managed and self-directed participants and their families or other supporters about the reforms to registration processes and the obligations of providers. This guidance should make it clear that in situations where plan-managed participants use a range of registered providers (often including platform providers to maximise choice of disability support workers), they are not required to register.

The aim of this information and guidance from the Commission should be to provide clarity on:

- a) What has changed and why in relation to registration processes.
- b) Registration obligations.
- c) The rights of the NDIS participant to good quality and safe services.
- d) How to access support from the NDIS Commission.

Recommendation 2

In line with the Taskforce's Recommendation 7, we recommend the Government build the evidence base on how the service-for-one model operates, the challenges they face and their impact on NDIS participants and their families, through investment in:

- a) Peer support and capacity building programs to engage in the NDIS regulatory framework (per Taskforce Recommendation 7).
- b) Dedicated research to document and study the service-for-one model.

This would in turn provide an assessment of need in relation to the level of guidance and support that those running a service-for-one may require from the NDIS Commission to meet compliance requirements. Suitable resources should then be developed to meet this need.

Recommendation 3

We recommend co-designing a risk assessment framework to be undertaken in situations where behaviour support or restrictive practices are used in a self-directed support setting, in lieu of the need to automatically seek Advanced Registration in these instances.

[Inclusion Australia developed a registration model as part of our engagement with the Taskforce's consultation in May 2024.](#) Our proposed model is constructed on a spectrum basis, enhancing flexibility and responsiveness to different providers' unique needs and

risks, supporting adaptation to various provider capabilities and risk levels. This system allows providers to adjust their position on the registration spectrum based on their proven governance, service delivery effectiveness, and participant outcomes, promoting continuous improvement and accountability.

This model would serve as an appropriate starting point for co-designing a proportionate risk assessment approach that accounts for the nuanced risk profile of self-directed supports where higher risk supports are in place. The risk assessment approach should be tested rigorously with a diverse range of stakeholders, including families and self-directed participants.

Recommendation 4

We welcome the Taskforce's recommendation that the check-in process be co-designed with the disability community. We recommend the NDIS Commission also provide a range of additional supports to be determined through co-design and further targeted consultation with those who use self-directed supports to assess need. It is vital that any supports developed reflect the real needs and experiences of participants and their families, including people with complex support needs and their families.

Definition of terms

Self-managed supports

We agree with the definition of self-management, which the Department considers as cases where:

“A participant ... 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” (p. 5).

The consultation paper notes that self-managed participants will not need to register with the NDIS Commission. Rather, the providers of the goods and services purchased by the self-managed participant will be required to register. This reflects both the Taskforce’s advice and the recommendations of the NDIS Review.

We also believe it is important that people who choose (or wish to explore the choice) to self-manage their supports are provided with clear, accessible information from the NDIS Commission about the registration requirements and status of the providers they choose to engage.

This information and guidance is essential to increase understandings of individual rights, and especially to enable supported decision-making for people with an intellectual disability and their families about planning and plan-management.

Self-directed supports

In the consultation paper, self-directed supports are defined as:

“A way of managing supports, where the participant directly employs workers providing support; or ... service-for-one arrangements, where a company or business structure is established for the purpose of providing disability support services to one individual” (p. 5).

While we agree with this definition, we also note the below cases where clear communication about the registration requirements associated with this definition is crucial to avoid misinformation and minimise stress on participants and their families.

Participants and families who use a combination of supports

For the purposes of clarity, we strongly suggest that any registration rules that are linked to the self-directed supports definition explicitly make clear that participants and their families who are plan managed and use a range of registered providers (often including platform providers to maximise choice of disability support workers) and other small local providers (often unregistered), are not required to register.

In these situations, the small sole trader providers will be required to register—most likely basic registration. Combining different arrangements to suit individual needs and maximise choice and control of participants when selecting individual disability support workers is important, particularly for NDIS participants in regional and remote communities or “thin markets”¹ where innovative approaches are required.

Information about registration requirements needs to be very clear that the burden of registration will not fall onto the families of people with an intellectual disability, who are already overloaded by the administration requirements of the NDIS and other systems. For example, research has shown that successfully navigating the administrative system of the NDIS requires a specific set of skills and resources:

Depending on one’s access to such skills and resources, people may fare better or worse than others in terms of both how onerous the experience is but also whether they get the ‘personalised’ supports the scheme was designed to deliver.²

Access to those necessary skills and resources are less likely for certain groups who are already disadvantaged by government systems, including people with an intellectual disability who have higher support needs and their families, and especially for people who lack informal supports in their lives.³

The administrative complexity of the NDIS was also cited as a key challenge by the NDIS Review, which noted:

A lack of access to tailored information and advice that is proportional to the complexity of the NDIS means many participants struggle to get the information they

¹ NDIS Review. 2023. “Market challenges limit the ability of the NDIS to deliver quality supports for participants”. Retrieved from: <https://www.ndisreview.gov.au/resources/paper/improving-access-supports-remote-and-first-nations-communities/1-market-challenges>

² Carey, G., Malbon, E., Blackwell, J. 2021. “Administering inequality? The National Disability Insurance Scheme and administrative burdens on individuals”. *Australian Journal of Public Administration*. <https://doi.org/10.1111/1467-8500.12508>

³ Carey G., et al. 2021. “Administrative Burden Symposium: Introduction – Are we ‘administering inequality’ through our welfare systems?” *Australian Journal of Public Administration*. <https://doi.org/10.1111/1467-8500.12526>

*need to make informed decisions ... Capacity building supports ... are fragmented and availability varies across jurisdictions. Many of these supports are not appropriate for people with a high level of support need or for those from diverse groups.*⁴

Recommendation 1

We recommend the NDIS Commission develop accessible information for self-managed and self-directed participants and their families or other supporters about the reforms to registration processes and the obligations of providers. This guidance should make it clear that in situations where plan-managed participants use a range of registered providers (often including platform providers to maximise choice of disability support workers), they are not required to register.

The aim of this information and guidance from the Commission should be to provide clarity on:

- e) What has changed and why in relation to registration processes.
- f) Registration obligations.
- g) The rights of the NDIS participant to good quality and safe services.
- h) How to access support from the NDIS Commission.

The service-for-one model

While the proposed definition of self-directed supports would categorise them as self-directed supports, members of the Service-for-One Family Reference Group told us that the proposed definition may not fully reflect the unique nature of the service-for-one model and the circumstances in which it has developed over time.

People supported by a service-for-one model were some of the first to transition across to the NDIS after rollout commenced. However, because the approach developed organically in specific states, it was not well-known across the country, and it is still not commonly recognised or understood.

Service-for-one is a term that was 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. A service-for-one, typically run by a family member, is customised around the needs of the

⁴ NDIS Review. 2023. Working together to deliver the NDIS: Independent Review into the National Disability Insurance Scheme, Final Report. Retrieved from: <https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf> p.108-109.

person with a disability. These services directly employ staff and are responsible for their own business process, and do not include employing staff through a service provider.

Many people and their families who run a service-for-one—and indeed, other self-directed arrangements—have had to fight hard for an alternative to group-based disability services, in which many people have experienced violence, abuse, neglect and trauma. For many people whom we represent, the impact of this trauma is ongoing.

We are aware that just like other self-directed supports, individual arrangements for services-for-one vary, and may include non-profit organisations, companies limited by guarantee and/or direct employers. There are also varying practices and levels of understanding of compliance requirements and continuous improvement.

Services-for-one were identified by name as a consideration in the [terms of reference](#) of the 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.

Further engagement between the NDIS Commission and self-directed participants, including services-for-one, is needed to strengthen the evidence base on how such supports operate, their unique challenges and impacts for participants. Part of this work is a thorough assessment of need in relation to the level of guidance and support that those running a service-for-one may require from the NDIS Commission to meet compliance requirements. Suitable resources should then be developed to meet this need.

Recommendation 2

In line with the Taskforce's Recommendation 7, we recommend the Government build the evidence base on how the service-for-one model operates, the challenges they face and their impact on NDIS participants and their families, through investment in:

- c) Peer support and capacity building programs to engage in the NDIS regulatory framework (per Taskforce Recommendation 7).
- d) Dedicated research to document and study the service-for-one model.

This would in turn provide an assessment of need in relation to the level of guidance and support that those running a service-for-one may require from the NDIS Commission to meet compliance requirements. Suitable resources should then be developed to meet this need.

Proposed obligations for registered self-directed participants

We agree that the current registration process for self-directed supports, including services-for-one, is not fit-for-purpose. As noted in the Consultation Paper, self-directed support is a concept that has specific meaning in the context of the UN Convention on the Rights of People with Disabilities (UNCRPD) and plays a crucial role in advancing the human rights of people with an intellectual disability.

In addition, we agree with the Taskforce's Advice, which recognised self-directed supports are a key part of the disability support system and recommended that current arrangements are preserved, and future arrangements are encouraged in the reformed registration model.

We agree that having a separate registration category for self-directed supports is an appropriate way to achieve this, to uphold choice and control together with the highest levels of participant safety and well-being.

Therefore, we agree in principle with Recommendation 6 of the Taskforce. However, we have concerns about the unintended consequences for some self-directed supports who use 'higher risk' supports. We discuss our concerns below and make recommendations to mitigate them. Part of the mitigation strategies we put forward rely on the implementation of the Taskforce's Recommendations 7 and 8(f), which together contain strong directives for the co-design of mechanisms to support arrangements for self-directed supports.

We believe ensuring registration processes are co-designed will support continuous improvement, education, and information to improve the outcomes of NDIS participants and their families. This registration process is understood to involve the participant (or their nominee) registering themselves in the separate category of self-directed supports, thereby enabling all their support providers automatic registration and visibility.

As such, the intended outcomes of the new registration system should be to:

- Optimise outcomes for people who direct and manage their NDIS funded supports and services, including people with complex support needs and their families.
- Support the development and sustainability of a diverse range of NDIS providers, including services-for-one, and encourage innovation.
- Ensure compliance with regulatory frameworks throughout the provision of NDIS funded services, supports and products.

Managing the risks of reform

We agree with the need for a separate category of registration for self-directed supports, and that this group should be obliged to register and undertake the requirements included in the Consultation Paper (page 6).

However, we have significant concerns about the **proposed obligations for registered self-directed participants that apply in the case of support categories that have been deemed high risk**. Of these, behaviour support and restrictive practices are very likely to be used in self-directed supports, including services-for-one.

Under the proposed approach, if restrictive practices or behaviour supports are in place, self-directed supports who are registered under the separate category would be automatically obliged to seek registration through Advanced Registration.

We do not believe Advanced Registration is fit-for-purpose in these situations, as being compelled to seek the highest tier of registration is not genuinely risk proportionate and does not reflect the highly individualised nature of self-direction, including the nuanced risk profile of the service-for-one model.

We are concerned this approach may lead to some self-directed supports who use behaviour supports or restrictive practices to become unviable by:

- a) Placing a significant administrative burden on families, where there are different practices and different levels of understanding around compliance requirements (for example, in services-for-one).
- b) Increasing financial burdens on families due to increased costs associated with the highest tier of registration and potentially creating situations where participants and families may inadvertently attract severe penalties for failing to comply with Advanced Registration standards that are not reflective of their unique situation or proportionate to the work they are doing.
- c) Disincentivising the commencement or continuation of some self-directed supports, regardless of its benefits to the person receiving those supports. This would potentially force some people with very high support needs back into mainstream, group-based disability services if self-direction is no longer viable due to the registration requirements and legislative context.⁵ It is very likely that such supports would not be willing or able to provide the individualised support

⁵ We have also responded to the NDIS Commission in relation to the proposed amendments as part of NDIS Act (Bill No. 2) quality and safeguard amendments. Our submission is available here: <https://www.inclusionaustralia.org.au/submission/ndis-commission-regulatory-reform-consultation/>

required by the person, which may then lead to an increase in restrictive practices, as we explain below.

The flow-on effects of this would be severe and disproportionately impact those at greatest risk of violence, abuse, neglect and exploitation, as illustrated by the case study in Appendix A.

While we acknowledge the use of restrictive practices or behaviour support presents increased risks to individuals and their families and other supporters, evidence shows⁶ that the risks of human rights breaches are reduced in individualised, self-directed support settings compared to mainstream group-based settings.

“It is making the assumption that the risk level is the same [in a SIL provider setting and a service-for-one] when it's not ... and the Disability Royal Commission backed this up 100%” –Service-For-One Family Reference Group member.

Unfortunately, mainstream group-based disability support settings like group homes have rarely led to better outcomes for people with an intellectual disability. As shown by the Own Motion Inquiry and, more recently, the Disability Royal Commission, the experiences people have had in group homes has often directly led to significant human rights breaches, ongoing harm and trauma.⁷

Conversely, in many self-directed support settings, such as the service-for-one model, a person's needs are being recognised and met, often for the first time in many years. Because of the highly individualised approach to supports a service-for-one allows, there is often a demonstrated impact on the use of restrictive practices. Anecdotally, we hear there is a significant reduction or even a complete elimination of restrictive practices in many cases.

While there is a lack of formal literature on this anecdotal evidence, available research⁸ suggests that there is a reduction in the use of restrictive practices through adaptations (including community-based strategies, home-based supports, supported decision-making and access to advocacy) that can be made in a service-for-one. These benefits are observed when people have access to the following supports, which are foundational to an inclusive life:

⁶ Inclusion Australia recently developed a model demonstrating how these factors may lead to a reduction and elimination of restrictive practices, based on a review of the available literature on the topic, which [can be found here](#).

⁷ Disability Royal Commission. 2023. Final Report – Volume 7: Inclusive education, employment and housing, Part C. Retrieved from: <https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%207%2C%20Inclusive%20education%2C%20employment%20and%20housing%20-%20Part%20C.pdf>

⁸ Cortis, N., Smyth, C. and Katz, I. (2023). Reducing restrictive practices: A review of evidence-based alternatives. Report for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Sydney: UNSW Social Policy Research Centre.

- Supported decision-making
- Trauma-informed supports
- Ongoing communication support
- A sense of belonging in the community.⁹

While we agree the supports deemed by the Taskforce as automatically requiring Advanced Registration are associated with increased risks to the individual and their communities, the risks posed by restrictive practices and behaviour support (which are likely to be used in self-directed settings) should be assessed in the context of the setting in which they are used.

This approach considers the ways a highly individualised support setting mitigates the risks associated with certain supports (like restrictive practices), while other group-based disability support settings (such as a group home) increase those risks.

Recommendation 3

We recommend co-designing a risk assessment framework to be undertaken in situations where behaviour support or restrictive practices are used in a self-directed support setting, in lieu of the need to automatically seek Advanced Registration in these instances.

[Inclusion Australia developed a registration model as part of our engagement with the Taskforce's consultation in May 2024.](#) Our proposed model is constructed on a spectrum basis, enhancing flexibility and responsiveness to different providers' unique needs and risks, supporting adaptation to various provider capabilities and risk levels. This system allows providers to adjust their position on the registration spectrum based on their proven governance, service delivery effectiveness, and participant outcomes, promoting continuous improvement and accountability.

This model would serve as an appropriate starting point for co-designing a proportionate risk assessment approach that accounts for the nuanced risk profile of self-directed supports where higher risk supports are in place. The risk assessment approach should be tested rigorously with a diverse range of stakeholders, including families and self-directed participants.

⁹ In Inclusion Australia's model and accompanying evidence review, cited above [and available here](#), these four elements are considered essential supports that enable a holistic understanding of behavioural drivers which, when in place, can lead to a reduction of restrictive practices.

Support from the NDIS Commission

We agree with the Taskforce's recognition that participants who self-direct their supports often lack appropriate support from the NDIS Commission to begin and maintain those arrangements. For many, this is exacerbated by the current state of administrative complexity of the NDIS, which disadvantages those who are unable to navigate the system without intensive support.

It is essential that self-directed participants have access to clear, accessible information, advice and guidance to ensure they can successfully and sustainably manage their supports.

We agree with the Taskforce's Recommendation 8(f) for registered self-directed participants to have a regular check-in with the NDIS Commission as a requirement for maintaining registration, and that this be co-designed with people with disability. We also strongly believe the co-design process prioritise the inclusion of people with complex support needs and their families. This would begin with identifying the specific needs of participants with complex needs and their families, particularly those in a services-for-one-provider model, to establish a foundation which could then be used to scale an approach to check-ins suitable for a diverse range of participants and service models.

We also believe that check-in arrangements would play an important role, discussed on page 11-12 and in Recommendation 3 of this submission, by mitigating the need for Advanced Registration for self-directed support in which restrictive practices or behaviour support are in place. Check-ins—after thorough co-design—can also act as a mechanism to monitor the efficacy of behaviour support and progress on the reduction/elimination of restrictive practices.

It is crucial that this function also be co-designed, recognising the unique situations of participants and their families by offering support in a way that meets their current needs and circumstances. This function could also add to the Commission's evidence base on the operation and outcomes of self-directed supports for participants and their families and other supporters.

Importantly, this registration requirement should not be viewed as a compliance mechanism alone, but as an opportunity for authentic engagement between the NDIS Commission and participants and their families that will support:

- Best practice standards and continuous improvement of services.
- Recognition, management, and mitigation of conflicts of interest.
- Participant safeguarding.
- Promotion of participants' rights and autonomy.

In addition, we also agree with the Taskforce's advice that stipulated that the check-in process would be flexible and respectful of the participant's right to privacy. We agree with the need for development of strict privacy and confidentiality safeguards, and allowing participants to easily opt-out of information sharing arrangements at any time, without this impacting their registration status.

Recommendation 4

We welcome the Taskforce's recommendation that the check-in process be co-designed with the disability community. We recommend the NDIS Commission also provide a range of additional supports to be determined through co-design and further targeted consultation with those who use self-directed supports to assess need. It is vital that any supports developed reflect the real needs and experiences of participants and their families, including people with complex support needs and their families.

Appendix A

Case Study:

Impact of proposed registration approach for a service-for-one

What does the arrangement look like?

A family-run support service-for-one individual through a self-managed NDIS plan arrangement. The participant has high support needs and complex communication support needs and a history of behaviours of concern. They have level 3 autism, intellectual disability and complex post-traumatic stress disorder. Their NDIS plan provides funds for 24/7 support with some of the daytime hours funded at 2 to 1, a multidisciplinary team including a behaviour support practitioner, occupational therapist, and speech pathologist. There is a team of 7 support workers, with 3 of this team forming the coordination team overseeing daily practice, policy and procedure adherence, and quality and safety.

History leading to the development of the service-for-one model

This participant lived at home with their mother, father and siblings until the age of 21, at which time they moved to a supported accommodation, sharing their living space with 4 other residents who also had high support needs including non-verbal communication profile, and behaviours of concern.

This was a restrictive environment including locked front door, locked cupboards, locked internal doors and windows. The participant was very distressed about this move and all subsequent moves in supported accommodation environments and spent most of their time planning and executing their escape from these environments.

After 12 years, with some advocacy from their family, they were moved out of these restrictive environments. Eventually they were placed into a private rental home and support was funded via an exit package which was not an adequate level of support hours at that time. For the first few years, support was provided by a few registered providers who eventually pulled out of providing support because they deemed it too challenging for their support workers. This led to the family setting up an individualised model of care for the participant through a not-for-profit entity as a service-for-one model.

Why does it work for the person?

The positive outcomes for this participant have been significant, including:

- The elimination of restrictive practice.
- Reduction of physical injury including aggression from others.
- Elimination of self-injurious behaviour.

- A higher level of community inclusion.
- An increase in informal supports.

Most importantly, the members of their support team have been involved in the team for many years, with some holding permanent positions and being around long enough to take long-service leave. This has had a significant stabilising effect on the participant, who takes a while to trust people due their trauma experienced in the group home settings in which they previously lived. The level of risk in this service-for-one environment is markedly reduced when compared to the previous group-based settings.

Impact of obligation to seek Advanced Registration

Under the proposed framework for the registration of self-directed supports, it appears that this service-for-one would be compelled to seek Advanced Registration by virtue of the behaviour support in place.

The use of behaviour support in this example of a service-for-one has led to a range of positive outcomes for the individual and has reduced the risk of harm. Comparatively, the positive impacts of behaviour support in place when this participant was living in supported accommodation did not manifest, and the participant experienced increased restrictions. However, the use of behaviour support through the highly individualised approach made possible by the service-for-one setting contributed to an elimination of restrictive practices.

This demonstrates the different risk profiles associated with group-based and individualised settings. Without these differences being properly accounted for by the proposed registration system, the obligation to seek Advanced Registration by this service-for-one would critically impact the family's capacity to sustain the model due to:

- The financial cost associated with the highest tier of registration, compared with lower tiers.
- Extraneous demands on the family on top of the already significant commitment of managing a service-for-one.
- Anxiety over the increased risk of inadvertently attracting a very high financial penalty associated with advanced registration.
- Lack of resources available to develop knowledge and skills that match the expertise required by Advanced Registration compliance requirements.