***Capricorn Community Development Association Inc.***

***Submission in response to the NDIS Discussion Paper on***

***Code of Conduct***

June 2017

**The organisation:**

**The Capricorn Community Development Association Inc. (CCDA),** is an unfunded volunteer, community development organisation. Its purpose is to support the community in solving its own problems. CCDA acts as a mini-peak body for the region and inputs a Central Queensland perspective to state and national forums.

Currently, CCDA is hosting a regular Community of Practice NDIS Transition group for service providers, facilitated by NDS Queensland

**CCDA Comments**

The code of conduct for the disability sector discussion paper is comprehensive, with much of it applicable in the broader community sector, and particularly aged care. The paper is a useful reference for management committees and CEO’s, for the operational and risk management areas of service provision for individuals with a disability.

However, the CCDA perspective is that none of the nine dot points currently in the code effectively reflect the thinking between the old model of service delivery and the transition to the NDIS. A Disability Code of Conduct needs to be directly underpinned by ‘the end in mind’: improved quality of life for those receiving the service. What is the objective, and what are the tools and strategies that guide support staff in contributing to successful outcomes? The discussion paper does not address this.

CCDA believes much of the discussion paper is still grounded in the ‘old system’, where funded service providers had the power and were the gate keepers of service availability. The discussion paper does not recognise the paradigm shift to a person centred approach where people with disability are funded and have power and authority over how the money is spent and what services they buy. The traditional top down approach, is evident in many of the examples provided in the paper, where ‘the commission’ is called in, but where solutions may have readily been reached through discussion with all stakeholders.

The change in authority where service providers have become the shop keepers that have to design services that the customer is prepared to pay for, and provide support staff that the customer approves of, is not reflected in this paper. The shift from meeting organisational standards, needs and expectations, to meeting the client’s ones, is not flagged as an issue.

The NDIS is an Insurance Scheme and its intended purpose is to change from a ‘filling in time between meals’ maintenance model of service, to facilitating a ‘journey to a person’s potential’. This should radically change the role of service providers and support workers and hence their conduct. It is a change from an operational to a strategic, long-term outcome based focus and again affects the conduct and purpose of support organisations and workers.

Where clients have capacity and ability for self-advocacy they will no longer accept ‘off the shelf services’; they will shop for services that meet their specific needs, and budget, and choose direct care workers with whom they have a positive relationship.

However there needs to be a recognition that not everyone will have the capacity or ability to ove to a service provider of their choice. Yet these individuals are still entitled to receive maximum possible benefit from their NDIS support. The higher the needs of an individual, the greater likelihood that they may not receive their service as intended.

Individuals at risk of being disadvantaged include: those in supported accommodation; people with limited intellectual and/or cognitive capacity and people with limited capacity to self-advocate, or have family or independent carers to advocate on their behalf.

Unfortunately, currently the speed of the rollout schedule is also compromising the integrity of the planning process, and the quality of participant plans. Quality plans are critical not only for containing long-term costs of the scheme but also for participant outcomes and meaningful service agreements. If overall the NDIS is to deliver effective support for individuals there needs to be more focus on pre-planning, in-depth planning conversations, and specialised training for planners.

A Code of Conduct is only useful when the foundations of a workable, effective and sustainable system are in place. So, whilst CCDA shares many of the concerns recently expressed by the Productivity Commission in its Cost Position Paper, we hope that the scheme will develop to a point where its investment in community participation and building social capital is meaningful and productive and clearly articulated in service agreements.

Further, CCDA acknowledges that the NDIS Quality and Safeguarding Framework and the Quality and Safeguarding Commissioner, aim to be protective measures that will inhibit poor service delivery. CCDA believes that the Code of Conduct provides an opportunity to take a pro-active approach to ensuring that NDIS funding actually achieves its intended purpose. Under the NDIS, Service providers should be required to ensure that service delivery consistently meets service intent right at the service points.

Therefore CCDA proposes an additional dot point I section 1.2. An obligation that will require workers and providers delivering NDIS supports to:

10. Deliver services and outcomes that meet Service Agreement intent.