Self Manager Hub

Registration of NDIS Participants Who Self-Direct our Supports

Submission by the Self Manager Hub – January 2025

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The photo above is of Commissioner Louise Glanville and Associate Commissioner Natalie Wade with Self Manager Hub Board Member Jarrod Sandell-Hay in front of the entrance of a red brick building.

Contents

Acknowledgements

The Self Manager Hub acknowledges the significant contributions of self-directed National Disability Insurance Scheme (NDIS) participants, their families, and support networks across Australia, whose shared experiences and insights underpin this submission. We thank the disability community, advocates, and allies for their ongoing commitment to advancing autonomy, choice, and control for people with disability.

We extend our deepest gratitude to Western Australia's Individualised Services (WAiS) for their generous support and donation, which has enabled our organisation to undertake critical advocacy work that is otherwise unfunded. Their contribution reflects a profound commitment to the values of self-direction and inclusion. While WAiS has sadly closed, their legacy of empowering individuals and supporting self-directed approaches continues to inspire and guide our work.

We also honour and remember the tireless disability advocates who are no longer with us but whose dedication and vision paved the way for self-directed support and the creation of the NDIS. Their legacy advocacy continues to inspire and guide our efforts to ensure an inclusive and participant-led NDIS.

Finally, we pay our respects to the traditional custodians of the lands on which we live and work, acknowledging their enduring connection to land, waters, and community. Their traditions of care, respect, and inclusion inspire our efforts to create systems that promote equity and dignity for all.

Recommendations

1. Broaden the definition of self-directed supports to:
    - Include all forms of self-direction, including direct employment, independent contracting, and service-for-one arrangements, while recognising participants' use of flexible, mixed arrangements.
    - Ensure the definition reflects participants' control and responsibility over safeguarding arrangements for our supports, including recruitment, training, insurance, worker screening and supervision.
    - Recognise that self direction and self agency is a human right and should be utilized as much as possible by all participants, be they self managed, plan managed or agency managed.
    - Enable flexibility for participants to move between arrangements as our needs, skills, and circumstances change.

2. Registration, obligations, audits, worker screening and check-ins for self-directed participants:
    - Participants with existing self-directed arrangements should automatically qualify for provisional registration.
    - To transition to full registration, participants or their nominees should, within 12 months, show basic capacity to manage self-directed supports through successful completion of a brief online training module on self-direction principles and practices and guidelines on rights and responsibilities of participants who self-direct their supports. This training module should be codesigned by participants who self-direct.
    - Require all workers to adhere to the NDIS Code of Conduct while allowing participants to develop personalised codes of conduct tailored to our needs and values.
    - Support participants with accessible and simple complaints and incident reporting processes. Provide easy to use tools, and provide clear guidance and training to empower participants while respecting our autonomy.
    - Allow flexibility in worker screening by permitting exemptions, grace periods and alternative due diligence processes for trusted individuals, while maintaining safety and transparency.
    - Provide clear, plain-language resources, and training, to support participants in meeting our insurance and WHS obligations, recognising that WHS is regulated by state and territory authorities.
    - Continue existing NDIA financial audits for self-directed participants but do not require compliance audits for practice standards, as these are unsuitable for self-directed arrangements.

- Implement annual check-ins for most participants, with flexible formats (e.g., phone, video, or in-person) to suit participant preferences. Increase check-in frequency only with participant involvement in deciding the method and timing.
- For participants with nominees, other people who are involved in the person's life should also be contacted for critical context and information gathering. Ensure check-ins meet the communication needs of participants, are collaborative and supportive, focusing on understanding challenges, sharing innovative practices, and identifying additional support needs.

3. We recommend that the NDIS Commission urgently establish a codesign working group that includes a majority of self-directed NDIS participants to work with the Commission on the important policy work needed to establish the self-direction registration category. Make co-design a foundational principle in developing the registration, compliance, and oversight frameworks for self-directed supports. Ensure co-design involves diverse participants, that intersectionality is recognised, and people with complex needs are included.

4. Address risk by investing in supports and programs that build participant self-advocacy skills to enable people with disability to assert our rights, navigate systems, and make decisions.

5. Establish peer-led support structures, including:
    - A centralised knowledge base of best practices, templates, and resources.
    - Peer networks for experience sharing and capacity building.
    - Regular forums or webinars to foster collaboration and innovation.
    - Partnerships with peer-led organisations, such as the Self Manager Hub, to host peer support and capacity development initiatives and to develop, curate and deliver resources.
6. Ensure all systems and processes prioritise participant choice, control, and autonomy, recognising the diversity of participant needs and preferences. Design obligations and oversight mechanisms proportionate to risk and tailored to individual circumstances.
7. Ground the framework in human rights principles, including autonomy, inclusion, dignity of risk, equity, and accountability, in line with the UN CRPD.
8. Recognise that self-directed supports are a pathway to independence and inclusion, and ensure all measures respect and promote participants’ human rights.
9. Recognise that risk is a dynamic and complicated process and should not be applied to define a person or a type of support. Risk of violence, abuse, neglect, and exploitation are more closely linked to isolation, lack of self-advocacy, and absence of supportive relationships than to a person’s disability or support needs.
10. Recognise that relationships and community inclusion are vital safeguards, deterring abuse and neglect while fostering accountability and informal oversight that compliance-based systems cannot replicate. Prioritise reducing isolation, developing

personal networks, and promoting inclusive practices over service-centric oversight models.

Background

The Self Manager Hub appreciates the opportunity to provide feedback on the proposed registration category of NDIS participants who self-direct our supports. As Australia’s leading peer-led organisation for NDIS self-manage and participants and nominees who self-direct, the Self Manager Hub is committed to supporting people with disability to exercise choice and control in our lives. Our submission reflects the experiences, concerns, and aspirations of self-directed participants across Australia.

We are part of the global movement toward self-directed support. This movement is based on the view that choice, control, and freedom are essential for living a full and valued life. It aligns with international human rights frameworks, including the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which underscores the right of people with disability to live independently and be included in the community.

We adopt the Self-Directed Support Network definition of self-directed support. Their definition of Self-Directed Support (SDS) is: organising help and assistance so that people who need support can live with freedom and be included as full and valued citizens within the community. This definition means that we are not restricted to using registered providers and encompasses various models of self-direction, including direct employment, independent contracting, service-for-one arrangements, and the myriad ways people with disability can take control of our support and live our lives as we choose.

The self-directed support movement believes that safeguarding is a critical aspect of self-directed support, balancing **freedom, choice, and control** with measures that ensure the safety and well-being of individuals. We advocate for safeguarding practices that respect personal autonomy and dignity, recognising that overprotective or restrictive approaches do not keep people safe, and they undermine our right to self direct our support and have autonomy over our lives.

A Framework for Self-Direction

Key underlying safeguarding principles for self-directed support include:

Empowerment Through Knowledge

- People should have access to clear, accessible information about our rights, responsibilities, and the potential risks involved in managing our support.
- Education and training for individuals and our families are vital to understanding safeguards and making informed decisions.

Choice and control

- Safeguarding should not impose unnecessary restrictions on individuals’ ability to make choices about our lives.
- Taking reasonable risks is a natural part of living an autonomous and fulfilling life.

Building Strong Relationships

- Trust and communication between individuals, our support networks, and service providers are key to effective safeguarding.
- By fostering collaborative relationships, risks can be identified and addressed in ways that do not compromise the individual’s control over our support.

Person-Centred Approaches

- Safeguarding measures must be tailored to the individual’s circumstances, preferences, and goals.
- We need flexible and adaptable systems that empower people to safeguard ourselves while maintaining our independence.

Identify and Address Violence, Abuse and Neglect

- Self-directed support systems must include mechanisms to identify and address potential abuse or neglect, whether from support workers, providers, or other sources.
- Clear processes for reporting concerns and seeking resolution are essential, along with access to independent advocacy if needed.

Community Support and Peer Networks

- We should invest in the development of peer networks and community connections as a form of informal safeguarding.
- Strong social ties can act as a protective factor and provide individuals with resources and advice when navigating challenges.

Shared Responsibility

- Safeguarding in self-directed support involves collaboration between individuals, families, service providers, and regulatory bodies.
- We need systems where responsibility is shared, with each party playing a role in ensuring safety without overriding the individual’s autonomy.

The “dignity of risk”

- "Dignity of risk" refers to the concept that individuals, including people with disabilities, have the right to make our own choices, including those that may involve a degree of risk. This principle is rooted in the belief that autonomy and self-determination are fundamental human rights, even when such decisions might lead to potential harm or failure. This principle promotes empowerment, personal growth, and inclusion, recognising that managing risk is a normal part of life. It also shifts focus from controlling or limiting participants' options to providing adequate support and education to make informed decisions.

By promoting these principles, we create systems where safeguarding is an enabler of independence and self-determination, rather than a barrier.

Understanding Risk

It is important to recognise that risk is a dynamic and complicated process and should not be applied to, or used to define a person or a type of support. The term "high-risk participant/support" is often used to label, classify and restrict the rights of individuals requiring intensive personal care, who have high support needs, complex communication and /or behaviours of concern/protest. This is an unfair and outdated approach that fails to capture the true risk factors that lead to increased risk of violence, abuse, neglect, and exploitation. These are closely linked to isolation, and a lack of support to build self advocacy skills, than to the level of a person’s disability or our support needs.

The Importance of Self-Advocacy

A significant contributor to these risks is an individual’s inability to speak up for ourselves or effectively assert our rights. People who cannot advocate for ourselves are less able to identify and report harm, navigate complex systems, or challenge unsafe or inappropriate practices by service providers or support workers. This highlights the critical importance of supporting people with disability to develop self-advocacy skills. Building these skills empowers individuals to express our needs, exercise choice and control, and participate actively in decisions that affect our lives. Self-advocacy also equips individuals to recognise and respond to risks, fostering a greater sense of agency and resilience in navigating our support arrangements.

The importance of Relationships in Managing Risk

Equally important is addressing the isolation experienced by many people with high and complex needs. Evidence from research and lived experience demonstrates that isolation significantly increases the risk of violence, abuse, neglect, and exploitation. Without genuine relationships with people who know us well and care about our wellbeing, individuals are more likely to be targeted for exploitation or neglected. Predatory behaviour often focuses on those who lack a visible and active network of supporters who can identify and respond to signs of harm. Conversely, supportive relationships act as a deterrent to abuse and neglect, promote early detection of issues, and create a culture of accountability for the individual's wellbeing. Approaches like Circles of Support, Microboards, and community-based networks provide a proven framework for building these essential relationships.

Community Inclusion as a Safeguard

Isolation also limits opportunities for community inclusion, which is a vital safeguard in itself. When people with disability are visible, engaged, and connected in our communities, we benefit from a network of informal oversight that cannot be replicated by bureaucratic quality management systems. Safety and quality cannot be guaranteed through compliance-based processes. Systems that rely on audits, registrations, or regulatory frameworks overlook the human elements of connection, trust, and visibility that are essential for genuine safeguarding.

Moving Beyond Service-Centric Models

As we consider the future of the NDIS, it is crucial to move beyond service-centric models of oversight and instead focus on strategies that reduce isolation and empower individuals. This includes investing in self-advocacy training, supporting the development of personal networks, and promoting inclusive practices that include people with disability in communities.

The Critical Role of Peer Support

Peer support must also play a central role in this effort. People with lived experience of disability bring unique insights and expertise that can guide others in navigating the challenges of self-management, building relationships, and exercising our rights. Peer support networks create a sense of solidarity and shared purpose, offering practical advice, emotional encouragement, and a strong foundation for collective advocacy. By fostering peer support alongside other strategies, we can further strengthen the ecosystem of safety and empowerment for NDIS participants, reducing the risks of violence, abuse, neglect, and exploitation.

What does this mean for the development of a registration category for self-directing participants?

The development of a self-directed support registration category must be guided by these principles. Central to this approach is providing individuals with the knowledge and tools we need to make informed decisions about our supports while maintaining our right to take reasonable risks. This is essential for personal growth. Accessible education, training, and capacity-building initiatives will ensure that participants and our families are equipped to navigate the complexities of self-direction while recognising and addressing potential risks effectively.

Building a system that fosters strong relationships and inclusive community connections is equally vital. Collaborative relationships between individuals, our support networks, and regulatory bodies should underpin safeguarding strategies. Approaches like Circles of Support and Microboards not only reduce isolation but also create protective ecosystems where individuals can thrive within a culture of trust and accountability. These relational approaches, coupled with mechanisms to address violence, abuse, and neglect, offer a person-centred alternative to service-centric models that often rely on restrictive classifications and compliance-based safeguards.

A self-directed support registration category must also embrace the principle of shared responsibility, where participants, our networks, and regulatory bodies work collaboratively to create a safe and enabling environment. By integrating community inclusion, self-advocacy, and peer networks into the design, this category can move beyond traditional oversight mechanisms to promote true empowerment, meaningful inclusion, and lasting safety for all participants.

Ultimately, the self-direction registration category should serve as a platform for innovation, self-determination, and quality supports that enable people with disability to achieve great outcomes. By applying the key principles of self-direction, the framework can uphold the core values of the NDIS and ensure that safeguarding measures enhance rather than limit the independence and quality of life of people with disability.

Responses to the Consultation Questions

Do you agree with the definition of Self-Directed Supports?

We acknowledge the definition of self-directed supports provided in the consultation paper as:

"A way of managing supports, where the participant directly employs workers providing support; or self-directed supports include service-for-one arrangements, where a company or business structure is established for the purpose of providing disability support services to one individual."

While this definition captures some aspects of self-directed supports, it must be expanded to include other forms of self-direction that do not necessarily involve direct employment or service-for-one arrangements. Many participants engage independent contractors, sole traders, or other non-registered providers without developing a direct employment relationship. Participants should also be able to self-direct while using a plan manager, or a combination of self-management and plan management. Combining different arrangements is very common and can enable the person to work out the kind of arrangement that suits our needs and preferences. This is particularly important in regional and remote communities, where there are often no registered providers servicing the region.

A broad definition is important for people who may need to move between different kinds of arrangements as we develop our skills and confidence, or as our needs, capabilities and circumstances change; including the availability of support services. Reforms must be considerate of thin and non-existent markets, ensuring participants are not left without support.

We recommend revising the definition to state:

“A way of managing supports where the participant directly engages workers or providers. This may involve direct employment, independent contracting, or service-for-one arrangements. It is unrelated to how the funding is administered. In all cases of self-directed support, the participant receiving the support (and/or our supporting nominee) is in control and responsible for determining how our support is provided. This includes the recruitment, training, and supervision of support workers, as well as ensuring that supports are delivered in a way that aligns with our individual needs, goals, and preferences. This definition emphasises the participant's autonomy and leadership in shaping our supports to meet our unique circumstances.”

This broader definition ensures inclusivity and reflects the diversity of arrangements participants use to meet our disability-related needs.

Do you agree with the proposed obligations for registered self-directed participants?

We agree with some of the proposed obligations, which aim to enable oversight and safety to ensure safeguards are in place. However, some obligations may create challenges for participants without adequate support. Below is our feedback on each of the obligations that were put forward in the consultation paper.

Adherence to NDIS Code of Conduct

All workers engaged through self-directed arrangements should be required to adhere to the NDIS Code of Conduct. This ensures a baseline of ethical and professional behaviour that protects the rights and safety of participants.

At the same time, self-directed participants who employ or engage our own support workers should have the flexibility to develop our own personalised code of conduct. This personalised code can reflect the behaviours, values, and standards that are most important to us and our unique needs. Participants can use this code to guide our workers' conduct and shape our training, ensuring our supports are delivered in a way that aligns with our needs, circumstances, and expectations.

This dual approach ensures both adherence to universal standards and the ability for participants to customise our support experience to better meet our individual requirements.

Complaints

Self-directed participants should be supported to have clear and straightforward complaints and dispute resolution processes to address any concerns about the conduct, performance, or suitability of our workers and also for our support workers to raise our own concerns.

Key elements of a complaints process for self-directed participants could include:

1. **Participant-Led Resolution**:
   Self-directed participants should have the option to address complaints directly with our workers, using communication and resolution strategies that align with our personalised code of conduct. This ensures complaints can often be resolved collaboratively and efficiently.

2. **Access to External Support**:
   If a participant is unable to resolve a complaint directly, we should have access to external support services, to ensure our rights are protected.

3. **Documentation and Transparency**:
   Participants should be supported to document complaints and outcomes, ensuring

accountability and enabling patterns of concern to be identified and addressed if necessary.

4. **Training and Resources**:
   Self-directed participants should be provided with training and resources to help us identify everyday harms and poor quality support and develop effective processes tailored to our arrangements. This might include templates, guidance on handling sensitive situations, and information about escalation pathways.

By having a clear complaints process in place, self-directed participants can maintain the integrity of our support arrangements while ensuring any issues are addressed promptly and fairly.

The focus should be to provide support to self-directed participants to manage complaints and resolve disputes.

Incidents

Incident reporting for self-directed participants should strike a balance between ensuring safety and accountability while avoiding processes that are overly onerous or burdensome.
Self-directed participants must be empowered to manage and report incidents in a way that is straightforward, supportive, and respects our autonomy.

Key considerations for an effective incident reporting process include:

1. **Proportionality to Harm**:
   Incident reporting requirements should be proportionate to the level of harm or potential harm associated with the incident. Only incidents that have resulted in significant harm or that risked significant harm to participants should be reportable.

2. **Simplified Reporting Tools**:
   Participants should have access to easy-to-use reporting tools, such as online forms or templates, that require minimal administrative effort. These tools should be designed to capture essential details only, such as the nature of the incident, actions taken, and outcomes. Participants should be able to lodge a report using our preferred communication method. This may include a phone call to the commission, where a staff member completes the form on our behalf.

3. **Participant-Led Approach**:
   Self-directed participants should have the flexibility to handle minor incidents ourselves, documenting them in a way that meets our needs. Formal reporting to external bodies should be reserved for significant incidents, such as those involving serious harm.

4. **Education and Guidance**:
   Participants should be provided with clear guidance and training on what constitutes a reportable incident, how to report it, and what steps to take after an incident occurs.

This ensures participants feel confident in managing the process without unnecessary stress.

5. **Streamlined Escalation Pathways**:
   For incidents that require escalation, participants should have access to straightforward pathways for notifying the NDIS Commission or other relevant bodies. These pathways should be responsive and designed to minimise the participant's administrative workload.

6. **Respect for Privacy and Autonomy**:
   Incident reporting processes should respect the participant's right to privacy and control over our support arrangements. Participants should not feel that reporting an incident compromises our ability to manage our supports as we see fit. Incident reporting must not be interpreted by the commission as a reason to withdraw a participant's self direction status. Fear of adverse repercussions discourages reporting.

7. **Supportive and not punitive:**

   Participants should not fear losing self management /plan management or the option of self direction when reporting incidents. Reporting of incidents should be a participant led process of improving the quality of supports and increasing the participant's capacity in directing our own good quality supports.

By implementing an incident reporting framework that is practical, proportional, and participant-focused, self-directed participants can support safety and accountability without being overwhelmed by unnecessary administrative burdens. This approach upholds our autonomy while fostering a culture of learning and continuous improvement in self-directed support arrangements.

Worker Screening

Worker screening is an important safeguard, but flexibility is essential to support self-directed participants to exercise choice and control over our supports.

The current system can create barriers, such as difficulties for participants in accessing the NDIS worker screening database due to identification requirements; and navigating screening tools, delays in processing, and limited workforce availability—particularly in regional areas. There is significant imposition on workers who in regional and remote areas may have to travel for several hours to verify their identity.

The current worker screening process needs to be overhauled so it is user friendly for participants and workers. Worker screening checks must be accessible and simple to apply for. Workers must not be required to have a pre-existing employer nor submit their application in-person, as is the current process. Worker screening checks should be fully obtainable as in some regional and rural areas the nearest processing centre is many hours away.

There are also valid reasons why a self-directed participant may wish to engage a worker without an NDIS worker screening check. For instance, a history of minor infringements reported as a criminal history may disqualify a worker, however these concerns may not be relevant to the participant's specific needs or preferences. They may be trusted individuals, such as family or community members, or workers who meet specific cultural or linguistic needs. Or we may need urgent support and need to engage a new worker immediately who does not have a current NDIS screening check.

To address this, participants should have the option to conduct our own risk assessments and engage workers based on our specific circumstances and risk mitigation strategies. Exemptions, grace periods (this would be a trial period where a participant could engage a worker without an NDIS worker screening check), and recognition of alternative due diligence (such as a police check or a working with children check) are vital to ensuring flexibility while maintaining safety. A participant-centred approach to worker screening would empower self-directed participants without unnecessarily restricting our options.

Insurance and Work Health and Safety (WHS) Requirements

Self-directed participants are responsible for ensuring our support arrangements comply with relevant insurance and Work Health and Safety (WHS) requirements. This includes maintaining appropriate coverage, such as WorkCover and public liability insurance, and implementing safe working conditions for our engaged workers. These obligations are vital to protecting both the participant and our workers.

It is important to note that WHS regulations fall under the responsibility of mainstream state and territory authorities, not the NDIS Commission. However, self-directed participants may require additional support, guidance, and resources to understand and meet our WHS obligations effectively. For many participants, navigating complex WHS laws and requirements can be challenging, particularly without prior experience of employer responsibilities.

To address these challenges, the following measures should be implemented:

1. **Accessible Information and Resources**:
   Participants should be provided with clear, plain-language information on WHS requirements, including our responsibilities under state and territory laws. Templates, checklists, and step-by-step guides specific to self-directed arrangements would help participants meet our obligations.

2. **Capacity-Building Programs**:
   Training programs, workshops, and peer-led initiatives should be available to equip participants with the knowledge and skills to navigate WHS responsibilities. These programs should include practical advice on creating safe working conditions and understanding state-specific laws.

3. **Dedicated Support Services**:
   Participants should have access to support services or advisory bodies that can provide personalised assistance in understanding and complying with WHS requirements. These services can help participants interpret state regulations and develop tailored solutions for our unique support arrangements.

Audits

We agree with the advice of the Taskforce that audits of compliance with practice standards are not appropriate and should not be required of self-directed participants. All self managed participants are subject to the financial audits that are conducted by the National Disability Insurance Agency and this should continue.

Check-Ins

We support an annual check-in for all self-directed participants and nominees. It is important where there is a nominee self directing that the commission always makes an effort to not only communicate with the nominee, but also with the NDIS participant ourselves. We recommend that obligations be accompanied by robust support structures, such as clear guidance, templates, and peer support.

If the NDIS Commission assumes responsibility for check-ins, it must expand its skill set to conduct meaningful interactions with participants it may have no prior knowledge of. The Commission's regulatory focus hinders its ability to provide personalised support. A collaborative approach is essential to fill these gaps and ensure participants receive the meaningful and tailored support we need. Where appropriate, involve the participants' family members and circle of support.

In summary, we recommend the following measures to support self-directed participants to fulfil our obligations:

- Participants with existing self-directed arrangements should automatically qualify for provisional registration.
- To transition to full registration, participants or their nominees should, within 12 months, show basic capacity to manage self-directed supports through successful completion of a brief online training module on self-direction principles and practices and guidelines on rights and responsibilities of participants who self-direct their supports. This training module should be codesigned by participants who self-direct.
- Support participants with accessible and straightforward complaints and incident reporting processes. Requirements should be proportional to both the amount of support a participant is receiving and the level of harm or potential harm, offer simplified tools, and provide clear guidance and training to empower participants while respecting our autonomy and right to privacy.

  - Allow flexibility in worker screening by permitting exemptions, grace periods and alternative due diligence processes.
  - Provide clear, plain-language resources, about insurance and WHS obligations, recognising that WOHS is regulated by state and territory authorities.
  - Continue existing NDIA financial audits for self-directing participants who are self managed but do not require compliance audits for practice standards, as these are unsuitable for self-directed arrangements.
  - Implement annual check-ins for Self-directed participants, with flexible formats (e.g., phone, video, or in-person) to suit participant preferences. For higher-risk participants, increase check-in frequency with participant involvement in deciding the method and timing. Ensure check-ins are collaborative and supportive, focusing on understanding challenges, sharing innovative practices, and identifying additional support needs.

Are there any barriers to compliance with these requirements?

Barriers to compliance

Yes, there are significant barriers to compliance with these requirements. Many participants may struggle with the administrative demands involved in areas such as worker screening, complaints management, and incident reporting. These processes can be complex and require a level of understanding, organisation, and time that participants may not have, particularly if we are also managing other aspects of our support needs.

Additionally, participants often lack access to resources such as clear, plain-language guides, standardised templates, or practical training designed to help us navigate these obligations. The absence of tailored supports to simplify these processes can make compliance feel daunting or unattainable.

Moreover, for participants with limited digital literacy, access to technology, or English as a second language, the challenges are compounded. These barriers can result in participants either unintentionally falling short of compliance requirements or deciding not to self-manage due to the perceived burden, limiting our autonomy and choice. Adequate support, education, and streamlined processes are crucial to enabling participants to meet our responsibilities confidently and effectively.

Addressing the barriers to compliance

The NDIS Commission must focus on simplicity, support, and fostering autonomy while avoiding bureaucratic and service-centric processes.

First, compliance requirements should be streamlined and presented in plain, accessible language. Participants need clear, concise guides that break down complex processes into manageable steps, ensuring that requirements such as worker screening, complaints management, and incident reporting are easy to understand and implement. By prioritising simplicity, the Commission can empower participants to meet our responsibilities without feeling overwhelmed.

Second, practical support mechanisms must be established to assist participants in navigating compliance requirements. This could include offering free templates, interactive workshops, or one-on-one coaching to help participants tailor solutions to our unique needs. Additionally, online tools or apps that automate or simplify tasks like documentation or reporting can significantly reduce administrative burdens.

Crucially, the solution must avoid overly bureaucratic or service-centric approaches that can disempower individuals. Policies should respect participants' autonomy by giving us the flexibility to implement compliance processes in a way that suits our circumstances.

What features are important for the regulator to have when registering self-directed supports?

As discussed in the background section of this submission (see pages 7-10), the framework for self-directed supports must be firmly grounded in the key principles of self direction, ensuring participants can lead lives of dignity, autonomy, and inclusion. These principles align with Australia's obligations under the UNCRPD, particularly Article 19, which emphasises the right of people with disability to live independently and be included in the community. Consistent with this, the following features are important for the regulator to have when registering self-directed support.

1. **Autonomy and Choice:**
   Self-directed supports must prioritise participants' right to make decisions about our own lives, including how, when, and by whom our supports are provided. Participants must have the freedom to design personalised support arrangements that reflect our unique needs, goals, and preferences.

2. **Inclusion and Participation:**
   Self-directed supports should empower participants to fully engage in our communities, workplaces, and social networks. Flexibility in arrangements, such as direct employment, independent contracting, or service-for-one models, is essential to enabling inclusion and addressing the diverse needs of participants.

3. **Dignity and Respect:**
   Every element of the self-directed support framework must uphold the dignity of participants and respect our choices. Processes should reinforce our leadership in managing supports, safeguard our privacy and confidentiality, and ensure culturally appropriate approaches to service delivery.

4. **Empowerment and Capacity Building:**
   Participants must be equipped with the knowledge, skills, and resources needed to

manage our supports effectively. This includes accessible, participant-led training, peer networks, and practical tools that enable participants to take full control of our supports.

5. **Non-Discrimination and Equity:**
   Self-directed supports must be accessible to all participants, regardless of geographic location, socio-economic status, or other personal circumstances. Addressing barriers such, financial constraints, and limited access to information is crucial to ensuring equity and inclusion.

6. **Flexibility and Adaptability:**
   Participants' needs, capabilities, and circumstances are dynamic and may evolve over time. The framework must enable participants to seamlessly adjust our arrangements without bureaucratic obstacles, supporting our ability to adapt to changing circumstances.

7. **Safeguards:**
   Safeguards must protect participants without diminishing our autonomy or creating excessive burdens. Mechanisms such as worker screening and incident reporting should be proportionate, transparent, and designed to empower participants while maintaining our safety.

The Critical Role of Co-Design

Registration, compliance, and oversight systems cannot simply be informed by participant feedback; they must be designed and tested *with* self-directed participants as equal partners. Co-design ensures that these systems reflect the lived experiences, needs, and priorities of the people who will use them AND that they are trialed and tested with those most impacted. Anything less, risks undermining the autonomy and leadership of participants and failing to meet human rights obligations.

Key elements of co-design in the framework for self-directed supports include:

- **Shared Decision-Making:** Participants must have an equal role in designing registration, compliance, and oversight processes, ensuring that these systems are participant-friendly and human rights-compliant.

- **Inclusion of Diverse Voices and acknowledgement of impacts of intersectionality:** Co-design must actively include participants from diverse backgrounds, including people with disability from regional and remote areas, culturally and linguistically diverse communities, and those with lived experience of complex support needs.

- **Transparency and Accountability:** The co-design process must be transparent, with clear reporting on how participant input shapes the final systems. This ensures accountability to the participant community.

- **Continual Review and Improvement:** Co-design should not be a one-off event but an ongoing process, with regular participant-led reviews to refine and adapt systems as needed.

We recommend that the NDIS Commission urgently establish a codesign working group that includes a majority of self-directed NDIS participants to work with the Commission on the important policy work needed to establish the self-direction registration category.

How often should participants who self-direct their supports check-in?

We recommend annual check-ins for most participants. This frequency balances the need for support and oversight with the need to avoid over monitoring participants. For circumstances where participants are at greater risk of abuse and neglect, more frequent check-ins may be appropriate, but it is important that the participant is involved in deciding the frequency and method of the check-in.

What form should these check-ins take?

Check-ins should be flexible and participant-led. Options should include:

- Phone or video calls.

- In-person meetings if requested by the participant.

Participants should have the ability to choose the format that best suits our needs and preferences.

What types of information could assist with checking in?

Useful information for check-ins may include:

- Updates on the participant’s support arrangements.

- Details of challenges faced and any additional support needed.

- Examples of innovative practices or solutions the participant has implemented.

This information should be shared in a collaborative and supportive manner, ensuring the participant feels empowered rather than scrutinised. The privacy of participants must be respected at all times.

What types of support structures could help participants share innovative practices? (e.g., via a knowledge base, templates, or community of practice)

Effective support structures could include:

- Knowledge Base: A centralised online repository of best practices, templates, and resources for self-directed supports.

- Peer Networks: Facilitated groups where participants can share experiences and learn from one another.

- Community of Practice: Regular forums or webinars where participants can present and discuss innovative approaches.

- Collaboration with Peer-Led Organisations: Partnering with organisations like the Self Manager Hub to curate and share participant-driven innovations.

These structures should be peer led and designed to foster a culture of collaboration and continuous learning.

Next Steps

A codesigned registration category for self-directed participants offers an opportunity to enhance choice and control for participants while enabling oversight and appropriate safeguards.

To successfully implement a self-directed registration category, the NDIS Quality and Safeguards Commission must commit to codesigning this category with the disability community and align its practices with the principles of self-direction and participant autonomy. The Commission must immediately take action to establish a Self Direction Codesign Working Group.

Participant trust in the Commission must be strengthened. Many participants are hesitant to disclose critical information due to past negative experiences or perceptions of the Commission as overly bureaucratic, ineffective or not supportive. Investment in cultural change and workforce development in person-centred, trauma informed, self-directed and culturally sensitive approaches is essential to overcoming these challenges.

A transparent and supportive approach that prioritises participant autonomy is essential to help build trust and foster better engagement that will be required to support participants effectively within a self-directed registration framework.

The Self Manager Hub is committed to working with the NDIS commission and other stakeholders to support the successful implementation of these changes.

Thank you for considering our submission. We welcome the opportunity to discuss our feedback further.