**ATTACHMENT A: NDIS Service Standards- *roundsquared*’s response**

**The NDIS Practice Standards should set out the rights of the participant and the responsibilities of providers that deliver services and supports to people with disabilities. The Practice Standards outlined below relate mainly to the NDIA and its Partner Agencies.**

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| **PRINCIPLE** | **DESCRIPTION** | **SERVICE STANDARD** | **RATING %**  **Completed in time frame** | | | | **COMMENTS** |
| Timely | ~~The NDIA processes will be easier to understand and use, enabling decisions about access, planning and review to happen promptly.~~  **NDIA processes provide a timely response that enable the participant to understand how and why decisions were made about access , planning and review** | Once the NDIA has appropriate information, Access requests are made in 14 days | >90 | 80-90 | | <80 | Participant must be advised asap if there is not enough evidence to make a decision about access. Maximum time – 14 days. |
| Participants are offered a planning meeting within 14 days of receiving their access decision. | >90 | 80-90 | | <80 | If not why? |
| First Plan approvals take less then 7 days after the First Plan meeting | >90 | 80-90 | | <80 | If not why? |
| Plans are approved within 7 days of their final planning meeting following provision of all necessary evidence | >90 | 80-90 | | <80 | Outline any extenuating circumstances |
| Plan amendments are considered within 7 days of request | >90 | 80-90 | | <80 |  |
| Plans involving SDA or home modification requests are made within 28 days of the information being provided | >90 | 80-90 | | <80 | Time frames for home modifications to be provided with reasons for delays clearly articulated |
| Light touch reviews will be undertaken within 7 days | >90 | 80-90 | | <80 |  |
| Plans involving AT requests are made within 14 days of the information being provided | >90 | 80-90 | | <80 |  |
| Participants who request internal review of decision are contacted within **14 days** of request **regardless of outcome with escalation process is not complied with.** | >90 | 80-90 | | <80 | Escalation if no response in 14 days |
| **PRINCIPLE** | **DESCRIPTION** | **SERVICE STANDARD** | **EVIDENCE** | | | | **COMMENTS** |
| ~~Engaged~~ –  **Consulted** | The NDIA ~~engages~~ **consults** with people with disability, their family and carers and other support persons when developing operating procedures and processes | ~~The NDIA works with people with disability to ensure their processes and operating (procedures) are designed to be understood by people with different abilities and needs~~.  The NDIA consults with people with disability, their support organisations and peak organisations to ensure processes and procedures are easily under-stood by people with different abilities/needs. | No of consultations with | | | | Evidence required will include:   * Target audience * Gender and age breakdown * Purpose of consultation * No in attendance * Major issues discussed * Outcome of consultations * Policy considerations * Further actions |
| Participants/families | |  | |
| Local providers | |  | |
| Other govt agencies | |  | |
| Local communities | |  | |
| Peak organisations | |  | |
| Health professionals | |  | |
| Other | |  | |
| **PRINCIPLE** | **DESCRIPTION** | **SERVICE STANDARD** | **EVIDENCE** | | | | **COMMENTS** |
| ~~Expert~~ **Informed** | ~~NDIA staff have a high level of disability training and understand the impact particular disabilities have on people’s lives. They understand what supports are most effective for a person’s disability.~~  NDIA staff have a high level of training so that they understand the nature and limitations on functional capacity of a particular disability. Staff will have a sound understanding of the most effective supports available to enhance the functional capacity of the person with disability and will have subject matter experts in the areas of Assistive technology, specialist disability accommodation, psycho-social disability and children and young people with disability. | ~~NDIA staff have a high level of disability training and understand the impact particular conditions have on a people’s lives. They understand what supports are most effective for a person’s disability~~.  NDIA staff need to have a high level of understanding of disability and understand how different levels of functional capacity can impact on a person’s physical, emotional, cognitive and psychological, well-being as well as on their social and economic participation. Future recruitment process will see as highly desirable qualifications in the allied health professions, nursing, rehabilitation, mental health, health education/promotion and early childhood /education.  To complement this new recruitment approach, the following will be encouraged:   * staff incentives to undertake further study to understand the nature and scope of disabilities e.g. Cert IV or Diploma of Mental Health, Cert IV Mental health peer Work, Cert IV Allied Health Assistant Course as well as short courses or on-line courses on e.g. mental health recovery, assistive technology, autism and early onset dementia * Development of Communities of Practice to promote learning opportunities for LACs and Planners to understand better the nature of different disabilities; the trajectory of degenerative conditions; the social, economic and health impact of caring; options for assistive technology. | Improved Staff training and education | | | | Other questions to consider:  Has a survey of staff been undertaken to determine the number with qualifications in the disability field?  Have any gaps been identified?  Have any positive recruitment strategies been developed to attract people with these skills and experience?  Has specific training been developed to address these gaps?  Have position descriptions for planners and LACs changed to reflect the need for better understanding of disabilities?  Types of courses  Have opportunities for secondments or exchanges between agencies or between the NDIA and the disability sector been considered?  Do NDIA or PITC provide study leave? If yes how many hours per week?  Provide details of in-house training programs including names of training, duration and outcomes  Minimum qualification for NDIS trainer is degree in Social Sciences and Cert IV Training and Assessment  Provide details of staff attendance at conferences as part of their professional development  Paid study leave  HECS reimbursement  Promotion and/or pay rise |
| No of staff undertaking Cert IV courses in Disability related field | |  | |
| No of Staff undertaking Diploma course in disability related field | |  | |
| No of staff undertaking Bachelor course in disability related field –  Name of course | |  | |
| No of staff doing post graduate studies in Disability field | |  | |
| No of staff completing on-line courses to satisfactory level | |  | |
| No of Communities of Practice established within NDIA to enhance learning in particular field | |  | |
| No of days study leave provided to undertake studies | |  | |
| No of in-house training sessions provided to planners/ LACs to improve understanding of disabilities | |  | |
| Qualifications & experience of trainer | |  | |
| No of staff attending disability conferences | |  | |
| Incentives to encourage staff to undertake development opportunities | |  | |
| **PRINCIPLE** | **DESCRIPTION** | **SERVICE STANDARD** | **EVIDENCE** | | | | **COMMENTS** |
| ~~Connected~~  **Cooperative and collaborative** | The NDIA works with **other Federal, State and local** governments to develop an integrated service model to underpin the NDIS and ensure that people with disability are able to access services and supports outlined in their plans. | There needs to be an integrated service model that clearly outlines the responsibilities of other government instrumentalities in supporting and providing services to participants.  There also needs to be consistency with other government programs such as consistent expectations of parents by Centrelink and NDIS; and consistent payment schedules for consultations psychologists under Medicare Mental Health Car Plan and NDIS sessions with psychologist. The impact of the silo approach to policy and program development is also evident with certain supports considered the responsibility of other government agencies resulting in confusion for the participant and inertia in relation to their needs. The NDIA therefore needs to establish constructive and collaborative mechanisms to ensure no gaps exist in the delivery of services to people with disability and that anomalies that exist in government policies are addressed so that a consistent approach is provided to address the needs of people with disability and their families. ~~works constructively and collaboratively with broader service system to ensure that there are no gaps for NDIS users where possible.~~ | Activities | | Y/N | | Enabling people with disability to improve their opportunities for social, economic and cultural inclusion as well as access the supports and services they need, requires all levels of government – Federal, State/Territory and local – as well as businesses and NGOS to work together. As the signatory to the United National Convention on the Rights of Persons with Disability, the Federal Government needs to play the lead role in setting the framework for change to a more inclusive society that maximises opportunities and facilitates choice and control. By using its legislative and economic levers, the federal Government he NDIS the Federal Government can lead the change agenda of other levels of government and as well as the private and community sectors.  Do participants/families understand the scope of the NDIS and the difference between a health issue and a disability? |
| IDC meetings with other Departments | |  | |
| Establish Protocols to improve integration of supports to NDIS participants | |  | |
| Evidence of specific initiatives in rural and regional areas | |  | |
| Surveys of part-icipant satisfaction in relation to service gaps | |  | |
| Specific initiatives to transition part-icipants with psycho-social disabilities from PIR to NDIS | |  | |
| COAG initiatives to improve coordination of supports to NDIS participants | |  | |
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| **PRINCIPLE** | **DESCRIPTION** | **SERVICE STANDARD** | **EVIDENCE** | | | | **COMMENTS** |
| ~~Valued –~~ **Heard and respected** | Participants, their families, carers and other support persons feel ~~valued~~ heard by planners in their interaction with the NDIS and that their situations are respected by planners rather than informed by assumptions/preconceived ideas. Participants are provided with up-to-date information and resources so that they know where to go if they need further assistance. | ~~The NDIA ensures that the broad community understands the purpose of the NDIS and where they can go if they need further assistance.~~ This service standard does not relate to the principle or description. The issue is about the participant being able to access services and supports in the community. Informing the community about the NDIS is a far broader issue and requires an overarching national approach with more specific targeted messages at local and regional levels as well as to specific groups such as CALD communities, LGBTQIA and Aboriginal and Torres Strait Islander communities.  The NDIA work with State/Territory and local governments as well as peak organisations supporting people with disability and their local Partners in the Community will ensure up-to-date local mapping of services and agencies in the area are developed and maintained. | Social and community mapping has been undertaken across all LGAs to identify gaps in services for people with disability?  NDIA has undertaken community engagement activities in all LGAs where the NDIS has been rolled-out? | |  | | Where is baseline mapping still required to be undertaken?   * LGAs named   Are there themes developing from mapping already undertaken?   * Shortages of allied health professionals * Shortages of approved builders to undertake home modifications   What actions are being undertaken to attract AHPs to rural and regional areas? |
| **PRINCIPLE** | **DESCRIPTION** | **SERVICE STANDARD** | **EVIDENCE** | | | | **COMMENTS** |
| ~~Decisions made on merit~~  **Decisions/decision making process is transparent** | The NDIA acts in a transparent, informative and collaborative ~~spirit~~ manner so that participants understand why decisions are made.  Decisions also need to be consistent across planners and locations. | ~~The NDIA acts in a transparent informative an collaborative spirit.~~ **The NDIA’s decision making process is transparent with participants provided with full explanations in plain English as to why a decision has been made with details about where additional supports may be accessed in their region.** | Decrease I no of requests for light touch reviews  Decrease in no. of requests for s48 and s100 reviews  Decrease in the number of applications to the AAT  Decrease in the number of complaints to the NDIS and Ombudsman  Improved referral processes to mainstream and community services | |  | |  |
| **PRINCIPLE** | **DESCRIPTION** | **SERVICE STANDARD** | **EVIDENCE** | | | | **COMMENTS** |
| Inclusive | All people with disability can understand and use the NDIS and the NDIS ensures its services are appropriate and sensitive for Aboriginal and Torres Strait Islander people, people from Culturally and Linguistically Diverse (CALD) backgrounds, LGBTQIA and other individuals.  The NDIA ensures people with disability in rural and regional areas are not disadvantaged further by lack of services and higher costs associated with accessing services in these areas. | The NDIA consults with Aboriginal and Torres Strait Islander, CALD and LGBTQIA groups about service delivery models and language that is culturally appropriate to their situations.  The NDIA provides information to meet the needs of specialised groups including CALD, LGBTQIA and Aboriginal and Torres Strait Islander people to enable them to access to the NDIS like any other citizen.  That the special needs of people in rural and regional Australia are addressed in respect to access and transport costs. | More NDIS information in more languages for people from CALD communities  Improved access to interpreters  Consultations are undertaken with Aboriginal and Torres Strait Islander communities to ensure information about the NDIS and its processes is provided a culturally appropriate  Evidence of cultural sensitivities in planning sessions with CALD and Aboriginal groups as well as LGBTQIA  Specialist planners with experience in trauma are in place to assist applicants who have been refugees | |  | |  |
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