Final consultation report

NDIS Provider and Worker Registration Taskforce

Date: 26 June 2024

This artwork was designed and produced by Gubbi Gubbi and Githabul artist, Shauna Hill for The Social Deck.

Acknowledgement of Country

This report was compiled on the unceded lands of First Nations peoples. The Social Deck acknowledges the traditional custodians who have lived on and cared for Country for thousands of generations, and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures, and to Elders past and present.

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Introduction

The NDIS Provider and Worker Registration Taskforce (the Taskforce) has been established to provide expert advice on the design and implementation of a new graduated risk-proportionate regulatory model proposed in the NDIS Review Final Report (the Report) in consultation with the disability community.

Specifically, the Taskforce has been directed to provide advice on Recommendation 17 which is to develop and deliver a risk-proportionate model for the visibility and regulation of all providers and workers, and strengthen the regulatory response to long-standing and emerging quality and safeguards issues. Their Terms of Reference includes providing expert advice on:

- the design and implementation of the graduated risk-proportionate regulatory model, which the NDIS Review regarded as requiring further consideration
- a Provider Risk Framework that identifies and evaluates the risk profile of different types of supports and providers.

NDIS Review Recommendation 17

The model presented in the NDIS Review Recommendation 17 proposed that all NDIS providers must be registered or enrolled. It provided four proposed levels of registration, based on the level of risk associated with the supports provided:

- Advanced registration for all high-risk supports
- General registration for all medium-risk supports
- Basic registration for all lower-risk supports
- Enrolment of all providers of lowest risk supports.

The NDIS Review Panel's vision for this Recommendation was described as: A more graduated and risk-proportionate regulatory model that will better prevent the potential for risk of harm while continuing to support choice and control and enable a thriving market.

About this report

This report provides a summary of people's feedback—concerns and aspirations—relating to the proposal for a graduated risk-proportionate regulatory model (such as that outlined in the NDIS Review Recommendation 17). It is a supporting document of evidence to the **NDIS Provider and Worker Registration Taskforce's report**.

This report is in two parts:

1. **Key findings of the main consultation phase**, where the Taskforce led engagements to get feedback about the model for provider and worker registration proposed in the NDIS Review Report, to understand different perspectives, concerns and opportunities about this proposed model to take into account in making recommendations and providing advice to Government in line with its Terms of Reference. This phase also included the submission process.
2. **Testing Taskforce ideas**, where specific ideas and considerations were tested with Advisory Working Groups (AWGs), stakeholders and the community to inform the recommendations in its report.

Participation in consultations

The Taskforce heard feedback from:
- people with disability (majority were NDIS Participants)
- their families and carers
- advocates and representative organisations
- NDIS providers, including not-for-profit organisations, sole providers, microboards, small and large businesses
- other stakeholders such as Unions, legal experts and academics

Consultation involved five AWGs, online webinars and roundtables, one-to-one and small group meetings, visits to two regional areas, and a submission process.

There were more than 2,270 participations over the two phases of engagement from February to June 2024, which included:

- 31 roundtables and webinars (with more than 1,200 participations across these events)
- more than 150 one-on-one and small group meetings (with more than 360 people in attendance across these meetings)
- more than 700 submissions.

The term 'people' is used throughout this report as a collective term for those who participated in consultations or provided responses in other forms, including written and verbal submissions.

1.   Consultation findings

The following sections provide a summary of common themes and concerns raised by different stakeholder groups across consultation activity.

1.1.   Concerns about supporting choice and control

Across consultation activities, the most significant concern raised about the proposed model was **negative impacts on choice and control**.

This is most strongly raised by NDIS Participants, parents/families and carers, particularly those who self-manage their NDIS plan.

The concerns directly related to fears that what they value about choice and control (as shown in the following diagram from the Choice and Control webinar roundtable) would not be able to be upheld through the proposed model.

Figure 1. Word cloud responding to the question 'What three words describe what choice and control mean to you?'

Current situation: People described that, currently, NDIS Participants have choice over what types of services and supports they currently use in the marketplace for their NDIS supports. Many people said that those who are able to manage and direct their own supports (e.g. self-managed and plan-managed participants) are predominantly using unregistered providers, mainly independent contractors and sole suppliers, for a variety of support services. Supports provided by unregistered providers included support workers, in-home supports, community support workers, occupational therapists, physiotherapists, psychologists and general mainstream services such as cleaners and gardeners.

Choice and control was described as **essential from a human rights perspective** and as a fundamental right for people with disability. It was reiterated that choice and control needs to align with United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including ensuring they are able to make decisions about their life and needs.

The key concerns raised about the **impacts of the proposed model on choice and control** were:

Limiting choice and autonomy

- Many people strongly expressed that mandatory registration would mean NDIS Participants would lose autonomy and flexibility in selecting providers that best meet their unique needs and preferences.
- They raised concerns that mandatory registration would negatively impact on NDIS Participants' ability to directly employ appropriate supports, and to choose providers they know and trust.
- Some people have suggested it would reduce choice of and access to informal and community supports because many community services (non-disability specific) may leave the NDIS marketplace altogether.
- A related and common concern was that Participants would be restricted to using existing NDIS registered providers or those who are willing or able to register, with registration in its current form. There was limited discussion, and potentially understanding, that registration would look different under a new risk-proportionate model to be more accessible and affordable.

> *'Narrowing the definition of a provider and requiring them to be registered would limit choice, increase administrative burdens, and disrupt service delivery without clear benefits.'* – **NDIS Participant**

> For those that are able to manage their own care they should be able to, especially people who solely have physical disabilities. It is not a "risk" or "burden" for me to choose my own support workers. I should be allowed to take on the responsibility of my own life. After living with significant disability for my entire life I am the expert when it comes to my disability, care needs and life. Please don't infantilise people with disabilities. We are capable of making decisions for ourselves. It should be a basic human right. I know that my future will be brighter and the quality of my life better if I am able to choose my own support workers. **Submission, NDIS Participant**

> *'This blanket registration proposal also flies in the face of choice and control for the participant. It should be up to me who I choose to assist me in my daily life and I have finally built up a great network of supports that fit in with my daily needs. I do not want to have to go to a registered service provider that often dictates when they have services available to assist me, instead of working with me and being available at the times I want to be supported.'* – **NDIS Participant**

There were a number of examples provided throughout the consultations where people suggested the current informal, but critical, supports they receive would not be possible under the proposed mandatory registration. While this was a common point raised by NDIS Participants who self-manage, the concern about loss of informal supports often also related to situations where people's circumstances were complex, and they did not want to use registered providers (e.g. people experiencing domestic and family violence (DFV)).

> *'I currently negotiate and pay less than the current NDIS suggested rates which allows me to stretch my plan funds. I have choice and control and my plan has made my life much better. coming from a domestic violence environment the NDIS gave me the autonomy to leave and find carers I trust to help me. I have friends I pay that stay over and they do not wish to go through the registering side of things. I want choice and control'* – **Webinar participant**

Reduced flexibility and increased costs for NDIS Participants

People with disability and families or carers are particularly concerned that NDIS Participants will have **less control over and flexibility in** the supports they receive as a result of the proposed model. This was particularly due to concerns that:

- there would be even more complexity, bureaucracy, and time or other cost implications for people who self-manage plans that might cause people to move back to plan-managed or agency-managed arrangements
- there will be a **reduction in sole providers and other models of supports** (e.g. being able to engage university students) because these types of providers won't register or enrol due to increased financial and/or other burdens. As a result, Participants are particularly concerned they'll be forced to use larger providers and will lose the ability to have the more flexible care and supports they need.

> *'I can honestly tell you, we have just let our registration go! The 18 month audit was far too stressful and put us behind on so much. Its[sic] far too expensive. We are a small family owned and operated provider and are so proud of what we do.'*– **Webinar participant (small provider)**

Many NDIS Participants and families consulted were positive about their experiences using unregistered providers. They noted that supports can be more consistent, flexible and affordable and often lead to productive relationships over long time periods, particularly in regard to families (often with multiple people in the household with disability) selecting and maintaining a 'workforce' that works for them. They were extremely concerned that this proposal would mean they would lose access to these providers and would no longer be able to utilise the support team they had developed and trained. Most often this fear related to a view that unregistered providers wouldn't register in the current system, given the complexities, burden and costs.

Many NDIS Participants and family members raised concerns that this proposal might mean they would **only have access to larger provider organisations** in the future, citing issues with the quality of services that large providers can often offer.

'It would severely restrict my choice and control if I could only use my funding on registered or enrolled supports. This would put my safety at risk and also mean I could not spend my budget as cost effectively.'- **NDIS Participant, Women with disabilities roundtable**

'I actually think that it's really an indictment on those providers that as soon as people were given the choice and control, most people fled away from them and the people who have remained receiving their services primarily from those providers, are people who aren't able to actualise their choice and control because they don't have support.'- **Family member, Needs of parents and children in remote communities roundtable**

Disproportionate impacts on choice and control for people in regional and remote areas, and from intersectional groups
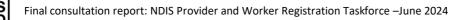
A common theme in discussions was that mandatory registration is likely to more negatively impact people who live in regional and remote areas where there are less services, and people who want or need to access specific types of supports that are safe due to disability or other intersectional considerations (e.g. those who identify as First Nations, LGBTIQA+, Autistic).

For regional and remote areas, common concerns about requiring registration were:
- It will have a disproportionate impact on choice and control for NDIS Participants in regional and remote areas, as use of NDIS funds for more informal arrangements of support from family members, supporters and peers may be required to stop if not registered or enrolled.
- Some mentioned that requiring registration and in particular, the Provider Obligation of worker screening, in remote communities, in particular, might limit the availability of supports and services which are culturally safe and empowering for First Nations people with disabilities. This particularly applied to community-controlled organisations and smaller community supports who are experienced in providing services but who may not register due to complexity and burden, including auditing requirements, or cost (that is considered to exist within the current registration system).
- It may further reduce an already thin NDIS market and workforce in regional and remote areas, if providers and workers don't register (noting this concern related to the likelihood that many wouldn't register under the current system), and registered providers are not willing to travel into regional and rural areas.

People with disability also **shared concerns about the requirements for them to identify as an NDIS Participant**, if they were required to only use registered providers for their supports and services, particularly in the context of using mainstream services such as cleaners and gardeners. They raised significant concerns about:
- negative impacts on their rights and choice to keep their disability and status as an NDIS Participant private
- **potential for exploitation** when they disclose their status as an NDIS Participant / using NDIS funds
- **discrimination due to disclosing disability**, particularly noted by people with hidden disabilities (e.g. autism).

1.2.   Quality of services and preventing harm

The most common areas of feedback about the ability of the proposed model to **prevent the potential for risk of harm** (through ensuring quality and safe services) have been about:

- **whether registration and enrolment would reduce risks and prevent harm**, given current issues being faced with some providers even when they're registered and audited
- how risk of harm is identified and measured in a proportionate risk model.

Current situation: NDIS Participants and families or carers provided feedback on the way they currently assess the quality of services when using registered and unregistered services. This included:

- values alignment and strong working relationships
- worker reliability, consistency and flexibility
- community connections and word-of-mouth referrals (including local social media groups)
- ability to provide individualised worker training
- worker screening checks including NDIS worker screening, working with children check and police checks.

Very few people said they choose or assess quality based on whether a provider is registered or that they look for audit and compliance checks. Participants and families suggested actions they take to address issues when they arise include:

- communicate directly with providers to resolve problems
- use complaints systems, including through NDIS Quality and Safeguards Commission, noting participants often mentioned these not being effective to resolve issues
- seek support from peer networks and advocacy services
- terminating services and seeking alternatives.

Registration and enrolment as a safeguard to improve quality and safety, and prevent harm

There were mixed views about whether registration is the most effective mechanism for improving quality and safety. But people more consistently agreed that **visibility of NDIS providers and workers is critical**.

Strong support for mandatory registration most often came from those representing existing registered providers, industry bodies, government and some disability organisations. For example, existing registered providers consistently provided feedback that a **rigorous registration and auditing process is an effective method of improving quality and safety for NDIS Participants** by ensuring consistent, regulated standards of service. They noted that it was particularly important to protect people who they identified as vulnerable, often described as people with disability who have no family or informal supports and are 'at the mercy of a segregated system to provide everything to keep them alive'.

'Totally support the registration of all people providing services to NDIS Participants. It's essential.' – **What we heard webinar (Interest – other)**

The large majority of those who support mandatory registration agree there should be different levels of registration proportionate to risk or size of organisations.

'Registration is important across the board to ensure everyone is upheld to a standard through quality assurance processes. It just needs to be related to the size of the registered individual/org. Not a one size fits all approach.' – **Webinar participant**

However, many who supported mandatory registration also noted concerns about:

- **requiring registration for all NDIS providers without there being significant improvements to the current registration system** including the system to register, wait times, costs, auditing processes etc.
- **needing more national consistency in recognition of registrations**, for example across other sectors like allied health, and for worker screening.

Many NDIS Participants, their families and advocacy services were against mandatory registration of all providers, particularly if registration is left in its current form. They commonly suggested that registration may **not be the most effective mechanism at ensuring quality and preventing harm**.

'Registration currently doesn't ensure participant safeguarding. All of the high-profile cases of participant abuse and neglect over the past 12 months have been at the hands of registered providers. When will we eventually stop and recognise that registration is not the answer? We need to consider other alternatives for participant safeguarding.' – **Webinar participant**

Registration is no guarantee for safety - People keep people safe. A network of informal supports, increasing capability to make decisions and raise concerns and being part of community are key preventative factors to address violence, abuse neglect and exploitation of people with disabilities. **Submission, Advocacy Organisation**

One of the main reasons people said registration wasn't an effective mechanism related to experiences and known cases of abuse and neglect by providers who are/were registered. **It was raised on numerous occasions that registration in its current form was not working.**

The accreditation and audit system does not even successfully control the most extreme forms of abuse and neglect in registered providers including those resulting in preventable deaths – **Submission, Parent nominee**

While regulations exist, the persistence of abuse and neglect suggests that additional regulations alone may not suffice – **Submission, carer**

Participants shared **negative experience with current registered providers** providing low quality and unsafe supports and services. This was often about larger provider organisations, with participants citing issues such as inconsistency (unknown workers, cancelled shifts), lack of

flexibility in supports provided, low quality or understanding of disability and needs, and expensive service delivery. There were some examples shared about cases of harm and neglect from existing registered providers.

> The larger organisations employ primarily young, inexperienced staff with high staff turnover that means they are unable to provide continuity of services. This is a common complaint directed at large providers from NDIS Participants. **Submission, Parent**

> *'Registration currently doesn't ensure participant safeguarding. All of the high-profile cases of participant abuse and neglect over the past 12 months have been at the hands of registered providers. When will we eventually stop and recognise that registration is not the answer? We need to consider other alternatives for participant safeguarding'.* – **Participant, what we heard webinar**

There was also some discussion about whether enrolment for the lowest risk supports, would have a positive impact on safety and quality. A number of participants expressed concern that they would no longer be able to purchase the most appropriate and cost effective goods and services from mainstream suppliers (e.g. Woolworths, Bunnings etc.) as there may not be enough incentive for such retailers to enrol.

> *'If I had a small task like set up my new computer in my workspace I would not be able to engage someone off Airtasker to do a basic task that might take 30 minutes. I would have to engage a support worker for a minimum of 2 hours. This is not value for money.'* – **Choice and control webinar participant**

Representatives of larger retailers discussed that they were already committed to providing goods and services to people with disability and whether enrolment would have a positive impact on improving quality of service to NDIS Participants.

> *'For example, what risk does Woolworths pose when people go in to buy incontinence products? It's interesting reading the legislation and thinking about it. If we're talking about risk-proportionate, and that provider isn't a risk at all, why would they have to do anything in relation to this?'* – **AWG participant**

Concerns about impacts of the proposed regulatory model on different models of support that may provide better quality and safety for individuals

There were many concerns raised about the impact of the proposed model on self-directed support models such as:

- microboards and circles of support
- co-ops
- Services for One
- direct employment.

We were told that these models are highly successful in ensuring high quality and safe supports for people with disability, especially because the people providing supports to the participant are trusted and the support is inclusive and individualised.

'We all, in some way, do a service for one, some of us hire directly, and some of us use a small service provider or platform provider to engage the staff, but we all are managing the care and train and select the staff. We all feel that what we've managed to do for our children has ticked the boxe [sic] in terms of outcomes, and it has kept them safe as they all have complex needs.' – **Parent utilising services for one arrangement (meeting notes)**

Safety for our daughter comes from… individualized support, handpicked committed staff and from being an active member of her local community. – **Submission, Parent**

People were concerned about the **high levels of administrative burden that requiring registration would put on these models of supports**, which may cause them to not be able to operate. Most often these were concerns about:

- cost and time to undertake the registration process when they may only be supporting one or a few people
- the processes and additional burdens that registration might trigger if they're required to be registered at the higher levels, such as regular audits, reporting requirements etc.

  'Don't load us up with all this paperwork we don't need, and it is going to burden us. If I am a large company, I can pay someone to do my safety and quality management. We need a lightweight registration system with a little bit of support, and a bit of training here and there. I need to be able to employ people to help me manage my business and I get back to looking after my son.' - **Parent utilising Service for One model (meeting notes)**

  'It's about choice and control, so we need people that are flexible and that can meet our needs so it's got to be a flexible team. For my guys to have these onerous demands, it would make no sense, but if I had to work with a larger provider, I couldn't make my life work. Think about which providers need to be registered, but give flexibility to other providers who are lower risk. Choice and control is fundamental and has to work.' **– AWG member - Participant**

However, there was some consensus, including among those with responsibility for self-directing or managing these models, about the **importance of visibility, oversight and having some regulation and safeguards in place**.
It was suggested that:
- there should be registration proportionate to the risk of these arrangements, beyond just the services or supports being provided. So even where there may be an activity considered higher-risk, the registration takes into account the type of model being used and size/scale of the arrangement
- ensuring there is 'a more agile form of registration' that meets the needs of people using these more innovative models
- worker screening is applied, but with some flexibility needed for different circumstances.

Some also suggested financial supports/incentives and capacity building was necessary if new registration requirements are in place, to help retain these models.

'…we need legitimate status for individualised or family and governed managed models where we have legal entities for employing supports, officially recognised through light touch special category enrolment.'- **Individual (Meeting)**

Some suggested there are existing systems, technology and other, which can better support visibility and oversight of providers and workers in the NDIS. In particular, this related to use of existing systems and information held by NDIA and NDIS Commission, and the fact that businesses /providers and workers are registered with ABNs, TFNs and often hold other forms of checks and professional registrations.

'Just use technology to share data between NDIA and Q&S to gain oversight.' **– NDIS Participant**

'Is there a way to use the new portal could collect simple, one off, information about new staff engaged?' **– Family or carer of a person with disability**

How risk of harm is identified and measured

Many providers noted that there was **not enough detail provided about the risk categories** to enable them to understand which category would be applicable to them.

Feedback from across consultation activity noted that **risk assessment should not be one-dimensional**; it must incorporate various factors, including the complexity of the person's condition, the nature of the services required, the experience and capability of the provider and their staff, as well as the environment where services are delivered.

> Tailor risk management to individual needs and types of support, considering: risks at the individual level (age, communication, medical conditions, mitigating factors such as nature and extent of informal supports, appropriate supported decision-making mechanisms in place); risks based on types of support (personal contact, potential adverse effects); the level of personal contact involved; the environment in which the support occurs (limited supervision, professional registration) - **Submission, Provider Peak**

It was suggested that a more individualised approach to risk and needs of people with disability is needed, along with a more evidence-informed basis for assessing risk.

Further, a number of self-managed participants and nominees, noted that **Participants should be able to make their own risk assessments** rather than have their choice and control restricted by risk category a service falls into based on an arbitrary category.

> *'Where people are managing the risks themselves they should not be required to use registered providers. They should be free to choose from the full range of options.'-* **Webinar participant**

> Participants may wish to engage smaller Providers or Sole Traders who are delivering complex, riskier supports and afford the cost (both financial and resources) of a high-risk registration. In this instance, a Participant should be allowed to apply for an exemption and 'stand surety[sic]' for their choice of Provider. I.e. [sic] give the

Participant the choice to engage this Provider willingly and accept the risk. **Submission, Unregistered Platform Provider**

Across consultation activities, participants discussed a number of factors and circumstances that could act to increase the risk faced by people with disability receiving supports including poverty, unemployment, family and domestic violence, backgrounds of trauma and abuse and isolation.

Poverty focuses Anangu (both people with disability and their family-based carers) on their immediate needs rather than allowing them to invest time in things that may be of benefit in the future, such as therapeutic services. **Submission, Registered NDIS Provider**

NDIS Participants with complex and acute needs require additional safeguards if they: use alternative methods of communication and/or communication devices; do not have active family and/or social supports; have a history of trauma. **Submission, Registered NDIS Provider**

'The talk about service type being a determiner of risk, the talk about disability type being a determiner of risk, is just ill-informed nonsense. The thing that is the major driver for risk across Human Services field regardless of having a disability or not is isolation.' – **Human rights approach to registration roundtable, participant**

Consultation participants also discussed the ways that types of supports, the environment they were provided in and the type of provider they were provided by could all act to increase the risk faced by an NDIS Participant.

'Key risk driver is isolation. So, isolating models (congregate care, centre based day programs, Group residential respite) are the highest risk particularly for the most serious harms.' – **Scale of service, scale of risk roundtable participant**

Many submissions also discussed the ways in which risks could be mitigated by Participants through natural safeguards and other safeguarding strategies.

Strategies to ensure safe support. Support staff are intensively trained by all therapists especially Behaviour Support Practitioner and Physiotherapist; strictly and consistently follow all Procedures and Care Plan; are continuously guided and reminded by myself of safety rules for both our [daughter] and themselves. **Submission, Parent nominee**

It was suggested that Participants need simpler and clearer risk information provided to them as part of their NDIS plans. A few people also suggested that more support and funding for **capacity building** is needed, including more access for people with disability for individualised safeguarding and independent individual relationship-based advocacy.

Improve access to capacity building to ensure that people with disabilities and our nominees understand our responsibilities and the risks associated with self-management and directly engaging support people. **Submission, NDIS Participant**

1.3. Enabling a thriving market

There was a wide variety of feedback to be considered about how the proposed model might impact on the market for services provided under the NDIS.

Concerns about negative impacts on the market

Many people suggested **the proposed model would not help to 'enable a thriving market'** and may have negative impacts on the market, particularly on services and supports in regional and remote areas and that are more personalised to NDIS Participants' needs.

Common concerns raised about the proposal model's impact on a thriving NDIS marketplace:

- Registration will significantly negatively impact the market in regional, rural and remote areas and other thin markets including First Nations services and services for people with intersectional identities or complex personal circumstances because providers will not register or will not be available.
- Registration favours larger providers who have the resources to undertake the registration process and ongoing audits. However, larger providers are not necessarily better at providing safe and quality services.
- Registration may be a barrier to market entry for new and innovative support services.

Many NDIS Participants expressed concern about the impact the proposal would have on their access to services in the market. Participants' key concerns are:

- their current unregistered support workers and service providers would not be willing to undertake a registration process
- there's **no incentive for mainstream service providers**, who only provide services to a few NDIS Participants, to register and they would no longer be available in the marketplace
- they would no longer be able to purchase goods and equipment from mainstream providers, meaning that they would be **forced to purchase from specialist disability providers at higher cost.**
- the cost and burden associated with requiring registration would be passed on as an **increase in the cost of their support services**. It was noted that registered providers often charge the maximum under the price guide (whereas unregistered providers are more likely to charge less or negotiate flexibly).

> *'The thing with regulation is that it adds to cost, including for the participant.'*- **AWG participant**

> *'Mandatory registration kills innovation and increases costs. Especially in regional and remote areas.'* **– Participant in Testing Roundtable**

Unregistered providers most often expressed concerns about the proposal to require registration, mainly that the cost and burden associated with going through the registration process may force them out of the market.

Many unregistered providers, particularly sole traders and small businesses, said that if they were required to register, they would consider leaving the market. This also applied to a number of innovative businesses, for example those who are employing people with disability to support/work with NDIS Participants in tech, gaming etc.

These concerns appeared to mostly be based on the cost and burden associated with the current registration process.

> These three reasons - cost, delays, audit burden (among others) are why therapists have elected to be unregistered in the current system and have often chosen not to renew registration once they have experienced it. – **Submission, Unregistered Provider**

> When I started as an independent, I wanted to get registered, as this was important to me to ensure I was not only doing a job to the best of my ability, but also ensuring that I had the approval from the NDIS to say I was doing everything appropriately to the guidelines, however, this has been unachievable for me [due to cost]. - **Submission, Unregistered provider**

A few unregistered providers expressed support for mandatory registration provided it was simple and low cost and proportional to the size of their business.

> *'A simpler registration process is important for the inclusion of quality services. Providers will leave otherwise.'*- **Participant in Testing Roundtable**

Suggestions for positive impacts of mandatory registration on the market

Most registered providers (especially larger providers) were supportive of the proposal to require registration because it would create a more balanced, fair and competitive market.

- They are concerned that under the current system, unregistered providers have an unfair competitive advantage as they can deliver the same services but are not required to meet the same levels of compliance and regulation.

- Registered providers also expressed concerns about the cost and burden associated with the current registration and auditing system. Some registered providers were considering de-registering on this basis also stating they were operating in an unlevel playing field.

A number of providers and some advocates suggested there should be capacity building and core grants and other supports that providers can access if registration is mandatory, to support them to stay in the market through this process. People suggested this may help to lessen impacts on the market.

Fraud

A number of consultation participants and submissions raised the issue of fraud. A number of submissions questioned whether mandatory registration was aimed at addressing quality and safety or was aimed at detecting fraud.

> It's unclear what problem this is trying to solve. Is it about costs? Is it about risks to individuals? Or is it about fraud? - **Submission, Advocate**

Others highlighted that mandatory enrolment for all service providers will assist the NDIS Commission in detecting and addressing fraud.

> Enrolment will force all service providers to disclose basic information to the Agency. If the money is tracked, then the Agency will be better able to detect fraud and the Commission better able to follow up complaints made under the NDIS Code of Conduct. - **Submission, Academic**

1.4. How a graduated and risk-proportionate regulatory model might work

The following common areas were identified as important for a graduated and risk-proportionate regulatory model to work:

- **Definition of provider** – It was noted that NDIS provider is broadly defined as a person, business or organisation who delivers NDIS funded supports to Participants. Some suggested that **mandatory registration should be restricted to those that provide disability-specific supports.** This would help to address common concerns that people would no longer be able to access unregistered mainstream providers.

  > Many of the supports I need for my disability are local mainstream services available to the general community. If these mainstream services are good enough for the general community, why shouldn't they also be available to me under the same terms. – **Submission, NDIS Participant**

- **Implementing a graduated approach to registration is important and appropriate** – It was consistently acknowledged that any form of registration needs to be proportionate to the scale of service and scale of risk of supports being provided.

- **Efforts to help ensure Participants can maintain current providers if registration is mandatory** - Many self-directed and self-managed participants are using unregistered providers for disability support services (in home supports etc.) and are very concerned about losing access to those supports if registration was mandatory and their current services did not register. They raised concerns with using current registered providers, who are often larger organisations (and who some reported having bad experiences with).

  There are also examples where the few registered providers in a region haven't been able to provide the supports required, so any new model would need to ensure that it is easier for a wider range of services to register and potentially have options for other supports to be engaged if there are gaps in the market.

  > 'Please simplify the registration process but not force registration.' – **Family or carer of a person with a disability**

- **A new model for registration would need to:**
  - **have a simple, low cost process for** unregistered providers to become registered

- o **financial supports and other incentives,** to encourage registration and to alleviate costs associated with auditing, reporting, other compliance

- **Co-design the model with Participants** – Many people agree there is a need to consider how the new model is implemented and how risk is assessed, and that it should be co-designed with Participants and families/carers.

  It's suggested **the model and Provider Risk Framework is co-designed** to ensure the model is person-centred, considers different and individual circumstances including people's own sense of risk, and would not impact on Participants' autonomy or dignity.

- **Harmonisation of registration is preferable to a complex dual registration system -** A new approach needs to focus on recognition of other existing registrations, for example in mental health, psychology and allied health. Feedback showed very strong support for the statements (available in the NDIS Review Report) that: 'These processes should be integrated with other government systems and recognise similar compliance of providers operating in other parts of the care and support sector. This will guard against regulatory creep, ensure proportionality, and minimise unnecessary burdens.'

  'A simpler process is important and also recognition of workers already registered with their peak body. Both AHPRA and NASRHP have rigorous registration requirements. Can this be recognised?.' – **Participant, Testing Roundtable**

  'It's really important to recognise that allied health professionals are health professionals, and they are already regulated. So it should be the same, its counterproductive to add to the burden, it's bad for participants because they are already having trouble. We're going to have more and more of our professionals exiting and going somewhere else.' – **Allied health provider, roundtable participant**

- **Supporting and enabling the market** – If mandatory registration was implemented, there **should be actions to focus on market development and retention** such as implementing processes and developing resources to support smaller providers to enter the market and reduce delays. This should be in addition to possible financial and other supports for unregistered providers to become registered.

- **Improving visibility** – It was suggested that requiring registration of all NDIS providers would improve visibility of supports being provided under the NDIS and that this would improve quality and safety, as well as help to prevent fraud. However, some suggested alternatives to help improve visibility, such as a central online registry of providers, which included their relevant registrations, qualifications etc.

  A common suggestion was also that Participants should be given the opportunity to provide feedback on services they receive, potentially through an online registry. It was noted that registration in the proposed model may not make it easier for Participants to find registered providers that are able to meet their needs or help them to know which providers are delivering the best quality services.

  'A Participant only portal for testimonials and reviews of supports and services would be a better innovation than registration.' – **Choice and control webinar participant**

- **Data and monitoring –** It was suggested that a new and improved registration process should drive quality through improving data monitoring and evaluation. It could assist providers to understand what is required to have organisational quality, and support businesses to put in place comprehensive governance policies. It may also help to improve understanding of the market and where there are gaps.

  However, there were also some concerns raised about the data that may be collected as part of requiring all providers to be registered, such as whether information about Participants would be provided. Careful consideration should be given to how requirements for reporting would work under a system where all NDIS providers are registered.

1.5.   Other aspects of the proposed model

1.5.1. Worker screening

People provided feedback about the proposed model in relation to Recommendation 17.4 which proposed expanding worker screening and 17.5 which proposed improving, streamlining and harmonising worker screening processes for care and support workers.

Importance of worker screening

Across consultations there was **general support for worker screening** as an important tool to prevent harm. However, some of the key considerations relating to worker screening were:
- It would **be better to implement a national, consistent system** for worker checks and recognition across the health and care sectors (children, people with disability, veterans, and aged care) and across states and territories.
- The **current worker screening needs improvement**. A number of submissions provided detail about issues with current worker screening being too 'technical' and taking too long to process and not working to prevent people from continuing to work in NDIS after issues have been identified or wrongdoing has occurred.

  > There should be greater consistency in state-based requirements and processes (and application costs) for worker screening and it would be beneficial if it could be linked to working with children checks and requirements for working in aged care. - **Submission**

1.5.2. Potential impacts on the workforce under the proposed model

Concerns were raised that the proposed regulatory model in the NDIS Review Report, including actions that expand worker screening, could negatively impact on the diversity of the workforce, and the number of workers available to fill gaps in the workforce.

- There were some concerns that when registered, more providers would be required to hire workers who had completed certain qualifications, and therefore, workers may be lost from the market. It was suggested that **workers are not employed, or judged, based solely on qualifications.** Many said certificate qualifications can be too generic and may not be fit for purpose or universally available. Participants and their families strongly emphasised a preference for recruiting support workers based on values, attitudes and specific skill sets.
- Self-managed NDIS Participants **already utilise a variety of worker screening** including NDIS worker screening, police checks and working with children checks. New requirements may disrupt workers and services already in place and working well.
- It is hard to make worker screening work for everyone and all areas of the country.
  - Concerns were raised by organisations and individuals about **impacts of screening on support arrangements and the workforce in remote areas and First Nations communities**. Examples were provided where people who are in other roles in community may be used for supports but may not always be able to undergo separate worker screening if existing screening isn't recognised.
  - **Some people would not want to undergo screening due to lack of trust and discrimination** issues previously experienced in the process or may not be able to complete a worker screening if they don't have sufficient amounts of ID. Birth Certificates for First Nations people can take years to track down.
  - There were a few concerns raised that **worker screening may impact who can enter the NDIS workforce**, (e.g. people on visas, if it's too onerous).
  - It was noted that some supports would be more highly impacted, for example:
    - if someone with a disability was best place to provide peer support or mentoring but had a criminal record
    - sex workers who already face significant risk.

One of the biggest issues is around the police check, particularly in some communities. Our Aboriginal members, we know many have interactions with the justice system and that would be a barrier for some applying. They might be great workers, just because they've had an interaction with the justice system. We need discussions early on about what precludes a person. There was a lot of work done to look at what precludes someone and what doesn't. - **Unions – Roundtable**

1.5.3. Code of Conduct

The Taskforce heard mixed views about the way the Code of Conduct is currently working. Many people suggested there isn't good awareness of the Code of Conduct among many providers and workers delivering disability supports, and very few mainstream services and people providing goods were probably aware of the Code of Conduct.

Common feedback about use of the Code of Conduct included:

- It's a sound document that already includes reference to a lot of the existing requirements under the Disability Discrimination Act, for example.
- More comprehensive training on the Code of Conduct is needed.
- Tougher repercussions for non-compliance with the Code of Conduct are needed.

There was broad support, particularly in roundtables and meetings, for strengthening the Code of Conduct—including what's in it, and how people are trained to apply it. Some suggested it should be strengthened to ensure the standards that Providers and Workers must sign up to are understood and there are compliance and monitoring checks on these on a regular basis.

Some people suggested strengthening compliance with the Code of Conduct would be more effective than having mandatory registration for all providers.

Common suggestions for embedding the Code of Conduct to improve quality and safety included:

- incorporating training into other qualifications
- delivering it through online and/or modular options
- embedding it into services providers' existing codes of conduct
- exploring options for ongoing use and reflective practice for all workers.

People also spoke about the need to improve the complaints system, in order for the Code of Conduct to work and meaningfully improve quality and safety. Some suggestions here included:

- information for Participants about the Code of Conduct and how to make a complaint if providers are not complying
- improving the complaints systems
- more visibility where providers have breached the Code of Conduct (public reporting).

> *'There's a second step here - better information and a complaints mechanism with feedback for participants to report breaches of code of conduct.'* - **Choice and control webinar participant**

> *'Code of conduct training should be regular updates of knowledge of skill a bit like first aid certificate that requires regular updating.'* – **Choice and control webinar participant**

Testing ideas

The following section provides a summary of feedback about three main ideas presented by the Taskforce during the consultations. These ideas were based on what the Taskforce heard from people with disability, families, carers and stakeholders in relation to the proposed regulatory model in Recommendation 17 of the NDIS Review Report.

The feedback is mostly drawn from:

- the 'What we've heard webinar' event (336 participants)
- two Testing Ideas roundtables (total of 50 participants)
- specific feedback and ideas from the Advisory Working Group meetings and additional targeted meetings held throughout June 2024.

Ideas presented by the Taskforce for testing

Following feedback from stakeholders and community during the main period of consultation, the Taskforce confirmed their agreement with the NDIS Review that visibility is critical to strengthening regulation and registration, and confirmed their support for a graduated, risk-proportionate approach to registration.

However, this was with consideration to the following, ideas which the Taskforce presented in a webinar, roundtables and AWG meetings for further feedback from stakeholders and the community.

1. **Narrow the definition of a provider to just be organisations that offer disability support services and requiring them to be registered.**

2. **Those that self-direct their supports through direct employment, Services for One or similar arrangements have a simple form of registration, that maintains their autonomy, creates visibility so support can be provided if needed and offers security for current arrangements.**

3. **There could be a simple worker registration process for all workers, in line with the definition of NDIS Provider which focuses on the provision of disability supports.**

Other ideas and considerations that the Taskforce noted were informing their recommendations included:

- **The need for a new registration system and process:** Importantly, registration would be different to what is currently in place. The Taskforce heard clearly that existing functions of regulation and registration including the Code of Conduct, audits and complaints are not working and suggested they would make recommendations to improve these.
- **Recognition of other registrations:** The Taskforce confirmed in principle support for the recognition of other registrations of allied health practitioners to minimise duplication, cost and administrative burden.

- **Development of the Provider Risk Framework:** Consistent with Terms of Reference, the Taskforce will develop a Provider Risk Framework which will include recognition of the risk faced by people with disabilities who are isolated.

- **Continuous improvement:** There must be continuous improvement on provider performance and continuous professional development for workers.

2.   Response to ideas

2.1   Definition of a provider

Context for the idea

The Taskforce heard suggestions from people about the importance of excluding retail, goods, and services that are not disability specific supports, but might be purchased for disability-related support needs. Examples included people using cleaners and lawn mowing services or buying ramps from Bunnings or dog food for a guide dog from Pet Stock.

While these may use NDIS funds, they're services anyone in the community might access. The Taskforce are thinking that the current definition of a provider is too broad to be used for a registration system.

The Taskforce has an idea to narrow the definition of provider and just on organisations who offer disability specific supports to NDIS Participants. If they do that, they need to be registered. This would exclude goods and services like retail, gardening and those sorts of services that are available to all people and which may be funded by NDIS money but are not specific disability supports.

Main areas of feedback

The main areas of feedback about **narrowing the definition of a provider** were:

Defining disability-specific supports

Many people commented that clearly defining what constitutes a "disability-specific support" and which types of providers should be subject to mandatory registration would be challenging within this proposed idea. There were particular questions, and some confusion, about:

- whether allied health professionals and physiotherapists were captured under this proposed idea, if they are delivering services to NDIS Participants as well as others in the community
- whether the definition would extend to supports all Australians access such as housing
- how registration would apply to non-traditional support arrangements like sole providers and housemate models.

> *'It begs the question of what are disability supports and services.. For example, are physiotherapy services disability specific, as people with and without disability use these services.'* – **Person with disability not on the NDIS**

> *'It depends. How do you define a disability support service? Is it a service that derives the majority of its revenue from disability specific funding, or is it something else?'* – **Platform provider**

> *'By and large it sounds logical and sensible, however it depends on the definition of support services. For example, is providing housing a support service?'* – **NDIS provider**

'I believe it is very difficult to get a clear definition of what is a disability-specific support. Allied health would be a good example - do physios need to be registered?' – **NDIS provider**

Some people suggested there needed to be clarity about **who** the definition would cover in terms of size of 'organisations' and businesses.

'How would this proposal work for the tens of thousands of sole trader providers, and contractors with ABNs? Are they included in the definition of providers? Because currently it says "organisations"' – **NDIS provider**

Several people suggested that mandatory registration should only apply to providers operating in closed settings, such as group homes, where individuals may be more isolated and vulnerable.

'The best definition would be to make registration mandatory for providers delivering supports in closed settings like group homes only. This is where the risk is greatest. Otherwise the risk of losing supports to people with disability in regional and remote areas particularly is too high.' – **'What we heard webinar' participant**

Potential impacts on choice and control, the market and innovation

In the testing roundtables, a number of people suggested that the registration requirements should still be related to level of risk, not just the definition of a 'disability provider'. Comments suggested this recommendation would still need to ensure smaller, innovate models and arrangements that are focused on providing disability supports aren't impacted by an onerous registration process set-up for larger disability support providers. Some people, particularly NDIS Participants, suggested this would still impact and limit choice and control for people with disability.

'We're concerned that our rights to choose our supports could be restricted under that proposal that under the narrower definition all providers of disability support would be required to register because we don't know what that registration will look like.' – **NDIS Participant, Testing Roundtable**

People expressed concerns about the proposal in relation to service gaps, in regional and rural areas. For example, some people suggested this idea could have unintended consequences, such as causing some current providers of disability supports to stop delivering disability supports if they thought the registration and auditing processes would still have significant time and cost burdens.

'If registration is compulsory there will be services that discriminate and will not service the disability sector because they do not want to register. We will actually lose some good mainstream providers we are currently using just because we are NDIS funded.

In regional and remote Australia this will be a huge barrier as their [sic] are often sole traders only who service NDIS Participants.' – **Webinar participant**

Aligning definitions

It was also noted that this idea and any definitions of provider should align with other definitions being considered as part NDIS legislative changes.

> *'As we explore the definition of Provider, and the disability-specific services it is important to ensure alignment with the definition of 'NDIS Supports' in the draft NDIS Bill. '*– **NDIS provider**

2.2   Simpler registration for self-directed supports

Context for the idea

The Taskforce has heard from people who self-direct their supports such as through Services for One, direct employment and microboards, specifically about their concerns that the proposed model for mandatory registration may impact their choices and current arrangements with directing services and supports.

The Taskforce noted that it did not want to disrupt any of these good models that have been developed over a long time and noted concerns that existing arrangements may be lost under the proposed model for registration outlined in the NDIS Review Report, or that regional and remote areas will not have enough services if registration was required. However, the Taskforce noted that visibility is important, so some form of registration to ensure there is visibility of the models that are operating and who is delivering supports, is important.

The Taskforce also heard that self-directed supports should be supported through peer support, resources, independent advocacy and legal assistance where necessary. They should not be treated like other providers.

The Taskforce presented the idea for self-directed supports to have a simpler registration process, to be designed with people with disability to ensure it is simple, quick, not overly costly or administratively burdensome.

Self-managed Participants who do not self-direct their supports, but simply purchase services available in the marketplace do not need to register.

Main areas of feedback

The main areas of feedback about a simpler registration process for self-directed supports were:

Balancing simplicity, autonomy and visibility

Many people agreed the registration process for self-directed supports should be simple and cost-effective while maintaining necessary safeguards. There was cautious support for the idea of a simple registration process, recognising potential benefits but some people also voiced concerns about burden. The exact nature and requirements of the "simple registration" are seen as crucial in determining its acceptability and effectiveness. This includes what it entails in terms of financial, safety and quality aspects.

It was specifically noted that any registration process should maintain the autonomy of those who self-direct their supports while providing necessary visibility and oversight. There were some concerns that flexibility and autonomy could be impacted if registration was mandatory, even if it

was initially 'lighter touch' as there could be future changes made to make requirements more onerous. People expressed the need to have rules in place that would keep the registration process simple and manageable over time.

> *'I'm really, really concerned about things like bureaucratic creep, which over time is going to make it much harder for people to register.'* – **Testing Roundtable participant**

Some people also expressed concern that even a light touch registration would cause additional burden on self-directed support arrangements.

> *'NO. Self directing supports, services for one and direct employment already involve a LOT of unpaid administrative work. Oversight can be achieved as we claim through the NDIS Portal.'* – **Webinar participant**

> *'Making it mandatory will not improve safety. Simple doesn't stay simple. Very, very concerned.'* – **NDIS Participant**

In addition, some people expressed concerns that mandatory registration, even if "simple", goes against the principles of choice and control that underpin self-directed support. They raised fears that registration requirements could restrict the ability of Participants to engage mainstream, non-disability specific supports and services as they see fit.

> *'A PWD still wants to employ a person as a SW & not tell them or esp [sic] not tell gov [gov], that they are providing support. Ppl need to be able to purchase mainstream supports eg [sic] sport coach, artist, as SW.'* – **Family or carer of a person with disability**.

Better acknowledgement of existing ways to safeguard in self-directed supports arrangements
It was suggested by some that sufficient oversight of self-directed arrangements can be achieved through existing mechanisms like the NDIS Portal, claiming processes, and ATO reporting. There were suggestions that rather than introducing new registration requirements, the NDIA should focus on better utilising the data and visibility it already has access to.
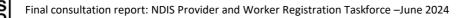
> *'Oversight can be achieved through the Portal as we claim. Not mandatory! Too much additional unpaid work.'* – **NDIS Participant**

> *'If you employ people directly, ATO requirements for reporting already exists - ATO and NDIA need to talk and data share. If employing via subcontractors - simply widen the existing TPAR rules.'* – **NDIS Participant**

> *'I direct employ 6 workers. I am fully visible to ATO as required and meet obligations. I don't see any issue with also being visible to Commission.'* - **Testing Roundtable participant**

It was suggested by a number of people that safeguards for self-directed supports should include:

- regular police checks
- ensuring necessary qualifications or experience in the disability industry

- all workers holding Blue and Yellow Cards (noted this should be required for anyone working in the NDIS).

> *'As long as they are regularly Police checked, hold qualifications or have experience in the disability industry, hold a Blue Card if required and Yellow Card. This should be the same for anyone working NDIS.'* – **Webinar participant (interest- Other)**

Investment in capacity building to improve care and increase safeguards

Some people mentioned that this idea would need to be supported by capacity building for those who self-direct supports. Suggestions included:

- training, mentoring and support for those who wish to self-direct their supports, helping them to develop the necessary skills and confidence
- a self-direction mentoring program, drawing on the expertise of experienced families
- specific training in risk management for NDIS Participants.

> *'How about a self-direction mentoring program? Draw on existing experts (families)'.* – **Family or carer of a person with disability**

> *'The original Quality and Safeguarding Framework promised training in risk management for Participants. It would be great if this could be created during this transition.'* – **Webinar participant (interest- Other)**

An area of concern about the proposal was risks to children and young people. There were a few concerns raised about the safeguards for children and young people's safety when parents or carers are self-managing. Of those who raised this, most focused on the need to ensure that all workers had a form of registration or clearances, which is further addressed in the next idea.

2.3   Worker registration

Context for the idea

The Taskforce heard very strongly that it's important there is visibility of workers who are delivering disability supports in the NDIS.

However, the Taskforce also heard mixed views about the proposed actions for worker screening, as outlined in Recommendation 17 of the NDIS Review Report. People were concerned that worker screening would duplicate other processes and be confusing or hard to manage.

The Taskforce suggested a different approach could be to have a simple worker registration for all workers providing disability support services.

The Taskforce noted:
- The idea would ensure the NDIS Commission has visibility of who is delivering disability support services to Participants.
- This would not apply to all workers who are paid by NDIS funding. It would be different to the proposed worker screening as outlined in the NDIS Review.

- There could be different levels of registration required for workers and this would be a risk-proportionate approach. Worker registration should be designed with people with disability and workers.

Main areas of feedback

Support for worker registration

Some respondents expressed support for mandatory registration of all NDIS workers to ensure safety, accountability, and quality of services. 'Strong' support was more often by NDIS providers and family members or carers of people with disability, than NDIS Participants, who commented on this idea in the 'What we heard webinar' and Testing Roundtables.

> 'I believe some form of registration is key to the safety of those living with a disability. More importantly the governance and consequences needs to be better than it is.' – **NDIS provider**

> 'We have so many people coming into our sector to provide support with no measure of their suitability - committing to a registration process should be a foundation.' – **Family or carer of a person with disability**

> 'Sounds reasonable. Workers can have multiple jobs, so even when self-directing it makes sense to maintain visibility of workers across participants in case there are patterns of poor practice.' – **Family or carer of a person with disability**

Support for a graduated approach

Some respondents suggest a graduated approach where registration requirements vary depending on the type of services provided and the associated level of risk.

Less rigorous registration may be appropriate for lower-risk services and disability supports, compared to higher-risk personal care services. It was also suggested there may be some categories exempt from worker registration due to the low risk of the service being provided.

> 'Registration requirements should vary depending on the services provided by that provider. Eg [sic], gardener registration would be less rigorous than a care and support worker registration.' – **Webinar participant (interest- Other)**

> 'Depending on the risk yes, social growth services should be exempt, if they pass current police and WWCC checks.' - **NDIS Participant**

Recognising existing professional registration and checks

For workers in allied health and other professions that already require registration with peak bodies, there were calls to recognise and streamline this to avoid duplicative requirements.

People suggested that for registered professionals, a simple annual NDIS screening check on top of their existing professional registration should suffice.

> 'A simpler process is important and also recognition of workers already registered with their peak body. Both AHPRA and NASRHP have rigorous registration requirements. Can this be recognised?' – **What we heard webinar participant**

'I am glad that you won't be requiring all services to be registered but I am deeply concerned about the impact on self-management if they can't recruit support workers that are not registered.'– **Person with a disability not on the NDIS (What we heard webinar)**

'An easy to use registration system that in some cases can be potentially linked to other government agencies, so if someone has an APRHA [sic] registration, they don't need to re registered.' – **NDIS provider**

People also suggested that worker registration should integrate with, and be recognised across, other relevant sectors like aged care, health, transport etc.

'This is going to be important across both NDIS and Aged Care to ensure workers can be seen across both sectors.' – **Family or carer of a person with disability**

Integrating with other systems also extended to suggestions for leveraging existing screening and identifier systems like ABNs and TFNs to avoid duplication and reduce administrative burden.

Ensuring registration is easy, instant, and low cost

Concerns were raised about the potential administrative burden, privacy risks, and costs that could reduce workforce supply, especially in regional areas. Many highlighted the importance of making the worker registration process simple, instantaneous, and low cost to avoid deterring workers. It was suggested that existing check, such as police checks, Blue Cards and Yellow Cards, could be built in to the worker registration to ensure it remains simple and utilises existing systems.

'I'm concerned that mandatory worker registration could increase administrative burden, costs, and privacy risks, potentially deterring workers and reducing flexibility without clear benefits.' – **NDIS Participant**

'Worker registration needs to be instantaneous and simple"' – **NDIS Participant**

'It's good to have workers registration but keep it as simple as possible and free of charge.' – **'What we heard webinar' participant**

'The wheel does not need to be reinvented. Require annual Police checks, current first aid and CPR, and regulatory safeguards like Blue and Yellow Cards' – **Family or carer of a person with disability**

Concerns about mandatory registration leading to workforce shortages and impacts on who is a worker

In the Testing Roundtables, people expressed concern that making worker registration mandatory could reduce the NDIS workforce, especially in regional and remote areas. There were fears that it would drive workers away and exacerbate current workforce shortages.

'NO MANDATORY WORKER REGISTRATION. This will cause a mass exodus of support workers. Regional and remote will be hardest hit. Must not be mandatory.' – **NDIS Participant**

> *'Must not be mandatory. The current workforce shortages will get even worse. Making us less safe not more.'* – **NDIS Participant**

Some people raised concerns that this idea would still restrict who could provide supports in the NDIS as a worker. Some reiterated the impacts on First Nations people who might not have the required IDs or qualifications for registration and suggested this needs to be taken into account in the design of the system.

> *'First Nations people often don't have 100 points of ID, they just can't access it to even get over the like to even get the application in to obtain a worker screening check.'* – **Testing Roundtable participant**

Restricting supports and impacts on choice and control

Some people expressed concerns that mandatory worker registration could undermine inclusion by restricting access to mainstream and ad hoc community supports. Some suggested the idea may restrict community participation and some of the more informal, but critical, supports they receive.

> *'I have issues with the idea that Participants will be 'special people' who can only be supported by special registered people. It is not a community model of inclusion.'* – **'What we hard webinar' participant**

> *'What about ad hoc supports? My neighbour is not going to register in order to help me go to a medical appointment.'* - **'What we heard webinar' participant**

Concerns about impact on choice and control were reiterated in some of the feedback about this idea. For example, a few people argued mandatory worker registration removes choice and control for Participants who wish to employ unregistered workers.

Some people who are on self-directed support arrangements noted that it would change who they could employ as the requirements to achieve registration would likely be more onerous than what they require from their workers.

> *'Allow choice and dignity of risk.'* – **Person with a disability not on the NDIS**

> *'Whilst we ask for our son's workers to have a WWVP card, what we really look for is aligned values, and willingness to learn. We don't require first aid or any disability specific training. We provide staged training and ongoing support for all staff.'* – **Testing Roundtable participant**

Intersection with proposed legislative changes

As noted in feedback to the idea of narrowing the definition of a provider, there were questions raised about how worker registration would intersect with, and could be affected by, the proposed changes to legislation regarding definitions of NDIS and non-NDIS supports. There were concerns that supports, providers and services NDIS Participants need to access may not end up on the defined lists, restricting access and choice.

> *'Really important to make sure any recommendations take account of NDIS legislation changes, especially re 'NDIS Supports' This is difficult when the legislation*

has not been passed and may still be amended.' – **'What we heard webinar' participant**

Implementation details and transition planning

Many questions were asked about the specifics of how worker registration would be implemented, what information/proof would be required, and whether there would be a transition period. There was particular interest in understanding the differences between the proposed registration levels including how this would be determined.

People also noted that the requirements would need to avoid discriminating – for example, if they included requiring a level of English competency.

> *'It would be good to have some clarity regarding what is required by registrants at the different levels proposed. May reduce some of the fear out there of losing their supports if we can understand the difference between what is currently required and what is being proposed here'* – **'What we heard webinar' participant**

2.4   Other key areas of feedback

An analysis of the feedback provided during the testing of the Taskforce ideas showed the following key areas remain a concern and consideration, in relation to the proposed ideas.

Changing the registration system to ensure it is simple, low cost, fair and equitable

If mandatory provider or worker registration is in place, people reiterated the importance of ensuring the registration process is accessible and affordable for all providers, especially individual and smaller providers, to avoid creating barriers to market entry. People consistently suggested that the registration process should account for the diverse capabilities and resources of different sized organisations, so that small providers are not disproportionately burdened by administrative requirements. The cost of registration should be affordable for all providers, regardless of their financial resources, to prevent exclusion based on financial constraints

> *'Registration needs to be accessible to providers (especially individuals)- affordable, minimal red tape, understandable by providers and service users. This should be an investment in this workforce!'* – **Webinar participant (interest- Other)**

> *'Registration costs are too high and the price variance between auditors is unbelievable. We need to think about a registration system that includes both auditing and non-auditing.'* – **NDIS provider**

Impacts on choice and control

NDIS Participants, and some family members and carers, continued to raise concerns about impacts on NDIS Participants' choice and control. While people acknowledged the ideas may, in part, 'lessen' the impact on choice and control compared to what the proposed model in Recommendation 17 included, some people remain opposed to forcing all providers of disability supports to be registered.

> *'I fear my choice and control with these changes will be very detrimental to my overall well being. I utilise a number of unregistered support people I have used for*

over 4 years. we have built a relationship and they fully understand what my needs are' – '**What we heard webinar' participant**

Collaboration and trust between government systems

A key issue for many people was the lack of collaboration and information sharing taking place between agencies, with many suggesting that this would need to be improved in order for any new regulatory model to work better.

There were particularly strong points made about ensuring the NDIA and NDIS Commission are using information already available to them to improve safeguards and the quality of services and supports delivered to NDIS Participants. People expressed frustration with complaints systems, information sharing, visibility of complaints and follow-ups when issues are reported.

People noted multiple ways the NDIA and the Commission could better track activity to reduce issues of fraud and to identify risk.

In addition, people suggested agencies need to work better together to plan for risk and address emerging issues.

> *'Please consider how orgs and governing bodies can link more effectively "behind the scenes",& improve the efficacy of the NDIA to actually USE the info they already have (e.g., through invoices).'* – **Webinar participant (interest- Other)**