



**BREAK THRU PEOPLE SOLUTIONS**

**RESPONSE TO THE  
QUALITY AND  
SAFEGUARDING  
FRAMEWORK FOR THE NDIS  
CONSULTATION PAPER**

A response contribution which incorporates client feedback, identification of improvement, and offers innovative solutions for consideration by the NDIS Quality and Safeguards Framework Consultation Team.

## A LETTER FROM BREAK THRU MANAGING DIRECTOR, ROSS LEWIS

BreakThruPeopleSolutions(BreakThru) welcomes the opportunity provided by the federal Department of Social Services to comment on the development of the Quality and Safeguarding framework for the NDIS. As an experienced disability and mental health services provider since 1985 and significant stakeholder within the Australian disability sector, we are pleased to contribute to the discussion on how to develop a system which advances the rights of people with disability and minimises the risk of harm, whilst maximising choice and control over their lives.

Break Thru is an Australian not-for-profit organisation whose core vision is to “Break Thru barriers and create futures” by being the leading diversity champion, courageously promoting the value, potential and inclusion of all people in the life of the Australian community. We place social inclusion at the core of our mission and apply person centred approaches in both the delivery and planning of services we provide, therefore supporting the objectives of the NDIS to maximise choice and control for people with disabilities.

International evaluations have highlighted that the development of person centred approaches that includes the involvement of the disability sector can make worthwhile use of valuable front-line experience, promote sector understanding of person-centred ways of working and improve staff engagement with the development of methods to allocate resources (Glendinning, et al, 2008<sup>2</sup>). Break Thru commends the opportunity the Department of Social Services and the National Disability Insurance Agency (NDIA) has created to enable the disability sector to have input into a person centred disability scheme such as the NDIS.

In preparing our response Break Thru sought the views of a number of stakeholders including:

- Break Thru’s Client Reference Group which represents our clients, especially in the area of mental health.
- Break Thru’s staff expertise – General Manager of Mental Health and Program Managers of Victorian state funded mental health programs; Mental Health Community Support Services (MHCSS) and Prevention and Recovery Care (PARC); and Federally funded programs, Personal Helpers and Mentors (PHaMs), Mental Health Respite: Carers Support (MHR:CS) and Family Mental Health Support Services (FMHSS). General Manager of Disability (Community Services); Business Development Manager; and Program Manager of Break Thru’s “I Am Able” support service for NDIS participants in the NSW Hunter trial site and for those participants receiving Individualised funding packages (NSW/Victoria).

The following feedback is based on questions outlined in the Easy Read and Part One versions of the NDIS framework documentation.

Authorising Signature:



**Ross Lewis**

Managing Director  
30th April 2015

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<sup>2</sup>Baxter, K., Wilberforce, M., & Glendinning, C. (2011). Personal Budgets and the Workforce Implications for Social Care Providers: Expectations and Early Experiences. *Social Policy and Society*, 10(1), 55-65.

## **EXECUTIVE SUMMARY**

Break Thru's response to the proposed Quality and Safeguarding framework for the NDIS, is divided into two response categories; (1) the client perspective and (2) the staff perspective. The key messages outlined in the response include:

Key messages:

We support NDIS participants' right to exercise choice and control whilst also recognising that they have the right to receive quality support in a safe environment.

We support the introduction of a national NDIS framework for quality and safeguarding.

We believe that both consumers and the disability sector (including mental health) should continue to be consulted on the development of the Framework.

## **THE CLIENT PERSPECTIVE**

In this section, the client perspective is discussed listing concerns and considerations for the proposed framework. Among the group, there was general consensus that the development of a National Quality and Safeguarding Framework is essential to ensuring that people with disabilities receive quality support and remain safe. They also agreed that once the framework is implemented that it should be regularly reviewed for continuous improvement purposes and that people with disabilities, their families and carers should be continually consulted.

## **BREAK THRU'S STAFF PERSPECTIVE**

In this section, the Break Thru staff perspective is detailed with emphasis on the support of a person-centred approach for NDIS. A balance between safeguarding and flexibility is needed to best meet the unique circumstances of each individual.

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## THE CLIENT PERSPECTIVE

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**REPORT QUESTION:**  
**Do you agree with the ideas in this Framework?**

There was general support for the ideas in the Framework and agreement with a system that provided opportunity for people with disabilities to exercise choice and control. There was also agreement that people with mental illness should also be considered as stakeholders in such a framework and they be given a voice in future consultations.

**REPORT QUESTIONS:**  
**How else do you think we can make people feel safer when using support providers? What kind of checks would make you feel safe?**

There was unanimous support for the introduction of 'working with vulnerable people checks' as providing a safeguard from abuse. It was agreed that such a check should be similar to that of a 'working with children check' and although the group acknowledge that there is some benefit for a criminal record check, it would not be comprehensive nor enduring enough for the purposes of NDIS.

The group discussed both the benefits and risks of establishing an online forum similar in concept to the travel site TripAdvisor® which uses participants to rate the quality of the services they use. If adapted for the NDIS, such an approach would enable people with disabilities to share information with their peers about services and supports, and rate providers. The benefit of this approach assumes that the recommendations by peers or other participants would be trusted advice. However, the Client Reference Group counsel that over-reliance of participant feedback may be detrimental as some reviewers could be biased in their response or deliberately destructive. If such a system were adopted, then the following should be incorporated; (1) providers should be given the opportunity for right of reply, (2) a rating system which includes score averages and (3) the development of user guidelines and a code of conduct.

One of the members of the Client Reference Group suggested that there could be merit in establishing a star ratings system similar to that used by the federal government to rate disability employment service providers. Others suggested that such a system if introduced should be monitored by an independent body rather than the government.

**REPORT QUESTION:**

**Who should make the decisions about when a staff member is good or not?**

Overall responsibility should be given to the company to determine whether a staff member is good or not. They should be responsible for performance management, ensuring appropriate checks are completed, for example reference checks and working with vulnerable people checks. However, the relationship between the staff member and the person with a disability is paramount and the participant should have the ultimate say if they can relate to this person or not. A trusted relationship between participant and support provider is critical. It was suggested, therefore, that staff should receive training on interpersonal skills and that the participant should be involved in the staff selection and interview process.

One group member suggested that participants be surveyed regularly (perhaps every six months) to provide feedback on their support person. If there were any unresolvable issues, they should then be presented to an independent mediator for resolution before the participant/provider relationship is terminated.

**REPORT QUESTION:**

**Do you think there should be a register of support providers to choose from?**

The Client Reference Group agreed that there should be a register of providers to choose from but that participants should also be given the choice to choose a provider that is not on a register. Disadvantages to only being able to access registered providers include; (a) the potential for a waiting list for services and (b) limiting choice and control. Another suggestion included ensuring that all providers (either sole providers or large companies) conduct 'working with vulnerable people checks' at a minimum.

**REPORT QUESTION:**

**Should the NDIS help people having problems with service providers?**

The group agreed that participants should receive support in making complaints about providers; however the complaints body should be independent from the NDIA to ensure no conflict of interest. They also suggested that participants could continue to use existing complaints bodies to have their complaints heard, for example the Victorian Mental Health Complaints Commissioner. However there should be enough funding allocated to support a complaints system so that existing bodies would not be overburdened. They also agreed that serial non-conforming providers should be de-registered, placed on an exclusion list and that list be shared with potential and existing NDIS participants.

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## REPORT QUESTION: Do you have other ideas about the Framework?

Best practice guidelines should be developed for providers which would include a checklist of characteristics of a quality service, for example participants are treated fairly and with respect. A code of conduct was also deemed to be useful. The group also advised that checks and balances would need to be put in place to ensure that the providers are doing the right thing. However, such imposed compliance requirements would vary according to the size of the organisation. For example, a sole provider, such as a companion support would not need the raft of checks required of a large company.

Future consultations should continue to be promoted amongst consumer/client networks and forums to engage NDIS participants, families and carers. As outlined in the National Mental Health Plan one of the key principles is "Respect for the rights and needs of consumers, carers and families and that they should be actively engaged at all levels of policy and service development."<sup>2</sup>

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<sup>2</sup><http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-f-plan09-toc~mental-pubs-f-plan09-pla~mental-pubs-f-plan09-pla-und>

## BREAK THRU'S STAFF PERSPECTIVE

### REPORT QUESTIONS:

**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?**

An NDIS information system should be in accessible format to accommodate a range of literacy levels including the provision of a support structure to assist those with limited literacy or for those whose first language is not English. Information should be provided in a range of ways including in audio mode and community languages so that participants can make informed choices.

Such an information system should be established independently of the NDIA to minimise the risk of referral bias. As detailed below, it is recommended that a multi faceted approach be adopted and that it includes consumer-led modes of delivery. For example, blogs, discussion forums and consumer provider ratings. In line with person-centred approaches the information portal should not over-emphasise the geographical location of the provider, as their services may be delivered primarily in the community or home, and should be promoted as such.

Website and information portals could be a good choice for younger people who want information but for some people, especially those who are mature age with mental illness and have a fear of learning about new technology, alternative sources are recommended. Information could be made available at General Practitioners clinics, community organisations, councils, libraries, flyers, expos and local forums.

There should be nationally consistent methods of informing participants and families about the services and issues related to the NDIS. Information sessions such as those conducted by Victorian Advocacy League for Individuals with Disability Inc (VALID) in February 2015 were well received by potential participants, families and carers. If adequately funded, peak bodies such as Victorian Mental Illness Awareness Council (VIMIAC), TANDEM (for Carers of people with mental illness) and National Disability and Carer Alliance could provide information to stakeholders who may miss out on receiving vital information. For example children of parents with a mental illness who are not formally identified as carers.

In principle, we support the concept of a platform that enables consumers to rate service providers as both an innovative and worthwhile method of providing information to NDIS participants. However, there is a risk that the reputation of providers could be unduly affected by potential defamatory comments, unless such an information portal is regulated to some degree. Conversely, friends of providers may post fictional complimentary comments which could skew the ratings. As the number of provider reviews increase, it may be assumed so too does the data integrity. However, it is unlikely that under such a system, one provider would get the volume of reviews required to supply meaningful information. One suggestion to moderate a consumer rating forum may include a closed forum of registered users who would be required to agree to abide by certain rules or a code of conduct.



## REPORT QUESTIONS:

**Are there additional ways of building natural safeguards that the NDIS should be considering? What can be done to support people with a limited number of family and friends?**

Access to consumer advocates or peer support workers should be made available for those participants with limited connections to natural supports such as family members or friends. It is therefore recommended that participants without these supports be entitled to receive a number of advocacy support hours (funded by the Information, Linkages and Capacity building package) to assist in choosing quality services and minimise the risk of being harmed.

As already mentioned above, the introduction of a Trip Advisor-type initiative for consumers to rate providers could potentially be a positive approach. For those people who do not have access to natural support to help with decision making this initiative may provide them with trusted advice from peers enabling informed choice and control.

## REPORT QUESTION:

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

We recognise the value of professional development and training for staff and recommend that resources be made available to providers to ensure staff capacity building in delivering person-centred approaches. However, we also acknowledge that the recruitment of staff mandated to hold academic qualifications, does not always align with person centred approaches, and does not necessarily ensure safeguarding efficacy. In Break Thru's experience of implementing person-centred recruitment practices, the consumer is integral to the recruitment and decision making process and the selection criteria is often based on; the sharing of interests, availability and compatibility rather than paper qualifications. Additionally, we recommend that staff receive training which focuses on the individual needs specific to the NDIS participant in contrast to receiving a qualification which provides generic skill development.

Although we support and encourage staff in the disability sector to register as a member of National Disability Practitioners<sup>3</sup> and recognise that this is one mechanism of ensuring quality service provision for participants, we do not recommend that registration be mandated. The staff member who has been chosen by a participant may not be interested in a career in the disability field and any mandated registration may be a deterrent to support provision. For example an NDIS participant may appoint a personal trainer, who has established a career in the fitness industry, as a support person to help them achieve their goal of improving their physical and mental well being.

We support the requirement of providers to ensure staff have a 'working with vulnerable people check'. However, to facilitate equity and universal safeguarding measures, we also recommend that mainstream providers require the same checks.

Break Thru agrees with the NDIS principles that restrictive practices should be a last resort or removed all together. However, we also recommend that if restrictive practices are removed that there is a plan in place to train providers and staff on how to effectively withdraw from the use of restrictive practices and provide support in developing transparent behaviour management plans as an effective alternative.

<sup>3</sup> <http://www.ndp.org.au/>

## REPORT QUESTIONS:

**Should there be an independent oversight body for the NDIS?  
What functions and powers should an oversight body have?**

An independent and centralised advocacy body with a complaints component should be established and promoted to those with limited supports. There should be alternative options for people to make complaints. Any such independent body should have the powers to enforce recommendations for both registered providers and mainstream providers and they all fall under the same system.

Another suggestion for independent oversight is the trialling of a market based fair trading body.

## NDIS PROVIDER REGISTRATION

Break Thru supports the concept of consumer choice and control and therefore recommends that participants have the right to choose non-registered providers. For example a participant may wish to purchase a gym membership from the unregistered gym that is close to home as opposed to the registered gym several kilometres away.

However, it is important that the NDIA focus on developing a registration system that is fair. There needs to be a balance between protecting the safety of participants and imposing an onerous and overly prescriptive registration regime for those providers seeking registration.

## FINAL COMMENTS

Finally, Break Thru supports the recommendation of the NSW Mental Health Coordinating Council that further international research into quality and safeguarding frameworks be conducted to establish best practice. Additionally, we recommend that the new UK market oversight regulatory function of adult social care be closely monitored. Knowledge gained from the UK experience will guide Australia's development of a National Quality and safeguarding framework and assist us in avoiding the significant provider failures experienced in the UK.



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Breaking thru barriers, creating futures.