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participation through technology

***ARATA's response to the NDIA's Quality and Safeguarding framework Discussion Paper***

## **ARATA's response to the NDIA's Quality and Safeguarding framework Discussion Paper**

The Australian Rehabilitation and Assistive Technology Association (ARATA) is the national peak body representing rehabilitation & assistive technology stakeholders, working to advance access to rehabilitation and assistive technologies, and to promote practices that ensure positive outcomes from their use. ARATA provides a national forum for information sharing and liaison between people who are involved with the use, selection, customisation, supply, research and ongoing support of rehabilitation and assistive technologies. We promote, develop, and support the national rehabilitation and assistive technology community of practice.

Through its membership, ARATA represents the interests and opinions of the full range of assistive technology (AT) stakeholders in Australia: AT users, AT researchers, AT suppliers, and AT Practitioners including most allied health professions and rehabilitation engineers. ARATA's response to the NDIA's AT Discussion Paper therefore encompasses many viewpoints, and advocates that roles for all stakeholders must be considered.

### **Introduction**

ARATA welcomes the draft framework for Quality and Safeguarding in the National Disability Insurance Scheme (NDIS) and the opportunity to provide feedback. Safeguards are essential to the success of the NDIS, and ARATA believes that it is important that safeguards are in place across all tiers and for all stakeholders of the scheme to ensure the rights of participants are protected, and that participants do not experience harm or disadvantage because of their disability. Sustainability of the NDIS is reliant on integrated systems, across all tiers and sectors of government, as well as in mainstream and specialist disability services.

ARATA advocates for independent advocacy at an individual and systems level in the NDIS, to ensure that the voices of people with disability are prominent in the evaluation of the Scheme's success. Independent advocacy provides a proactive means of ensuring that participants are listened to, and that their opinions and experiences contribute to decision-making in all aspects affecting the lives of people with disability. Existing organisations that provide this service should be included in this plan, along with the proposed establishment of an independent ombudsman.

In this submission, ARATA initially provides information on the specific needs of the AT practice and supply sector. Secondly, some comments are offered in response to the questions asked in the Consultation document.

### **Establishing quality in the AT Practice & Supply Sectors**

As part of the gathering of good practice to establish the National Disability Insurance Scheme (NDIS), the ARATA Board engaged an expert project team to draw together ARATA's policy and evidence base about assistive technology practice. Good outcomes from AT provision are often dependent on the combined efforts and expertise of all parties: consumer and family; AT practitioners and suppliers.

This preliminary work was followed by a joint project between ARATA and the Assistive Technology Suppliers' Association (ATSA), funded by FaHCSIA and the NDIS through the Practical Design Fund. This project investigated national credentialing and accreditation for Assistive Technology Practitioners and suppliers. The aim was to review national and international systems and recommend an approach to establishing an Australian national accreditation system for AT practitioners and suppliers. The Project, led by Dr Michael Summers & Dr Lloyd Walker, included a literature review and consultation on the most appropriate ideas for the way forward. The [Final Options Paper](#)<sup>1</sup> on National Credentialing and Accreditation for Assistive Technology Practitioners and Suppliers, available to the public on the ARATA website, contains the full details of the work. An [executive summary](#)<sup>2</sup> is also available.

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

The response to this question draws on key findings on National Credentialing and Accreditation for Assistive Technology Practitioners and Suppliers, introduced above. The Options Paper proposes a framework for a credentialing and accreditation system that will identify, develop and continually enhance high-quality practitioner and supply practices in the Australian AT sector that achieve the best outcomes for consumers and their families, and improve process and economic efficiency for funders, AT practitioners and suppliers. It provides a detailed timeline and costings for the implementation of the proposed system.

The literature review identified that regulatory schemes such as credentialing and accreditation can achieve a number of potential benefits. It also highlighted the necessity of key elements in credentialing and accreditation systems to allow them to function effectively, including:

- Regulation commensurate with level of risk;
- Transparency and accountability to consumers and the community;
- Monitoring and enforcement, along with supports for good practice; and
- Ongoing evaluation of the system's effectiveness in enhancing consumer outcomes.

The purpose of credentialing AT practitioners is to provide a robust and clear evidence-based assessment of their competence. Credentialing of individual AT practitioners and accreditation of AT supply organisations, particularly for higher risk and more complex AT devices, would assist consumers and their families to identify services and practitioners with the most suitable skills to meet their current requirements. Skilled AT practitioners can support consumers in decision-making to identify and meet their AT needs based on informed choice, and often in a more time-efficient way than those with less training and experience in that area of AT. A credentialing and accreditation system will also assist the NDIA and other individualised funding programs to identify AT practitioners with the relevant levels of competence to assist with assessment, planning, evaluation and review. The ability to engage the most suitable AT services and practitioners will serve to ensure AT provision is completed in the most timely and effective manner, and promote the best outcomes for consumers. In addition to supporting positive consumer outcomes, this has obvious benefits for the costs involved to the Scheme: well-selected AT is

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<sup>1</sup> National Credentialing and Accreditation for Assistive Technology Practitioners and Suppliers: An Options Paper, available: [http://www.arata.org.au/download/NDIS/AT%20AccreditationOptionsPaper2\\_2FNRMN.pdf](http://www.arata.org.au/download/NDIS/AT%20AccreditationOptionsPaper2_2FNRMN.pdf)

<sup>2</sup> Executive summary: <http://www.arata.org.au/download/NDIS/ExecSummOptionsCredAccredAssistiveTechnology2013.pdf>

most likely to be utilised and it is less likely that time and money will be wasted to rectify uninformed equipment decisions.

Practitioners and suppliers will need a strong consumer focus and also address any potential conflicts of interest, particularly where these roles are combined such as in specialist seating clinics and for orthotists and prosthetists. An important issue raised is the intersection of additional AT credentialing requirements and existing professional credentialing through relevant professions, including occupational therapy, physiotherapy, speech pathology, rehabilitation engineering, and orthotics and prosthetics. Additionally, the intersection of accreditation and existing quality systems; such as ISO 9001 used by suppliers; need consideration to ensure costs and barriers to market entry are minimised.

Further work is required, including decisions about which options are most appropriate and achievable; and development of resources, structures and processes to implement an effective and sustainable credentialing and accreditation system. ARATA has completed substantial background work into accreditation and credentialing for AT practitioners and has the expertise to progress this project. As a small association of members governed by a committee of volunteers, ARATA does not have the capacity to do so without a significant addition of funding into the organisation. Partnership and support from the NDIA would be welcome to ensure ARATA is able to advance and develop a credentialing and accreditation system compatible with those that the Agency is proposing in its Discussion paper.

If the Agency chooses to progress the preliminary work, ARATA members could be commissioned to provide advice and ongoing consultation in the development of the accreditation and credentialing system.

### **Comment on information-provision proposals**

- What are the most important features of an NDIS information system for participants?
- How can the information system be designed to ensure accessibility?
- What would be the benefits and risks of enabling participants to share information, for example, through online forums, consumer ratings of providers and other means?

ARATA note the focus upon information in the context of quality and safeguards, and would like to provide some evidence from the published literature regarding the limitations of public information provision for complex interventions.

There is great value in information sharing, but with niche markets and specialised needs (e.g. complex AT solutions, home modifications), reliance on peer sourcing is not feasible<sup>3</sup>. The solutions are too unique to fall into a rating system that will provide a sufficient number to provide reliable and valid information for consumers. The solutions are unique because of the multi-stage process of identifying needs and customising solutions.

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<sup>3</sup> Trigg, L. (2014). Using Online Reviews in Social Care. *Social Policy & Administration*, 48(3), 361-378. doi: 10.1111/spol.12017

The sector need to be careful to avoid the naive assumption that information, in the form of content (whether online, in writing, other accessible formats), leads to 'informed consumers'<sup>4</sup>. Prospect theory<sup>5</sup> clearly demonstrates the risk of flooding people with information: it leads to decision-making by heuristics (considering only one variable, such as cost price or proximity to home or known brand).

This should never replace the option for consultation (whether with peers or professionals) to provide information as a service. It is also critical to recognise that many consumers are unwilling to pay for an information services, but do so indirectly through other transactions. Thus, the Agency should fund independent sources (staffed services) for information and advocacy, rather than leaving this to markets where information asymmetries and resulting market failures are well documented.

Thank you for the opportunity to respond to the NDIS Quality and Safeguards Framework. ARATA and its members look forward to working with the Agency to further progress a system that ensures positive outcomes for all stakeholders.

Yours Sincerely



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On behalf of the ARATA Board

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<sup>4</sup> Jordan, B. (2006). Public Services and the Service Economy: Individualism and the Choice Agenda. *Journal of Social Policy*, 35(1), 143-162. doi: <http://dx.doi.org/10.1017/S0047279405009359>

<sup>5</sup> Kahneman, D. (2003). A perspective on judgment and choice: Mapping bounded rationality. *American Psychologist*, 58(9), 697-720. doi: [10.1037/0003-066X.58.9.697](https://doi.org/10.1037/0003-066X.58.9.697)