

Submission to NDIS Provider and Worker Registration Taskforce

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AFDO consents to the publishing of this submission inclusive of email contacts.





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About AFDO

The Australian Federation of Disability Organisations (AFDO) is a Disabled People's Organisation (DPO) run by and for people with disability, reaching over 4 million Australians. We are a unique representative organisation covering both disability specific and population-based disability communities and the pre-eminent national voice representing people with disability across Australia and internationally.

Our Members are 36 national and state disability advocacy organisations run by and for people with disability and their families, representing Australians with disability. Our vision is "That all people with disabilities must be involved equally in all aspects of social, economic, political and cultural life."

Our Members:

Advocacy for Inclusion Inc. – ACT Arts Access Australia

Autism Aspergers Advocacy Australia Blind Citizens Australia

Brain Injury Australia Deaf Australia

Deafblind Australia Deafness Forum Australia

Disability Advocacy Network Australia Disability Justice Australia

Disability Resources Centre – Vic Down Syndrome Australia

Enhanced Lifestyles – SA Physical Disability Australia

People With Disabilities WA Polio Australia

South West Autism Network – WA Women With Disabilities ACT

Women with Disabilities Victoria National Mental Health Consumer & Carer Forum

Advocacy WA All Means All

AED Legal Centre – Vic AMAZE – Vic

Arts Access Victoria Aspergers Victoria

Disability Advocacy & Complaints Service - SA Explorability Inc - SA

Multiple Sclerosis Australia Leadership Plus – Vic

National Union of Students - Disabilities Dept. National Organisation for Fetal Alcohol Spectrum

Disorder

TASC National Limited Star Victoria Inc

Youth Disability Advocacy Service - Vic Tourettes Syndrome of Australia

Acknowledgement

AFDO acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of the land on which we stand, recognising their continuing connection to land, waters, and community. We pay our respects to the peoples of the lands on which these operate and to their respective Elders past and present. We also pay our respects to the traditional owners of all lands on which we operate or meet around the country.

AFDO acknowledges people with disability, particularly those individuals that have experienced or are continuing to experience violence, abuse, neglect, and exploitation. We also acknowledge their families, supporters, and representative organisations and express our thanks for the continuing work we all do in their support.

1. Introductory comments

The Australian Federation of Disability Organisations (AFDO) welcomes the opportunity to provide comment on the NDIS Provider and Worker Registration Taskforce (the Taskforce) on the design and implementation of the proposed graduated risk-proportionate regulatory model, and thanks them for their consideration of this submission.

AFDO and our Member organisations have identified several issues regarding mandatory worker and provider registration that we must bring to the Taskforce's attention. Of primary concern is the perception that mandatory registration is being treated as a cure-all solution. It is essential for the Taskforce to acknowledge that mandatory registration alone cannot address all safety concerns. Further, to avoid disadvantaging NDIS participants and ensure their continued ability to exercise choice and control, mandatory registration should be designed with the lightest possible touch.

Most critically, to address these concerns effectively, we require a robust Act protecting the human rights of people with disability, along with an accessible complaints process with effective and solid compliance mechanisms.

Immediate call to action:

We are calling on the Australian Government to urgently increase funding for independent and systemic disability advocacy, in line with:

- Recommendation 6.21 from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability,
- Recommendation 26 from the Inquiry into the Capability and Culture of the NDIA,ⁱⁱ and
- Paragraph 6: G of the Concluding observations on the combined second and third reports of Australia's performance under the Convention on the Rights of Persons with Disabilities.ⁱⁱⁱ

Organisations such as AFDO and many of our national peak members are already incredibly under-resourced and underfunded. There also continues a longstanding pervasive inequity in how funding is provided across national peak systemic advocacy organisations, particularly concerning specific disability community advocacy and this must stop.

Unless we are provided with adequate and sustainable funding that reflects the full scope of our workload, we will be unable to meet the increased demands that are being placed on us from the recommendations arising out of the Disability Royal Commission and the Independent Review of the NDIS. This is not business as usual for the sector, with these two reports requiring significant expertise, lived experience input, collaboration and codesign over many years to come. Given people with disability aged 65 and over are expected to access their support through the aged care system, much of our time and resources have also been, and will continue to be taken up with, advocacy relating to Australia's aged care reforms.

How we expect Governments to work with us moving forward

It is imperative that governments act in accordance with *Recommendation 4.11*^{iv} from the Disability Royal Commission by undertaking this work through a genuine process of consultation and codesign with people with disability and their representative organisations.

This work must be undertaken in line with:

- Article 4:3 of the Convention on the Rights of Persons with Disabilities,
- General comment No. 7 on the participation of persons with disabilities through their representative organisations, in the implementation and monitoring of the Convention, vi and
- The Australian Public Service Values and Code of Conduct.

When undertaking consultation and codesign, government entities must take steps to include the most diverse range of voices possible, ensuring representation from:

- First Nations people with disability,
- People with disability from disability specific communities,
- People with disability from rural, regional, and remote locations,
- · People with disability who are digitally excluded,
- NDIS participants
- People with disability who are not part of and do not qualify for the NDIS,
- People with disability from culturally and linguistically diverse backgrounds, and
- LGBTIQA+ people with disability.

It is also critical for there to be absolute transparency and accountability around future consultation and codesign processes. This means abiding by the following section of General comment No. 7 issued by the Committee on the Rights of Persons with Disabilities:

"Public authorities should give due consideration and priority to the opinions and views of organizations of persons with disabilities when addressing issues directly related to persons with disabilities. Public authorities leading decision-making processes have a duty to inform organizations of persons with disabilities of the outcomes of such processes, including an explicit explanation in an understandable format of the findings, considerations and reasoning of decisions on how their views were considered and why."

Note: one of our ongoing frustrations involves government departments outsourcing consultation and codesign projects to consultancy firms that have no expertise around disability. These consultancy firms then come to organisations such as AFDO for advice, or to ask for our assistance to find people with lived experience of disability who are available to be involved in their work. Rarely is there a budget built into these projects to reimburse Disability Representative Organisations and/or people with lived experience for their time and expertise.

Our staff have recently experienced several situations where they have been prevented from undertaking aspects of their work due to the fact that important government reports and consultation documents have not been provided in accessible formats. This often, although not exclusively, happens when a government department has outsourced a project to a third-party consultancy firm. Accessibility requirements must be clearly stated in all requests for tender and contracts with third party providers. There must also be checks and balances in place to ensure these requirements have been sufficiently met.

2. AFDO's current engagement with the NDIS

How do you currently engage with the NDIS?

As a peak body representing people with disability across Australia, the NDIS remaisn as a core element of AFDO's systemic advocacy work. As part of this work, we regularly engage in consultation processes relating to the NDIS, through Government, Government Departments and/or the NDIA including:

- Independent Review of the NDIS
- NDIS participant experience in rural, regional and remote Australia
- Inquiry into Procurement at Services Australia and the NDIA
- Capability and Culture of the NDIA
- NDIS Legislation Briefings
- NDIS Review outcome and recommendations briefings
- DSS Disability Reforms and Royal Commission Area
- NDIS Provider and Worker Registration Taskforce
- Ministerial briefings DSS and/or NDIS

Undertaking key roles and responsibilities on the following;

- Disability Representative & Community Organisations (DRCO) Meetings -Regular meetings operated by the NDIA – Participation by CEO or alternate AFDO Expert Adviser – NDIS, being Mary Henly-Collopy – Briefings and engagement on issues for sector and NDIA initiatives or reporting.
- NDIA DRO Secretariat for DRO's that are part of the AFDO led DRO Consortium undertaken by AFDO CEO and Manager Operations as part of DRCO meetings outcomes and actions.
- Co-Design Advisory Group (CAG) AFDO CEO as DRO nominee attends meetings working with NDIA officers and Independent Advisory Council members on issues ensuring progress on co-design work areas of action.
- DRCO & IAC Meetings AFDO CEO attends regular meetings of these two groups without NDIA attending to discuss progress on NDIS and NDIA codesign and other issues
- Sector Engagement Meeting (SEM) Monthly Sector Engagement Meetings with NDIA & AFDO CEO to discuss issues, concerns, or share in raise queries or provide information.
- NDIA Fraud Taskforce Working Group regular meetings with DRCO representatives and undertaken and contributed by AFDO Expert Adviser – NDIS and in consultation with AFDO CEO
- Every Australian Counts (EAC) AFDO along with National Disability Services remain as the key founding organisations of EAC. AFDO continues to participate in work with the AFDO CEO sitting on the EAC Sterring Committee, providing input into NDIS issues and campaign direction. EAC continues a strong engagement on all NDIS and NDIA matters.

3. Proposed levels of registration and enrolment

What do you think about the proposed levels of registration and enrolment in the Report?

3.1. Implications for choice and control

The Report proposes government reduce some of the excessive burden on providers delivering low risk supports, however, all providers will now be required to be registered. According to the 2023 State of the Sector Report, more than 40 per cent of providers expressed concern about the Quality and Safeguarding Framework they were expected to follow. Increasing the burden on providers may therefore have unintended consequences – particularly in thin market areas.

Many people with disability are concerned that this will limit their choice and control over who provides their supports. At the same time, some of the proposed changes may have the potential to improve choice and control for the many agency-managed participants who are currently unable to access the extensive market of unregulated providers.

While AFDO would be in support of a tiered system based on degree of risk, we have concerns about the potential stigma that could develop from registration structures based on the perceived risks posed by a participant's needs and circumstances. Such stigma may result in providers being unwilling to engage with participants designated as high-risk, thus reducing their ability to exercise choice and control.

In addition, there is a very real risk that registration pathways may favour large providers, which could further limit choice and control.

3.2. Clearer picture of market function and scheme efficacy

The Review acknowledges that current limited visibility of payments and limited uptake of registration makes gaining an accurate picture of market status almost impossible. This is particularly alarming when the level of marginalisation of many participants is balanced against this lack of clarity. The data collected through a system of mandatory registration would enable a view of how the Scheme is currently functioning – including where it is failing.

"... people might get an allocation for a specific support type. They come back to the plan review, they've underspent on that support type, and then the assumption is that what they were originally assessed as needing is perhaps an overestimation, but what's actually happening... is that they're trying to access support types that aren't staffed, there aren't people there, so they're not using the plan spend not because they don't need it, but because the actual people to spend it on aren't available."

¹ Comment by AFDO Member.

3.3. Statutory duty of care

We feel that the recommendations do not go far enough in their statements around the need for embedding a statutory duty of care within the NDIS Act. Supporting analysis to the report suggests that workers are already placed under duty of care obligations through a variety of existing legislations (common law and health and safety law). Duty of care imposes a legal obligation not to foreseeably cause harm to others. This could directly be read as the obligation not to violate Article 3 of the Universal Declaration of Human Rights (right to life, liberty, and security of person).

3.4. Services that do not involve direct contact

The Taskforce talks about mandatory registration mitigating risk in regard to services that have direct contact with participants. Similarly, the Report also appears to only speak about direct contact situations – this would not seem to apply to commonly used services such as cleaners, gardeners, car mechanics, and multiple other services on which one may spend their funding. We seek clarification from the Taskforce as to whether mandatory registration will only apply to those who have direct contact, or whether it will be a blanket requirement covering all funded services. For those not in direct contact, particularly those for whom the NDIS is not their core business, the requirement to register may drive them away and leave participants with fewer choices or no options at all. Conversely, for those that remain, it may also provide for price increases on services or goods through the a sweeping registration system on areas that currently do not have direct engagement or provide service supports with participants.

3.5. Slippery slope towards requiring minimum qualifications

Some of our Members raised concerns around mandatory registration being a step towards requiring service providers, particularly disability support workers, to have minimum qualifications. For many people with disability, this is contrary to their preferences, as the following quote demonstrates:

"[They] do not want qualified workers. They want people who are willing to learn and who can turn up reliably because they can teach the workers what they need to do themselves. They can teach them how to do bathing, toileting, all that kind of thing, without imposing on them the time and expense of getting a Cert III or Cert IV in Disability Support."

This is a demonstrative example of why it is critical to listen to people with disability and their representative organisations through comprehensive processes of codesign, rather than assuming what is best for them.

4. Key features of the proposed model

What key features of the proposed model are important to you?

If mandatory registration is to be implemented, AFDO is in favour of a tiered system with a sliding scale of registration based on degree of risk, with the levels of registration subject to different degrees of enforcement. Most critically, services assessed as low risk must be treated with a light touch to avoid loss of service providers, particularly in thin markets where they may be the sole option available.

4.1. Registration process must be non-arduous

In keeping with the lighter touch, the registration process for providers assessed as low risk must be as seamless and non-arduous as is feasible. Specifically, it should be simple, free, and fully online. It must also be accessible, which the current registration process is not.

The <u>Victorian Disability Worker Register</u> has been suggested as an example that the Taskforce could emulate, although we reject outright the requirement to have a particular level of education or prior experience, as this is likely to unnecessarily exclude many providers reducing participants choice and control.

On the other end of the spectrum is the Western Australian <u>NDIS Worker Screening</u> <u>Check</u>, which serves as an example of what *not* to do. As stated by one of our Member organisations:

"In WA, the NDIS Worker Screening Check costs \$145, and [you] have to apply partly online and partly in-person. You can only skip the in-person step if you have to travel more than four hours one-way. That's eight hours travelling to apply to work as a support worker. How many people do you think would do that"²

4.2. Increasing workforce capability

The desire to leverage the registration architecture as a means of distributing and monitoring the use of information and professional development and training is a welcome sign. Workforce capability uplift is a huge and persistent issue that will only be intensified with the proposed move to foundational supports and building the broader disability ecosystem of supports.

Whilst registration itself will do little to address these gaps in skills and knowledge it does provide a means of centralising contact information for workers and streamlining delivery of information. Leveraging networks like this must be a key component of ensuring the diversity of skills and knowledge that may be required across the sector can be accessed easily on an 'as needs' basis.

² Comment by AFDO Member.

5. Key considerations for the task force

What is the most important thing to you that you want the taskforce to consider when developing their advice?

5.1. Theory of change

The taskforce needs to clearly articulate what problem/s it is attempting to resolve. For example:

- Creating greater oversight of scheme costs.
- Eliminating fraud.
- Improving service quality.
- Safeguarding participants.

To date, we have not been provided with a clear explanation of exactly what problems the new model is attempting to address. Once this has been articulated, we would like to see a theory of change that outlines how various aspects of the new model will seek to resolve the problems identified.

Any new approach to registration for providers needs to be built on the foundational understanding that the risks being spoken of result from staff not behaving ethically or professionally first and foremost and this should be where the bulk of efforts are targeted. People with disability frequently tell us that one of the greatest barriers they face is the fact that there are no avenues, legal or otherwise, to compel service providers to change behaviours and practices when they are made aware they are infringing on someone's human rights.

5.2. Effective resourcing

The NDIS Quality and Safeguards Commission, as it currently stands, is not sufficiently resourced to implement the necessary changes. The Commission is already dealing with a backlog of complaints. Without a significant budgetary and staffing increase, it will be unable to effectively administer any new arrangements that are put in place.

5.3. Continuity of support

The principle of continuity of support must be at the forefront of this work. Current participants must be assured of the fact that they will not be disadvantaged by the introduction of new registration requirements that are designed to "protect" them. This will be particularly critical for people with disability who rely on providers in rural and regional areas where there are already thin markets. One of our members, in referring to their client-base, stated:

"Their biggest fear is that they'll lose most of the workers that they've got working with them. Because quite a lot of them do their own employment and then train their employees in the way that they want to be supported and none of those people will want to register."

Our member organisations made further enquiries about the perceived hesitation to register, and whether this was simply due to the fact that providers are already stretched too thin. One person with disability responded:

"Yeah, and I think there's also a lot of fear around auditing and what that will look like and all the things they're going to be expected to do."

5.4. Provider of last resort scheme

We do not believe any changes to provider registration should take place until such time that Recommendation 10.10 from the Disability Royal Commission has been effectively worked through. We recently undertook consultation with our members to determine which of the Disability Royal Commission's 222 recommendations they would most like to see prioritised in 2024. This was one of the top ten recommendations they have prioritised. We have included the recommendation in full below for ease of reference:

Recommendation 10.10 Provider of last resort

The Australian Government should urgently engage with state and territory governments about funding and arrangements for a provider of last resort scheme. It should also consult with people with disability, disabled people's organisations, disability representative organisations including member led First Nations Community Controlled Organisations, and peak bodies about how such a scheme could operate.

The scheme should be designed to address:

- failed or thin markets, particularly for First Nations people with disability in remote or very remote areas, and consider the use of block funding to guarantee service provision in those communities
- access to services for:
 - o people in crisis situations
 - o people at risk of losing their accommodation and disability services
 - o people whose needs cannot be adequately met by existing services
- access to case management for people with disability at heightened risk of violence, abuse, neglect or exploitation
- clarity about which agency has the lead coordinating role.

The Australian Government should put forward a proposal for discussion to the Disability Reform Ministers Council in 2024.

5.6. Impact on First Nations people with disability

There are concerns about how these new layers of bureaucracy being proposed will be perceived by First Nations workers. We refer the Taskforce to our colleagues at First People's Disability Network for further explication of these issues.

5.7. Impact on people with disability living in rural and regional areas

The Taskforce is urged to engage in thorough and inclusive codesign processes involving individual people with disability, service providers, and staff working within the disability support ecosystem in rural and regional areas. There is significant potential for mandatory registration to disrupt the already thin markets in many of these locations, leaving participants with no access to services at all. These concerns have been raised by both our Members and through a survey AFDO recently conducted of NDIS participants in rural, regional, and remote areas, many of whom stated that unregistered providers were their only option.

"In the regions we need to think outside the box. I might pay my next door neighbour to transport me to medical appointments occasionally. She's acting as my support worker in this role and does not need minimum qualifications or registration to do this."

"If the NDIS insisted on only registered providers, the scarcity of service providers in regional and rural areas will go from acute to disastrous."4

"The only way for us to find providers that are suitable and available is by employing non-registered ones." 5

Furthermore, many safeguarding issues in these regions may be more accurately attributed to a lack of regular check-ins and failure to separate service coordination from service provision, both of which pose greater risk to participants than unregistered providers.

³ Comment by AFDO Member.

⁴ Comment by survey participant.

⁵ Comment by survey participant.

6. Upholding the rights of people with disability

In your view, how can the proposed model uphold the rights of people with disabilities, including the right to live independently in the community, be free from violence, abuse, neglect, and exploitation, have an adequate standard of living and economic and social participation?

6.1. Tackling the issue of "dodgy providers"

The primary argument we have heard in favour of mandatory registration is that it will reduce fraud and other issues with "dodgy providers". However, there are many issues related to low quality and sharp practices with already registered providers – if current registration does not arbitrate for quality or ethical practices in pricing, why would a new model address this? An argument could be made that it might improve things by bringing more providers forward, but there is nothing in the new model to suggest how it will impact already registered services that are not providing quality or fair pricing.

"The other reason that it's getting put forward is that it's going to lead to better outcomes for participants because better visibility equals more accountability equals better outcomes. What we're hearing from people is that they're not getting good outcomes from providers that are already registered, they're not getting good outcomes as it stands now, so how would a different version of what we're already doing have any effect on outcomes. The feeling we get from people is that nothing is going to affect outcomes until we get some legislative changes around human rights at the federal level. So again, different mechanism to address the problem."

Particularly in the case of services providing non-disability specific supports, there is little improvement to quality that will be gained by threatening them with exclusion from the Scheme if it is not their core business. It leaves the door open for them to continue dodgy practices and then just to pack up shop and go back to their core customer base if they are ever prevented from providing service to scheme participants.

6.2. Need for further reforms

The importance of nesting these proposals within broader initiatives and changes to legislation is noted in the Supporting Analysis comments on worker screening:

"It should be noted that worker screening is only a tool to filter out workers from the market who are known to pose an unacceptable risk to people with disability. It does not establish any minimum competency requirements or standards for workers and is not sufficient to guarantee all NDIS workers can deliver safe and quality supports."^x

⁶ Comment by AFDO Member.

The same is true for the entire provider registration initiative. The proposed model, in isolation, will not be able to achieve these goals. It is critical that Recommendation 17 from the Review is viewed as one aspect of a broader suite of cultural, operational, and legislative reforms aimed at enhancing human rights protections and safeguards for people with disability.

We stress that the new National Disability Supports Quality and Safeguards Commission merely having a list of providers is not, in of itself, an effective safeguard.

We also need to make sure Navigators or Planners:

- Have more frequent check-ins with participants
- Provide more support and training in plan management and risk, and
- Offer more options around supported decision-making.

There is a lot of talk about plugging gaps in practice standards around emerging supports and updating existing standards to be more detailed and better matched to the current market. It's important that similar attention is paid to updating the operational guidelines to reflect this change in emphasis in the behaviour and decision making of frontline staff.

6.3. An Act with teeth

The enactment of a dedicated Disability Rights Act, as recommended by the Disability Royal Commission, will be critical to achieving the increased rights protections sought as part of these reforms.

Lack of registration is not the cause of poor outcomes for participants. Toothless compliance mechanisms with no authority to address complaints are a much bigger concern. Several of our Member organisations report having supported clients to make complaints to the NDIS Quality and Safeguards Commission. The general sentiment amongst AFDO's membership is that this process is completely toothless and complaints do not go anywhere, nor are complainants kept informed of any progress on their complaint. Provider registration will not, in and of itself, resolve this issue.

AFDO Member organisations prioritised from the Disability Royal Commission Recommendations, the enactment of a Disability Rights Act as the number one priority. We have since undertaken further consultation with our Members to develop a position statement on provisions to be covered under federal human rights law to ensure the rights of people with disability are effectively promoted, protected, and upheld into the future. We urge Government to refer to this paper as it progresses this body of work.

In particular, we need a nationally consistent legislative and administrative framework for:

 The protection of all people with disability from the use of physical and chemical restraint and seclusion under the guise of "behaviour modification".

- The elimination of restrictive practices in all settings
- Compliance with the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

We would also like to see the Australian Government legislate a national accessible oversight, complaint, and redress mechanism for persons with disabilities who have experienced violence, abuse, exploitation and neglect in all settings - including those who are not eligible for the National Disability Insurance Scheme.

We note that the above measures have all previously been recommended by the United Nations Committee on the Rights of Persons with Disabilities. We refer the Taskforce to the Concluding Observations on the Combined Second and Third Report of Australia, handed down by the Committee in 2019.^{xi}

If enacted along with other recommendations such as the Disability Rights Act, this model has the potential to assist in addressing several of the issues community members raised with us over the course of the Royal Commission and the NDIS Review including:

- Exploitation of participants by independent support workers and interpreters, many of whom are people with disability.
- Issues in quality support coordination.
- Issues in provision of volunteers (for example, the current registration for events like Deafblind camps are inaccessible and disproportionate from a risk management point of view).
- Issues of safety and oversight for staff working in group home settings.
- Provide some relief to the money and time burden for staff at service providers that are already stretched to capacity.
- Allows for the quantification of market and skill gaps that can be used to scope and plan future workforce development initiatives.
- Provides a possible mechanism for the ongoing distribution of skills and knowledge across the workforce and that can also be used to possibly establish revalidation schemes and mechanisms for ongoing monitoring and development of staff capacity.

7. Concluding comments

As this submission aims to have demonstrated, mandatory provider and worker registration cannot solve all quality and safeguarding issues in isolation. It should be complemented by a comprehensive set of legislative and administrative reforms and must be tempered to avoid discouraging unregistered providers, particularly in thin markets where they may be the sole option available.

Moreover, simply mandating registration won't resolve existing quality and safeguarding issues with already registered providers. To address these concerns effectively, we need an Act protecting the human rights of people with disability, along with an accessible complaints process and robust and enforceable compliance mechanisms.

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ⁱ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023) *Final Report - Volume 6, Enabling autonomy and access*, Commonwealth of Australia 2023, Accessed 20 April 2024. https://disability.royalcommission.gov.au/publications/final-report-volume-6-enabling-autonomy-and-access

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^v United Nations (2006) *Convention on the Rights of Persons with Disabilities*, Treaty Series, vol. 2515, Dec. 2006, art. 4, Accessed 20 March 2024.

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vi United Nations Committee on the Rights of Persons with Disability (2018) General comment No. 7 (2018) on the participation of persons with disabilities, including children with disabilities, through their representative organizations, in the implementation and monitoring of the Convention, CRPD/C/GC/7, 9 November 2018, Accessed 7 March 2024.

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