

Vision Australia submission

Independent Review of the NDIS: Quality and Safeguarding Framework

Submitted to: NDIS Review

Date: 29 May 2023

Submission approved by: Chris Edwards, Director Government Relations & Advocacy

# Vision Australia Submission

# Independent Review of the NDIS: Quality and Safeguarding Framework

Prepared by Caitlin McMorrow, NDIS and Aged Care Funding Specialist Lead

## Introduction

Vision Australia welcomes the opportunity to provide feedback on the NDIS Quality and safeguarding Framework, as part of the independent review of the NDIS. Vision Australia supports the broad aims of the Framework and acknowledges that a number of positive steps have been taken to operationalise it. Further work could be done however, in areas such as streamlining of provider regulation, provision of training and information resources for both providers and participants and Vision Australia is of the view that additional registration and compliance standards should be considered for providers of allied health and therapy services, in order to ensure appropriate protection and high quality of service for participants. The consistency of information available from the Quality and safeguards Commission could also be improved, with that body taking on a greater role in facilitating training and education opportunities within the sector.

## Recommendations

* Additional opportunities to harmonise the regulatory framework for aged care, veterans’ care and disability services should be explored. In particular, measures to minimise duplicative reporting, sharing of information between regulators and combined audits and assessments would release time and resources for service providers to focus on the delivery of high quality and innovative services, whilst reducing the burden of administrative compliance.
* NDIS allied health providers in particular, should ideally be registered, or at a minimum, should be subject to governance requirements beyond the code of conduct. Given that these services are closely linked to maintaining or developing a participant’s functional capacity, it should be expected that all providers within this market are subject to some form of quality standard, to ensure that they are appropriately qualified, and that the services they deliver are aligned with evidence-based practice. Any additional governance or registration measures must be proportional to the risks associated with the type of service being delivered, the environment or setting in which that service takes place, and the scale and size of the provider’s operations.
* A greater commitment by the Commission to meaningful engagement and dialogue with service providers should be considered as a key component of this review.
* consideration should be given to greater clarification of responsibilities and processes of both the NDIA and the NDIS Quality and safeguards commission in the redevelopment of the Framework.
* There is a need for an ongoing focus on developmental measures for people with disability, to ensure they have an understanding of how the Framework can and should protect them. Examples of resources that may be beneficial include guides for self-managed participants on questions they may wish to ask the workers they employ, documents they may wish to cite or checks to undertake to ensure that workers are appropriately qualified to deliver the supports they have been engaged to provide.
* The expectations of plan managers, support coordinators and local area coordinators are not clearly established. The NDIS Quality and safeguards Commission must take on a more active role in the provision of resources and educational materials, in order to facilitate the developmental safeguarding measures that were contemplated by the original Framework.

## Alignment of Regulatory Measures Across the care and support Sectors

There are some initiatives within the current quality and safeguarding framework that have worked well to promote quality of supports and safety of participants. NDIS worker screening checks, for example, have resulted in a more nationally consistent approach toward safeguarding and helped to streamline probity checks for workers across the sector.

The establishment of the Quality and safeguards Commission, and the resultant simplification brought about by its role as a national registration body for providers, has been of benefit to organisations such as Vision Australia, that operate across a number of States and Territories. Similarly, the alignment of the NDIS Code of Conduct with the equivalent code that now applies to the delivery of aged care services has been beneficial for providers that work across both systems. Vision Australia considers that there are additional opportunities to harmonise the regulatory framework for aged care, veterans’ care and disability services that would remove unnecessary duplication of obligations for service providers that work across these sectors. In particular, measures to minimise duplicative reporting, sharing of information between regulators and combined audits and assessments would release time and resources for service providers to focus on the delivery of high quality and innovative services, whilst reducing the burden of administrative compliance.

## Provider registration and governance

While all providers are obligated to comply with the NDIS Code of conduct, only those that are registered are required to comply with the NDIS Practice standards and undergo worker screening checks. This is a flawed model, in that providers can charge the same rate for services regardless of registration, yet registered providers are subject to a much higher standard of practice. Unregistered providers have little incentive to take on the additional costs of registration, particularly given that the vast majority of NDIS participants are either self-managed or plan managed. Vision Australia is a registered NDIS provider, with the majority of our service delivery occurring in the area of specialised allied health supports for people who are blind or have low vision. We have grave concerns regarding the volume and scope of unregistered providers that exist within this segment of the market that may or may not have the specialised skillset generally necessary to effectively service this cohort. While unregistered providers may be subject to the Code of conduct, the lack of visibility of these providers makes compliance exceedingly difficult to monitor and assess. Additionally, the prevalence of unregistered providers has arguably diluted the efficacy of the Framework overall. Vision Australia considers that allied health providers in particular, should ideally be registered, or at a minimum, should be subject to governance requirements beyond the code of conduct. Given that these services are closely linked to maintaining or developing a participant’s functional capacity, it should be expected that all providers within this market are subject to some form of quality standard, to ensure that they are appropriately qualified, and that the services they deliver are aligned with evidence-based practice. The Code of conduct alone is not sufficient to offer participants these protections because compliance by unregistered providers cannot realistically be enforced.

Vision Australia recognises that the unregistered provider market often provides participants with a critical degree of choice and control, particularly in the case of thin markets or low incidence cohorts for whom access to services may already be limited. Consequently, the additional registration and governance measures proposed above must always be proportional to the risks associated with the type of service being delivered, the environment or setting in which that service takes place, and the scale and size of the provider’s operations.

## Information for Providers

Since its inception, the Quality and safeguards Commission has created a number of online resources, such as e-learning modules, which have proven valuable in training staff that are new to the disability sector. There continues to be a lack of clarity, however, as to which of these modules are considered compulsory learning. Different wording exists across the Commission’s website and in the NDIS Practice Standards, and this contributes to the confusion as to how providers should integrate these resources within their own training and induction packages. Beyond these self-service learning options, the Commission has demonstrated minimal commitment to the training and education of service providers under the current Framework. This contrasts markedly with the approach adopted by the Aged Care Quality and Safety Commission, which takes an active role in providing ongoing education and skill development opportunities for providers, through avenues such as webinars and newsletters. This adds value, because it offers a communication channel for questions to be answered on a regular basis, as well as affording service providers the opportunity to learn from one another to develop best practice around quality and safeguarding. We consider that a greater commitment by the NDIS Quality and Safeguards Commission to meaningful engagement and dialogue with service providers should be considered as a key component of this review.

In addition, the division of responsibilities between the NDIA and the Quality and safeguards Commission is not well understood, not only by providers, but also by the staff employed by both agencies. Basic matters, such as updating of information on the Service Provider Finder, are consequently challenging to manage. As a service provider, we find it is common to engage in back-and-forth communication with both the NDIA and the commission, with each claiming that the issue in question must be resolved by the other. This is unnecessarily cumbersome, and consideration should be given to greater clarification of responsibilities and processes of both organisations as part of this review.

## Information for Participants

The Quality and safeguarding Framework indicates that the Commission should have a role in directly supporting participants to uphold their rights to safe and quality supports. This appears to be one aspect of the framework that has not been operationalised effectively. Firstly, the framework itself is a lengthy and complex document. It does not provide a clear mechanism for participants to assess whether the services they receive meet the expected quality and safety standards, and whether they are adequately protected in the delivery of those services. In order to address this, a model similar to that which exists within the Aged Care Quality standards could be considered. Each standard contains a concise and positively worded consumer statement, that reflects what effective implementation of that standard should look like in the context of service delivery. This would provide consumers with a tangible and straight-forward method to consider whether the services they receive meet the expected quality indicators.

Access to consumer information is sporadic at best, and there is a need for an ongoing focus on developmental measures for people with disability, to ensure they have an understanding of how the Framework can and should protect them. Examples of resources that may be beneficial include guides for self-managed participants on questions they may wish to ask the workers they employ, documents they may wish to cite or checks to undertake to ensure that workers are appropriately qualified to deliver the supports they have been engaged to provide.

## Support Roles within the Framework

The expectations of plan managers, support coordinators and local area coordinators are not clearly set out within the framework. This is concerning, given the significant number of interactions that these intermediary providers have with participants. They are, in many circumstances, a participant’s first point of reference when difficulties arise or when information is needed. While the framework recognises that participants have differing levels of readiness to take control of their supports, there has been an insufficient focus on the developmental safeguards that enable genuine choice and control, dignity of risk and supported decision-making. For example, a key role of support coordinators is to capacity build participants so that they are able to choose, manage, design and implement their own supports. Vision Australia finds it is common, however, for support coordinators to engage service providers without including the participant in communications, or seeking their input about the specific supports they need or want. It is clear at present that many participants do not understand the role of a support coordinator, and many support coordinators themselves seem unsure as to how it should operate. We are aware of many support coordinators who have minimal involvement in plan implementation, or assisting the participant to choose supports. At the opposing end of the spectrum, other coordinators are highly invested in ensuring that participants get the supports they need, by arranging stakeholder conferences, bridging information gaps between support providers to aid everyone in working toward a common goal. The current discrepancy in quality of support coordination could be addressed in part by practice guidance for support coordinators and it is our hope that this will be developed as part of the current review. Equally, clarity of information for participants about the tasks they can reasonably expect their support coordinator to do, and what they will be expected to contribute themselves to ensure the relationship works efficaciously, is essential.

There are indications that some support coordinators take an active role in choosing supports for participants. Some of our clients feel that their support coordinators try to act as arbiters for the supports they access, requiring the client’s chosen service providers to justify why particular programs are needed. Anecdotally, we are aware that some support coordinators take on the role of a substitute decision maker by insisting that clients must seek their permission before funding can be used. This would seem to be at odds with the core function of a support coordinator to build the capacity of the participant. Other participants report they feel support coordinators have forced them into a plan review that they did not really need or fully understand. While support coordinators often provide a valuable service with the potential to significantly improve participant outcomes, these examples demonstrate that it is important to balance this with ensuring they do not undertake a role that fosters reliance or erodes the participant’s capacity to exercise choice and control in selecting and designing their own supports.

It is important to recognise that those supporting a participant with decision-making may also benefit from capacity building to ensure that they are helping in ways that are constructive, inclusive and respectful. While support from family, friends and others within a participant’s informal network is frequently well-intentioned, supporters do not always have the requisite skills to create opportunities for participants to be involved in the decision-making process, or to distinguish when they are substituting a participant’s decision, versus supporting it. Creation of resources to build the capacity of families, friends and carers will also be an important component of future developments to the Quality and safeguarding framework. The NDIS Quality and safeguards Commission must take on a more active role in the provision of resources and educational materials, in order to facilitate the developmental safeguarding measures that were contemplated by the original Framework.

## About Vision Australia

Vision Australia is the largest national provider of services to people who are blind, deafblind, or have low vision. We are formed through the merger of several of Australia’s most respected and experienced blindness and low vision agencies, celebrating our 150th year of operation in 2017.

Our vision is that people who are blind, deafblind, or have low vision will increasingly be able to choose to participate fully in every facet of community life. To help realise this goal, we provide high-quality services to the community of people who are blind, have low vision, are deafblind or have a print disability, and their families.

Vision Australia service delivery areas include:

* Allied Health and Therapy services, and registered provider of specialist supports for the NDIS and My Aged Care
* Aids and Equipment, and Assistive/Adaptive Technology training and support
* Seeing Eye Dogs
* National Library Services
* Early childhood and education services, and Felix Library for 0-7 year olds
* Employment services, including National Disability Employment Services
* Accessible information, and Alternate Format Production
* Vision Australia Radio network, and national partnership with Radio for the Print Handicapped
* Spectacles Program for the NSW Government
* Advocacy and Engagement, working collaboratively with Government, business and the community to eliminate the barriers our clients face in making life choices and fully exercising rights as Australian citizens.

Vision Australia has gained unrivalled knowledge and experience through constant interaction with clients and their families. We provide services to more than 26,000 people each year, and also through the direct involvement of people who are blind or have low vision at all levels of the Organisation. Vision Australia is therefore well placed to provide advice to governments, business and the community on the challenges faced by people who are blind or have low vision fully participating in community life.

We have a vibrant Client Reference Group, with people who are blind or have low vision representing the voice and needs of clients of the Organisation to the Board and Management. Vision Australia is also a significant employer of people who are blind or have low vision, with 15% of total staff having vision impairment.

We also operate Memorandums of Understanding with Australian Hearing, and the Aboriginal & Torres Strait Islander Community Health Service.