Response to the proposed

National Disability Insurance Scheme (NDIS)   
quality and safeguarding system

Carmel Laragy PhD

Senior Research Fellow, RMIT University [carmel.laragy@rmit.edu.au](mailto:carmel.laragy@rmit.edu.au)

Independent researcher and consultant [carmel\_laragy@hotmail.com](mailto:carmel_laragy@hotmail.com)

27 April 2015

Thank you for the opportunity to provide feedback on the proposed National Disability Insurance Scheme (NDIS) quality and safeguarding system. Using data I gathered over the past 15 years in studies of individual funding programs I comment below on a selection of questions raised in the Consultation Paper about service quality and safeguards.

## Analysis and discussion

My findings show that people with disability have diverse needs and they want to choose from a wide range of support options. Diversity in our population stems from different types of disability and impairment, as well as from differences due to location, Aboriginality, ethnicity, culture, religion, family structures, age, gender and sexuality. Findings relevant to NDIS quality and safeguarding systems are:

### Tiered approach

A tiered and nuanced approach is needed to respond to diversity because a ‘one size fits all’ approach and heavy regulation will not achieve the aims of the NDIS. The NDIS could adopt a strategy of assuming that high levels of regulation and oversight are needed and relax these requirements when appropriate. For example, it could be assumed that all staff need a police check, a working with vulnerable persons check and a barred worker’s check. However, these requirements would be overly restrictive if a competent person wanted to employ a well-known and trusted person for a minor task. The requirements could be relaxed to a police check when risks are assessed as being relatively low.

I am acutely aware of the vulnerability of many people with disability and the possibility of abuse and exploitation by family, friends and staff. I recommend that the possibility of abuse always be considered, including for people who are self-managing, while recognising that the majority of people are not being abused. A nuanced and tiered approach is needed that considers an individual’s circumstances and level of risk. Further, social inclusion strategies are more likely to minimise risk for the vulnerable than heavy regulations. A flexible ‘light touch’ approach would manage risk while still encouraging innovation and maximising opportunities in keeping with NDIS goals.

### Staff capacity

My studies indicate that highly skilled staff are needed who can manage risk while encouraging flexibility and promoting innovative strategies. Staff employed by the NDIA or external services in all planning, review and support roles need the capacity to make accurate assessments of people’s abilities and potential risks; have positive and empowering attitudes; facilitate appropriate and creative plans, and provide support and oversight. They need: knowledge of different types of disability including mental health; an understanding of diversity in its many forms; knowledge of interpersonal and family dynamics; knowledge of services and community systems; negotiating skills; and an understanding of the principles underpinning the NDIS. The challenges many services have faced when transitioning to an individualised service model have been exacerbated by staff who did not have a deep understanding of the principles of choice, control and human rights. Organisation change is difficult and my studies show that some staff do not understand that they are retaining power and control and maintaining pervious practices.

### Information

People with disability need access to information before they can make informed choices. Service systems find it challenging providing the necessary information. My studies indicate that Information needs to be: i) accessible and diverse in format, mode, source and location; ii) personalised and targeted; iii) accurate, consistent and timely; iv) from a trusted source; v) independent; vi) culturally appropriate; vii) actively promoted to ‘hard to reach’ groups; and viii) gender appropriate. Gender differences have been overlooked in the disability field. In other fields, such as United Nations disaster recovery, it is now recognised that man and women process information differently and they require different information strategies.

### Independent advocates

My studies of individual funding programs show that independent advocates and supporters have an important role at both the individual and service system levels. At the individual level, advocates help individuals prepare for formal planning meetings and reviews; and at the systems level they help shape policies and services to be more responsive to the needs of people with disability. Individuals attending NDIA planning meetings sometimes did not understand the purpose of the meeting, and they went away not knowing what was decided. A challenge is to have advocates who can represent the diversity of people in our community as Aboriginal and other marginalised groups have often missed out on representation.

### Complaints

My experience indicates that effective complaints systems need to be independent of the service provider. I support the Consultation Paper’s ‘Option 3b: Disability complaints office’ and its intention to have an independent complaints system.

### Funding

Quality of services can only be provided when people with disability are allocated adequate funding. There are limits to what family and general community services can provide. Research colleagues in the United Kingdom (UK) report that people with disability were encouraged to self-manage their funds and be independent of service providers. Subsequently, they were allocated insufficient funds to meet their basic needs and they are now at considerable risk. I strongly recommend that the NDIS considers the adequacy of funding when assessing risk and that Australia does not adopt UK policies in this respect.

### Other social services

The effectiveness of the NDIS in terms of service quality and managing risk will depend to a considerable degree on its interface with the community and other social services including housing, medicine and education. This will be a challenge because of our siloed and bureaucratic structures. I am aware that the NDIA is working on developing relationships and protocols, and I support and encourage these endeavours.