

NSW AGEING AND DISABILITY COMMISSION

SUBMISSION TO THE INDEPENDENT REVIEW OF THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

NDIS PARTICIPANT SAFEGUARDING

JULY 2023

1. Background

The NSW Ageing and Disability Commission (ADC) was established on 1 July 2019, with the objectives of protecting adults with disability and older people from abuse, neglect and exploitation, and protecting and promoting their rights. Our role includes:

- responding to allegations of abuse, neglect and exploitation of adults with disability (18 years and over) and older people (65 years and over or, if Aboriginal and/or Torres Strait Islander, 50 years and over), including by providing advice, making referrals and conducting investigations
- following an investigation, taking further action that is necessary to protect the adult from abuse, neglect and exploitation
- raising awareness and educating the public about matters relating to the abuse, neglect and exploitation of adults with disability and older people
- inquiring into and reporting on systemic issues relating to the protection and promotion of the rights, or the abuse, neglect and exploitation, of adults with disability and older people
- meeting other obligations as outlined in the *Ageing and Disability Commissioner Act 2019*.

The ADC has a general oversight and coordination role in relation to the Official Community Visitor (OCV) scheme in NSW. OCVs are independent Ministerial appointees who visit accommodation services where an adult with disability, older adult or child in care is in the full-time care of the service provider, and assisted boarding houses.

1.1 Focus of our submission

While the ADC has a broad remit, our focus is on adults with disability and older people who are subject to, or at risk of, abuse, neglect and exploitation by family members, spouses/partners, informal carers, neighbours and other members of the community.

As illustrated in the data snapshot at the end of this submission, between 1 January 2020 and 31 December 2022, the ADC received 2,501 reports about adults with disability who were subject to, or at risk of, abuse, neglect and exploitation. Most of the adults with disability who have been the subject of a report to the ADC have been receiving, or eligible to receive, NDIS supports. The majority of reports about adults with disability have been made by service providers, typically NDIS providers. More data about reports to the ADC about adults with disability can be found on the dashboard on our website.¹

Given the role of the ADC, our comments are primarily focused on participant safeguarding.

Our comments are also informed by the feedback of OCVs visiting people with disability in supported accommodation and assisted boarding houses. While the engagement of OCVs with NDIS services and supports is mainly with supported independent living (SIL) providers, they are in a valuable position to identify the strengths and weaknesses of the NDIS more broadly in relation to participants living in residential care. More information about the OCV scheme and the issues raised by Visitors can be found in OCV Annual Reports on the ADC website.²

¹ <https://www.ageingdisabilitycommission.nsw.gov.au/tools-and-resources/dashboard-data.html>

² <https://www.ageingdisabilitycommission.nsw.gov.au/reports-and-submissions.html>

2. Key points

- Priority pathways and proactive, funded support should be provided to disadvantaged people with disability who need help to obtain relevant assessments to gain access to the NDIS, including consideration of providing specific funds to Local Area Coordinators (LACs) for this purpose.
- Sufficient rigor is needed in NDIS processes to drive and deliver a truly participant-centred approach, and to ensure that ‘participant’ is not conflated with ‘family/nominee’.
- Greater rigor and transparency is required in the NDIS nominee appointment process to ascertain whether the nominee understands the role and is able to fulfil it, including supporting the participant’s decision-making.
- Two critical and fundamental safeguards should be mandatory components of a participant’s plan: decision-making support and communication support.
- Support coordination is a crucial safeguard for participants, and can significantly improve outcomes and reduce risks. This safeguard could be strengthened by including support coordination as a default/mandatory part of plans; ensuring better use of data systems to identify and address practice issues; and having greater accountability and transparency in the management of conflicts of interest.
- There is a need to embed mechanisms for proactively and continuously monitoring implementation of NDIS plans and use of plan funds, supported by sophisticated data systems that trigger alerts and prompt actions in relevant cases.
- Greater attention needs to be paid to the role of plan managers to ensure they are fulfilling their responsibilities to monitor and ensure plan implementation; understand their safeguarding responsibilities; and can deliver the capacity building and training components of plan management.
- NDIS data systems need to be strengthened to enable better, more timely, and more effective use of existing information holdings across the NDIA and NDIS Commission, and to join up some of the information. There would also be benefit in considering broader information sharing provisions for the NDIS, not limited to government agencies, to promote the safety of participants.
- Community Visitor Schemes (CVS) provide a critical frontline safeguard for NDIS participants in residential care and should be a recognised and formal component of the NDIS Quality and Safeguarding Framework.
- There may be merit in considering the scope for expanding CVS in the NDIS to potentially include broader kinds of accommodation support arrangements. However, any expansion in the scope to private settings would need to be co-designed with participants, and would require additional and adequate resourcing.
- If NDIS CVS stays with the states and territories, there should be agreed national principles that all NDIS CVS and the NDIS regulators need to meet; minimum performance criteria that is appropriately funded; and agreement that states and territories will operate the scheme for at least five years before the arrangements are reviewed.
- There is a need to address thin markets and market failures in the NDIS, particularly in relation to Aboriginal people with disability, and people with complex support needs. There would be merit in revisiting the points previously raised by the Productivity Commission in relation to overcoming barriers to service delivery in the NDIS for Aboriginal people with disability.
- Training for the NDIS workforce needs to be re-prioritised and incentivised, including through a trial of the portable training entitlement scheme.

- Transparent actions are required within the scope of the NDIS to support the increased development and supply of innovative, affordable and accessible specialist disability accommodation (SDA) options.

3. The role of the NDIS in safeguarding

The NDIS has an important role to play in relation to safeguards for NDIS participants. Between them, the funding and regulatory bodies hold key information about the circumstances and support needs of participants and the operation of NDIS providers, and critical information that can identify potential or actual risks to participants. Within their roles, they also have tools at their disposal that can be used to bolster protections and reduce risks.

The ADC's submission focuses on opportunities to strengthen safeguarding for participants within the NDIS. However, it is important to recognise that the NDIS is not designed to be, and should not become, a welfare system. We agree with the information in the NDIS Review's *'What we have heard'* paper that the ecosystem of support for Australians with disability – of which the NDIS was to be one component – is not operating as intended. The NDIS has increasingly been viewed as being responsible for everything in relation to people with disability, which was never envisioned and is not reflective of the broader support environment and responsibilities.

While we consider that there are actions that should be taken to improve safeguarding within the NDIS, we stress that the NDIS should not be responsible for whole-of-life support and safeguards for Australians with disability, and should not replace or duplicate the safeguarding responsibilities of other service systems, and states and territories.

4. Accessing the NDIS

4.1 Addressing barriers to access

Access to the NDIS relies on a person's ability to navigate various government interfaces, as well as diagnostic evidence of a person's disability and assessments of their functional capacity.

In our experience, the access requirements for the NDIS serve to provide preferential access to participants from middle-class backgrounds, with families who have the necessary resources to obtain the required assessments. There is a severe lack of no-cost assessment options in NSW that provide sufficient evidence to access the NDIS, with available low-cost options having extensive wait times. This is particularly concerning for people with disability who have multiple forms of disadvantage such as homelessness, poverty, people with complex mental health needs, and people from Aboriginal and culturally diverse backgrounds, as illustrated in case study 1.

Priority pathways and proactive supports are needed to ensure fair access to the NDIS for people who need this support the most.

In our view, there would be merit in providing Local Area Coordination (LAC) services with an allotment of funds to be used to enable individuals with suspected disability to gain access to the necessary eligibility assessments in relevant cases of disadvantage. This would include where the individual does not have access to the required information or paperwork and is unable to afford and arrange the assessments themselves.

Case study 1

The ADC received a report about alleged neglect of an Aboriginal man with cognitive disability who was not receiving any support. He lived with his parent, who had complex support needs and was blocking his access to all services.

The ADC met with the man and his parent, who were living in insecure housing and at risk of homelessness. The man did not have any form of identification to receive benefits, and did not have access to his own money or a phone. He also disclosed a history of complex mental health needs.

With the man's agreement, the ADC made a range of inquiries and referrals to gather information to support his access to the NDIS, including:

- making a referral to an Aboriginal advocacy service
- requesting information from the man's former high school to obtain disability evidence
- making a referral to social work services to provide the man with basic necessities
- making a referral to the Local Area Coordination (LAC) access team to start the NDIS application process and send relevant forms to the man's GP.

The LACs were unresponsive for months and did not attend joint appointments with the ADC to visit the man due to COVID restrictions. The ADC was eventually advised by the LACs that more recent assessments were needed. However, the ADC found that there was no option in NSW for obtaining the assessments at no cost, and no alternatives were identified by the LACs, the NDIA, advocates, or health services.

The LACs cited the man's unwillingness to engage as a barrier to him accessing the scheme. However, the ADC found the man willing to engage with services, and identified that his compounding disadvantage was the most significant barrier to him accessing the NDIS.

4.2 Local Area Coordination

The primary interaction of the ADC with LACs is in relation to adults with disability who are subject to, or at risk of abuse or neglect, who are in need of specialist disability services, and who have not yet been connected with the NDIS. We have found that engaged and responsive LACs play a vital role in supporting people with disability to link to the NDIS, and to connect to community and mainstream supports to safeguard adults with disability from abuse.

However, practice on the part of LACs is highly inconsistent. Some LACs have been proactive and persistent in seeking to meet with and assist the adult with disability, including working cooperatively with the ADC and using different approaches to overcome family resistance and uphold the wishes of the adult to gain supports. Other LACs have failed to respond to contact by the ADC, or have refused to take proactive or collaborative actions.

In our experience, the increasingly remote nature of LAC planning compounds the impact of these inconsistencies. Initial planning conversations are commonly being done via telephone by a LAC in a different region to the adult with disability and are not directly involving the adult in these conversations. Remote models of planning miss crucial opportunities for identifying risk factors for abuse that may be present in a person's family, social and/or living circumstances. We understand the need for remote methods of planning due to the lack of LAC services in remote and regional areas. However, there is a

need to improve the practice of remote planning, including ensuring the adult with disability is explicitly involved in the conversations, and using methods that enable LACs to gain a holistic insight into the social and living circumstances of the individual.

4.2.1 Access to mainstream and community supports

Community participation and inclusion, including connection to mainstream and community services, are fundamental rights and protective factors against abuse. However, actions taken by the ADC to facilitate these connections through existing mechanisms in the NDIS have been challenging.

LACs are responsible for linking people with disability, including those outside the NDIS, to mainstream and community services that can help the person to pursue their goals and gain community and social inclusion. However, we frequently hear that LACs do not have adequate time and resources to do this.

The Information, Linkages and Capacity Building (ILC) program was intended to work in collaboration with the LAC program to facilitate these connections, and to stimulate ‘social capital’. However, it is not evident that the program has met its long-term objectives of increasing the social and economic participation of people with disability, due to its focus on short-term grants rather than building the capacity of mainstream and community services to include and meet the needs of people with disability.

We recognise that the NDIS Review has already received significant information about the existing deficits and limitations of the ILC as Tier 2 of the NDIS, and there are recent public reports that provide a comprehensive picture of the issues – including by the Centre for Social Impact at Swinburne University of Technology (2021), and Per Capita (2022). We do not seek to duplicate this information, and would urge consideration of the adequacy of the investment in Tier 2 supports, and the potential need for a greater role to be played by states and territories. In particular, in our view there is a need to reassess whether three of the five streams of service under the ILC (Capacity building for mainstream services; Community awareness and capacity building; and Individual capacity building) can be adequately delivered at the Commonwealth level.

5. Individualised approach to participant safeguarding

Overall, the ADC supports the core elements of the NDIS Review’s proposals in relation to participant safeguarding, including:

- ensuring that discussions about the participant’s circumstances, needs and goals include conversations about, and active consideration of, risks and safeguards
- requiring a proactive approach to identifying and responding to risks
- having a better variety and suite of safeguards available that can be optimised to suit the needs and wishes of individual participants.

Our comments are focused on aspects where our experience has highlighted opportunities to strengthen the safeguarding approach and practice in the NDIS.

5.1 Participant-centred

The ADC supports a ‘participant-centred’ approach to safeguarding, as identified in the NDIS Review’s *NDIS Participant Safeguarding* paper. However, it is not clear that there are adequate measures and controls in the NDIS to ensure that the *participant* is genuinely involved. In the experience of the ADC, ‘participant’ is often equated to participant + family/nominee, or just family/nominee. For example:

- ‘self-managed’ plans are often not managed by the participant (the ‘self’), they are managed by a family member(s)

- planning and review meetings do not consistently involve the participant
- decision-making frequently defaults to, and is sought from, family/informal supports rather than the participant.

The ADC values the role of families and other informal supports and carers in the lives of participants, and recognises the importance of respecting and preserving those relationships. However, it is vital that there is sufficient rigor in NDIS processes to drive and deliver a truly participant-centred approach.

In this regard, we note that in a range of matters handled by the ADC, the abuse, neglect or exploitation of the participant by their family/ informal supports has been enabled and facilitated by the existing NDIS systems. For example, family members or other informal supports have had no difficulty:

- repeatedly cancelling or ceasing supports for the participant, despite the participant wanting the support
- stopping any exploration of communication or other decision-making support for the participant, despite evident need
- preventing the participant from accessing the community or being involved in particular activities they enjoy
- exerting control over all aspects of the participant's plan and daily life.

The reasons for the above decisions and conduct of the families/ informal supports can be complex, and can often come from wanting to protect the participant. Our concern is that conflating 'participant' with 'family/nominee' serves to enable these actions, and there do not appear to be sufficient mechanisms in the NDIS for ensuring that all efforts are made to genuinely involve, and uphold the will and preference of, the participant.

This issue needs to be adequately considered in relation to the proposed options for strengthening participant safeguards. The safeguarding arrangements cannot rest solely on the decisions of the participant's family, or equate participant with family. An obvious example is the 'participant check-in' safeguard identified in the monitoring process by the NDIA. Telephone calls to the home of a participant will often result in family speaking on the participant's behalf and/or the participant having the conversation overheard by their household. Neither scenario provides an effective safeguard, particularly in circumstances where the participant's family/nominee may be presenting a barrier to their plan being implemented or their wishes being upheld.

5.2 Planning

It is imperative that safeguards are actively considered and discussed as part of the planning process.

5.2.1 Fundamental supports and safeguards in plans

We agree that supports in NDIS plans are a vital part of safeguarding and should be designed with the participant, informed by their individual and varying circumstances.

In our view, there are two critical and fundamental safeguards relating to participant capabilities that should be required components of NDIS plans: decision-making support, and communication support.

In an unacceptably high number of reports handled by the ADC involving abuse, neglect and exploitation of NDIS participants in their family, home and community:

- the participant has not had any support to make their own decisions
- the participant has not had access to the support they need to communicate (to

- meet their expressive and receptive communication needs), **and**
- their NDIS plan has not included either of these support areas.

Among other things, the absence of these crucial supports serves to facilitate and sustain abuse. Of additional concern, we have found that, notwithstanding the experience and situation of the participant and previous planning and review meetings, these supports have often never been a consideration in relation to the NDIS plan until the ADC has asked and advocated for this.

In our view, these supports should be a mandatory component of a participant's plan unless and until *the participant* indicates that they do not want or need it. They are fundamental supports that are central to understanding and fulfilling the participant's will and preference, and upholding their rights.

Decision-making support

The ADC has welcomed the introduction of the NDIS Supported Decision Making Policy, to uphold the right of participants to make their own decisions, including in relation to NDIS services and supports. Among other things, we are pleased to see a commitment to make supported decision-making part of NDIS policies, systems and processes, and adoption of the National Decision Making Principles.

However, in our experience there is significant work to be done to gain alignment between policy and practice. In particular, we regularly identify participants who:

- are not involved in any meaningful way in their NDIS planning or review meetings – this is particularly stark in relation to meetings conducted via telephone
- have an NDIS plan nominee appointed, in circumstances in which the participant has decision-making capability and did not request the nominee's appointment.

In practice, nominees often serve as substitute decision-makers for NDIS participants. In matters handled by the ADC, nominee appointments have unintentionally facilitated the abuse of NDIS participants by family members and informal carers. In many cases, the ADC has been one of the first parties to engage directly with the adult to ascertain their will and preference in relation to supports.

We have found that there is often insufficient transparency regarding the appointment of nominees, and no checks as to whether the nominee is fulfilling their role in line with expectations and requirements. There is also a need for greater rigor in the appointment process, to ascertain whether the nominee understands the role and is able to fulfil it, including supporting the participant's decision-making. A range of reports to the ADC involving neglect of participants by family or informal carers have involved NDIS nominees who have not had the capability to act in the nominee role, are blocking services, and/or are making decisions for the participant that are not based on the participant's will and preference. Case study 2 provides one example.

Case study 2

The ADC received a report raising concerns about a woman with intellectual disability who had significant NDIS funding for daily supports. The participant's brother was blocking her access to NDIS services and being aggressive towards workers, despite the participant explicitly requesting more support.

Parts of the participant's plan were plan-managed, and her plan nominee was her ageing mother. However, her brother was able to contact the NDIA and make himself the plan nominee without any involvement of the participant or her mother.

The ADC worked with the participant's existing support providers to meet with her, and made inquiries with the NDIA that raised concerns about fraudulent spending of the NDIS plan. The information revealed that:

- There were large claims submitted by a service provider, despite no evidence that the supports had been provided. The participant confirmed that she had not received the funded supports.
- An SDA funding application that had been submitted for the participant was linked to a provider and property that had the same residential address as her brother.
- The participant had funding for support coordination, and the NDIA held information that this support was being provided by the same service that was linked to her brother. However, the ADC found no evidence that support coordination was being provided, and the participant confirmed that she had not received this support.

In discussions with the ADC about decision supports, the participant explicitly said she did not want her brother involved in any decisions about her NDIS plan. The ADC supported the participant to change her NDIS plan to agency-managed to enable increased oversight of her plan; to remove her brother as her plan nominee; and to access a new support coordinator to connect her with her preferred choice of providers.

However, an error in NDIS processes saw the participant's plan revert back to plan-managed. The brother was also suspected of impersonating his mother to implement service agreements for plan management services to pay invoices for the provider he was linked to, and left a large amount of invoices for other supports unpaid.

The ADC repeatedly raised this issue with the NDIA and highlighted the risk this posed to the continuity of the participant's supports. The ADC also made a report to the NDIA Fraud Unit.

The ADC worked with the participant, the NDIA, the new support coordinator, and the participant's parents to ensure she had appropriate decision-making support, to change the plan back to agency-managed, and to put an alert on her brother with the NDIA to safeguard her funding from future misuse.

5.2.2 Improving support coordination

In the experience of the ADC, support coordination is a crucial safeguard for participants, including where the support coordinator:

- ensures the connection of the participant to appropriate and necessary supports
- engages directly with the participant to better understand and uphold their will and preference
- identifies and seeks to overcome barriers to implementing the plan
- identifies changes in participant circumstances that require a plan adjustment
- identifies and raises concerns about the safety and welfare of the participant.

The ADC has had many positive outcomes working with support coordinators who have been proactive and worked closely with participants to ensure their needs and preferences have been met. In particular, NDIS support coordinators have played an important role in identifying, and supporting the work of the ADC to address, abuse, neglect and exploitation of participants.

In our experience, the tiered levels of funding for NDIS support coordination have been

effective in enabling appropriate and specialised assistance for some participants to navigate the NDIS, and have made a substantial difference in outcomes for participants subject to, or at risk of, abuse. We have welcomed the more recent approaches in the NDIS to improve the quality of support coordination and build the capability of support coordinators, including joint work and mentoring by more experienced and higher tier support coordinators.

Conversely, the ADC has handled a range of reports in which the participant's risks have increased due to the support coordinator:

- not providing any service to the participant
- not having any direct contact with the participant, or consulting with them to understand their will and preference
- not sharing important information with the NDIA or other appropriate agencies about participants at risk, including those who are not engaging with, or are being prevented from accessing, supports
- not referring the participant to an alternative service when they cease engagement.

OCVs have also consistently identified and raised concerns about the quality of service provided by some support coordinators to participants living in residential care. This has included where there has been no contact or follow-up by the support coordinator despite significant gaps in the supports for the participant; and where there have been apparent conflicts of interest. In this regard, OCVs have identified numerous instances where the same support coordinator has been appointed for all of the residents in the house, and/or where the support coordinator has been working for the same service that provides SIL support. In relation to this issue, OCVs have noted that it is typically difficult to see how the participant or their nominee has been supported to make an informed decision to engage the one provider.

To strengthen support coordination in the context of safeguarding, we consider that there is a need to:

- ensure that support coordination is provided as a mandatory part of NDIS plans (except where the participant can identify why it is not needed)
- ensure better use of NDIS data systems (flags, alerts) to highlight matters in which support coordination is not operating as intended, and/or where there may be a conflict of interest
- have greater rigor in the decision-making and checks relating to the engagement of the same provider for SIL and support coordination.

5.3 Implementation and monitoring

5.3.1 Plan use

In our experience, better monitoring of NDIS plan use would significantly improve the identification of potential abuse, neglect and exploitation of participants and enable more timely and appropriate safeguarding actions.

Information relating to the use of a participant's NDIS plan can provide a valuable and early indication that there are issues that need to be resolved, such as barriers to plan implementation; and provide a helpful trigger to consider whether additional or different safeguards are needed. Case study 3 provides one example.

In many reports to the ADC about neglect of adults with disability who are NDIS participants, the participant's plan has not been implemented as intended, often with significant underuse of the NDIS funds. This has tended to be associated with the plan

nominee/family blocking the participant's access to necessary supports, cancelling services, and/or refusing to engage with the support coordinator or other NDIS provider.

In many of these cases, the participant had not been receiving supports for a significant period of time. While the NDIA (and plan managers in some cases) held the relevant information, there was no indication that any issues with the use of the plan had been identified, or that actions had been taken to investigate why plan funding was not being appropriately used. This has been the case even in higher risk matters, including where:

- the participant's funding for high intensity supports or specialist support coordination has not been used
- the participant had complex support needs and had never been seen by anyone in the NDIA
- the participant had high support needs and lived in an isolated or remote area.

In our view, there is a need to embed mechanisms for proactively and continuously monitoring implementation of NDIS plans and use of plan funds, supported by sophisticated data systems that trigger alerts and prompt actions in relevant cases.

Case study 3

The ADC received a report about an NDIS participant who had a severe intellectual disability and high support needs, and who had not received any supports since leaving school. Although the participant had a large NDIS plan and required support in all areas of daily living, his mother was reported to have declined services on his behalf.

Providers had attempted to engage with the participant and his mother, but his mother had consistently blocked services and held the belief that using NDIS funds meant that services were taking her money.

A support coordinator based interstate was funded through the NDIS. Due to the significant impact of the participant's disability on their decision-making, their parent had been recorded as his NDIS plan nominee.

In response to the report, the ADC made inquiries with the NDIA who confirmed that the plan was not being used. The ADC made contact with the family via an interpreter and were advised by the participant's mother that she did not trust the interstate support coordinator as she had never met them and she would like someone local. The ADC liaised with the NDIA, who made a direct referral to a local support coordinator; however, the parent refused to sign a service agreement.

The ADC conducted a home visit and met with the participant and his parent, who was not able to clearly explain why she refused to sign the service agreement. She said that she did not want to work with interpreters or providers from her cultural background due to privacy concerns. She advised that her son did not receive the disability support pension (DSP).

The ADC's investigation found that the participant was well connected with specialist medical services and was on the DSP. The information identified that a medical specialist had advised the family that the participant would benefit from allied health services, but no actions had been taken to progress this.

The ADC met again with the family to discuss our concerns about his lack of access to services. The participant's mother told us that she trusted one staff member at a disability service, and agreed to us making a referral to them for support coordination. The ADC liaised with the NDIA and the disability provider to facilitate the referral,

increase funding for specialist support coordination, and to connect the participant to the complex support needs pathway. The NDIA agreed to monitor the use of the participant's plan to ensure supports were delivered.

Through extensive engagement and trust building, the ADC worked with the support coordinator to facilitate the participant's access to community support, occupational therapy, speech therapy, and physiotherapy, after more than a year without these supports.

5.3.2 Plan managers

In the experience of the ADC, plan managers do not currently provide an adequate safeguarding mechanism for the participants they are supporting. In many of the reports we have handled, the NDIS plan has been 'plan managed' and the available information has identified indicators of risk, such as:

- the NDIS plan not being drawn down for an extended period despite the participant having high and/or complex support needs
- the only claims coming from a sole provider for only one small aspect of the plan
- frequent changes in support providers.

However, notwithstanding this information, the plan managers involved have not asked questions, or flagged these matters with relevant parties such as the NDIA. While the NDIS guidance on plan management identifies that part of the role of a plan manager is to ensure the participant's plan is implemented as intended, in practice they appear to solely manage claims and disburse funds to providers.

We have also yet to see evidence of plan managers providing capacity-building and training to participants in relation to financial management or the direction of their supports, and it does not appear that the role of plan managers in delivering this support (if funded in the participant's plan) is commonly known or understood.

In our view, it is vital that greater attention is paid to the role of plan managers to ensure that:

- plan managers are fulfilling their responsibilities to monitor and ensure implementation of the plan
- plan managers understand their safeguarding responsibilities, including the need to proactively ask questions and to consider whether certain matters need to be flagged with the NDIA or other relevant parties
- in the planning process, actions are taken to enable relevant participants to access the capacity building and training components of plan management.

5.3.3 Proactive adjustments to funding and safeguards in times of change

There is scope to improve mechanisms in the NDIS to identify and more quickly respond to changes in the circumstances of participants, including to proactively make adjustments to funding, supports and safeguarding arrangements to minimise risk.

The ADC has received reports where abuse and neglect of the NDIS participant occurred after their primary carer died or was incapacitated and actions had not been taken to respond in a timely way to their significant change of circumstances. We have also found that there are limited avenues for emergency funding in a participant's NDIS plan to support an urgent change to their circumstances, such as moving away from an abusive situation.

Increasingly, the ADC and OCVs are seeing NDIS plans being rolled over without review or consultation with the participant and their supporters. Among other things, plan reviews – whether at the end of the plan period or at an earlier point – provide a valuable opportunity to assess whether a participant is receiving appropriate supports according to their needs and goals; whether existing safeguards are adequate; and whether funding is being spent appropriately.

The ADC is keen to see increased direct consultation and engagement with NDIS participants during reviews, and increased responsiveness when notified of a change in a participant's circumstances.

5.4 Information sharing

5.4.1 Better use of information holdings

We agree with information in the NDIS Review's *NDIS Participant Safeguarding* paper that improvements to the business intelligence and feedback systems of the NDIS Commission and the NDIA could support these agencies to identify issues early, engage with participants, and apply safeguards as needed.

In our experience, the NDIA already holds relevant information that can and should be used to identify participants who may be at risk of abuse, neglect and exploitation, and/or need additional safeguards. For example, data and other information indicating:

- the NDIS plan is not being implemented/ funds are not being adequately drawn down – particularly (but not only) in circumstances where the participant has high support needs
- one provider (and potentially one worker) is providing all supports to the participant
- the participant has never attended their planning or review meetings, or had direct contact with/ been seen by the NDIA
- the participant relies heavily on informal support from an ageing parent
- the participant does not have any informal supports.

We have seen positive actions taken by the NDIA where there has been a prompt for them to examine their combined information holdings in relation to a participant, such as in response to contact or a request for information from the ADC. But it is not evident that the existing systems and processes adequately support the NDIA to be able to proactively identify risks to participants, such as in-system flags and alerts, and trend reporting.

The work of the ADC and OCVs has also identified the need to strengthen NDIS data systems to enable better, more timely and more effective use of existing information holdings across the NDIA and NDIS Commission, and to join up some of the information. In this regard, we note that the regulators are currently unable to readily identify the locations of participants who live in residential care provided by an NDIS service provider (i.e. 'visitable services' in NSW – see section 5.5.3).

5.4.2 Improving information sharing to identify and manage risk

Effective information sharing is critical to supporting an individualised, informed and timely approach to safeguarding. We agree that existing barriers to better information sharing need to be addressed.

The ADC has information sharing arrangements in place with the NDIA and the NDIS Commission, and has a positive and constructive relationship with both agencies. Over the four years the ADC has been operating, we have seen substantial improvements in the sharing of information by both agencies, including timely provision of information by the

NDIA to assist our handling of reports about participants who are subject to, or at risk of, abuse, neglect and exploitation.

However, in relation to both agencies there is scope for more proactive sharing of information, and there are difficulties obtaining sufficient and timely information in some areas. In particular, in cases the ADC has referred to the NDIA Fraud Unit, we have consistently had difficulty receiving information about any actions being taken, including the status or outcome of any investigation, to inform our own actions on the case.

5.4.3 Broader information sharing provisions

We believe there is merit in considering broader information sharing provisions for the NDIS, not limited to government agencies, to promote the safety of participants.

In 2018, the NSW Ombudsman's report to Parliament on abuse and neglect of vulnerable adults included the recommendation that [as part of the establishment of the ADC] the NSW Government should 'introduce legislative provisions to enable agencies that have responsibilities relating to the safety of vulnerable adults to be able to exchange information that promotes the safety of vulnerable adults.'³ This recommendation recognised that safeguarding does not solely rest with government agencies, and it should not turn on having a government agency to facilitate the information exchange.

In our view, it is vital that a broader range of agencies are able to provide and receive information to promote and improve the safety of a participant at risk, without the NDIA, NDIS Commission, ADC or other government agency having to facilitate all of the information exchange.

While these broader information sharing provisions have not been introduced in NSW to date, in South Australia the *Ageing and Adult Safeguarding Act 1995* enables information sharing between prescribed agencies of prescribed information and documents where an agency reasonably believes that the provision of the information or documents would assist another agency:

- to perform official functions relating to the health, safety, welfare or wellbeing of a vulnerable adult or class of vulnerable adults; or
- to manage any risk to a vulnerable adult or class of vulnerable adults that might arise in the agency's capacity as an employer or provider of services.

The importance of information sharing provisions for prescribed agencies in relation to abuse, neglect and exploitation of 'at-risk adults' has also been highlighted in recent reports on adult safeguarding in Queensland and Victoria⁴. In particular, the Queensland Public Advocate has recommended a legislative provision, modelled on that in South Australia, to enable certain prescribed agencies 'to provide personal information about at-risk adults to other prescribed agencies in circumstances where the provider of the information reasonably believes that the information will assist the recipient:

- to exercise an official function concerning the safety or wellbeing of an at-risk adult; or
- to address a concern about the safety or wellbeing of an at-risk adult that has arisen in the course of the provision of services to the adult.'⁵

In our view, there is merit in considering whether broader information sharing provisions are needed in relation to the NDIS, to promote the safety of participants.

³ NSW Ombudsman (2018) *Abuse and neglect of vulnerable adults in NSW – the need for action*, page 4 (see also pp32-33).

⁴ Office of the Public Advocate (2022) *Gaps in Victoria's safeguards for at-risk adults*.

⁵ Queensland Public Advocate (2022) *Adult Safeguarding in Queensland, Volume 2: Reform recommendations*, p43.

5.5 Safeguarding by community visitor schemes

The NSW Official Community Visitor (OCV) scheme is a critical frontline safeguard for NDIS participants in residential care that is not replicated or matched by any other service, program or agency.

OCVs are the only independent parties in NSW who have reliable, unannounced access to NDIS-funded visitable services; witness and examine the provision of care and support on the ground; and impartially identify, report and seek to resolve issues affecting residents and the operation of services. OCVs achieve significant improved outcomes for individuals, but also contribute to broader service improvement and systems change.

In our view, community visitor schemes (CVS) should be a recognised and formal component of the NDIS Quality and Safeguarding Framework.

5.5.1 Role of CVS

We agree that the focus of CVS in the NDIS should be on the rights of participants, and checking on their welfare. However, given the participants are (or should be) in receipt of NDIS services and supports, the Visitor role cannot, and should not, be completely divorced from service quality and compliance.

In this regard, while the focus of the OCV scheme in NSW is on engaging directly with participants in residential care, promoting and upholding their rights, and facilitating the early and local resolution of issues affecting them, OCVs also play an important role in relation to service quality and compliance. OCVs are not auditors or investigators, but they are aware of the NDIS practice standards when visiting, and often raise matters with providers where these standards and/or community expectations do not appear to be met and there is an impact on participants. As part of the operation of the OCV scheme:

- OCVs regularly refer relevant matters affecting participants to other appropriate bodies, including the NDIS Quality and Safeguards Commission, supported by information sharing and referral arrangements (typically after procedural fairness has been afforded to the provider).
- Data is collected, reviewed and reported in relation to visitable services – including trends and patterns in the issues raised by OCVs, and the resolution of issues by providers.

The visits undertaken by community visitors do not duplicate those undertaken by the regulators, and the independence of Visitors from the regulators and complaint-handling bodies is vital. However, the work of Visitors should be recognised as an important complement to the work of those agencies – Visitors hold valuable information that can help to inform the prioritisation of monitoring and compliance activities, and the management of risks to participants.

5.5.2 Scope of CVS

In NSW, the OCV scheme in relation to the NDIS is focused on accommodation services in which an NDIS participant is in the full-time care of the service provider, and assisted boarding houses. The focus on residential care settings reflects the higher perceived risks faced by people with disability who are heavily reliant on paid staff to meet their day-to-day needs.

We note that submissions to a legislative review by the NSW Law Reform Commission in 1999 indicated support for expansion of the jurisdiction of the OCV scheme to include people with disability living in 'some of the more flexible arrangements for supported accommodation, such as those people living in private or rented accommodation who

receive significant support, or those living in accommodation which is provided by a service provider but leased in the name of the resident.’⁶ There was also some support for the jurisdiction to extend to, inter alia, people with disability not living in visitable services who directly request access to a Visitor. The NSWLRC’s view at that time was that the jurisdiction should not be extended, because the focus of Visitor schemes in other contexts was on monitoring publicly-funded services, and on those in the full-time care of the services visited.

Given the unique safeguard that Visitors provide, there would be merit in considering the scope for expanding CVS in the NDIS to potentially include broader kinds of accommodation support arrangements. For example, participants living in private accommodation who are reliant on full-time or substantial disability support; and participants in private living arrangements that may expose them to high levels of risk.

However, we do not support the potential extension of CVS to visit ‘any site where NDIS-funded services are provided’. The proposed broader scope would ostensibly pick up locations where participants are receiving day program, employment, community access, therapy and other supports. In our view, accommodation settings are the best focus for CVS given the closed environments; in addition, the amount of resourcing required to deliver CVS with the proposed broader scope would be untenable.⁷

The focus on residential care settings is a consistent feature of CVS across relevant states and territories, and we believe this should continue. While we recognise and support the right of participants to choice and control over their supports, in light of the risks to participants in these closed environments we also believe CVS in these settings should continue as a safeguard that does not rely on consent. In the OCV scheme, if a resident does not want contact with the Visitor, this is respected; however, the visit would typically continue with a focus on the other residents. Requiring consent to visit participants living in the care of service providers would hamper the effective delivery of this safeguard, with a high risk that the decision to not consent would be made by a party other than the resident, and influenced by the service provider (or by fear of the potential response of the provider).

There is a reasonable question as to whether CVS should shift to visiting individuals rather than locations. While we are open to exploring this, we note that this shift would present significant logistical challenges, even just for participants living in residential care settings. In our view, further work would need to be undertaken to ascertain what this shift would involve, and what would be needed to support this, including the necessary information sharing arrangements.

For participants living in private settings, we consider that a slightly different model would be needed, including:

- Use of the NDIS planning and review processes to identify participants for whom an independent Visitor may be a useful and appropriate safeguard, and to have discussions with relevant participants about what this would involve.
- Providing for participants to opt-out of this safeguarding option (noting that opting out should prompt actions to ensure other safeguards are in place).
- Visits would need to be scheduled, not unannounced.
- The focus would need to be on the participant’s rights, welfare, views and wishes,

⁶ NSW Law Reform Commission (1999) *Report 90 – Review of the Community Services (Complaints, Appeals and Monitoring) Act 1993 (NSW)*, section 4.53.

⁷ It is important to recognise that this is not about paid versus volunteer Visitor schemes. Regardless of the model, the scale of the jurisdiction would require significant resourcing to make it viable, and this is unlikely to be supported.

safeguards, and any matters affecting them that may require referral (for example, to the NDIA, the NDIS Commission, an advocate, an adult safeguarding agency). It would not involve inspecting a premises or records, and would require a different approach to visit reports.

Any expansion in the scope of CVS to private settings would need to be co-designed with participants, including specific consideration of the required elements for visits to Aboriginal participants in private settings, such as Aboriginal Visitors. Any expansion in the scope would require additional and adequate resourcing.

In relation to the potential forms of outreach, we do not support the proposed option for enabling outreach by CVS to comprise calls rather than visits. During the COVID-19 lockdown periods in NSW, the OCV scheme moved to 'virtual' visits, comprising telephone or video calls to residents/ houses to maintain contact and check on resident welfare. While this enabled OCVs to maintain a degree of contact with services, it was not comparable to in-person visits. Among other things, the contact often ended up being with staff members, not residents; there was no opportunity to confer alone with residents or see what was happening in the house; and the identified issues tended to be those advised by staff. It was a necessary interim measure during an emergency, but it is not consistent with the intent of the OCV scheme and is not an effective safeguard.

5.5.3 Information sharing

In recent years, there has been greater understanding and recognition by the NDIS Commission of the value of the OCV scheme and the role OCVs play in relation to providers and participants. There has also been improved information sharing, including providing relevant information to OCVs about the actions taken in response to their referrals and the outcome of the matters, to inform the continuing work of the Visitors. While there can be an extended period of time between the OCV's referral and the advice regarding the actions taken or planned by the NDIS Commission, this appears to be related to workload and volume rather than information sharing barriers.

However, there are some key areas where there are barriers to the effective sharing of information between the NDIS regulators and the OCV scheme, which hamper the operation of the scheme in NSW.

a) Identifying visitable services and locations

The ADC does not receive any information from the NDIS regulators to assist us to identify new or changed visitable services in NSW. The focus of the OCV scheme is on supported independent living (SIL) providers who are providing 'full-time care' to NDIS participants. Neither the NDIA nor the NDIS Commission is able to provide information to the ADC about NDIS providers or participants who meet this criteria, and their accommodation locations. It does not appear that this information is held and/or able to be readily extracted by the regulators.

As a result, the ADC currently expends significant and ongoing time and effort in manually going through the published list of registered NDIS providers of SIL supports:

- to identify those that are not currently in the OCV database, and
- to research and contact the providers to ascertain whether they are currently providing SIL supports, whether they meet the criteria of a visitable service and, if so, to obtain details of their visitable service locations.

Even following the above systematic process, we cannot be confident that we are aware of all visitable services in NSW. The list of providers continues to grow and change at a faster rate than we can match. While the information sharing arrangement between the OCV

scheme and the NDIS Commission includes the Commission providing the OCV scheme with a monthly list of new SIL providers in NSW, this has not occurred to date.

The difficulty of obtaining information about NDIS visitable services was recently canvassed as part of an independent review of the *Ageing and Disability Commissioner Act 2019 [NSW]*. The final review report⁸ includes the recommendation that the NSW legislation should include a similar provision to the CVS in Queensland, to require disability service providers to have to notify the ADC of their contact details and any additions or changes to their visitable services.

While the recommended legislative change may assist the ADC and the effective operation of the OCV scheme in NSW, we note that this problem is common across the CVS. Against this background, it is imperative that:

- concerted action is taken to address this issue for all NDIS CVS, and
- prior to considering any expansion of the scope of CVS in relation to the NDIS, active work is undertaken to ensure that the regulators hold the necessary information, and that they can readily and regularly extract and share the information with the relevant state and territory agencies operating the CVS.

b) Proactive provision of information to the NDIS regulators by OCVs

In relation to the NSW OCV scheme, currently there are limited provisions in the *Ageing and Disability Commissioner Act* for OCVs to share information with the NDIS regulators. The legislation enables OCVs to provide their Minister and the Ageing and Disability Commissioner with advice or information relating to the conduct of a visitable service premises, and to inform them on matters affecting the welfare, interests and conditions of persons using visitable services. However, there is no similar provision in relation to the NDIS Commission.

OCVs are currently limited to providing information to the regulators to facilitate the early and speedy resolution of grievances or concerns affecting persons using visitable services by referring those matters to the providers of the relevant services or 'to other appropriate bodies'.⁹

In effect, the legislative limitations mean that OCVs can refer to the NDIS Commission issues affecting residents for resolution, but there is no provision for them to proactively provide advice or information to the NDIS Commission about trends and patterns or other intelligence relating to providers and the care provided to participants.

The recent independent review of the *Ageing and Disability Commissioner Act* has also proposed a legislative change to resolve this issue, recommending an amendment to permit OCVs to provide information and advice to appropriate regulatory bodies, such as the NDIS, to improve regulation of the disability services sector.

5.5.4 Funding of CVS

The original decision not to include CVS in the NDIS Quality and Safeguarding Framework has meant ongoing instability and uncertainty in the schemes visiting NDIS services. In particular, the ongoing lack of clarity as to whether there will be a move to establish a national CVS for the NDIS, or to maintain operation by the states and territories, has resulted in no or inadequate action to address substantial and increasing budget and viability issues.

In NSW, the OCV scheme budget position is unsustainable as demand for OCV services has

⁸ <https://www.parliament.nsw.gov.au/lc/tables/papers/Pages/tables-paper-details.aspx?pk=84417>

⁹ *Ageing and Disability Commissioner Act 2019 [NSW]*, section 22(1)(i)

continued to significantly increase at a rate that was not originally costed. The growth in the number of visitable services – particularly NDIS services – has far outstripped the budget, resulting in a historically low number of services allocated an OCV. As at 30 June 2023, only 38 per cent of NDIS visitable services in NSW were allocated an OCV.

Between 2013/14 and 2022/23, the number of disability visitable services increased by 94 per cent (from 1,275 to 2,477 services). On average, the number of disability visitable services has increased by 6.8 per cent per year for the past decade. In 2022/23, the number of disability visitable services increased by 22 per cent (from 2,030 to 2,477 services).

While we are open to discussions about a national CVS for the NDIS, we are also supportive of the preliminary view of the NDIS Review to maintain delivery by states and territories. However, if NDIS CVS stays with states and territories, there should be:

- agreed national principles that all NDIS CVS and the NDIS regulators need to meet
- minimum performance criteria that is appropriately funded
- agreement on the minimum length of time that states and territories will operate the NDIS CVS before the arrangements are reviewed. In our view, this period should be at least five years, to provide some certainty and stability to CVS.

5.5.5 CVS community of practice

We agree with the NDIS Review's view about the need to have a national community of practice to promote best practice approaches to CVS, which could support greater national consistency over time. A national CVS Community of Practice in relation to the NDIS has been in place since 2022, initiated by South Australia, and currently meets bi-monthly, with a rotating secretariat. Key functions of the COP include to discuss and consider progress towards national consistency in NDIS-related visiting schemes, and to share information about the operation of the schemes.

6. NDIS market operation

6.1 Thin markets

The complex market structure of the NDIS requires strong initiatives by the NDIA to address issues such as 'thin' markets and market failure. These issues present challenges to the equitable delivery of high quality services, especially for participants in regional and remote areas and for participants with less common or highly complex needs who may be at risk of abuse.

The provision of supports to keep participants safe from abuse can be very limited in rural and remote areas where there are thin markets in the NDIS. The ADC has handled reports relating to participants who have not been connected to services for extended periods of time, due to challenges in gaining access to the NDIS in rural and remote areas, and the limited number of providers operating in their community.

This has particularly been the case for Aboriginal people with disability in rural and remote areas of NSW. In our view, the NDIA needs to act on a number of market stewardship activities to build the number and capability of providers in rural and remote areas to meet the needs of Aboriginal people with disability in these areas and uphold their right to genuine choice and control of services. In this regard, we consider that there would be merit in revisiting the discussion in the Productivity Commission's final report from its Disability Care and Support inquiry regarding the need to look at the feasibility of overcoming barriers to service delivery in the NDIS for Aboriginal people with disability, including block funding suitable providers where services would not otherwise exist or

would be inadequate.

6.2 People with complex needs

Currently, the market structure of the NDIS does not adequately meet the needs of people with complex support needs, especially those who experience multiple forms of disadvantage.

The ADC receives reports relating to the abuse of adults with disability who are affected by market failure who would benefit from funded supports in the NDIS. These include people who have complex behaviour support needs, complex mental health needs, have experienced long periods in custody, homelessness, or require culturally accessible services.

Market failure in the NDIS contributes to the risk of an adult with disability experiencing abuse. Reports received by the ADC feature adults with disability who have, as a consequence of market failure, experienced:

- increased domestic and family violence or family breakdown
- increased risk of offending or re-offending,
- being hospitalised for significant lengths of time
- significant deterioration in their health and social wellbeing.

Further investment and training is needed for the development of specialist services in the NDIS market to meet the needs of participants with complex support requirements. Stronger coordination is also needed between state and federal government interfaces to ensure there is a safety net for people with complex support needs facing additional barriers to accessing appropriate services in the NDIS.

In our view, it is in relation to people with especially complex support needs that consideration of a case management function may be warranted. In particular, where there are high risks and the complexity of the person's needs is not limited to the provision of NDIS supports and services.

7. Strengthening direct service provision to improve safeguards

7.1 Leadership and a zero-tolerance culture

In matters raised by OCVs and the ADC, leadership and culture are critically important to how services respond to concerns of abuse and uphold the human rights of the people they support.

OCVs note that there is often a large disconnect between senior management and direct support workers. Pressures of the NDIS on providers have caused a reduction in 'practice leadership', with team leadership positions being spread across 4-5 premises. Lack of internal communication between workers and management can see the breakdown of shared responsibility to support the rights of residents, and workers often do not feel confident to raise issues with managers regarding resident wellbeing.

The ADC acknowledges the work of the NDIS Quality and Safeguards Commission to embed the need for providers and workers to respond to any concerns of abuse in various compliance frameworks, such as the NDIS Workforce Capability Framework, NDIS Code of Conduct and NDIS Practice Standards. However, auditing and governance procedures need to more effectively monitor how providers are using these tools to improve practice, and uphold their responsibility to respond to concerns of abuse of clients both in service

and informal settings.

7.2 Training needs to be re-prioritised and incentivised

The quality of training and support delivered by the NDIS workforce is a key factor in the wellbeing and safeguarding of NDIS participants. However, OCVs have identified that training has become increasingly de-prioritised by service providers due to competing pressures such as financial constraints, the difficulty of releasing staff to attend training, and uncertain funding. The high demand for and shortage of NDIS workers, and increasing casualization of the workforce, poses substantial challenges to appropriately training workers.

OCVs have consistently identified and raised concerns about the paucity of training provided to staff in NDIS supported accommodation settings, and the inadequate checks on whether staff can and do implement the training and necessary capabilities in practice. OCVs have highlighted the shift that has occurred under the NDIS to online training, and the reliance on this model of training without the necessary rigor to ensure that the worker understands and can apply the skills.

While OCVs have raised staff training as a concern at large, they have particularly highlighted concerns about the inadequate provision of individualised and targeted training for staff on the specific needs of participants, including high-risk supports such as manual handling. Training that was previously provided in-person, and supported by written guidance that included photos of how the support should be provided to the participant, has tended to be replaced by generic online training.

Consistent issues raised by OCVs and identified in matters handled by the ADC relating to training of NDIS workers have included:

- a lack of formalised training on supported decision-making, active support, positive behaviour support, and management of complex support needs
- a lack of training for workers to identify and respond to abuse in the participant's family, home and community
- inadequate training and support for workers on implementing behaviour support plans
- reduction in staff meetings and high quality in-person training options.

7.2.1 Portable training entitlement scheme

We note that NDIS workforce challenges, including the access of workers to training and supervision, have been explored by the NDIS Review. We welcome and support the recommended initiatives in the NDIS Review's paper on *Building a more responsive and supportive workforce*, including to design and trial a portable training entitlement scheme. We support the recommendation to expedite implementation of the initiatives previously recommended in the NDIS National Workforce Plan: 2021–2025, including enabling micro-credentials and a digital skills passport.

7.3 Abuse and neglect in accommodation settings

OCVs commonly identify and raise concerns about violence and abuse of participants in NDIS residential care settings, including frequent and recurring violence between residents. There are many known factors that contribute to violence and abuse in shared accommodation settings that are repeatedly identified and raised by OCVs visiting NDIS services, including incompatibility of residents, unsuitable living environments, and lack of choice and control by residents over their lives and their accommodation and support arrangements.

It is reasonable to expect that the intended person-centred focus of the NDIS would enable participants to have greater choice and control over the type of housing they live in and where they live. However, this has not consistently been the case, and it remains largely dependent on the housing systems and decisions of state and territory governments. The variety of accommodation and support options and increase in individualised and creative approaches for participants that were anticipated under the NDIS have not yet transpired, and OCVs are frequently seeing and raising the same plethora of issues relating to violence and abuse between residents that they were raising prior to the NDIS.

More broadly, the lack of available, accessible and suitable accommodation means that participants often have few options for alternative accommodation when subject to abuse. While we recognise that the housing crisis does not solely affect NDIS participants, it is not evident that adequate actions are being taken within the scope of the NDIS to support the development and supply of innovative, affordable and accessible specialist disability accommodation (SDA) options.

NSW Ageing and Disability Commission

Trends relating to reports of abuse and neglect of **adults with disability** in NSW

2020-2022 Data Report*



2,501

reports about adults with disability, a **46%** increase over three years

18-24 years

The largest proportion of reports related to people in this age bracket



Most were about **women** (54%)

Key outcomes of reports included that the will and preference of the adult with disability was sought and upheld; they were assisted to receive more support, including increases in disability and health support; and they moved to safer accommodation.

Regional NSW accounted for just over half of reports, with the **Hunter, Illawarra Shoalhaven** and **Central Coast** the most common areas[†].



Blacktown, Canterbury-Bankstown and Campbelltown have been the most common local government areas identified in reports about **adults with disability**.



Paid workers have consistently been the main reporters about **adults with disability** (61%). Over three years there has been an increase in reports by **friends** and by the **adult** with disability themselves.



The Canterbury-Bankstown Disability Abuse Prevention Collaborative was established in 2021 and raises awareness about abuse in their local community



34%



of alleged abuse was **psychological** (verbal abuse and preventing/restricting access to necessary supports)

26%



of alleged abuse was **neglect** (failure to meet support needs and medical neglect)

50%

of reports related to alleged abuse by relatives, mainly the adult's parents.

This was followed by paid workers (17%) and spouses (12%).



The languages spoken at home other than English by adults with disability who were the subject of a report were **Arabic, Vietnamese, Greek, Samoan, Italian, Cantonese, Turkish, Mandarin, Spanish and Tagalog**

*Data collected 1 January 2020 - 31 December 2022

[†]Where the location of the person was known

For more information and data visit adc.nsw.gov.au