National Disability Services Submission

Productivity Commission
Delivering quality care more efficiently
Interim report

About National Disability Services

National Disability Services (NDS™) is Australia's peak body for disability service organisations, and Australia's biggest and most diverse network of disability service providers. Our valued members collectively operate several thousand services for more than 300,000 Australians with disability and employ a workforce of more than 100,000 people.

NDS is committed to a sustainable and diverse disability service sector, underpinned by the provision of high-quality, evidence-based practices and supports that strengthen, safeguard, and provide greater choice for people with disability in Australia.

Contents

About National Disability Services 2
Contents 3
Overview 4
Scope of submission 4
State of the disability sector 5
Support for draft recommendation 1.1 5
Response to key reform components 7
Practice and quality standards 13
Technology and reporting systems 15
Workforce screening and mobility 19
Behaviour support and restrictive practices 22
Conclusion 25
Contact 25

Overview

National Disability Services (NDS) welcomes the opportunity to provide feedback on the Productivity Commission's *Interim Report: Reform of Quality and Safety Regulation across the Care Economy*.

The disability sector is under immense pressure—financially, operationally, and emotionally. Providers face fragmented regulatory regimes, duplicative audits, and inconsistent standards that divert resources from frontline care.

A unified approach to care and support issues, including pricing, funding, workforce measures, and regulatory reform, is key to effective market stewardship. The proposed reform involves establishing a universal proportionate registration and regulatory system throughout the market.

We support the intent of Draft Recommendation 1.1 to align regulation across aged care, disability, veterans' care, and early childhood education. However, alignment must lift standards, not dilute them. It must preserve the distinctiveness of the NDIS and embed safeguards that reflect the rights and needs of people with disability.

Scope of submission

This submission is focused and targeted to support the Productivity Commission's work on reforming quality and safety regulation across the care economy. NDS has structured its response around the following objectives:

- Provide targeted feedback on Draft Recommendation 1.1 of the Interim Report, with a focus on its implications for the disability sector and the NDIS.
- Advocate for a harmonised, risk-proportionate, rights-based, and person-centred regulatory framework that spans aged care, disability, veterans' care, and early childhood education, while recognising the specific needs of people with disability.
- Highlight NDS's policy positions on workforce regulation, provider registration, and quality frameworks, including the urgent need for nationally consistent worker screening and a modular provider registration model.

- Reinforce practical implementation strategies, drawing on evidence from providers, participants, and carers, while cautioning against reforms that create further fragmentation, dilute safeguards, or impose undue burden on providers already operating in a highly constrained financial environment.

State of the disability sector

The *NDS State of the Disability Sector Report 2024* highlights urgent reform needs, with particular emphasis on ongoing quality and safeguarding concerns. The sector faces financial strain, with half of providers reporting losses and one in five considering exit. Price settings are placing significant pressure on service quality, while confidence in safeguarding systems remains low with providers reporting excessive compliance demands, inconsistent enforcement, and weak relationships with regulators. Concerns about inadequate worker entry standards further threaten both quality of care and effective safeguards, as regulatory burdens disproportionately affect registered providers. Widespread uncertainty persists, with frequent policy changes exhausting staff and leadership. Workforce challenges, such as fragmented screening and low standards, exacerbating shortages and mobility issues, directly impact the capacity to maintain quality and safety.

The sector's financial vulnerability and reform fatigue highlight the need for streamlined regulations and enhanced support to improve quality and safeguards, alongside clarity and careful sequencing of reforms that will require operational changes.

Support for draft recommendation 1.1

NDS supports the intent of Draft Recommendation 1.1 to align quality and safety regulations across aged care, the NDIS, and veterans' care at the federal, state and territory level. The current system is fragmented, with overlapping standards and audits that create unnecessary duplication. A unified regulatory approach would enable providers to focus more on delivering frontline care and improving outcomes.

While the proposed three- and six-year implementation timeline is ambitious, success will depend on thoughtful design, adequate resourcing, and strong stakeholder engagement. It is essential that reforms maintain rights-based protections for people with disability and

ensure their distinct needs remain central. Smaller and regional providers will require clear guidance and tailored support to navigate the transition.

Foundational Principles for Reform

Effective reform must be grounded in two core principles:

- Genuine Co-design: All elements of reform—standards, systems, registration, and reporting—must be co-designed with people with disability, their families, carers, and service providers. This ensures cultural safety, relevance, and practical feasibility.
- Preservation of Sector-Specific Protections: While alignment is important, sector-specific standards such as the NDIS Practice Standards and Capability Framework must remain central. The distinctiveness of each sector must be respected to uphold rights-based protections.

Embedding these principles from the outset ensures reforms are inclusive, meaningful, and respectful of the diversity within the care economy.

Implementation Risks and Considerations

NDS highlights several key risks and considerations for successful implementation:

- Reform Fatigue: Providers are experiencing high levels of uncertainty and exhaustion. New frameworks must be introduced with sensitivity to avoid compounding stress.
- Sequenced Rollout and Pilots: Phased implementation through pilots and transition periods will allow for testing, feedback, and refinement—especially critical for smaller and regional providers.
- Digital Inclusion: Tailored support is needed for providers to engage with new digital systems, including training and consideration of subsidised access to technology (particularly for small providers and sole traders).
- Avoiding Duplication: Clear transitional arrangements that prevent providers from having to comply with parallel reporting or audit regimes.

- Monitoring and Evaluation: Robust mechanisms are needed to assess impact, identify unintended consequences, and support continuous improvement.

NDS remains committed to working collaboratively to ensure reforms are inclusive, practical, and deliver stronger quality and safety outcomes across the care economy.

Response to key reform components

Provider registration and audits

NDS supports the development of a unified provider registration system across aged care, disability, veterans' care and early childhood education and care (ECEC). This reform has the potential to reduce duplication, improve regulatory coherence, and support provider sustainability—particularly for organisations operating across multiple programs.

It is important to note however that in the current environment, less than 6 per cent of the market delivering NDIS supports would be affected, while the remaining 94 per cent have limited obligations under the current regulatory framework. The vast majority of providers are not required to demonstrate suitability to provide disability services, conduct worker screening, or comply with the NDIS Practice Standards. Such disparities undermine efforts to safeguard quality and safety across the entire sector.

For reforms to have genuine impact, they must be extended to all organisations delivering NDIS supports—not just a select subset. Applying consistent, proportionate regulation and worker screening sector-wide is vital to closing critical gaps in safeguards, raising the standard of care, and ensuring that every person with disability can access safe, high-quality services, no matter which provider they choose. This would strengthen trust, enhance outcomes for participants, and help secure a resilient, sustainable disability services sector for the future.

However, alignment must be designed to strengthen safeguards, reduce administrative burden, and avoid disadvantaging smaller providers. A modular and graduated risk-based approach is critical to ensuring proportionality and accessibility.

Common suitability assessment

NDS supports the establishment of a common suitability assessment for providers operating across care sectors. This has the potential to streamline entry into the system and reduce the need for providers to undergo separate, duplicative assessments for each program.

Members report that providers must uphold dual accreditation even for a single NDIS participant. This includes duplicative worker screening, separate incident reporting, and additional codes of conduct and training requirements. These inefficiencies drive up costs and discourage cross-sector service delivery.

A shared suitability framework should:

- Include core governance, safeguarding, and quality criteria applicable across sectors.
- Allow for sector-specific modules where necessary (e.g. clinical care, restrictive practices).
- Be co-designed with providers and people with lived experience to ensure relevance and proportionality.

Mutual recognition of audits

NDS supports mutual recognition of audits between aged care quality standards and NDIS practice standards. This would reduce audit fatigue and compliance costs, particularly for dual-registered providers.

There are also opportunities to explore mutual recognition across other standards that apply to the broader care and support sector, for example the National Standards for Mental Health Services, and work has been done to map these to existing NDIS Practice Standards.

Providers frequently undergo numerous separate audits within a few years, each covering a wide range of regulations. This burden is especially acute for small and rural providers, who often lack the resources to manage multiple audit regimes.

Mutual recognition should be underpinned by:

- A shared audit framework with aligned benchmarks and reporting expectations.
- Clear guidance on equivalency and recognition pathways.
- Support for smaller providers to navigate the transition and maintain compliance.

Single digital portal

NDS strongly supports the creation of a single digital portal for providers to manage registration, audits, and reporting across aged care, disability, and veterans' care. This would reduce administrative burden, improve data consistency, and support real-time oversight.

Currently, providers must navigate multiple portals and reporting systems, leading to errors, duplication, and inefficiencies. A unified portal would enable:

- Centralised management of registration status, audit schedules, and compliance documentation.
- Integration with worker screening and incident reporting systems.
- Improved transparency and data sharing between regulators.

Alignment with NDIS Provider and Worker Registration Taskforce recommendations

NDS notes that the Productivity Commission's recommendations on aligning provider accreditation, registration and audits are strongly aligned with the advice of the NDIS Provider and Worker Registration Taskforce (the Taskforce). Both recommend the development of a modular, risk-based provider registration system that enables providers to operate across multiple care sectors through a single, proportionate framework. The Taskforce also supports mutual recognition of audits between aged care and NDIS standards to reduce duplication and compliance burden and calls for a single digital portal to manage registration, audit, and compliance obligations. These recommendations reinforce NDS's position that reforms must be practical, scalable, and designed not to disadvantage smaller providers while maintaining strong safeguards.

Awareness of ACQSC Reform Proposals

NDS acknowledges the recent correspondence from the Aged Care Quality and Safety Commission (ACQSC) to the Treasurer and Minister for Finance, outlining regulatory reform initiatives under the new Aged Care Act 2024. We welcome the Commission's transition to a Supervision Model and its efforts to streamline regulatory processes through revised audit frameworks, longer registration periods, and improved coordination with other regulators. These initiatives closely align with NDS's advocacy for proportionate, risk-based regulation and mutual recognition of audits across care sectors. The ACQSC's work under the Care Economy Regulatory Alignment (CERA) initiative, particularly around suitability assessments and audit recognition, reinforces the importance of harmonised systems that reduce duplication and support provider sustainability. We also support the national approach to worker screening initiative led by the Department of Finance and the Suitability Red Lines project led by the NDIS Commission, which aim to enable common suitability requirements and approaches to worker screening for care and support sector workers. NDS supports ongoing reforms that reduce regulatory burden and duplication while maintaining strong safeguards for people with disability.

Response to Information Request 1.2 – Single quality and safety regulator

NDS recognises the potential benefits of establishing a single quality and safety regulator across aged care, disability, and veterans' care services. If designed carefully, such a model could improve coordination, reduce duplication, and streamline oversight across the care economy.

In theory a single regulator could:

- Enhance efficiency by consolidating infrastructure for registration, audits, and reporting.
- Support consistency in enforcement and expectations for providers operating across multiple programs.
- Improve transparency and data sharing, enabling more responsive and informed regulation.

However, success depends on preserving sector-specific expertise, particularly the rights-based foundations of the NDIS. The distinct needs of people with disability must remain central to any regulatory framework.

NDS supports a national regulatory model that enables shared infrastructure—such as a single digital portal, aligned audit frameworks, and common registration systems—while maintaining sector-specific leadership and expertise.

This approach reflects the practical realities of service delivery and aligns with international experience. It allows for:

- Efficiency gains through unified systems and processes.
- Consistency in oversight across sectors.
- Preservation of specialist knowledge, particularly in disability services.
- Flexibility to accommodate diverse service types and user needs.

International insights

Several countries have implemented consolidated regulatory models that offer valuable lessons for Australia:

- England – Care Quality Commission (CQC)
  Regulates both health and adult social care. It has improved transparency and consistency, but independent reviews found variable impact on care quality, highlighting the need for strong inspector capacity and sector engagement.
- Northern Ireland – Regulation and Quality Improvement Authority (RQIA)
  Oversees health and social care services under one authority. It demonstrates that consolidation is feasible, but tailored standards and inspection approaches remain essential.
- Ireland – Health Information and Quality Authority (HIQA)
  Regulates both older people's and disability residential services using aligned but distinct standards. This model shows that a single regulator can maintain sector-specific oversight within a unified framework.

- New Zealand – Ministry of Health and Whaikaha

  Applies a single modular standard (NZS 8134:2021) across aged care, disability, and home support services. This reduces duplication while preserving disability-specific safeguards through modular auditing.

Risks and design considerations

While a single regulator offers some clear benefits, it would still need to accommodate differences in service types, funding models, and participant needs. Without this, there is a risk of:

- Diluting disability-specific safeguards, including the NDIS Practice Standards and Capability Framework.
- Confusion for providers navigating multiple compliance regimes remains a risk even under a single, consolidated regulator—particularly if siloed approaches persist within a large and potentially complex regulatory body. Avoiding this kind of internal fragmentation is essential to ensure the benefits of streamlined oversight are fully realised.
- Disengagement from participants and carers who rely on tailored oversight and relational care, support and issues management and resolution.

To mitigate these risks, NDS recommends:

- Co-designing reforms with people with disability and providers. This should include front facing staffing training requirements, appropriate branding to support recognition for people with disability and their networks and accessible communications.
- Embedding sector-specific modules within shared frameworks.
- Ensuring disability-specific standards remain central to regulatory oversight.
- Providing transitional support for smaller providers to adapt to new systems.

In summary, a single regulator is possible and potentially beneficial—but only if it is designed to be inclusive and responsive to the diversity of Australia's care sectors.

Practice and quality standards

The current regulatory environment for care providers is fragmented and administratively burdensome. Providers operating across aged care, disability, and veterans' care services are often subject to multiple, overlapping standards and audit regimes, which creates duplication, confusion, and compliance fatigue. This is particularly challenging for smaller and regional providers, who may lack the resources to manage complex and inconsistent requirements.

The Productivity Commission's recommendation to align provider accreditation, registration, and audits—starting with mutual recognition of audits and progressing toward a single, modular set of practice and quality standards—is a welcome opportunity to streamline regulation while maintaining strong safeguards. NDS supports this direction, if reforms are co-designed, culturally safe, and preserve the distinct needs of people with disability.

Mutual recognition of audits

NDS supports the establishment of mutual recognition of audits between the aged care quality standards and NDIS practice standards. This reform is both practical and achievable, and would significantly reduce duplication, compliance burden, and audit fatigue—particularly for providers operating across both sectors.

Providers frequently face multiple audits and a complex web of regulatory requirements, often resulting in repeated efforts to meet similar standards across different systems. Dual-registered providers are required to maintain separate accreditation regimes, even when supporting a small number of NDIS participants. This burden is especially acute for small and regional providers, who often lack the resources to manage multiple audit systems.

To be effective, mutual recognition must be underpinned by a shared audit framework with aligned benchmarks and reporting expectations. Clear guidance on equivalency and recognition pathways is essential, along with transitional support and resources for smaller providers. This would allow providers to focus more on quality improvement and less on duplicative compliance, while maintaining strong safeguards.

Single modular set of practice and quality standards

NDS supports the development of a single, modular set of practice and quality standards across aged care and NDIS services. A modular framework—comprising a core set of standards and sector-specific modules—offers a balanced approach that enables alignment without sacrificing the integrity of disability-specific safeguards.

The core standards should cover areas such as governance, safeguarding, and workforce capability, while sector-specific modules reflect the unique needs, risks, and rights of different service users. The NDIS Code of Conduct, NDIS Practice Standards and NDIS Workforce Capability Framework must remain central to any unified model. These elements are essential to maintaining a rights-based approach and ensuring that people with disability remain the focus of enforceable obligations.

Co-design is essential to ensure the framework reflects cultural safety, child-safe principles, and trauma-informed practice. Embedding First Nations perspectives and lived experience will be critical to building trust and relevance across diverse communities.

International models such as New Zealand's NZS 8134:2021 demonstrate that a modular, cross-sector standard is achievable and effective. This approach consolidated aged care, disability, and home support standards into a single framework with sector-specific modules, reducing duplication while maintaining safeguards.

However, if not done well, a generic framework could dilute protections for people with disability. Providers may struggle to interpret or apply standards that lack sector-specific clarity, and participants and carers may lose confidence in the system if standards feel disconnected from their lived experience.

To succeed, the framework must be co-designed, culturally safe, inclusive, and supported by clear implementation guidance and user-friendly resources. It must strengthen, not level down, existing safeguards.

Child Safe regulation requirements

Child safety must be a foundational element of any unified practice and quality standards framework. NDS supports embedding child safe regulation across both the core and sector-specific modules, ensuring that all providers create environments where children feel safe, respected, and heard—particularly children with disability.

Currently, child safe requirements vary significantly across jurisdictions and service types, creating duplication, confusion, and gaps in implementation. Providers operating across aged care, disability, and early childhood settings often face multiple, overlapping obligations, with different reporting systems, training expectations, and regulatory interpretations. This fragmentation undermines consistency and increases administrative burden, especially for smaller providers.

To address this, the unified framework should align with the National Principles for Child Safe Organisations and establish a consistent baseline for child safety across all care sectors. Standards must require providers to implement robust child-safe policies, deliver targeted staff training, and maintain clear reporting and escalation pathways tailored to the needs of children with disability.

Co-design with children, families, and advocates is essential to ensure the standards reflect lived experience and are practical in diverse service settings. Trauma-informed practice must be embedded to support children who have experienced harm or are at risk.

Technology and reporting systems

NDS supports the development of shared digital infrastructure and standardised reporting systems across aged care, disability, veterans' care, and early childhood education and care (ECEC). These reforms are essential to reduce duplication, improve transparency, and support quality improvement—particularly for providers operating across multiple programs and jurisdictions.

However, alignment must be designed to strengthen safeguards, support digital inclusion, and avoid disadvantaging smaller and regional providers. To ensure accessibility, proportionality, and relevance in different sectors, it is vital to use a strategy that is both co-designed and able to work seamlessly with others.

Standardised reporting framework and data repository

NDS supports the establishment of a national quality and safety reporting framework and data repository. This would enable consistent measurement of performance and productivity across sectors, reduce duplicative reporting, and support evidence-informed policy and practice.

Currently, providers report to multiple systems across state and Commonwealth regulators, often duplicating effort for similar indicators. These duplications increase administrative burden, divert resources from frontline care, and discourage cross-sector service delivery—particularly for smaller and regional providers.

A shared reporting framework should:

- Include core governance, safeguarding, and quality criteria applicable across sectors.
- Allow for sector-specific modules where necessary (e.g. clinical care, restrictive practices).
- Be co-designed with providers and people with lived experience to ensure relevance and proportionality.
- Enable "report-once, use-often" functionality to reduce administrative burden.

Shared digital infrastructure

NDS strongly supports the development of a unified digital infrastructure to manage registration, reporting, and compliance across care sectors. This includes a single portal for providers and workers, integrated with screening, audit, and incident management systems.

Currently, providers must navigate multiple portals and reporting systems, leading to errors, duplication, and inefficiencies. A unified system would:

- Centralise registration status, audit schedules, and compliance documentation.
- Integrate with worker screening and incident reporting systems.
- Improve transparency and data sharing between regulators.
- Support real-time oversight and reduce delays in regulatory processes.

Interoperability must be a design priority. Smaller and regional providers often lack the resources to manage complex digital systems. NDS recommends:

- Investment in digital inclusion supports, including training, navigation assistance, and subsidised access.
- Co-design of systems to ensure usability across diverse provider types and workforce profiles.

Consistent regulation of artificial intelligence

NDS supports a consistent approach to regulating artificial intelligence (AI) across aged care, disability, and veterans' care. AI tools used in care settings must be transparent, auditable, and subject to safeguards that reflect the rights and needs of people with disability.

This includes:

- Sector-specific guidance on ethical use of AI in service delivery.
- Oversight mechanisms to prevent bias, exclusion, or harm.
- Alignment with broader Commonwealth AI frameworks and international best practice.

Response to Information Request 1.1 – Standardised reporting framework and duplication

Overlap in Reporting Requirements and Examples of Duplication

There is significant overlap in quality and safety reporting requirements across aged care, NDIS, veterans' care, and ECEC. For example,

- Restrictive practices: Providers must report to both the NDIS Commission and state-based authorising bodies. In some jurisdictions, this includes submitting the same data through two separate portals, with different formats and timelines.
- Incident reporting: A single incident involving a child with disability in a supported accommodation setting may need to be reported to the NDIS Commission, a state child protection agency, and a public guardian or ombudsman. Each body may

have differing risk frameworks and require different documentation, follow-up actions, and timelines.

- Complaints: Providers may be subject to parallel complaints processes from the NDIS Commission and state-based complaints bodies (e.g. Health Complaints Commissioners, Community Visitor Programs), with no shared resolution pathway or data exchange.

These duplications are particularly burdensome for dual-registered providers and those operating across jurisdictions.

Design of a standardised reporting framework and use of technology

A standardised reporting framework should be modular, proportionate, and co-designed with providers and people with lived experience. NDS recommends the following design features:

- Core indicators applicable across all care sectors (e.g. governance, safeguarding, workforce capability).
- Sector-specific modules for areas requiring tailored oversight (e.g. clinical care, restrictive practices).
- Shared definitions and aligned benchmarks to support consistency and comparability.
- Report-once, use-often functionality to reduce burden.

Technology should be used to:

- Enable a single digital portal for providers to manage registration, audits, incident reporting, and compliance across sectors.
- Support real-time data sharing between regulators to reduce delays and improve oversight.
- Provide accessible dashboards for providers to track performance and compliance status.
- Ensure interoperability with existing systems and support digital inclusion for smaller providers.

Quality information for public reporting

To support service improvement and innovation, NDS recommends that publicly reported quality information include:

- Aggregated audit findings and compliance trends.
- Comparative performance benchmarks across providers, regions, and service types.
- Incident types, resolution timelines, and outcomes
- Workforce capability indicators, including training, supervision, and retention metrics.
- Consumer experience data, including satisfaction, complaints, and feedback themes.

This information should be:

- Presented in accessible formats for providers, participants, and families.
- Used to identify good practice, support learning, and drive continuous improvement.
- Released regularly to promote transparency and accountability across the care economy.

Workforce screening and mobility

NDS supports a nationally consistent, streamlined, and portable workforce regulation system across the care economy. Reform in this area is essential to addressing critical workforce shortages, improving safety, and enabling providers to operate sustainably. These reforms should be designed to strengthen safeguards, support career development, and remove unnecessary barriers to entry—without diluting the distinctiveness of disability support.

National worker screening clearance

NDS strongly supports the development of a single, nationally recognised screening clearance for workers across all care sectors. This reform has the potential to reduce duplication, accelerate recruitment, and ensure consistent safety standards.

Significant jurisdictional differences currently exist, with each state and territory applying its own rules and processes, which further complicates compliance for providers and workers. Currently, workers face up to three separate screening processes depending on the sector and jurisdiction. This fragmentation delays hiring, increases costs, and creates confusion—particularly for carers and frontline workers supporting individuals across multiple programs. A unified clearance would streamline entry into the workforce and enable consistent enforcement of bans and disciplinary actions across sectors.

NDS recommends that the national clearance:

- Be portable across all care sectors.
- Set the baseline at the highest current safeguard.
- Be affordable, timely, and accessible to all workers.
- Include real-time checking and enforcement mechanisms to prevent unsafe re-entry.
- Provide a mechanism for employers to submit information about serious safety issues arising from performance management and investigations.

Streamlined registration and mobility pathways

NDS supports the creation of a national registration system and single digital portal for workers required to be registered. This system must be modular, risk-proportionate, and designed to support career progression.

The current regulatory landscape is fragmented and inconsistently applied. Less than 10% of providers are registered with the NDIS Quality and Safeguards Commission, meaning many workers fall outside key safeguards such as incident reporting and mandatory screening. A unified system would strengthen oversight and reduce compliance burden—particularly for sole traders and small providers.

NDS recommends that the registration system:

- Integrate screening, qualification recognition, and CPD.
- Include provisional pathways for students and new entrants.
- Avoid unnecessary barriers for low-risk roles.
- Embed the NDIS Workforce Capability Framework to preserve disability-specific competencies.
- Be inclusive and culturally safe, with wraparound supports for diverse workforce groups.

Mutual recognition arrangements for health workers

NDS supports mutual recognition of health workers already registered through the National Registration and Accreditation Scheme (NRAS). This is a practical and necessary step to enable workforce mobility and reduce duplication.

However, mutual recognition must not result in a levelling-down of standards. The distinctiveness of disability support work—particularly its rights-based, person-centred nature—must be preserved. NDS recommends that mutual recognition arrangements:

- Be accompanied by mandatory sector-specific orientation modules for health professionals entering disability roles, covering the principles of choice, control, relational care, and human rights.
- Be supported by co-designed training pathways that reflect the lived experience of people with disability and the diversity of the workforce.
- Avoid assuming equivalence between clinical qualifications and the relational, social, and rights-based competencies central to disability support.

Implementation and impact

NDS notes that the proposed national worker screening clearance aligns with the reform agenda under the National Competition Policy agreed by governments in November 2024. We support this direction and recommend that the Australian Government build on the work of the Australian Criminal Intelligence Commission to implement real-time, continuous checking across all care sectors.

We also acknowledge that most care workers are currently unregistered, and that recent reviews—including the NDIS Provider and Worker Registration Taskforce—have recommended mandatory registration to improve quality, safety, and workforce visibility. NDS supports a unified registration system from the outset, rather than separate schemes that would require future alignment.

Registration classes should be designed to reflect different skills and risk profiles but not be tied to specific sectors unless necessary. The system must be affordable, accessible, and supported by a single user portal that enables workers to manage their registration across roles and jurisdictions.

The proposed reforms to workforce screening and registration—if implemented as a unified, cross-sectoral system and designed with participants, workers, Unions, and employers—will deliver significant benefits across the care economy. NDS supports these reforms because they will:

- Reduce duplication and administrative burden by replacing multiple screening and registration processes with a single, streamlined system.
- Accelerate recruitment and improve workforce availability, especially in high-need sectors like disability support, by shortening wait times and removing unnecessary entry barriers.
- Enhance safety through consistent, enforceable safeguards and real-time continuous checking, enabling faster regulatory responses to inappropriate behaviour.
- Recognise diverse skills and lived experience, including informal learning, peer support, and culturally specific competencies, through harmonised qualifications and RPL pathways.

Behaviour support and restrictive practices

NDS supports the exploration of alignment of regulatory requirements for behaviour support planning and the authorisation of restrictive practices. The longer timelines for these pieces of work are supported, with an opportunity for uplift and harmonisation of processes within the disability sector.

Any harmonisation across the sectors must preserve safeguards in place for people with a disability, improve quality of service delivery and create efficiencies. The current planning and authorisation processes embodied in legislation at the federal and state and territory levels seek to uphold human rights, yet there are gaps and the progress to achieving those goals is unclear. This plays out differently across the two areas under consideration.

Development of behaviour support plans

A shared approach to the development of behaviour support plans may require the exploration of:

- Practice and the evidence base for behaviour support within the disability and aged care sectors. Whilst having aligned processes may reduce confusion and multiplicity of processes, the alignment of practice must achieve improved quality of life and reduction in restrictive practices in each setting.
- Supports needed to uplift the quality of behaviour support planning. Expansion and alignment prior to resolving current issues within the disability sector may amplify gaps and concerns. The quality of behaviour support planning and behaviour supports plans is varied.
- Workforce entry and expansion. Entry to the behaviour support workforce requires a suitability assessment. Alignment on this process would need to explore the overlapping and unique knowledge and skills required in the differing sectors. The regulator makes decisions on practitioner suitability as they enter the market. The workforce capacity of the regulator also needs to be considered as current delays in decisions have an impact on workforce retention.
- The mechanism to fund the development of plans. This can often be a barrier, slowing down the commencement of plan development while funding is sought and is relevant due to the impact on increased reporting while this occurs.
- Renewal and review periods. The requirement within the disability sector is for behaviour support plans to be reviewed annually or more regularly if required. Current expectations within the aged care sector suggest more frequent reviews are likely.

Regulatory requirements for the use and authorisation of restrictive practices

The starting point for alignment of processes for the authorisation of restrictive practices has numerous layers and inconsistencies within the disability sector across jurisdictions. Alignment across sectors cannot be considered while this disparity remains.

The legislative components, requiring agreement or exploration across the sector include:

- Consistency of definitions and interpretations of regulated restrictive practices across the country. A chemical constraint in one jurisdiction may not be classed as this in another for example.
- Processes for gaining consent. Variations include consent provided by appointed restrictive practice guardians, from the person subject to restrictive practices – with or without the support of an independent person, and differing documentation depending on where you live.
- Authorisation processes. This may be a panel - in differing formats, authorised program officers (APO) within services, and for more high-risk restrictive practices government bodies have a role. Where some consistencies are found, such as the use of APO's in multiple states, the role can be vastly different.
- Significant delays in authorisation. Efficiencies are unlikely to present through cross-sector alignment where delays within current systems are impacted by securing funding for plans, plan quality and the oft need for review prior to authorisation and the workforce capacity of government bodies to progress authorisation.
- Additional costs to all sectors. The legislative role of the APO, sitting on and arranging panels are costs borne by providers.

Chemical restraint – where alignment is needed to make a difference

The Joint Statement on the Inappropriate Use of Psychotropic Medicines to Manage the Behaviours of People with Disability and Older People captured a commitment from the health, aged care, and disability commissions three years ago. While each sector may have improved guidance materials and attempted to uplift their workforce, the total count of people with disability subject to chemical restraint has remained consistent.

Better quality outcomes, and streamlined process for providers, for older people and people with a disability prescribed medication to change behaviour require a cross-sector approach that includes the health sector. Without a collaborative approach, including health authorities and workforce, it is unlikely we will see more than isolated pockets of change.

Conclusion

The Productivity Commission's interim report presents a critical opportunity to reform quality and safety regulation across the care economy. NDS supports the intent of Draft Recommendation 1.1 and welcomes the direction toward greater alignment, reduced duplication, and strengthened safeguards. However, alignment must not come at the cost of the distinctiveness of disability support. The NDIS is built on a rights-based, person-centred foundation, and any future regulatory framework must preserve and build upon these principles.

Reform must be practical, proportionate, and inclusive. It should reduce administrative burden without levelling down standards. It should support workforce mobility while maintaining strong protections. And it must be co-designed with those most affected—people with disability, families, carers, and providers.

NDS is committed to working with government and stakeholders to ensure these reforms are implemented in a way that strengthens quality, safety, and sustainability across the care economy. With careful design, staged implementation, and genuine co-design, this reform agenda can deliver lasting benefits for providers, workers, and most importantly, the people they support.

Contact

Michael Perusco
CEO
National Disability Services
[redacted]
NDS website
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