



Queensland Independent  
Disability Advocacy Network

# **QIDAN Response to the Disability Safeguards Consultation Paper**

To the Department of Health, Disability and Ageing

December 2025

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## About QIDAN

The Queensland Independent Disability Advocacy Network (**QIDAN**) is a group of organisations that provide individual advocacy assistance to Queenslanders with disability. These organisations are funded under the Queensland Disability Advocacy Program (QDAP). The member organisations include Aged and Disability Advocacy; AMPARO Advocacy Inc; Capricorn Citizen Advocacy; Mackay Advocacy Inc; People with Disability Australia; Queensland Advocacy for Inclusion (QAI); Rights in Action; Speaking Up For You; TASC; and Yarn2Action run by Aged and Disability Advocacy.

QIDAN members meet regularly to discuss the pressing issues that are impacting people with disability in our communities, and insufficient safeguarding mechanisms is a common issue. Disability advocacy is a crucial component to effective safeguarding as our main role is to support and empower people with disability to understand and uphold their rights and to navigate complex systems. The following submission is informed by our extensive experience working with Queenslanders with disability to understand and navigate quality and safe services.

### A note on language

Language is a powerful tool for building inclusion. We use person-first language by using the term 'people with disability' but recognise that many people with disability prefer identity first language (i.e. a disabled person).

## Introduction

QIDAN welcomes the Australian Government's commitment to improving safeguards for people with disability. QIDAN also welcomes the Government's commitment to establishing the Disability Support Quality and Safeguarding Framework (**the Framework**) and Disability Support Ecosystem Safeguarding Strategy (**Strategy**) as part of its response to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (**the DRC**). QIDAN contributed to the DRC in several ways, with members providing advocacy to people with disability involved in the DRC to access and share their experiences, preparing submissions and attending hearings. QIDAN remain cognisant of both the pain and harm caused to people with disability reliving traumatic experiences, and the courage and resilience of Queenslanders. We are pleased to see that people's stories and experiences have resulted in this consultation.

The key role of QIDAN's advocates is to uphold the rights, interests and wellbeing of people with disability, addressing abuse, neglect, exploitation and violence as they arise. In the 2024-25 financial year, our advocates provided 3,409 advocacy matters involving government systems, including the NDIS, to 1,746 people with disability. Over the financial year, 60% of our advocacy was provided to address mainstream issues (or non-NDIS), with housing or tenancy being the most common issue. The remaining 40% of our advocacy addressed NDIS-related issues, with service provision, often as a result of poor quality, being the second most common issue.

Further data from the 2024 to 2025 financial year reveals:

- 23% of advocacy was provided to people with psychosocial disability as their primary disability
- 20% of advocacy was provided to people with physical disability as their primary disability
- 44.6% of our advocacy involved a person who was not on the NDIS
- 15% of our advocacy was delivered to Aboriginal and/ or Torres

Strait Islander people

- 24% of our advocacy was delivered to people from a culturally and linguistically diverse background
- 3% of our advocacy was delivered to people from the LGBTQIA+SB communities
- At least 16% of our advocacy was provided to a person experiencing domestic and family violence
- At least 26% of our advocacy was provided to a person who was experiencing, or was at risk of experiencing, homelessness.

In addition to the above, QIDAN advocates meet regularly through our Community of Practice, including regular participation of the NDIA and the Office of the Public Guardian. These are opportunities for advocates to raise systemic concerns, and to work collaboratively with government bodies on issues that affect people we support.

In March 2025 QIDAN provided advice to the NDIS Quality and Safeguards Commission (**the NDIS Commission**) as a response to Proposed Mandatory Registration: supported independent living (**SIL**) and support coordination consultation.<sup>1</sup> We note that as we write this submission, the government has announced that mandatory registration for disability service providers in SIL as well as platform providers, will begin from 1 July 2026. We welcome this step, but we reinforce that meaningful safeguards go beyond mandatory registration of providers, as stated in the NDIS Provider and Worker Registration Taskforce Advice (**the Taskforce Advice**).<sup>2</sup>

Our views and recommendations are grounded in the concepts of self-determination, capacity and dignity of risk, which means giving people the right and dignity to take risks they consider reasonable. This submission reflects our advocacy experience assisting Queenslanders with disability, both in our individual advocacy as well as in our systems advocacy.

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<sup>1</sup> <https://disabilitypathways.org.au/wp-content/uploads/2025/03/20250306-QIDAN-submission-Mandatory-registration-of-SIL-providers-and-SC.pdf>

<sup>2</sup> <https://www.health.gov.au/committees-and-groups/ndis-provider-and-worker-registration-taskforce?language=en>

## Recommendations

1. Ensure the Framework and Strategy include flexible and culturally appropriate meanings of “Quality” and “Safeguards” to respond to the diverse identities of people with disability.
2. Invest in formal and informal supports that give people with disability the opportunity to develop decision-making skills, honouring the dignity of risk. This must include investment in independent advocacy and in specialist programs to support people with disability from culturally and linguistically diverse backgrounds, Aboriginal and / or Torres Strait Islander people with disability, people with disability living in regional, remote and rural areas, and people with disability from LGBTQIA+SB communities.
3. Institute a comprehensive and integrated response to provide wrap-around supports for people with disability, including people with disability who are not/not yet eligible for the NDIS. This may be delivered through Foundational Supports.<sup>3</sup>
4. Introduce a well-equipped, well-trained and person-centred provider of last resort that is temporary, prioritises choice, control and is culturally safe. This should prioritise people in crisis situations, especially where there is serious allegation of sexual, financial or physical abuse and / or neglect.
5. Invest in independent and consistent oversight and accountability, including right to enter premises, to be performed by the Community Visitors and the NDIS Commission, as per recommendations 11.12 and 11.13 of the DRC and recommendation 5 of the Taskforce Advice.
6. Ensure that the development of the Framework and Strategy is disability led. There must be meaningful and genuine engagement with people with disability, including First Nations people, those from culturally and linguistically diverse backgrounds, and people from LGBTQIA+SB communities.
7. Embed enforcement mechanisms in the Framework and Strategy to enhance accountability.

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<sup>3</sup> Please refer to our submissions to [General Foundational Supports](#) and [Targeted Foundational Supports](#).

## **Safeguards and quality can be as diverse as disability is**

This section covers questions 1 to 10 of the Consultation Paper.

Although we generally agree with the definitions of safeguards and quality provided in the consultation paper, there is no one size fits all approach to “safeguards” or “quality”. The Framework and Strategy must acknowledge that effective safeguards and quality supports will look different depending on the needs and expectations of the person with disability, especially for Aboriginal and / or Torres Strait Islander people, people from culturally and linguistically diverse backgrounds and LGBTQIA+SB people with disability. QIDAN is of the opinion that the current definitions of these terms are missing the crucial elements of flexibility and cultural safety and should be amended to reflect the importance of these principles. However, merely changing definitions in the absence of action to substantiate what cultural safety and flexibility means for different groups of people with disability is redundant. Therefore, these two elements must be included in everyday conversations, and their definitions will be always evolving based on individual and community needs and preferences.

Social support networks increase connections, relationships and visibility in the wider community. They can be seen as informal or natural safeguards, and they are extremely valuable and important to help people understand what safeguards means and what a good quality means to them. It may involve a gradual and slow process of understanding each person's wishes and choices.

However, in many cases people with disability do not have natural safeguards in place, therefore a more formal model of safeguards must be established. For people with disability who have access to NDIS, the NDIS Commission monitors NDIS providers and their compliance with the relevant regulations and rules. For those who have no access to the NDIS or are not eligible for it, there are very limited formal supports available to them, resulting in the potential for even higher risks of harm, abuse and exploitation. With very limited access to disability services, people with disability often find themselves with limited choices about their supports. This is often the case for people living in residential services, who are grateful for having a roof over their heads, but are hardly receiving

adequate or quality supports.<sup>4</sup> In these instances, people can only shape their support system if there is a comprehensive and integrated response that provides wrap-around supports for people who cannot access the NDIS. This may be delivered through Foundational Supports, which needs to be established as a matter of urgency.

### **People with disability must be supported to make their own decisions**

Supported decision-making is fundamental to effective safeguarding as it helps people make everyday life decisions including the services they receive, in what way and by whom. By receiving support to make their own decisions, people with disability can choose their own goals and aspirations and communicate their will and preferences, and they will know when a supporter is not the right fit to help them achieve such objectives. It not only assists people with disability to make informed decisions, but it builds the capacity of the person's informal support network to ensure that the person receives tailored and quality supports that truly reflect the person's supports and wishes. In practice, supported-decision making may look slightly different depending on the decision that needs to be made. It should have general principles as per the suggestion below adapted from the DRC recommendation 6.6:

- Recognition of the equal right to make decisions
- Presumption of decision-making ability
- Respect for dignity and dignity of risk
- Recognition of informal supporters and advocates
- Access to supports
- Decision directed by will and preferences
- Inclusion of safeguards
- Recognition of diversity
- Cultural safety

In practice, supported decision-making in relation to NDIS services may include accessing information about different services and supporting the person to meet with different

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<sup>4</sup> <https://qai.org.au/wp-content/uploads/2024/03/Inquiry-into-Supported-Accommodation-Feb-2024.pdf>

providers to find the best fit.<sup>5</sup> However, at every step of the way it ensures that the person with disability is empowered to make their own decisions and maximises autonomy.<sup>6</sup>

Disability advocates are in a unique position to facilitate supported decision-making due to the inherent nature of our role. That is, advocates spend time building an independent, respectful and professional relationship that prioritises deeply understanding of the needs of the person with disability to ensure successful advocacy outcomes. This creates a safe space for advocates to empower people with disability through supported decision-making which includes honouring the dignity of risk. Disability advocates use a range of strategies that are recognised to increase decision-making capacity. For example, we seek to understand the person's communication needs and assist them to receive information in accessible formats and we consider the decision-making history of the person, as well as any other expert or relevant information to the decision, such as its urgency, its sensitivity and/or whether the person is experiencing any personal issues that might impact their decision-making.<sup>7</sup> Disability advocates also recognise the importance of maintaining and preserving informal supportive arrangements, working collaboratively with a person's chosen supports in accordance with their wishes.<sup>8</sup>

Advocates can also be great facilitators of Circles of Support for people who require supported decision-making. When there is sufficient funding for advocacy they can use this model to support the person to choose a network of family, friends, and community members who can provide support depending on the type and context of the decision. Rather than relying on a single paid supporter, this approach builds the person's own capacity and strengthens the capability of their natural support network, leading to more sustainable and person-centred decision-making over time.

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<sup>5</sup> ADA Law and Queensland Advocacy for Inclusion (QAI), 'Supported Decision Making: Helping people to make their own decisions (A guide for adults and those supporting them)', page 26 <https://qai.org.au/wp-content/uploads/2023/06/Supported-Decision-Making-Guide-ADA-and-QAI.pdf>.

<sup>6</sup> DRC Final Report, Vol 6, page 123.

<sup>7</sup> Queensland Advocacy for Inclusion (QAI), 'Supported Decision-Making publication to the Office of the Public Advocate', page 3 <https://qai.org.au/wp-content/uploads/2023/12/QAIs-submission-for-the-OPA-Supported-Decision-Making-publication-.pdf> ('QAI Supported Decision-Making Publication').

<sup>8</sup> QAI Supported Decision-Making Publication, page 3.

Advocates play a crucial and independent facilitation role by establishing the Circle of Support with the person, supporting the group to understand their roles, regularly checking in, and helping to build skills and confidence across the circle. The advocate also provides a clear link to individual advocacy when needed, ensuring rights protection and safeguards remain strong.

Both the DRC and the NDIS Review clearly recognised the value of disability advocacy in promoting, protecting and defending the human rights of people with disability and in preventing abuse, neglect, violence and exploitation faced by people with disability.<sup>9</sup> The work advocates do positively impacts systems at large, and can set precedents that improve complaints handling, safeguarding mechanisms, and service provision, therefore are an essential element to be included in the Framework and Strategy to help people with disability communicate when they do not feel safe and what to do about it.

## **Meaningful and practical safeguards**

This section covers sections 11 to 17 of the Consultation Paper.

### **Service provider of last resort**

Too many people with disability, especially those who require complex support, are exposed to insufficient safeguards because of the significant power imbalance in the support and service provider market. QIDAN acknowledges and generally welcomes the additional safeguarding provisions introduced in the National Disability Insurance Scheme Amendment (Integrity and Safeguarding) Bill 2025.<sup>10</sup> Particularly the new criminal provisions, increased inspection and monitoring powers for the NDIS Commission and the more extensive regulatory requirements. However, these provisions will need to be considered in further detail and are insufficient in isolation to provide adequate safeguarding for people with disability.

In addition to the stronger legislative framework that the government is proposing, every state and territory must have a well-equipped, well-trained and person-centred provider

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<sup>9</sup> National Disability Insurance Scheme (2023). *NDIS Review: working together to deliver the NDIS*. Pg. 57; DRC Final Report, Volume 6, pages 289-304.

<sup>10</sup> *National Disability Insurance Scheme Amendment (Integrity and Safeguarding) Bill 2024* (Cth).

of last resort.<sup>11</sup> People that require complex support experience particular challenges accessing support. Service providers can terminate service agreements when challenges arise and have been known to prefer to support people that require less complex supports.<sup>12</sup> In the absence of a provider of last resort, this leaves people in vulnerable situations without essential services or at the mercy of abusive providers.

It is paramount that a service provider of last resort is a temporary measure only that prioritises choice and control for people with disability. This means that people with disability must be empowered to make their own decisions related to their support and service providers otherwise there is risk of institutionalisation. It is also crucial that this safeguarding tool is culturally safe to ensure that Aboriginal and / or Torres Strait Island people with disability and those from culturally and linguistically diverse backgrounds are afforded the same opportunity to feel safe, supported and empowered. QIDAN therefore fully endorses recommendation 10.10 of the DRC which proposes a provider of last resort scheme that is 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:
  - people in crisis situations
  - people at risk of losing their accommodation and disability services
  - 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.

In our view, people with disability experiencing serious harm, abuse or neglect should be prioritised when a provider of last resort is being considered. We note the government

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<sup>11</sup> Queensland Advocacy for Inclusion (QAI), 'NDIS Review to the NDIS Review Panel', page 19 <https://qai.org.au/wp-content/uploads/2023/09/NDIS-Review-to-the-NDIS-Review-Panel-September-2023.pdf> ('QAI Submission to the NDIS Review').

<sup>12</sup> [QAI](#) Submission to the NDIS Review, page 19.

progress to DRC recommendation 10.10 to explore possible approaches to introduce a provider of last resort.<sup>13</sup>

### **Unannounced visits in congregated or closed settings – an essential step**

People with disability should not be over monitored, resulting in denied choice and control, dignity of risk and autonomy. However, it is our view that in congregated and closed settings people with disability are in more vulnerable situations and exposed to risk, harm and some behaviours that may not be intentionally ableist but lack disability awareness. Therefore, we support increased monitoring of such settings by the Community Visitor Scheme (CVS) program and introducing a statutory right to enter premises for the NDIS Commission.

While renewed approaches to safeguarding, such as a service provider of last resort, are crucial to an effective safeguarding Framework and Strategy, it is just as important to enhance the safeguarding measures that are already in place. The CVS is intended to be an independent monitor of services and facilities used by people with disability and is generally viewed to be a significant tool in effective safeguarding, especially for people with disability who have limited or no access to natural supports or safeguards.<sup>14</sup> The DRC and the Taskforce Advice identified that currently the roles and functions of CVS across different states and territories vary significantly with regard to scope, scale and design which, in turn, minimises the efficacy of its safeguarding function, especially in group homes and closed care settings. This is particularly alarming as group homes and large accommodation settings are recognised as a modern tool for institutionalisation and segregation.<sup>15</sup> The DRC also heard evidence that these settings present concerning unique barriers to self-advocacy, informal support networks, and independent advocacy services,<sup>16</sup> which are all key elements of effective safeguarding.

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<sup>13</sup> <https://www.health.gov.au/resources/publications/disability-royal-commission-progress-report-2025/volume-10-disability-services/recommendation-1010-provider-of-last-resort?language=en>

<sup>14</sup> DRC Final Report, vol 11, page 7.

<sup>15</sup> Taskforce Advice, pg 49

<sup>16</sup> DRC Final Report, vol 6, pages 263, 302 and 270.

The DRC therefore proposed a nationally consistent approach to the CVS and improved integration and reporting with the NDIS, as per DRC recommendations 11.12 and 11.13. In the recent CVS – public consultation, QIDAN provided feedback endorsing these DRC recommendations and noting that the expanding the CVS scope to visit all types of institutions, congregate care and closed settings is a way of ensuring facilities are delivering person-centred supports. In practice, this means that people with disability can have access to a service “quality-check”, which could lead to additional staff training and external referrals to disability advocacy supports if needed.

In addition to this, QIDAN fully supports recommendation 5 of the Taskforce Advice to subject closed settings to unannounced visits and to provide the NDIS Commission with the statutory right to enter the premises. We reiterate the importance of honouring dignity of risk so that people with disability are not over-monitored. Instead, they are supported to develop decision-making skills.

Together, these measures will significantly enhance the external supervision and accountability of closed settings and improve safeguards for people with disability.

### **Clear accountability mechanisms support a coordinated response**

This section covers sections 18 to 20 of the Consultation Paper.

As disability advocates, we observe that frameworks and strategies, while well-intentioned, often do not achieve their purpose in practice as rely heavily on discretionary compliance, lack meaningful accountability, and place a disproportionate burden on people with disability to secure basic rights. The Framework and Strategy must provide clear obligations, enforceable mechanisms, and consistent national oversight to drive cultural and practice change. Only through stronger, rights-based model can we ensure safeguards and quality is not aspirational, optional or discretionary, but guaranteed for every person with disability. This must include obligations to all providers involved a person’s life to communicate with each other, in a type of mandatory “Circle of Supports” (as mentioned before). Without enforcing systems that work together, people with disability will continue to fall between the gaps, accessing services that do not meet their needs.

## Disability leadership

There is desperate need for further representation of people with disability in the decisions and systems that are intended to support them, this Framework and Strategy must be led by people with disability. Ensuring that people with disability are included in planning, implementing and improving their support systems is the bare minimum and carries the risk of being tokenistic. In a Framework and Strategy that will be instrumental in ensuring that people with disability are safe, supported and empowered, the bare minimum and tokenism is insufficient. The DRC has stated the importance of people with disability being in leadership positions, but such recommendations have been either “noted” by the government and not given the attention required. It is important to note that the appointment of a disability minister and a NDIS Minister is not enough to meet the meaning of “disability led”, especially in the absence of meaningful consultation and collaboration with people with disability. To ensure effective safeguarding and uphold its key pillars of transparency and accountability, it is crucial that the Framework and Strategy are disability led. This must include people with disability leading the work that will affect their lives and the quality of support they access.

A disability led approach goes beyond the mere partnership and collaborative approach of co-design by ensuring that the lived experience and expertise of people with disability is driving the change and leading decision-making processes. In practice, disability leadership must include formal appointment of people with disability to guide the planning, implementation and roll out of the Framework and Strategy.

## Conclusion

QIDAN is thankful for the opportunity to contribute to this consultation. We are happy to provide further information or clarification of any of the matters discussed in this submission upon request.