



15 May 2015

NDIS Quality and Safeguards Framework Consultation Team
Department of Social Services
By email: NDISqualitysafeguards@dss.gov.au

Dear NDIS Quality and Safeguards Team

NDIS QUALITY AND SAFEGUARDING FRAMEWORK CONSULTATION

Disability Rights Advocacy Service Inc ('DRAS') is a disability advocacy agency funded by the Australian Government Department of Social Services through the National Disability Advocacy Program. DRAS advocates on behalf of people with disability, their families and carers. We are funded to conduct both Individual Advocacy and Systemic Advocacy and in particular we are funded to undertake Individual Advocacy for people from culturally and linguistically diverse ('CALD') backgrounds. It is through our Systemic Advocacy Program that DRAS responds to public consultations on proposals affecting people with disability by providing submissions such as that following.

We are pleased to note the thoroughness and detail of the materials provided in this consultation and we have given active consideration to the many and complex areas covered by those materials.

No doubt the complexity in framing a safeguarding and quality framework is guaranteed within the context of Australia's federal system of government. To that end DRAS entered the submission process by reflecting on the existing status quo within the South Australian statutory and policy context and where appropriate, extrapolated deficiencies and positives to the national level, but remained realistic of the limitations in Australian constitutional arrangements and concomitant legislative powers. Thus we returned to perceptions of what was reasonable to expect from a national framework guided by and pursued through a Council of Australian Governments ('COAG') process. It was a task of some proportions.

Nevertheless we appreciate the opportunity to provide a submission and again thank the Team for granting us an extension of time by which to make our submission.

Yours sincerely

DANNY CARROLL
PROJECT OFFICER
SYSTEMIC ADVOCACY PROGRAM
DISABILITY RIGHTS ADVOCACY SERVICE Inc

ADELAIDE OFFICE:

Shop 4/80 Henley Beach Road Mile End SA 5031
PO Box 742 Torrensville SA 5031
Phone 08 8351 9500 **Fax** 08 8152 0396 **Email** admin@dras.com.au
ABN 42 728 185 532

REGIONAL OFFICES

RIVERLAND ADVOCACY SERVICE:

2a Ahern Street Berri SA 5343
PO Box 868 Berri SA 5343
Phone 08 8582 2442 **Fax** 08 8582 2411

SOUTH EAST DISABILITY ADVOCACY SERVICE:

71 Suttontown Road Mount Gambier SA 5290
PO Box 1210 Mount Gambier SA 5290
Phone 08 8723 6002 **Fax** 08 8725 8009

NDIA provider registration: *Developmental Domain*

In relation to NDIA provider registration DRAS began with the question, "What do participants want from NDIS funding in order to live as they choose?" And to answer that question we revisited key goals and principles of the NDIS:

- To provide independence and the social and economic participation of NDIS participants¹
- To provide reasonable and necessary supports including early intervention supports²
- To enable participants to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports³
- To promote the provision of high quality and innovative supports that maximise independent lifestyles and full inclusion in the community⁴
- To raise community awareness of the issues that affect the social and economic participation of people with disability and facilitate greater community inclusion of participants⁵
- Participants should be supported to exercise choice, including in relation to taking reasonable risks, in the pursuit of their goals and the planning and delivery of their supports⁶
- Participants have the same right as other members of the community to be able to determine their own best interests, including the right to exercise choice and control, and to engage as equal partners in decisions that will affect their lives, to the full extent of their capacity⁷
- Innovation, quality, continuous improvement, contemporary best practice and effectiveness in the provision of supports to people with disability are to be promoted⁸
- Reasonable and necessary supports for participants should:
 - support participants to pursue their goals and maximise their independence; and
 - support participants to live independently and to be included in the community as fully participating citizens; and
 - develop and support the capacity of participants to undertake activities that enable them to participate in the community and employment.⁹

DRAS particularly notes current National Disability Insurance Agency ('NDIA') registration arrangements and the terms of business included as an appendix in the Consultation Paper, which represents the status quo for those participants whose plan is managed by the NDIA.¹⁰ It remains unclear whether this arrangement would continue if Option 1 is adopted.

¹ National Disability Insurance Scheme Act 2013 (Cth) s 3(1)(c).

² National Disability Insurance Scheme Act 2013 (Cth) s 3(1)(d).

³ National Disability Insurance Scheme Act 2013 (Cth) s 3(1)(e).

⁴ National Disability Insurance Scheme Act 2013 (Cth) s 3(1)(g).

⁵ National Disability Insurance Scheme Act 2013 (Cth) s 3(1)(h).

⁶ National Disability Insurance Scheme Act 2013 (Cth) s 4(4).

⁷ National Disability Insurance Scheme Act 2013 (Cth) s 4(8).

⁸ National Disability Insurance Scheme Act 2013 (Cth) s 4(15).

⁹ National Disability Insurance Scheme Act 2013 (Cth) s 4(11).

¹⁰ National Disability Insurance Scheme (Registered Providers of Supports) Rules 2013, 1.3 states 'Unless a participant's plan is managed by the [NDIA], there is no restriction on who may provide supports under the plan. Participants are able to exercise choice about the selection of their providers. It is only when funding for a participant's supports is managed by the Agency that the supports must be provided by a *registered provider*

The Consultation Paper instead notes currently existing differences between trial sites (in different State and Territory jurisdictions) by noting that 'in most jurisdictions [Option 1] will be a significant reduction from what individuals and organisations wanting to provide disability services must currently do to obtain funding.'¹¹

In DRAS's view registration should **not** be compulsory for NDIS-funded supports. There exists a myriad of regulatory and standards mechanisms, including the National Standards for Disability Services, State and Commonwealth regulatory bodies in goods and services, virtually nationally consistent complaints bodies with which health and community service complaints can be made and so on, that in our opinion would be unnecessarily duplicated if a rigid NDIS registration process was adopted.

It should be noted here too that the principle of social inclusion is best catered for by utilising the existing patchwork of regulatory bodies rather than making duplicate and additional rules about NDIS-funded supports. Social inclusion requires that existing regulatory bodies undertake whatever accommodations are required to allow NDIS participants to use those regulatory bodies.

We also note of Option 1 that additional features such as quality assurance¹² and so on would be voluntary which would act as market signals that a service provider meets additional quality and safeguard benchmarks. Governments should not underestimate the role they can play in setting standards and benchmarks in an otherwise free market of goods and services and DRAS agrees with the Consultation Paper's observations in this regard.¹³

Alternatively – or perhaps additionally – a matrix of vulnerability-based provision of services could correspond to the requisite level of registration. That is, registration requirements would be increased for a higher vulnerability-based activity such as in-home personal care service provision, compared to the level of vulnerability at the other end of the risk spectrum, such as a laundry, lawn-mowing or gardening service, for example.

Aside from the principles and objects enshrined within the Act there is also a very practical reason why participants should be given the greatest possible flexibility in exercising choice and control in NDIS-funded supports based upon commercial realities that exist within goods and services markets. To demonstrate the point we put forward the example of a single-operator/owner, local lawn-mowing business.

If an inflexible NDIA registration process were to become compulsory this lawn-mowing business (which otherwise does an excellent job and which the person with disability would prefer to use, but which is not NDIA-registered) could be excluded from the NDIS-funded supports market for simply not being a registered provider. Yet why would a small business such as this go to the trouble of registering with the NDIS for the one or two lawns it might cut for people with disability within its business area? The compliance and regulatory burden alone would likely dissuade the business from seeking registration, while simultaneously negating NDIS participants' choice and control by limiting which lawn-mowing service they can purchase with their NDIS funding.

of supports' (emphasis in original) and refers to section 33(6) of the Act. See the National Disability Insurance Scheme (Registered Providers of Supports) Rules 2013 at www.comlaw.gov.au/Details/F2013L01009

¹¹ NDIS Senior Officials Working Group for the Disability Reform Council, February 2015, Consultation Paper: Proposal for a National Disability Insurance Scheme Quality and Safeguarding Framework ('The Consultation Paper'), 32.

¹² The Consultation Paper, Table 1: Summary of options for registration.

¹³ The Consultation Paper, 33.

Consider also the role of large corporations and franchises in curtailing the diversity of market players simply through a compulsory NDIS registration scheme. Let's say this time that a large lawn-mowing franchise achieved NDIS registration because it had the administrative and economic capacity to do so. In contrast the small local lawn-mowing business decided it did not have the administrative and economic capacity to meet NDIS registration and was therefore excluded from the NDIS-funded supports market. The outcome over time would be that only large (and more than likely, nation-wide) lawn-mowing franchises would survive in the NDIS-funded supports market, thereby encouraging market monopolies and diminishing competition.

It should be repeated (as the Consultation Paper acknowledges¹⁴) that market and consumer laws and regulatory schemes, for example, the Competition and Consumer Act 2010 (Cth) ('the Australian Consumer Law') and the national regulator, the Australian Competition and Consumer Commission and in South Australia, the statutory office of Consumer and Business Services, already exist. With these currently existing regulators of goods and services in mind there seems to be no particular reason why NDIA should be, in effect, an additional regulator of the NDIS-funded supports market.

On the other hand a registered provider being audited for adherence to National Mental Health Standards, National Standards for Disability Services and compliance with industry codes of conduct are clearly useful in establishing market benchmarks in the quality of NDIS-funded supports. DRAS supports voluntary registration for quality assurance and market signal purposes and believes that statements of intention to observe relevant legislation are superfluous.

DRAS therefore supports Option 1 as it provides participants with the greatest choice and control in the selection and purchasing of NDIS-funded supports, as well as giving dignity to taking reasonable risks in the pursuit of goals and in the planning and delivery of participants' supports. We therefore strongly support this Option as the 'light touch' option'.¹⁵ In turn DRAS believes Option 1 strongly supports the Consultation Paper's Developmental Domain and building the capacity and natural safeguards of participants to the greatest extent possible.¹⁶ This is in keeping with key goals and principles of the Act.¹⁷ Anything after this – for resolving complaints, etc – falls to the Preventative and Corrective Domains,¹⁸ principles which follow in discussion under separate subheadings below.

Systems for handling complaints: *Corrective Domain*

In formulating our preferred Option from the Consultation Paper DRAS is primarily influenced by the principle of social inclusion whereby NDIS participants should be encouraged to resort to currently existing complaints schemes and grievance processes. We note that within the Consultation Paper's Table 2 there are six Australian jurisdictions which have health and community services-type complaint agencies. The Health and Community Services Complaints Commissioner is the relevant statutory agency in South Australia.¹⁹

¹⁴ The Consultation Paper, 32, 46.

¹⁵ NDIS Senior Officials Working Group for the Disability Reform Council, February 2015, Consultation Paper: Proposal for a National Disability Insurance Scheme Quality and Safeguarding Framework, 32.

¹⁶ See the discussion in the Consultation Paper, 12-18.

¹⁷ National Disability Insurance Scheme Act 2013 (Cth) ss 3(1)(c), 3(1)(e), 4(4) and 4(8).

¹⁸ See the discussion in The Consultation Paper, 19-26.

¹⁹ See www.hcsc.sa.gov.au

In keeping with South Australia's response to Standard Four of the National Disability Service Standards²⁰ the Disability Services Act requires disability support providers to have 'policies and procedures for dealing with complaints and grievances'²¹ in place and that relevant information, including about statutory agencies that may hear complaints, is readily accessible.²² Clearly this legislative position has been brought about by the ongoing coordination between the Australian Government and the States and Territories through the COAG process.

DRAS therefore supports Option 3 but we further believe that the NDIA should have the statutory power to refer complaints that have not been successfully resolved at the provider level to State and Territory-based health and community services-type complaint agencies, at the request of an NDIS participant.

We suggest that NDIA's role here should be something more of an advisory one where instead of determining complaints about the provision of goods and services, NDIA should instead be provided powers to refer complaints for further investigation and action – individually and systemically – about identified service providers to existing State and Territory-based regulatory schemes and agencies.

In turn DRAS believes it is incumbent upon existing complaints bodies in each State²³ and Territory to ensure they are accessible to people with disability

- by developing communication formats for various communication impairments;
- ensuring venues for conciliation/mediation conferencing meet disability access standards;
- where required, formalised referral processes are developed to refer complainants to disability advocacy agencies in order to assist in making supported complaints through individual advocacy and;
- providing appropriate education and information for assisting self-advocacy where disability-related impairment does not impede a person's capacity to make and pursue a complaint.

The COAG Disability Reform Council through the National Disability Strategy 2010-2020, should seek to harmonise and bolster the capacity of State and Territory-based complaints and regulatory schemes in order to increase the ability of NDIS participants to use them, as well as formally collaborate with disability advocacy agencies to assist NDIS participants who require assistance due to impairment, in making complaints about NDIS-funded supports.

CALD Considerations

With regard to the Options in this topic area DRAS again notes the general principles of the Act but specifically that:

²⁰ National Standards for Disability Services, 17. Available at www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality-assurance/national-standards-for-disability-services

²¹ Disability Services Act 1993 (SA) s 3B(a).

²² Disability Services Act 1993 (SA) s 3B(b)-(c).

²³ DRAS notes the concerted efforts made by the South Australian Health and Community Services Complaints Commissioner in this regard. See the Commissioner's March 2013 report at www.hcscc.sa.gov.au/wp-content/uploads/2013/10/h_disability_public_report_march_2013.pdf

People with disability should be supported in all their dealings and communications with the [NDIA] so that their capacity to exercise choice and control is maximised in a way that is appropriate to their circumstances *and cultural needs*.²⁴

In a recent submission to the National Disability Strategy Progress Report to COAG the National Ethnic Disability Alliance Incorporated ('NEDA') recommended that the Department of Social Services

develop training kits on self-advocacy skills and culturally appropriate information materials to empower people from CALD ... communities with a disability, their families and carers in exercising their human rights confidently using all forms of media [t]aking into consideration that some CALD people may not be literate in their own language let alone English and that other communication processes may and will be needed.²⁵

DRAS also notes a Federation of Ethnic Communities' Council Australia ('FECCA') paper on designing complaints handling procedures to ensure people from CALD communities are able to make use of such processes.²⁶ The principles of access and equity as applied to an inclusive, CALD-equitable complaints process are grounded upon: (1) the provision of information that a complaints handling process actually exists and (2) the complaints handling process is easily accessible by CALD members of the community. FECCA notes that:

People from culturally and linguistically diverse backgrounds have the potential to be disadvantaged by various factors related to their diverse backgrounds, such as

- limited English language skills;
- lack of systems knowledge;
- different cultural norms, and so on.

These characteristics affect their ability to make use of complaints mechanisms equitably.

Government agencies thus face a complex task, as our society's diversity increases, *to ensure that all public processes, including complaints mechanisms, are equitably accessible to all*.²⁷

The paper is detailed and speaks well enough for itself in identifying issues in order for complaints handling processes to be more CALD-responsive. We have therefore included it as an appendix to this submission. DRAS recommends whichever Option is settled upon, that it be designed with the above CALD considerations in mind as well.

²⁴ National Disability Insurance Scheme Act 2013 (Cth) s 4(9). Emphasis added.

²⁵ NEDA, Submission to the Department of Social Services National Disability Strategy 2014 Progress Report to COAG, April 2014, 6. Available at www.neda.org.au/images/reports/National_Disability_Strategy_2014_Progress_Report_to_COAG.pdf

²⁶ FECCA, 'Complaints Handling: How Government Agencies Deal with Complaints from the Public: A CALD Community Perspective,' paper presented to an Institute of Public Administration Australia seminar by Dr Loucas Nicolaou, 26 February 2013.

²⁷ FECCA, 3. Emphasis added.

Ensuring staff are safe to work with participants: *Preventative Domain*

DRAS notes that in South Australia disability support provider personnel must undergo a criminal history check by police²⁸ as well as an additional assessment of 'relevant history' by an authorised screening unit.²⁹ We also note that the South Australian Parliament recently created a criminal offence regarding service providers who have sexual intercourse or indecent contact with a person with cognitive impairment, unless they are that person's partner.³⁰

DRAS supports Options 3 becoming a national standard in this regard but sees no reason why Option 4 (a barred persons list, with appropriate procedural fairness measures in place) could not be added to Option 3 as an additional measure.

Safeguards for participants who manage their own plans: *Developmental Domain*

DRAS supports Option 1 here.

We note a Julia Farr Association paper on individualised funding and its central argument for moving away from the traditional duty of care model of professional and medical oversight of precaution against risk, to a model based upon self-determination, partnership and reciprocity.³¹ Moreover DRAS notes that one of the Act's general principles is that participants 'should be supported to exercise choice, *including in relation to taking reasonable risks*, in ... the planning and delivery of their supports.'³²

A key aspect of Option 1 will be that NDIA ensures that information is made available to participants in a wide range of accessible formats that are not complicated with jargon and to that extent, DRAS acknowledges the Consultation Paper's referral to work conducted by JFA Purple Orange.³³ We also note the informal arrangements that can act as safeguards when and if called upon by the NDIS participant, as well as the opportunity for capacity development for participants in the plan development stage. DRAS particularly notes that Part 1 of the Consultation Paper focuses on the issue of safeguards and we endorse many of its observations.

However DRAS believes that our preferred safeguards Option must be coupled to our preferred Option regarding NDIS-funded support provider registration.³⁴ To do otherwise would be logically inconsistent. It is difficult to see how one could, on the one hand, prefer say, Option 3b regarding safeguards, but prefer Option 1 (no compulsory registration for support providers). In addition there are other preventative and corrective domain factors within the specific issue areas above, for example, at the 'Ensuring staff are safe to work with participants' section. So much is demonstrated in the Consultation Paper itself.³⁵

²⁸ Disability Services Act 1993 (SA) ss 5B-5C.

²⁹ The Consultation Paper, 64; Disability Services (Assessment of Relevant History) Regulations 2014 (SA).

³⁰ See Criminal Law Consolidation Act 1935 (SA) s 51.

³¹ Julia Farr Association, 2007, 'Individualised Funding: A Summary Review of its Nature and Impact, and Key Elements for Success,' 8-13.

³² National Disability Insurance Scheme Act 2013 (Cth) s 4(4). Emphasis added.

³³ The Consultation Paper, 13.

³⁴ This reasoning is explicitly mentioned at page 73 of the Consultation Paper.

³⁵ See pages 73-4 of the Consultation Paper and references such as 'Option 3c: Individuals to be employed have been screened' and 'As discussed in the section on 'Ensuring staff are safe to work with participants', this option ...' and 'Option 3b: Registration' whereby all 'NDIS participants would be required to procure

CALD Consideration

NDIA must produce information in languages other than English to assist CALD NDIS participants make informed choices in managing their plans and choosing their NDIS-funded supports.³⁶

Reducing and eliminating restrictive practices in NDIS funded supports: *Preventative Domain*

In all areas of its individual and systemic advocacy DRAS seeks to advance the principles of the United Nations Convention on the Rights of Persons With Disabilities to which Australia is a signatory party. Articles 14, 15 and 16 apply to restrictive practices. We also note the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector ('the National Framework').³⁷

Despite at least one call for the South Australian Parliament to enact comprehensive legislation on restrictive practices that task remains outstanding.³⁸ In terms of existing statutory regulation of restrictive practices, South Australia's Disability Services Act mandates service provider policy in respect of client safety and welfare if employing restrictive practices, which must be reviewed annually.³⁹ The Guardianship and Administration Act ('the GAA Act')⁴⁰ permits guardians to make decisions relating to accommodation, health treatment and lifestyle choices. The legal instrument appointing a person as guardian may also limit the areas of decision-making in which a guardian may exercise their authority.

A guardian's authorisation to use certain restrictive practices is subject to an order being made by the South Australian Civil and Administrative Appeals Tribunal ('the tribunal').⁴¹ Furthermore authorisation to consent to restrictive practices can only occur in certain domains, namely detention in a place where the person with disability must reside;⁴² or that the person reside with a specified person or in a specified place on a temporary basis or from time to time as the guardian thinks fit;⁴³ the exercise of force that considered reasonably necessary 'for the purpose of ensuring the proper medical or dental treatment, day-to-day care and well-being of the person'⁴⁴ (although this does not include authorisation for the actual dental or medical treatment to be performed⁴⁵).

There are also policies in place guiding the authorisation to use restrictive practices which act as adjuncts to the statutory requirements and are no doubt required by the National

supports from providers registered under the same registration conditions imposed by the NDIA (see the 'NDIA provider registration' section of this paper).'

³⁶ See the closing paragraph at page 13 of the Consultation Paper.

³⁷ See Australian Government, Department of Social Services website at www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-framework-for-reducing-and-eliminating-the-use-of-restrictive-practices-in-the-disability-service-sector for further information.

³⁸ See medicSA Volume 24 Number 6 July 2011, 22. Available at www.opa.sa.gov.au/files/batch1378699412_eliminating_restrictive_practices_in_disability_settings.pdf

³⁹ Disability Services Act 1993 (SA) s 3A.

⁴⁰ Guardianship and Administration Act 1993 (SA).

⁴¹ Guardianship and Administration Act 1993 (SA) s 32.

⁴² Guardianship and Administration Act 1993 (SA) s 32(1)(b).

⁴³ Guardianship and Administration Act 1993 (SA) s 32(1)(a).

⁴⁴ Guardianship and Administration Act 1993 (SA) s 32(1)(c).

⁴⁵ Government of South Australia, Department for Communities and Social Inclusion, Safeguarding People with Disability: Restrictive Practices Policy, July 2013, 5.

Framework. South Australia's Office of the Public Advocate has a policy which applies to its staff when authorising restrictive practices whilst acting as guardians.⁴⁶ There is also departmental policy which applies to 'disability service providers within and funded by [the relevant Department]'⁴⁷ reflecting key principles from the National Framework, requiring disability supports providers to 'ensure procedures, guidelines and standards comply with this policy.'⁴⁸ However it is difficult to assess levels of compliance with the policy requirements. Where there is no guardian in place the person affected by the proposed restrictive practice must provide consent voluntarily.⁴⁹ Otherwise the guardian having been given the appropriate authority under by the tribunal under the GAA Act may exercise authority for the provider to use a restrictive practice, but again, those domains which apply (accommodation-related matters and the exercise of reasonable force by those involved in the care of the person with respect to dental or medical treatment, day-to-day care and the person's well-being) under the GAA Act are limited.

In South Australia there remains a conspicuous absence of legislation and policy within the context of foreseeable NDIS-funded supports and restrictive practices which could be applied. We are therefore pleased to note the Consultation Paper's proposal that 'behaviour support plans which meet contemporary best practice would be mandatory'⁵⁰ for NDIS-funded supports where relevant. Of the Options provided in the Consultation Paper DRAS supports Option 4 as it ensures the most rigorous approach to observing human rights, to ensuring transparency and accountability, independent decision-making, and procedural fairness being afforded to the person affected by the outcome.

With regard to this Option we note arguments about probable time delay in decision-making around authorisation to use restrictive practices,⁵¹ but those concerns can be addressed by recognising that the status quo in South Australia (for example) already has capacity to hear applications of this nature within approximately 24 hours with resultant orders coming into immediate effect. It is our considered view that concerns about time delays are overstated here.

We also recognise that only national legislative uniformity would be effective in curtailing restrictive practices toward their ultimate abolition and to that end, a national framework based on high-principle policy would likely to be insufficient. In DRAS's view the National Framework process which currently exists and more consistently adopted positive behaviour interventions have been too slow in their coming into use in Australia. And we can only hope that doing so that it would encourage other areas – such as mental health and residential care facility settings – to adopt more positive measures than the potentially life-threatening and traumatic experiences that restrictive practices engender.

⁴⁶ See Office of the Public Advocate, Guardian Consent for Restrictive Practices In Disability Settings: Draft Policy Document, 1 July 2014. Available at

www.opa.sa.gov.au/files/44_opa_sa_policy_on_guardian_consent_for_restrictive_practices_october_2012.pdf

⁴⁷ Government of South Australia, Department for Communities and Social Inclusion, Safeguarding People with Disability: Restrictive Practices Policy, July 2013. Available at

www.dcsi.sa.gov.au/data/assets/pdf_file/0013/13414/safeguarding-people-with-disability-restrictive-practices-policy.pdf

⁴⁸ Government of South Australia, Department for Communities and Social Inclusion, Safeguarding People with Disability: Restrictive Practices Policy, July 2013, 1.

⁴⁹ Government of South Australia, Department for Communities and Social Inclusion, Safeguarding People with Disability: Restrictive Practices Policy, July 2013, 7.

⁵⁰ The Consultation Paper, 80.

⁵¹ The Consultation Paper, 82.

Appendix

1. Federation of Ethnic Communities' Council of Australia, 'Complaints Handling: How Government Agencies Deal with Complaints from the Public: A CALD Community Perspective,' paper presented to an Institute of Public Administration Australia seminar by Dr Loucas Nicolaou, 26 February 2013