# SUBMISSION: PROPOSED NDIS QUALITY & SAFEGUARD FRAMEWORK

## About Able Australia

Able Australia is one of Australia's leading not-for-profit organisations, delivering high quality, person-centred services to people living with multiple disabilities, including deafblindness and in community support services.

From its humble beginnings in 1967 as an association for people with deafblindness and rubella, Able Australia has grown into a diverse and dynamic organisation that supports more than 4000 people throughout the Australian Capital Territory, New South Wales, South Australia, Tasmania, Queensland and Victoria.

Today, we employ more than 500 staff and are supported by over 200 volunteers who are passionate about ensuring every person we support is seen, heard, respected, valued and connected.

# Introduction

Able Australia appreciates the opportunity to comment on the proposal for the NDIS Quality and Safeguarding Framework. Able Australia has a strong interest in having a system that drives quality and provides risk-based safeguards for the people we support now and into the future. Able Australia is a diverse national organisation which presently is required to meet multiple jurisdiction legislative requirements and quality standards frameworks. Ultimately, we advocate for a national unified safeguarding framework that will eliminate duplication across jurisdictions and social service systems, minimal red tape and ensure high-quality service delivery expectations and safety.

Able Australia has a direct involvement through a member participating in the National Disability Service (NDS) project Zero Tolerance: preventing and responding to abuse and neglect of people with disability. Presently, Able Australia is designing its policy framework to incorporate the Zero Tolerance Prevention Framework. Able Australia's internal consultation included a review of the proposed submission response paper by NDS. Generally, Able Australia agrees with this proposal response which includes seven principles that must be core features and institutions that provide an effective quality and safeguarding framework:

1. Regulation has a minority role in promoting quality and safeguards.
2. Individual planning is a means of managing risk.
3. Minimum standards should apply.
4. Choice is a necessary but not sufficient driver of quality.
5. Restrictive interventions should require authorisation by a judicial panel.
6. Disability safeguards should enhance not replicate universal systems.
7. Co-regulation recognises a shared responsibility for standards.

## Able Australia's response to questions in the consultation paper

### Developmental Domain

- **What are the most important features of an NDIS information system for participants?**
    - Accessibility
    - Consistency
    - Accurate and Current
    - Relevant and Impartial

- **How can the information system be designed to ensure accessibility?**
  To ensure a transparent and accessible information system stakeholders and people with disabilities should be involved in the designing process.

- **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?**
  This will provide participants with avenues to obtain information to make clear choices. A wider campaign of people will gain knowledge and share this which

supports the development of a consumer driven marketplace. Providers will be acknowledged for their reputation of offering quality services. Generally improve the quality of services however risks could be unfounded criticism and trolling.

## Building Natural Safeguards

- **Are there additional ways of building natural safeguards that the NDIS should be considering?**
  - The operational practices of NDIS staff should be 'transparent' so that incentive based encouragement is discouraged and reportable mechanisms are put in place.
  - Inducements that may lead to a conflict of interest must be regulated against.
  - Develop mechanisms of circle of support.

- **What can be done to support people with a limited number of family and friends?**
  Ensure the person has a formal advocate and the development of a formal / informal circle of support network should be formed with the support of community members and all services in the person's life. Additionally, NDIA could support people to be linked into a model of an extended family approach of buddying with those who already have a robust support network. Therefore the network supports an additional person whom doesn't have a network.
  http://www.resourcingfamilies.org.au/building-support-networks/is

## Preventative Domain

- **What kind of support would providers need to deliver high-quality supports?**
  Providers need capacity to invest in their workforce so that they can retain qualified, values and rights based workers. They need to be customer focused and support organisational cultures that align with NDIS. There needs to be a single system of checks backed by a quality framework management system that is externally monitored and provides a standard of accreditation.

## Corrective Domain

- **Should there be an independent oversight body for the NDIS?**
  YES, Able Australia believes that there should be an external independent body outside of NDIA that oversees all aspects of the NDIS sector, and the practices of support providers.

- **What functions and powers should an oversight body have?**
  The independent body should be impartial, transparent and open for external audit. Able Australia agrees with the suggested areas of functions for this external body as designed in the NDS response submission.

# Key Regulatory Elements of the Quality and Safeguarding Framework

## NDIA provider registration

- **Considering the options described above, which option would provide the best assurance for:**

**Providers?**

Able Australia believes Option 4 would provide the best assurance for providers. This would ensure a high level of support by providers meeting the needs of people with disabilities and keep out organisations that may wish to cut corners. However, issues are the price paid for quality accreditation and the variance in outcomes from accreditation systems. It is suggested that a unified model is approved and one oversight auditing body is used to audit the preferred system. Example: Australian Aged Care Quality Agency.

**Participants?**

Able Australia believes Option 4 would provide the best assurance for participants. However, it is recognised that there could be a mixture of Option 3 & Option 4 depending on the type of services especially if there is no personal care and support involved with the person with a disability.

- **Should the approach to registration depend on the nature of the service?**
  Yes, Able Australia recognises that there is diversity in disability support provider's models of support. External non disability support providers will be part of the NDIS and believe that there should be minimum standards that all need to adhere to but registration criteria could be modified for variability of services.

- **How can the right balance be reached between providing assurance and letting people make their own choices?**
  Able Australia would like to see the quality of the plans being developed for participants are audited by an independent body. There is a view that providers being required to complete a self-assessment only of a code of conduct might be one mechanism for quality assurance however we believe that without external impartial audits then integrity of the code of conduct being a safeguard will be minimised.

## Systems for handling complaints

- **How important is it to have an NDIS complaints system that is independent from providers of supports?**
  This is a non-negotiable requirement. Able Australia fully supports Option 3 and 3b. An independent complaints office excluded from the NDIA as this may generate conflict of interest. It is always best to have an independent complaint process particularly supporting people in accommodation services.

- **Should an NDIS complaints system apply only to disability-related supports funded by the NDIS, to all funded supports, or to all disability services regardless of whether they are funded by the NDIS?**
  Able Australia agrees that all providers of disability services should be compliant to an independent NDIS complaints system. This would be considered another safeguard above any existing regulatory bodies for complaints e.g. Ombudsman.

- **What powers should a complaints body have?**
  All-encompassing so that it holds powers to investigate and mediate complaints resolutions at all levels of the system plus imposing financial penalties when and if required.

- **Should there be community visitor schemes in the NDIS and, if so, what should their role be?**
  The community visitor's schemes have provided a voice for people that are vulnerable. They have investigated and highlighted extensive cases of abuse and neglect and raised awareness of poor services in the states that these schemes are present. Able Australia believes the community visitor's scheme should be implemented across jurisdictions and to be supported to maintain independence of conflict of interest. We suggest they become more unified in their approach and that their work aligns with quality frameworks so that the practices observed are able to be incorporated into organisational continuous improvement systems and complaints processes. They should work consistently across jurisdictions as a national community visitor's scheme which incorporates consistent methods of training and reporting under the scheme.

## Ensuring staff are safe to work with participants

- **Who should make the decision about whether employees are safe to work with people with disability?**
  The service provider whom will go through rigorous hiring practices in conjunction with the appropriate plan facilitator.

- **How much information about a person's history is required to ensure they are safe to work with people with disability?**
  Able Australia believes in thorough screening processes and consideration for all staff having mandatory WWC checks as these are regularly updated.

  **Of the options described above, which option, or combination of options, do you prefer?**
  Able Australia supports options 3 and 4 however it is recognised that providers in Regional and Rural areas may find this has a huge impact on them due to the lack of qualified staff so these areas would require additional finances.

## Safeguards for participants who manage their own plans

- **Should people who manage their own plans be able to choose unregistered providers of supports on an 'at your own risk' basis (Option1) or does the NDIS have a duty of care to ensure that all providers are safe and competent?**
  Able Australia believes NDIS ultimately has a duty of care to ensure all providers are safe and competent to provide support to participants, therefore all providers of support should be registered.

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

The person will require support and guidance on how to effectively engage and manage staff, finances and to know all the legal requirements around staff rights and occupational health and safety. If they are choosing staff from service providers then the benefits of knowing that the provider is obligated to meet one registration process that is consistent and meets quality framework management minimum standards.

"Our deafblind services being so specialized and there is no "line item" in NDIA costing for this type of specialized services. My biggest concern is that the most vulnerable group of people like deafblind people will fall into various cracks and will miss out this highly specialist services. Important to have a pool of mentors or advocates to support these people when undergoing the support planning stage. So I support option 3 with understanding that NDIA has a clear awareness of specialist group and that they are being proactive about seeking additional support when the participant requests or when the NDIA planner is in doubt, ask for support from specialist staff. Also support the mixture of two options: 3a and 3b. Once again for some cases, option 3c may be required to ensure that there is no abuse or neglect in any type of services." – National Manager Deafblind Services – Able Australia

"One issue here may be whether providers such as Able can support people to prepare / manage their care plan." – General Manager Corporate Services – Able Australia

## Reducing and eliminating restrictive practices in NDIS funded supports

## Authorisation

- **Who should decide when restrictive practices can be used?**
  This should be decided by a combination of decision makers that know the person including family / advocate, medical practitioner, medical specialists, providers and specialist(s) with behavioural expertise. This can be part of a panel process. However, there is a concern that with a panel process this could become too bureaucratic and hinder quick and efficient decisions and ultimately create more risk to the person with a disability and the service provider. Would suggest that the NDIS complete a review of the implementation of the external panel process implemented in NSW for efficiency of practice.

- **What processes or systems might be needed to ensure decisions to use restrictive practices in a behaviour support plan are right for the person concerned?**
  Able Australia wants to see the highest standards and accountability incorporated into the system processes.

- **Are there safeguards that we should consider that have not been proposed in these options?**
  We would like additional consideration to be investigated as to processes to be best utilised in emergency situations.

- **For providers, what kinds of support are you receiving now from state and territory departments that you think would be helpful if it was available under the NDIS?**
  Presently we access support from Disability Assessment and Advisory Team (DAAT) in Tasmania and the Behaviour Intervention Support Team (BIST) in Victoria. When offered staff are engaged in the opportunities of training offered by the Office of Professional Practice and Department of Health and Human Services. It is a concern that over the years these supports have been less accessible leaving providers having to choose not to support people with behaviours of concern as they are not able to resource the skills required to do so within best practice models of support and exposing staff and community members to forms of occupational violence risk.

## Monitoring and Reporting

- **Would you support mandatory reporting on the use of restrictive practices? Why / Why not?**
  Able Australia agrees with mandatory reporting on every incidence of restrictive practices.

- **If you support mandatory reporting on the use of restrictive practices, what level of reporting do you believe should occur (based on one, or a combination of, the options above)?**
  Able Australia agrees with the continued role of the Senior Practitioner and the having a similar role of the Victorian Authorised Program Officer within organisations that has non-operational role that monitors the compliance of accurate reporting. Evidence within the Victorian sector provides that not all APO's have specialist expertise and are operational management which can lead to a perceived conflict of interest in managing, authorising and monitoring the reporting of restrictive practices. The Senior Practitioner must have resources to complete more regular audits of practices and accuracy of mandatory reporting.

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