MENTAL HEALTH AUSTRALIA NDIS
CONSUMER AND CARER ADVISORY GROUP
WEDNESDAY 6 MAY 2015

Mental Health Australia

WORKSHOP NOTES

Summary

In collaboration with the Department of Social Services, Mental Health Australia convened a meeting of the Mental Health Australia NDIS Consumer and Carer Advisory Group (previously known as the Peer NDIS Experts) on 6 May 2015.

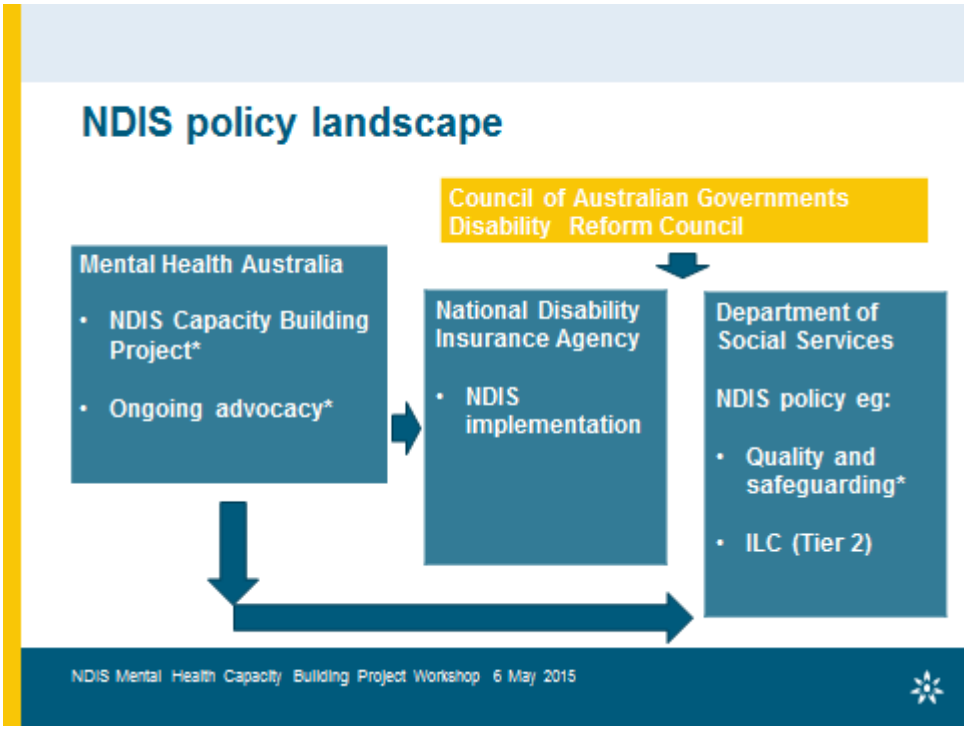
The purpose of the workshop was to:

1. provide feedback on the NDIS Quality and Safeguarding Framework
2. provide advice on the next steps forward for the Mental Health Australia NDIS Capacity Building Project
3. consider the opportunity to provide input to the work of the National Disability Insurance Agency (NDIA) Mental Health Sector Reference Group through the Psychosocial Supports Design project.

Following is a summary of outcomes of the workshop.

Policy Landscape

Participants noted the following slide describing the current NDIS policy landscape:



NDIS Quality and Safeguarding Framework

Bruce Smith (Branch Manager, Policy & Legislation, Department of Social Services) outlined issues relating to development of the NDIS Quality and Safeguarding Framework, including how people will be supported to make their own choices and manage their own risks and how government can best ensure that the providers who are in the system will provide a quality and ethical service. More information about the Framework can be found here.

Mental Health Australia NDIS Consumer and Carer Advisory Group Members ('Group Members') were encouraged to provide general feedback and comment specifically on several key elements of the framework as outlined below.

Supporting Capacity

Bruce asked the Group what skills NDIS participants need and how Government can help build capacity in the community to support people with disability.

The group acknowledged the complex tension between supporting dignity of risk and maintaining a duty of care.

Group members advised that:

- the community is an important support for people with psychosocial disability. Where no carer is in place, one group member suggested employing the services of someone external to the NDIA to practice supported decision making with the consumer. Another suggestion was to train other key professionals that come into contact with mental health consumers' lives, such as GPs, with mental health specific NDIS knowledge and skills.
  - » These skills should include recognising the role of carers and others in the lives of people with psychosocial disability. Group members noted that NDIS language and privacy and confidentiality rules appeared to exclude carers and suggested that the policy be adjusted to acknowledge the carer role as NDIA planners may not understand the holistic picture about a consumer's care needs without consulting the family.
- there is a policy gap in addressing the issue of people with psychosocial disability who are either socially excluded and therefore may be difficult for the NDIS to reach or consumers who do not identify that they need care because they weren't aware of the full range of support provided by their carer.
- the NDIS should fund the significant work that can be required to prepare some people to attend their first planning meeting, acknowledging that this may be addressed through the Information, Linkages and Capacity Building framework for the NDIS (previously known as Tier 2).

Some group members commented that even with capacity building frameworks in place, consumers need to have robust safeguards for protection from exploitation in a market system.

Provider registration

Bruce provided a range of regulatory options and asked what the right balance was between ensuring providers were safe to work with but not burdening the industry with unnecessary red tape. He asked the group whether the level or type of checking should vary between types of support or providers.

Group members provided the following feedback:

- It is important to ensure that provider registration does not discourage new and innovative initiatives.
- Provider registration should cover service quality as well as managing risk.
- A tiered process may be required to ensure providers were not unnecessarily burdened with red tape.
- It is important to ensure that participants were supported in complaints processes as complaints tended to increase with workforce privatisation and its inevitable negative effect on quality.
- Information about providers, including quality of services and registration details should be made public. In this vein, independent evaluation and external quality assurance would be necessary to ensure service quality. This would be particularly useful information for those with self-managed plans who will want to know about how to judge service quality.
- Experience from the Barwon trial site indicated that many sole traders could emerge once NDIS rolled out further.
- The NDIA should ensure a very robust IT interface underlies this framework so that where possible, registration, complaints and funding information can be integrated and feed through to performance monitoring, evaluation and audit.

Ensuring staff are safe to work with participants

Bruce asked what information about a person's history is required to ensure they are safe to work with people with disability and what mechanisms should be put in place to ensure appropriate background checking is done.

Group members provided the following feedback:

- Appropriate caution should be taken in not applying overly strict staff vetting requirements. For example, some Peer Workers who work with people recently released from prison may consider their criminal history an integral lived experienced in being able to effectively carry out the peer worker role. However the tension between allowing enough flexibility and ensuring safety of participants was acknowledged.
- The Framework should take account of the particular needs of young carers, i.e. children and/or young people caring for their parents.
- Quality of services should also be considered, rather than just removing the risk of harm, for example some tradesmen had taken advantage of clients by not completing a job and then returning to charge more to fix it.
- Performance monitoring should also include a formal process to compile feedback from consumers.
- Staff training is required in mental health specific issues for NDIA and service providers. This level of qualification needs to be maintained. This is also important in relation to minimizing the use of restrictive practices.
- The health and safety of risks and requirements of service providers also need to be considered as part of the framework.

Handling complaints

Bruce asked whether there should be a complaints system separate to those providers are already required to have; how complaints could be resolved between providers and participants and whether any external complaints mechanism should apply to all funded supports or to specialist disability supports only.

Some group members advised that there were already too many health and disability services complaints mechanisms and that adding another body would continue to 'muddy the waters'. However other group members advised that there should be an independent complaints mechanism (preferably with consumer and carer involvement in its design), external to the NDIA that was required to investigate all complaints. Group members also acknowledged the importance of building on existing complaints mechanisms. It would be important for staff carrying out the complaints function to be culturally competent and the process was non-bureaucratic and mindful of the trauma that often co-exists with psychosocial disability. That is, any mechanisms need to be "trauma informed" in their design and delivery.

One group member expressed the view that the current Administrative Appeals Tribunal was seen as inaccessible, remote and bureaucratic.

The group also acknowledged the importance of the availability of formal individual advocacy services (both consumer and carer specific services), which have an understanding and experience in the mental health sector, to support participants through the complaints process. Some group members raised concerns about who would pick up this formal advocacy in the NDIS environment.

Other advice provided by group members included that it would improve the system if people could talk quickly with people who had authority to provide information or make changes quickly rather than having to explain a complaint several times to different people.

Safeguards for self-managing participants

Bruce asked group members whether some or all of the quality and safeguarding framework should apply to participants who self-manage.

One group member questioned the evidence base regarding whether participants who self-manage their plans would require extra safeguarding. The group member referred to a report published in the UK, which showed that the majority of people who self-managed didn't experience any problems.

The group identified the tension between allowing participants to entirely self-manage and ensuring what may be a small percentage of at-risk people who choose to self-manage were safe.

The group also acknowledged the importance of providing participants with information on the level and type of support they can access.

Reducing and eliminating use of restrictive practices

Bruce asked who should be allowed to make a decision about the use of restrictive practices if the person cannot give informed consent and how the use of restrictive practices should be monitored.

Group members questioned whether any NDIS service providers should be using restrictive practices given that restrictive practices are carried out in hospitals. Some general discussion followed about the broad definition of restrictive practices including everything from severe physical and chemical restraint through to requiring people to wear seat belts or locking doors, fridges and cupboards in the home.

Group members expressed serious concern regarding the use of restrictive practices and members noted that where formal restrictive practices were used they should be reported and that accountability was paramount. They also advised that supported decision making should be more widely understood and practiced, behavior support plans should be put in place where possible and there should be a tiered approach to supporting mental health consumers with restrictive practices being the last and least frequently used. There is much evidence in the mental health sector that these are the appropriate ways to manage apparent "poor behavior".

One group member also noted that commonwealth, state and territory disability Ministers had endorsed the *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector* and that any practice must be consistent with this.

Cultural Accountability and Competency

A group member identified that cultural accountability and competency should be discussed as a key aspect of the NDIS Quality and Safeguarding Framework.

Another group member raised that cultural competency amounted to a right of access to services and so should not be left to market forces. It was also mentioned that cultural competency is often not addressed due to needing to prioritise very small funding pools.

The group discussed that cultural accountability and ability to cater to diversity could be required as a part of the registration process.

General Comments about the NDIS (heard throughout this session):

Group members provided general comments about the NDIS throughout Bruce's introduction and through each of the section specific discussions.

The group had a strong preference for the need to examine current safety and quality mechanisms embedded in the design of the NDIS. Group members voiced concerns that not all NDIA processes were currently contributing as effectively as possible to safe or high quality service provision. Some group members said these processes had led to provision of poor quality or unsafe services. There were concerns that the Quality and Safeguarding framework does not adequately align to the NDIA's internal processes. Bruce undertook to let the NDIA know of the groups' concerns about NDIA processes.

One group member suggested that a Quality and Safeguarding Framework should have documented aims, objectives and key performance indicators and outcome measurement so accountability can be attached to its implementation.

Some group members discussed the impact of creating a market system within the disability sector, including that it could encourage:

- poor service delivery and unethical practices
- larger organisations to flourish and smaller community based organisations to find it difficult to continue to operate. This was felt to be a negative outcome as smaller organisations

could often better meet specific local needs, build closer relationships with consumers and carers and were thus inclined to provide more and flexible service arrangements

- providers to re-align services to consumer need rather than government funding requirements which was seen as a positive outcome.

Bruce thanked the group for their feedback and explained that the Department would include the notes from this session in a consolidated consultation report.

Role of the Peer NDIS Experts Group

The group:

- indicated its discomfort with its previous name “Peer NDIS Experts” and voted to instead be called the NDIS Consumer and Carer Advisory Group.
- acknowledged the ongoing role of the group members would include:
  - » development of personal knowledge of national NDIS policy and implementation
  - » supporting other consumers and carers to understand and engage with the NDIS
  - » contributing to ongoing NDIS policy and implementation through participating in NDIS consultation opportunities and actively providing feedback to Mental Health Australia through their participation in the NDIS Consumer and Carer Advisory Group.

Mental Health Australia Consumer and Carer Capacity Building Plan

Liz Ruck (Mental Health Australia) explained there are a number of activities being carried out under the Mental Health Australia NDIS Capacity Building Project. She discussed the Consumer and Carer Capacity Building Plan, which was developed based on feedback provided by the NDIS Consumer and Carer Advisory Group at its 29 January 2015 Workshop.

The group noted that within a limited budget the following capacity building activities were proposed to be included in the plan:

- Continuation of the NDIS Consumer and Carer Advisory Group’s role
- Development of a training module providing information on NDIS and carer and consumer capacity building to be delivered either as a train the trainer event or as direct training of peer workers (see below discussion on this issue)
- Provision of advice to government and the sector on supported decision making in the NDIS, including development of a discussion paper, which will identify further actions for Mental Health Australia and government
- Development of a discussion paper outlining the impact of the current NDIS arrangements on carers and resources providing information and advice to carers about the NDIS.

Liz also sought the group's input on the following options for the training module to be delivered:

Option 1: Train the Trainer	Option 2: Train Peer Workers
Peaks nominate Peer NDIS facilitators (2 each state) Peer facilitators attend a 3-4? day course Peer NDIS Experts work with Peer facilitators (if they want to be involved) Peer facilitators (and Peer Experts) funded to deliver ONE activity in each state/territory. May be able to go on and deliver other activities.	Peaks identify peer workers and others (10-15 in each state/territory) to attend training Peer Training Organisation works with Peaks and NDIS Peer experts to tailor the course in each state/territory One 2-day course is delivered in each state and territory Peer workers able to provide ongoing NDIS support. Other participants learn about NDIS

The following suggestions emerged from discussion:

- training would be provided to peer workers in the first instance (includes those with or undertaking Certificate IV in Mental Health Peer Work as well as others such as those working as peer workers in PHAMs services) and other interested parties once those places were filled
- training should be filmed in order to help it reach further consumers and carers
- training should be tailored to each state and territory's specific circumstances, including addressing issues arising from trial sites
- a train the trainer approach would lend itself more easily to applying for further funding (for example from state governments) given trainers would be ready to hit the ground running
- this activity seemed to address consumer and carer capacity building through quite a narrow lens. A drop in centre in Canberra had discussed more wide-spread capacity building through for example: provision of information to GPs and service providers etc…
- where possible this training should build on existing effective capacity building activities (e.g. Peer work champions lead by the Mental Health Coordinating Council)
- if Option 2 were to be carried out, it would be important to ensure diversity among the peer workers receiving the training.

After this discussion the group voted and decided Option 2 would be most beneficial, noting that each state may require a different approach and that some states were very keen on Option 1.

Mental Health Australia committed to consider the group's feedback and, taking into account cost considerations, explore the different options being available to each state and territory.

The group also discussed preferences for further activities if the project budget allowed, including:

- filming training sessions

- tailoring the training to target specific population groups (i.e. CALD communities, Aboriginal and Torres Strait Islander communities).

However, it was noted that there were existing projects underway, which addressed these groups.

Advice to the NDIA on Psychosocial Disability Support Packages

The purpose of this session was to advise participants on the upcoming consultation opportunities around the Psychosocial Disability Supports Design Project in states and territories and to seek feedback on the most appropriate ways for consumers and carers to be able to participate.

Liz advised that the project was being undertaken as a part of Mental Health Australia's role on the NDIA Mental Health Sector Reference Group.

The following slide summarised the place of this project in the context of the range of activities being undertaken around the NDIS and mental health.

The project's purpose is to document optimal packages of individual supports for people who have a psychosocial disability to assist the NDIA to deliver these most effectively under its current administrative arrangements for describing services: support clusters. To do this the project will seek to outline some typical support needs for people who are eligible for Individually Funded Support Packages (Tier 3) and then map these examples against the range of supports used by the NDIA. If gaps were identified then appropriate support items could be recommended.

The group requested a current list of NDIA support items and Mental Health Australia committed to circulate it to the group. Some group members also expressed frustration at the current list of support items and in particular highlighted gaps in:

- items specifically catering to the needs of carers
- items designed to encourage social inclusion

- items relating specifically to physical health support needs (in particular to weight management and dental work).

The group also discussed the importance of:

- ensuring that innovative and emerging mental health supports were included in the support package options
- providing people with adequate support and assistance to identify the supports they require and/or help them think about supports they might not have accessed before
- ensuring flexibility in the planning process to ensure that the plans are adequately person centred
- ensuring a robust IT and business system underpinned the delivery of Tier 3 packages that also enabled efficient performance management.

In terms of project process, the group discussed that it may be useful to conduct a mining exercise across current programs that require goal setting (e.g. PHaMS and Sane Australia's online discussion boards) to get a sense of aspirational ideas people were already having in relation to supports. One group member also specifically recommended engagement with consultancy Thinkplace, regarding consultation on business design.

The group indicated significant interest in this project and many members expressed interest in attending the consultations.

Key Next Steps

The following list of actions was agreed at the completion of the meeting.

Quality and Safeguarding Framework

Mental Health Australia will circulate the notes taken by DSS for comment by the group.

Role of the NDIS Consumer and Carer Advisory Group

- The name of the group will be the 'Mental Health Australia NDIS Consumer and Carer Advisory Group'.
- Mental Health Australia will:
    - continue to provide information to the Advisory Group on NDIS activities and initiatives, including through the monthly NDIS Mental Health Network update
    - seek opportunities for group members to engage further in NDIS consultations and provide advice on NDIS policy development and implementation.
- Members of the Consumer and Carer Advisory Group will continue to
    - use membership to develop knowledge of national NDIS policy and implementation to support other consumers and carers and contribute to ongoing NDIS policy and implementation activities.

NDIS Consumer and Carer Capacity Building Project Activities

Mental Health Australia will provide advice to the group and liaise with state and territory mental health consumer and carer peaks to initiate consumer and carer capacity building activities.

Psychosocial Disability Support Packages Project

Mental Health Australia will:

- provide the Advisory Group with the following link to the currently available support clusters
- provide the Supports Design Project team with feedback from the group, including the importance of social inclusion and physical health supports.