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**Submission to the Department of Social Services
NDIS Consultation on Quality and Safeguarding Framework**

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INTRODUCTION

The DEAI is the professional association representing the diverse and dynamic profession of Developmental Education. Developmental Educators are multi-disciplinary disability specialists with expertise in fostering the skills, independence and quality of life of individuals with developmental and/or acquired disabilities and their carers. Developmental Educators have undertaken the Bachelor of Disability and Developmental Education (or equivalent) at Flinders University, South Australia. As allied health professionals, Developmental Educators have a practical approach and work holistically across the life span to address issues which may affect the function, independence and social inclusion of individuals with disability, their families and carers. Specialist functional behaviour and developmental assessment, skill development, therapeutic support, case management and positive behaviour support are among the skills and expertise of Developmental Educators.

Developmental Educators recognise the vulnerabilities of many individuals with disability and the DEAI is appreciative of being able to provide comments and recommendations to contribute to empowering, quality and safe supports to benefit individuals with disability and their families/carers.

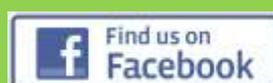
RESPONSES AND RECOMMENDATIONS

Most important features of an NDIS info system for participants?

The DEAI believes access to information empowers individuals with disability by increasing their ability to make informed choices and assert control. Information should be free, easily accessible and accommodate different individual capabilities based on a person's ability and disability.



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Face to face access to information should be an option for people who are unable to access/understand on-line or printed information. Information systems should be compatible with other systems and modes of technology. Information inquiries should be responded to in a timely fashion, for example a direct information hot line may be effective.

How can info systems be designed to ensure accessibility?

Opportunities to meet face to face to access information, e.g., community sessions, local branches. People with disabilities/service users/families should be consulted about the strengths and weaknesses within the current system so as to ensure any changes are improvements that meet the needs of people. Regular, free information sessions about the system will promote accessibility and a platform for feedback.

Systems should be designed to have a transparent rating system to enable service users have information regarding provider performance, e.g., similar to www.myschool.edu.au. It is important to include consultations with a cross section of people with disabilities with varying cognitive and physical disabilities (people with intellectual disability are often left out of consultations and discussions).

Benefits and risks of enabling participants to share info?

Benefits: transparency can support accountability and offers opportunities to highlight areas that require further support/input.

In the context of service providers sharing information this allows all involved to be informed and aware of actions to work toward goal achievement. It promotes collaboration.

Risks: Privacy concerns may be identified.

Are there additional ways of building natural safeguards?

Funded Self Advocacy programs and Community Education programs regarding disability, rights, inclusion, restrictive practice, participation, citizenship.

Adequate funding for providers to enable a quality service which provide a high standard of support. A framework should be developed to engage communities in meaningful ways (promoting positive partnerships e.g., with local government).

What can be done to support people with limited family/friends support?

Develop a system or framework that identifies people at risk and in need of a monitoring process. Consider tighter time frames for plans to be reviewed for people who have been identified as high risk.

Supported Decision Making – people with disabilities should be engaged in developing a support network with a trained professional.

Free Advocacy services for education and options for support during implementing plans. The Community Visitors Scheme has been effective in monitoring at risk individuals.

Engaging professionals/programs who have the knowledge and skills to support people at risk.

Active identification of the person's interests and strengths and locating community options with which the person can be linked in to develop relationships. Fund support workers to assist the person to link in with community.

What kind of support would providers need to deliver high-quality supports?

- Sound vision and mission statements that support the values and ethics of empowering individuals with disability to the best of their ability (e.g., person centred, inclusive, strength based, holistic).
- Providers require thorough understanding of the NDIA / NDIS.
- Information and technology is constantly changing. Support providers will need to be informed, creative, flexible and responsive to keep pace with the changes. They will need support by way of access to timely information, and effective and efficient technology systems to be able to plan, develop and run their business in order to remain viable, effective and efficient in meeting consumer demand.
- Providers need to have the ability to collaborate with other agencies also providing a service to a participant (sound information sharing guidelines) so as to be efficient and effective and not work across purpose.
- Easy, efficient, and accessible documentation for undertaking NDIS business.
- Easy, efficient, and accessible documentation/technology for consumers of the service provider.
- Support to develop strong governance, and policies and procedures that are comparable in the market (e.g., regarding recruitment, Police screening, staff supervision, staff training, complaints processes, best / evidence based practice, monitoring and review of services provided).
- Timely Police Clearances so as not to hold up recruitment.
- Minimum standards of experience / qualifications, depending on the nature/complexity of the service provision.
- Planned investment in the training and development of the staff / work force through continuous education and improvement.
- Knowledge and understanding of all professional disciplines and the range of therapies, services and supports they may be able to offer individuals with disability who are consumers/clients of the service provider. For example, there is widespread knowledge what a Speech Pathologist, Psychologist or Occupational Therapist can offer, however less knowledge and understanding of the qualifications, skills and expertise of a Developmental Educator (who has a 4 year Bachelor of Disability and Developmental Education).
- Currently NDIA has not recognised Developmental Educators as an allied health profession. Recognition of this discipline would enhance the skilled workforce and quality of supports available to participants and somewhat address some of the current workforce problems in allied health.

Consider options above, which option would provide the best assurance for providers / participants?

Best assurance for providers and participants is offered by options 3 and 4, however may also be pose significant governance and financial strains on service providers.

Options 1, while increasing choice, does not offer satisfactory guarantees for quality services, protection and stability for participants.

NDIS Code of Conduct would guide optimal practice, especially for employee groups such as support workers, or service providers who may not be connected with a professional body who sets out a code of conduct for its membership.

Minimum should be Option 2, with Options 3 and 4 required depending on the nature of the service (e.g., children with disability, individuals with intellectual disability, individuals receiving positive behaviour support due to behaviours of concern) and possibly the size of the service provider (the larger the provider the more risks posed to governance and oversight).

Quality, compliance and reporting systems may need to be nationalised to avoid red tape and duplication and ensure effectiveness and rigour are uniform (rather than having a layer of state based systems as well).

Should the approach to registration depend on the nature of the service?

A tiered system may support choice and control for people with disability. People with disability can be highly vulnerable, depending on the nature of their support needs. Incremental additional and conditional registration requirements for service providers will add levels of protection, quality and safeguarding for participants as well as limiting risks for service providers.

How can the right balance be reached between providing assurance and people making choices?

- Tiered systems offer people choice and control.
- The higher the risk (e.g., by nature of the supports or the size of the service provider) the higher and more rigorous registration requirements should be.
- Involving people with a range of disabilities in decision making about registration requirements.
- Making outcome measures, including qualitative and quantitative evaluations, available for people with disability in a range of formats including easy accessible and plain English information.
- Minimum agreed upon standards of performance for all service provision as a baseline.
- Interventions / services provided are based on the best available clinical practice and evidence.
- Interventions / services provided are efficient and effective and reflect the individuals' choice and circumstances.
- People with disability (and their families) should be familiar with the various qualification/skill levels required to provide certain supports i.e., certificate, diploma, tertiary degree, and what therapies / supports can be provided by certain disciplines. Currently there is a lack of knowledge and understanding by people with disability and their families/carers about the profession of Developmental Education.

Participants could be provided with a short bio of all the disciplines as part of the planning process.

Should there be an independent oversight body for the NDIS?

Yes, this is integral to safeguarding of participants and providers and provides clarity, transparency and independent oversight. It will create consistency across all states/territories which will improve monitoring of providers who for example; may open a new branch/service interstate while under investigation in another state.

What functions and powers should an oversight body have?

Dispute resolution, complaints investigation, provider investigation.

How important is it to have an NDIS complaints system that is independent from providers of supports?

Extremely important to provide impartial support for complaints that are raised regarding providers. We also believe that providers need to meet the minimum standard for addressing complaints as regulated by the NDIS. Clear policy and procedure regarding complaints processes and mechanisms. Ensures that providers are accountable.

Should an NDIS complaints system apply only to disability-related supports funded by the NDIS, to all funded supports, or to all disability services regardless of whether they are funded by the NDIS?

It would seem appropriate that this is specific to disability-related supports funded by the NDIS.

What powers should a complaints body have?

Investigation, mediation, resolution.

Should there be community visitor schemes in the NDIS and, if so, what should their role be?

Yes. Advocacy, promote resolution of issues, including escalating to the Minister or other appropriate body. Ability to refer matters relating to service provision. Ability to identify risks and ensure safeguarding. Quality assurance capacity.

Who should make decision about whether employees are safe to work with people with disability?

Once appropriate police checks/screening has been completed a judgment should be made by the employer as to the suitability of a potential employee. Robust police checks/screening should flag where an individual's past conduct presents a risk to vulnerable people. This coupled with intuitive, probative interview practices by experienced

panels representing the employer that explore values and expertise in a variety of ways are important tools in reducing risk at a time that is fair and just to do so (i.e.,: before someone is employed).

How much information about a person's history is required?

Coupled with police checks/screening should be referee checks that can be used to explore a person's work practices and values in the preceding decade (if it exists). There are no guarantees that pre-employment checks/screenings will ultimately protect vulnerable individuals however employers having a low tolerance for practices that highlight indicators of values that are not congruent with respecting others and work ethics that may indicate a lack of commitment to excellence may provide a reduced risk. Well planned and executed referee checks are a useful tool in this process.

Of the options described above, which option, or combination, do you prefer?

A nationally consistent approach would be useful to reduce risk where people may make a move interstate to avoid any inappropriate records being discovered. Option 3 appears to offer a good level of risk reduction at the time that good decisions need to be made – i.e.,: pre-employment. Portable checks (with a time limit) could reduce the time factor and if the responsibility of having a current clearance lay with the person seeking employment it may assist with the time delays. Referee checks should be mandatory for all positions and should seek to bridge the time gap and explore the values required on a human level.

Should people who manage own plans be able to choose unregistered providers of support?

There should be some accountability for how someone uses their funding – a commitment to ethical use of money provided for specific reasons. Unregistered providers should be able to be considered to provide support however if they appear to be the best option for an individual and their needs there should be some safeguards for all involved. As part of the planning process in engaging an unregistered provider they should be prepared to meet some criteria that are in line with the expectations of the funding. A process of seeking separate registration and the expectation to abide by the NDIS Code of Conduct (Option 3a) could assist in reducing some obvious risks to vulnerable individuals receiving such support.

What kind of assistance would be most valuable for people wanting to manage own supports?

- Systems that are easy to access and use and do not have a big financial burden.
- Systems, tools and support that are easy to use to ensure that people can comply with the responsibilities of "self-managing".

- Access to ongoing support that can respond once someone is actioning their plan and facing questions or challenges that they did not anticipate.
- Access to training and support to up-skill where they may have gaps in meeting the responsibilities of managing their own plans (eg: Budgeting, Interviewing, other checking/screening mechanisms).

Who should decide when restrictive practices can be used?

In order to reduce the use of restrictive practices there needs to be leadership within the disability sector to ensure the availability of resources to develop Person Centred Positive Behaviour Support Plans (PBSP) that involve detailed assessment of the individual's needs, and strategies that will assist the person to relieve their levels of anxiety and gain control of their own emotions; this is of particular importance in the area of assessing and assisting an individual to improve their communication, as this is often the basis for many behaviours of concern. This PBSP should be developed by an agreed Professional e.g. a Psychologist or Developmental Educator, along with the person themselves and relevant significant others in the individual's life. Any use of a restrictive practice should always form part of a proactive behaviour support plan and should be a measure of last resort and therefore should not be left to one individual or agency to make this decision. There must be time limited and only be instigated following the trial of other reasonable, less restrictive alternatives, including PBS strategies.

At the present time there are not enough resources available within the Sector to employ Allied Health Professionals such as Psychologists and Developmental Educators to undertake the vast amount of work that is required in the development of PBSP and to ensure they are regularly reviewed.

What processes of systems might be needed to ensure decisions to use restrictive practice in a PBS plan are right for the person?

There needs to be agreed Policies and Procedures across the Sector as well as internal agency Policies and Procedures that regulate and reduce the use of restrictive practices and that clearly define who makes the decision on their use.

There also needs to be monitoring and reporting on the use of Restrictive Practices. In some states this is law and in other states it is dealt with under a Code of Practice.

All use of Restrictive Practices in an agency should be recorded on a response to incident and service improvement reporting form and forwarded to the relevant internal authorized person for automatic response and continuous improvement action plan as required.

Are there safeguards that we should consider that have not been proposed?

Yes, It would be better to ensure that the reporting and monitoring of restrictive practices becomes law in all states of Australia.

In addition to reporting to the Senior Practitioner, there should be an internal Restrictive Practice Committee in each Agency that has relevant membership across the agency. This Committee would be responsible for monitoring restrictive practices within the agency and ensuring transparency of practices. It would be good to have external representation on that Committee; i.e. two agencies, (e.g. Minda and CARA) could provide representation on each other's internal committees. This would be two fold it would bring an external safeguard to the internal Committee and would be invaluable for sharing information, expertise, training that has been successful and ideas for reducing the use of restrictive practices.

There is a great deal of evidence available to suggest that education is what is needed across the sector to assist in reducing the use of Restrictive Practices. There also needs to be clear Definitions on what is a restrictive practice as many support staff are unaware that some of their current practices would be deemed a restrictive practice.

There needs to be uniform Guardianship Arrangements Nationally. E.g. In S.A. the use of Confinement, Seclusion and Restraint must have Guardianship Approval.

Although there will be clear measures for service providers around accreditation there needs to be some way of measuring support provided by people who are not employed by agencies once NDIS is in place, for example family members and friends. It is the individuals choice to employ who they wish but how do we protect these individuals especially those with cognitive disabilities.(The employed support staff should at the least be subject to a Police Check) There could be Inspectors who Audit all services similar to the Community Visitors Scheme.

There should be Protocols developed for sharing information across accommodation and day / work option areas where there is a risk to the individual and others if this information is not shared e.g. Health and PBS strategies.

There needs to be a system developed to audit if Positive Behaviour Support Plans have been implemented and outcomes achieved. There are many cases of plans being developed (external to the service) but never implemented due to lack of resources. There needs to be the availability of Developmental Educators in all agencies to ensure these plans are implemented, regularly reviewed and staff trained in the strategies required to support the individual.

There needs to be a "One Page Summary" that can be lifted from a comprehensive Positive Behaviour Support Plan that has all the PBS strategies listed so that staff have easy access to PBSP Strategies for an individual.

For providers, what kind of supports are you receiving now from state Dept's that may be helpful under NDIS?

In South Australia there has been wide consultation under the Senior Practitioner, Richard Bruggemann, and there has been a strong Sector support for a system to monitor and report on the use of restrictive practices. There has been a monthly meeting lead by the Senior Practitioner where agencies across the state work together to agree upon Policies and Procedures and Reporting Mechanisms; a needs analysis of training needs required for the Sector has also been undertaken. In addition it has been invaluable to be able to discuss issues with other agencies and to have the ear of the Senior Practitioner, as required, to obtain advice in relation to particular interventions.

Would you support mandatory reporting on the use of restrictive practices? Why/why not?

Yes, it is the best way to safeguard people who live with a disability from being subjected to the unnecessary use of restrictive practices. Used inappropriately, restrictive practices can constitute civil and criminal wrongs and leave organisations open to legal action and rightly so.

If you support mandatory reporting on the use of restrictive practices, what level of reporting should occur?

As well as reporting at an agency level, the reporting should be at a State Level.

It should include the reporting of all uses of Restrictive Practice both those that are contained and approved in an Individual's PBSP and those that are put in place as an emergency use of a Restrictive Practice. This will ensure feedback that could assist with the development of better strategies for the client and assist in developing the staff members involved through further training. The accumulation of data can be used to identify trends and let the State know whether the use of Restrictive practices is reducing or growing. In particular it will ensure there is an oversight on the correct use of Policies and Procedures.

There must always be authorisations in place by the prescribing person(s) along with the relevant consenting person(s). If there are any concerns at all for the safety and wellbeing of the person arising out of lifestyle decisions and there is no one able to assume responsibility as the authorized person to give consent, then agencies should refer the matter to the Guardianship Board.

Thank you for the opportunity to provide these comments and recommendations

