

29 April 2015

NDIS Quality and Safeguards
PO Box 7576
Canberra Business Centre ACT 2610

By email to: ndisqualitysafeguards@dss.gov.au

To whom it may concern

Re: NDIS Quality and Safeguarding framework consultation

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback into the development of the National Disability Insurance Scheme's (NDIS) quality and safeguarding framework. The RANZCP is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australian and New Zealand, with strong ties in the Asia Pacific.

The proposed quality and safeguarding framework is a much needed and important step towards a fully realised and effective scheme. The RANZCP recognises the work the NDIS Senior Officials Working Group for the Disability Reform Council has put into developing the *Proposal for a National Disability Insurance Scheme Quality and Safeguarding framework: Consultation paper*. The RANZCP supports the development of a user friendly, accessible information platform for users and a comprehensive set of safeguarding measures. We continue to have concerns, however, that the NDIS does not to accommodate people with intellectual or psychosocial disability, subjecting this vulnerable group to an additional layer of discrimination.

If you would like to discuss any of the issues raised in the submission, please contact Rosie Forster, Senior Manager, Practice, Policy and Partnerships via email to rosie.forster@ranzcp.org or by phone on (03) 9601 4943.

Yours sincerely



Dr Murray Patton
President

Ref: 4053



The Royal
Australian &
New Zealand
College of
Psychiatrists

NDIS Quality and Safeguarding framework April 2015

advocating for equitable access to services

Introduction

People with psychosocial and intellectual disability are a vulnerable population group, at heightened risk of abuse, exploitation and discrimination (Bennett, 2014). It is therefore essential that a rigorous quality and safeguarding framework is set out ahead of the Australia-wide implementation of the National Disability Insurance Scheme (NDIS). The Royal Australian and New Zealand College of Psychiatrists (RANZCP) commends the efforts of the NDIS Senior Officials Working Group for the Disability Reform Council in developing the comprehensive consultation paper *Proposal for a National Disability Insurance Scheme Quality and Safeguarding framework*. This consultation paper provides an excellent starting point for working out a framework appropriate to the diversity of services to be provided under the NDIS and the importance of protecting the rights of participants, as well as providers and workers.

As identified in the consultation paper, the implementation of the NDIS will see a rapid increase of the disability sector workforce, with an estimated increase from 70,000 to 160,000 full time workers over the coming years. These workers will be delivering a diversity of services. It is essential that this transformation of the disability sector and the way services are delivered is accompanied by appropriate structures and safeguards so that participants, providers and workers can engage with the NDIS safely and confidently. The RANZCP appreciates the opportunity to provide feedback into the process of developing such a framework.

The RANZCP also takes this opportunity to reiterate its ongoing concern that the NDIS is geared towards physical disabilities, and does not adequately cater for those with intellectual and psychosocial disability. The Convention on the Rights of Persons with Disabilities includes under its definition of 'disability' persons with long-term mental impairments 'which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'. Article 4 of the Convention goes on to state that there should be no discrimination of any kind on the basis of disability, and that all people, regardless what their disability is, should be treated equally (UN General Assembly, 2007). The RANZCP welcomes the opportunity to assist the NDIS to ensure that intellectual and psychosocial disability are adequately catered for and not subjected to an additional layer of discrimination.

The RANZCP also encourages ongoing engagement by the National Disability Insurance Agency (NDIA) with stakeholders across sectors and industries. Supporting and empowering consumers with disability requires multi-sectoral collaboration, bringing together medical professions, housing, transport, cleaning, gardening, education and employment services among others. It is essential that the intersection between these diverse groups is managed in a way that encourages collaboration and information flows. To this end, the RANZCP encourages the NDIA and the Department of Social Services to continue to consult widely, including with key mental health groups, to inform constructive ways forward.

Recommendations

- Continue to work towards an effective and efficient Quality and Safeguarding Framework which will support all stakeholders, including participants, providers and workers, to understand their roles and engage constructively and appropriately with the NDIS.
- Ensure the NDIS adequately caters for all people with a disability equally, including psychosocial and intellectual disability.
- Continue to engage in multi-sectoral dialogue to ensure that service provision is collaborative and seamless from the participant's perspective.
- The Framework should more clearly incorporate the centrality of evidence-based best practice in shaping service delivery to participants with disability.

NDIS information systems

The RANZCP supports the development of a NDIS information system that is accessible and user-friendly. The Purple Orange project described in the consultation paper is a good example of how an online platform could be used to empower participants to manage their own care, share information and engage with the NDIS meaningfully.

The RANZCP supports the simplicity of a ratings system, used by participants and other authorised parties to provide feedback on service providers. Authenticated sources could be encouraged to provide additional information and feedback to promote the development of an accurate and holistic picture.

It is essential that information systems are adaptable to a broad range of users, and the RANZCP welcomes the intention to feature formats using the National Relay Service, Auslan and Braille. The RANZCP recommends that the barriers encountered by people with intellectual or psychosocial disability requires further consideration in order for the information systems to be genuinely accessible. Those with ID or psychosocial disability are at high risk of socioeconomic disadvantage and marginalisation. This group have much lower than average rates of school completion and employment and much lower than average income. People with psychosocial or intellectual disability therefore face double barriers of literacy and lack of access to information technology which would make the proposed information systems inaccessible to them. The RANZCP encourages the trial of 'expos' described in the consultation paper to reach this most vulnerable population, however believes more work must be done to ensure that information platforms are genuinely accessible to all.

The RANZCP does not believe that providers of health services should be put in a position to recommend one NDIS provider over another. Rather, information about the quality of such services should be made available to health professionals so that they can help to assist their patients to make their own decisions. A way for health professionals to feedback to the National Disability Insurance Agency would also be useful.

Recommendations

- Continue formulating information systems such as the Purple Orange project to promote meaningful, empowered and accessible engagement with the NDIS by participants.
- A ratings system, such as those used frequently by various online forums, would provide a simple and democratic snapshot of services.
- Ensure that information platforms are accessible to all, including those with low literacy levels and who do not have access to information technology. This could include enabling access to literacy classes and purchase of computer devices. It should also include consultation with groups experiencing these barriers to identify preferred ways of accessing and sharing information. Telephone lines, free internet services or assertive engagement outreach workers at community centres could also be considered.
- Make information about NDIS services and feedback mechanisms also available to authorised health professionals.

Building in safeguards

People with intellectual and psychosocial disability are particularly vulnerable to abuse and exploitation and are overwhelmingly more likely to experience sexual violence (Kalifeh et al, 2015), family violence (Trevillion, 2012) and be victims of violent crime (Crump et al, 2013) This heightened risk is also present

for people with psychosocial and intellectual disability when accessing services ostensibly in place to provide them with care and support. Examples of abuse of people with disability by their care provider are numerous (see for example Yooralla, 2012; McFarlane et al, 2004). The risk factors are often heightened when people with disability access support from services that are privatised, relatively unregulated, with low levels of staff training, high staff turnover, unclear incident management procedures and where consumers are isolated and have little contact with family, friends or other supports.

Given the vulnerability of the population in question, combined with the anticipated rapid increase in the numbers employed to work with this population, the disparate and largely unregulated industries many of these workers will come from, it is essential that the NDIA introduce adequate safeguards. This is important for the protection of NDIS participants, but also of the workers and providers. This would also assist the NDIA in ensuring that it is meeting its duty of care to its participants. Clear guidelines, incident management protocols, feedback mechanisms and background checks would all assist to ensure that high quality services are delivered with an appropriate degree of professionalism.

Recommendations

- Establish a database into which providers would log records of any incident. This data should be made available to the NDIA, independently analysed and reported on publicly.
- Providers should be required to undertake a quality assurance and improvement process to meet industry standards.
- Certification processes with relevant external bodies should be established.
- Regarding registration options, Option 3, and preferably Option 4, should be upheld for all providers, with mandated external quality assurance and evaluation systems.
- Regarding employee checking, Option 3 with a mandated working with vulnerable people clearance is recommended.

Restrictive practices

The RANZCP is committed to minimising the use of restrictive practice, and endorses the National Seclusion and Restraint Project (RANZCP, 2009). Psychiatrists practice according to the principle of the least restrictive treatment possible. This principle is protected and overseen by a number of statutory and legislative bodies. In instances where a patient poses a risk to themselves or others and involuntary treatment is considered, there is a clear set of procedures, protections and a rigorous review and appeal process available.

Given the expertise of psychiatrists, and the complexity and acuity of patients who present for psychiatric treatment, processes and safeguards are long standing and well-established. In order to protect the rights of people with an intellectual or psychosocial disability across all sectors providing support under the NDIS, there is the need to establish a strong system for monitoring, auditing, regulating and publicly reporting on the use of restrictive practice across the board. It will also be necessary for the NDIA to carefully consider industry-specific protocols, such as those that psychiatrists follow, and how these might interact with processes established by the NDIA. Issues of responsibility, jurisdiction and procedure will need to be ironed out well before full scale implementation of the NDIS.

Recommendations

- Regarding restrictive practices, Option 4 requiring authorisation by an independent decision maker is recommended.

- All providers of services under the NDIS, from medical to gardening, must be required to ensure their staff have undergone training in communication skills, positive behaviour support skills, awareness of restrictive interventions and prohibitions on this and any other skills identified as necessary to ensure an appropriate and empowering working relationship between providers and participants.
- All restrictive practices should be subject to mandatory reporting requirements.

References

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