

Disability Advocacy Network Australia

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# Effectiveness of the current complaints system for people with disability

April 2026



**DANA** Disability Advocacy  
Network Australia

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# 1. About DANA

As the national peak body for over 80 disability advocacy organisations, Disability Advocacy Network Australia (DANA) is uniquely positioned to contribute to the inquiry of the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) into the integrity of the NDIS.

DANA is a disability led organisation. All members of our Board have lived experience of disability. Our CEO and executive leadership team are all people with disability. Additionally, a significant majority (approximately 70%) of DANA staff identify as people with disability.<sup>1</sup> Enabling and championing disabled leadership and representation has been a key strategic priority and continues to shape governance, planning, and decision-making, at operational, organisational and Board levels.

## *Our Members*

Our insights are grounded in consultation with our member organisations, many deliver advocacy, either through federally funded and/or State and Territory programs.

These include organisations who deliver different models of advocacy, are large, medium or small in organisational size, operate in metropolitan, regional centres, rural towns, remote communities, and take generalist or specialist approaches to supporting and empowering people with disability to achieve improved outcomes, equity and inclusion through their advocacy work.

## *Our Vision*

DANA's vision is of a nation that includes and values people with disability and respects human rights for all.

## *Our Purpose*

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<sup>1</sup> In a survey of staff conducted in October 2025, approximately 70% of respondents identified as having a disability, reflecting the organisation's focus on disability advocacy and accessibility- a number of new staff, including CEO Emma Bennison, have commenced work since then and as an optional survey does not provide a full picture of current proportions - The Pulse @ DANA – Comprehensive Report, December 2025 (internal document).

DANA's purpose is to strengthen, support and provide a collective voice for independent disability advocacy organisations across Australia that advocates for and with people with disability.

*We achieve this by:*

- Promoting the role and value of independent disability advocacy
- Providing a collective voice for our members
- Providing communication and information sharing between disability advocacy organisations
- Providing support and development for members, staff and volunteers of disability advocacy organisations
- Building the evidence base to demonstrate the value of disability advocacy
- Promoting the human rights, needs, value and diversity of people with disabilities.

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## 2. Introduction

DANA welcomes the opportunity to contribute to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) inquiry into the integrity in the NDIS. This submission is provided to support the Committee's consideration of the role of an effective complaints system in ensuring the integrity of the NDIS.

This submission focuses on a critical dimension of integrity:

Whether governments' complaints systems are effective in identifying wrongdoing, enabling people with disability to seek accountability, and supporting regulators to take action against non-compliance and sharp practices.

Complaints are core to integrity. They are a critical path for people with disability to be able to safely raise issues and seek accountability. They are also a primary source of intelligence for governments to take action. The effectiveness of the system in detecting, preventing and responding to wrongdoing depends in part on people with disability and their supporters continuing to raise complaints.

This creates a key dependency within the system. People with disability must be willing and able to raise issues and pursue accountability. In practice, this depends on whether the complaints system delivers outcomes that are visible, explained, and meaningful from the perspective of the complainant. Where this occurs, complaints function as an effective integrity mechanism. Where it does not, confidence in the system is reduced and people are less likely to continue to raise complaints. The latter is increasingly the experience for people with disability.

This dynamic has direct implications for scheme integrity. If people continue to disengage from the formal complaints system, the flow of intelligence to governments is reduced, patterns of harm become harder to detect, and non-compliance and sharp practices are less likely to be identified, prevented and addressed.

Disability advocates have increasingly had to play a significant role in supporting complaints and dispute resolution. Advocates support people to raise concerns safely and pursue accountability in circumstances where many would otherwise be unable to do so. However, advocacy cannot substitute for a well-functioning complaints and dispute resolution system. Access to accountability through complaints should not depend on whether a person has an advocate. The complaints system must be capable of delivering a response that is visible, meaningful, trauma-informed accessible for people with disability.

This submission examines how governments' complaints and dispute resolution system is operating in practice for people with disability, and the extent to which it is functioning effectively and where structural gaps in the system exist.

## Focus of this submission

This submission is focused on government complaints systems and dispute resolution mechanisms. This is because government is the critical control point: it sets the rules, expectations and deterrence framework for providers, and therefore determines the extent to which provider self-regulation and resolution of complaints is effective.

The disability complaints system is designed as a layered model, with provider-level complaint handling as the first line and government oversight and escalation as the second. In practice, this model is not balanced. The system is structured with government bodies at the centre, in particular the NDIS Quality and Safeguards Commission (Commission) as the primary complaints body.<sup>2</sup> While providers are intended to resolve complaints, the overall functioning of the system is determined by government's regulatory model, not by provider processes.

Government establishes how complaints are to be received and acted on, including the role of regulators in responding to complaints and signalling what conduct will attract regulatory attention. The effectiveness of provider complaint handling is therefore shaped by government settings and regulatory practice (particularly the Commission).

Although registered NDIS providers have strong legislative obligations to manage and resolve complaints, self-resolution has inherent limits in the disability context. Many people with disability experience power imbalances, rely on providers for essential supports, and may face risks in raising concerns directly, including fear of service disruption or limited alternative options. This is a structural feature of the sector. This sits alongside the practical limitation that the majority of providers are not registered and therefore don't have requirements to receive and resolve complaints. As a result, provider-level resolution and self-regulation cannot be relied on as a primary mechanism for accountability. People with disability must be able to safely escalate concerns beyond providers to an independent body.

Provider self-regulation only functions effectively where it is supported by a formal complaints system that people with disability trust and where regulators translate complaints into visible accountability. Where this does not occur, complaints are less likely to be raised, reducing the flow of intelligence to regulators and limiting the system's ability to detect and respond to non-compliance and sharp practices.

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<sup>2</sup> The Commission is considered 'primary' on the basis that it has the greatest remit and receives significantly more resources and complaints than other bodies which are far smaller in remit and resources. The Commission received \$197.3 million appropriations for 2024-25 and had 965 APS and 51 contractors (30 June 2025), whereas the Victorian Disability Services Commissioner received \$0.798 million for 2024-25 and had 4 VPS / 1.8 FTE (30 June 2025), the Victorian Disability Worker Commission received \$12.7 million for 2024-25 and had 59 personnel / 52 FTE (June 2025) and the Victorian Social Services Regulator received \$16.1 million for 2024-25 and had 90 employees / 87 FTE (June 2025).

This submission focuses on government complaints and dispute resolution systems because they are the system-level control point that determines whether complaints deliver accountability in practice, whether people with disability are able to escalate concerns safely, and therefore whether provider self-regulation and overall system integrity are effective.

In addition, this initial work focuses on the experience of people with disability in Victoria and the government regulators and complaints bodies available to them. The intention is to broaden this to cover all jurisdictions.

### 3. Executive summary

This submission examines how governments' disability complaints and dispute resolution system functions for people with disability. It addresses the central question:

#### **How effective is governments' current complaints architecture for people with disability?**

The analysis combines mapping of complaint and dispute resolution bodies with advocate input on how complaints operate in practice. Together, this provides both a system-level view of how responsibilities are distributed, and a grounded understanding of how people experience the system.

Advocate input revealed what people are seeking when they raise an issue. People are trying to resolve something that has gone wrong – to fix a problem, stop harm, be heard and taken seriously, and have someone take responsibility. This is fundamentally about accountability of social service systems that serve people with disability.

Accountability is reflected not only in whether action is taken, but in how the system responds. It depends on whether the response is visible, clearly and transparently explained, and connected to the issue raised. A matter may not result in formal enforcement but can still be experienced as accountable if the response is clear, proportionate, and understandable.

This establishes a key test for the system – whether it delivers accountability in practice from the perspective of the person raising the issue. This includes both what the system does with a complaint, and how that response is experienced by the complainant.

The analysis found that the system is not consistently delivering accountability from this perspective.

This was partly due to functional issues, primarily evident in the complaints function of the Commission which sits at the centre of the system as the largest and most well-resourced disability-specific complaints body. The Commission's statutory complaints function is the most significant in the system as it oversees the NDIS and receives approximately 32,000 complaints annually – which is much higher than other bodies such as the Victorian Disability Services Commission which receives approximately 60

complaints annually and the Victorian Disability Worker Commission which receives 128 complaints annually.<sup>3</sup>

As a regulator, the Commission treats complaints as an input into a system-wide risk assessment, with action on individual matters prioritised based on seriousness, urgency and complexity.<sup>4</sup> As a result, the majority of complaints are not directly actioned and instead contribute to system-wide intelligence and regulatory activity. The key challenge is that the model is primarily optimised for filtering and prioritisation at a system level, rather than for delivering a response that is visible and meaningful to the person who raised the issue. The explanation of the role of the complainant in the Commission's complaints policy is limited, indicating that they are not central to how the model operates.<sup>5</sup> Equally, the NDIS Rules that underpin this statutory function appear to place greater requirements on registered providers to ensure complainants remain appropriately informed and involved in matters than is required for the Commission.<sup>6</sup>

This creates a loss of balance between the system and people with disability. The complainant is not consistently at the centre of how the model operates.

In practice:

- many complaints do not progress beyond triage and do not result in a visible or meaningful response, and
- where action is taken, complainants often have limited visibility of what has occurred or how their complaint contributed to any outcome

As a result, accountability is not consistently experienced by the complainant, even where the system has acted.

*"I think that people just want accountability, right? They want to be heard. They want to know that when they make a complaint that it is taken seriously... even when action is taken there is nothing, we understand there's legal processes there, but you know, there could be something general that we could say, hey, you know, it's still happening, we're still investigating or something. You get nothing, literally nothing [from the Commission]".<sup>7</sup>*

*"...people want that communication, but they also want accountability here. So when you've made massive complaints about a service provider and then they're still operating in the community, they're still earning, they're still opening up other*

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<sup>3</sup> NDIS Commission, Quarterly Performance Report Q1 2025-2026; (Victorian) Disability Services Commission, Annual Report, 2024-2025; Victorian Disability Worker Commission and Disability Worker Registration Board of Victoria, Annual report, 1 July 2024 to 30 June 2025

<sup>4</sup> NDIS Commission, Complaints Policy 2025, pp. 9

<sup>5</sup> *ibid*, pp. 8-9

<sup>6</sup> For example, section 8(6) of the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018 requires registered providers to ensure that the person with disability affected by an issue raised in a complaint is kept appropriately informed of the progress of the complaint and involved in the resolution of the complaint – whereas no similarly broad requirement exists for the Commission

<sup>7</sup> All quotes were provided by Senior Advocates located in Victoria

*businesses... what does that tell the person after 12 months of going through interviews and all sorts of things with the Commission and then the provider is continually able to open up businesses and continue to function as normal it's almost like they're laughing in the face of the person..."*

This dynamic helps explain why the experience of the system is often interpreted as a structural gap, where there is no clear mechanism for resolving individual matters that are not prioritised under the Commission's risk-based approach.

The mapping (see Appendix 1) found that the system concentrates resources and complaints to the Commission as a regulator. The Commission receives \$197.3 million annually for its 1,016 personnel to handle approximately 32,000 complaints each year. Whereas, the Victorian Disability Services Commission receives \$0.79 million for its 1.8 FTEs (4 personnel) to handle 62 complaints annually, and the Victorian Disability Worker Commission receives \$12.7 million annually for its 52 FTEs (59 personnel) to handle 128 complaints annually. While these figures do not isolate complaints-specific resourcing, they illustrate the relative capacity of these bodies to respond to complaints.

These figures highlight that beyond the Commission there is no body adequately resourced to support complaint and dispute resolution at any meaningful scale. This means that there is no clear, accessible pathway for resolution of the majority of matters that are not prioritised for regulatory action by the Commission. This is because other bodies have limited remit and capacity to absorb this function.

It is concerning that, in response to the Australian National Audit Office 2025 audit of the Effectiveness of the NDIS Quality and Safeguards Commission's Regulatory Functions, the 'Risk-Based Regulation Prioritisation Model' (or Enterprise Prioritisation Model) was frequently cited as a best-practice approach to triaging and prioritising matters to improve the Commission's approach. However, as outlined above, emerging experience indicates that this model does not place complainants at the centre. It is optimised for system performance rather than for the experience of complainants. It also does not adequately account for the structural characteristics of the disability sector. Unlike other regulated markets where these approaches may be appropriate, the disability sector has inherent constraints on self-regulation and informal resolution of complaints. In this context, matters that are not taken up by an independent body or an advocate are less likely to be appropriately resolved. This presents a structural gap.

Ultimately, governments' complaints system appears coherent from a regulatory perspective but does not consistently deliver accountability in practice for people with disability.

## Implications for reform – recommendations

Two levels of reform are required:

*1) Short-term – re-orient the Commission model*

The Commission should adjust its model to put the complainant back at the centre. Operating as a risk-based regulator is not mutually exclusive to providing a better experience to people with disability who raise complaints.

This requires:

- **Greater transparency at triage** – Complaints should not disappear from the perspective of the complainant. Decisions not to progress a complaint need to be explained in a way that can be understood.
- **Minimum response expectations** – All complaints should receive a response to the specific matter, including but not limited to acknowledgment of receipt and an ability to track that matter from the first response.
- **Stronger feedback and closure** – People should understand what happened and why decisions were made when a matter is closed or not actioned.
- **Improved visibility of action** – If action is taken, it should be a priority to ensure this is visible to the complainant within the bounds of confidentiality.
- **Rebalancing transparency and fairness** – Procedural fairness for subjects of complaints must be better balanced with accountability for complainants.
- **Clearer communication of escalation pathways** – Complaints need clearer explanation of what happens once complaints move to regulatory or enforcement functions.

The National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018 should be updated to include these minimum requirements for all complaints. Noting that some of these are already requirements under the Rules, but do not yet seem to be standard operating practice for the Commission.

*2) Long-term – establish a pathway for individual resolution*

A structural gap will remain even if the Commission's model is re-oriented to put complainants back at the centre. People with disability require a clear, accessible pathway for resolving individual complaints that do not meet the thresholds for action by the Commission.

This requires:

- **A defined individual resolution function** – To resolve individual complaints that do not meet thresholds for regulatory action but still require a response.
- **Clear allocation of responsibility** – Greater clarity on which body is responsible for handling matters that are not progressed by the Commission and resourcing of those bodies to handle additional individual complaints which will result from this clarity.
- **Structured escalation pathways** – People should be able to move their issue forward through defined stages without restarting or navigating disconnected complaints systems.
- **Coordinated system interfaces** – Handoffs of complaints between bodies must be structured and coordinated.
- **Recognition of advocacy as a system function** – Advocates are recognised as a core part of the system, supporting people to navigate complaints, escalation and resolution.
- **Alignment of resourcing with system function** – Resourcing reflects the full scope of what the system is expected to deliver, including individual dispute resolution.

The analysis that underpins these findings and recommendations is provided in the following sections.

## 4. Supporting analysis

### Context and needs of people with disability

People with disability who may want to raise a complaint are dealing with something that has already gone wrong in their lives. These issues can be service failures (such as supports not being delivered, cancellations, billing issues or fraud), quality and conduct issues (including poor-quality supports, inappropriate behaviour or unfair treatment), and safety and rights violations (such as unsafe care, exploitation, neglect or abuse).

People are dealing with these issues in the context of ongoing reliance on supports that are essential to their daily lives. This creates a power imbalance, where alternatives may be limited and where raising concerns carry uncertainty about consequences. People may also be navigating unclear pathways and limited understanding of what will happen if they act as reflected in the following quotes from advocates.

*“If we're talking about people getting to the stage of complaining about serious matters. They are going to be angry, upset, anxious, distressed.”*

*“The provider would be someone who is quite forceful in probably convincing someone not to make a complaint.”*

*“Once you issue a complaint, you have to be really careful of not putting that person in at risk either because they were absolutely petrified of the support coordinator.”*

Engaging with the system can involve effort and complexity at a time when the person is already managing the impacts of the issue itself, and there may be limited confidence that raising the issue will lead to a meaningful response. Together, these factors shape what feels realistic, safe, or worth pursuing in response to an issue.

*“In our case, we're talking about very vulnerable people who have been treated really badly and maybe abused, neglected...”*

*“...in those initial moments, she was absolutely petrified to make a complaint. And it was only building rapport with her that that was able to sort of do that. We even called the police and they said, Oh no, you've got a regulatory body to complain to about that.”*

*“You can have a person with a cognitive impairment who's been badly treated by their provider. It's always been the message to disempowered and just be quiet and trust us and we'll look after it.”*

The quotes above reveal that deciding whether to act is not straightforward. People are weighing the importance of the issue against potential risks, effort, and uncertainty

about outcomes. Some issues are raised, while others are managed informally, delayed, or not pursued at all. This filtering happens before a matter ever reaches a formal complaints pathway.

*“Clients, take a big risk in coming forward against a provider in a small town and complaining about them in a public kind of way.”*

*“But if this person was going to make their own complaint, there's no way they would. They wouldn't have known how to. They wouldn't have been able to. They wouldn't have had the confidence to do so because [of what had happened to them].”*

As the above quotes indicate, issues such as fear of reprisal, or inaccessible systems information can act as deterrent for an individual to lodge a complaint. This starting point is critical to assessing whether the complaints system is working effectively. The system is responding to issues raised from a position shaped by dependency, risk, effort and uncertainty. Whether it works in practice depends on how well it responds to that context and the needs of the person.

## What people experience now

Building on the starting point described above, when people do raise issues through formal complaints pathways, they are seeking a response that addresses what has gone wrong and provides accountability. They are often coming from a context where acting is already shaped by risk, effort and uncertainty.

Formal systems manage this broad range of issues through a risk-based approach, designed to respond to matters ranging from serious safety and rights violations through to service failures and quality concerns.

At the Commission, complaints are treated as an input into risk assessment, with action prioritised based on system-wide risk and priority filters. The highest risk matters are progressed, while many others are not. Those that are not progressed are treated as intelligence. The Commission describes this model as the ‘Risk-based regulation prioritisation framework’, which prioritises complaints based on urgency, seriousness and complexity.<sup>8</sup>

In practice, this creates two distinct experiences for people.

For a significant proportion of complaints, matters do not progress beyond initial triage. These matters may be assessed as lower risk, referred back to providers, or determined not to meet thresholds for further action. From a system perspective, this reflects prioritisation. From the person’s perspective, there is often limited or no explanation as to why the matter is not progressing, and little visibility of whether any action has been taken. The complaint can effectively disappear as illustrated by the following statements:

*“It potentially creates anxiety because of it’s so slow and we may never hear about what happens in the end. Some of these people have got significant mental health issues purely based on the stresses of putting that complaint through to the Commission and not getting responses and having to hang out for so long.”*

*“...this system that says basically we’re from the government, trust us, just leave it with us and we take it all seriously and it’ll all contribute to possible outcomes and it’s all intelligence for us. And that might be satisfactory from their point of view, but it is completely unsatisfactory from the point of view of vulnerable people who have been sold this idea that they can go and have a complaint heard and it disappears into the abyss and is never seen again.”*

*“It’s a really difficult concept to get across that you’re contributing to the greater good with your complaint. You may not get any sort of sense of satisfaction or*

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<sup>8</sup> NDIS Commission, Complaints Policy 2025, pp. 8-9

*resolution... it's contributing to the ongoing good... it's a really difficult message especially to give to people who are angry or distressed or because they've got to this stage of making a formal complaint about their provider”.*

*“The Commission needs to do some serious work helping us [advocates] message in plain English what they do and don't do so that we can temper expectations at the beginning of the process. And some of this is still catching up from when we thought three years ago that it was a serious body that would deal with these things appropriately. It's only in the last sort of couple of years it's become more apparent that it's a black hole of complaints.”*

*“...from today onwards, what does Commission say we [advocates] should be messaging to somebody who's coming to us distressed and anxious and angry and scared and, you know, all of those things about the length of time it takes, how the process works, about prioritisation, it's a really complex topic.”*

In a context where people often have to rely on formal pathways to achieve accountability, this creates a clear gap. Issues that are serious enough for a person to raise do not result in a response that is visible or meaningful to them, particularly where the person has taken on risk and effort to do so. As advocates report, many responses do not provide people with a meaningful outcome:

*“Their [the Commission] complaint letters or their responses are not disability friendly either. They're not in easy read.”*

*“The complaint responses are very generic. They say, we we've taken on your complaint, but now we've sent it up to the regulatory body. If they want more information, they might contact you. Otherwise, bye, you don't expect to hear from us again.”*

*“...getting a generic e-mail is better than getting nothing. At least you have some confidence that they've actually received it. I got nothing back to say even automated you know to say thank you for sending it through. Nothing from the Commission itself about complaining to them.”*

For a smaller proportion of complaints, matters do progress into regulatory, compliance or enforcement functions. However, even where this occurs, the loop back to the person is often minimal. In practice, it appears that the Commission isn't meeting the requirements in the NDIS (Complaints Management and Resolution) Rules 2018 to notify complainants of outcomes or decisions. We are seeing that information about what action has been taken is limited, outcomes are not visible, and the person is not able to see how their complaint contributed to any response:

*“It seems the more serious it is, the harder it is to get any feedback at all... the further it gets in the process, the more difficult it is for the person who's raised the*

*complaint to get any kind of feedback at all, and in many cases won't get feedback”.*

*“I actually get a response 12 months later, a complaint response that had four lines to it that actually said. It almost read there was nothing to see here.”*

*“We know it's been passed on to the regulatory branch, which means they've deemed it serious enough and clear enough to pass it on. But three years down the track, we've got no idea whether they're still investigating, whether they've completed their investigating and closed the file, whether they're prosecuting. We have no idea.”*

*“There must be somewhere where they have a conversation with the provider about improving their systems, you know, and get better at it. But that's a good outcome. Why wouldn't you want to tell people that as well? Instead it's radio silence so people presume nothing's happened. No provider is going to be touting it and telling everyone we've improved our systems because of complaints to the Commission.”*

There are legitimate constraints on what can be shared with complainants, including confidentiality, procedural fairness and due process for providers and workers. However, in practice, the balance appears to have shifted toward the subject of the complaint, with limited visibility provided to the person who raised it as reflected by the quotes below:

*“...it's on the person to monitor them [the Commission] putting out lists of findings in courts. So, even if it goes to court and they get a good outcome and the complaint is upheld and there's a punishment or a fine or something. They still don't even go back to the person who raised it because they say it might be more than one person who's contributed to this whole thing.”*

*“...I had to be really careful because I did call the Commission and I had a conversation, but they wanted to set this up as a complaint. The problem is that once they do that, then all of a sudden the service provider is aware.”*

*“We have to have natural justice and due process, but it feels like it's weighted in favour of the providers rather than people with disability who the scheme exists for. You know, without the without the participants, there's no scheme.”*

From the person's perspective, this can be indistinguishable from inaction. They have raised an issue, something may have occurred within the system, but they cannot see or understand it.

*“...if you're a person complaining to them with disability to have to monitor for maybe years, the outcomes that they print is just not reasonable. And the real*

*risk is that it leaves, it leaves people with disability without any satisfactory understanding of what's happened.”*

*“They're saying that they've closed the file? Because that's the complaint that they've closed, not the file. So closed file doesn't mean it's not being investigated. It just means the initial intake kind of team have closed the file and they say they have to do that. We're saying, well, you probably shouldn't call it closed.”*

Across both types of experience, the core issue is not only whether action occurs, but whether it is visible and meaningful to the person. There is uncertainty about what has happened, limited explanation or closure, and in many cases the original issue remains unresolved. Even where action does occur, it is not experienced as such. The result is a system that is internally coherent but does not consistently deliver accountability in practice for the people it was designed to support. As advocates point out:

*“...from the point of view of the people who complained that still that loop wasn't really closed in any satisfactory way.”*

*“We've now closed the file. That's the language they use. But they haven't in fact, they've taken it so seriously and they think the evidence is so good that they've passed it on to the regulatory part of the Commission – but the explanation to the person doesn't make that clear.”*

This is reflected in the Commission's Complaints Policy, which contains limited reference to the role or experience of the complainant. While it commits to keeping complainants informed of outcomes, this is one of the few explicit references to engagement with the person in the policy. The outcomes defined under the 'Risk-based regulation prioritisation framework' do not include outcomes directly related to the complainant, such as accountability, communication, closure or visibility of response.

This creates an additional disincentive for people with disability to raise complaints, alongside the risks and barriers already described. It weakens the regulatory model: if people lose confidence in the complaints process, issues are less likely to be raised, patterns of harm are underreported, and complaints become a less effective source of system intelligence. It also creates the risk that people with disability potentially remain in unsafe situations or continue to be harmed due to a lack of immediate action.

*[When no one notifies the complainant of action] “...so, from their point of view, nothing's happened, nothing's been resolved. Things go on as I always have. What a waste of time that was and what a great deal of anxiety and stress cause.”*

*“If you just look at it from the participants point of view in that situation, the service provider's still operating, still earning money, still doing things for people that, you know, doing all the things that they have complained about... but we*

*have to presume that they've been monitored fairly closely and that they've been slapped on the wrist and they've had to improve some systems somewhere.”*

This is reflected in Commission operational data. The number of complaints received fell by around 20% in the twelve months to July–September 2025, from 8,912 to 7,119 (the most recent data available). Over the same period that complaints reduced, the NDIS grew by 10% suggesting a larger reduction in complaint volume.<sup>9</sup> Approximately 71% of complaints were made by a person with disability or their support person across both periods, indicating that the decline does reflect a reduction in complaints from people with disability.<sup>10</sup> It suggests that an inadvertent consequence is that people are becoming disenfranchised and apathetic toward raising issues:

*“The risk of it is, of course, that people give up because it was a waste of time and the word gets around in the sector. There's no point, and we hear it all the time. There's no point complaining to the Commission.”*

*“The real problem is that if people give up on providing them the intelligence that they say is so important for their regulatory function, because people feel like it's a waste of their time and it's just creates more stress and anxiety, the tap gets turned off.”*

The success of a system-focused regulator like the Commission is dependent on the quality and quantity of the intelligence it receives. The reduction in complaints indicates a loss of confidence in the Commission.

*“...you can see down the track, that there will be claims that the system's getting better because the number of complaints has dropped significantly. And it'll be nothing to do with the fact the system is getting better. It'll be due to the fact that people have given up.”*

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<sup>9</sup> NDIA, Quarterly Report, September 2025, pp. 9

<sup>10</sup> NDIS Commission, Quarterly Performance Report Q1 2025-2026, pp. 7-8.

## Challenges with this experience

Analysing the experiences described above, the issues are not random or isolated. They reflect consistent patterns in how the system operates and how it is structured.

These can be understood across two dimensions:

- **Functional issues** – how the system operates in practice, particularly how complaints are handled by the Commission once raised
- **Structural issues** – how responsibilities are distributed across the system, capacity constraints in the system and the gaps this creates

The evidence suggests the primary issue is functional – how the system performs its role – with structural settings shaping, but not fully explaining that experience. In particular, it appears that functional issues give rise to larger structural gaps.

A core issue underpinning the experience described above is a loss of balance in how the system operates. The Commission's risk-based model is designed to identify and act on the highest priority matters, which is appropriate from a regulatory perspective. However, the model is primarily optimised for filtering and prioritisation at a system level, rather than for delivering a response that is visible and meaningful to the person who raised the issue. As a result, the complainant is not consistently at the centre of how the model operates, including in matters that do progress to action.

These functional issues are not discrete problems. They are the practical effects of how the model operates. Together, they determine whether accountability is delivered for the person with disability – through visibility, explanation, and a clear connection between the issue raised and any response.

This dynamic also explains why the experience of the complaints system is often interpreted as a structural gap – a perception that there is no clear pathway or body to achieve accountability. In part, this reflects how the Commission's processes operate, where the complainant is not at the centre and accountability is not experienced as such. In part, it also reflects a genuine structural gap, where there is no clear mechanism for resolving individual matters that are not prioritised under the Commission's risk-based approach.

### *Functional issues – primary challenges*

These issues relate to how complaints are handled within the Commission as the primary body responsible for regulating the NDIS, and how this is experienced by the person raising the issue.

## **1. Risk-based triage and progression**

Complaints are filtered based on system-wide risk, with many matters not progressing beyond initial assessment. While this reflects the intended operation of a risk-based model for a regulator, there is limited transparency about how these decisions are made or why a matter isn't prioritised.

## **2. Lack of visibility of action**

People cannot see what has happened to their complaint. Where action is taken, it is not visible or clearly explained. Where no action is taken, this is often not clearly communicated.

## **3. Weak feedback and closure**

There is limited explanation of decisions, particularly where matters do not progress. Closure does not provide a clear or meaningful understanding of what occurred or why.

## **4. Loss of connection between complaint and outcome**

Even where matters progress internally, the person cannot see how their complaint contributed to any response. Complaints do not function as a visible pathway to accountability from the person's perspective.

## **5. Imbalance in operational transparency**

There appear to be strong protections for the subjects of complaints, including confidentiality and procedural fairness. However, this is balanced against complainants who may have to remain in unsafe situations, including in cases where harm is alleged or substantiated while due process is followed.

### *Structural issues – secondary challenges*

These issues relate to how the system is organised, where responsibility sits, what capacity exists and what functions are not clearly performed.

#### **1. No effective pathway for individual resolution**

The system lacks a body responsible for resolving individual complaints. The Commission is the central complaints body but operates as a regulator focused on system-wide risk. Only the highest priority matters are progressed. As a result, many matters that are raised do not lead to resolution at an individual level.

#### **2. System design concentrates complaints without guaranteeing outcomes**

Complaints are directed to the Commission due to its central role. This is also due to very limited resourcing available to other bodies. This concentrates matters within a model not designed to resolve most of them, with complaints prioritised for system-level risk rather than individual outcomes.

### **3. Resourcing reinforces the gap between intake and resolution**

Most complaints resourcing in the system sits with the Commission, but it remains limited relative to the size of the NDIS and the volume of matters raised. This necessitates a risk-based model focused on higher-priority issues and limits capacity to respond to the full range of complaints. It also means it's not feasible for the Commission to simply become the individual dispute resolution mechanism.

## What needs to change

The model must be re-oriented to consistently deliver accountability from the perspective of the complainant. This requires placing the complainant at the centre of how the system operates, rather than the needs of the system itself.

The core issue is that the model is currently optimised to identify and respond to system-wide risk, but does not consistently deliver a response that is visible and meaningful to the people who raise issues. If unaddressed, this risks further erosion of trust in the complaints function among people with disability.

Placing the complainant at the centre and delivering accountability requires that the system provide a response that is:

- **Heard** – the issue is acknowledged and taken seriously
- **Visible** – something happens and can be seen
- **Explained** – decisions are clear and understandable
- **Connected** – there is a link between the complaint and any outcome
- **Proportionate** – all matters receive an appropriate response
- **Closable** – there is a clear end point communicated
- **Escalatable** – there is a clear next step if unresolved

These are the minimum conditions under which accountability can be experienced by a complainant.

Addressing this requires two steps:

- re-orienting how the current Commission model operates (**Short-term outcomes**)
- addressing what sits beyond that model (**Long-term outcomes**)

### *Short-term outcomes – re-orient the Commission model around the complainant*

The Commission will continue to operate as a risk-based regulator. However, the model must be re-oriented so that, alongside identifying and responding to system-wide risk, it consistently delivers accountability from the perspective of the complainant.

This requires embedding the minimum conditions of accountability into how the model operates in practice, so that all complaints result in a response that is visible, understandable and proportionate to the issue raised.

### **Key short-term outcomes to achieve:**

- **Greater transparency at triage**

Complaints should not disappear at the point of triage. People should receive a clear explanation of how decisions are made and why a matter is not progressing, in a way they can understand.

- **Minimum response expectations**

All complaints should receive a defined response. This includes proportionate handling of lower-risk matters, ensuring they are acknowledged, considered and responded to, rather than filtered out without outcome.

- **Stronger feedback and closure**

Closure should represent a clear and communicated end point. People should understand what has happened, what was considered, and why decisions were made – including where no further action is taken.

- **Improved visibility of action**

Where action is taken, it should be visible to the person within the bounds of confidentiality. This includes clearer indication of whether action has occurred and how the issue has been addressed.

- **Rebalancing transparency and fairness**

Procedural fairness for subjects of complaints must be maintained, but this should be balanced with greater visibility for complainants, particularly where harm is alleged or wrongdoing is substantiated.

- **Clearer communication of escalation pathways**

There should be greater clarity on when and how matters move beyond complaints into regulatory or enforcement functions, and how this is communicated to the person.

To support such changes, the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018 should be updated to include these minimum requirements for all complaints. Noting that some of these are already requirements under the Rules, but do not yet seem to be standard operating practice for the Commission.

*Long-term outcomes – establish a pathway for individual resolution alongside the regulatory model*

Even with improvements to the Commission's model, a structural gap will remain. The Commission is a regulator and will continue to prioritise system-wide risk. It is not designed or resourced to resolve all individual complaints.

The system must therefore include a clear, accessible pathway for individual resolution for matters that are not prioritised under the Commission's model.

**Key long-term outcomes to achieve:**

- **A defined individual resolution function**

The system includes a clear function responsible for resolving individual complaints that do not meet thresholds for regulatory action but still require a response. This operates alongside, but distinct from, regulatory enforcement.

- **Clear allocation of responsibility**

It is explicit which body is responsible for handling matters that are not progressed by the Commission. Matters do not sit within the system without ownership or resolution.

- **Structured escalation pathways**

People can move their issue forward through defined stages without restarting or navigating disconnected systems. Escalation is continuous, with clear steps and no requirement to re-lodge or re-explain issues.

- **Coordinated system interfaces**

Hand-offs between the Commission and other bodies are structured and coordinated. Matters are transferred with context, responsibility is clear, and the person is not required to navigate fragmentation.

- **Recognition of advocacy as a system function**

Advocates are recognised as a core part of the system, supporting people to navigate complaints, escalation and resolution, particularly where formal mechanisms are limited.

- **Alignment of resourcing with system function**

Resourcing reflects the full scope of what the system is expected to deliver, including individual resolution, ensuring capacity aligns with demand and system expectations.

## 5. Appendix 1: Mapping complaint and individual dispute resolution bodies

This table summarises the primary bodies involved in complaints and dispute resolution relevant to people with disability. It highlights jurisdiction, role, scope and powers to illustrate how responsibility is distributed across the system. It is focused on National and Victorian bodies as a starting point for this analysis. It has been sourced from publicly available information.

	NDIS COMMISSION	NDIA	VICTORIAN DISABILITY SERVICES COMMISSIONER	VICTORIAN DISABILITY WORKER COMMISSION	VICTORIAN SOCIAL SERVICES REGULATOR	VICTORIAN OFFICE OF THE PUBLIC ADVOCATE
<b>JURISDICTION</b>	National	National	State (Victoria)	State (Victoria)	State (Victoria)	State (Victoria)
<b>LEGISLATIVE / POLICY BASIS</b>	NDIS Act 2013 (Part 6), Rules, Practice Standards, Code of Conduct	NDIS Act 2013 (administrative functions)	Disability Act 2006 (Vic)	Disability Service Safeguards Act 2018 (Vic)	Social Services Regulation Act 2021 (Vic) + Social Services Regulations 2023	Guardianship and Administration Act 2019 (Vic)
<b>MODEL</b>	System-wide regulator (risk-based) – not an individual dispute resolution body	Scheme administrator – internal review and complaints handling	Independent complaints resolution body using conciliation and investigation	Worker-focused regulatory and complaints body – investigates conduct of individual disability workers	Sector-wide regulator of service standards, safeguarding schemes, and provider compliance	Independent statutory advocacy and safeguarding body
<b>CAPACITY / RESOURCING</b>	965 APS and 51 contractors (30 June 2025) \$197.3 million appropriations for 2024-25	10,285 FTE APS and 1,770 contractors (30 June 2025) \$2,624 million expenses for 2024-25 (ex-plan costs)	4 VPS / 1.8 FTE (30 June 2025) \$0.798 million for 2024-25	59 personnel / 52 FTE (June 2025) \$12.7 million for 2024-25	90 employees / 87 FTE (June 2025) \$16.1 million for 2024-25	109 staff (June 2025) and 650 volunteers \$19.6 million for 2025-25
<b>COMPLAINT VOLUME</b>	Quarterly: 7,119 (Jul-Sep 2025)	Quarterly: 14,390 (Q2 2025-26)	Annual: 62 complaints – 7 'in-scope' and 58 'out-of-scope'	Annual: 128 complaints	Not available	Not fully available – 828 feedback and complaints through website (this is a partial figure)
<b>WHAT DO THEY APPEAR TO HANDLE</b>	<ul style="list-style-type: none"> <li>Complaints about NDIS supports and services</li> <li>Reportable incidents</li> <li>Code of Conduct breaches</li> <li>Provider registration and compliance</li> <li>Worker screening (with states)</li> <li>Restrictive practices oversight</li> <li>Restrictive practices and reporting</li> </ul>	<ul style="list-style-type: none"> <li>Complaints about NDIA staff, processes and service delivery</li> <li>Planning and funding processes (via internal review pathways)</li> <li>Enquiries and feedback about participant experience</li> <li>Fraud and internal conduct issues (via specific frameworks)</li> </ul>	<ul style="list-style-type: none"> <li>Complaints about Victorian disability services funded by DFFH, TAC or WorkSafe</li> <li>Disability advocacy services funded in Victoria</li> <li>Enquiries and advice to support people to raise concerns</li> <li>Oversight of incidents, abuse and neglect (via referrals and investigations)</li> </ul>	<ul style="list-style-type: none"> <li>Complaints about any disability worker in Victoria (regardless of funding source)</li> <li>Concerns about worker behaviour, safety, quality of work, and Code of Conduct breaches</li> <li>Notifications about risk posed by workers</li> <li>Registration standards and worker oversight</li> </ul>	<ul style="list-style-type: none"> <li>Social Services Standards across in-scope providers</li> <li>Oversight of Child Safe Standards (including complaints about organisational compliance)</li> <li>Administration of Reportable Conduct Scheme (allegations about involving children)</li> <li>Worker and Carer Exclusion Scheme</li> <li>NDIS check</li> <li>Registration and monitoring of social service providers</li> </ul>	<ul style="list-style-type: none"> <li>Individual and systemic advocacy</li> <li>Info and advice about guardianship, powers of attorney</li> <li>Investigations into inappropriate guardianship or need of guardianship</li> <li>Guardianship where appointed by VCAT</li> <li>Community Visitors and Independent Third Person functions</li> </ul>
<b>KEY THRESHOLDS / CONDITIONS</b>	<ul style="list-style-type: none"> <li>Complaint must relate to NDIS supports or services ('arising out of, or in connection with, the provision of supports...')</li> <li>Regulatory action triggered by breaches of Code of Conduct or Practice Standards</li> <li>Focus on system-wide self-regulation and prioritising individual matters of risk and harm</li> </ul>	<ul style="list-style-type: none"> <li>Must relate to NDIA functions or conduct</li> <li>Risk assessment applied to determine response priority</li> </ul>	<ul style="list-style-type: none"> <li>Must relate to a regulated Victorian disability service provider</li> <li>Focus on services under the Disability Act</li> <li>Emphasis on resolving issues through engagement with the person and provider</li> </ul>	<ul style="list-style-type: none"> <li>Complaint must relate to conduct of an individual disability worker</li> <li>Applies regardless of how services are funded</li> <li>Focus on safety, conduct, and compliance with Code of Conduct</li> </ul>	<ul style="list-style-type: none"> <li>Applies only to in-scope social services, largely those funded or delivered through DFFH, TAC, or WorkSafe</li> <li>Explicit exclusion of NDIS-funded services</li> <li>Many functions triggered by mandatory reporting obligations (e.g. reportable conduct, serious incidents)</li> </ul>	<ul style="list-style-type: none"> <li>Primarily for guardianship, decision-making, abuse, exploitation or safeguarding issues</li> <li>Many functions are enlivened through VCAT appointments or referrals</li> </ul>
<b>WHAT APPEARS OUT OF SCOPE</b>	<ul style="list-style-type: none"> <li>Non-NDIS disability services (except restrictive practices)</li> <li>Some unregistered provider activity (limited scope)</li> <li>NDIA planning/funding decisions</li> <li>Criminal matters</li> <li>Employment disputes</li> <li>Mainstream service complaints</li> </ul>	<ul style="list-style-type: none"> <li>Complaints about providers (referred to NDIS Commission)</li> <li>Matters outside NDIA control or outside NDIS scope</li> <li>Criminal matters, external agency conduct</li> </ul>	<ul style="list-style-type: none"> <li>NDIS-funded services (directed to NDIS Commission)</li> <li>NDIA decisions and processes</li> <li>Matters outside Victorian disability service system</li> </ul>	<ul style="list-style-type: none"> <li>Service-level complaints beyond individual conduct (e.g. provider systems or organisational issues)</li> <li>NDIA decisions or planning matters</li> </ul>	<ul style="list-style-type: none"> <li>Individual service complaints seeking resolution or redress</li> <li>NDIA decisions or NDIS planning/funding issues</li> <li>NDIS service delivery (explicitly excluded)</li> </ul>	<ul style="list-style-type: none"> <li>General complaints resolution about disability services</li> <li>General provider regulation and enforcement</li> </ul>

		<ul style="list-style-type: none"> <li>Issues subject to formal legal review processes (e.g. AAT)</li> </ul>		<ul style="list-style-type: none"> <li>Broader complaints about service quality not attributable to a specific worker</li> </ul>	<ul style="list-style-type: none"> <li>General service quality complaints that do not meet thresholds</li> </ul>	
<b>POWERS / REMEDIES</b>	<ul style="list-style-type: none"> <li>Receive and assess complaints</li> <li>Investigate and monitor compliance</li> <li>Issue compliance notices</li> <li>Suspend/revoke registration</li> <li>Ban providers or workers</li> <li>Impose conditions</li> <li>Refer matters for enforcement</li> </ul>	<ul style="list-style-type: none"> <li>Provide explanations, information and clarification</li> <li>Correct administrative errors</li> <li>Adjust processes or service responses</li> <li>Refer matters internally or externally</li> <li>Facilitate access to review pathways (internal review, AAT)</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate resolution through assessment and conciliation</li> <li>Conduct investigations</li> <li>Compel information and inspect services</li> <li>Issue "Notice to Take Action" requiring service improvement</li> <li>Undertake Commissioner-initiated and systemic investigations</li> </ul>	<ul style="list-style-type: none"> <li>Service-level complaints (e.g. provider systems or organisational issues)</li> <li>NDIA decisions or planning matters</li> <li>Broader complaints about service quality not attributable to a specific worker</li> <li>System-level issues beyond individual conduct</li> </ul>	<ul style="list-style-type: none"> <li>Register, monitor, and enforce compliance of providers</li> <li>Investigate reportable conduct and safeguarding breaches</li> <li>Impose conditions, sanctions, or exclusions (e.g. WCES)</li> <li>Require notifications and corrective actions</li> <li>Refer matters to other regulators or authorities</li> </ul>	<ul style="list-style-type: none"> <li>Investigate certain allegations relating to abuse, exploitation, inappropriate guardianship or need for guardianship</li> <li>Report to VCAT regarding need for guardianship or administration</li> <li>Use Community Visitors and other safeguarding functions to raise concerns and generate oversight intelligence</li> </ul>
<b>EXPECTED REFERRAL PATHWAYS / LIKELY INTERFACE BODIES</b>	<ul style="list-style-type: none"> <li>NDIA</li> <li>Worker screening units</li> <li>Police</li> <li>State bodies</li> <li>Ombudsmen</li> <li>AHPRA</li> <li>Consumer/workplace regulators (e.g., ACCC)</li> </ul>	<ul style="list-style-type: none"> <li>NDIS Commission (provider complaints)</li> <li>Ombudsman (complaints about NDIA handling)</li> <li>AAT (review of decisions)</li> <li>State bodies, police, or other regulators depending on issue</li> </ul>	<ul style="list-style-type: none"> <li>NDIS Commission (NDIS-related complaints)</li> <li>Police (criminal matters)</li> <li>Other state bodies depending on issue</li> </ul>	<ul style="list-style-type: none"> <li>Disability Services Commissioner (service-level issues)</li> <li>NDIS Commission (provider regulation under NDIS)</li> <li>Police (criminal matters)</li> <li>Other regulators depending on issue</li> </ul>	<ul style="list-style-type: none"> <li>NDIS Commission</li> <li>Disability Services Commissioner (service complaints in state services)</li> <li>Victorian Disability Worker Commission (worker conduct outside specific schemes)</li> <li>Police / Child Protection (serious harm, criminal matters)</li> </ul>	<ul style="list-style-type: none"> <li>VCAT</li> <li>NDIA</li> <li>NDIS Commission</li> <li>Victorian Disability Services Commissioner</li> <li>Victorian Senior Practitioner</li> <li>Department of Families, Fairness and Housing / Child Protection</li> <li>Police and health services where relevant</li> </ul>

Ends.