



# Australian Psychosocial Alliance

**Submission to the DSS & NDIS  
QSC consultation on registration  
of NDIS participants who self-  
direct their supports**

February 2025

## About the Australian Psychosocial Alliance

The Australian Psychosocial Alliance (APA) includes Flourish Australia, Mind Australia, Neami National, One Door Mental Health, Ruah, Stride Mental Health, Open Minds and Wellways Australia. We are specialist providers of community managed mental health and wellbeing services in Australia, with most registered as NDIS providers with a particular focus on psychosocial disability.

Members of the APA have extensive experience providing recovery-oriented care and support which focuses on personal goals, participation and living a meaningful life. We have evidence of what works, and combine this with service delivery wisdom, to provide recovery-oriented services that support people to manage their symptoms and build their capacity to participate in society and manage their lives. This includes support to sustain a tenancy, build the skills to live independently, find fulfilling work, and build social connections.

The people who access our supports come from diverse communities across Australia, with each of our organisations having a clear commitment to promoting community inclusion and participation. We have experience providing services to at risk groups, such as LGBTIQ+ individuals, culturally and linguistically diverse communities, and Aboriginal and Torres Strait Islander people, as well as young people. We recognise the value of lived experience and seek to co-design services and approaches wherever possible.



# APA submission to the DSS & NDIS QSC consultation on registration of NDIS participants who self-direct their supports

## 1. Executive summary

### 1.1 Overview

The APA is grateful for the opportunity to comment on the proposal for registration of National Disability Insurance Scheme (NDIS) participants who self-direct their supports.

As an alliance of specialist providers of psychosocial disability support services, we acknowledge that we are not speaking on behalf of people with psychosocial disability, or those with a lived experience of disability or mental health challenges. We speak as a group that hold significant knowledge and expertise about the operation of the disability and mental health systems, and what good quality support looks like. We believe best outcomes can be achieved with a breadth of voices contributing to reform discussions: from NDIS participants and people with lived experience, to families, carers and kin, government policy and regulatory specialists, and indeed service providers. There are many NDIS participants and other consumers who seek out our services, or who transition through them as part of their support and recovery journey. In contributing to this consultation, we seek to ensure all voices are heard, particularly those with significant impairments as a result of psychosocial disability.

Our submission emphasises the following points for the NDIS Quality and Safeguards Commission (QSC) to consider:

- The APA supports the development of the regulatory framework for the operation of the NDIS, to enhance the independence, flexibility and safety of NDIS participants, and the quality, safety and sustainability of NDIS service delivery.
- The legal and practical implications of this proposal for self-directed supports have been underexplored, particularly with regards to considerations of equity and risk of exploitation for some NDIS participants.
- Development of any additional category of registration, such as self-directed supports, must carefully balance the needs and experiences of diverse NDIS participants—so that flexibility for some NDIS participants does not cause unintended risk of harm to other participants who may be exposed to or experience greater likelihood of exploitation, abuse and neglect.
- Registration should be seen as a means to ensure all participants can exercise greater choice and control in a safe, quality provider market. This demands a holistic, graduated risk-proportionate regulatory model that applies to all providers equally, across the whole provider market.
- The proposal poses potential risks to participants, but also introduces a parallel risk of undermining the provider market. It does this through the potential development of a two-tier system with differential registration, oversight and pricing for providers within either tier. The result of such a tiered system would be reduced choice for NDIS participants—with a flow-on risk for quality and safety of services.

## 1.2 Summary of Recommendations

**Recommendation 1.** That the QSC undertake further work to clearly distinguish self-management and self-direction, and the impact of both categories on provider registration and, by extension, quality and safety for NDIS participants.

**Recommendation 2.** That the QSC balance enhanced risk management through registration with equal emphasis on the protective nature of informal support, community inclusion, participant education and promotion of self-advocacy.

**Recommendation 3.** That the QSC commit to a co-design process to define the eligibility criteria for participants (and nominees) to qualify for self-directed supports, encompassing capacity, complexity, guardianship, financial/estate management, supported decision making and any other legal arrangements, (in)formal support and other matters as appropriate.

**Recommendation 4.** That the QSC prioritise effective quality and safeguarding across all categories of registration, in alignment with the NDIS Code of Conduct and NDIS Practice Standards.

**Recommendation 5.** That the QSC approach all changes to registration as interrelated elements of a graduated risk-proportionate regulatory model for the whole provider market, building on NDIS Review recommendation 17.

**Recommendation 6.** That the QSC undertake a risk analysis of the implications of the proposed category of registration for self-directed supports, with particular regard to the effect on market supply and behaviour—ensuring any regulatory change does not inadvertently encourage exploitative behaviour by unscrupulous providers.

**Recommendation 7.** That the QSC undertake a deeper legal and practical examination of the implications of the proposed obligations for registered self-directed participants, with particular consideration of equity and risk of exploitation.

**Recommendation 8.** That the QSC develop a registration process that includes co-design of the eligibility of participants for self-directed supports, and sufficient safeguarding mechanisms to ensure reduction of exposure of participants to exploitation, abuse or neglect.

**Recommendation 9.** That the “check-in” process be developed as an analogue to the quality and safety assurance processes demanded of registered disability service providers, to ensure the integrity of the risk-proportionate model for the visibility and regulation of all providers and workers.

**Recommendation 10.** That the QSC check in with providers to self-directed participants on a periodic basis.

## 2. Introduction: equitably meeting the diverse needs of people with disability

The APA welcomes the invitation to comment on the proposal for registration of National Disability Insurance Scheme (NDIS) participants who self-direct their supports. Following on from the work of the NDIS Review panel and related NDIS Provider and Worker Registration Taskforce (the Taskforce), this is an important opportunity to develop a well-considered and proportionate framework for the management of risk for NDIS participants and providers alike.

In proposing a novel category of registration for self-directed supports, in addition to the NDIS Review's original proposal<sup>1</sup>, the Taskforce emphasised the importance of self-direction to realising the right to independence and community inclusion for people with disability (Article 19 of the United Nations convention on the rights of persons with disabilities (UN CRPD)). The Taskforce further emphasised the feedback it received during consultation, about the importance of flexibility in control of personal NDIS decision making for some participants, and their families or carers.

Our principal point in making this submission is to advise cautious co-design—with people with lived experience, regulatory specialists and service providers—of any additional category of registration such as self-directed supports, so that flexibility for some NDIS participants does not cause unintended risk of harm to other cohorts of NDIS participants who may be exposed to or experience greater likelihood of exploitation, abuse and neglect. Elements of the current proposal present a risk that reduced administrative demands upon some participants, with a view to achieving independence and community inclusion for these participants (per UN CRPD article 19), are not appropriately balanced with the risk of exploitation, violence and abuse of other participants (in contravention of UN CRPD article 16). Careful design of further iterations of the self-directed supports category of registration is essential to appropriately mitigate this risk, balancing the diverse needs of people with disability. This design should further acknowledge that legal capacity and ability to self-direct in the manner proposed depends not solely on capacity, and considerations around supported decision making for some participants, but also equity and resources.

While the APA agrees that supports should be determined and driven by the participant, and that this autonomy and independence is a key measure that will protect people from exploitation and abuse, it is important to more clearly delineate self-direction and self-management. In the Taskforce advice and subsequent consultation paper, self-direction is defined as cases where the participant directly employs their own supports, including all aspects of financial and regulatory management. Furthermore, registration of self-directed participants is proposed as a means to bestow de facto registration upon providers to self-directed participants. Developing a responsive, differentiated regulatory structure for participants to exercise choice and control in line with their needs is important. However it is unclear that this should come at the expense of stronger protection of all participants through provider registration, per NDIS Review recommendation 17. Registration should be seen as a means to ensure all participants can exercise greater choice and control in a safe, quality provider market. This is important because self-managed and plan-managed participants are already able to purchase supports from unregistered providers and, as the Taskforce reported, self-managed participants are already

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<sup>1</sup> NDIS Review final report, Figure 14, p.214.

creating arrangements whereby they self-direct their own supports and employ their own staff. Such arrangements are important and should be encouraged, but they are unlikely to be the preferred option for most participants. As such, any proposals for a holistic, graduated risk-proportionate regulatory model must ensure that participants who decide *not* to self-manage or self-direct are equally able to drive and manage their plans. We believe this would best be achieved through consideration of registration of the whole provider market. This would avoid creation of conditions under which services can be provided by unregistered providers who are less visible and possibly pose more risks to participants.

**Recommendation 1. That the QSC undertake further work to clearly distinguish self-management and self-direction, and the impact of both categories on provider registration and, by extension, quality and safety for NDIS participants.**

We return to the need for greater distinction between self-direction and self-management in section 5.1.

While clarity around registration is important, it is equally important to recognise that high levels of informal supports, relationships within community and building participants' knowledge of their rights are all factors that are at least as protective as any regulatory system. Our recommendations should be seen within a context of broader reforms around building the resources of participants so they are more able to exercise independence and autonomy and less likely to be exposed to exploitation and abuse.

**Recommendation 2. That the QSC balance enhanced risk management through registration with equal emphasis on the protective nature of informal support, community inclusion, participant education and promotion of self-advocacy.**

### 3. Context: the psychosocial cohort

The APA presents this submission as a group of disability service providers working with some of the nation's most vulnerable and marginalised communities. People with psychosocial disability: are more likely to experience high levels of social disadvantage; are frequently at risk of or currently experiencing homelessness; are or have been in the criminal justice system; may often live with dual disability, and; experience high levels of social isolation and poorer physical health. They are more likely to have faced significant trauma in their lives and are also subject to discrimination, stigma and misunderstanding from the broader community (in similar but also unique ways to other disability types), compounding their isolation and health and wellbeing challenges. In addition to providing quality, safe psychosocial services, we have over a long period supported service users to advocate for themselves. However, due to psychosocial disability's changing or episodic nature, and its functional impairments, such as a fear of authority or challenges managing administration, this cohort have sought out well known, ethical, not-for-profit providers to support them to gain access to the NDIS, and to ensure that they can access appropriate supports from a workforce with suitable, specialised knowledge and skills. The need for such experience was recognised by the NDIS Review (see Recommendation 7).<sup>2</sup> The

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<sup>2</sup> See <https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis/preface/recommendations-and-actions>

most recent NDIS quarterly data<sup>3</sup> on chosen method of plan management underlines the critical role of quality, safe providers for people with psychosocial disability. Participants with psychosocial disability have:

- the lowest rate of full self-management, at 2% (lower than acquired brain injury at 5% and stroke at 8%)
- the lowest rate of partial self-management, at 2% (lower than developmental delay and global developmental delay at 3%)
- the highest rate of plan management, at 85% (higher than acquired brain injury and stroke, both at 81%)
- the highest combined rate of plan and agency management, at 97%<sup>4</sup>

As such, while we acknowledge the legitimate desire of some participants within the NDIS for reduced National Disability Insurance Agency (NDIA) or QSC oversight, through the new category of self-directed supports, such a model is not suitable for all participants. A critical consideration for the QSC going forward is the suitability of NDIS participants for self-directed supports. The potential for exploitation, abuse and neglect of participants granted self-directed status demands careful definition of eligibility considerations, encompassing capacity, complexity, guardianship, financial / estate management, supported decision making and any other legal arrangements, (in)formal support and other matters as appropriate. Possibilities that encourage autonomy and independence without going to the full self-direction model should also be explored.

**Recommendation 3. That the QSC commit to a co-design process to define the eligibility criteria for participants (and nominees) to qualify for self-directed supports, encompassing capacity, complexity, guardianship, financial/estate management, supported decision making and any other legal arrangements, (in)formal support and other matters as appropriate.**

Relatedly, we are concerned about the suggestion of automatic registration, and take this point up in response to the consultation questions later in this submission (section 5.2).

#### 4. Implications for holistic regulation of risk and providers

Our foremost concern with development of this proposal is good outcomes for participants, and ensuring sufficient protections for participants who may be exposed to or experience greater likelihood of exploitation, abuse and neglect. There is however a parallel risk for the provider market, stemming from the development of the regulatory model for provider registration in the manner proposed. This risk is the inappropriate creation of a two-tier system.

Within the first tier, aligned with self-directed supports, the QSC and the NDIA would have minimal oversight—with the consultation paper suggesting no external audits, no NDIS Practice Standards, and no registration of providers except through the registration of participants for self-

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<sup>3</sup> Supplement E National 2024-25 Q1, Table E.40; see <https://dataresearch.ndis.gov.au/reports-and-analyses/quarterly-report-supplements>

<sup>4</sup> There is some rounding in the NDIA's data, since 2 + 2 + 85 + 12 = 101%.

directed status. This first tier therefore entails very little consideration of fraud prevention, exploitation, violence, abuse and neglect, and management of problems with families and carers, guardianship, private financial managers and the like. The consultation paper does suggest that “as the participant directs their own supports, practice standards would only apply in the case of high-risk support categories”<sup>5</sup>. This puts the onus of understanding and enacting a multi-level regulatory framework for risk management onto participants. The opportunities for well-intentioned-but-wrong misuse, along with bad-faith abuse, of the proposed model of regulation are numerous. What happens where participants are unaware that the services they are contracting fall into a high-risk support category? An unintended consequence of the proposal may therefore be to encourage exploitative practice, through the loophole of effectively subcontracting, without registration, to participants who self-direct their supports. The end result may be a QSC-approved category of registration with less consumer protection than exists in other markets. Since the Taskforce stated many participants are already self-directing their supports presently, before any proposed change to regulatory and registration arrangements, the potential risks must be weighed against the additional benefit of a new model to further a nevertheless existing practice. This risk of exploitation and abuse is not abstract—many troubling examples have been cited within the NDIS, and particularly during the Disability Royal Commission. Although registration is not always a perfect tool for weeding out bad faith actors, it does increase scrutiny of providers and malpractice.

Meanwhile, within the other tier, there will be a range of categories of registration according to the risk of supports provided, following the proposal of the NDIS Review and the Taskforce. Pending other recent legislative and regulatory proposals, whether in development or under consultation elsewhere, oversight and penalties will further increase for this second tier of provider operation. This second tier will therefore become a high regulation, high compliance and higher cost tier, competing at the same price against the minimal regulation and minimal compliance tier, while arguably placed at higher risk. The result will likely be to thin the market (impacting many—likely the majority—of NDIS participants).

The APA welcomes any additional changes to regulation that will ensure the safety of NDIS participants, and indeed supports the NDIS Review’s proposal for registration of *all* providers. However, as currently formulated, the proposal for self-directed supports falls short of this NDIS Review vision. It furthermore carries risk for ongoing provision of disability support under the NDIS in a broad sense, due to provider viability concerns and increasingly thin markets. The NDS *State of the Disability Sector Report 2024* lays out clearly the extent of financial challenges providers are already facing.<sup>6</sup>

Rather than producing a two-tier system with differential oversight, we urge the QSC to take a cautious approach in allowing any changes that endanger the overarching principles for quality and safeguarding upon which the NDIS is based. The proposal for self-directed supports rightly suggests that participants and anyone they employ would be obliged to adhere to the NDIS Code of Conduct. However, in our view the suggestion that participants would undertake “their own assessment for practice and quality according to self-defined standards” does not meet the community expectation that there are clearly defined minimum standards for the delivery of

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<sup>5</sup> Consultation paper, p.6.

<sup>6</sup> See <https://nds.org.au/about/state-of-the-disability-sector-report>



government-funded services. To our knowledge, in no other government-funded sector are there no minimum standards.

Any government-approved deviation from the NDIS Practice Standards must not undermine the achievement of effective quality and safeguarding across all categories of registration. The QSC should consider the interaction between different steps of the risk-proportionate regulatory model for the whole provider market, with a view to promoting regulatory consistency, coherence and integration.

Achieving a good outcome in this regard is not possible through the scope of the consultation paper on self-directed supports, which states that “The scope of this consultation paper does **not** include: ... The features and structure of the other registration categories (A, B, and D) contained in the Taskforce advice”<sup>7</sup>.

We acknowledge there is an issue of balance in achieving good outcomes for participants with different needs, and developing a regulatory model that achieves as much of the NDIS Review vision as possible. Specifically, the consultation paper recalls NDIS Review recommendation 17. We would emphasise the interrelation of four of the actions under recommendation 17<sup>8</sup>:

- Action 17.1: The Department of Social Services and the new National Disability Supports Quality and Safeguards Commission should design and implement a graduated risk-proportionate regulatory model for the whole provider market.
- Action 17.4: The Department of Social Services, working with the new National Disability Supports Quality and Safeguards Commission and state and territory agencies, should expand the coverage of worker screening requirements.
- Action 17.5: The Department of Finance and the Department of Social Services, working with the new National Disability Supports Quality and Safeguards Commission and state and territory agencies, should improve, streamline and harmonise worker screening processes for care and support workers.
- Action 17.6: The new National Disability Supports Quality and Safeguards Commission should be resourced to strengthen compliance activities and communications to respond to emerging and longstanding quality and safeguards issues, and market developments and innovation.

The category of self-directed supports helps achieve commitment to innovation under 17.6, but risks weakening the intent of Actions 17.1, 17.4, 17.5 and 17.6 (particularly “longstanding quality and safeguards issues”) without holistic consideration of risk, quality, safety and the provider market.

Overall, we acknowledge and support the intent of the Taskforce and some disability advocates in developing the category of registration for participants to self-direct their supports. However, there are elements of a regulatory framework that are nevertheless essential to the equitable, safe operation of a high-quality NDIS, and in the expenditure of public funds. We urge the QSC to

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<sup>7</sup> Consultation paper, p.4.

<sup>8</sup> See <https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis/preface/recommendations-and-actions>

ensure appropriate safeguards are developed and maintained for participants who live in or are exposed to vulnerable environments.

**Recommendation 4. That the QSC prioritise effective quality and safeguarding across all categories of registration, in alignment with the NDIS Code of Conduct and NDIS Practice Standards.**

**Recommendation 5. That the QSC approach all changes to registration as interrelated elements of a graduated risk-proportionate regulatory model for the whole provider market, building on NDIS Review recommendation 17.**

**Recommendation 6. That the QSC undertake a risk analysis of the implications of the proposed category of registration for self-directed supports, with particular regard to the effect on market supply and behaviour—ensuring any regulatory change does not inadvertently encourage exploitative behaviour by unscrupulous providers.**

## 5. Responses to questions in the consultation paper

### 5.1 Definition

**Consultation paper question 1: do you agree with the definition of Self-Directed Supports above?**

The consultation paper states within the definition that “Self-managed participants will not need to register with the NDIS Commission. Oversight and safeguarding is achieved here through Provider registration as proposed by the Taskforce and NDIS Review.”<sup>9</sup> We are concerned that this statement about oversight will not be achieved in practice, because self-managed and plan-managed participants are able to purchase supports from unregistered providers. Unless the QSC commits to the NDIS Review recommendation that all providers be registered, there will remain gaps in oversight of both self-managed and self-directed participants, and providers to them.

Furthermore, the distinction between self-managed participants and self-directed participants who can engage their own supports is unclear. As the Taskforce reported, self-managed participants are currently able to self-direct their own supports and employ their own staff. The creation of a novel, unclearly distinguished category comes with insufficient detail of how this will achieve enhanced visibility and stronger regulation. We reiterate our first recommendation:

**Recommendation 1. That the QSC undertake further work to clearly distinguish self-management and self-direction, and the impact of both categories on provider registration and, by extension, quality and safety for NDIS participants.**

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<sup>9</sup> Consultation paper, p.6.

For further clarification of these definitions, the APA recommends the QSC refer to the Alliance20 submission to this consultation process on self-directed supports. The APA has seen and supports this submission.

## 5.2 Proposed obligations for registered self-directed participants

### **Consultation paper question 2: do you agree with the proposed obligations for registered self-directed participants?**

The APA acknowledges the demand from some NDIS participants and some disability advocates for a category of registration along the lines of the self-directed supports proposal under consultation. Nevertheless, our experience in adherence to many layers of regulatory and legislative requirements suggest caution in demanding that *participants* take on obligations covering:

- “Adherence to NDIS Code of Conduct
- Worker screening
- Complaints process
- Incidents
- Audits
- Ongoing monitoring
- Participant undertaking their own assessment for practice and quality according to self-defined standards.
- Suitability assessment – undertaken by participant
- Regular check-ins with the NDIS Commission.”<sup>10</sup>

Questions 7 and 8<sup>11</sup> of the consultation paper cover information and support structures for self-directed participants. Regardless of formal QSC or informal peer support, there is a considerable—in most cases, likely unreasonable—degree of specialised knowledge demanded of participants to undertake the employment obligations these points entail. Duties under employment law, along with associated regulatory obligations, familiarity with best practices in worker screening or auditing, compliance with the NDIS Code of Conduct, and ability to develop appropriate, individually tailored practice standards are tasks that would be distributed across multiple, experienced, specifically trained members of most disability service organisations.

Modern employment law and related work health and safety standards have been developed over decades to ensure a complex, multifaceted framework of protections. Placing all responsibilities for adherence to this framework, in some instances as a person conducting a business or undertaking, onto individual NDIS participants raises risk in two significant ways. First, it is an onerous and likely unreasonable demand of participants, likely to require major QSC attention and indeed likely direct involvement from QSC staff. Such involvement should include development of risk management plans, training plans, and ongoing support structures. The proposal solely of flexible, periodic check-ins is inappropriate given the complex arrangements required. Second, there is deeper assessment required of the liability participants would hold in

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<sup>10</sup> Consultation paper, p.6.

<sup>11</sup> Consultation paper, p.8.

the case of incidents and breaches. For example, is bankruptcy of the participant (as liable employer) a likely outcome, should something go wrong? What are the legal implications for a nominee acting for a participant? Recent changes and proposals for change have indeed increased such penalties. Again, such risks raise the importance of closer management by the QSC.

We acknowledge that such close management cuts against the light-touch nature of the proposed category of registration for self-directed supports—but believe this is necessary since the implications of the proposal have, in our view, been underexplored.

**Recommendation 7. That the QSC undertake a deeper legal and practical examination of the implications of the proposed obligations for registered self-directed participants, with particular consideration of equity and risk of exploitation.**

**Consultation paper question 3: *are there any barriers to compliance with these requirements?***

Paraphrasing part of our answer to question 2, the biggest barrier to compliance is the degree of specialised knowledge demanded of participants to undertake the employment obligations these proposed requirements entail. This is the case regardless of QSC-provided information and yet-to-be-developed support structures.

**Consultation paper question 4: *what features are important for the regulator to have when registering self-directed supports?***

The QSC must carefully consider the eligibility criteria for self-directed support registration. There are many participants with psychosocial disability who will decide to self-direct their own supports, and they should have this right. However many others face a range of barriers and risks, and the preference should be for them to have the support to exercise choice and control without having to fully self-direct their supports. In effect, there is a continuum of (self-)management and (self-)direction, but at each point on this continuum participants' autonomy, choice and control are very important principles. Accordingly, the consultation paper appropriately notes that "Participants who choose to self-manage are unable to do so if they are currently bankrupt or insolvent under administration, *or if the NDIA assess self-management would pose an unreasonable risk to the participant*"<sup>12</sup>. Such assessment of risk is important in this case, but must be undertaken carefully so as not to inappropriately reduce choice and control. We reiterate our recommendation from section 3. *Context: the psychosocial cohort* above:

**Recommendation 3. That the QSC commit to a co-design process to define the eligibility criteria for participants (and nominees) to qualify for self-directed supports, encompassing capacity, complexity, guardianship, financial/estate management, supported decision making and any other legal arrangements, (in)formal support and other matters as appropriate.**

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<sup>12</sup> Consultation paper, p.7.

In addition, with regard to features of the registration process, we are concerned that the Taskforce recommended “Registration will be automatic upon meeting the application criteria”<sup>13</sup>. Automatic registration raises further the range of risks, detailed in this submission, for cohorts who may be exposed to or experience greater likelihood of exploitation, abuse and neglect. By extension, automatic registration would make abuse and reporting of the NDIS easier for unscrupulous providers, participants or guardians. While additional regulatory or procedural friction may be unwelcome for some participants, the registration process must build in sufficient safeguards for the diverse range of participants within the NDIS. As a whole we do not think the proposal as outlined does that sufficiently.

**Recommendation 8. That the QSC develop a registration process that includes co-design of the eligibility of participants for self-directed supports, and sufficient safeguarding mechanisms to ensure reduction of exposure of participants to exploitation, abuse or neglect.**

### 5.3 Support from the NDIS Commission

**Consultation paper question 5: *How often should participants who self-direct their supports check-in?***

Check-ins should be six-monthly at a minimum, with yearly lengthier check-ins in place of the typical external audit process. Yearly check-ins should include QSC connection with providers to self-directed participants.

**Consultation paper question 6: *What form should these check-ins take?***

The recommendation of “check-ins” effectively replaces external audit, compliance with the NDIS Code of Conduct and NDIS Practice Standards, and all the other employment and regulatory matters discussed in section 4.2. If the risk-proportionate model for the visibility and regulation of all providers and workers is to operate as intended by the NDIS Review, then these check-ins need to be rigorous, administrative assessments of adherence to de facto standards equivalent to the well-considered framework of protections in lieu of which the self-directed supports category is to operate.

**Recommendation 9. That the “check-in” process be developed as an analogue to the quality and safety assurance processes demanded of registered disability service providers, to ensure the integrity of the risk-proportionate model for the visibility and regulation of all providers and workers.**

**Recommendation 10. That the QSC check in with providers to self-directed participants on a periodic basis.**

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<sup>13</sup> Taskforce report, p.60; repeated in the consultation paper, p.7.

**Consultation paper question 7: *What types of information could assist with checking in?***

Information will need to cover all legislative and regulatory employment obligations, and declarations of increased risk and liability. Training materials (digital and hard copy) will need to be developed and distributed, covering the NDIS Code of Conduct, risk management, worker screening, complaints, incident reporting, audits and all other relevant obligations.

**Consultation paper question 8: *What types of support structures could help participants share innovative practices? (for example, via a knowledge base, templates, or community of practice)?***

Information sharing, communities of practice and other forms of networking will be essential should this proposal proceed. Nevertheless, close management and appropriate resourcing from the QSC will be required as well, particularly in the early stages of operation for each individual participant registered for self-directed supports. It may be appropriate for Disability Representative Organisations to be funded to support participants who self-direct supports and facilitate and support information and experience sharing.