



Response to Consultation Paper:

Proposal for NDIS Quality and Safeguarding Framework

April 2015

About ACTCOSS

ACTCOSS acknowledges Canberra has been built on the land of the Ngunnawal people. We pay respects to their Elders and recognise the strength and resilience of Aboriginal and Torres Strait Islander peoples. We celebrate Aboriginal and Torres Strait Islander cultures and ongoing contribution to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for not-for-profit community organisations, people living with disadvantage and low-income citizens of the Territory.

ACTCOSS is a member of the nationwide COSS network, made up of each of the state and territory Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS’ vision is to live in a fair and equitable community that respects and values diversity and actively encourages collaborations that promote justice, equity and social inclusion.

The membership of the Council includes the majority of community based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

ACTCOSS receives funding from the ACT Government - Community Services Directorate.

ACTCOSS advises that this document may be publicly distributed, including by placing a copy on our website.

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Introduction

ACTCOSS acknowledges the more detailed submissions of Disability organisations including ADACAS (ACT Disability, Aged and Carer Advocacy Service), WWDACT (Women with Disabilities ACT) and NDS (National Disability Services)

Access to Independent Individual Advocacy, as well as peer, self, family, citizen, legal and systemic advocacy is crucial across the developmental, preventative and corrective domains of the NDIS Quality and Safeguarding Framework. This form of advocacy is critical to support clients to access and receive quality services and to navigate complaints processes.

Universal safeguards are not sufficient. There should be an independent oversight body of the national quality framework for the NDIS with a legislatively mandated external mechanism. This body should be incorporated into existing independent complaints mechanisms (Disability or Health Commissioners exist in most jurisdictions) as well as utilising official visitor and human rights mechanisms already in place in the ACT. Maximising building on existing mechanisms is key.

The complaints body should apply to all supports specifically targeting people with disability, and not just NDIS funded providers.

An independent body should have:

* an oversight function, to ensure registered organisations hear and respond to complaints and other feedback,
* authorisation in law to investigate and resolve individual complaints that cannot be resolved by the provider in the first instance.
* powers to make directions, identify systemic concerns, authority to make legally binding decisions, and provide independent monitoring and assessment of the NDIS market.

There needs to be provision for education, information and training for people to exercise their rights as consumers.

Registered agencies should have rigorous requirements to ensure quality, with different processes for people who manage their own packages. Those self managing their own packages, should have greater flexibility and control, and not have their providers subject to the same requirements, with the dignity of being able to take their own risks. We would recommend they are able to access support to do this however, including access to police checks. The safeguards also need to be proportionate to the risk, with more stringent safeguards for example where personal care is involved compared to those required for gardening services.

Registered providers should be required to report serious incidents (formally defined) to an independent oversight body. There needs to be definition around what constitutes critical and whom to report to in the first instance.

# What are the most important features of an NDIS information system?

* Access to Independent Individual Advocacy, as well as peer, self, family, citizen, legal and systemic advocacy is crucial. This is to support participants to access and receive quality services and to navigate complaints processes.
* Information that is crucial that Advocacy services include:
  + Assistance to navigate the system and assert Service User rights
  + Support to identify their own goals, vision and how to exercise choice and control
  + Planning processes, and decision making support

# Systems for Handling Complaints

ACTCOSS supports Option 3b: An independent statutory complaints function, with a Disability Complaints office independent of the NDIA. With the NDIA responsible for managing funding, development of plans and registration of providers, it is crucial the External Complaints body is separate to them, to ensure independence and external scrutiny.

The complaints body should apply to all supports specifically targeting people with disability, and not just NDIS funded providers.

The powers and functions of the oversight body should include those listed on page 54, to:

* provide information, education, training and advice about matters relating to complaints and complaints handling
* receive, investigate and resolve individual complaints that escalate beyond the provider level, with discretion to refer cases to other appropriate authorities, or not to investigate further in certain circumstances
* review the pattern and causes of complaints, identify systemic issues for service improvement and make recommendations for the improved handling and resolution of complaints
* instigate inquiries and investigations where it considers they are warranted
* monitor and report publicly on the effectiveness of complaints handling in the sector.

Community Visitors Schemes continue to be necessary to observe (through random spot checks), identify issues, report on experiences of people with disability, monitor restrictive practices and provide referrals to resolution pathways.