# Submission to the Department of Social Services;
# NDIS Quality and Safeguarding Framework Consultation

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Mental Illness Fellowship Queensland (MIFQ) provides specialised programs and services for people living with mental illness, and their families and carers.  Our work encompasses metropolitan, regional and rural Queensland, supporting thousands of people each year.  At MIFQ, we believe in recovery and our team applies an empowerment approach to support.

We currently work in five Queensland regions – Brisbane, Gladstone, Gold Coast, Sunshine Coast and Toowoomba, providing individual, carer and group support programs, education and training, and information and referral. Programs are targeted to respond to the needs of each region and are based on our core beliefs, values and attitudes.

We are a member of the Mental Illness Fellowship of Australia (MIFA).  MIFA is a national organisation undertaking an advocacy role on behalf of its state and territory members.  MIFA is committed to ensuring that all Australians affected by mental illness receive adequate services and that policy and legislation address their needs.

Quality and Safeguarding are critical in the mental health sector, and is an area that MIFQ sees this area as crucial to the success of the NDIS.  This document has been created with input from individuals living with mental illness, their families and carers who access our services, our staff and our members.

MIFQ sees building participants' capacity as an essential component to people living the life of their choice in the community, and applaud the presumption of capacity built into the NDIS.  The NDIS should presume that all people with disability have the capacity to make decisions and exercise choice and control.  However, as part of Quality and Safeguarding we must provide flexibility for individuals living with mental illness, so that they are supported when they become significantly unwell and given autonomy when they regain capacity.

**Feedback on key questions: Part One**

*Providing information for participants*

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

- Using peers with a lived experience of mental illness is a critical part of an information system for the NDIS. Peers with lived experience are trained to provide connection under a peer framework that support sharing of personal experiences, provide mentoring, and support information sharing (O'Hagan, 2011).

- Peers are a trusted source of information and often have experiences of services, networks, or strategies that others find beneficial.

- Another critical area is to provide regularly updated information for individuals living with mental illness, their families and carers that is appropriate in language and recovery/resilience values (Australian Health Ministers' Advisory Council, 2013).

How can the information system be designed to ensure accessibility?

- A key area is an easily accessible front door to for mental health such as the *Mi Networks* Initiative. *Mi Networks* supports understanding via peer support, genuine connection to a persons story, local knowledge and supported referral to the most appropriate services. One of the big problems faced by people living with mental illness, their families and carers, is that they don't know where to go to get support. *Mi Networks* is a national initiative to link people to peers and workers in their local community who can inform them and link them to services in their local community that are tailored to their needs (MIFA).

- An information system that supports a range of people across all levels of mental health is critical. Some individuals require face-to-face conversation or videos. Some people find words overwhelming and prefer picture based representation of ideas. Others prefer high level documentation, with a significant level of detail to support their information gathering.

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?

- There is an extensive range of research that shows the benefits of peer support for people living with mental illness, their families and carers (O'Hagan, 2011).

- An example of the benefits of peer online support can be seen on the SANE Australia carer and consumer forums. This is a completely anonymous national online forum moderated with care to support connection, decrease exploitation and stigma, whilst allowing the majority of interactions to be peer led (http://saneforums.org).

- Moderation of these types of forums is needed to share the often overwhelming burden of emotional support required. This keeps all participants mentally healthy and engaged.

- Moderation is also required on occasion to support vulnerable individuals accessing online forums. This ensures that external individuals do not take advantage by 'selling' their own products or services, exploiting individuals and their personal stories, or participating in online 'trolling'.

- There is certainly a benefit to the online model of ratings similar to Trip Advisor – but with the caveat that it is built as a structure that seeks productive feedback to assist providers to improve their services and service delivery.
- Moderation of these websites is needed to support feedback reflective of true experience, not members of organisations rating themselves, or online 'trolling' directed towards providers.  The option for providers to respond to feedback in real time is also beneficial for wider audiences to see a response to concerns or feedback.

*Building Natural Safeguards*

Are there additional ways of building natural safeguards that the NDIS should be considering?

- Supports developmental safeguards: Natural safeguards provide an environment that empowers people to live a life of their choice in the community.  A key element of recovery/resilience frameworks is that people are progressing towards connecting with community, family and friends as the first instance of supports in a persons' life (Australian Health Ministers' Advisory Council, 2013). This aligns with safeguarding indicated in the consultation.
- Supports preventative safeguards: Significant accountability from organisations is required from the safeguarding framework to ensure that the most vulnerable people are not taken advantage of around the use of their funds, and that a transparent process for funds management is available for all individuals.  Organisations should have a process in place to be able to support individuals to learn and take control of their finances over time, should they wish.
- Over the long term, safeguards could empower more individuals to financially manage their NDIS packages independently.  This ultimately leads to more financial independence in other aspects of their life, leading to increased self confidence and self mastery, and less of a need for corrective safeguards.
- There should be support in the planning process to regain and maintain personal resilience (Australian Health Ministers' Advisory Council, 2013).  Safeguards should protect individuals around financial management, so they are not pressured to have a friend or family member manage their funds when they are capable of learning how to, or being overtly or subtly coerced into spending their funds with an organisation or person they actually don't want to engage for supports.

What can be done to support people with a limited number of family and friends?

- Ensure that these individuals are funded with additional supports as part of their NDIS plan specifically to support resilience and recovery oriented support, which at their heart enable an individual to build personal and natural connections and resources in their communities (Australian Health Ministers' Advisory Council, 2013).
- Allowing and supporting a safe level of risk for people to make choices and learn from experiences.  This level of risk would be equal to any person living in the community without a disability, that enables them to be decision makers and supported with positive or negative consequences as a result.

- Peer supports allow an individual to relate to another person who has had similar experiences and can learn coping strategies to evaluate and manage personal risk, creates access to timely and high quality information, and supports formal and informal networks (O'Hagan, 2011). This contributes to good quality developmental safeguards.
- Peer workers who are trained in specific peer capacity, linked to providers or NDIA for ongoing professional development and supports, would maintain a high standard of service delivery and personal resilience.  This contributes to preventative safeguarding.
- Peer response to incidents or concerns can support a person living with mental illness in a tailored way.

### *Preventative Domain*

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

- Quality evidence of successful best practice from overseas models and from NDIS trial sites.
- A consistent quality framework nationally, with organisations encouraged to be connected in to accredited auditing processes such as ISO 9001:2015, and to be visibly advertising they meet these quality frameworks so that individuals can make informed choices.
- Clear guidelines set by the NDIA about minimum standards for quality and above average practices.

Should there be an independent oversight body for the NDIS?

- Yes, particularly with a market oversight focus.  This would support fair distribution of services within the market.  This would support smaller organisations to continue to operate, whilst allowing larger organisations to remain competitive in pricing structures without dominating the market.

 What functions and powers should an oversight body have?

There is a significant need for an oversight body, so that individuals living with mental illness, their families and carers have an independent authority to support them.
- An oversight body can support individuals to have an external avenue of support during a complaints process.
- An oversight body can have a protective function that supports people who feel they are being taken advantage of, and assist them to speak out.
- An oversight body can have a final decision making capacity for individuals on a disputed matter.

There is also a need for an oversight body from a provider perspective.
- This will support fair and equitable market share.
- Ensure a diversification of the providers in the market.
- Ensure providers are held accountable for poor service delivery or exploitation of vulnerable individuals.
From a provider perspective and an individual perspective this would allow the NDIA to remain an impartial body supporting implementation of the NDIS, and the oversight body providing final decision making capacity in a range of areas.

**References**

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