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# Vision Australia submission in response to NDIA Consultation Paper Proposal for a National Disability Insurance Scheme Quality and Safeguarding Framework

Authorised by Graeme Craig, General Manager, NDIS and Demonstration Sites, Vision Australia

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Contact: Amy Feldman, Policy Advisor, on (03) 9864 9226 or amy.feldman@visionaustralia.org

**Introduction**

Thank you for giving Vision Australia the opportunity to input on this important matter for people who are blind or have low vision and are eligible for the National Disability Insurance Scheme (NDIS)

Vision Australia is the leading national provider of services to people who are blind or have low vision. We provide services to approximately 33,000 Australians each year across 28 locations through a mix of charitable donations and Government funding.

We provide services and ongoing support to our clients who are NDIS participants in the Barwon, ACT and Hunter regions. We also provide assistance with the NDIS application process and support participants to appeal decisions made by the National Disability Insurance Agency.

Vision Australia’s mission is that people who are blind or have low vision will increasingly be able to live the life they choose by participating fully in every facet of community life. To help realise this goal, we provide high-quality services to the blindness and low vision community. Our service delivery areas include:

* early childhood
* orientation and mobility
* employment
* accessible information (including library services)
* recreation
* independent living
* Seeing Eye Dogs

The knowledge and experience gained through Vision Australia’s interaction with our clients who are NDIS participants enables us to provide sound advice to Government on the proposed Quality and Safeguarding Standards. This is an important issue to Vision Australia’s clients and for the wider disability sector alike, as it will ensure that quality standards are raised and that the rights of people who are blind or have low vision are preserved and enhanced.

# Question responses:

# Part 1: Proposed Quality and Safeguarding framework for the NDIS

# Structure of a national quality and safeguarding framework

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

It is important that an NDIS information system provides NDIS participants with the capacity to find all the information they need to navigate the NDIS in one place. This must include information on the NDIS application process, a directory of registered service providers, FAQ’s and details about complaints processes and rights of review in respect of decisions made by the NDIA. NDIS participants should also be able to manage their account easily through the same platform and be assured that their personal and sensitive information will be protected and held secure.

Any NDIS information system must include open forums for participants to voice their opinions on disability service providers (DSPs) that they have received supports from and on different aspects of the NDIS system. This will be important in transitioning to a consumer-directed disability services market which gives persons with disability the ability to influence the disability services system through exercising their choice and control.

Participants should also be able to find information on DSPs to assure them that the organisation is appropriately accredited and compliant with relevant state and national legislation. DSPs must also provide assurances that personnel are qualified and have membership to their respective professional bodies and that any equipment provided to participants is fit for purpose and meets necessary safety standards.

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

Any NDIS information system must comply with Web Content Accessibility Guidelines (WCAG 2.0) to ensure that people who are blind or have low vision have ready access to information. However, compliance with WCAG needs to be complimented with navigability, as many Government websites are WCAG compliant, but are difficult for people who are blind or have low vision to navigate with screen reading and magnification software. Vision Australia recommends that Authoring Tool Accessibility Guidelines (ATAG) user testing be carried out to ensure that beyond compliance, the user friendliness of websites is taken into account and responded to.

While the internet provides a quick avenue for many people with a disability to access information on the NDIS, two thirds of Vision Australia’s clients who are blind or have low vision do not have internet access. Many of our clients so far have preferred to be walked through the application process face-to-face with someone that has an understanding of their needs as a person who is blind or has low vision.

It is also often difficult for people who are blind or have low vision to obtain a copy of their paperwork in an accessible format of their choice. Vision Australia is currently devoting resources to supporting clients living in the trial site locations to check their eligibility through the online My Access Checker and access their NDIS documentation. While this service provided by Vision Australia has resulted in better outcomes for clients who are blind or have low vision, it will be unsustainable in the future if this support does not attract NDIS funding.

### 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?

As mentioned above, the benefit of enabling NDIS participants to share information through online forums will be in ensuring that consumers are directed away from any disability service providers (DSPs) who are unprofessional, ill equipped or below standard.

However, it is important that an NDIS information system that includes open forums for participants to voice their opinions is appropriately moderated to ensure that all feedback is fair and justified. This will also help to ensure that an information sharing platform is not misused as a marketing tool for DSPs.

A ratings system for different service characteristics of DSPs could also be incorporated, with the average score of all reviewing consumers being used as an overall indication of quality. However, this system must be balanced and provide a level playing field for comparisons between DSPs according to the types of services they deliver.

## Building capacity through education and employment

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

Natural safeguards can be built into the NDIS by ensuring that prospective NDIS participants are adequately equipped to make informed decisions.

Vision Australia’s clients have reported difficulties developing their goals and asking for supports that can help them to achieve these goals. This is unsurprising, given that persons with disability have not historically been in the position of having all their needs met. Many are also unsure of what supports may be available to them.

The consultation paper makes reference to the possibility of funding ‘decision-making supports’ to help persons with disability develop a NDIS package that meets their specific goals and needs.

Vision Australia is currently providing decision making support to people who are blind or have low vision without attracting any NDIS funding. Choice is emphasised during these sessions, as participants are encouraged to select a service provider that will help them reach their goals.

This service has led to better outcomes for clients in regards to the range and breadth of supports and their satisfaction with the NDIS, but it is unsustainable without a dedicated funding source.

Building the self-advocacy capacity of NDIS participants will also provide an additional safeguard in navigating the NDIS system. This service can be easily provided by some DSPs, such as Vision Australia, who have a dedicated advocacy service which provides advice to people who are blind or have low vision on a variety of systemic issues.

While there is a potential conflict of interest in funding DSPs to provide decision-making support and advocacy advice to NDIS participants, this could be offset through provisions in the NDIA code of conduct for service providers.

Support must also be available through independent agencies, such as Consumer Peak Bodies like Blind Citizens Australia. The importance of these organisations needs to be recognised with appropriate and regular funding.

### What can be done to support people with a limited number of family and friends?

It is important that persons with disability are supplied with links to relevant community groups through their initial planning sessions. This necessitates the need for skilled NDIA planners, who are aware of different social and recreational options available to participants through their NDIS packages.

DSPs can also offer information and decision making support on any available recreational and social supports that are tailored to persons with disabilities. Vision Australia provides information on a range of different social and recreational programs available to assist people who are blind or have low vision to remain connected to the community and adjust to their vision loss. These include face-to-face discussion groups on adjusting to blindness or low vision and social telephone groups discussing a range of different topics of mutual interest.

It is also important that persons with disability who have limited social resources are linked in to available advocacy supports, such as consumer peak bodies, like Blind Citizens Australia. Advocacy support can also be provided by DSPs like Vision Australia, who have a dedicated advocacy resource with knowledge and expertise in the issues faced by blindness and low vision community.

## Service level safeguard – support for service level capacity building

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

DSPs require support to build employees capacity to deliver consumer-directed services which optimise consumer choice. The disability services labour market is currently not deep enough for service providers to simply rely on employing the right type of people to fill the capacity gap. What is needed is investment in the development of employees who have clinical expertise but need help applying their skills under the new service paradigm.

The investment service providers must make to bring staff up to standard is significant and requires ongoing funding. Vision Australia has invested a significant amount of resources into developing an understanding of person-centred practice amongst the organisations 776 employees. However, more professional development needs to rolled out before the full implementation of the NDIS in 2019.

Central access to good quality information and training kits on the NDIS and its processes would greatly support service providers to build the capacity of their staff in providing consumer-directed care. Such resources should also explain the shift in philosophy that underlies the NDIS and the different service expectations created by this shift. Online lectures and forums where professionals can share ideas and increase learning would also be beneficial in ensuring consistency across the sector.

Advice on minimum training requirements and professional development standards for staff members must also be given, as well as financial support to deliver necessary training and development programs.

## Oversight functions

### Should there be an independent oversight body for the NDIS? What functions and powers should an oversight body have?

While the NDIA has developed a robust complaints framework for managing complaints (as seen in attachment D), it is important that persons with disability have access to an independent oversight body. This will provide another level of assurance for the NDIS and would be especially important when complaints made against a particular provider by a NDIS participant cannot be resolved in the first instance. Some persons with disability may also not feel comfortable raising their complaints directly with their service provider or may wish to obtain advice about making a complaint against the NDIA from an independent agency.

Such an oversight body could act as an industry regulator, much like the role the Disability Services Commissioner has fulfilled in Victoria. The Commissioner operates a complaints resolution process that functions independently of Government and the disability services sector.

The commissioner works with persons with disability and DSPs to resolve complaints in a variety of ways, ranging from informal approaches to launching a formal investigation, if required. The Disability Services Commissioner also plays a role in promoting the development of positive complaints cultures within disability services.

An independent and National oversight body should employ a role like the Disability Services Commissioner in each state, who can resolve issues on a local level and report back to the National body. The National oversight body should then report to the NDIA on any serious breaches of the NDIS code of conduct and emerging trends in complaints made against NDIA registered DSPs across Australia.

# Part 2: **Detail of key elements of the Quality and Safeguarding Framework**

## NDIA provider registration

### Considering the options described above, which option would provide the best assurance for providers and participants?

**Recommendation:** Option 2 provides the right balance between limiting red tape for DSPs and giving participants with the best assurance of quality.

A “light touch” approach to registration would limit red tape and allow DSPs to redirect time and investments toward improving service standards and greater growth and innovation in service delivery. However, this approach relies on the premise that market forces will regulate the disability services sector.

The additional provider registration conditions outlined in Option 2 offer greater assurance for participants by ensuring that DSPs demonstrate that they adopt safe recruiting practices. Furthermore, DSPs must commit to notifying the NDIA or police of serious incidents, protecting participant’s privacy and implementing a complaints handling system.

The additional conditions in Option 2 would also provide greater protection to DSPs, as it would dissuade unethical operators from entering the market and driving down prices and quality standards, eroding the effectiveness and sustainability of the NDIS. Furthermore, it would help ensure that the potential for abuse of participants is limited.

In order to ensure that the rights of NDIS participants are upheld, it is important that the code of conduct which DSPs must adhere to takes a human rights approach borrowing from the *Convention on the Rights of Persons with Disabilities*. It should also reference The National Standards for Disability Services, which highlights the role of DSPs in reducing the risks of harm, neglect, abuse or violence against persons with disability.

The code of conduct should also include sanctions against improper business practices, such as false advertising and providing services outside a provider’s recognised area of expertise.

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

The registration approach should vary depending on the level of risk associated with the service being provided for persons with disabilities, with higher risk DSPs having to pass more stringent registration criteria.

For example, Vision Australia could be classified as a low risk service provider, as it is an established organisation that focuses on rehabilitation services that enable people who are blind or have low vision to be independent.

Services are primarily delivered by trained allied health professionals in one of our 28 local offices. Orientation and mobility and occupational therapy services are provided in the home and wider community, with appropriate risk management systems in place to ensure the safety of staff and clients. As such, the requirements summarised in option two would be appropriate.

High risk disability supports, such as supported accommodation arrangements, respite and personal care services for highly vulnerable clients, including people with an intellectual disability or children, may be more appropriately managed by Options three or four.

For such an approach to operate, it is first appropriate to determine which disability services pose the greatest risk of abuse to consumers based on existing evidence.

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

It is the role of the NDIA and any associated regulatory bodies to ensure that DSPs registered to operate under the NDIS are of an appropriate standard and have systems that limit any potential harm or risks to the consumer.

This approach removes any unnecessary risks for the consumer, while maintaining their dignity through the choice of a wide range of service providers who have demonstrated quality standards.

## Systems for handling complaints

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

It is important that the NDIS code of conduct mandates that DSPs have an internal mechanism for managing and resolving complaints made by NDIS participants. This can facilitate the expeditious resolution of complaints that can be better managed on a local level.

Vision Australia has a dedicated Advocacy service which manages complaints from clients as well as from members of the public. We also provide avenues and opportunities for clients to give direct feedback to the board and executive. This is in accordance with the Disability Services Standards (FaCSIA) 2007, which stipulates that DSPs must have a clear process for managing complaints about their services and make sure that service recipients know how to make a complaint.

In Victoria, the *Disability Act 2006* specifies that DSPs must report the total number of complaints received each year to the Disability Services Commissioner, who has the power to escalate complaints and initiate investigations.

This model has been effective in resolving complaints in Victoria and ensures that breaches to the Act are reported and attract appropriate penalties. A similar model should be employed when designing an oversight body for complaints made by NDIS participants against registered DSPs

A function modelled on the Disability Services Commissioner role should operate in each State and work to resolve complaints on a local level and ensure that providers comply with the NDIS Code of Conduct. Each Commissioner should then report to a National oversight committee made up of Commissioners from each state.

An independent and national statutory oversight body will also provide another avenue for participants to make complaints against the NDIA, beyond the Commonwealth Ombudsman, who handles complaints against Australian Government agencies.

### 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?

A national complaints system should have oversight over all disability services, regardless of whether they are funded by the NDIS or not to avoid duplication of compliance monitoring across the sector.

For example, Vision Australia provides a variety of services for people who are blind or have low vision who will not receive NDIS funding for disability support services. This includes people who lose their vision after the age of 65 or whose vision loss has not significantly impacted on their functioning.

While service providers may not receive NDIS funding to provide services to all persons with disability, those in receipt of unfunded services should be able to access the same protections as those who do qualify for NDIS funding. Developing a national oversight body to protect all people accessing disability services will reduce costs for the Government and DSPs. It will also help ensure that quality disability services and robust complaint mechanisms are available to all persons with disability.

### What powers should a complaints body have?

The same powers currently granted to the Victorian Disability Services Commissioner under Section 17 of the Disability Act 2006 should be applied to an independent complaints body in resolving complaints made against DSPs. When adapted for use under the NDIS, they would include:

* consult with any persons or bodies which the Commissioner considers appropriate
* develop, and suggest ways of implementing, procedures for dealing with complaints relating to disability services and making existing procedures more effective
* provide advice to complainants of alternative means for dealing with complaints
* provide advice generally on any matter in respect of complaints relating to disability services to:
* DSPs
* complainants
* the Chief Executive Officer of the NDIA
* the Minister for Social Services
* the Secretary
* encourage DSPs to distribute, display or make available material and information produced by the Commissioner about the resolution of complaints relating to disability services
* seek information from disability service users and DSPs about the working of the disability services complaints system

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

Not relevant to our area of expertise.

## Ensuring staff are safe to work with participants

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

A national and cross-sector approach to staff screening should be established that recognises the unique risks posed by different DSPs to enable employers to make sound staffing choices.

Screening requirements should vary dependant on the type and intensity of the care being provided by different service providers and their employees. As mentioned previously, this requires industry agreement on the definition of low, medium and high risk disability supports.

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

Background check requirements should vary depending on the level of contact and risk associated with the service being delivered. For example, many services provided by Vision Australia pose minimal risks to the consumer, such as group adaptive technology training classes, telephone social groups and centre-based recreation services.

However, other Vision Australia services, such as early childhood interventions, orthoptic services and occupational therapy in the home and the community, would pose greater risks to clients without thorough pre-employment checks.

Vision Australia screens potential applicants through police checks, in addition to Working with Children checks, where relevant. Employees are obliged to renew these checks every three years and provide a copy to Human Resources to ensure that any breaches are detected.

Vision Australia also ensures practitioners meet their professional requirements and renew their registration with the relevant bodies at regular intervals.

This approach has been successful in protecting Vision Australia’s clients from harm. Were more robust staff screening options to be universally adopted, NDIS prices should recognise the cost implications for DSPs in implementing such options.

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

**Recommendation:** Option 2 provides the best and most cost-effective protection for low and medium risk DSPs.

Option 2 is consistent with the employee screening measures currently being undertaken by Vision Australia. More stringent measures, as detailed in option 3 may be more appropriate for higher risk services, including those involving children and persons with high disability support needs.

## 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?

**Recommendation:** Option 3 will ensure that persons with disability access appropriate supports through self-managed plans. However, the registration requirements should vary dependent on the service being provided.

The NDIA has a responsibility to ensure that NDIS participants choose service providers who are safe and competent. This approach allows persons with disability to experience the dignity of risk while limiting any unnecessary risks that could be easily avoided.

However, some services, such as garden and home maintenance support, may require less stringent registration requirements, as detailed in option 3a. More high risk services, such as supported accommodation or personal care services should attract more stringent registration requirements, as outlined in options 3b and 3c.

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

The NDIA planner should make an assessment of the persons capabilities and provide the person with disability the most appropriate support and assistance they need to self-manage their plan. This may include access to fact sheets on self-management and direction to peer supports programs and DSPs who are able to provide self-management assistance.

Allocating case coordination funding to a DSP or organisation of the individuals choice would ensure that NDIS participants are supported to make sound decisions while self-managing their supports. Vision Australia provides support to clients who have elected to self-manage their plans in choosing appropriate services.

## Restrictive Practices:

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

Not relevant to our area of expertise.

### 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?

Not relevant to our area of expertise.

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

Not relevant to our area of expertise.

### 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?

Not relevant to our area of expertise.

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

Not relevant to our area of expertise.

### 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)?

Not relevant to our area of expertise.