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# Submission to the NDIS Provider and Worker Registration Taskforce

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## 1. Introduction

### 1.1 About Blind Citizens Australia

Blind Citizens Australia (BCA) is the peak national representative organisation of and for the over 500,000 people in Australia who are blind or vision impaired. For nearly 50 years, BCA has built a strong reputation for empowering Australians who are blind or vision impaired to lead full and active lives and to make meaningful contributions to our communities.

BCA provides peer support and individual advocacy to people who are blind or vision impaired across Australia. Through our campaign work, we address systemic barriers by promoting the full and equal participation in society of people who are blind or vision impaired. Through our policy work, we provide advice to community and governments on issues of importance to people who are blind or vision impaired. As a disability-led organisation, our work is directly informed by lived experience. All directors are full members of BCA and the majority of our volunteers and staff are blind or vision impaired. They are of diverse backgrounds and identities.

### 1.2 About people who are blind or vision impaired

There are currently more than 500,000 people who are blind or vision impaired in Australia with estimates that this will rise to 564,000 by 2030. According to Vision Initiative, around 80 per cent of vision loss in Australia is caused by conditions that become more common as people age.[[1]](#endnote-1)

Australians who are blind or vision impaired can live rich and active lives and make meaningful contributions to their communities: working, volunteering, raising families and engaging in sports and other recreational activities. The extent to which people can actively and independently participate in community life does, however, rely on facilities, services and systems that are available to the public being designed in a way that makes them inclusive of the needs of all – including those who are blind or vision impaired.

## 2. Submission Context

BCA welcomes the opportunity to make a submission to the National Disability Insurance Scheme (NDIS) Provider and Worker Registration Taskforce. BCA has taken an active interest in matters relating to the NDIS Review.

In 2023, BCA held an extensive series of in-person and online consultation sessions with members to gauge the views of people who are blind or vision impaired when it comes to the future of the NDIS.

BCA members recognised that the NDIS has improved the lives of hundreds of thousands of Australians. Members also expressed their views as to how to improve the effectiveness of the Scheme.[[2]](#endnote-2)

This submission is based on those consultations and the following policy frameworks:

* NDIS Review – Final Report.
* National Disability Insurance Scheme Act 2013 (Cth) (NDIS Act).
* Australia’s Disability Strategy 2021–2031.
* United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

## 3. Blind Citizens Australia’s Submission

### 3.1 Recommendation 17 of the NDIS Review Final Report

#### The growing need for reform

Though it is not a guarantee of quality or safety, the NDIS registration process ‘aims to ensure that providers and their workers are reputable and have the skills and knowledge to deliver supports.’[[3]](#endnote-3)

Approximately 60 per cent of NDIS participants use a Plan Manager and 29 per cent self-manage all or part of their plan. Both cohorts can access unregistered providers.[[4]](#endnote-4)

There are currently around 16,000 registered providers. From April to June 2022–23, more than 154,000 unregistered providers received a payment from a Plan Manager. Worryingly, the limited visibility of payments made by self-managing participants means that the total number of active unregistered providers is unknown.[[5]](#endnote-5)

The unregistered provider market operates with limited regulatory oversight. Some participants like the flexibility this engenders. It comes at the cost, however, of potentially exposing participants to fraudulent or unscrupulous providers.

For example, a BCA member shared their experience of feeling pressured by an unregistered support worker to pay for a service that was not rendered. Though hard to quantify on a national scale – especially when, as was the case here, the participant does not pay for the non-existent service – it is likely that many NDIS participants have had similar experiences. Registration of NDIS providers and workers would help expose and discourage such underhandedness.

Accordingly, Recommendation 17 of the NDIS Review’s Final Report proposes the development and delivery of ‘a risk-proportionate model for the visibility and regulation of all providers and workers’ and the strengthening of the ‘regulatory response to long-standing and emerging quality and safeguards issues.’[[6]](#endnote-6)

#### Thin markets and blindness specific providers

Complicating matters is the reality of thin markets – that is, markets characterised by a low number of buyers and sellers. With only two per cent of NDIS participants being blind or vision impaired, there exists a thin market for blindness services across Australia.[[7]](#endnote-7)

The Department of Social Services has recognised that thin markets result in ‘inadequate service availability’ and NDIS ‘participants’ needs not being met.’[[8]](#endnote-8) A deeper sense of disappointment and abandonment is felt by participants in rural, regional and remote areas, as even fewer skilled or qualified workers operate in these areas.

A powerful demonstration of market thinness can be observed in Tasmania, where the entire state is covered by a single blindness specific provider. This severely limits any real exercise of ‘choice and control,’ and is especially true for anyone who has an issue with a dog guide instructor, as there are very limited options.

Across Australia, participants get general support workers who come in and simply do not understand how to help people who are blind or vision impaired. The Taskforce should make clear how mandatory registration would improve the quality of services received by participants in this situation.

**Recommendations:**

1. Explain to participants how mandatory registration would improve thin markets for people who are blind or vision impaired.
2. Consider the unique needs of people who are blind or vision impaired and living in rural, regional and remote areas.

### 3.2 Improving the quality and quantity of support workers

#### Remembering NDIS Review Recommendation 15

Action 17.1 of the NDIS Review’s Final Report recommends the development of ‘a graduated risk-proportionate regulatory model … in consultation with people with disability, providers and other regulators.’

Implementation of Recommendation 17 must take place against the backdrop of Recommendation 15, which requires the Commonwealth government to ‘develop an integrated approach to workforce development for the care and support sector.’

This sector is facing immense challenges, with the Committee for Economic Development of Australia (CEDA) projecting a shortfall of 110,000 frontline workers in the aged care system by 2030.[[9]](#endnote-9)

The Department of Social Services has forecast that up to 292,000 support workers could leave the disability sector by June 2025. This exodus comes at a time when the Department believes the disability workforce must grow by 40 per cent, or 128,000 additional workers.[[10]](#endnote-10)

With it already so difficult to attract and retain support workers – especially in rural, regional and remote areas – Australia cannot afford to discourage any honest and competent support workers from participating in the care sector.

BCA members have repeatedly spoken of the need to attract more support workers with skills and training in blindness and vision impairment. BCA members have also expressed a desire for all support workers to undergo a disability worker screening check as part of the registration process.

A disability worker screening check would help people who are blind or vision impaired to feel more comfortable that their support worker meets a basic level of competency and integrity.

The disability worker screening check could also identify whether a support worker is currently covered by public liability and professional indemnity insurance.

A disability worker screening check need not be any more expensive or onerous than one of the state-based working with children checks used to screen the suitability of a person to work or volunteer with children.

Indeed, the entire graduated risk-proportionate regulatory model should be structured in a way that removes unscrupulous providers from the NDIS, but is not so burdensome as to discourage decent providers from meeting participants’ needs.

Determining the skill and training requisites for support workers necessitates the detailed input of the participants receiving those services. It is only through a co-design process with people with disability that a suitable balance can be struck.

**Recommendations:**

1. Include a disability worker screening check as part of the registration process.
2. Co-design, with people with disability, a graduated risk-proportionate regulatory model that strikes a balance between removing unscrupulous providers and attracting skilled and trained support workers.

### 3.3 Additional considerations for the graduated risk-proportionate regulatory model

#### Orientation and mobility specialists

Orientation and mobility (O&M) specialists provide one-on-one instruction to people who are blind or vision impaired. This includes teaching them how to walk with a white cane, cross the road, activate traffic control devices, use landmarks to build a mental map of routes, and access smartphone apps like Google Maps and blindness-specific orientation apps.

By teaching these different mobility techniques and sensory skills, O&M specialists play a vital role in helping people who are blind or vision impaired to navigate their environment safely and independently.

As vital as general support workers are, it is important to note that anyone who wants to become an O&M specialist in Australia must undertake postgraduate study and rigorous practical training.[[11]](#endnote-11) When developing the new regulatory model, it is essential that the special role played by O&M specialists is considered.

**Recommendation:**

1. Ensure the unique role played by orientation and mobility (O&M) specialists is considered during the development of the graduated risk-proportionate regulatory model.

#### Purchasing essential items from non-NDIS providers

People who are blind or vision impaired often purchase essential items from legitimate businesses that are not registered NDIS providers. These include online purchases from blindness specialty stores based overseas and in-store purchases from well-known companies operating in Australia.

The United States’ much larger population and technological leadership means that American blindness specialty stores provide some goods that are simply not available in Australia. It is unlikely that foreign stores would subject themselves to stringent NDIS registration for the benefit of a small contingent of Australian consumers.

Low-cost assistive technology does not pose a risk to participant safety. Requiring registration for the providers of such technology would reduce participants’ choice and increase costs for the NDIS.

Furthermore, many people who are blind or vision impaired purchase pet food and other items for their dog guide from their local pet store. Retailers often sell such goods at a lower price than NDIS-registered blindness service providers.

There are other instances of retailers providing safe, useful and cost-effective goods and services to NDIS participants. For example, there are people who have their wheelchair serviced to an excellent standard at their local bicycle store.

Many people who are blind or vision impaired also receive ‘mainstream’ services such as house cleaning and lawn mowing. It is likely that many small businesses would cease to provide such services to NDIS participants if they had to undergo a rigorous registration process.

Ultimately, people who are blind or vision impaired will miss out on essential items if they are not able to continue making purchases through non-registered and/or internationally based providers.

**Recommendations:**

1. Recognise that people who are blind or vision impaired rely on non-registered and/or internationally based providers for essential purchases.
2. Allow these providers to continue operating as part of the graduated risk-proportionate regulatory model.

### 3.4 Greater transparency for NDIS service fees and a new clawback mechanism

#### Concerns with allied health providers

A great deal of participants’ dissatisfaction with the Scheme is owed to the NDIS Quality and Safeguards Commission’s inability to prevent NDIS providers from charging grossly inflated fees. Mandatory registration will mean little if providers can continue this practice without consequence.

One BCA member said they no longer inform allied health providers that they are an NDIS participant, lest they be charged twice the standard fee or more for the same service. Other BCA members have seen allied health providers immediately double or triple their prices when an NDIS plan was disclosed.

As one BCA member declared, ‘The fees are so blown out it’s just greedy … That’s why the NDIS is attracting some unscrupulous people.’ Another BCA member said the fee structure ‘is unsustainable the way it is.’

Yet another BCA member added, ‘We’re not cash cows. We’re people with a genuine [medical] requirement and we’re being taken advantage of. Dollar signs just light up in [the providers’] eyes.’

BCA appreciates that many NDIS providers struggle to make a profit, and that lower fees could jeopardise their financial viability. The feedback that BCA has received, however, speaks to participants’ growing desire for providers, especially those in the allied health sector, to justify their exorbitant fees.

As such, BCA repeats its calls for the creation of a clawback mechanism that would require NDIS providers, especially those in the allied health sector, to justify their fees.

NDIS participants could lodge a complaint to the NDIS Commission when they feel they have been needlessly overcharged. With a team of in-house staff dedicated to operating the clawback mechanism, the NDIS Commission would investigate and respond to participants’ complaints about service pricing.

The clawback mechanism would have the power to recoup taxpayers’ money from providers that have shamelessly used the NDIS to pad their profits. It would also act as a general deterrent to unscrupulous people who seek to exploit people with disability.

**Recommendation:**

1. Create a clawback mechanism that requires NDIS providers, especially those in the allied health sector, to justify their fees when participants complain of being overcharged.

## 4. Summary of Recommendations

In this submission to the NDIS Provider and Worker Registration Taskforce, BCA makes the following recommendations:

1. Explain to participants how mandatory registration would improve thin markets for people who are blind or vision impaired.
2. Consider the unique needs of people who are blind or vision impaired and living in rural, regional and remote areas.
3. Include a disability worker screening check as part of the registration process.
4. Co-design, with people with disability, a graduated risk-proportionate regulatory model that strikes a balance between removing unscrupulous providers and attracting skilled and trained support workers.
5. Ensure the unique role played by orientation and mobility (O&M) specialists is considered during the development of the graduated risk-proportionate regulatory model.
6. Recognise that people who are blind or vision impaired rely on non-registered and/or internationally based providers for essential purchases.
7. Allow these providers to continue operating as part of the graduated risk-proportionate regulatory model.
8. Create a clawback mechanism that requires NDIS providers, especially those in the allied health sector, to justify their fees when participants complain of being overcharged.

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