

NATIONAL DISABILITY INSURANCE SCHEME

NDIS QUALITY AND SAFEGUARDING FRAMEWORK

OCCUPATIONAL THERAPY AUSTRALIA (OTA)
SUBMISSION

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INTRODUCTION

Occupational Therapy Australia (OTA) welcomes the opportunity to contribute to the National Disability Insurance Agency's (NDIA) development of Quality and Standards Framework for the National Disability Insurance Scheme (NDIS).

Occupational Therapy Australia (OTA) is the professional association and peak representative body for occupational therapists in Australia. As of March 2015 there were over 17,000 registered Occupational Therapists working in Australia.

Occupational Therapists are health professionals whose role is to enable their clients to participate in meaningful and productive activities. We work in health care, vocational rehabilitation, physical and mental health therapy as well as variety of services to the disability sector, who seek to enhance the inclusion and participation of Australians in all aspects of our community.

Establishing a national framework for quality and safeguards is essential to ensure the rights of participants are protected, and that participants do not experience harm or disadvantage due to their disability.

This submission focuses on addressing some of key questions asked, particularly relevant to the occupational therapy provider workforce.

QUESTIONS REGARDING THE DESIGN AND IMPLEMENTATION OF AN INFORMATION MANAGEMENT SYSTEM FOR PARTICIPANTS

OTA believes the development of an information management system for participants is a crucial step forward in the rollout of the NDIS.

Significant capacity building occurs with information sharing. Research however demonstrates that it is naïve to assume that purely providing information will lead to 'sufficiently informed' consumers, who are able to make decisions about service provision.

Rather than just an information library, it is recommended that a participant information management system be based on three pillars:

- Easy to access and navigate,
- Information moderation, and,
- Engagement and interaction

It is important that accessing and navigating such a system is clear and simple for people of all abilities. Additionally it is important for an information sharing forum to be moderated, and to include input of skilled relevant professions and to ensure accurate and correct content. Examples include the Therapy Choices website, designed to inform participants of their allied health choices <http://therapychoices.org.au/>

QUESTIONS ABOUT PARTICIPANTS WITHOUT FAMILY OR FRIENDS: DEVELOPING NATURAL SAFEGUARDS:

There is a significant need to ensure safeguards take into consideration those participants without family, friends and support networks.

Building circles of support takes extensive resourcing, but is a good financial investment. Extending current bottom-up initiatives (such as the Community Visitors Program or Do Care) into the disability space is an affordable solution that could build networks for isolated individuals.

International best practice models use highly skilled and experienced managers in frontline dealings with participants, as it is these workers most able to work across systems and find innovations.

Excellent professional governance structures are also required as a support for key workers, across services (eg in NGOs, in private practices). For example clinical governance structures within existing government departments such as those within the New South Wales Department of Family and Community Services, could be utilised by non-government providers.

Similarly, where government is withdrawing its role as a disability service provider, it needs to be ensured such clinical governance structures are transferred to the new provider sector. There is a key role for NDIA to provide this professional governance in the interests of equity across providers, leading to equity of standards and outcomes for participants.

QUESTIONS REGARDING OVERSIGHT OF THE NDIS

Instead of focusing on the question “*Should there be an independent oversight body for the NDIS*” it is perhaps more important at this stage of the transition to the NDIS to focus on what oversight functions are required.

If the problems requiring solving were identified, and the oversight functions made clear, the discussion could then move to what form of entity could deliver such a role.

OTA believes it would be important to add value through such an entity, and not just create essentially another layer of bureaucracy, and confusion. Significant confusion already exists around structures and governance and it is more important for NDIA stakeholder communication to improve and for these existing governance structures to be simplified, rather than adding further complexity.

OTA believes existing regulatory bodies should be utilised- such as the Australian Competition and Consumer Commission (ACCC) for consumer protection issues.

Furthermore, OTA believes the establishment of a division within NDIA that could determine jurisdiction and funding issues would be a positive addition to the process and help consumers with complaints management and sorting through confusion.

QUESTIONS REGARDING REGISTRATION AND QUALITY CONTROL OF PROVIDERS

The current registration requirements to be a provider within the NDIS are set at a low level and will not guarantee good practice. It is noted that greater clarity around the use of ‘NDIS/NDIA Approved’ accreditation language, images is required to prevent market abuse.

Occupational therapists are regulated under a National Registration Act and as such have quality and safeguard processes already in place and governed by the Australian Health Practitioner Regulation Agency (AHPRA). OTA propose registration of occupational therapists is regarded as the quality

measure in employing occupational therapists. For example, our registration status precludes the use of testimonials and misleading advertising.

Should the approach to registration depend on the nature of the service? OTA propose option 4 (mandated participation in an external quality assurance system for certain providers of supports) is utilized, and suggest that a risk matrix related to the nature of the supports, is needed.

OTA also note that the proposed way of managing assistive technology within the NDIS (see NDIS AT Discussion Paper) is not fully aligned with any of the proposals contained in the Quality and Safeguards Framework. OTA suggest DSS and the Agency re-look at the management of assistive technology and related supports, and refer to the NDIS Practical Design Fund work regarding Options for National Credentialing and Accreditation for Assistive Technology Practitioners and Suppliers.

QUESTIONS REGARDING COMPLAINTS MANAGEMENT

OTA believes establishing thorough and transparent complaints mechanisms is important for ensuring consumer protection.

Research indicates consumers have expressed a strong desire to be treated as a whole person with back-end systems working to deliver a unified response. A complaints system therefore should be co-ordinated to include range of disability and other services encompassing state and federal jurisdiction.

Best practice in managing complaints also includes monitoring and peer support approaches. OTA suggests that the NDIA could adopt complaints and satisfaction measures from best practice initiatives internationally – such as Choice Support (UK) who employ people living with disability in a range of quality activities. See: <http://www.choicesupport.org.uk/About-Us/quality.html>.

In terms of specific allied health complaints management processes, AHPRA have a complaints mechanism in place to manage issues related to occupational therapists and other related allied health registered practitioners.

This provides external regulation with the powers to notify, review conduct and disbar practitioners if need be, and as such is a key protection for consumers and for NDIS participants. It is recommended that this AHPRA complaints process be integrated into the NDIS provider systems as well.

QUESTIONS REGARDING BACKGROUND CHECKS FOR STAFF AND PROVIDERS

OTA strongly supports a focus on background checks – criminal record checks and working with children checks where appropriate. It may be that additional checks are needed in disability, and the peak disabled persons organisations should be consulted regarding setting these standards.

In addition, OTA would like to see AHPRA registration checks added to this section, for all relevant registered professions to ensure industry specific claims processes are provided for consumers.

Additionally, a condition of engagement of a service provider should include where relevant, they are a currently registered practitioner with AHPRA, and that The organization must not engage or continue to engage a service provider that is deregistered by AHPRA.

QUESTIONS REGARDING SELF MANAGEMENT OF PLANS

Data on the ISP (individualised support plan) recipients in Vic over many years suggests self management is feasible and increases autonomy.

However, provider credentials must be assured. One method is registration of providers, against transparent criteria demonstrating risks and safety indicators.

SUMMARY REMARKS

OTA thanks the NDIA for the opportunity to contribute to the NDIS Quality and Safeguards Framework review.

Establishing a national framework for quality and safeguards is essential to ensure the rights of participants are protected, and that participants do not experience harm or disadvantage due to their disability.

This is an important process and it is vital that feedback from participants, providers and all those involved in the scheme can contribute to ensure the NDIS is sustainable and successful for years to come.