



**Speech Pathology Australia's Submission to the  
National Disability Insurance Agency (NDIA)**

**National Disability Insurance Scheme (NDIS)  
Quality and Safeguarding Framework  
Consultation Paper**

**30 April 2015**





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## Introduction

Speech Pathology Australia (SPA) is the national peak body for speech pathologists in Australia, representing more than 6500 members. Speech pathologists are the allied health professionals who specialise in treating communication and swallowing difficulties (dysphagia). Speech pathologists work with infants, children, adolescents, adults and the elderly with communication and swallowing problems. There are an estimated 1.1 million Australians who have a communication disorder and one million Australians who have swallowing difficulties.

Communication skills underpin the key indicators of successful modern day society, including the achievement of positive social relationships, literacy and numeracy, educational attainment, employment, and civic participation. The impacts of communication disabilities are far reaching and debilitating, resulting in poor educational outcomes, reduced employment opportunities and an increased likelihood of social, emotional and mental health issues. Likewise swallowing is a critical bodily function and swallowing complications (dysphagia) can lead to malnutrition, respiratory problems and in some circumstances, death.

Speech Pathology Australia welcomes the opportunity to provide comment on the NDIA's *Quality and Safeguarding Framework: Discussion Paper*. As the professional body representing speech pathologists in Australia, we have viewed the proposals laid out in the Discussion Paper with the view to their impact on quality and safety of speech pathology practice within the NDIS – from both a provider (individual practitioner) perspective and from the view of NDIS participants with communication or swallowing disabilities accessing speech pathology supports.

We begin our feedback with an overview of the breadth of communication and swallowing difficulties and the expertise of speech pathologists within the disability sector. We have made specific comment and recommendations relating to the mechanism needed to ensure safety and quality of speech pathology services purchased through the NDIS. We have then made comments regarding how we believe the capacity of participants can be enhanced, the concept of a provider register, complaints mechanisms, safety of participants and ensuring quality and safety of services provided to self-managed participants. We conclude with recommendations that we hope the NDIA will consider favourably.

## About Australians with communication and swallowing disabilities

Difficulties in speech, language, fluency, voice, social communication and swallowing can occur in isolation or the person may have difficulties in more than one area. For example a person with cerebral palsy leading to mild physical and cognitive impairment may have speech (producing sounds) difficulties *and* understanding or using language (receptive and expressive language) difficulties *and* swallowing difficulties.

Communication and swallowing difficulties can arise from a range of conditions that may be present from birth (e.g. Down Syndrome or Autism Spectrum Disorder), emerge during early childhood (e.g., stuttering, severe speech sound disorder), or during adult years (e.g., traumatic brain injury, stroke and head/neck cancers, neurodegenerative disorders such as motor neurone disease) or be present in the elderly (e.g., dementia, Alzheimer's disease, Parkinson's disease).

Swallowing disorders affect the ability to safely swallow food or liquids and can lead to medical complications including chest infections/pneumonia. Swallowing difficulties impact on a person's health and well-being and often lead to poor nutrition, health complications and social isolation.

Many people with disability have complex communication needs (CCN). CCN are defined as difficulties with understanding or the expression of communication which occur as a result of, or in association with, other sensory, cognitive or physical impairments. Individuals with CCN may have little or no speech or have unintelligible speech. Many of these people will benefit from the provision of alternative





methods of communication. These alternative methods of communication are a special form of Assistive Technology – termed Augmentative and Alternative Communication (AAC) methods.

Currently there is limited available data regarding the prevalence of communication and swallowing disability within the Australian population. Conservative estimates indicate there are in excess of 1.1 million Australians who have a communication disability and one million who have a swallowing disorder. This is comparable with the number of people with diabetes and three times the number of those with dementia.

There is an overlap of incidence between communication and swallowing disorders, with some Australians experiencing both due to developmental, disease or injury processes which affect both (for example progressive neurological conditions such as Parkinson's disease). Without having concrete data, it is difficult to provide a reliable estimate of the prevalence of communication disorders in the NDIS participation population. However, it is safe to assume that a large proportion of participants eligible for the NDIS will have communication impairments. However, not all people with communication impairments will have complex communication needs.

### **About the quality and safety regulation of the speech pathology workforce in Australia, including those working in the disability sector**

Speech pathologists are university trained allied health professionals who specialise in treating speech, language, communication and swallowing problems. Individuals undertake a four year undergraduate degree or a two-year graduate entry Masters degree to become qualified as a speech pathologist. To be eligible to graduate speech pathology students must have achieved the minimum skills, knowledge base and professional standards described in the Competency Based Occupational Standards (CBOS) Entry Level (2011).

There are no formally recognised areas of specialty within the speech pathology profession in Australia. New graduate speech pathologists enter the workforce with a minimum level of skills that equip them to commence working with the full range of ages and speech pathology client groups. It is recognised within the profession, however, that there are a number of client groups (e.g., those with multiple disabilities, or clients with complex communication needs) and a number of speech pathology services (e.g., assessment and prescription of AAC for clients with complex communication needs or mealtime assessment for clients with multiple disabilities) that require further skills and competencies.

Typically entry level speech pathologists develop this knowledge and skills over time by receiving workplace training and supervision and attending professional development both internally or externally from services specialising in a particular area. In some cases organisations and service providers will have identified those speech pathology client groups or services that require more advanced skills and may have developed pathways for attaining those skills. In some cases organisations have developed workplace credentialing. Speech Pathology Australia currently does not have a role in credentialing practice skills beyond CBOS Entry Level and as such is very supportive of workplace credentialing.

Speech pathologists are not registered under the National Registration and Accreditation Scheme (NRAS). Membership of SPA is voluntary in most circumstances. There are some employers who require the speech pathologist to be **eligible** for SPA membership and some third party funders (e.g., Medicare, Department of Social Services and private health funds) who mandate that speech pathology providers must be practising members of SPA.

To be eligible for practising membership of SPA a speech pathologist is required to demonstrate they have completed an approved university course and they have recency of practice. As of 2016 it will be mandatory for speech pathologists who wish to join or renew their SPA practising membership to demonstrate they have undertaken a minimum level of professional development in the previous 12 months. These members will be recognised as a Certified Practising Speech Pathologist and will be able to denote their achievement of this level of membership by using the post-nominal CPSP. New graduate speech pathologists who agree to meet specified requirements will be afforded provisional CPSP status.





## **About SPA and quality and safety regulation of speech pathologists working within the disability sector**

Many of the quality and safeguard arrangements proposed in the Discussion paper rely on the national regulation arrangements for health care providers – this is appropriate and supported by SPA. This will not apply, however, to the speech pathology profession who, despite many years of lobbying by SPA, are not included in the National Registration and Accreditation Scheme (NRAS). Other alternative arrangements proposed for non-health care NDIS supports are inappropriate to apply to the provision of speech pathology allied health care service to participants. How quality and safeguard arrangements can be applied to the speech pathology profession in lieu of national registration is an important consideration for the NDIA.

In the absence of national registration of speech pathologists Speech Pathology Australia has worked alongside other non-registered allied health professions to establish the National Alliance of Self-Regulating Health Professions (NASRHP) to facilitate the development of a National Framework for Self-Regulation for Health Professionals. This framework attempts to mirror the requirements of the National Scheme in relation to monitoring and systematic mechanisms for quality and safety in the delivery of health care by these professions. To date, however, the NASRHP has not been formally recognised by government as a regulation or registration process for non-registered allied health professionals.

At present obtaining practising membership of SPA is the only way speech pathologists can demonstrate to employers, consumers and others that they are working within the desired professional framework including achieving minimum competency standards for practice, adherence to continuing professional development requirements, evidence based practice requirements and practice within a code of ethics (including formal complaints process). SPA's quality and safety arrangements have been accepted by organisations such as Medicare, Department of Veterans' Affairs, all private health funds and for services provided under the Helping Children with Autism and Better Start for Children with Disability programs who all require speech pathology providers to be members of SPA.

### **About speech pathology in the disability sector**

Traditionally the majority of speech pathologists working within the disability sector have been employed within government disability services or not-for-profit disability providers. Historically there have been only a small number of speech pathologists offering private services to clients within the disability sector. These speech pathologists were usually senior clinicians who had obtained extensive experience within the public sector and who had decided to offer private services. In recent times there has been an increase in new graduates and early career speech pathologists entering private practice.

The introduction of the NDIS has created some changes which are impacting on the employment profile of speech pathologists within the disability sector. These include the following trends:

- Knowledgeable and experienced speech pathologists who were previously working in not for profit and government provider organisations are moving into private practice or into existing or new provider organisations.
- A significant number of existing private speech pathologists whose total client group may previously have included only a smaller proportion of children with disabilities (who were accessing Better Start and Helping Children with Autism {HCWA}) are now providing support to a greater number of children with disabilities, and this group is becoming a greater proportion of their total client group. The same pattern is occurring in practices that have previously had a focus on adult service provision.
- Organisations which may have traditionally had a more specific focus (e.g. cerebral palsy, autism spectrum disorders) are now broadening their client group.
- These factors together are leading to an expansion in the breadth of the total client group seen by any single practitioner, which in turn creates barriers to the development of more specialised skills and advanced competencies.
- New graduate speech pathologists are establishing private practices and registering as sole providers under the NDIS.
- Speech pathologists, many who have occupied senior positions within government or NFP organisations, are leaving the profession.





## Clinical governance of speech pathology within the disability sector

Clinical governance is an overarching term encompassing a range of activities that ensure provision of **safe, high quality clinical** services. Activities which can be considered part of clinical governance frameworks include clinical supervision, development and support for clinical practice guidelines and standards, transfer of evidence into practice, training and professional development, support for research, quality auditing, facilitating innovative clinical interventions, collection of clinical data and outcome measures.

To date, provider organisations in the disability sector have been responsible for identifying areas that require a higher level of skill and experience than that possessed by a new graduate or early career speech pathologist. Examples that SPA is aware of include some organisations requiring speech pathologists to be credentialed for the prescription of AAC for clients with CCN or to conduct mealtime assessment for individuals with multiple disabilities. Individual workplaces have then developed protocols for competency attainment and evaluation processes. In some cases, larger provider organisations provided support for the development of these more advanced competencies not only for their own employees, but across the sector. Practitioners who were new to the disability sector were able to access support to develop their competencies from more senior and experienced speech pathologists through training, professional development and supervision, including in areas identified as advanced practice within a specific organisation and across the sector.

The introduction of the NDIS has begun to impact on clinical governance in allied health service provision across the disability sector. The most significant drivers for the changes are:

- Organisations which have previously offered these clinical governance activities (government and not for profit providers) are moving out of service provision.
- Existent provider organisations that prioritised provision of support for development of more advanced competencies in internal and external providers have either lost or are at risk of losing the funding to provide these types of activities due to the change in the funding model of the NDIS, and the lack of clarity about future funding for these activities which fitted more with into Information, Linkage and Capacity building supports.

All of these factors are contributing to a risk that the quality of service provision and outcomes for participants will be compromised as implementation of the scheme progresses.

It is critical that this issue is acknowledged, and that options are explored and developed to ensure continued availability of the clinical governance structures and systems required to maintain provision of high quality speech pathology interventions for people with disabilities. Such a system is needed in order to support practitioners to identify and develop the more advanced competencies that they require, including in any areas identified by the sector as requiring more specialised skills or as advanced practice.

Speech Pathology Australia would welcome the opportunity to work with the NDIA to explore options to enable the establishment of a sustainable system to provide clinical governance for speech pathology service provision as part of the transition to full roll out of the NDIS.

The best way to ensure the quality and safety of speech pathology services provided to NDIS participants is to require all individuals providing speech pathology services to have achieved the standards set by Speech Pathology Australia to be a registered NDIS provider (currently, eligibility for Certified Practising Speech Pathologist membership).

The majority of private speech pathology practices are small or sole trader organisations, with limited infrastructure and resources. This is especially true for those newly established and/or newly providing supports to participants in the NDIS. While it is important that there are safeguards and standards in place to ensure that services provided to people with disabilities are safe and of high quality, there is a concern about the potential impact of regulation on the sustainability for small private speech pathology providers. To retain the capacity of participants to choose their provider of speech pathology services, it is critical that whatever quality and safeguarding requirements are put in place do not restrict the entry of new providers, and do not undermine the sustainability of these small private practices.





## Principles underlying the development of the Quality and Safeguarding Framework

Speech Pathology Australia welcomes the explicit objectives expressed in the discussion paper that aim to maximise choice and control of participants, support and expand innovation and ensure that the rights of people are protected and participants are safe from harm.

### Principles to guide the development of a Quality and Safeguarding framework for the NDIS

The implementation of the NDIS provides a landmark opportunity for Australia to reflect and act on its commitments as a signatory to the UN Convention on the Rights of People with Disabilities.

Implementing appropriate guidelines and requirements will ensure that services provided through the NDIS consistently embed the principles of the Convention. The principals in the Convention make specific reference to a broad range of communication methods used by people with a disability. The convention also highlights the importance of accessibility to the physical, social, economic, cultural environments and to health and education as well as to communication, in enabling people with disabilities to fully enjoy all human rights and fundamental freedoms. Opportunities and support to develop communication competencies are critical to enable access and participation across all other environments.

Both Individualised and Information, Linkages and Capacity (ILC) building supports provided by or with the input from speech pathologists within the NDIS are critical to the provision of opportunities for people with disabilities to develop their capacity and communication skills. Australia will be supported to meet its obligations under the Convention by embedding access to these supports into the NDIS. By doing so it contributes to the creation of environments of people with disabilities which recognise, value, and support their communication participation, and are able to support participants to exercise choice and control in a meaningful way.

Participants are unable to exercise choice and control within the NDIS if they are not provided with the communication supports needed for them to communicate their needs, wishes and aspirations. Speech pathologists are the professionals with the necessary skills and knowledge base to support people with communication difficulties to be able to fully exercise choice and control.

Speech Pathology Australia supports the principles outlined in the discussion paper, and encourages both recognition of the role of speech pathology and the development of systems to incorporate provision of supports by speech pathologists within the NDIS.

Speech pathology as an allied health profession provides supports under the NDIS that are fundamentally different from many other NDIS supports. For example, there is a very different risk arising from providing poor gardening services to providing an inadequate assessment of eating and drinking and/or inappropriate mealtime guidelines for someone with oral eating and drinking difficulties.

The clinical nature of the supports provided by a speech pathologist carry inherent risks including:

- The financial risk in purchasing interventions/services that are prescriptive and inappropriate to the needs and abilities of the individual participant
- Harm from providers who are not qualified to provide services (this is a particularly acute risk for management of swallowing problems).
- Risks that supports which are delegated to a lower qualified/skilled worker are done so without adequate training or supervision arrangements in place to manage clinical risks.
- Harm from incompetent (unsafe) practices. This risk can be clearly identified in relation to supports provided to facilitate safe, effective and enjoyable mealtimes for people with disabilities.
- Significant risk around loss of opportunities or expectations for communicative development and participation by people with disabilities (i.e. increased risk of abuse, neglect and opportunity to disclose these).

There is a plethora of evidence that people with both lifelong and acquired communication difficulties are a vulnerable group and experience an imbalance in the power relationship with those who provide them with support. This power imbalance extends to interactions with new communication partners in





their everyday environments (i.e. workers in educational, civic and vocational settings). The nature of communication disability adds an additional layer of vulnerability of these people to abuse, neglect or ill-treatment. By the nature of impairment, communication disability makes it even more difficult for a person to disclose/report harm done to them by another.

It is also important that these risks of harm in the provision of speech pathology supports are *specifically* considered within the development of the quality and safeguarding framework of the NDIS.

We agree with the concept of keeping the level of regulation as 'light' as possible within the NDIS. It will be important to have mechanisms to assess whether the quality and safety regulation that is eventually put into place is adequate and achieves the intended balance between protecting participants from unsafe or low quality supports and in facilitating choice and control.

## **NDIS capacity building for participants**

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

Whatever information systems are developed for providing and sharing information they need to be developed with an understanding of the specific and additional access barriers that people with communication difficulties face. Specifically, communication difficulties can impact on language competence and literacy, accessing and interpreting information, and being able to deal with the 'operational' challenges of the internet (i.e. deciding and entering search terms, identifying appropriate links etc.).

People with disabilities and their carers/families often fail to identify communication as a barrier to participation. There is significant evidence, however, that identifies the barriers to participation resulting from communication difficulties, ranging, for example, from provision of reduced length and frequency of interactions for children, through to adults with complex communication needs being ignored, or assumed to have an intellectual disability, simply because they have difficulty with expressive speech. Because communication is 'everywhere', its importance and contribution to true participation can easily go unrecognized and effectively end up 'nowhere' within people's thinking and planning for change. Those who experience complex communication needs are drawn from a range of different groups (i.e. traumatic brain injury, physical disability, intellectual disability, and autism spectrum disorder) which may make it difficult for them to connect with others who have similar experiences and needs, and who may offer support and contribute to capacity building specific to their communication participation. There is significant evidence that this ability to be part of a community living with similar communication related barriers to participation is highly valued by people with CCN.

It is recommended that one of the 'categories' or groupings of information available within the NDIS information system is about communication, including Behaviours of Concern (challenging behaviours), Complex Communication Needs (CCN) and Augmentative and Alternative Communication (AAC).

It is also important to recognise that it is inappropriate to have a rigid focus on people communicating 'independently'; what is more important is that a participant is supported to express themselves *autonomously* (i.e. without the influence or input of an interested third party).

It is critical that the NDIS recognise that people with complex communication needs require supports which serve the same purpose (but are additional to and different from) those available to people with sensory impairments (i.e. Auslan interpreters or Braille supports).

For example, information should:

- always be made available in simple English,
- include visual supports such as symbols and line drawings,
- include the means to access other more specific and individualised visual supports and interactions strategies which may help participants to understand and to be able to express themselves e.g. Talking Mats or access to someone who is knowledgeable about AAC communication support strategies and can facilitate a person to be able to express themselves in interactions with unfamiliar listeners.







## **What would be the benefits and risks of enabling participants to share information?**

There is clear evidence from the health field that while participants are well positioned to assess and make judgements about the quality of interpersonal relationship with health providers (e.g., who they like, trust and feel comfortable with), they are often unable to judge the clinical quality and safety of the care practitioners provide. Experienced providers in the disability sector indicate that these findings are also relevant to the provision of allied health services for people with disabilities.

We cannot reasonably assume that participants are able to judge the clinical competence of a speech pathologist, in the same way that we would not expect them to judge the clinical competence of a doctor. There are profession systems of regulation in place to demonstrate to the community that health practitioners do have the clinical competence required for their profession. For certain health professions – this mechanism is registration through the NRAS. For other health professionals, this mechanism can be through a professional body's robust self regulation process. For speech pathologists, this is recognised through Certified Practicing Speech Pathologist membership of Speech Pathology Australia.

Of course participants are able to judge if they trust and feel comfortable with the speech pathologist who is providing them supports – as are they able to make a judgement about whether their goals are being achieved or if progress is being made. It is not reasonable, however, to expect participants to make a judgement about the quality and evidence basis of the clinical intervention that is being offered in order for them to meet their goals.

The responsibilities of a speech pathologist include supporting participants and their family/carers to understand and make informed choices about interventions and how they are delivered. In some cases participants may have reservations about the appropriateness, value or potential outcomes of the evidence based interventions which a clinician is suggesting. This concern about the need for interventions which may be challenging to understand or accept can lead to a negative perception of the person who is suggesting them.

Tensions around the provision of 'reasonable and necessary' supports, and participant's understanding of their right to exercise 'choice and control also have the potential to lead to speech pathologists being unfairly and inaccurately identified as providing 'bad' service.

Speech Pathology Australia supports the establishment of a system which allows providers to share relevant objective information about providers (e.g. their success in supporting participants to achieve their desired outcomes, outcomes of formal quality audits or feedback activities etc.).

Speech Pathology Australia would recommend caution in developing any process that allows NDIS participants to seek and share their views on specific quality of providers of clinical support (including speech pathology services).

It is also important for the NDIS to be aware that Speech Pathology Australia (and other allied health professional registration and regulation bodies) currently does not support the use of testimonials. Under the Speech Pathology Australia Code of Ethics, the use of testimonials to advertise or demonstrate value of a speech pathology service is prohibited.

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

Focusing on building communication access, including within NDIS processes and provider organisations, is an important part of building natural safeguards. It is critical that the NDIS recognise that many of these supports are additional to and different from the supports provided as part of individualised plans.

SPA applauds the recognition of the role for the NDIA as a contributor to improving quality and promoting best practice amongst service providers, and highlights the important role for speech pathologists as contributors to training for frontline staff in provider organisations to help them build capacity to be 'responsive to individual needs and to respect the rights of participants'.





Support is needed for the provision of activities to provide communication access so that people with communication difficulties can be active members of the community, and both they and their communication partners can feel confident that they can interact successfully in the broader community.

A useful analogy for making the environment 'communication accessible' is the process undertaken where an environment is made 'physically accessible' for those in wheelchairs (e.g., ramping the environment) with the difference being that the process needs to change the communication environment through the use of strategies impacting on interaction, which consequently often target the communication partners of people with communication disabilities.

There is significant evidence supporting the importance and value of people with CCN being able to connect and contribute as part of a community of other people with CCN. Working in a volunteer role is also a valuable way for people to connect with others.

The Communication Access Network provides a model of the types of supports that will contribute to building natural safeguards for people with communication difficulties. The understanding of the need for these types of supports (for communication access) is relatively new nationally and internationally. The NDIS provides a unique opportunity to see these supports made available to all Australians impacted by difficulties with communication – and by doing so enhance the natural safeguards of participants when involved in activities in the broader community.

The NDIS should take an active and leading role in promoting communication access within other sectors, such as education and health, as part of building capacity in mainstream providers to meet the needs of the whole community including people with disabilities. One way to do this is to ensure that NDIS Local Area Coordinators (LACs) have a good understanding of the participation barriers that communication difficulties create, and of how they can promote awareness and facilitate interventions being provided to improve communication access.

### **Registering providers under the NDIS**

Speech Pathology Australia agrees that for providers offering supports which carry different or greater risk, or do not have alternative regulation mechanisms, there should be a requirement to meet a higher level of regulatory requirements.

Speech Pathology Australia supports the development of an NDIS Provider Register, for all individual and organisational providers of supports funded through the NDIS (including self-managed plans).

In the presence of heightened clinical quality and safety risks (relative to other NDIS supports), and in the absence of registration through the NRAS for health professions, Speech Pathology Australia strongly recommends that to be a registered provider of speech pathology interventions under the NDIS, individuals must demonstrate that they have met the standards required by SPA, currently Certified Practising Speech Pathologist.

Speech Pathology Australia supports the implementation of Option Two in the discussion paper for provision of speech pathology supports. As such, we support the requirements that basic legal requirements be met, and adherence to an NDIS Code of Conduct.

As well as meeting the standards for service provision within the NDIS as defined by Speech Pathology Australia, additional requirements needed for speech pathologists will include the ability of the NDIS to check that an employer demonstrates safe practices when recruiting speech pathologists (i.e. checking that they have appropriate working with children or working with vulnerable people checks and training)..

However, it is critical that expectations around any other further additional requirements are reflective of the size and capacity of the provider organisation as well as the relative risk for participants. For example, a complaints system for speech pathologists who are effectively sole traders may be different operationally than that for a large provider offering a range of supports. It will be important that the NDIS is flexible in recognising and supporting development of regulatory processes that are fit for purpose, and which therefore may vary according to the size and role of the organisation. A focus should be on the principle (e.g., that the organisation has a complaints process) and not prescriptive of the way that





process should be implemented (e.g., to allow organisations to develop appropriate and sustainable complaints processes that are not overly burdensome).

Additionally, Speech Pathology Australia recommends that providers of services which include provision of supports for meals where oral intake of food or fluids occurs should be *mandated* to have in place processes to minimise risks to participant safety. These would include:

- Pre-service training and information for support workers about dysphagia including risks for clients, 'duty of care' around mealtime supports, triggers for referral for a mealtime assessment and plan and reporting requirements,
- A 'near miss' and critical incident reporting system,
- Clear processes to facilitate timely referral to a speech pathologist for a mealtime assessment,
- Effective mechanisms to provide support workers ready access to mealtime plans, and
- A system to review and monitor the currency and availability of mealtime plans to support provision of safe, effective and enjoyable mealtimes.

As evidence based professionals, speech pathologists are encouraged to investigate their own clinical data and participate in internal auditing to evaluate the quality of the services they provide. However, mandatory participation in a quality evaluation process or industry accreditation process/certification would be overly burdensome for many speech pathology private practices. Participation in quality evaluation process should be encouraged and supported in the short to medium term in order to encourage NDIS providers to build this into their operational models – however it should not be mandated lest it compromise the financial viability of newly established or small scale NDIS providers (including private speech pathologists).

### **Systems for handing complaints**

Speech Pathology Australia managed complaints about quality, safety and conduct of speech pathologists who are members of the Association. Members are required to practice within the parameters of the Code of Ethics of the profession – as published by Speech Pathology Australia. The Speech Pathology Australia Ethics Board is responsible for receiving and investigating formal complaints against speech pathologists.

Following any investigation, where a breach of the Code of Ethics has been found the investigation panel makes recommendations on penalties, actions or required undertakings, which are then considered and ratified by the Speech Pathology Australia Board of Directors. The complainant, respondent and Ethics Board are supported in this process by the Senior Advisor Ethics and Professional Issues.). The Association also receives informal queries from speech pathologists and members of the public regarding ethical practice and ethical issues in speech pathology service provision. The Association also has a role in education of members regarding ethical practice, and development of knowledge and skills in his area.

Speech Pathology Australia believes that it is essential that the NDIS has a complaints system that is independent from providers of support. In order to assure procedural fairness and transparency for all parties, Speech Pathology Australia supports the option to have an NDIS managed process for responding to complaints regarding services provided under the scheme, but with the capacity to refer to the professional body if deemed to be more appropriate, Circumstances where referral to a professional body might be more appropriate include when the complaint is about clinical or professional service delivery issues. It will be important for the delineation of the jurisdiction of the internal process to be well-defined, so that it is clear when a matter would be referred externally and when and whether any particular issue should be managed by either the NDIS or an external process. The mechanisms for determining and referring a complaint to the appropriate professional standards body would be the same for speech pathology services as for any other services provided by a professional group with an existing standards and complaints management system.





## Community visitor scheme

There is benefit to having a community visitor scheme in place to provide access to an independent person to monitor the quality and safety of service provision for people with disabilities and to act as an advocate where necessary and appropriate. This role is of particular significance for people with CCN who are particularly vulnerable and who face significant barriers to their autonomy being supported and respected.

### **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?**

It is important to recognise that some of the participants in the NDIS are particularly vulnerable, and that a market based system potentially exposes them to different and additional risks. SPA supports the establishment of an independent complaints system to address complaints about supports funded by the NDIS. Given that any complaints process can only be effective if there is capacity to ensure compliance with recommendations for change, it would only be appropriate for the NDIS to be engaged in addressing complaints for services not funded by the NDIS if this capacity was assured.

Whatever complaints body established by the NDIS should have the powers to investigate, decide if there has been a breach of the prescribed code of ethics/conduct, assign remedial actions to be taken, educate and instruct when there has been a breach to develop knowledge and capacity of the workforce, monitor compliance with those recommendations, and where required, enforce through registration.

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

SPA believes that there is benefit to having a community visitor scheme in place to provide access to an independent person to monitor the quality and safety of service provision for people with disabilities and to act as an advocate where necessary and appropriate. This role is of particular significance for people with CCN who are particularly vulnerable and who face significant barriers to their autonomy being supported and respected.

## Ensuring staff are safe to work with participants

Speech Pathology Australia supports efforts to ensure NDIS participants are protected from abuse, harm, exploitation and neglect. Protecting the safety of participants from those they are purchasing services from should be of paramount importance.

At a minimum, a 'working with vulnerable people' check should be required for all people working within the NDIS providing support directly to participants (Option Three). This might be administered by the NDIS centrally or potentially delegated to other national regulation processes for particular professional groups.

The Discussion Paper indicates that professional providers required to be registered under the NRAS administered by the Australian Health Practitioner Regulation agency (AHPRA) would be excluded from the requirements as the process for registration requires a criminal history check. A number of the allied health professions providing supports through the NDIS, including speech pathologists, are *not* registered with NRAS.

Currently membership of Speech Pathology Australia does not include any process for checking criminal or work history to identify people who may pose a potential risk to participants. Certified Practicing Speech Pathologist members are however governed by a Code of Ethics and formal complaints process— similar to the 'Registration Boards' system of registered professions. An adverse finding in the professional complaints process can restrict an individual's practice (and thus remove CPSP status) but does not currently carry any legislative ability to restrict a person from practicing in Australia.





In the short term, requirements of CPSP membership of Speech Pathology Australian and a working with vulnerable people check would be a reasonable process to ensure participant safety from providers of speech pathology services in the NDIS. Speech Pathology Australia in the medium term will investigate the possibility of incorporating police and work history checking into membership applications as well as continuing to consider and implement mechanisms to promote and sustain continued provision of high quality speech pathology services for NDIS participants.

### **Safeguards for participants who manage their own plans**

Safeguards for participants who manage their own plans when purchasing speech pathology supports may be best achieved by requiring that participants *only* access these types of supports from providers who have met the requirements to be registered as NDIS providers – in the case of speech pathology service providers, it is recommended that this be those with CPSP status with Speech Pathology Australia. We do not believe this requirement will lead to any significant restriction of options for participants, as the majority if not all speech pathology providers likely to be offering supports to any individual participant will also be positioning themselves to be offering supports to other NDIS participants and therefore will be registered with the NDIS.

### **Restrictive practices in NDIS funded supports**

Although SPA does not specifically advocate on behalf of people with communication difficulties (we refer you to submissions made by disability/participant advocacy groups) our members have a significant role in supporting current or potential NDIS participants to exercise their rights by supporting them with their communication access, including people with CCN and behaviours of concern (or challenging behaviours).

Speech pathologists with the appropriate level of competencies to recognise and address the communicative component of behaviours of concern are important contributors to any system to develop and monitor the quality of positive behaviour support plans. This needs to be recognised and reflected in whatever mechanisms are used to support access to appropriate and high quality positive behavioural support plans for individuals.

Putting in place processes to facilitate involvement of speech pathologists as core members of the professional team contributing to the development of positive environments for people with disabilities also positions them to be able to advise on the need for involvement of independent decision makers for approval of plans including restrictive practices. For example, a speech pathologist who is in a position to notice and interpret the non verbal communication signals or mode (e.g. Key Word Sign use) of a participant may identify a situation where a nominated guardian for a participant is not reflecting a participant's preferences or best interests.

Speech Pathology Australia recommends that a specific person or panel of qualified professionals whose competence and experience has been assessed and approved is available to approve and monitor behaviour support plans which are put in place for participants under the NDIS.

### **Recommendations**

It is recommended that the NDIA consider the following when developing the Quality and Safeguarding Framework. Speech Pathology Australia recommends:

1. That the NDIS acknowledge that the risks of harm in the provision of speech pathology supports by or under the supervision of speech pathologists are different from most other non-clinically based supports under the NDIS. As such, these risks need to be specifically considered within the development of the quality and safeguarding
2. That the NDIA require that individual practitioners who provide speech pathology services to NDIS participants (self managed or otherwise) are practising members of Speech Pathology Australia who have met the professional self regulation requirements for service provision within





the NDIS (currently Certified Practising Speech Pathologist), to ensure that practitioners are operating within a professionally recognised clinical safety and quality framework.

3. That one of the 'categories' or groupings of information available within the NDIS information system is about communication, including Behaviours of Concern (challenging behaviours), Complex Communication Needs (CCN) and Augmentative and Alternative Communication (AAC).
4. That caution is taken by the NDIS in developing any process that allows NDIS participants to seek and share their views on specific quality of providers of clinical supports (including speech pathology services).
5. That the NDIS not require the use of testimonials as a mechanism for demonstrating quality of clinical services. Under the Speech Pathology Australia Code of Ethics, the use of testimonials to advertise or demonstrate value of a speech pathology service is prohibited.
6. An NDIS Provider Register is developed for all individual and organisational providers of supports funded through the NDIS (including self-managed plans).
7. That the NDIA work with Speech Pathology Australia to explore options to enable the establishment of a sustainable system to provide clinical governance for speech pathology service provision as part of the transition to full roll out of the NDIS.
8. That Option Two in the discussion paper of NDIS provider registration be adopted for the provision of speech pathology supports (including that basic legal requirements be met, and adherence to an NDIS Code of Conduct). In addition, specifically for speech pathology providers:
  - That people providing speech pathology services are Practising Members of Speech Pathology Australia with Certified Practising Speech Pathologist status.
9. That providers of services which include provision of supports for meals where oral intake of food or fluids occurs should be *mandated* to have in place processes to minimise risks to participant safety including:
  - Pre-service training and information for support workers about dysphagia including risks for clients, duty of care' around mealtime supports triggers for referral for a mealtime assessment and plan and reporting requirements
  - a 'near miss' and critical incident reporting system
  - Clear processes to facilitate timely referral to a speech pathologist for a mealtime assessment
  - mechanisms to provide support workers ready access to mealtime plans
  - A system to review and monitor the currency and availability of mealtime plans to support provision of safe, effective and enjoyable mealtimes
10. That there be an NDIS managed process for responding to complaints regarding services provided under the scheme, but with the capacity to refer to the relevant professional body if the complaint relates to profession specific standards or practice.
11. That a 'working with vulnerable people' check should be required for all people working within the NDIS providing support directly to participants (Option Three).
12. That a specific person or panel of qualified professionals (including speech pathologists) whose competence and experience has been assessed and approved as appropriate is available to approve and monitor behaviour support plans which are put in place for participants under the NDIS.

If Speech Pathology Australia can assist in any other way or provide additional information please contact Catherine Olsson, Project Consultant: Disability, by emailing [disability@speechpathologyaustralia.org.au](mailto:disability@speechpathologyaustralia.org.au) or phoning National Office on 03 9642 4899.

