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*The Peak Body Representing Allied Health in Australia
Incorporating AHPARR (Rural & Remote), National Allied Health Classification Committee and
National Alliance of Self Regulating Health Professions*

AHPA RESPONSE

NDIS CONSULTATION: NDIS QUALITY AND SAFEGUARDING FRAMEWORK

Allied Health Professions Australia (AHPA) welcomes the opportunity to provide feedback on the *Consultation Paper: Proposal for a National Disability Insurance Scheme Quality & Safeguarding Framework*.

AHPA has developed this broad allied health response to the consultation paper drawing on the advice of its AHPA NDIS Reference group comprising AHPA member professions with a long term commitment to working with people with disabilities and their carers. These professions are primarily those for: Dietitians, Exercise Physiologists, Occupational Therapists, Orthotist/Prosthetists, Physiotherapists, Podiatrists, Psychologists, Social Workers and Speech Pathologists.

AHPA commends the profession specific and very detailed responses and recommendations provided by a number of these member professions. This AHPA response needs to be read in conjunction with the profession specific responses – it is not a compilation or summary of those responses.

AHPA acknowledges the work of the Disability Reform Council in developing the Consultation Paper with the comprehensive overview of the quality and safety issues associated with a new model of delivering disability services in Australia and the range of options considered for addressing these concerns.

We offer the following key comments:

Safety

AHPA supports the NDIS commitment to participants' 'choice and control' and whilst acknowledging the ability of many participants to exercise personal choice, it must also be recognised that there is considerable variability among individuals with a disability in terms of their capacity to make considered judgements and decisions about the quality of providers and communicate this effectively – and thus their personal safety must be protected.

Effective safeguarding of people with disability from abuse is challenging many organisations, including those who otherwise deliver high quality supports. We believe it is

Members: Audiology Australia, Australasian Podiatry Council, Australasian Society of Genetic Counsellors, Australasian Sonographers Association Australian, Association of Social Workers, Australian Music Therapy Association, Australian Orthotic Prosthetic Association, Australian Physiotherapy Association, Australian Psychological Society, Australian and New Zealand College of Perfusionists, Chiropractor's Association of Australia, Dietitians Association of Australia, Exercise and Sports Science Australia, Occupational Therapy Australia, Orthoptics Australia, Osetopathy Australia, Society of Hospital Pharmacists of Australia, Speech Pathology Australia.

Friends: Australian Diabetes Educators Association, Australian Association of Practice Managers, Diversional Therapy Australia, Hearing Aid Audiometrist Society of Australia

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important that that all service providers do what is reasonable to ensure the safety of people using their services.

The assessment of these risk levels is complex and will vary across the lifespan, with multiple inter-related variables impacting on the degree of risk, including: the type of disability; the adequacy of family and carer supports; the nature of the interaction between participant and disability service provider; the communication skills and abilities of participants; the presence of comorbid physical and mental health issues. The Framework must be able to support this level of complexity.

The assessment of risk and capacity may be relatively simple in some instances, but for NDIA participants with complex issues, the assessment of capacity and risk requires experienced health professionals who possess high level assessment skills.

Quality Services – at an organisational level

An independent oversight body for the NDIS is needed to oversight the NDIA itself, as well as service providers, in order to maintain confidence in, and accountability of, the overall system.

The Framework must ensure that agencies are committed to providing quality services. There will be considerable pressure on agencies to recruit a cheaper workforce with inadequate knowledge, skills and experience to undertake the more high level services that might be required by a person with a disability. In the open marketplace new service provider agencies may seek to deliver such services by non-qualified staff who may or may not be under the supervision of an experienced and regulated health professional thus putting the participants at risk of receiving an inadequate service that does not meet their needs. Agencies providing NDIS services need to be accredited.

Where there is market failure, as is often the case in rural and remote regions of Australia, such accreditation is needed to assure the same level of safety and quality and service accessibility in the NDIS services as in more populous regions and cities. Financial support to meet the costs incurred in accreditation would be appropriate for smaller non-urban agencies.

Quality Services – at an allied health provider level

The majority of allied health professionals are subject to registration requirements. In the case of those professions which are self-regulating, including: Dietitics; Exercise Physiology; Orthotics/Prosthetics; Social Work and Speech Pathology, accreditation with the professional body against agreed and publicly described competences should be a requirement for working in the disability field.

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