

Submission to New Definition of a NDIS Provider Consultation



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Executive Summary

South West Autism Network (SWAN) welcomes the opportunity to comment on 'Getting It Right: A New Definition for NDIS Providers', but we are deeply concerned that the approach outlined in the consultation paper will unintentionally harm NDIS participants in regional, rural and remote communities. From our vantage point in the south west region of Western Australia, a broad, mandatory registration model linked to an expansive definition of 'provider' risks collapsing already thin markets, reducing choice and control, and forcing people back into provider-controlled arrangements they previously left because they were unsafe or ineffective.

Our submission highlights three central problems.

First, the proposed definition and graduated registration model are framed primarily around support type, with little attention to setting, power dynamics, existing regulation, or the level of participant choice and control. The same support (such as personal care) has very different risk profiles in a closed group home compared to an individual's own home under a self-directed arrangement.

Second, the paper does not adequately recognise or protect self-direction and self-management, including direct employment, Services-for-One, and microboard or circle-of-support arrangements - despite clear evidence that these models consistently provide stronger everyday safeguards, better outcomes, and significant savings to the Scheme.

Third, the consultation proceeds as if allied health professionals, mainstream retailers, cleaners, gardeners and builders can simply absorb another layer of NDIS-specific regulation, when in practice most already operate under robust regulatory frameworks and high demand, and would simply cease serving NDIS participants rather than register.

SWAN's experience and data from our previous national survey show that regional participants are heavily dependent on non-registered providers and direct employment because local registered providers are scarce or non-existent, have closed books, or are unaffordable once travel is included. See our previous submissions:

- [SWAN Submission to the NDIS Provider and Worker Registration Taskforce May 2024](#)
- [SWAN Submission to the Joint Standing Committee on NDIS Inquiry into NDIS participant experience in rural, regional and remote Australia March 2024](#)

Prior to the rollout of NDIS, people in regional WA often had to uproot their lives and move to Perth to access State-funded disability services. This is no longer possible in the context of a national housing and cost of living crisis, and it is not consistent with the rights set out in the [United Nations Convention on the Rights of People with Disability \(UNCRPD\)](#). Mandatory registration tied to a broad provider definition would again strip regional participants of practical options, and block-funded or 'alternative commissioning' arrangements would simply recreate the old provider-dominated system that the NDIS was designed to replace.

We also raise a deeper governance concern: 'consultation theatre'. Disabled people, families and peer-led organisations have already provided extensive input on self-direction, provider registration and risk through the Independent NDIS Review, the NDIS Provider and Worker Registration Taskforce, and the self-direction consultation, yet we are again being

asked to defend the same arrangements that are already working safely. Consultation fatigue is not just emotional exhaustion; it is a signal that feedback loops are broken and that lived-experience evidence is not being properly integrated into policy design. To avoid repeating this pattern, we are calling on Government to:

- Give real weight to regional and self-directed lived experience.
- Recognise participant-governed arrangements as legitimate and scalable models of safety and sustainability.
- Avoid treating visibility and registration as proxies for safety.
- Clearly demonstrate how previous feedback has shaped the provider definition reforms.

In summary, SWAN supports tighter, context-sensitive regulation in genuinely high-risk settings such as group homes, Specialist Disability Accommodation (SDA) and services using regulated restrictive practices, and for roles like positive behaviour support, plan management and independent support coordination. We do **not** support a provider definition that incorporates allied health professionals, mainstream businesses and participant-controlled arrangements, nor any model that forces people into registered providers or Supported Independent Living (SIL) group homes because of how funding has been written in a plan rather than where and how they live.

Our recommendations focus on limiting the definition of 'NDIS provider' to higher-risk settings and roles, explicitly protecting self-directed and self-managed arrangements, excluding already regulated professions and mainstream services, adopting a context-based approach to risk, and undertaking proper regional and workforce impact assessments before any expanded registration obligations commence.

Acknowledgements

SWAN acknowledges the traditional owners of the land on which this submission was produced, the Wardandi Noongar people. We acknowledge their deep spiritual connection to this land and extend our respects to community members and Elders past and present.

About SWAN

South West Autism Network (SWAN) is a not-for-profit, charitable organisation that has been supporting autistic individuals and their families in the south-west region of Western Australia for the past 17 years. We are a Disabled Persons and Families Organisation (DPFO) with more than 2,000 members, and we provide free support to many more people with disabilities and their families. All staff, volunteers, and Board members either have a disability or are family members of someone with a disability.

Our primary role in the community is to provide information, peer support, advocacy, and connections to mainstream and disability services. We build the capacity of people with disability and their families to navigate government and non-Government systems to meet their needs and participate in their local communities. We support people seeking diagnosis, post-diagnosis, and across their lifespan, and provide autistic-safe space group programs for autistic children, teens, and young adults through our AutStars and YES Programs. We also deliver Youth Mental Health First Aid training to the wider community.

As a regional not-for-profit DPFO providing information, peer support and advocacy, we are able to draw on 17 years' experience supporting autistic individuals and their families, school staff, therapists and the wider disability community.

Introduction

SWAN welcomes the opportunity to comment on 'Getting It Right: A New Definition for NDIS Providers'. We support genuine efforts to strengthen safety, quality and accountability in the NDIS, particularly in high-risk settings where there are clear power imbalances and limited avenues for participants to exercise choice and control.

However, from the perspective of regional Western Australia, we have serious concerns that the proposed approach to the provider definition and mandatory registration will significantly worsen already thin markets, reduce choice and control, and expose people to greater risk by forcing them back into provider-controlled models they left for safety reasons.

We also want to name a broader problem that sits behind this consultation. Disabled people, families and allies are being asked, again, to spend significant time and energy responding to reforms that revisit fundamental design questions that we have already answered, in multiple forums, over many years. This is not a trivial issue; it is a governance problem. We discuss this as 'consultation theatre' later in this submission.

Contents

Executive Summary	2
Acknowledgements	4
About SWAN	4
Introduction	4
Contents	5
Context: Regional Western Australia and Thin Markets	6
Dependence on non-registered providers and direct employment	6
Consultation Theatre and Consultation Fatigue.....	7
Response to Consultation Questions	9
1. Are there any supports or services missing from the list at Table 2 that you think should be included in an amended definition of an NDIS provider?	9
2. Are there any supports or services that you would exclude from the definition in Table 2?.....	9
3. What issues should Government consider when amending the definition of NDIS provider to maintain flexibility and responsiveness to NDIS participants' needs?.....	12
4. Are there factors, other than the type of support delivered, which should be considered in a new definition of an NDIS provider?	14
5. Are there supports you currently access which may be disrupted or result in secondary impacts if they are included or excluded in a new definition of an NDIS provider?.....	15
6. Are there opportunities to ensure a new definition of an NDIS provider supports productivity and sustainability across the care and support economy?	15
Recommendations.....	17
Conclusion.....	19
Contact.....	20

Context: Regional Western Australia and Thin Markets

SWAN is based in the south west of WA, the most highly populated region outside of Perth. Even in this comparatively 'well-resourced' regional area, we see the following:

- At least 14 towns in the south west region of WA with **no NDIS-registered providers at all**.
- Where towns do have registered providers, they commonly have closed books and extremely long waitlists.
- NDIS participants rely on local small businesses for most supports – often comprising a very small percentage of the business' customer base. For example, it's common for allied health businesses to provide therapy supports to one to three NDIS participants, while providing therapy supports to 100-200 non-NDIS clients.
- Where there are no appropriate support services in the local community, participants or providers are forced to travel significant distances to access / provide support services. It is common to travel 60-120 minutes one-way.

Across the wider regional areas of Western Australia, the picture is even more stark:

- WA has the largest land area classified as remote or very remote.
- Some communities are more than 2,000km from the nearest registered provider.
- In many of these places, there is no functional NDIS 'market' at all. People rely on mainstream providers, direct employment and community word-of-mouth to access basic supports.

Dependence on non-registered providers and direct employment

Our previous survey of 156 respondents (114 completed) from regional, rural and remote locations for SWAN's [submission](#) to the NDIS Provider and Worker Registration Taskforce found:

- 63.7% of respondents used non-registered providers.
- 68.4% rated the availability of services in their community as poor or very poor, with many explicitly stating there were **no suitable services at all**.
- Occupational Therapy was the most significantly under-supplied service, with regional wait times commonly between 18 months and 3-4 years or more.

Importantly, prior to the rollout of NDIS in Western Australia, people with disability and their families would often be forced to move away from their local communities and networks to Perth in order to access the disability supports they need. This is no longer possible in the context of a national housing and cost of living crisis. People with disability must be able to access the supports we need in our local communities – with the right to choose the supports that work for us.

People in these communities are not choosing non-registered providers as a 'nice to have', rather they are doing so because:

- There are no local registered providers.
- The only registered provider has closed their books or has extensive wait times.
- Many participants have had negative experiences with registered providers.
- NDIS registered providers are often significantly more expensive, especially once travel costs are factored in.
- NDIS registered providers rarely provide training to their workers, with many citing the high cost and workload of applying for and maintaining provider registration as the reason for not investing in staff training.

- Many non-registered providers are able to prioritise investment in staff training and capacity building, as they do not have the additional cost and workload involved in applying for and maintaining provider registration.
- With ongoing high demand and workforce shortages, registered providers can ‘pick and choose’ which participants they will provide services to. This results in participants with lower funding packages and those with more complex needs being denied service provision.
- Mainstream providers (allied health professionals, cleaners, gardeners, builders etc) will not become registered where NDIS participants make up only 1–3% of their client base.
- NDIS participants and families turn to self-direction and self-management of supports to ensure reliability, sustainability and high quality of supports which can only be achieved through meaningful choice and control.

The decision to undertake NDIS provider registration is a fiscal and workload decision. In order to warrant the effort and financial cost of applying for and maintaining provider registration, a business’ customer base would need to comprise sufficient volume of NDIS participants that the loss of custom would financially impact their business.

In regional and remote communities, NDIS participants typically comprise a very small percentage of a business’ overall customer base. Because of this critical fact, if the Government proceeds with mandatory NDIS provider registration, many regional and remote businesses will simply cease providing services to NDIS participants.

One builder put it plainly when we explained the proposed requirements:

“We will never register or enrol. It’s not worth the time, energy or cost. We have more than enough business outside of NDIS.”

The risk with a broad, mandatory registration model is not hypothetical. If every business or worker paid with NDIS funds must be registered, then in large parts of regional and remote Australia:

- Participants will simply have no one left willing and able to provide support.
- Those who can still find a registered provider will pay more, receive less, and be forced into arrangements they previously left because they were not safe.

Importantly, proceeding with mandatory provider registration and addressing the service gaps in regional and remote Australia with block funded providers and alternative commissioning is not a solution. **Participants will not have choice of provider, leaving many afraid of complaining about violence, abuse, neglect and fraud – for fear of losing access to the support they rely on for survival.** Being able to take your business elsewhere, self-direct or self-manage your supports is a critical safety mechanism that Australians without disability enjoy in all aspects of daily life – and which NDIS participants must retain the right to, as required by the [United Nations Convention on the Rights of People with Disability \(UNCRPD\)](#), as per the preamble, Articles 3, 12 and 19.

Consultation Theatre and Consultation Fatigue

We want to be very clear: SWAN does not participate in consultations because we enjoy policy debate. We participate because poorly sequenced, poorly designed reforms have

real consequences for people who cannot easily self-advocate. SWAN receives no advocacy funding, but provide both individual and systemic advocacy due to the significant need for this support from our community.

Over decades, disabled people, families and organisations like SWAN have participated in countless inquiries, reviews and consultation processes about disability policy and the NDIS. Each one has required time, unpaid labour, and emotional energy that could otherwise be spent on direct support and advocacy.

It should not require repeated, detailed submissions for participants and families to defend arrangements that are already working safely.

When system design cycles repeatedly circle back to the same core questions about self-direction, governance, registration and risk, it is not just fatiguing, but a warning sign that policy-makers and Government are not listening to the disability community. We are concerned that:

- Feedback loops within the NDIS and Government Departments are not working.
- Lived-experience evidence is not adequately weighted in decision-making.
- Structural risks that have been pointed out for years (power concentration, provider dominance, institutional design creep) have not been properly addressed.

We have seen this pattern clearly in relation to consultations regarding provider registration:

- During the original Productivity Commission process and subsequent reviews, disabled advocates and family-led organisations raised concerns about concentrating power in large providers and equating registration with safety.
- The Independent NDIS Review prioritised provider consultations over participant and family voices, particularly in Western Australia where Review Committee members only met with and consulted providers.
- WA participants and families were given very limited opportunities to contribute despite explicit assurances to the contrary.
- The NDIS Provider and Worker Registration Taskforce previously consulted widely on the issue of provider registration, engaging widely with participants and families, as well as providers. Despite this extensive consultation, we are again being consulted on the same issue.

To avoid this consultation becoming another example of 'consultation theatre', we are asking for four concrete actions from the Government:

1. **Give real weight to lived experience**, particularly from people self-directing or self-managing their own supports, and from participants and families in regional remote communities.
2. **Recognise self-directed, self-managed, service-for-one, direct employment and microboard-style arrangements as legitimate, scalable models of safety and sustainability**, not 'edge cases'.
3. **Avoid treating visibility and registration as proxies for safety**, when the Disability Royal Commission and other inquiries have repeatedly shown that many of the worst abuses have occurred under registered providers.
4. **Demonstrate clearly how previous feedback has shaped these reforms**, including how concerns from the self-direction and self-management consultations have been integrated into this work on the provider definition.

Response to Consultation Questions

1. Are there any supports or services missing from the list at Table 2 that you think should be included in an amended definition of an NDIS provider?

SWAN do not support expanding the Table 2 list further - it is already too broad. The central issue is not whether there are additional support types to add.

The real issue is that the list is framed primarily by support type, with no attention to setting, power dynamics and participant control, and with no recognition of the validity of other mainstream registration and regulation systems.

The same support, for example, personal care, carries very different risk profiles depending on whether it is:

- Delivered in a closed, congregate group home where the person has no practical ability to change providers; or
- Delivered in the person's own home by a worker they directly employ and can replace if they are unsafe or not a good fit.
- Provided as part of carefully chosen self-directed or self-managed arrangements.

If further detail is to be added, it should:

- Distinguish clearly between congregate residential settings and individual homes.
- Identify settings (e.g. group homes) rather than simply enumerating support items.

2. Are there any supports or services that you would exclude from the definition in Table 2?

Yes - we strongly recommend that the following be excluded from the definition of an NDIS provider for mandatory registration purposes.

Allied Health Professionals

Allied Health Professionals are already registered and regulated by the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#) and other regulatory and registration bodies. It is unreasonable to require that allied health professionals undergo additional costly and time-consuming registration simply to provide therapy services to NDIS participants. The Government must consider the fact that there are extensive workforce shortages of allied health professionals Australia-wide, and requiring additional registration will lead to substantially reduced access to allied health professionals for NDIS participants, with no safeguarding benefit.

Allied health professionals are already subject to robust regulation through:

- AHPRA and other professional registration bodies,
- Medicare and health system oversight,
- Professional codes of conduct and complaints mechanisms.

These systems are more stringent than the current NDIS registration regime, and are national in scope. In regional areas, there is already a severe shortage of allied health

professionals. NDIS participants typically make up only a small percentage (often 0.5–30%) of an allied health professional's caseload.

Requiring allied health professionals to register as NDIS providers will:

- Add further cost (on top of AHPRA fees, insurance and CPD),
- Duplicate existing regulation, and
- Encourage many to simply withdraw from seeing NDIS participants at all, especially in regional communities where NDIS participants comprise a small percentage of overall client base.

The likely result is a dramatic increase in what we are already seeing: 'closed books' for NDIS clients, longer waits and, in many communities, no allied health access at all.

Mainstream retailers, consumables providers, cleaners and gardeners

Mainstream businesses that supply goods and services to the general public – including retailers, consumables suppliers, cleaners, gardeners and builders – should not be brought into NDIS registration.

These businesses are already covered by:

- Australian Consumer Law and [Australian Competition and Consumer Commission \(ACCC\)](#) oversight,
- Relevant industry bodies (e.g. [Master Builders Association of Australia](#)),
- Standard employment and safety laws.

For most of them, NDIS participants represent 1-10% of their customers at most. There is no realistic business case that would justify the time and cost of NDIS registration, audits, worker screening and training for such a small slice of their client base.

Our canvassing of non-registered providers in the south west found:

- Every provider we spoke to said they would not register, even if the process was simplified.
- All said they would instead stop accepting NDIS participants rather than carry extra compliance for one or two clients.

If these businesses are required to register, participants in regional and remote areas will lose access to:

- Affordable local cleaners and gardeners,
- Local builders willing to do urgent modifications, including installation of ramps, grab rails, etc
- Local retailers willing to work flexibly around NDIS invoicing.

If these businesses are required to register, the risk of harm to NDIS participants in regional and remote areas of Australia is dramatic. As previously mentioned, there is a national housing crisis, with accompanying shortage of builders. Limiting access to builders to only those who are NDIS registered means that people in regional WA would be required to wait indefinitely for these supports – dramatically increasing risk of falls, injuries, hospitalisation or worse. In perusing the list of providers registered for 'Home modification design and construction' in WA, a generous estimate has the number of registered builders in WA at 28, with only one located outside the metropolitan area (note that the NDIA's provider directory does not include clear information on which providers in the directory are builders).

Peer Support Programs and Initiatives

Requiring registration of peer support programs and initiatives is a cost and time burden that peer support organisations and community groups cannot afford – regardless of whether these programs receive Information Linkages and Capacity building (ILC) funding or not. ILC funding is notoriously short term – with funding granted in two year increments with no guarantee of extension, and limited funding provided. Further, peer support programs should be independent of service provision, to ensure that the information and advice provided is trustworthy and free from vested interests.

Manufacture or sale of equipment or assistive technology, including modifications

Manufacture and sale of equipment, assistive technology and modifications should not require mandatory provider registration. The risk of losing access to these critical supports for people in regional and remote areas is unacceptably high. We note also that there are already mainstream registration and regulatory bodies, including the [Australian Competition and Consumer Commission \(ACCC\)](#) and the [Master Builders Association of Australia](#). These providers have minimal direct engagement with people with disability, and additional registration and regulation will only increase the cost of these supports further, with no safeguarding benefit.

Health services, such as paediatric support or optometry

Health and paediatric support services, including optometry, are typically registered and regulated by AHPRA and other supervisory bodies. It is unreasonable to require additional cost and time-burden of these providers with no benefit to safeguarding.

Early childhood and early intervention services

Again, early childhood and early intervention services are typically provided by allied health professionals, who are already registered and regulated by AHPRA and other supervisory bodies. It is unreasonable to require additional cost and time-burden of these providers with no benefit to safeguarding.

Self-Direction and Self-Management

It is deeply concerning to see there is no mention of or consideration given to the need for and right of people with disability and families to self-direct and self-manage our supports. NDIS participants must retain the right to engage non-NDIS registered providers, direct employ supports and use service-for-one or microboard / circle of support arrangements. These are critical, often high quality supports that people with disability and families rely on – particularly those of us in regional and remote Australia.

Personal care and in home supports delivered in:

- Participant controlled, self managed arrangements, or
- Direct employment or Services for One models,

should not trigger provider registration where the participant or their nominee:

- Directly employs or contracts the worker,
- Has day to day oversight of how supports are provided, and
- Can change or dismiss workers promptly if there are any concerns.

Many people have deliberately left group homes and large provider models due to violence, abuse or neglect, and have moved to self-directed arrangements that are safer, more stable and more cost effective. Treating these arrangements as if they were the same as a group home is a categorisation error.

3. What issues should Government consider when amending the definition of NDIS provider to maintain flexibility and responsiveness to NDIS participants' needs?

Geographic context and the reality of thin (or non-existent) markets

Any change to the provider definition that tightens or expands registration must start from the lived reality of regional and remote communities:

- Many towns in regional and remote Australia have no local registered providers. Where there are registered providers, they are typically in short or singular supply, and do not provide most or all types of NDIS supports.
- In some areas, there is no choice at all; in others, choice means waiting multiple years on a list.
- Travel costs for out-of-town registered providers are rarely properly funded, leading to situations where a participant is charged more than three hours of therapy while receiving 45 minutes of actual therapy.
- Limiting access to only registered providers when demand already far outstrips supply will result in participants in outlying communities being left without access to supports, particularly if they are unable to travel to the nearest major regional city to access them.

Risk to participants of losing access to vital supports

If a new definition of 'NDIS provider' and a mandatory registration model means that:

- Local mainstream businesses and sole traders withdraw from seeing NDIS participants, and
- Allied health providers limit or cease NDIS work,

then the NDIS will become less flexible and less responsive, particularly in the communities that already have the least choice. While effective in meeting the Government's short term cost cutting mandate, over the long term, the cost of supporting NDIS participants will increase. Unmet support needs drive loss of functional capacity – which leads to people with disability requiring substantially more support in future than we would had the required support needs been met.

When demand is higher than workforce can supply, providers are forced to rationalise their service provision to best meet demand. This means making a decision to provide services to three or four clients in-clinic, rather than using that time to travel to a person with disability in another town. While theoretically this sounds beneficial – more people accessing the service at a lower cost – the practical reality is that people in areas with no providers will completely lose access to critical supports which build capacity or maintain their function. Over the long term, people in these areas will require significantly more funded support as functional capacity declines due to lack of access to vital supports.

Of further concern is the extremely high risk of losing all or most supports in regional and remote communities as a direct result of mandatory provider registration. Not only is there a high risk of losing functional capacity and requiring increased supports in future, but participant safety is compromised. Without access to supports, there is extremely high risk of injury, neglect and death of people with disability.

It's also vital that the Government understand that block funding and alternative commissioning are not the answer to these issues. Australians with disability and families fought for the NDIS to be established because the old state-based block funding arrangements vested all power to the provider, resulting in many people with disability

experiencing violence, abuse and neglect with no alternative options for support they relied on survive.

Choice and control is a vital safeguarding mechanism. Participants must be able to choose their providers, with alternative provider options available to access when things go wrong.

NDIA control over plan management and SIL categorisation

Participants do not control whether their plan is NDIA-managed, plan-managed or self-managed; this is decided by NDIA delegates through inconsistent risk assessments. Many participants who are perfectly capable of self-management are either not offered it or are pressured into more restrictive arrangements.

Similarly, NDIA delegates are increasingly categorising home and living supports funding as Supported Independent Living (SIL) based on support hours rather than the participant's actual living arrangements. People living in their own homes are finding their support written as SIL in their plan and the introduction of mandatory SIL registration risks participants being forced out of effective, safe and cost efficient individual supports into group home arrangements that reduce safety, as found by the [Disability Royal Commission](#).

Unless this is addressed urgently, a broader definition of 'NDIS provider' and mandatory SIL registration will:

- Force self-directed, non-congregate, arrangements into less safe group homes.
- Force participants self-directing their 'SIL' supports into hospital as there are insufficient registered SIL providers to meet demand.
- Override participant choice and control, and
- Expose people to the very risks (institutionalisation, power imbalance, inability to exit) they were trying to avoid.

Cost and adequacy of plans

In regional and remote areas, mandatory registration will increase the cost of supports well beyond what is currently funded:

- Registered providers charge full NDIS price limits plus travel costs.
- Non-registered providers are more likely to charge well under the price limits.
- Direct employment models save the Scheme tens of thousands of dollars per year per participant, while paying workers better and providing more hours of support.

If the definition of 'NDIS provider' is broadened without a fundamental shift in pricing and planning, participants will simply lose access to critical supports or exhaust their budgets early in the plan duration.

Choice and control is a critical safeguard

The NDIS Review and the Taskforce recognise that choice and control are foundational principles of the Scheme. What is still missing is a clear recognition that choice and control are also important and effective safeguards.

Participants who can:

- Hire and fire their own workers,
- Decide who comes into their home, and who doesn't
- Change providers quickly when something feels wrong,

are in a much stronger safeguarding position than someone who has no choice and no alternatives.

Any new provider definition that restricts access to non-registered providers and direct employment will therefore undermine a key safeguarding mechanism.

4. Are there factors, other than the type of support delivered, which should be considered in a new definition of an NDIS provider?

Yes. In fact, support type should **not** be the primary factor. A genuinely risk-proportionate approach must prioritise:

1. **Setting:** Is the support delivered in a closed, congregate setting (e.g. group home, residential facility) or in the person's own home and community?
2. **Participant choice and control:** Who controls the relationship? Can the participant or their nominee change provider or worker easily and without penalty?
3. **Power dynamics and dependency:** Is the provider in a position of near-total power over the person's housing, support and daily life?
4. **Existing regulation:** Is the worker or provider already regulated through other robust systems (AHPRA, Consumer Law, professional bodies)?

A simple way to think about this is:

- **Higher risk:** Group homes and congregate settings, where people have limited or no practical exit options, and where the provider controls most aspects of daily life. These must be in scope of the provider definition and mandatory registration.
- **Moderate risk:** Roles like plan management, support coordination, psychosocial recovery coaching and behaviour support, where there is significant influence over a person's supports. These should also be registered, with attention to conflicts of interest. We note, however, the NDIA's failure to increase pricing for support coordination over several years, which has now led to a mass evacuation of support coordination providers from the market.
- **Lower risk:** Individualised, participant-controlled arrangements in the person's own home or community, including direct employment, microboards and Services-for-One. These should not be captured by mandatory registration simply because of support type.
- **Already regulated:** Allied health and mainstream services regulated via other systems. For these, purchase visibility and collaborative regulatory pathways are more appropriate than NDIS registration. This includes providers with little or no direct engagement with participants and commonly have minimal NDIS participants comprising their customer base eg. cleaners, gardeners, builders, consumables providers.

5. Are there supports you currently access which may be disrupted or result in secondary impacts if they are included or excluded in a new definition of an NDIS provider?

From the perspective of the people and families SWAN supports, the answer is clearly yes.

Direct disruptions

- **Allied health:** For many regional participants, there is already either no local allied health providers or multi-year waits. Mandatory registration will make it even less viable for allied health providers to work with NDIS clients, especially where they only have one or two on their books.
- **Basic community supports:** Cleaners, gardeners, local builders and consumables providers will withdraw from NDIS work if they are expected to carry worker screening and compliance for one client in a small town.
- **Self-directed in-home supports:** Families who directly employ support workers or run Services-for-One models will be at risk of being treated as 'NDIS providers' for registration purposes, or of being told they must use less safe, more expensive registered providers.

Secondary impacts

- **Loss of trusted relationships:** Many people with disability and families have struggled for years to assemble a safe, stable team of supports. Forced transitions into registered providers or SIL models risk unravelling those high quality and effective arrangements, with serious consequences for wellbeing and safety. This will also incur more cost for the NDIS, as participants will need time to build rapport with new, unfamiliar, and likely untrained support providers.
- **Increased exposure to violence, abuse and neglect:** Peoples' own accounts, and the Disability Royal Commission, show that some of the gravest harms have occurred in registered, congregate services. Pushing people back towards those services, or limiting them to a single registered provider in a region, is not protective.
- **Financial and emotional strain:** People with disability and families will face higher costs, more bureaucracy, administrative burden and less flexibility, which will in turn increase stress and burnout in households already under pressure.

6. Are there opportunities to ensure a new definition of an NDIS provider supports productivity and sustainability across the care and support economy?

Yes - but only if the definition is focused carefully on genuine risk and if it explicitly protects self-direction.

Key opportunities include:

- **Protecting and scaling self-directed arrangements:** Self-managers and self-directors consistently report better outcomes, stronger safeguards and significant savings to the Scheme because they avoid overservicing and use funds efficiently. A provider definition that recognises these arrangements as legitimate, and does not force them into registration, will support both quality and sustainability.
- **Avoiding regulatory duplication:** By excluding already regulated professions (e.g. AHPRA-registered health professionals) and mainstream businesses from NDIS

registration, Government can focus regulatory resources where they are most needed.

- **Using purchase visibility intelligently:** The Taskforce model proposes a ‘purchase visibility’ category for lower-risk, mainstream providers. If designed well, this could support fraud detection and market oversight without forcing every small business that sells to an NDIS participant into registration.
- **Investing in participant capability and peer support:** Real safeguards and long-term sustainability come from informed, empowered participants, strong peer networks and responsive complaints systems, not just from increased administrative burden and cost for providers.

If the definition of ‘NDIS provider’ is set too broadly, many of these opportunities will be lost under the weight of unnecessary compliance.

Recommendations

Drawing on our regional experience and the views of the people we support, SWAN recommends that Government:

- 1. Limit the definition of 'NDIS provider' to higher-risk settings and roles.**
Focus on group homes and congregate supports, Specialist Disability Accommodation (SDA), SIL in congregate settings, providers using regulated restrictive practices, plan managers, independent support coordinators psychosocial recovery coaches, Positive Behaviour Support Practitioners and platform providers, not every individual or business paid with NDIS funds.
- 2. Explicitly protect self-directed, self-managed and participant-governed arrangements from being captured in the provider definition.**
This includes direct employment, Services-for-One, microboards and other participant-controlled models in the person's own home. These arrangements should not be treated as providers for registration purposes.
- 3. Exclude allied health professionals and other health professionals from mandatory NDIS provider registration.**
Recognise that AHPRA and other health regulators already provide strong oversight, that there is a national workforce shortage of allied health and other health workers, and that mandatory NDIS registration will further reduce access for NDIS participants, particularly in regional areas.
- 4. Exclude mainstream retailers, consumables providers, cleaners, gardeners and builders from the NDIS provider definition.**
Maintain consumer protections via existing law and use purchase visibility mechanisms to monitor spending, rather than requiring these businesses to register.
- 5. Ensure SIL and other funding categorisations do not override self-direction.**
NDIA operational guidance must be changed so that classification of funding as 'SIL' does not force people in their own homes into SIL provider models or registration, especially where they are self-directing. We note that there are currently thousands of NDIS participants with funding allocated in their NDIS plans as 'SIL' who are not living in congregate group home arrangements. The NDIS Quality and Safeguards Commission and NDIA must work together to ensure that participants with individualised, self-directed home and living support arrangements are not forced into less safe congregate care and registered providers from 1st July 2026 when mandatory SIL registration comes into effect.
- 6. Adopt a context-based, not category-only, regulatory approach.**
Design the provider definition and registration thresholds based on setting, power imbalance, participant control and existing regulation, not just support type.
- 7. Undertake proper regional and workforce impact assessments before implementation.**
Model how many providers and workers are likely to withdraw under different definitions and registration settings, and publish this analysis, before final decisions are made.
- 8. Strengthen real safeguards rather than relying on registration as a proxy.**

Invest in:

- Unannounced visits and inspections in congregate settings.
- Strong, accessible complaints pathways with effective follow up and investigation.
- Independent advocacy and peer support.
- Enforcement action against providers engaged in violence, abuse, neglect and exploitation.

Ensure that NDIA delegates:

- Properly review capacity building provider reports at end of plan reassessments, and refer for investigation providers who have not appropriately justified the cost benefit of support provided.

9. Reduce barriers to workforce participation, especially in regional and remote Australia.

Simplify worker screening; reduce upfront costs; enable direct employers to access screening processes; and ensure training pathways (including Allied Health qualifications, Certificates III and IV) are geographically and financially accessible.

10. Use payment system data intelligently to support oversight.

Improve data capture on ABNs, Statements by Supplier, WPNs and payroll details (with appropriate safeguards), and use this to identify patterns of concern, rather than trying to regulate every transaction via registration.

11. Co-design a clear, protected self-directed category.

Work with Self Manager Hub, Disabled Persons Organisations and family-led organisations to develop a self-directed pathway that provides visibility without treating participants as providers or forcing them into registration.

12. Address consultation theatre directly.

In the next phase of this reform, clearly publish:

- What people with disability and families said about the provider definition.
- How this feedback changed the drafting.
- How overlaps with the self-direction and registration reforms have been resolved.

Conclusion

From the perspective of people with disability and families in regional Western Australia, the stakes in this reform are exceptionally high. A definition of 'NDIS provider' that is too broad, and a registration model that treats support type as the primary marker of risk, will not deliver better safeguards for participants. Instead, it will remove the very mechanisms that currently keep many people safest - meaningful choice and control, self-direction, and the ability to walk away from unsafe or poor-quality providers. In communities where there are already no or very few registered providers, mandatory registration will not magically create a market; it will drive out mainstream and allied health providers, collapse local options, and leave people without essential supports.

At the same time, there is a genuine opportunity to 'get it right'. A carefully framed, context-based provider definition can support mandatory registration and stronger oversight in congregate and higher-risk settings, while explicitly protecting participant-governed arrangements and avoiding duplication of existing regulatory systems such as AHPRA and Australian Consumer Law. It can recognise regional realities, preserve self-directed models that deliver better outcomes and greater value for money, and focus the NDIS Quality and Safeguards Commission's finite resources where they are most needed.

For that to happen, Government must move beyond consultation theatre. Disabled people, families, and peer-led organisations have repeatedly raised the same core issues about power, risk, self-direction and regional inequity across multiple reviews and consultations. This submission is another contribution to that body of evidence, grounded in SWAN's 17 years of supporting autistic people and their families in regional WA and more than 26 years' experience of our staff. We are asking that this time, the lived experience of those most affected - including people who self-direct, direct employ, and rely on non-registered providers in thin markets - is not just recorded but meaningfully shapes the final provider definition and the design of the future regulatory model.

SWAN stands ready to work with the Department, the NDIS Commission and other stakeholders to co-design a provider definition and regulatory approach that genuinely improves safety, while preserving the rights to choice, control and ordinary community life that sit at the heart of the NDIS and the UNCRPD.



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