

## NDIS QUALITY AND SAFEGUARDING SUBMISSION

This document is a personal submission and has been written by David Clarke and Cliff Wise OAM.

### PERSONAL CONTEXT

**Cliff Wise**

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**Disability:** C6/7 complete spinal injury resulting from a fall in 1987.

**Current Living Arrangements:** Living in own home supported by personal carers and my wife as my primary carer since my accident. I am 67 years of age.

**Experience In Disability Sector:** 27 years of involvement in personal advocacy centred activity and at Committee level at local council, Director level and long serving chairman of two small and large Service Provider Boards focussing on improving the quality of life of a wide cohort of primarily physically disabled people in both group accommodation and in home settings. I am also a director of a benevolent foundation that supports spinal injured people in necessitous circumstances by providing individual grants as well as funding a psychological support service for spinal injured people.

I worked full time as an assistant principal of a secondary school for 13 years after my accident.

I am currently receiving in home support funding from The Victorian Department of Human Services in the form of a self managed Individual Support Package.

**David Clarke**

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**Relevant experience:** Former Principal in the Melbourne office of The Boston Consulting Group, with 10 years consulting experience primarily in the public sector, and a further five years experience in the not-for-profit sector with CARE International and the Cape York Institute. Co-author of *Raising The Bar: Achieving the Best Outcomes for People with a Disability from the NDIS* (2013)<sup>1</sup>, consultant to the NDIA on issues including technology innovation and market design, and advisor to other state and federal agencies on strategy and service delivery transformation issues in social services, justice, policing, child protection and public compensation schemes. Currently exploring opportunities to support the introduction of the NDIS with innovative new models of disability support provision.

## SUBMISSION.

### SAFEGUARDING AND QUALITY

The introduction of the NDIS provides an opportunity to tailor all services on an individual basis by providing safe quality services to people with a disability, as well as providing a framework to support workers and primary carers who provide care for individual clients.

We comment below on areas that we see as the most vital areas to address well and in the areas that specifically affect the ability of individuals to choose and control the supports they receive as they migrate onto the NDIS.

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<sup>1</sup> See <https://ndisraisingthebar.wordpress.com/>

## Responses to selective components:

### Developmental domain

#### A. Information for participants

The consultation paper recognises the importance of providing accessible information to best assist customers make the most informed decisions appropriate to the support them in the safest, best service quality and most cost effective manner.

In our view (as highlighted in the *Raising the Bar* paper), accessible information will be the bedrock to enable and empower participants to assume progressively more control over their lives.

#### **Personal reflections: Cliff Wise**

In my case there was very little information to guide me when I first acquired my disability. As the environment matured and individual support packages were trialled then expanded I was able to accumulate greater knowledge of supports initially via individual advice from peers, hospital social workers, membership of peer support groups, service provider advice (can be selective and directed toward achieving maximum benefit to service provider at the expense of the customer) and government departments and agencies via telephone, email and the internet.

My greatest source of knowledge however came from my involvement as a director of the various organisations I am associated with.

I found and still find that building a knowledge base is a slow process and I applaud the NDIA consultation paper recognising the need to make as much information available in a vast variety of formats for increasingly empowered individuals to access. The prospective NDIS applicant should be provided with all relevant avenues of acquiring information by the NDIS LAC prior to the initial NDIS consultation. It is then up to the customer to access as much information as they can before the initial consultation.

In more recent times I accepted an invitation to participate in a DHS investigative sponsored consultancy forum of people who were supposedly "self managing" their own ISP's and was astounded at the lack of knowledge and skill management capabilities each person had. I could only put it down to lack of knowledge and a structured empowerment program.

#### **Response to Questions**

1. What are the most important features of an NDIS information system for participants?

Much more than the design of the information system itself, access to a knowledgeable first contact person/ Mentor/LAC who can support and guide consumers in accessing appropriate information and assist in developing an informed and focussed package will be critical in the success of information provision and capacity building for people with a disability.

2. How can the information system be designed to ensure accessibility?

As noted in the personal reflections above, the extent of information available to people with a disability has grown extensively over the years, and the format and content of information has been tailored by various stakeholder groups, support

organisations and so forth to suit the specific needs of the particular groups of people with disability they are supporting.

Given the diversity of these needs, it is our view that it will be difficult to design a centralised information system that usefully caters to these diverse needs. (We note that the Purple Orange project referred to in the consultation paper aimed to define elements of such an information system, however it did not systematically research the fundamental question whether this system would in fact be useful to participants in relation to other information sources they may be able to access.)

It is a commonly held view that a 'TripAdvisor' system for the disability sector would offer great value. However, as a counterpoint, we ask why this system has not yet developed at scale in the adjacent health market? After all, it is a market that is significantly more advanced in its use of technology, amongst both providers and the broader population.

We also caution that such a system should be developed by private providers (whether for-profit or non-profit), who are incentivised (i.e. paid) when they deliver solutions and outcomes that offer real value in the lives of people with a disability. Given the diversity of their needs and the complexity of information on how best to serve those needs, it will be a significant challenge to design and implement a single system to usefully capture and disseminate all that information. As a result, any such system must be developed with basic entrepreneurial principles firmly in mind, i.e. the system's developers are rewarded with hard economic incentives when the system is used by the end customers it intends to benefit. It is highly unlikely to succeed if developed from within the public sector.

This is not to say, however that such systems cannot be successful. We applaud, for example, the entrepreneurship of the founders of the website [www.clickability.com.au](http://www.clickability.com.au), which is at the early stages of developing a system such as you suggest. We hope they are successful in their endeavours.

## **B. Building natural safeguards**

LAC's would have to play a vital role in assessing the degrees of risk for each and advise accordingly to protect people with disability from harm. Quality providers of service would need to be heavily involved initially in service provision for high risk participants with relaxation of involvement as participants (hopefully) take greater and increasing responsibility for managing their own affairs. The NDIS may need to have an ongoing role in safeguarding the most vulnerable people in the system.

As the system matures, the vast majority of people should be encouraged and empowered via access to appropriate information sharing opportunities, training opportunities and encouragement to assume a progressively greater role in managing their packages in order to maximise the value of the package they have been allocated within a risk averse environment developed in conjunction with the NDIS and primary carers, family and friends input.

At the other end of the spectrum, self-managing people could increasingly develop strategies to safeguard themselves and minimise risk exposure possibilities.

## Response to Questions

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

There is nothing better than sharing information first hand with other similarly disabled people. Peer support groups are invaluable. We wholeheartedly endorse the views expressed by Simon Duffy and Robbi Williams in their paper on learnings for the NDIS from the UK experience:

*The most reliable, valued and sustainable form of support comes from people living with disability and families helping each other - do whatever you can to support and stimulate this without commodifying it or turning it into another professional intervention.<sup>2</sup>*

## Preventative domain

### 1. System level safeguards: NDIA provider registration

We believe options 1-3 outlined for provider registration create appropriate safeguards and do not place undue regulatory burdens on suppliers.

We are concerned, however, that option 4 Quality Certification could create significant administrative burdens on organisations, without delivering commensurate benefit to the end client. Furthermore, by reducing workplace flexibility and stifling innovation, regulatory tools such as these in fact have the potential to negatively impact client outcomes. Current inquiries into abuse in the disability sector support this view. We also contend that the cost estimate of \$4,000-5,000 to undertake an independent quality certification process significantly underestimates the cost of senior management attention, oversight and support that such a process entails.

### Response to questions

1. How can the right balance be reached between providing assurance and letting people make their own choices?

We believe the most important trade-off here is between the provider's ability to respond flexibly to individual need, and regulatory safeguards that restrict their ability to do so. If policymakers believe regulatory safeguards that maintain this flexibility are insufficient (i.e. options 1-3 in the consultation paper), it should focus resources and attention on building natural safeguards instead of introducing further compliance-driven regulations (i.e. option 4 in the consultation paper) that are difficult to intelligently design and administer, show few quality benefits for clients and tend to stifle innovation.

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<sup>2</sup> The Road to NDIS: Lessons from England about Assessment and Planning (2012) p. 25. Simon Duffy and Robbi Williams, [http://www.purpleorange.org.au/files/7613/5415/5343/The\\_Road\\_to\\_NDIS\\_Lessons\\_from\\_England\\_about\\_Assessment\\_and\\_Planning.pdf](http://www.purpleorange.org.au/files/7613/5415/5343/The_Road_to_NDIS_Lessons_from_England_about_Assessment_and_Planning.pdf)

## Safeguards for people who are self-managing

The analysis contained in the consultation paper is excellent. There will be a wide variety of capacities and skill levels within this cohort and the NDIS LAC will have to carefully assist in constructing appropriate self-managing models.

### Personal reflections: Cliff Wise

In my own case, I value:

- Compilation of a succinct, clearly articulated, informed, adequately resourced package that meets my needs in collaboration with a knowledgeable assessor. (I recently participated in a positive and supportive review process of my current DHS ISP with a knowledgeable assessor to re-establish funding support to meet my changing support needs)
- Authority to manage those resources independently and acquit for them as required
- Privacy and minimal interference once the package is in place.
- Quality carers who have acquired appropriate skills or are willing to be trained on the job. These could be provided by any provider group or sourced and remunerated independently within appropriate legal structures that safeguard the carer and the client.
- Flexibility within the relevant funding authority to respond to changing needs as they arise.

I am currently in receipt of a Victorian Department of Human Services (DHS) ISP that I have totally self managed with very few problems over the past 3 years. I acquit my expenditure in accordance with the requirements of the DHS.

### Response to questions

1. Should people who manage their own plans be able to choose unregistered providers of supports on an 'at your own risk' basis (Option 1) or does the NDIS have a duty of care to ensure that all providers are safe and competent?

The consultation paper states: Citizens have a right to control their own life, to make their own plans, make their own mistakes and achieve their own outcomes.

We support this statement in principle and ultimately support the "at your own risk" basis as self-managing people become more comfortable and competent in managing their package.

The consultation paper includes the assertion that "Under the NDIS Act, self-managing participants can choose to receive their supports from anyone they wish, whether or not they are a registered provider of NDIS supports."

We support this concept totally, and know many people who currently employ this practice in self-managing their own DHS ISP, including the author Cliff Wise.

### Personal reflection: Cliff Wise

I have had no problems in adopting this practice and have developed my own safeguarding processes to minimise risk to myself, carers and others who provide services under the DHS self-managing structure.

2. What kind of assistance would be most valuable for people wanting to manage their own supports?

Analysis of the capacities and skill levels of each aspiring self-managing person to self-manage by an appropriately qualified LAC or support person(s).

Provide and fund educational opportunities for participating people to assume increasing levels of self-management by:

- Developing systems (electronic and manual) to assist in managing and recording transactions in order to track progress of package expenditure (for example, see [www.selfmanager.com.au](http://www.selfmanager.com.au))
- Establishing support groups for people to exchange information and strategies individuals employ to manage their packages.

**Personal reflections: Cliff Wise**

Personally, I have developed job descriptions, quality and safeguarding techniques, roster management documentation, MS Excel recording spreadsheets both for recording carer hours worked and package tracking that I use to monitor the balance of my package funds available.

**END OF SUBMISSION**