**Feedback on Consultation Paper: Proposal for a National Disability Insurance Scheme Quality and Safeguarding Framework**

*What are the most important features of an NDIS information system for participants?*

There needs to be:

* Easy to use/user friendly
* No jargon
* Logical in where to find information
* All information on one site
* Linkages to service providers

*How can the information system be designed to ensure accessibility?*

* Same as above
* Maintained effectively for the number of customers who will be using it to ensure that it does not go down

*What would be the benefits and risks of enabling participants to share information?*

* Benefit:
  + Able to share experiences
  + Ability to build an on-line community
  + Able to recommend service providers
* Risks
  + Malicious targeting of a service provider
  + Service providers providing negative feedback on competitors
  + Inappropriate information being loaded/discussed

*What can be done to support people with a limited number of family and friends?*

* Link them in with community support programs
* Link other participants who have limited family/friends together
* Have day programs that provide opportunity for friendships

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

A framework should be developed which identifies minimum requirements. As service providers are providing a service for a fee I don’t feel that they should be provided with supports – instead they should be able to develop their business and be commercial enough to meet their customer’s needs independently.

*Should there be an independent oversight body for the NDIS?*

I see the NDIA as the oversight body. To create an additional independent oversight body would create layers of bureaucracy that are not required at significant cost.

**Registration Requirements**

*Option 1*

This option provides too little governance of service providers and could lead to providers entering the market with minimal systems in place resulting in participants being let down.

*Option 2*

The requirements of this option are what would be expected from any business. To make quality evaluation voluntary means that there is no real independent governance of the business systems.

*Option 3*

Preferred option. There are mandatory requirements in place and there is an independent evaluation of the effectiveness of these systems – similar to 2nd Party Certification carried out by the Queensland State Government. If the same rigour as 2nd party certification is applied to the evaluations then this would be equivalent to having a quality management system audited by an external auditor.

*Option 4*

Significant additional costs to the service provider with no additional benefit to the participant as opposed to option 3.

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

No. All service providers, independent of the service being provided should be required to meet the same requirements. The same participants will be accessing the services and they are the people who are the vulnerable ones.

**Systems for Handling Complaints**

*Option 1*

Too little governance. Unscrupulous service providers could fail to deal with complaints adequately resulting in participants having to taking the complaint further with limited knowledge on how to do this.

*Option 2*

Too little governance. Unscrupulous service providers could fail to deal with complaints adequately resulting in participants having to taking the complaint further with limited knowledge on how to do this.

*Option 3a*

Preferred Option. Adequate governance in place. Complaints Office in the NDIA provides a seamless and accessible resolution process for participants, rather than having to approach external bodies.

Option 3b

Creates another level of bureaucracy that is not required at significant additional cost with no additional benefits.

**Ensuring Staff are Safe to Work with Participants**

*Option 1*

Too little governance. Does not even meet minimum requirements that should be implemented for any business.

*Option 2*

Preferred option. However, rather than making only some roles requiring police checks and reference checks, all roles should be required to have these checks undertaken with appropriate records kept.

*Option 3*

In an industry where staff can be moving from employer to employer and a check suggested in this option could take months to undertake (as per the current Blue Card system). This would create additional costs and time delays in potential staff entering the industry when Option 2 would provide sufficient safeguards.

*Option 4*

A number of people who may have a previous criminal history and now have turned their lives around would be barred from providing services. This would be like punishing the person twice. These types of people can sometime be the best carers as they may understand what the person with the disability is going through. Too much governance.

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

The service provider. If Option 3 were implemented then appropriate checks and balances have been conducted prior to an employee working with participants.

**Safeguards for Participants who Manage their Own Plans**

*Option 1*

Provides accessibility to any service provider in the marketplace but provides no safeguards for participants at all. Additionally, what is the benefit of service providers registering with the NDIA if participants can choose anybody they want to provide the service. This will ultimately encourage service providers to not register with the NDIA.

*Option 2a and b*

Reliant on participants reporting un-registered suppliers who have not provided an adequate service. Again encourages service providers to not be registered with the NDIA.

*Option 3a*

Creates parallel systems – one for service providers who have appropriate controls in place and one for those who don’t but can still provide services. Offers limited safeguards for participants.

*Option 3b*

Preferred option. All service providers operating on an even playing field with participants knowing that if they engage a registered supplier that all suppliers have the same safeguards in place.

*Should people who manage their own plans be able to choose unregistered providers of supports on an ‘at your own risk’ basis or does the NDIS have a duty of care to ensure that all providers are safe and competent?*

NDIS has a duty of care. Additionally, if all service providers have the same governance requirements in place this should reduce the number of complaints that participants would need to escalate to the NDIA.

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

* A framework for how to manage their funding
* A basic spreadsheet (or similar) where they can put information in to track what has been paid out, to what service provider and how much funding they have left
* Initial one-on-one support to set up their system of managing their own funding
* Initial one-on-one support to show the participant how to access service providers
* A hotline where they can ring and speak to someone to provide them with advice

**Reducing and Eliminating Restrictive Practices in NDIS Funded Supports**

*Option 1*

Too little governance.

*Option 2*

Preferred option. As a parent who has a child who can have very aggressive behaviour (and super human strength that goes with it), we have had to restrain my daughter for her safety and for the safety of those around her. If restrictive practices are to be used this needs to be well documented. What behaviours/circumstances restrictive practices can be used, what types of restrictive practices can be used, for what length of time and what actions need to be taken once the restrictive practice has been stopped. This needs to be documented, approved in writing by the service provider and family member/s. The employee should have to sign to say they have been advised of the behaviour management plan and have a copy of the plan with them when under-taking care for the participant. In the quality management system of the service provider the employee would need to advise management of the circumstances of the restrictive practices having been used and the family advised of this event within 24 hours.

*Option 3*

Too much governance. This would also delay care being provided to a participant who may have significant aggressive/self-harming behaviours as a service provider should not put an employee in a situation where they can be harmed without appropriate mitigations in place. Additionally, this takes all decision making away from the participants family.

*Option 4*

Too much governance. This would also delay care being provided to a participant who may have significant aggressive/self-harming behaviours as a service provider should not put an employee in a situation where they can be harmed without appropriate mitigations in place. Additionally, this takes all decision making away from the participants family.

**Monitoring and Reporting**

*Option 1*

Too little governance. Inappropriate behaviour management plans could be developed.

*Option 2*

Preferred option. NDIA have an oversight of behaviour management plans which include restrictive practices. Reporting of instances where injuries have occurred provides adequate governance.

*Option 3*

Too much paperwork which would be a burden for the service provider but also the NDIA. What are the NDIA going to do with the paperwork: investigate every instance of a restrictive practice being used which would be unsustainable, or just file the paperwork which then is of no value.