



Queensland Alliance for Mental Health

NDIS Quality and Safeguarding Framework Submission

June 2023

Who is QAMH?

The Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Health and Wellbeing Sector in Queensland. We represent more than 100 organisations and stakeholders involved in the delivery of community mental health and wellbeing services across the state. Our role is to reform, promote and drive community mental health and wellbeing service delivery for all Queenslanders, through our influence and collaboration with our members and strategic partners. At a national level, we have a formal collaboration with Community Mental Health Australia and provide input and advice to the work of Mental Health Australia and the National Mental Health Commission where appropriate. Locally, we work alongside our members, government, the Queensland Mental Health Commission and other stakeholders to add value to the sector and act as a strong advocate on issues that impact their operations in Queensland communities.

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Acknowledgement of Country

QAMH acknowledges the Traditional Custodians of the land on which we live, learn, and work and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to Elders past, present and emerging.

Recognition of Lived Experience

QAMH recognises that the Community Mental Health and Wellbeing Sector exists because of people with Lived Experience of mental distress, their families, carers and support people. We acknowledge the expertise and the courage of people with Lived Experience, and we commit to work with and alongside people with Lived Experience in all we do.

Background

QAMH welcomes the opportunity to provide a submission to the NDIS Independent Review Panel as part of its consultation on the NDIS Quality and Safeguarding Framework (the Framework). This is an area of particular interest to QAMH: as of 01 June 2023, there were a total of 60,864 Australians with psychosocial disability with NDIS funded individual support packages and there is no doubt that the introduction of the NDIS has radically changed the landscape for individuals living with psychosocial disability, providers of psychosocial supports and the Community Mental Health and Wellbeing sector at large. In many cases, these changes have been positive, fostering individual choice and recovery-oriented approaches, as well as opportunities for innovation and collaboration among service providers, and there is little doubt that the Scheme has had a powerful transformative impact on the lives of many who are now able to access services and supports to effectively participate in society.

Nonetheless, there have also been a wide range of unanticipated outcomes which, as the Scheme matures into nearly a decade of operation, must now be considered as we review the NDIS and its operation. Not least of these are the rise of self or plan managed plans (around 88% of participants as at 31 December 2022¹) and the proliferation of third party providers via web platforms such as Mable and Hire Up. These services connect participants with workers and represent a vast unregulated market that significantly increases participant choice, but also introduces important quality and safety issues, increases workforce challenges and creates confusion regarding what standards unregistered providers are accountable to, and who is enforcing these. QAMH believes that now, more than ever, a robust and properly functioning Quality and Safeguards Framework is essential to ensure the protection, safety, and wellbeing of individuals accessing disability supports. A strong Framework should also serve to elevate the NDIS by promoting accountability, transparency, and quality assurance, while empowering participants and building trust in the system.

Risk mitigation measures are particularly relevant for people living with psychosocial disability who are recognised to be at high risk within the system. They are also less likely to have a strong network of informal supports and may have difficulty with self-advocacy². As the issues paper notes, research has found that the nature and extent of violence that people with disability experience varies by disability type, with people with cognitive and psychological disability reporting higher rates of all types of

¹ Australia. NDIS Review. (2023). *NDIS Quality and Safeguarding Framework: Issues paper on the NDIS Quality and Safeguarding Framework Independent review of the National Disability Insurance Scheme.*

<https://www.ndisreview.gov.au/sites/default/files/resource/download/quality-framework-issues.pdf>

² See for example, National Disability Insurance Scheme. (2022). *Interventions to improve social, community & civic participation of adults on the Autism Spectrum or living with Intellectual or Psychosocial Disability.*

[file:///C:/Users/FarinaMurray/Downloads/PB%20SCCP%20evidence%20review%20-%20interventions%20PDF%20\(1\).pdf](file:///C:/Users/FarinaMurray/Downloads/PB%20SCCP%20evidence%20review%20-%20interventions%20PDF%20(1).pdf)

violence compared to people with other types of disability over a twelve-month period.³ This was found to be further compounded by other social characteristics and circumstances which interplay with disability such as economic status, gender, indigeneity and culture. For example, women with psychological and cognitive impairments experience very high rates of all types of violence, particularly physical violence, sexual violence, partner violence and emotional abuse.⁴

Overall, we agree with the summary presented in the issues paper including:

- The Framework is outdated. It does not address what more needs to be done to make NDIS supports safe and good quality, and does not reflect how things have changed.
- The Framework only applies to NDIS supports, not other types of supports, and is not clearly linked to other systems that also keep people with disability safe.
- The Framework tries to provide clear roles but it is still confusing about who does what, and people who should be keeping participants safe do not always work well together.
- The Framework outlines developmental, preventative and corrective measures focused on NDIS participants, workers and providers. These measures were meant to be balanced and work together. This has not happened, with more focus on preventative and corrective measures, and not on developmental measures. Developmental measures help people with disability protect themselves.
- The Framework needs to balance individual choice and control with actions to provide protections for everyone. This requires choices and trade-offs.
- Participants have different levels of readiness to take control of their supports and manage risk, and should be supported to exercise choice and take reasonable risks. However, this has not happened enough under the Framework.
- Participants should have access to quality supports that are right for them. However, the Framework has not promoted good quality supports well.

We present our additional comments on how the Framework could be strengthened below.

³ Centre of Research Excellence in Disability and Health. (2021). *Nature and Extent of Violence, Abuse, Neglect and Exploitation Against People with Disability in Australia*. [Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia \(royalcommission.gov.au\)](https://royalcommission.gov.au/nature-and-extent-of-violence-abuse-neglect-and-exploitation-against-people-with-disability-in-australia)

⁴ Centre of Research Excellence in Disability and Health. (2021). *Nature and Extent of Violence, Abuse, Neglect and Exploitation Against People with Disability in Australia*. [Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia \(royalcommission.gov.au\)](https://royalcommission.gov.au/nature-and-extent-of-violence-abuse-neglect-and-exploitation-against-people-with-disability-in-australia)

How the Framework could be strengthened

1. Clearly identify “higher risk” supports

Currently, there is a lack of clarity around what the Framework considers “higher risk” supports. The Framework aims to ensure the safety, wellbeing, and rights of NDIS participants across a broad range of supports. While the concept of “higher risk” supports is mentioned throughout the Framework, it shies away from clearly describing or listing these and does not explicitly classify specific supports as high (or higher) risk in an exhaustive manner. While we appreciate that the level of risk differs for different individuals based on their circumstances, there are also risks inherent to *the type of support* due to the nature of the support involved, for example complexity and level of skills/supervision required, potential for harm or adverse outcomes, crisis or emergency situations and potential for abuse or exploitation. Identifying higher risk supports can help participants to understand why a specialised form of support may be a better choice for them and/or why it might be a better reason to use a registered provider than an unregistered one.

While we absolutely agree that dignity of risk and choice and control must be protected as central tenets of the Framework and the NDIS in general, we also believe that participants, providers and the community need clear guidance about what the risks are in a crowded market. By failing to specify what supports entail higher risks – or outline clear criteria for identifying such supports – the Framework misses an important opportunity to empower participants and educate providers and the community.

Recommendations

- a) We suggest that the Framework clearly identifies factors which might contribute to the classification of a support as higher risk, as well as providing examples of those supports, such as psychosocial supports.

2. Provide more guidance on “quality” in relation to psychosocial supports (and all supports)

It is important that participants and the general community are able to easily and reliably identify what good quality supports look like in order to inform decisions around supports. Clear and transparent criteria and guidelines that assist consumers to know what to look for should be readily available and easily understandable for all stakeholders. This is particularly the case for higher risk supports such as psychosocial supports where the difference between providers who specialise in the delivery of psychosocial supports and a general NDIS provider can be significant, with important safety ramifications, despite little difference in the price to participants. An obvious example is comparing an independent support worker who advertises their services via a third-party platform and a recovery support worker who works for a specialised mental health organisation. While considerations such as

the mental health specific skills and experience that the worker holds may readily come to mind, other important aspects of quality such as appropriate support and supervision, in line with relevant workplace health and safety standards, and established risk management procedures, may not. And while the independent worker may be able to demonstrate that they meet important quality indicators, the key is that consumers need clear guidance as to what questions to ask and what information to seek from providers in the first place.

Of course, NDIS registration (if it were operating as effectively as originally intended in the market) would provide an important quality assurance mechanism for participants. However it's worth noting that these issues are not simply limited to the issue of registered providers vs non-registered. It's also a lack of recognition of the unique nature and requirements of delivering psychosocial supports. At a minimum, workers delivering psychosocial supports require specialist skills and knowledge. This is recognised in Principle 6 of the [Psychosocial Disability Recovery Oriented Framework](#) which states that "effective recovery-oriented practice requires staff with psychosocial knowledge and skills at both specialist and generic levels. Relevant areas of competency include psychosocial disability, trauma-informed care, family and carer inclusive practice, and cultural competency. Staff personal attributes that enable engagement, building of trusting relationships and instilling hope should be developed."⁵ The introduction of the psychosocial recovery coach line item was an important step in the right direction, improving the specialised support available to people living with psychosocial disability through a person-centered, holistic, and peer-based approach with a stronger focus on recovery and wellbeing. However this role is still not well defined or understood in the community, or provider market.

Likewise, support workers who work in mental health specific roles and/or organisations such as mental health support workers or recovery support workers are currently informally held to a higher professional standard through the expectation that they hold, or are working towards, a Certificate IV in Mental Health or Certificate IV in Mental Health Peer Work. Despite this, they are expected to compete in the NDIS market against disability support workers with a lower minimum qualification⁶, who lack the specialised skills and training that contribute to better outcomes for people living with psychosocial disability, and – likely – the appropriate level of support and supervision that constitute quality support in this context. As we note in the next section, this pressure is forcing many high-quality providers of psychosocial supports out of the market, and as a result may be placing participants with psychosocial disability at risk.

In addition to clearly distinguishing psychosocial support from other forms of disability support, we believe it is critical that the Framework strengthen informed decision making for participants through

⁵ National Disability Insurance Scheme. (2021). *Psychosocial Disability Recovery-Oriented Framework*. [file:///C:/Users/FarinaMurray/Downloads/PB%20NDIS%20Psychosocial%20Disability%20Recovery%20Oriented%20Framework%20PDF%20\(2\).pdf](file:///C:/Users/FarinaMurray/Downloads/PB%20NDIS%20Psychosocial%20Disability%20Recovery%20Oriented%20Framework%20PDF%20(2).pdf) p. 13.

⁶ The generally accepted standard is a Certificate III in Individual Support (Disability).

the provision of information and advice about effective interventions for participants with primary psychosocial disability, in line with Principle 4 from the Psychosocial Disability Recovery Oriented Framework.

Recommendations

- a) Create new line items for mental health support workers to assist the market to differentiate specialised psychosocial support, and identify that psychosocial supports meet higher standards compared to the support provided by general disability support workers;
- b) Create new NDIS registration group for psychosocial supports and update the NDIS Practice Standards to reflect the specific requirements of psychosocial supports;
- c) Provide clear and easily accessible guidance/criteria for what constitutes “quality” support provision in relation to supports in general, and psychosocial supports specifically;
- d) Build the capacity of key actors in the system (psychosocial recovery coaches, support coordinators, plan managers, LACs) to guide participants on how to make decisions regarding quality psychosocial supports in the NDIS market. Refer to recommendation 4a) for more information.

3. Build capacity of providers to support best practice

We are pleased that the Review Panel recognises that developmental measures – those that strengthen the capability of people with disability, workers and providers to reduce the risk of harm and promote quality - are important alongside preventative and corrective measures to reduce harm. We believe that this is particularly important for:

- Providers in the Community Mental Health and Wellbeing Sector
- Intermediaries whose role it is to guide participants, including those with psychosocial disability, to make informed decisions regarding quality and safety in regard to NDIS supports e.g. psychosocial recovery coaches, support coordinators, plan managers and Local Area Coordinators

It’s no secret that providers in the Community Mental Health and Wellbeing sector have struggled to transition from the old block funding model (in which they were paid upfront to provide supports to a certain number of people with disability) to a market-based system (in which people with disability choose their provider and providers are paid for supports delivered). That this transition would be difficult was identified early in consultations and is captured in the Framework’s discussion on developmental measures, where it states “[Existing providers] will need to transform their business

models to manage this change, successfully attract and retain participants, and manage fluctuations in demand and requests for more flexible support models.”⁷

In July 2021, QAMH published The Community Mental Health Workforce Report which provided a snapshot of the Queensland community mental health and wellbeing workforce in 2021 and an understanding of the key challenges faced by the sector.⁸ Findings were in line with previous publications and literature and found that the NDIS’s fee for service model and Pricing Schedule has significantly impacted service providers’ ability to offer secure and satisfactorily remunerated employment. Providers also report that NDIS Pricing Arrangements aren’t adequate to provide suitable working conditions, including supervision, and this has created a shift to casual employment. Alarming, providers who should be at the leading edge of high impact, quality psychosocial support provision are finding the model unsustainable, with a large national organisation and QAMH member ceasing providing NDIS services altogether due to unsustainability of the cost structure.

A key issue is the provision of staff training required to comply with standards and to provide quality supports to people accessing services. Staff recruited from the disability sector and those with generic disability qualifications (e.g., Certificate III Individual Support) require training to understand the very specific needs of people receiving psychosocial supports. It is not uncommon to recruit staff to work in the NDIS with no formal qualifications, particularly in rural and remote regions where there is a lack of qualified applicants. The significant cost of this training is currently absorbed by service providers, but this is not a sustainable model going forward, and in our opinion, is a cost that should be absorbed by the NDIA as part of its commitment to giving registered providers access to training and professional development opportunities and growing a high quality workforce.

QAMH have repeatedly raised these challenges facing service providers and our concerns that operating within such tight margins risks the ability to provide high-quality supports. Currently, pricing arrangements are such that providers are forced to employ disability support workers at a Social, Community, Home Care and Disability (SCHADS) Award Level 1 or 2, with little opportunity for career progression. QAMH members frequently refer to two co-existing workforces – the underpaid and casualised NDIS workforce, and the better remunerated workforce funded under state and commonwealth contracts.

Clearly, support is needed to make the provision of high quality psychosocial supports sustainable and fair for providers. Providing greater support for training and workforce development, as well as supporting high quality providers of psychosocial supports to understand and transition to the fee-for-

⁷ Australia. Department of Social Services. (2016). *NDIS Quality and Safeguarding Framework* https://www.dss.gov.au/sites/default/files/documents/04_2017/ndis_quality_and_safeguarding_framework_final.pdf pp. 64

⁸ QAMH (2021). *The Community Mental Health Workforce Project*. <https://www.qamh.org.au/wp-content/uploads/Community-Mental-Health-Workforce-Report.pdf>

service funding model is a key way that the NDIA can support the development of the sector and build the capacity of providers to deliver high quality supports.

Recommendations

- a) Provide training and capacity building to assist the Community Mental Health and Wellbeing sector transition to the NDIS model. Costs of training staff and workforce development should be covered by the NDIS for registered providers, as part of its obligation to develop and promote quality services, not borne by providers;
- b) Review the cost model for psychosocial supports. While our members – largely not for profit organisations who provide community mental health services – have experienced difficulty transitioning to the fee-for-service model, anecdotally, we hear that new providers of psychosocial supports such as psychosocial recovery coaching are also struggling to sustain the provision of quality psychosocial supports under the current pricing model. We believe the cost assumptions underpinning the model require review.

4. Clarify roles and build the capacity of intermediaries to support best practice

QAMH absolutely agrees that participants, particularly those living with psychosocial disability, require better quality support to help them to make informed choices in the NDIS market. At present, our members compete in a crowded NDIS market with general disability supports who lack the skills and training to foster high quality outcomes for people with psychosocial disability, as well as unregistered providers who lack appropriate oversight and regulation to ensure that they are meeting basic standards of risk management and safety, including appropriate support and supervision. We agree that there is a much bigger role for intermediaries such as support coordinators, psychosocial recovery coaches, plan managers and LACs to play in assisting participants to understand and make decisions regarding various support options that are available to them.

However as the issues paper identifies, clarification of the responsibilities of these roles is required, as “the expectations of intermediaries such as plan managers, support coordinators and local area coordinators in quality and safeguarding are not always clear, despite significant interactions with participants.”⁹ This is particularly the case for psychosocial recovery coaches who are a newly introduced NDIS support which hold overlapping functions with support coordinators as well as specialist functions, yet significant confusion remains regarding the role in the general community as

⁹ Australia. NDIS Review. (2023). *NDIS Quality and Safeguarding Framework: Issues paper on the NDIS Quality and Safeguarding Framework Independent review of the National Disability Insurance Scheme.* <https://www.ndisreview.gov.au/sites/default/files/resource/download/quality-framework-issues.pdf>

well as amongst providers, including those in the Community Mental Health and Wellbeing sector. It should be noted that there is a considerable sense among many in the sector that psychosocial recovery coaching should be a separate role to support coordination. Greater clarity is clearly required, as is clear communication across all relevant NDIS information, guidelines and standards (e.g. the support coordination page on the NDIS website, NDIS Practice Standards and the NDIS Code of Conduct) as to what these roles and responsibilities are.

Training and capacity building for these key NDIS roles, particularly support coordinators and psychosocial recovery coaches but also plan managers, LACs and anyone else with a coordinating role within the NDIS requires training in how to support participants to identify and navigate quality and safety issues. This training should reinforce that this is a key requirement of their role and responsibilities under NDIS Code of Conduct.

Recommendations

- a) Provide all intermediaries in the system with training on how to assist participants to navigate the NDIS and understand how to choose safe, quality supports. Again, this training should be developed and provided by NDIA/Quality and Safeguards Commission as part of its commitment to registered providers and fostering quality within the system, and reinforced as a key expectation of the NDIS Code of Conduct;
- b) Clarify roles of various key actors including clearly defining the role of a support coordinator versus a psychosocial recovery coach;
- c) Ensure that the role of psychosocial recovery coaches is clearly articulated and incorporated into all relevant NDIS guidance, frameworks and standards.

5. Introduce stronger mechanisms to incentivise Agency Managed plans and NDIS provider registration

While NDIS provider registration was intended to act as a key regulatory mechanism, it has not played out that way due to far higher than expected occurrence of Self and Plan Managed plans, and an associated rise in the prevalence of unregistered providers in the market. This has created issues for higher risk supports such as psychosocial supports which currently lack an effective mechanism by which to monitor safety and quality, as well as causing challenges for providers attempting to deliver high quality services in an unregulated market. QAMH believe that it is important to foster individual choice and control for participants. At the same time, we recognise that it is important for decisions around choice and control to be appropriately supported and informed particularly when relating to individuals who may be vulnerable or at higher risk due to their disability. We also believe that it is important that risk management mechanisms properly capture and act on *all* relevant elements of risk,

not just those at the individual level, and that risk management mechanisms (and their utilisation) represent real and valid tools for identifying risk, rather than token measures.

The Framework differentiates between two basic forms of risk:

- **Risks at the individual level** – for example, those based on personal characteristics and/or a person’s level of family or community support
- **Risks based on types of support** – for example, due to the effects of the support (e.g. medication management or behaviour support), the level of personal contact involved and/or supports that are delivered in an environment in which there is limited external visibility or direct supervision, or that don’t require professional registration

Currently, the primary risk management tool is enacted at the individual planning stage, during which participants select their preferred plan management option. The key safeguard in this process is a “check box” risk management questionnaire completed at the time of plan development with their LAC or planner. At this level, questions around risk focus on the individual circumstances of the participant, rather than the support itself, with answers to these questions determining the likelihood of whether funding within the plan is required to be Agency Managed, due to a high level of risk to the participant, versus the participant having the option to choose Self Management or Plan Management to manage their support funding.

Risks based on the *types of support* (such as those identified in Recommendation 1 above) are expected to be managed at the at the system level through tiered regulatory requirements – i.e. through provider registration and adherence to the NDIS Practice Standards – with requirements “proportionate to the level of risk associated with the needs of the participants supported, and the type of support offered.”¹⁰

There are many flaws in this approach.

Firstly, because decisions about plan management are made at an individual level based on individual circumstances, risks regarding the *type of support* will always fall through the gaps if NDIS registration is the only tool in the box to manage these types of risks. This is because if Agency-managed funding is rare in plans, there is little incentive for participants to seek registered providers or for providers to seek NDIS registration, creating a self-perpetuating cycle with NDIS registration over time becoming less relevant in the NDIS market. Secondly, heavy reliance on a “check box” approach to risk management runs the risk of becoming a perfunctory process that is skipped over quickly by LACs and planners during individual planning yet with incredibly important ramifications for the market. In this

¹⁰ Australia. Department of Social Services. (2016). *NDIS Quality and Safeguarding Framework* https://www.dss.gov.au/sites/default/files/documents/04_2017/ndis_quality_and_safeguarding_framework_final.pdf

same vein, it is important that participants and the community fully understand what decisions about plan management options and choices regarding registered and unregistered providers mean, however absorbing all this information at making decisions at the plan development stage can be overwhelming.

Recommendations

- a) Review the current Risk Management Questionnaire conducted at plan development and consider including additional questions to identify if additional risk to participant is likely due to the type of support funded, e.g. psychosocial support, to identify whether Agency Managed funding is required;
- b) Introduce a new line item/s for “mental health support worker” and consider making psychosocial support items stated for participants identified to be at higher risk;
- c) Provide training and guidance around risk management to specialised planning teams who are responsible for developing plans for participants with psychosocial disability;
- d) Educate the market on why using NDIS registered providers of psychosocial supports is beneficial.

6. Highlight standards for non-registered providers and clarify enforcement

QAMH agrees that being able to access a diverse range of support options, including unregistered providers, is an important element of choice and control for participants. We also note that responsibility to promote the safety of participants is an obligation of all NDIS providers and workers – both registered and unregistered – under the NDIS Code of Conduct, as is the responsibility to “maintain the expertise and competence necessary for the supports and services delivered”¹¹ and comply with all relevant work, health and safety requirements.

At present, there is a lack of clarity about what the expectations are for unregistered providers as well as a lack of oversight and enforcement mechanisms. As discussed earlier in this submission, there is also a lack of clarity regarding what consumers should look for in high quality psychosocial supports. This is resulting in a situation where unregistered independent providers are competing at a similar price point to registered providers yet without overheads such as costs of registration, or adequate support and supervision in line with relevant workplace health and safety legislation such as state and territory Code of Practices for managing psychosocial hazards in the workplace. In addition to

¹¹ The NDIS Quality and Safeguards Commission. (2019). The NDIS Code of Conduct Guidance for Workers. [file:///C:/Users/FarinaMurray/Downloads/code-conduct-workers-march-2021-11%20\(1\).pdf](file:///C:/Users/FarinaMurray/Downloads/code-conduct-workers-march-2021-11%20(1).pdf) p.14

increasing potential risks to participants, this situation is also contributing to workforce challenges, as workers choose to work independently, however potentially with little support or supervision or understanding of their responsibilities in terms of complying with relevant Commonwealth, state and territory laws, the NDIS code of conduct, and the NDIS complaints resolution process.

With the proliferation of unregistered providers, we believe that the Framework needs to be strengthened to provide more guidance to unregistered providers regarding their responsibilities and note that a strong Quality and Safeguarding Framework serves *all* actors within the system, including registered and unregistered providers, by laying out clear guidelines about what is expected, what quality supports should look like and outlining how compliance will be monitored.

Recommendations

- a) Clarify standards and expectations for unregistered providers of psychosocial supports and strengthen enforcement mechanisms.

Thank you for the opportunity to contribute to this consultation process. We look forward to continuing to work with the Australian Government to better the lives of people living with psychosocial disability. Please do not hesitate to contact QAMH should you require any further information.