



Proposal for a National Quality and
Safeguards Approach for the National
Disability Insurance Scheme

————— *and* —————

Submission regarding the National
Quality and Safeguards Framework
Consultation Paper

April 2015

National Quality and Safeguards Approach for NDIS

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1. INTRODUCTION

ACIA welcomes the opportunity to provide comment on the Quality and Safeguards Framework Consultation Paper and commends the Commonwealth Department of Social Services (DSS) for comprehensive, clear and thought provoking document.

This document provides both ACIA's proposal regarding a quality and safeguards under the NDIS and comments on the DSS Consultation Paper.

For the purpose of this proposal, we have spoken for ACIA and used the requirements of the Attendant Care Industry Standard. However, we support the concept of four quality levels covered by a Standard named appropriately (the Standard). Whilst ACIA remains the owner of the Standard.

2. BACKGROUND ON ACIA

The Attendant Care Industry Association (Australia) Ltd (ACIA) is the peak body representing government and non-government attendant care providers, including private, faith-based and charitable providers. Nationally ACIA represents over 100 service provider organisations, who collectively employ more than 50,000 FTE workers. ACIA also supports the disability and aged care sectors and work with government departments and authorities, including:

- State disability agencies such as Ageing Disability and Home Care NSW, Department of Human Services Victoria and Disability Services QLD
- Lifetime Care and Support Authority NSW, Lifetime Support Authority South Australia
- Motor Industry Accidents Board, Tasmania and Transport Accident Commission Victoria.

ACIA's vision is that the Attendant Care industry is known and respected as a provider of quality services. To achieve this vision, ACIA provides education, resources and support to the industry, as well as developing and administering its own quality standard (endorsed by the Joint Accreditation System for Australia and New Zealand JAS-ANZ).

The term "attendant care" refers to any paid care or support services delivered at a person's home or in their community to assist them to remain living in the community. It targets people of all ages, with ill health or a disability. Attendant care aims to maintain or improve a person's independence, allow them to participate in their community and reduce his/her risk of admission to a facility or hospital. This is achieved by providing assistance based on each person's individual needs. It includes assistance with all activities of daily living including personal assistance, domestic services, community access, vocational support, educational support, child care services, gardening/home maintenance, respite care, palliative care, social support, therapy program support and may include nursing care.

Attendant care therefore supports the Commonwealth and State policies of enabling people to actively participate in society, remain in their own homes and avoid unnecessary residential care. ACIA seeks to be involved in the future to contribute to the development of policy and service reform, by bringing to the discussion our experience and expertise, including:

- Membership of over 100 service provider organisations and individuals nationally, representing around 50,000 FTE workers
- Membership across the disability and aged care sectors
- Specific expertise in the delivery of support to people living at home or in supported accommodation
- Lengthy provider experience of delivering individualised support according to the wishes of participants in line with their funding
- Expertise and experience in the implementation of quality certification systems, through the development of the ACIMSS 2008 and the ACIS 2013
- Proven track record of engaging positively with reform processes, and working collaboratively with governments, providers, participants and interested stakeholders.

2. ACIA'S INVOLVEMENT IN THE DEVELOPMENT OF THE NDIS

ACIA has previously made submissions about the National Disability Insurance Scheme to the Productivity Commission, during the period of consultation in its enquiry into a National Disability Long-Term Care and Support Scheme, and has also spoken at public hearings at that time. It also made a submission to the Senate Enquiry into the NDIS Bill 2012, and the Regulatory Impact Statement in 2013. ACIA members are primarily concerned with how the NDIS will:

- impact on the way in which quality attendant care services are delivered to individuals living in their own homes;
- detail arrangements by which service providers are both engaged and directed by the participants to deliver support;
- establish processes which ensure care and support are delivered to the required standard, enhance personal outcomes and objectives, and promote the dignity and autonomy of the service user.

3. ACIA'S EXPERIENCE IN QUALITY MANAGEMENT

Since its establishment in 2005, ACIA has strived to build quality service provision through the development of the Attendant Care Industry Management System Standard (ACIMSS) and its revision the Attendant Care Industry Standard, which were adopted as marker of quality services by government departments across a number of States in Australia since 2008.

The Attendant Care Industry Standard (ACIS) is the national quality management standard that specifically addresses the provision of attendant care services. Providers operating in accordance with ACIS can gain third party certification through a certification body accredited by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ). Achieving certification to ACIS requires service providers to achieve demonstrable quality outcomes for participants. A summary of the ACIS can be viewed [here](#).

ACIS focuses on the key issues required to deliver high quality, individualised attendant care in the community. It is applicable to any attendant care provider offering low, moderate or high levels of support for people to live in their community and is not limited in scope to any one particular government department or funder or service type cluster.

ACIS was developed by the industry for the industry, in collaboration with state and federal governments in response to the need for one, agreed, generic attendant standard that specifically addressed the delivery of attendant care services in a reforming disability and aged care sector. ACIS reflects sector reforms and fits the intent of the NDIS on independence, choice and control.

4. ACIA'S PROPOSAL FOR QUALITY AND SAFEGUARDS UNDER THE NDIS

ACIA greatly appreciates the opportunity to provide a proposal on how our existing quality knowledge, expertise, sector understanding, partnerships and relationships with government and other peak bodies can be utilised to best address quality and safeguards under the NDIS. Standard would be adapted to cover the varying degrees of regulation and quality assurance put forward in the DSS consultation paper on quality and safeguards under the NDIS.

ACIA has consulted with the DSS and NDIA on approaches to quality and safeguards and understands the difficulty of developing a quality and safeguarding approach that empowers individuals to seek quality services (through accessible information), build natural safeguards but that is also preventative and corrective.

ACIA believes that our quality Standard addresses many of those difficulties, as it was developed primarily to safeguard those at highest risk, but can also be adapted to provide significant quality assurance for those at lower risk. Furthermore, our proposal draws on long experience of 'what works' in the system to safeguard all stakeholders, including participants, providers and funders.

Fundamentally, the quality and safeguarding framework needs to streamline entry of new providers into the market, reduce red-tape and the role of government oversight, whilst providing safe quality services to the community.

4.1 Partners in this Proposal

This proposal presents the collective voice of existing partners bringing together practical skills, resources and support. These partners have extensive experience, knowledge and resources that will help to make our approach work.

These include:

- ACIA,
- Breaking New Ground (BNG),
- Health Audit Australia (HAA), and
- NSW Community and Health Services Industry Training Advisory Body (ITAB)

Contributions to this proposal and representation from BNG, HAA and the NSW Community and Health Services ITAB are shown in the boxes below:

4.1.1 Breaking New Ground

Breaking New Ground are the leading specialists in developing online services and solutions for Australian service providers working in community services and health in the areas of quality and service standards, quality management systems and organisational capacity building. BNG developed the ACIA Standards and Performance Pathways (SPP) portal (a tailored version of the generic SPP) to provide an integrated online quality management system which provides ACIA members with an easy, electronic system for completing ACIS, along with other quality or service standards. BNG's work in standards mapping and cross referencing underlies the content of SPP and enables users to complete multiple sets of standards through a single assessment process. The system provides cost efficiencies for service providers and enables them to increase productivity.

The SPP also enables electronic evidence collation and reporting, automatically generated quality improvement plans, benchmarking and global reporting. Service providers can upload and link documentation to provide evidence of meeting quality or risk criteria. The SPP is now used widely by service providers, peak bodies and government departments throughout Australia, with over 800 organisations currently using this platform.

The ACIA SPP Portal carries ACIS 2013, disability services standards at National and State/Territory levels, Home Care, Aged Care and most of the other common sets of service and quality standards for community services and health providers. The portal can easily carry any set of standards, and all standards are cross mapped so that service providers can complete multiple sets of standards in a single assessment. The system provides a cost effective and efficient tool for service providers (with up to an 80% saving in the average time required to undertake standards assessment and reporting), a desk audit facility for auditing and accreditation bodies, and can also generate a range of reports on the progress and achievement of service providers as a group.

The data collected by the ACIA SPP Portal provides a unique opportunity for data gathering and analysis that can produce a sector wide picture of progress toward quality and safeguard requirements. The SPP has a range of online tools to simplify the process of gathering compliance information and also to manage and map multiple compliance requirements.

Content on the ACIA SPP Portal can be structured to provide different entry points and requirement levels for service providers presenting different levels of risk or complexity, from sole providers to complex multi service outlet organisations. Cross mapping of the content also means that service providers can progress through different levels without having to re-assess or submit work previously completed.

BNG will work with ACIA to further develop the ACIA SPP Portal in line with this proposal on quality and safeguards under the NDIS.

Julie Nyland

Managing Director / Breaking New Ground

4.1.2 Health Audit Australia

Health Audit Australia (HAA) is a leading provider of audit and certification services to the Health and Disability services sector. We specialize in delivering quality and risk management audit services.

HAA currently provide auditing and external quality evaluation services to assess compliance with a wide range of standards – both at the high clinical level and lower risk/regulatory levels.

Our client base includes government, public and private organisations, providing services that include attendant care, healthcare, disability services, clinical, non-clinical support, managerial, home and community and social services.

Our auditors are qualified professionals from the wider health sector and are trained to best practice standards in their fields of experience. They are independent, impartial and focused on delivering high quality and integrity auditing services to all our clients.

We have partnered with ACIA as we believe in the work they has undertaken to help drive quality improvement and risk management in the attendant care sector. The ACIS was developed through direct consultation and collaboration with participants, service providers, government and peak bodies thus ensuring greater buy in from the sector.

Based on our extensive experience in the health sector ACIS is an adaptable

standard as it incorporates key legislative requirements set out for the Health and Disability sector. It is a robust yet pragmatic quality and risk management tool that can be applied to large complex providers as well as adapted for smaller niche providers without overburdening these organisations with unnecessary red tape and excessive compliance costs.

HAA provide auditing and external quality evaluation services to assess compliance with a range of standards – both at the high clinical level and lower risk/regulatory levels. HAA will work closely with ACIA to top develop and achieve JAS-ANZ approval for the Standard in this proposal.

Majid Zahoor

Managing Director / Health Audit Australia

4.1.3 NSW Community and Health Services Industry Training Advisory Board

The care and support workforce is critical in supporting people with disability to remain living at home and in their local community. A workforce that is skilled and competent is essential to delivering the highest quality service to, and producing greatest confidence in, each participant. It is recognised that Service Providers undertake internal orientation and ongoing training with employees to ensure their level of knowledge and skills meets the needs of the participant. The [Attendant Care Worker Capability Framework](#) has been developed by the NSW Community Services and Health Industry Training Advisory Body in collaboration with ACIA, to enable Service Providers to benchmark each organisation's orientation and ongoing training of their staff to the Attendant Care Industry Standard. This self-assessment tool identifies the essential knowledge and skills required by the support worker to work effectively in their role and will support consistency across Service Providers and their expanding workforce.

The Capability Framework consists of five sections: Orientation; Provide personal care; Maintain a safe environment; Establish and maintain appropriate interpersonal relationships; Provide complex support relating to catastrophic clinical matters.

The Capability Framework has been developed to work in a complementary way with the Australian Qualifications Framework (AQF), which is the national policy for regulated qualifications in Australian education and training. Qualifications in this framework must be delivered and awarded by a Registered Training Organisation (RTO). Support workers may hold, or wish to hold, full or part qualifications in Disability, or Home and Community Care from the AQF. These qualifications must reflect the needs of employers in all States and Territories and reflect job

roles across the many different organisations so they are quite generic. The further development of the Attendant Care Worker Capability Framework will enable the identified knowledge and skills of a support worker to be mapped to units of competence in these AQF qualifications. This will allow an RTO to contextualise their training and assessment to most closely reflect this specific job role, thus ensuring the closest alignment and an optimal outcome for the support worker seeking a nationally recognised qualification.

This Capability Framework, if adopted and implemented nationally, could form the basis for:

- a consistency across the workforce in knowledge and skills development
- Service Providers in each state and territory to benchmark their internal training and
- RTOs to deliver national qualifications or skill sets that specifically meet the needs of this valued and expanding workforce, enabling a flexible and mobile workforce.

The NSW Community and Health Services Industry Training Advisory Board will work with ACIA to further develop the capability tool in line with quality expectations of the disability workforce and to develop tools that will assist providers to achieve quality and build capacity in the workforce.

Susan Scowcroft

Executive Director / NSW Community and Health Services Industry Training Advisory Board

4.2 NDIA's Proposed Framework

The Quality and Safeguards Framework Consultation Paper developed by DSS proposes options with varying degrees of regulatory requirements, evaluation and assessment that would need to be in place to register and provide services under the NDIS:

Option 1: Evidence of compliance with consumer laws and Code of Conduct

Option 2: All of the above, plus Police and vulnerable person checks

Option 3: Option 1 and 2 and participation in independent quality evaluation, and report publically available

Option 4: Mandated participation in external quality assurance system, with report publically available

It is also important to bear in mind the NDIA's current options for managing supports, as these differ from current State arrangements and impact on the role that individuals play in managing their own supports and for ensuring quality:

1. Self-managed – direct payment where individual/nominee finds and purchases services and manages payments

2. Registered plan management provider – individual manages supports, plan manager finds and pays for services

3. NDIA managed – Individual chooses registered provider, NDIA pays provider

4. A combination of the above.

4.3 ACIA's Proposed Framework

ACIA framework proposes **four levels** applicable to lowest and highest risk services in which our adapted Standard would offer significant safeguarding, risk mitigation and quality assurance, and a system for practical implementation that reduces red tape and government oversight. These levels also take into account the participants ability to self-regulate/mitigate and safeguard their own risks.

ACIA strongly believes in enabling participants their right and dignity to take informed risks and make their own choices. ACIA has developed information for consumers/participants regarding what a quality service looks like, what individual should expect from their provider, how to plan,

identify and manage risks. This could be further adapted to include information on consumer rights and how to enact those rights if they are not satisfied with services they have purchased with their NDIS funding.

Furthermore, information regarding provider compliance at **all levels** could be made publically available, which further enables participants to get a better understanding of the quality of the service they may choose to purchase.

See Section 6 for more information on how ACIA has worked to build the capacity of participants to manage their own risk.

The table below outlines the key components to our proposed framework.

Standard level	Applicable to service type/cluster and participant profile	Practical application	Frequency/ validity	Estimated annual cost to provider
Level 1	Participants who as assessed by NDIA as being able to self-regulate their services and manage their own risks. This applied to all NDIS service clusters for this participant profile only.	Following approval by NDIA, participants could choose to purchase services from services that meet their needs. Guidance and information on quality services, identifying, mitigating and managing their own risks would be developed and made provided before they purchases services.	N/A	N/A
Level 2	Services that do not provide hands on care or support, for example gardening, some domestic services. Relevant to participants who are able to supervise their services. If person is considered vulnerable, this service should be delivered at the same time as a level 3 or level 4 service. This would apply to NDIS service clusters: <ul style="list-style-type: none"> • Household tasks (cleaning, gardening/maintenance) • Assistive equipment and technology services • Home and vehicle modifications • Assistance with travel/transport arrangement • Interpreting and translation • Assistance to access and maintain employment • Accommodation/tenancy assistance • Management of funding for supports under a participant's plan 	Following registration with NDIA (which includes receipt of signed Code of Conduct and Terms of Business), ACIA would provide a system for gathering/validating insurance documents and police checks, vulnerable person and young person checks via our existing links with BNG SPP with further cross-mapping to other standards and compliance requirements (e.g. WHS, criminal records checks). Furthermore, ACIA would provide further value through the provision of good practice tools (in partnership with ITAB) to ensure continued compliance with code of conduct. Annual review date and requirement to re-sign Code of Conduct and Terms of Business in order to retain registration could be built into the BNG SPP.	Reviewed online annually, with requirement to resubmit/update compliance documentation.	\$750 - \$1,500 [^]

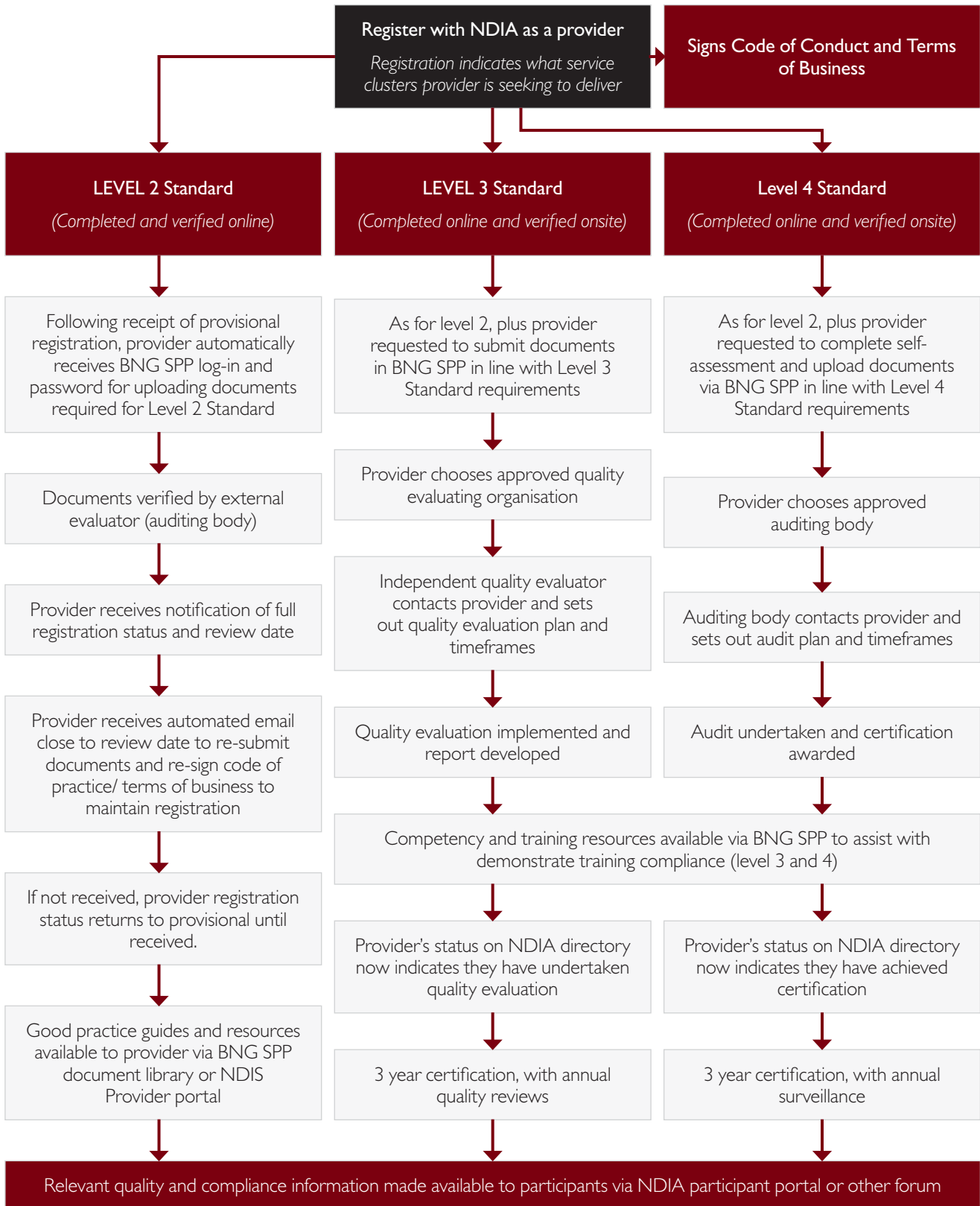
[^] Estimated costs will be further refined. Costs don't yet include BNG SPP (also scaled by size of organisation) or cost for the Standard

Standard level	Applicable to service type/cluster and participant profile	Practical application	Frequency/ validity	Estimated annual cost to provider
Level 3	<p>Services that provide hands on care or support, but no clinical intervention and where the participant is able to supervise. NDIS service type cluster examples include:</p> <ul style="list-style-type: none"> • Assistance to integrate into school or other educational program • Assistance with daily life tasks in a group or shared living arrangement • Participation in community, social and civic activities • Specialised assessment of skills, abilities and needs • Therapeutic supports (some) • Early intervention supports for early childhood • Behaviour support • Physical wellbeing activities 	<p>As for level 2, however these services would be required to undergo external independent quality evaluation. This would be conducted by approved auditing and external quality evaluators' bodies such as Health Audit Australia. As chosen by the service provider.</p> <p>BNG SPP would be utilised to provide a system for self-assessment, information gathering, evidence upload.</p>	Valid for 3 years with annual onsite reviews by quality evaluators	<p>\$4,000 in first year followed by \$750-\$1000 in for annual reviews[^]</p> <p>(cost scaled by sized of the organisation)</p>
Level 4	<p>Services that provide hands on support and care with existing or potential clinical risk. Relevant to participants who are considered vulnerable, require hands on clinical care, exhibit challenging behaviours and who may require restrictive practices. NDIS service type cluster examples include:</p> <ul style="list-style-type: none"> • Assistance with daily personal activities • Community nursing care for high care needs • Development of daily living and life skills • Therapeutic supports (some) • Early intervention supports for early childhood (with clinical components) • All supported accommodation settings 	<p>As for level 1, however these services would be required to undergo external independent quality audit. This would be conducted by approved auditing bodies such as Health Audit Australia. As chosen by the service provider.</p> <p>BNG SPP would be utilised to provide a system for self-assessment, information gathering, evidence upload.</p>	Valid for 3 years with annual surveillance audits.	<p>\$8,000 in first year followed by \$750-\$1000 for surveillance audits (for medium sized provider)[^]</p> <p>(scaled by sized of the organisation)</p>

[^] Estimated costs will be further refined. Costs don't yet include BNG SPP (also scaled by size of organisation) or cost for the Standard

4.3.1 Practical Illustration of ACIA's Framework

The flow chart below provides a practical illustration of how the approach proposed by ACIA would work in practice for service providers.



4.3.2 Benefits of ACIA's Approach

ACIA's proposal is simple as it draws on existing quality material and existing relationships in the industry. Benefits of ACIA's proposed approach include that it:

- Reduces regulatory oversight, the role of NDIS and government
- Enables fast, streamlined, and efficient entry into the market
- Reduces red tape for providers and disincentives to join the market
- Recognises and draws from other co-regulators in the consumer service delivery market
- Supports continuous improvement and provides tools to raise quality and workforce capacity
- Builds capacity of participants to understand and manage their own risks and understand good practice expected in high quality services
- Provides safeguards for the all NDIS participants
- Can be enacted quickly across States and Territories as it is based on all existing disability standards and existing partnerships and sector relationships.
- Reviewed continuously by an Independent Quality Steering Committee and NDIA partners
- Involves participants in the selection process when employing staff who will provide them with services
- Provides participants with information that enables them understand quality, identify and mitigate risks

- Empowers participants to live the lives they want to live
- Ensuring approved providers have policies and procedures in place to encourage whistle-blowers to safely come forward and to discourage bystander action.
- Ensuring approved providers have induction programs which clearly outline rights and responsibilities of participants and employees and a culture which respects all clients and employees
- Has integrity and is independently evaluated by a third party at each level.

4.3.3 Next Steps to Enact this Proposal

In order to enact the proposal, ACIA would take the following next steps:

- Develop revised Standards (to be approved by JAS-ANZ) that could be used by the 'Levels' of service detailed in our proposal,
- Identify accurate costings for each Standard Level including negotiating costs as required for BNG, HAA (and other approved auditing bodies) and ITAB.
- Consider financial support required by providers to comply with the Standards.
- Work with DSS and NDIA to prepare information on the new quality and safeguards approach.
- Negotiate with DSS and NDIA on the development of overall costs for this proposal.
- Provide training and support on the revised Standard for NDIA officers and Support Planners, Plan Managers, LACS, service providers, participants and other stakeholders.

5. COMMENTS ON THE QUALITY AND SAFEGUARDS FRAMEWORK CONSULTATION PAPER

ACIA is passionate about safe, quality service delivery to participants in the NDIS and believes this should be the message at the time of full NDIS roll out across Australia. ACIA is of the view that it is easier to set the Standard from the outset at the level you wish to maintain.

Furthermore, ACIA believes that in this time of heightened attention on abuse and neglect of people with disabilities, the NDIA should be adopting sound quality Standards.

Senate votes on disability abuse inquiry

Wednesday, February 11, 2015

Author: Xavier Smerdon

The Australian Senate has voted unanimously to hold a national inquiry into the abuse of disabled people in institutional and residential settings.

Disability advocates, including abuse victim Juliette Anderson, had spent Wednesday campaigning for Senators to support the motion for an inquiry.

At around 4pm on Wednesday every Senator present voted in favor of the national inquiry.

Senator Rachel Siewert, who moved the motion, welcomed the outcome of the vote.

“This is an important step towards shining a light on an issue that has gone unacknowledged for too long”, Senator Siewert said.

“People with disability and organisations representing them can breathe a sigh of relief that there is finally an inquiry that will address the systemic issue of abuse of people with disability in care at a national level.

“This inquiry is just one step to ensuring that people with disability can feel safe day to day whilst accessing essential services.”

For the full article – <http://www.probonoaustralia.com.au/news/2015/02/senate-votes-disability-abuse-inquiry>

What has changed since disability care scandal of the 1980s and '90s?

Tuesday, April 21, 2015

Author: Max Jackson

Despite rapes, deaths and neglect in care, the disability sector is obsessed with self-protection.

The Age has recently detailed horrendous events that occurred in a disability house in the 1980s and 1990s. The question that cannot be avoided is: what has changed?

Conciliation is not the answer to every complaint.

Despite the proliferation of policies, procedures and rhetoric about rights and protection, it would be wrong to conclude all is well. The systemic issues of powerlessness of people with disabilities and their families, pressure on the staff and whistleblowers to remain quiet, cover up by senior bureaucrats, secrecy and lack of transparency, allegations of rapes and the high number of deaths in care continue to the present day.

Protective mechanisms in place for years are being hog-tied by the very people responsible for their application. Successive public advocates since the inception of that position in 1986, although self-satisfied by reporting on abuse in disability care, have not been proactive. Families who have sought to represent their sons and daughters to community visitors, because their family members do not have the necessary communication skills to represent themselves, have often hit a brick wall. Client rights to be heard are being compromised.

Despite there being a Disability Services Commissioner, with legislative authority to investigate complaints, since 2007, there were only six investigations in the first two years and not one since 2010. Has the government ever asked why this is so? No.

People with disabilities are being denied the right to have complaints investigated. Conciliation is not the answer to every complaint. When a client has been abused or neglected, this is not a matter for conciliation. It is not about seeking an agreed outcome. Instead, the complaint must be investigated and consequences imposed on the perpetrator.

For the full article – <http://www.theage.com.au/comment/what-has-changed-since-disability-care-scandal-of-the-1980s-and-90s-20150420-1mom6y.html>

ACIA is mindful of the significant expansion of the provider market that will be needed to address the increase in demand for disability and support services in the future under the NDIS.

'Upwards of 870,000 will be the sized of the disability workforce needed to successfully manage full roll out of NDIS. This would constitute a doubling of the existing size (sic) and would include support workers and other roles.'
- **The Hon Mitch Fifield, Minister for Aged Care and Disabilities, 2014**

ACIA believes that service providers (of both disability services and mainstream services) can be supported to improve the quality of their services over time as the NDIS rolls out, and that providers will be keen to join a market known for its quality Standard of service.

ACIA's Key Messages on Quality and Safeguards under the NDIS:

1. Set quality Standards, so that continuous improvement is encouraged and supported.
2. Build capacity of disability providers, mainstream providers and participants who choose to manage risks: Draw on existing regulatory requirements and support providers to achieve quality Standards.

5.1 Developmental Components

5.1.1 Information for Participants

ACIA supports the need for comprehensive and easily accessible information on navigating the system, knowing your rights, knowing what services are available and the quality of those services and providers. This information should be made available via the NDIS participant and provider portal (or something similar).

Sharing of information on online forums with consumer ratings, akin to 'TripAdvisor', should be balanced with the accessibility of relevant quality and compliance information to ensure participants can make an assessment of quality and not rely on unverified, anecdotal information.

However, ACIA believes there is a role for a public forum in which participants can share their experiences. This should have a quality and continuous improvement focus. Online forums would be supported by ACIA to provide an independent, public and accessible information.

There may be forums that already exist that may fit this purpose. ACIA is willing to be involved in identifying and developing such online forums.

5.1.2 Building Natural Safeguards

ACIA supports the notion of building natural safeguards, and believes that improving information available to participants about what a quality service looks like will further empower participants to enact their rights, take informed risk and build natural safeguards.

However, statements in the Consultation Paper seem to reflect people with disability who are capable of building natural supports without concern for people with severe cognitive disability, clinical risk, and mental health, dysfunctional, psychosocial personal and/or family issues. This is addressed through the Level 4 Standard proposed.

The Standard will include a number of requirements to safeguard people who have limited interaction with people other than their support workers (friends and family). Including:

- The service provider supporting participants to maintain links to, and determine the involvement of, family, carers and significant others.
- The service provider identifying and promoting opportunities for participants to participate actively in their community. This includes promoting the use of social networks and informal supports for participants, and assisting participants in making decisions about how they connect with their community.
- The service provider identifying and promoting opportunities for participants to develop and maintain skills required to participate actively in their community.
- The service provider developing and maintaining community networks and connections that may be used to provide options for participants to participate in the community.

Abuse and neglect 'Behind Closed Doors'

9 April 2015

- Disability advocates say that people with disability are abused and neglected every day in institutional settings in WA. "It is not uncommon to hear stories of rapes, physical abuse, neglect and restrictive practices in schools, disability care settings, homes and hospitals," says People With disabilities' WA Samantha Connor, who has been collating experiences of people with disability in WA.
- 'What's worse, if you are unable to communicate your problems or have no family or friends to support you, you are left with no hope, nowhere to go and certainly no justice.'
- Senator Rachel Siewert said that there is an unacceptably high number of people with disability who have been subjected to abuse and violence while in care. 'It is not just a state issue, it is a federal one, and it needs national leadership,' she said this week.

<http://pwdwa.org/>

Furthermore, the Standard will include a number of requirements to foster independence and informed choice:

- The service provider shall maintain a process to support participants to maximise their independence and to exercise their rights about choice of lifestyle
- The service provider shall maintain a process to support participants to make informed choices and respect the rights of participants to take risks. Where necessary, the service provider shall assist participants to access what is required for supported or substitute decision-making.

Woman accused of stealing millions from dementia sufferer

27 Feb 2015

Almost seven years after Ms Pearson's death, Auburn police detectives arrested a mother-of-four who allegedly posed as a cleaner and befriended Ms Pearson in her Canterbury home sometime after she was diagnosed with dementia in 2003.

Police allege Ms Adams, conspired with her father Alex Johan, a convicted criminal, and other family friends to be publicly seen with Ms Pearson in the years before she died. Officers have also arrested a number of Ms Adams' relatives for their roles in allegedly tricking a 97-year-old man into signing over his \$3.4 million estate and allegedly stealing more than \$500,000 from an 87-year-old man who suffered from a mental illness.

Police allege Ms Adams befriended Ms Pearson sometime after 2003, conspired to obtain her signature and made a fraudulent will without the victim's knowledge.

<http://www.smb.com.au/nsw/woman-accused-of-stealing-millions-from-dementia-sufferer-20150227-13qpty.html>

5.2 Preventative

5.2.1 Formal Individual Safeguards

Safeguards tailored to the individual as agreed between them and the NDIA during the planning stage and at reviews. This is appropriate for those who are able to understand and identify potential risks and how best to safeguard against them. (DSS Consultation Paper on Quality and Safeguards)

The Standard proposed will recognise the role of formal individual safeguards and the participant's role in managing and identifying risks. The guiding principles of the Standard will include that:

- The participant has the right to make decisions and take actions.
- Participants have the right to be treated with respect and dignity, and as such not be exposed to abuse, neglect or exploitation.
- Service provision should respect the capacities of the participant and promote self-reliance and independence.
- Participants are enabled to direct the planning of their services, and wherever possible the provision of their services
- The delivery of services should strive to achieve outcomes desired by the participant.

ACIA's proposal includes the development of good practice guides and tools to assist participants to understand quality and manage

their own risks through appropriate safeguards. This includes 'dignity of risk' sign off for participants as opposed to 'duty of care' and also addresses restrictive practices. It also recognises participants' right not to participate in the community or to have other people in their lives.

5.2.2 Service Level Safeguards

In the NDIA, the most important relationship will be between participants and providers. The capacity of providers is therefore a critical safeguard. (DSS Consultation Paper on Quality and Safeguards)

ACIA believes that building the quality of service providers (both disability specific and mainstream) is paramount to ensuring safety, reducing risks and achievement of outcomes for participants.

ACIA's proposal ensures service level safeguards are in place for both mainstream service providers delivering low risk services to participants as consumers; and for disability specific providers delivering high clinical risk care and support (such as catheter changes, peg feed changes, trachea care, and ventilation dependency).

Furthermore, at each level of ACIA's proposal, our partnership with ITAB will enable the development of training tools, guidelines, competency frameworks to embed continuous improvement, build workforce capacity and support quality service provision.

People with disabilities raped, beaten, neglected while in care, hearing told

10 April 2015

Women with Disabilities WA coordinator Rayna Lamb said the abuse of disabled people was chronically underreported, largely because victims were often not believed or could not communicate what had happened.

“It’s so common,” she said outside the hearing. “On one hand, it’s assumed no one would treat a person with a disability badly. People just want to care for people with disabilities.

“But we live in a society where the attitude to disability means predators know that they can attack us, that they can abuse us, that they can treat us like shit because who is going to believe it?”

Ms Lamb said non-verbal people were particularly vulnerable because often when they expressed their anguish through actions, such as repeatedly banging their heads or screaming, it was wrongly interpreted as part of their disability.

<http://www.abc.net.au/news/2015-04-10/disability-hearings-in-perth-report-rape-neglect/6384308>

5.2.3 System Level Safeguards

The intention is to set national registration requirements that allow only suitable providers to participate in the scheme, while at the same time not creating unnecessary barriers for providers to enter and remain in the scheme. (DSS Consultation Paper on Quality and Safeguards)

ACIA supports the continued practice of provider registration to participate in the NDIS and sees this as an initial first step in which the types of services the provider intends to deliver would dictate the essential legal requirements and level of quality evaluation required.

As illustrated in our proposal, provider registration would be conditional until the Code of Conduct, Terms of Business and essential legal requirements are complete. ACIA supports the continued use of the Terms of Business as

a requirement for registration in addition to agreeing to the Code of Conduct.

ACIA suggests the uploading and verification of the legal requirements could be managed via BNG SPP and checked via our partner auditing bodies. BNG SPP could be further developed/ built (at a cost) to flag the expiry dates of any legal documents e.g. insurances and automatically seek updated documents when required.

Once all documents are signed and received they would be stored in BNG's online portal and advice provided to the provider and NDIA that full registration was complete.

5.3 Corrective Components

5.3.1 Universal Safeguards

Legal protections that exist for all citizens when they interact with business, non-government organisations and government. They include

consumer protection laws, state public health laws, building codes and criminal legislation. (DSS Consultation Paper on Quality and Safeguards)

ACIA agrees that while universal safeguards are available, their effectiveness is still dependent on whether they are accessible by all people with a disability and whether they know how to enact their rights to these universal safeguards.



http://www.consumerlaw.gov.au/content/Content.aspx?doc=fact_sheets/safety.htm

A quick check on the Australian Consumer Protection Law website shows very general information on 'your entitlement to safe goods and services'. It has a product/goods focus and does seem to provide a description of what 'service' may mean.

Similarly, under the 'Buying Services' guides on the NSW Office of Fair Trading website there does not appear to be any guides on buying types of services people with disability are most likely to need e.g. care and support, cleaning, gardening/home maintenance.



http://www.fairtrading.nsw.gov.au/ftw/Consumers/Buying_services.page

ACIA is of the view that significant work is required to build knowledge and capacity of people with disability to know about, and enact their rights under consumer and universal laws. ACIA's proposal includes the development of good practice guides and tools that will support people with disability to enact their consumer rights.

5.3.2 Systems for Handling Complaints

ACIA's proposed approach would ensure that providers have best practice internal complaints handling and resolution process that includes support to make a complaint, timely resolution, and independent investigation, seamless referral to other complaints and advocacy bodies, and an emphasis on continuous improvement for providers.

As a further safeguard, ACIA also supports the requirement for providers of level 3 and 4 services to demonstrate they have an internal complaints that meets best practice and that they agree to abide by the decisions of approved external disputes resolution agency. For providers of level 2 services, good practice guides on developing an internal complaints system would be made available (via BNG SPP).

ACIA believes that existing external complaints resolutions services such as the State Ombudsman, Human Rights and Disability Commissioners should continue in these roles during roll out of the NDIS as this provides clarity and continuity during what will no doubt be a time of significant change. Development of a national external complaints handling approach could be considered over time after participants have managed the large changes that will occur throughout the initial implementation of the NDIS.

5.3.3 Serious Incident Reporting

ACIA supports the option that serious incidents should be reported to the NDIA as a funding body, as is current practice (see Terms of Business). Furthermore, providers are used to this as a contractual and legal requirement.

Approved auditor of the Standard will be trained to cease an audit and report any serious incidents to the funding body if they are uncovered during an onsite audit.

5.3.4 Oversight Functions

A key issue for the NDIS is whether there is also a case for establishing a body with an independent oversight function to provide an additional level of assurance for the NDIS. (DSS Consultation Paper on Quality and Safeguards)

ACIA is of the view that the NDIA already provides significant disclosure and transparency into its process, issues, failing and achievements:

- The NDIA was established under Commonwealth legislation the NDIS Act 2013,
- The Standing Council on Disability Reform and COAG are responsible for making decisions on NDIS policy issues
- The NDIA is governed by a Board responsible for the performance and strategic direction of the National Disability Insurance Agency.
- The Board are advised by the NDIS Independent Advisory Council
- The NDIA reports quarterly on performance and produces an Annual Report tabled at federal parliament.

The NDIA also undertook a Capability Review and ACIA would suggest this is also good practice for the future. Furthermore, the NDIA may consider undertaking peer review with other agencies as a further oversight component. This could be negotiated with the Australian Public Service Commission as part of its role in reviewing Commonwealth agencies.

6. SAFEGUARDS FOR PARTICIPANTS WHO MANAGE THEIR OWN PLANS

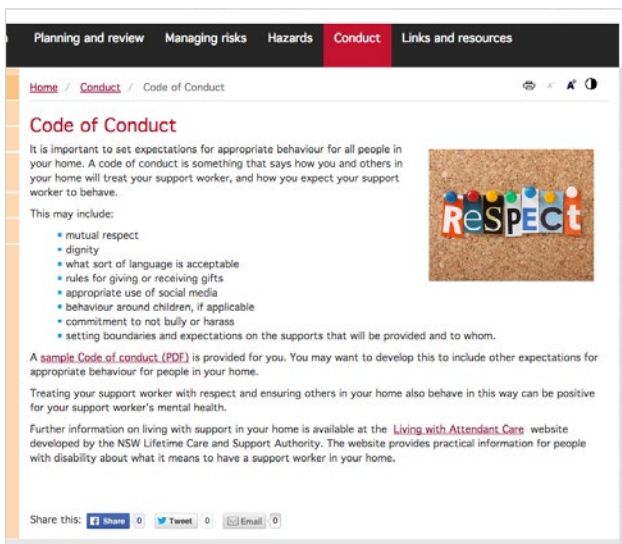
ACIA's proposals includes the provision of information, tools, guidance and support to enable people who manage their own plan to identify, mitigate and safeguard against risk.

ACIA recently worked with Family and Community Services, Department of Ageing, Disability and Home Care NSW to develop a website '[My Disability Supports Managing Safety](#)' aimed at informing people with disability about how to manage the Work, Health and Safety risk associated with managing your own supports and/or employing your own staff. It includes practical tools and checklists about how to identify and mitigate risks, code of conduct in relation to what to expect from your services and support workers – and what they can expect from the participant, obtaining police and working with children checks and monitoring and review.

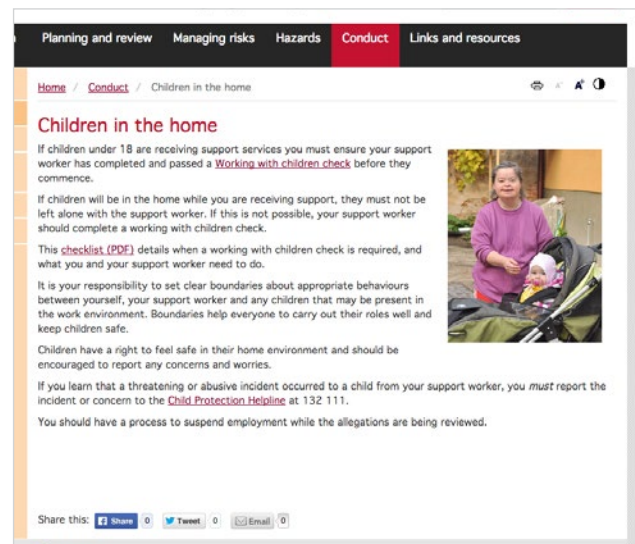
ACIA plans to expand the website to include the Human Resource responsibilities of employing your own staff or purchasing your own services and more tools on what makes a good quality service and how to build natural supports and safeguards.



<http://www.safetymds.nsw.gov.au/home>



<http://www.safetymds.nsw.gov.au/conduct/code-of-conduct>



<http://www.safetymds.nsw.gov.au/conduct/children-in-the-home>

7. RESTRICTIVE PRACTICES

ACIA's proposal specifies that services engaging in any form of restrictive practice should be subject to level 4 independently audited quality Standard. A nationally consistent approach on the use of restrictive practices is supported with recognition of dignity of risk considered and agreed between all parties. Furthermore, a consistent approach is supported with recognition that chemical restraint remains the responsibility of the treating Doctor and this is often difficult to manage by the provider and participant the treating Doctor is the legal case manager in these circumstances.

8. CONCLUSION

Once again ACIA appreciates the opportunity to make a proposal and submission on quality and safeguards under the NDIS.

The other partners in this proposal are:

- Julie Nyland, Managing Director, Breaking New Ground
- Majid Zahoor, Managing Director, Health Audit Australia
- Susan Scowcroft, Executive Director, NSW Community and Health Industry Training Advisory Board

This proposal and submission is also endorsed by the ACIA Board Members comprising of:

- Danielle Bennett, All About Caring
- Daryl Lamb, Anglicare Tasmania
- Lyn Franco, Australian Unity
- Michelle Barrett, Complete Care Team
- Dargan Vlaski, Paraquad
- Barbara Merran, Southern Cross Community Care
- Katherine Carney, the Disability Trust
- David Hogg, Lifestyle Solutions
- Jenna Willett, Accommodation and Care Solutions

ACIA would welcome the opportunity to provide further detail and discussion on this proposal and with the DSS and NDIA in the future.

Please contact us at ed@acia.net.au if you have any questions or queries in relation to our proposal and response.