

# **Proposal for a National Disability Insurance Scheme Quality and Safeguarding Framework Consultation**

**Response by RichmondPRA**

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RichmondPRA  
Together, we're better.

**RichmondPRA**

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## **Introduction**

RichmondPRA provides community based psychosocial supports to people with a lived experience of mental health issues and a psychosocial disability. We operate throughout 64 sites in NSW and South East Queensland providing support to close to 4000 people each year. We are current a service provider in the NDIS Trial Site in the Hunter with over 100 participants being funded through the NDIS.

We welcome this opportunity to provide comment in the NDIS Quality and Safeguards Framework Consultation.

## **Structure of a national quality and safeguarding framework**

We support the overarching approach the NDIA is proposing in this consultation, and understand the challenges posed in attempts to balance safeguards and quality with individual choice and decision-making.

We support the use of strengths-based, person-led approaches to service development and delivery. This includes the involvement of service participants in the design, oversight and evaluation of services. Informed decision making and choice must be hallmarks of any quality and safeguard system. We agree this requires easy to access, high quality information, a range of choices, support to make choices and support to make informed decisions.

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

RichmondPRA supports the availability of high quality, usable information to participants their families and carers to assist them to understand the choice they have and the decisions they can make about the services they require.

The NDIS information system must be able to provide this information in a variety of formats and facilitate communication aids, system and supports to enable maximum understanding and participation in decision-making.

The system should be developed based on participants' requirements and provide opportunity to understand

- The participant being supported to know their rights and responsibilities
- the service providers in a local area
- the services they can assist with
- contact details
- any specialist skills – e.g. working with a specific group
- meeting quality and service standards
- membership of any industry or professional body related to standards

### **How can the information system be designed to ensure accessibility?**

The system should provide a range of accessibility measures

- Any website should WCAG 2.0 accessible
- Provide information in a format which can be read into speech and other systems for people with visual impairment
- Provide pictographic representation of concepts
- Play audio files



- Have an option for Easy English
- Provide information in common community languages
- Have a high quality search function based on information categories above

**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?**

Use of peer generated feedback about services and quality is a common feature of purchasing decision today. Access to such a platform through which NDIS participants can voice their views would be a useful source of information for those searching for a provider who can provide high quality services that would meet their support needs.

The question this raises however, is whether it should be operated by the NDIS or some other body, e.g. a disability peak organisation. Operation of such a service would need to be separate to a organisation that provides support funded through the NDIS, though could be an NDIA funded service to enable information accessibility cross the range of NDIS participants or potential NDIS participants.

There are risks in such systems, that a poor experience by one person that does not reflect the service received by all participants receiving support for any organisation. However an open approach to the system allows for those who have received a positive service from the provider can also voice their concerns, In other words the system should be a forum for both positive and not so positive comments, and allow the reader to make up their own mind.

A rating system that allows a pictographic representation, e.g., 4 stars may assist with a quick assessment and identification for further investigation.

A more formal, regulated system, similar to that used in Aged Care where there is a public information about the provider's achievements in meeting set standards (a later topic in this consultation) may an additional source of information.

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

Any form of facilitating comment by people with disability about service providers would be a welcome input into the transformation of the sector, drive its quality improvement and responsiveness to people's needs. Complaints and feedback systems assist with this objective, as do opportunities for people with disability to work with providers to improve systems and services. These features could be part of the quality systems required of providers and required to be assessed and reported to the NDIA for registration and continuing registration.

What can be done to support people with a limited number of family and friends? It is important that people have contact with individuals other than providers, e.g. advocates, friends, and peers to provide other avenues for discussing life, service quality and other concerns. Access to social, employment and educational opportunities outside the home within mainstream settings would provide further natural safeguards. The NDIA should facilitate these sorts of connections as a good in themselves, but also as part of the natural protections available to people.



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

The supports required would include:

- An ability to facilitating supports that are individually determined and agreed to by the NDIS participant with input from relevant professionals
- Support to understand how their service philosophy meets NDIA's objectives
- Support to employ well trained, supported and supervised staff
- Support to understand how to meaningfully involve participants (their family and carers) in the development, oversight and evaluation of services
- Support to understand and to meet set service standards
- Support to understand and to meet set quality improvement standards
- Support to resolve complaints
- Access to high quality training opportunities focused on strengths based person led approaches.

### **Should there be an independent oversight body for the NDIS**

The breadth and depth of the NDIS and the personal nature of the supports provided to some of the most vulnerable people in the community suggests an independent oversight body would be an important feature of the system. The projected amount of funding also supports the importance of close monitoring of resource allocation, outcomes and any problems.

### **What functions and powers should an oversight body have?**

The functions and powers oversight body might include:

- system-wide view of participation and quality outcomes
- providers meet established standards
- determine eligibility for continued registration
- ensuring complaints are dealt with effectively and efficiently
- review and report publically on complaints and feedback about the NDIS
- facilitate resolution of complaints
- have power to access and inspect records created or held by providers in relation to providing disability services
- ensuring appropriate training is available to participants, family members friends and providers

## **NDIA Provider Registration**

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

- **Providers?**
- **Participants?**

We believe Option 4 including basic legal requirements, code of conduct, additional conditions, quality evaluation and quality assurance/industry certification, should be the standard approach to assurance for providers and participants. This requirement provides the highest safeguards to people receiving services and in relation to the expenditure of public money.

Some modification of those requirements may be appropriate for services provided by immediate family members. Those requirements should not be below Option 2 (Basic legal requirements, Code of Conduct and Additional conditions).

**Should the approach to registration depend on the nature of the service?**

All providers should be required to be registered. The approach might differ for immediate family members providing personal care and support services, however any other service provider should be required to meet set standards. These standards might depend on the nature of the service to be provided. All people providing supports should be required to have a National Criminal Record Check.

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

The right balance should be able to be met by setting the standards required for different types of services, different standards/requirements may be set for immediate family members. The right for people to make their own choices, a good in itself, needs to be balanced with the need for accountability in the spending of public money and the need to promote high quality, safe services, where vulnerable people are not exploited.

## **Systems for handling complaints**

**How important is it to have an NDIS complaints system that is independent from providers of supports?**

Availability of a complaints system in addition to and independent of providers is an important safeguard. There are already such systems in place in the disability sector that are found helpful.

The question becomes whether new NDIS specific complaints system is required. We are not convinced that a totally new system is required given the systems already in place. Another system would seem inefficient and unnecessary, although it is acknowledged that the current systems is too complex.

What would be useful would be a review of the systems currently available and how they might work more effectively together in terms of the NDIS.

We specifically note the work of Disability Commissioners (of different titles) in States and territories. It may be efficient and sufficient to engage these agencies in developing a coherent and consistent national system of disability complaints that reports to State and Territory Governments, the Australian Government and the NDIA.

**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?**

As noted above, duplication of systems would seem an inefficient use of resources. The best approach would be to have one streamlined complaint system for about all disability services which is widely known, easily accessible and reports to local and national governments and the NDIA.

A combined system would enable better collection of information about the disability support system across the country, identification of themes and trends and allow targeted systemic change activities and more effective monitoring.

**What powers should a complaints body have?**

We are not convinced that a new "complaints body" is required (see comments



above). The complaints system should be able to:

- Receive individual and systemic complaints and compliments
- Investigate complaints, including the adequacy of local complaints mechanisms
- Decline to investigate complaints
- Communicate with complainants and named parties
- Mediate resolutions to complaints
- Report complaints to the NDIA and appropriate jurisdictional government agencies, including AHPRA, Police
- Educate providers, participants, families and participant in good complaint handling systems and approaches to resolution
- Report publicly about complaints and compliments received and any patterns or issues arising

**Should there be community visitor schemes in the NDIS and, if so, what should their role be?**

We are not convinced that a community visitor scheme specifically for the NDIS is required at this point. What would be beneficial is support for participants to be connected to peers, family and friends and provided with opportunity to connect outside the home through social, recreational, educational and employment opportunities in order to provide natural connections and safeguards separate to connection with providers. Participants should have access to self-advocacy training and to independent advocates if they seek such supports.

**Ensuring staff are safe to work with participants**

**Who should make the decision about whether employees are safe to work with people with disability?**

We support a nationally consistent approach for checking histories in relation to alleged offences or proven offences in relation to working with children and National Criminal Record Checks and appropriate professional registration depending on the position (e.g. AHPRA registration of psychologists, OTs).

A national working with vulnerable person check which replaced State and Territory based programs may provide consistency in managing risks associated with highly mobile support worker population.

Providers should be required to have high quality recruitment (including referee checks from previous employers), codes of conduct and supervision policies, and require regular professional development of staff around preventing abuse, neglect and exploitation. These processes should apply to volunteers and people in paid positions.

**How much information about a person's history is required to ensure they are safe to work with people with disability?**

See above. Consideration might be given to information sharing protocols between this process/body and the complaints body(ies) mentioned previously.

**Of the options described above, which option, or combination of options, do you prefer?**

On balance we support Option 2 Requirement for referee checks for all roles and police checks a minimum, with Option 3 A working with vulnerable persons clearance for positions providing personal care supports.

**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 (Option 1) or does the NDIS have a duty of care to ensure that all providers are safe and competent?**

We believe the NDIS and the provider have a duty of care to ensure those providing support services are safe and competent. For family members the assessment of this requirement may be to a lower threshold than other providers.

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

- High quality information about the provider in a format they require for decision making
- An understanding of their rights in relation to the engagement, ongoing service and termination of supports (including managing budgets)
- Provision of service choices
- Education in how to make choices
- Support and assistance to make decisions if required, preferably through a Peer Worker.

**Reducing and eliminating restrictive practices in NDIS funded supports**

**Who should decide when restrictive practices can be used?**

Restrictive practices should be highly supervised and used as a last resort under strict professional guidance and as part of an overarching positive support plan developed with the participant. We support Option 4 - The practice should be reviewed and authorised by an independent decision-maker.

Even though it may drive up workloads, guardianship mechanisms may be required depending on the proposed practice in order to protect the participant and the service provider/implementer.

**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?**

The processes and systems should include:

- Review of all previous practices used to ensure high quality assessment, appropriateness, proper implementation and evaluation has occurred. The review team should contain a Peer Worker as one of the assessors.
- Involvement of an appropriately qualified, independent behavior support professional, to ensure that the person is not fearful at any time. It is our experience that participants usually only become aggressive when they are afraid of something or someone; when they feel threat. This may not be only to the physical self or others but may also pertain to threat to their rights,



- respect, choices, etc.
- Decisions to use restrictive practices as a last resort when all other supports have not been successful
- A decision making process which involves service managers and peer workers independent of the implementer of the practice
- Mandatory reporting (see below)

**Are there safeguards that we should consider that have not been proposed in these options?**

No.

**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?**

Clear policy guidance around the systems for authorisation and positive support practices. Training for staff in positive support practices – assessment, design and evaluation.

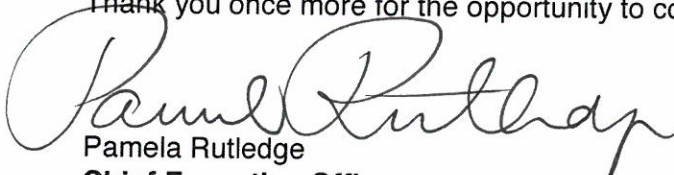
**Would you support mandatory reporting on the use of restrictive practices? Why/Why not?**

We support Option 2 Mandatory reporting of positive support plans that include a restrictive practice. This provides transparency and accountability that will be more likely to put pressure to reduce the use of such practices. The reporting could be at a summary level that allows for further interrogation by the NDIA or complaints body as required. It would also provide better national data on the use 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)?**

See above.

Thank you once more for the opportunity to contribute to this consultation.



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