



NDIS Quality  
and Safeguards  
Commission

# NDIS Quality and Safeguards Commission

Quality and Consumer  
Consultation Insights Report:  
Safety and Engaging Services

December 2023



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## Safety is about knowing and upholding human rights

‘Safeguards’ can be defined as actions designed to protect the rights of people with disability to be safe from the risk of harm, abuse and neglect. It is important to ensure appropriate safeguards while maximising the choice and control participants have over their lives. Essentially, safeguards are ways of keeping people with disability safe when they are receiving services.

Building capacity of people with disability and their networks to understand and advocate for their rights is a protective factor for people with disability against the risk of violence, abuse and neglect.

The NDIS Commission regulates all NDIS providers and workers, including those in the unregistered market. All providers and workers are subject to the NDIS Code of Conduct and subject to compliance and enforcement actions when indicated.

Participants shared their experiences with safety and safeguards when accessing support.

### Key Insights

#### Safety is about knowing and upholding human rights

- Participants told us that safety meant having a safe home, being heard, feeling comfortable to make complaints, being seen as a whole person, and having needs met and respected.
- Many participants, their families and supporters reported that they didn’t know much about the NDIS Commission, their rights as NDIS participants, how to advocate for better quality services and supports and how the Commission can support them.
- Participants shared that deciding whether to engage a service was often about the right ‘fit’. Participants had a systematic approach to choosing a provider, encompassing strategies such as meet and greets, first shifts, ongoing assessments, and raising concerns.
- Participants wanted greater accountability on providers. This includes more transparency about the NDIS Commission’s regulatory activities, including how providers perform in audits and meeting standards.

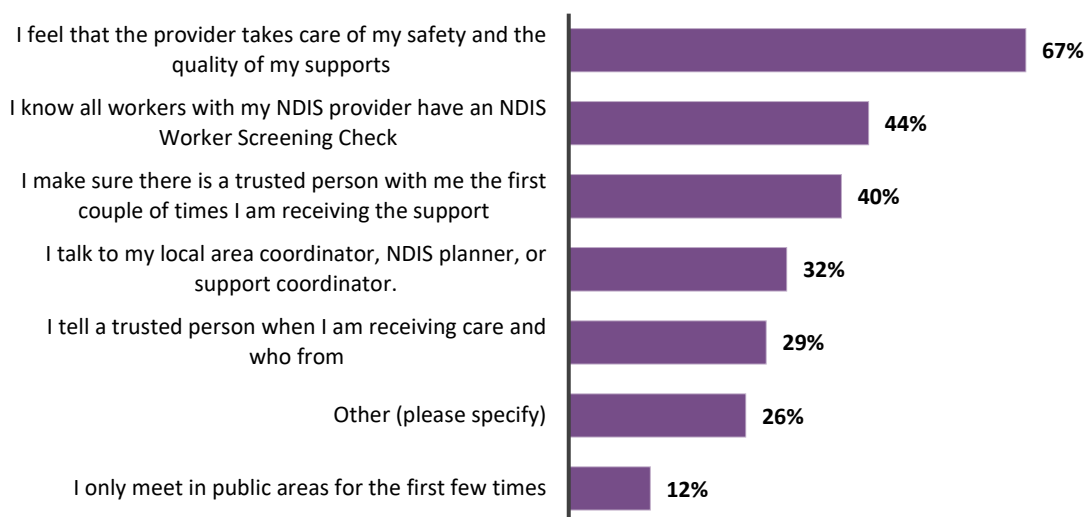
#### Provider definition

In this report, we have used the word ‘provider’ as a general description of any person or entity delivering NDIS services and supports to participants. We encountered a variety of service relationships and observed them to be varied (and sometimes complex). When participants told us about a ‘provider’ of services, this included workers considered as an employee; contractors; sub-contractors; casual employees; organisations; or sole proprietors.

More definitions and terms used in this report can be found [here](#).

Most participants who completed our survey do not approach the NDIA or NDIS Commission when they have an issue, instead referring to their provider or worker know directly.

### What helps you to trust your services and to make sure they are right for you?



Those who selected the ‘other’ option spoke about trial periods, referrals from networks, skills and qualifications.

## Safety is not just physical but relational

Participants expressed that feeling safe is something that everyone is entitled to, and everyone should feel safe both at home and in the community. Participants shared safety is supported by having the right supports around them that are able to be flexible with changing goals. It is also important in building trust that participants are supported by workers who listen:

*“I need them to listen to me - and trust.”*

Participants told us they needed to feel physically safe and in control of their environment and surrounding. This included knowing who their workers were and when they were coming in and out of their house. Participants also shared that safety is not simply about physical safety but about having a trusting positive relationship with staff. Safe and effective relationships meant workers demonstrated empathy, support, honesty, respect, and clarity. It is important to provide participants a level of confidence that their physical and emotional boundaries will be respected:

*“I feel safe when I trust a person and when I can trust, there is an intuitive nature to it - they know me well enough to have an understanding of what works well.”*

Participants shared they feel safe when they are in their own community and with people who know them. In these spaces, participants felt they could freely express themselves and engage with others. Participants discussed the prevalence of stigma, uneven and negative power dynamics in the community that can lead to feeling isolated and discriminated against. One participant shared their experience of how they interact in community due to discrimination:

*“Introduce support workers as friends rather than carers or support workers due to negative*

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*experiences in the past where I've felt people would direct their queries to the support workers instead of me and I felt like they weren't being treated as an equal."*

## Knowing rights and upholding rights are not the same

Participants shared that while many people with disability can exercise their rights; this is not the case for all people with disability at all times. Participants shared with us the importance of having control and agency. The key to realising this is for participants to have an understanding of their rights. This supports them to make informed decisions, assert their preferences and actively engage in their support services. One participant expressed their need for agency as:

*"My private life is not a public life."*

Participants told us how not having their rights upheld or being treated unequally by workers led to feeling unsafe. Participants not being informed of their rights and choices can lead to an increased risk of abuse. Culturally and Linguistically Diverse (CALD) and First Nations participants shared they felt they were often not informed of their rights. Participants also shared how knowing their rights meant they could hold providers and workers accountable for their services:

*"Until people with disability have the ability to legally and easily enforce their rights and their views are respected, we are not safe trying to access disability supports."*

Some participants we spoke with were not aware of their rights. They also shared their negative experiences, and commented how they could often feel tired from self-advocating and fighting for their needs on a constant basis. Other participants spoke of using the resources provided by the NDIS Commission to support them in asserting their rights. However, participants told us that providers and workers did not have a good enough understanding of the standards and quality expectations when participants approached them:

*"Speaking about the NDIS standards and getting the response "what standards". The reality of receiving services is so much different to the standards."*

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Participants told us there is often a need to share sensitive and private information about their health, disabilities and personal lives with providers. Participants, who perceived their information was not being handled with care and respect, spoke of losing trust in their providers. Many participants were not aware of their rights in relation to information and privacy, one participant commented:

*“I am unable to even submit an online query about services without uploading a copy of my NDIS plan. I shouldn’t have to provide my personal information to a stranger that I haven’t decided to even meet with yet.”*

Participants told us that privacy is closely tied to a participant’s autonomy. Breaches of privacy made participants feel unsafe, created anxiety and feelings of insecurity that negatively affected their well-being. Additionally, some participants shared that they are reluctant to share information moving forward for fear of repeat breaches. This may affect quality of care where providers do not have a complete understanding of a participants needs:

*“Only trust one worker, don’t trust the Provider she works with, and many of the others working there.”*



## Participants invest a lot of energy when engaging workers for the first time

Many participants shared having established processes for meeting and choosing their support services and workers. Participants detailed establishing what their needs were and having a list of questions to ask to ensure they were getting value for money. As one participants stated:

*“I have to remember I am the person who is going to employ the person. It has to work to my satisfaction - it is about taking the NDIS money and using it wisely including setting some rules of engagement.”*

Participants shared a range of approaches to supporting new workers, some people chose to have a presentation or package about themselves ready for workers which would include information on their disability, their specific needs, and the goals and outcomes they wanted to achieve. Some participants highly valued when workers would share detailed information about themselves, their service and the process before the first appointment or meeting. For participants with specific disabilities, they found this beneficial to enable appropriate preparation such as creating social stories or to help manage anxiety. While some participants told us they like to have workers come to their home, to see how comfortable they are in the environment, many felt it was safer to meet in a public place:

*“Prefer to meet the support worker at a public place and not at home since it is uncomfortable to meet them at home.”*

Many participants talked about the importance of safety and using their support networks. This ranged from informing a family member or a close person about the appointment beforehand, taking along a support person (such as a parent/friend etc.), or arranging for other support workers

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or coordinators to also attend. Most participants told us that they undertook research before meeting, including using peer referrals, to make the most efficient use of their time:

*“I do not ‘shop around’ and ‘hope’ I find someone I need. I ask the people I KNOW that can provide the services I need.”*

Participants outlined they spent a lot of time searching for workers and potential service providers and invested time and energy into interviews and facilitating trial shifts. They also stressed the importance of worker screenings and checks, although expressed frustration at how difficult it was to access these before meeting. Most participants told us that their previous poor experiences built their knowledge of what to expect. This was important when assessing the ‘vibe’ with workers and helped participants find providers who were the right fit:

*“If the first interaction makes the young person feel like they are not ‘vibing’ with the support worker, they tend not to book the same support worker again.”*

## **We need greater accountability on providers**

Participants told us they wanted providers to have more regulation, for the NDIS Commission to take a more proactive approach, and to see firmer action on those who do the wrong thing. Many participants shared that they were not aware of how the NDIS Commission actually assessed service providers and how these assessments led to quality improvement. Participants who were aware of the audit process felt it was a box ticking exercise and invisible to participants. Participants were also unclear how their voices were captured in these processes and what the results were:

*“Transparency around what is being audited and the outcome would be helpful.”*



Participants shared that they felt the NDIS Commission’s current approaches made it too easy for providers to hide any issues. Many participants liked the idea of having informal or formal supports checking in on providers and talking with participants about the safety and the quality of their supports. This included following up with participants and hearing why they have left a provider. Participants felt any inspections, observations and audits needed to be more spontaneous with less time for providers to prepare. Participants felt providers were able to ‘put on a show’ for the NDIS Commission rather than actually implement positive practices:

*“The NDIS gives all power and control to providers because the NDIS relies completely on the reports provided by providers. They abuse this power imbalance.”*

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## Terms and Definitions

**Agency-managed participant:** A participant whose NDIS funding is managed by the NDIA. Participants who choose to be Agency-Managed can only access supports and services from registered NDIS providers.

**CALD:** Refers to any person or group of people that are culturally and linguistically diverse.

**Choice and control:** A participant has the right to make their own decisions about what is important to them and to decide how they would like to receive their supports and who from.

**Complaint:** telling the NDIS Commission if you are unhappy with or have a concern about your current NDIS supports or services.

**Confidence:** a high level of trust. For example, you are confident your provider gives you correct information.

**Consumer:** see “participant”

**Demographic information:** Data about the features or characteristics that define an individual or group. For the purpose of the Own Motion Inquiry, this includes data such as location, age and disability type.

**Dignity of Risk:** is the right to make decisions about yourself and your supports including choosing to take risks.

**Empowered:** people having power and control over their own lives and confidence to make a decision.

**Information:** Knowledge provided to you or that you look for in relation to NDIS Supports.

**Informed decision-making:** have all the information and facts available related to the decision topic

**Knowledge:** Facts, truths, information provided to you or that you look for.

**LGBTQIA+:** Refers to a person’s sexual orientation and/or gender identity and is an abbreviation for lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies), and more.

**Market:** A collection of providers offering products and services to NDIS participants. Also known as NDIS Market.

**Misinformation:** False or wrong information about the NDIS or NDIS services that is spread by accident or on purpose.

**NDIS Market:** The NDIS Market is the collective term for all Providers and Services available to NDIS Participants to purchase using their NDIS Plan funding.

**NDIS participants:** People with disability who receive NDIS funding to access services and supports from registered and unregistered NDIS providers.

**Participant:** A person who meets the NDIS access requirements.



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**Peak body:** An organisation which represents organisations and members of the community in the disability sector.

**Plan-managed participant:** A participant whose NDIS Plan is managed by a provider who is registered with the NDIS Commission to deliver Plan Management. Participants who choose a plan management provider can access supports and services from both registered and non-registered providers for most supports.

**Registered NDIS provider:** A registered NDIS provider is a person or organisation that is registered with the NDIS Commission in accordance with section 73E of the National Disability Insurance Scheme Act 2013. NDIS providers must be registered to deliver some kinds of supports (e.g. implementing regulated restrictive practices in a behaviour support plan). NDIS Providers must be registered to deliver NDIS funded supports and services to participants in the NDIS whose NDIS plan is managed by the National Disability Insurance Agency (NDIA), See “Agency-Managed Participants”.

**Registration Process:** Registration of NDIS providers is a process that aims to ensure the provision of safe and quality services by requiring providers meet quality and competency standards and engage in additional safeguarding practices such as reportable incidents. These standards are proportionate to the risk associated with the type of service delivery and the scale of the provider.

**Registration status:** Indicates if an NDIS provider is registered or unregistered. See also: ‘Registered NDIS provider’ and ‘Unregistered NDIS provider’.

**Safeguards:** An appropriate measure or measures taken to protect participants from unnecessary risks or harm.

**Self-managed participant:** A participant that manages their own NDIS funding either fully or in part. Participants who choose self-management can access supports and services from both registered and non-registered providers for most supports.

**Service types:** Refers to groupings by type of services and supports delivered to participants. These are:

- Support at home: such as personal care, meal preparation assistance, medication and/or skill development to increase independence with daily life activities
- Household tasks: such as lawn/yard maintenance, gardening and/or cleaning
- Community access activities: such as travel/transport, appointments, shopping, social activities
- Therapeutic support: such as Occupational Therapy, Speech Therapy, Psychology etc.
- Behaviour Support: such as implementing behaviour support strategies"

**Sharp practices:** a range of practices involving unfair treatment or taking advantage of people.

**Unregistered NDIS provider:** A provider of NDIS supports and services that has not been registered with the NDIS Quality and Safeguards Commission.

**Worker screening:** The NDIS Worker Screening Check is an assessment of whether a person who works, or seeks to work, with people with disability poses a risk to them.

**Worker/Support Worker:** An individual who deliver’s NDIS funded supports or services to an NDIS participant. A worker may be a NDIS Provider or employed or engaged by a NDIS Provider (registered or unregistered). ‘Workers’ includes but is not limited to employees, sub-contractors, independent contractors and sole traders.