



# NDIS Practice Standards reform

Submission to the NDIS Commission  
13 November 2025

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## About this submission

Inclusion Australia is the national peak organisation representing the rights of people with an intellectual disability and their families. We are grateful to the NDIS Quality and Safeguards Commission (the Commission) for the opportunity to provide input to the Practice Standards Reform consultation.

In particular, we are pleased to have been able to contribute to the redesign of the quality indicators in the Supported Independent Living (SIL) Practice Standards, and to share insights from our community about what high-quality, safe, and inclusive supports look like in practice.

In developing this submission, we draw on extensive and long-standing experience and engagement in relation to quality, safeguarding, and participant-centred practice across the NDIS, including by taking part in the consultative activities run by KPMG as part of the Practice Standards reform.

In addition, we were actively involved with the Provider and Worker Registration Taskforce, [providing expertise on behalf of our community](#), particularly people using self-directed supports such as the service-for-one model, who are among those most likely to be significantly impacted by changes to registration.

We have also contributed submissions to the [previous registration reform consultation run by the NDIS Commission](#), informed by feedback from our member organisations and our Complex Needs Family Reference Group. We also draw on the deep expertise and insights gathered through our engagement during the NDIS Review, including multiple focus groups with people with an intellectual disability and their families, [background research papers](#) commissioned from external experts, and [additional submissions](#) prepared in consultation with our community, including on [proposed changes to the NDIS Quality Framework](#).

This submission responds to the Discussion Questions outlined in the Consultation Paper, drawing on our extensive engagement with our community and systemic insights to provide practical, participant-centred recommendations for the reform and implementation of the NDIS Practice Standards.

We warmly welcome further conversations about any of our responses to the questions in the Discussion Paper. Please contact us at [policy@inclusionaustralia.org.au](mailto:policy@inclusionaustralia.org.au)

## About Inclusion Australia

Inclusion Australia is the national peak organisation representing the rights of people with an intellectual disability and their families. Founded over 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).

To inform our systemic advocacy, we draw upon the decades of collective experience of our members, as the primary advocacy for people with an intellectual disability and families in their jurisdiction. They bring deep expertise in peer support, individual and systemic advocacy, and community engagement, ensuring that the voices of people with intellectual disability are heard and acted on. Their long-standing, trusted relationships with their communities enable them to provide advocacy that drives meaningful change



## Background

Both the Disability Royal Commission<sup>1</sup> and NDIS Review<sup>2</sup> made clear that the conditions for an inclusive, safe and dignified life for people with disability depend on strong rights-based safeguards, high-quality supports, and systems that actively prevent violence, abuse, neglect and exploitation. The findings of these two landmark reports repeatedly demonstrate that these protections are most at risk where people have the least power, the least visibility, and the fewest opportunities to influence or meaningfully take part in decisions about the services they rely on.

In addition, the Disability Royal Commission showed that violence, abuse, neglect and exploitation are more likely to (though do not solely) take place in segregated settings, separate from the community.<sup>3</sup>

We also know that people with certain disability types are more likely than others to experience life in such settings. That cohort is predominately people with cognitive impairment,<sup>4</sup> including people with an intellectual disability.

A snapshot of evidence drawn from the findings of the Disability Royal Commission demonstrates the ways experiences of violence, abuse, neglect and exploitation significantly impact people with an intellectual disability, as shown in the infographic in the Appendix.

The NDIS Practice Standards are intended to safeguard people with disability in the NDIS and drive high-quality services. Their effectiveness depends on a number of factors addressed in this submission, including the extent to which people with disability are supported to understand, access, and use them to advocate for their rights and participate in decisions about their supports, as well as the extent to which this is supported through workforce capability. Evidence and experience show that many NDIS participants and their families – including people with an intellectual disability – face barriers in accessing supports that meet these standards in practice.

Given this context, it is essential that reforms to the NDIS Practice Standards include deliberate and targeted engagement with people with an intellectual disability and particularly those who live in group settings. These are environments in which barriers to full inclusion, human rights and high-quality supports may be the most pronounced and where the safeguarding intended by the Practice Standards must be commensurate with the specific and, at times, increased risks that can arise in these settings.

Ensuring the reform process meaningfully reaches, includes, and is shaped by people who experience life in these settings – and their families – is critical to ensuring the Practice Standards actively address the structural and cultural conditions that amplify barriers to an inclusive life.

The Consultation Paper also discusses the guidance materials that will be produced to strengthen implementation of the Practice Standards, which we welcome. To ensure the NDIS Practice Standards are meaningful, accessible, and effective, communications and educational resources must be developed in formats that people with disability can understand and use. This should include an accessible communications strategy to ensure people with an intellectual disability and their families are aware of any changes to the Practice Standards and associated guidance information. We provide specific examples of how this might look in the following responses to the Discussion Questions.

We welcome the opportunity to share our insights as part of this important reform of the NDIS Practice Standards. Ensuring the Practice Standards reflect the lived experience of people with an intellectual disability and their families, respond to risks across different settings, and are supported by accessible information will help them realise their purpose. These themes underpin the responses to Discussion Questions we set out in the following sections.

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<sup>1</sup> Disability Royal Commission. 2023. Final Report – Executive Summary: Our Vision for an Inclusive Australia and Recommendations. Retrieved from: <https://disability.royalcommission.gov.au/publications/final-report-executive-summary-our-vision-inclusive-australia-and-recommendations>

<sup>2</sup> NDIS Review. 2023. Working together to deliver the NDIS. NDIS Review: Final Report. Retrieved from: <https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf>

<sup>3</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.

<sup>4</sup> 'Cognitive impairment' is an umbrella term used by the Disability Royal Commission. It describes a range of cognitive disabilities, including intellectual disability.

# Focus Area 1: Reviewing and revising the Practice Standards

## 1. What are your views on the four proposed core Practice Domains and whether they will sufficiently guide high quality and safe practice?

Inclusion Australia supports the move to a clearer and more rights-based structure, and we welcome the proposed Core Practice Domains. To sufficiently guide high quality and safe practice for people with intellectual disability, we believe each Domain must make the principles of accessibility, supported decision-making, and inclusion explicit.

For example:

- ‘Individual Rights’ must include privacy and freedom from violence, abuse, neglect, exploitation and discrimination, and must also explicitly recognise the right to exercise choice and control, including through access to supported decision-making.
- ‘Provider Leadership’ should include explicit expectations for inclusive governance, such as people with disability (including people with an intellectual disability and their families – particularly for people with higher support needs whose family may act as their key advocate or formal nominee) being part of leadership, advisory or co-design processes.
- ‘Safe Support Practice’ should explicitly embed dignity of risk and positive risk-taking, with safeguards that enable autonomy.
- ‘Effective and Impactful Supports’ should also emphasise outcomes including belonging, relationships, and community inclusion.
- ‘Cultural Safety’, including the expression of individual identity, must also be recognised as core to quality and safe supports. This should include explicit acknowledgement of the importance of cultural identity, and the need for culturally safe, trauma-informed, and identity-affirming practices. It should also include a direct recognition of the rights, experiences and needs of First Nations people.

## 2. What are your views on the inclusion of supplementary quality standards (which need additional guidance and information) to replace the current Supplementary Modules?

In principle, we support the move to supplementary quality standards if they are clearer, more accessible, and easier to update as practice evolves. It is also critical that supplementary standards do not create a hierarchy of quality, where supports considered “low risk” are subject to minimal oversight, even though poor practice in any setting can have serious consequences for all people, including people with an intellectual disability.

It is also important that providers cannot avoid applying relevant supplementary standards by simply declaring that a module does not apply to them. Robust mechanisms are needed to verify providers’ claims about the types of supports they deliver. For example, a provider may state they do not deliver behaviour support and therefore are not required to meet behaviour support standards, yet still implement restrictive practices in day-to-day support. Similarly, if medication management becomes a supplementary module, providers may assert that people “self-manage” medication, even where state laws define this differently or where staff play informal roles in prompting, storing or administering medication. Without clear definitions, verification processes, and active oversight, there is a high risk that key safeguards could be circumvented.

## 3. What are your views on introducing specific conditions of registration for lower risk support providers replacing the current Verification Module?

We support, in principle, changes to the current Verification Module. The discussion paper provides limited detail about what these changes might look like, and it would be helpful to understand more about the proposed approach. Reform presents an opportunity to adopt a more tailored, risk-responsive approach while also aligning aspects of regulation with other sectors, such as aged care. This kind of alignment could deliver practical benefits, particularly for providers who operate across multiple care settings, by reducing duplication and streamlining administrative processes.

At the same time, any changes must remain sensitive to the real-world risks experienced by people with disability, including people with high support needs or limited informal support. For people with an intellectual disability, the risk attached to a support is not defined only by the type of service being delivered but also by the role a provider plays in their life. For example, a provider classified as “low risk” may still have regular access to a participant’s home, personal information, or decision-making processes. Plan management, which is also treated as “low risk,” carries responsibilities that can expose participants to financial misuse or fraud if oversight is insufficient. This underscores the importance of establishing clear definitions of what constitutes lower risk or lower complexity supports, to ensure that protections remain appropriate and proportionate.

Registration and verification processes must continue to promote transparency, accountability, and participant safety, and provide guidance, education, and support for providers to meet their obligations. With these considerations in mind, moving away from the Verification Module could deliver efficiency and clarity for providers while maintaining a strong focus on outcomes, safety, and quality for participants across the disability sector.

#### 4. What are your views on the proposed Practice Standards structure (outcome statements, reflective questions, requirements)? Do you think it will provide greater clarity and support higher quality services?

We believe the proposed structure has strong potential to make standards clearer and more person-centered. The “I / We” outcome statements and reflective questions are valuable for embedding lived experience and supporting reflective practice.

We believe the clarity of the standards and the potential to support higher quality, more person-centered services can be strengthened by:

- Making Easy Read versions of the outcome statements and guidance accessible, so people with an intellectual disability can use them to understand their rights and expectations. Accessible versions are critical to ensure people can meaningfully engage with the standards, exercise choice and control, and participate in discussions about their supports.
- Providing visual tools, flowcharts or diagrams that show how the standards fit together and how practice links to outcomes.
- Developing case studies or examples of good practice to demonstrate how outcomes can be achieved in real-life situations.
- Offering interactive resources, such as checklists, conversation prompts, or digital tools, to help both participants and staff reflect on progress and understand expectations.
- Supporting auditors and providers to use the “I / We” statements as tools for dialogue with participants.

If implemented well, this structure could shift the Practice Standards from a compliance tool to an accessible learning and quality improvement framework to build sector and individual/family capacity, which is a welcome shift.

#### 5. Are there quality standards or practice areas that are missing that need to be added or given more emphasis?

We believe some key practice areas require stronger emphasis or clearer articulation:

- Supported decision-making: This should be embedded as a distinct and measurable practice standard across domains. Providers should be expected to demonstrate how they identify, provide, and document decision-making supports.
- Communication access: Quality indicators should require providers to ensure information is provided in accessible formats (Easy Read, pictorial, plain language, Auslan, etc.) and that staff are trained in communication support, including through Augmentative and Alternative Communication (AAC).

- Inclusion and community connection: The standards should include expectations that providers actively support people to maintain existing relationships with family, friends and community, as well as to create new opportunities to connect with others, including people without a disability, and meaningfully take part in the ordinary aspects of community and everyday life.
- Practice leadership: In group or congregate settings (e.g., day programs, supported employment), strong practice leadership is critical. This should be reflected explicitly in the Provider Leadership Domain.
- Health and wellbeing: Providers should have a responsibility to support people with intellectual disability to access mainstream health care, including preventative health, communication with clinicians, and reasonable adjustments.

## 6. Is there any other feedback you would like to share in relation to the revised Practice Standards approach being considered?

We strongly support the intent of the revised Practice Standards to simplify language, make the Practice Standards more person-centered, and provide clearer guidance for high-quality, safe supports. The success of these reforms will depend on the continual, meaningful involvement of people with an intellectual disability and their families throughout the design, piloting, and evaluation processes of reform.

People with an intellectual disability face systemic barriers to participation in reform process across government, and are often interacting with multiple public systems, including specialist services. Their views and experiences, particularly among people with complex support needs, can be overlooked if engagement is not thoughtfully facilitated.

It is therefore critical that the Commission and contracting partners proactively enable participation in ways that work best for individuals and families. This may include small group discussions, one-on-one conversations, or meetings in people's homes, and must be supported with accessible information, decision support, and guidance so participants and their supporters can make informed choices about their involvement and what they wish to share.

In addition, practical resources – including Easy Read versions of all relevant information, visual aids, case studies, or conversation prompts – are essential for ensuring people can meaningfully engage with the proposed reforms, reflect on and share what quality support looks like. Supporting auditors and providers to use these tools can further embed participant perspectives into everyday practices.

In sum, people with an intellectual disability must be directly involved in the co-design, piloting and evaluation of revised Standards. This involvement should be proactively facilitated in ways that work best for participants, including small groups, one-on-one discussions, or meetings in people's own homes, and using accessible formats including Easy Read.

## Focus Area 2 – A new quality framework

1. What are your views on the proposed components of the Quality Framework (e.g. guiding principles, quality assessment processes, evidence categories and provider performance information)? Are these focus areas the most appropriate for a Quality Framework?

We welcome the opportunity to strengthen the Quality Framework. Our community has told us that the past Framework was unclear, inaccessible, and not always visibly driving quality or safeguarding across the NDIS. The proposed components – guiding principles, quality assessment processes, evidence categories, and provider performance information – are appropriate starting points. We believe these components must also be clearly defined and accessible (including Easy Read versions).

We support a Framework that:

- Has a clear, accessible purpose that sets an aspirational vision for quality and safeguarding – one that goes beyond the absence of harm to the presence of dignity, inclusion, safety, and self-determination.
- Is publicly available in multiple accessible formats, including Easy Read and audio-visual formats.
- Establishes clear, measurable expectations for providers and the Commission, supported by transparent monitoring and public reporting.
- Aligns with the *National Disability Insurance Scheme Act 2013* (Cth); the *Disability Discrimination Act 1992* (Cth); Australia's Disability Strategy 2021–2031; and contemporary policy settings such as the NDIS Supported Decision-Making Policy.
- Includes a mechanism to capture feedback from participants and their families or other informal supports, and that this is proportionately weighted when measuring quality.

The inclusion of provider performance information and evidence categories is important, but these must be used to promote learning and continuous improvement. Information should be presented in accessible formats so participants can make informed choices about providers.

2. What are your views on the proposed guiding principles and whether they reflect what is most important for ensuring the delivery of person-centred, high-quality, safe supports?

Over the years, we have heard from our community has consistently said that the current Framework's objectives set too low a bar. For example, by defining quality and safety too narrowly in relation to the absence of violence, abuse, neglect and exploitation. While this is clearly fundamental, our view is that the guiding principles should set a higher standard by framing quality as the active promotion and outcome of inclusion, dignity and autonomy based on how this looks and feels for people in everyday life.

We agree in principle with the guiding principles set out in the Appendix. However, we identify some core elements that are not yet fully reflected. In particular, while there is acknowledgment of the need to balance safety with participants' right to choice, the principles do not explicitly recognise supported decision-making as a core safeguard and enabler of participant autonomy. Similarly, although stated in relation to transparency, the guiding principles could more clearly articulate the role of accessible communication and information as essential to quality and safety.

Finally, the guiding principles would benefit from stronger emphasis on co-design and lived experience leadership, and clearer recognition that quality and safety risks can be setting-specific, particularly for people living in group homes or other closed environments.

In addition, the proposed guiding principles should:

- Be developed and tested through targeted co-design with participants, including people with an intellectual disability and their families, ensuring that the language, tone, and intent reflect lived experience. We recommend considering how specialist advocacy organisations should be engaged to facilitate participation, provide accessible tools, and support participants to contribute in ways that suit their needs and abilities.
- Include recognition of the power imbalance between participants and providers, and ensure that safeguarding is not only dependent on participants making complaints or assuming there is consistent awareness among participants and their families of individual rights.

- Be explicitly grounded in human rights, including supported decision-making.

### 3. What are your views on the proposed assessment approaches? Do you think the assessment process will adequately capture how providers use the standards in practice to support quality and safe supports?

Over the years, our community has told us that they have seen little evidence that current assessment and monitoring approaches are effective in ensuring quality supports.

While the proposed assessment approach set out in the Appendix provides a clearer structure for monitoring quality and safety, some gaps remain. The model does not yet outline how lived experience evidence from participants (and their families) will be embedded across all assessment types, particularly for people with an intellectual disability and those living in group homes and other settings with varied risk profiles.

In addition, the provider-led self-reflection may not sufficiently surface systemic issues unless supported by independent oversight, follow-up, and protections for workers and participants who raise concerns. Finally, the model would benefit from greater clarity on how trend analysis will translate into regulatory action, and how insights will be shared transparently with participants and the sector to drive learning and improvement.

Strengthening these elements would help ensure the assessment system is genuinely participant-centred, proportionate to risk, and capable of driving meaningful improvement across the sector.

We recommend that the new assessment process:

- Focus on outcomes for participants, not only on provider systems or documentation. For example, assessing whether participants are supported to make their own choices, participate in the community, maintain and develop relationships, and experience dignity in everyday life.
- Include direct engagement with participants and families in accessible and supported ways as a core element of assessment.
- Measure how providers apply the Framework's principles in practice, particularly in areas such as supported decision-making.
- Ensure national consistency and transparency in how assessments are undertaken and reported, including clear guidance on evidence requirements when reporting.
- Be supported by adequate resourcing and training for assessors so they understand intellectual disability, the varied risk profiles of different support settings, and can evaluate quality without needing to rely solely on documentation, which can at times fail to capture nuance.
- Include opportunities for participants and families to provide feedback in multiple formats, including Easy Read surveys, interviews, or supported discussions, so lived experience informs assessment outcomes.

Further, the [VALID8 program](#), developed by our Victorian member organisation VALID, was funded by the Victorian Government as part of the transition from government-run disability services. It started as a self-audit for disability services, particularly group homes, and is designed to help these services learn whether they were doing what they could to empower people with intellectual disability to live their own lives. It was also a way services could define and develop best practice to help empower people they support.

The VALID8 program has demonstrated success in gaining the trust of people with an intellectual disability in services and facilitating meaningful disclosures about service quality and safety concerns. This peer-to-peer approach creates safe spaces for honest feedback that traditional quality review processes often fail to capture.

This approach recognises that people with an intellectual disability bring unique expertise to quality review processes, including by understanding the lived experience of using services, identifying barriers and issues that others might miss, and communicating with service users in ways that build trust and encourages honest feedback. Their involvement as quality reviewers also challenges assumptions about capability and demonstrates the valuable contributions people with an intellectual disability can make to service improvement.

Models like the VALID8 tool should be considered as part of the proposed assessment process as ways of embedding peer-led and

disability-led approaches into the new Quality Framework. These approaches complement formal oversight mechanisms by creating culturally safe spaces for people with intellectual disability to share concerns, shaping service improvement by ensuring that lived experience drives quality and accountability. We are heartened to see this model is being explored for national roll-out as ACTIV8, supported through an NDIS Commission grant.

#### 4. Is there any other feedback you would like to share that could support the development of new Quality Framework?

The redesign of the Quality Framework is a chance to strengthen confidence in the NDIS and the Commission's role as a rights-based regulator. To achieve this, the Framework must be:

- Actively co-designed with people with disability and their families to ensure it reflects lived experience, builds capacity, and addresses systemic barriers.
- Clear and accessible, including Easy Read and alternative formats from the outset.
- Consistent with contemporary policy and legislation, including Australia's Disability Strategy and the NDIS Supported Decision-Making Policy.
- Resourced for implementation and capacity building, so that both providers and participants are equipped to meet its expectations.
- Monitored and publicly reported, with clear accountability for how the Commission and providers are applying the Framework.
- Intended to raise expectations for the sector while supporting people with an intellectual disability to understand and exercise their rights.

## Focus Area 3: Guidance material

### 1. What are your views on the proposed guidance materials?

We strongly support the development of comprehensive and practical guidance materials as part of strengthening the Commission's regulatory approach. However, our community has told us that existing guidance materials are often inaccessible, overly technical, and at times do not reflect the lived experience of people with an intellectual disability and their families.

To be effective, new guidance materials must:

- Be anchored in the principles of human rights, inclusion, and supported decision-making.
- Be clear, consistent and practical, showing what good practice looks like in everyday support settings.
- Address the inherent power imbalance between participants and providers by reinforcing provider responsibilities to create safe, inclusive and rights-respecting environments.
- Be available in accessible formats from the outset – including Easy Read, video, audio, pictorial and Auslan versions, as well as languages other than English.
- Guidance should show how to apply the Practice Standards in ways that uphold participants' autonomy, dignity and choice.

### 2. Would the proposed guidance materials include the right kinds of information to support participants, workers, providers and assessors to understand and implement the Practice Standards and assessment processes?

The proposed guidance materials must provide the right level of detail and accessibility for each audience – participants, workers, providers and assessors – recognising their different roles and capacities.

Our community's experience is that providers and workers often lack practical understanding of how to apply the Practice Standards in day-to-day situations. In addition, participants are frequently unaware of what quality and safety should look like in their own supports because they have not been provided with the opportunities to build awareness of their rights and capacity to act on them – including with informal or formal support.

To address this, guidance materials should:

- Include real-world examples and case studies that illustrate how the Standards apply in practice, particularly for people with intellectual disability.
- Be layered, providing simple, accessible information for participants and workers, and more detailed technical guidance for assessors and providers.
- Embed supported decision-making and communication accessibility throughout – both as topics and as cross-cutting principles across all guidance materials.
- Be co-designed and tested with people with intellectual disability, their families, and advocates to ensure the language, examples, and tone are relevant and understandable.
- Without this clarity and accessibility, there is a risk that the new materials will simply replicate the barriers that currently prevent people from understanding and using the regulatory system.

### 3. What specific practice areas require more guidance (e.g. implementing privacy considerations into support practices and improving participant outcomes in practice)?

Over the years, and particularly during consultations run by Inclusion Australia as part of the NDIS Review, our community has identified several practice areas that require additional and clearer guidance to promote quality, safety, and inclusion. These include:

- Supported decision-making in practice – how providers and workers can actively support choice, control and communication in everyday service delivery.
- Communication access – ensuring information, environments, and interactions are accessible for people with complex communication needs.

- Human rights and safeguarding – practical examples of how to uphold rights and prevent restrictive practices, abuse, neglect or exploitation.
- Cultural safety and intersectionality – guidance that reflects intersectionality, including the experiences of people with intellectual disability who are also First Nations and/or from culturally and linguistically diverse backgrounds.
- Complaint handling and feedback – how to make these processes safe, empowering, and accessible for people who may be fearful of retaliation or lack advocacy support.
- Privacy and dignity – how to uphold confidentiality and privacy in ways that are understandable and meaningful for participants.

#### 4. How should guidance be developed with participants and the sector to ensure it is practical, accessible and supports good quality and safe NDIS supports?

Guidance materials must be co-designed with people with disability and the sector from the outset. Co-design must include people with intellectual disability and families as equal partners in developing, testing, and reviewing materials.

We recommend that the Commission:

- Establish formal co-design groups that include people with an intellectual disability, family members, people from diverse background, and the broader disability sector, including Disability Representative Organisations.
- Offer multiple engagement formats, including small group workshops, one-on-one interviews (including, where possible and with informed consent, in peoples' homes), and online workshops to ensure people can take part in ways that suit them.
- Test all materials in accessible formats before release, ensuring they can be understood and used by their intended audiences.

#### 5. How do you think we should inform and share good practice examples that are shaped by participant perspectives?

We strongly support the inclusion of good practice examples informed by lived experience.

We recommend the Commission:

- Establish a governance or advisory structure that includes participants, ensuring it is adequately resourced, has real decision-making power, and can actively guide what examples are collected, how they are shared, and how they influence policy and practice.
- Collect and share examples of positive, rights-based practice drawn from feedback and co-design activities.
- With informed consent, gather stories and case studies co-authored with people with an intellectual disability and families, illustrating what quality supports feel like from their perspective and highlighting practical strategies for providers.
- Use multiple accessible communication channels, such as videos, infographics, and Easy Read information, to share good practice widely across the sector.
- Encourage peer learning, mentoring, and communities of practice among providers and support workers to reinforce these examples and embed a rights-based and participant-centred culture at every level.

## 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.