



Submission to the Department of Health, Disability & Ageing

Consultation: Getting It Right, A New Definition for NDIS Providers

Submitted by: Self Manager Hub

Australia's leading peer-led organisation supporting NDIS self-managers and people who self-direct their NDIS supports

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About Self Manager Hub

The Self Manager Hub is Australia’s peak peer-led organisation supporting people who self-manage and self-direct their NDIS funding. We are run by self-managers, for self-managers, and work directly with people with disability and their families to promote choice, control, continuity of supports, and safety within the NDIS.

This submission reflects the lived experience of NDIS participants who self-manage, including many who rely on complex, high-intensity, or daily supports and who directly employ their own support workers.

Introduction

Self Manager Hub welcomes the opportunity to provide input into the consultation on amending the definition of an NDIS provider.

We support reforms that improve safety, quality, and provider accountability across the NDIS.

At the same time, reforms must protect participant choice and control, access to supports, and enable us to continue to self-manage and self-direct our supports and directly engage the people that provide our support.

This submission draws on direct input from NDIS participants and our families gathered through a Self Manager Hub workshop and forum discussions.

Executive Summary

In developing a tiered registration model, it is critical that the Government considers the context within which supports are delivered, not the support type alone. The risk profile of a support is shaped not only by what support is delivered, but by how, where, and under whose control it is delivered.

Participants and our families support targeted regulation in high-risk settings where there is clear evidence of systemic risk and power imbalance, such as in group homes. At the same time, there is overwhelming concern that changes to the provider definition could unintentionally capture self-directed, self-managed, and individualised arrangements that are safe, effective, and sustainable. In these arrangements, supports may be categorised as high risk, but the real risk to the participant is loss of access to the trusted, safe, and effective supports which have been in place long-term - as the person with disability or their family retains control over how supports are provided

Participants told us that making registration mandatory for personal care and in-home supports may force them into registered providers or Supported Independent Living (SIL) models, putting at risk effective and stable self-directed arrangements. They anticipate increased costs, reduced flexibility, and diminished access to supports, particularly in regional areas where sole traders and small providers form the backbone of service delivery. Further, many turned to self-directed models of in-home supports and personal care after experiencing violence, abuse, or neglect in group home settings. It's important to note that participants and families have no control over NDIA delegate decisions as to whether home and living supports are funded as a 'flexible Core' budget or specified as a SIL budget. There are practical repercussions of mandatory SIL registration that negatively impact participants receiving high quality, self-directed home and living supports outside of group homes, where their Plan describes this support as SIL. This issue must be addressed before mandatory SIL registration is implemented on 1 July 2026. Having choice and control over your supports is a protective factor, and fundamental principle of the NDIS.

Mainstream retailers, providers of consumables, cleaners, and gardeners should not be classified as NDIS Providers. Consumer law already protects participants, and these types of workers have minimal direct contact with participants. Complaints can be made to the Australian Competition and Consumer Commission (ACCC), or State and Territory based regulatory bodies. Undertaking the provider registration process is a business decision, and for the majority of mainstream retailers, consumables providers, cleaners, and gardeners NDIS participants comprise a small percentage of their overall customer base. Unless participants comprise at least half of a business's customer base, it makes business sense not to undertake the registration process. This risks leaving hundreds of thousands of participants, particularly those in regional and remote communities, without access to critical, low cost, and low contact supports.

Allied health professionals are already registered with and regulated by Australian Health Practitioner Regulation Agency (AHPRA), other professional regulatory bodies, and Medicare. Of note, the regulation under AHPRA is more stringent than that imposed by NDIS registration. Likewise, allied health professionals should not be classified as NDIS providers. There remains a nationwide shortage of allied health professionals, with very few providers working solely with NDIS participants. For most allied health professionals, NDIS participants comprise around 0.5% to 30% of their clientele. Again, the choice to become a registered provider is a business decision for allied health professionals. Where NDIS participants do not comprise a sufficiently high percentage of the business's overall clientele to justify the cost, time, and effort of applying for NDIS registration and audit, allied health professionals will simply cease service provision to NDIS participants – in the same way that mainstream retailers, consumables providers, cleaners, and gardeners will.

There is significant risk of hundreds of thousands of NDIS participants losing access to critical supports if mandatory provider registration applies to:

- Mainstream retailers
- Consumables providers
- Cleaners
- Gardeners
- Allied health professionals

All of the above are regulated by other systems. Those with lower regulation have low contact with NDIS participants when providing supports. To maintain safety while preserving choice and control, Self Manager Hub calls on the Government to:

1. Limit the classification of NDIS providers to those solely providing NDIS supports in higher risk settings, such as group homes, Plan Managers, Support Coordinators, Positive Behaviour Support Practitioners and online platform providers.
2. Implement the self-directed registration category recommended by the NDIS Provider and Worker Registration Taskforce, ensuring participants can continue to use non-NDIS registered providers under participant control.
3. Adopt a context-based approach to regulation that considers setting, participant control, and real-world risk, rather than relying on support type alone. Self Manager Hub is fully supportive of mandatory registration of group homes, however registration should apply to the setting, not to how the funding has been written in the participants' plans.
4. Exclude mainstream retailers, cleaners, gardeners, and everyday consumables from the NDIS provider definition while maintaining transparency through purchase visibility mechanisms.

5. Exclude allied health professionals from the definition of NDIS providers, in acknowledgement of their existing registration and regulation.
6. Ensure SIL funding classifications do not override self-direction or force participants to use registered providers when they are not living in congregate settings.
7. Assess and mitigate regional workforce impacts to avoid the withdrawal of sole traders and small providers essential to local communities.
8. Strengthen real safeguards by investing in participant capability, peer support, and responsive complaints mechanisms, alongside stronger enforcement against provider misconduct.
9. Work collaboratively with mainstream registration and regulatory bodies such as AHPRA and ACCC to refer and address complaints and concerns as appropriate.

These actions will strengthen safeguards and maintain the core NDIS principles of choice and control.

What Participants and Families Told Us

Principles participants believe should guide the provider definition

Participants consistently emphasised that any new definition of an NDIS provider must reflect both safety and human rights, and must recognise the role of participant choice and control in reducing risk.

Risk must be assessed in context

Participants explained that the same support can present very different levels of risk depending on whether it is delivered in a closed or congregate environment, or in an individualised, self-directed arrangement under participant or nominee control.

Supports delivered in closed or congregate settings and more likely to present systemic risks including reduced autonomy, limited ability to change providers, and power imbalances. In contrast, individualised, participant-controlled supports often create stronger day-to-day safeguards, faster responses to concerns, and greater accountability.

“High risk disability is not necessarily equivalent to the risk of the care provided.”

Uniform regulation based solely on support type may misclassify risk and push people toward less safe, more institutional models. People with disability are safest when seen, heard, and included in their local community which the self-directed model strives to achieve.

Choice and control are important safeguards

Participants who self-direct and self-manage rely on the ability to choose who provides support, how it is delivered, and when it can be changed. These features are core safeguards that enable participants to respond quickly to concerns and maintain safety. A significant risk of mandatory provider registration is the loss of choice and control, particularly in regional and remote communities where there may be only one or no registered providers. Where there is a choice of only one provider, risk to participants increases dramatically. Participants become faced with a terrible choice – complain about violence, abuse, or neglect and risk losing the support they rely on for survival. The definition of NDIS provider must ensure that participants can access other options for critical supports, particularly those in areas of thin markets.

Regulation must be proportionate

Participants support targeted regulation in high-risk settings but warned that overly broad regulation risks diverting attention away from areas where harm is most likely to occur. At the same time imposing unnecessary burdens on low-risk self-directed arrangements and deterring providers from supporting NDIS participants by duplicating registration processes.

Self-directed arrangements must be protected

Participants stressed that self-directed, self-managed, and individualised arrangements must be explicitly protected to ensure they are not unintentionally captured by provider definitions or registration thresholds. Participants need certainty that self-direction will remain a viable and protected pathway to engage their chosen providers, including providers that are not registered.

Opposition to Mandatory Registration for Self-Directed Supports

Participants at our public forum were strongly opposed to mandatory registration for self-directed and self-managed supports. They rejected the premise that self-managers should be treated as providers or subject to registration requirements.

“There should be no registration requirements for self-managing self-directing participants.”

“Self-directed supports should NOT be included in the definition of providers.”

“Leave self-managers alone.”

“Registering creates more barriers to access.”

Participants emphasised that self-direction already involves significant accountability through employer responsibilities, worker screening, training, supervision, and daily oversight.

Families described the depth of safeguards in self-directed arrangements, including extensive training and monitoring that goes far beyond what is typically provided in agency models.

“No registered provider is going to come into our home and spend three months making sure everything is implemented.”

Mandatory registration in self-directed contexts would add bureaucracy without improving safety and would seriously risk dismantling arrangements that already work effectively.

Fear of Being Forced into Registered Providers and SIL

A dominant and deeply emotional theme was fear that changes to the provider definition and registration thresholds will force participants into registered providers or SIL models. Participants described funding being categorised as SIL based on hours of support rather than living arrangements.

“Many people... end up being allocated as SIL funding regardless of whether they were living in a traditional SIL arrangement.”

“Why are planners pushing SIL when we self-managed and self-employ.”

“You are forcing Service for One models [and direct employers] to become SIL providers.”

Participants and families expressed universal fear that they will be required to use registered providers even when they have safe, stable arrangements.

“Our family members’ lives depend on it.”

“If my daughter is compelled to move to a registered provider... she will be placed at high risk of death.”

Many participants had deliberately left provider-controlled models due to poor outcomes.

“Most of us have left the provider system because they failed to meet high complex needs.”

Regional Impacts and Workforce Withdrawal

Regional participants raised serious concerns about consultation reach and workforce impacts. Many participants in regional communities are unaware the consultation is occurring and therefore unable to contribute.

“When I go out into community... they have no idea this consultation is happening.”
“The people who it is going to most impact are not going to be able to provide their voice.”

Participants warned that even low-level registration requirements will cause sole and small traders to withdraw from the NDIS market.

“Any level of registration is not worth it... they would rather not service NDIS participants.”
“People are going to lose their sole trader support workers.”
“Gardeners would never register.”

Workshop participants reinforced the affordability impact.

“\$36 for Jim’s Mowing vs \$100+ for a registered provider.”
“Pricing is going to increase.”
“I would need my funding to double.”

Overly broad registration risks collapsing regional markets and increasing Scheme costs.

Registration Is Not Seen as an Effective Safeguard

Participants consistently rejected the premise that registration equates to safety. Many cited abuse, neglect, and fraud occurring under registered providers, while self-directed arrangements offered stronger relational safeguards.

“People keep people safe not processes and policies.”
“Many of the abuse and neglect have been registered providers.”
“We had 2 decades of registered providers and never going back.”

Participants explained that risk is driven by isolation, power imbalance, and institutional environments not the type of support provided.

“Risk isn’t related to the type of support. It’s related to isolation.”
“No one is safer than someone part of their community.”

Participants also warned that current policy thinking misunderstands real-world risk.

“The idea of risk... is so skewed... it will cause a great deal of harm.”

Cost, Access, and Sustainability Concerns

Participants warned that registration will increase costs through compliance, audits, travel charges, and minimum shift requirements, making supports unaffordable within existing plans.

“This will drive up already ridiculous pricing.”
“Registration reduces quality when there is already not enough.”
“Too hard and too expensive.”

Participants emphasised that self-direction is cost-efficient and contributes to Scheme sustainability.

“Self-managers save the scheme so much money.”

Lack of Clarity, Trust, and Consultation Fatigue

Participants repeatedly asked for clarity and expressed exhaustion and frustration with repeated consultations that appear to revisit the same issues without resolution.

“What problem is registration trying to solve?”
“Any change needs to be trusted.”
“Nothing is ever literally answered.”
“We are repeating ourselves... it is frustrating and exhausting.”
“It really feels like we’ve done all this before.”

Participants described fear and confusion about the future.

“It’s making me feel worse.”
“We don’t know what to do anymore.”

Consultation Accessibility and Equity Concerns

Participants raised concerns that consultation processes are inaccessible and inequitable, with key communities excluded.

“The people this impacts the most are not being provided opportunity to participate.”
“The CaLD community is completely unaware.”

Strong Support for Self-Direction as a Proven Model

Participants consistently emphasised that self-direction delivers better outcomes, saves the NDIS money, aligns with the vision of ordinary life, and provides stronger safeguards.

“We save money and ensure participant safety by self-employing.”
“We have much stronger built-in safeguards than SIL providers.”
“There goes the vision of living an ordinary life.”

Participants were clear about sequencing.

“Decision and details on self-direction need to come first.”

“We have to have the self-direction conversation alongside the others. Now.”

Self-Direction Must Be Clarified First

Participants cannot respond meaningfully to provider definition reforms without clarity on self-direction and a protected pathway.

“It is very hard to do this consultation without knowing what’s happening with self-direction.”

“Unless you get that bit sorted, our answers to all of these questions are very different.”

Consulting on provider definitions without confirming self-direction protections distorts feedback, fuels fear, and undermines trust.

Recommendations

1. **Confirm and implement a protected self-directed pathway**

The Government should establish a clear self-directed registration category that enables participants to continue using unregistered providers under participant control. This pathway must explicitly protect Services for One and individualised living arrangements, so they are not unintentionally captured by provider definitions or registration thresholds.

2. **Adopt a context-based regulatory approach**

Regulation should consider the setting in which supports are delivered, the level of participant control, the ability to change providers, and the presence of power imbalances. A uniform approach based solely on support type risks misclassifying risk and undermining safer individualised models.

3. **Exclude mainstream retailers, everyday consumables, cleaners, and gardeners from the provider definition**

Mainstream retailers and suppliers of everyday goods should not be required to register. Instead, purchase visibility mechanisms should be used to maintain transparency while preserving participant flexibility and avoiding unnecessary regulatory requirements.

4. **Exclude allied health professionals from the provider definition**

Acknowledge the existing strong registration and regulation in place under AHPRA, Medicare, and other regulatory bodies for allied health professionals. With ongoing workforce shortages, requiring allied health professionals to register as providers under

NDIS as well risks hundreds of thousands of NDIS participants losing access to therapy (capacity building supports).

5. **Prevent funding categorisation in NDIS plans as SIL from overriding self-direction**

Funding structures must not be used to compel participants to use registered providers when they are not living in congregate settings.

6. **Address regional impacts and workforce sustainability**

Regulatory settings must not trigger withdrawal of sole traders, allied health professionals, and small providers who are essential to regional service delivery. Government should assess regional impacts before implementing changes to provider definitions or registration requirements.

7. **Strengthen real safeguards and participant capability**

Safety can be improved by investing in participant capability, peer support, accessible information, and responsive complaint systems, alongside stronger enforcement against provider misconduct. Safeguards should empower participants rather than restrict their choices.

Conclusion

Participants and families delivered a clear and consistent message. Targeted regulation in high-risk contexts is supported. Mandatory registration that captures self-directed and self-managed arrangements is not.

The Government has an opportunity to strengthen safeguards while preserving choice and control. This requires a provider definition that is proportionate, context-sensitive, and explicitly protective of self-direction.