Carmen-Emilia Tudorache

10 July 2017

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Via email to: community.affairs.sen@aph.gov.au

Re: National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and Other Measures) Bill 2017

Dear Committee Secretary:

I refer to the matters raised and read in Parliament twice, the latest date being that of 22 June 2017. Matters are pertinent to the National Disability Insurance Scheme Act 2013 and the potential to establish a NDIS Quality and Safeguards Commission.

As a member of the Australia's culturally and linguistically diverse community, I have first-hand experiences with regular affairs of being a representative of a minority group. I also have worked six years with the federal government area formerly known as the Department of Immigration and Citizenship. My roles were varied from Translating and Interpreting Service's Account Manager to Budget Officer in the National Office. My other work tenures in the public sector are also relevant in their nature.

I am submitting my recommendations to the Committee and I fully support your initiative in creating a focal point for standardsation. It follows recent models employed world over via such mechanisms such as the International Organisation for Standardisation (www.iso.org).

My recommendations and observations are contained herewithin.

CLEAR DEFINITIONS

There is a lack of clear definition of the word disability, particularly in the context of the NDIS. Whilst adding specific ailments can limit, there is a need for a reference point to be provided to the agencies to refer to. Generally, not being able to perform, in part or in whole, at the normal levels the individual

was prior to the disability inducing incident or circumstances (as cumulative of smaller incidents or life stress, all of which can affect the body functions of a human - both physic and the psyche).

AN UPDATED LOGO

Generally, there is an accepted image to represent that the bearer had a disability. This is used to indicate that the driver of a vehicle has a disability and, as a direct result of his or her ailment, there is a need to provide parking privileges. There is no equivalent for the resident of a household, for example.

EVIDENCE OF INCOME

There is a growing number of the Australian population currently receiving an income via private insurance for their disability. However, this market is not currently regulated under the NDIS or any other insurance scheme for that matter. The demand for a set of governing standards and operating principles via legislation and policy is imperative for the continual well- being of the income protection insurance holders. One example is when seeking a new private residential home. The requirements of the contract of lease must be met, with evidence being a pre-requisite. No such standard operating procedures exist for the insurance industry. These leaves those most vulnerable in our society open to discriminatory and unlawful practices. Seeing that the policy holder is already in a position of disadvantage it may be an impossibility for him or her to pursue the course of justice, particularly when there are overlapping legislative assemblies at state and federal levels.

INVESTIGATION VIA REGULATORY BODY

The NDIA currently does not have delegation as a statutory body. An investigation, via a fit-for-purpose authority, into the practices of privately run institutions is necessary for fulfillment of Risk Management practices. To clarify, I am referring to organisations that operate under an umbrella corporation structure, such as Authorised Deposit Institutions (ADI). An example of an ADI is a bank which can have under its wing a superannuation company. Generally, these ADIs have their own constitutions and general operating policies that are, for the most part, in line with state or/and federal legislation. There are exceptions that pose a great risk to the Commonwealth states under the governing principles of the United Nations. These principles being in unanimity accepted by the federal legislation as well as the Executive, Legislature and Judicial branches of the Commonwealth of Australia as a nation. For a continued compliance with national standards, due diligence must be ever present via a Quality Assurance Reporting mechanism. Components must include mandatory training and health checks for staff working for organisation part of the NDIS and its processes at all touch points. Some of the front-line staff are experiencing traumatising events themselves every day and we have a duty of care towards them.

COMMUNICATION TOOLS

The ability to communicate with clients is essential. Hospitals, Clinics, non-government and not-for-profit organisations, at all touch points of the Department of Human Services' and NDIS' processes must be enabled to communicate via the most efficient, effective and relevant channel of written communication. This can be email, Short Message System (SMS, also commonly known as text message), Postal Stamp delivered letters. In choosing the means, it is imperative to consider any factors that may impend on the client receiving the written communication. A read receipt must be provided for risk management fulfillment. We live in a fast-moving world; naturally simple processes are far more desirable. At the same time, we have a duty to ensure that none are at disadvantage. One such example is sending an appointment letter via the SMS system. The network is set up so that is there is a failed delivery, the network is pre-programmed to reattempt the delivery for a period of seven days. After this timeframe elapses, the network is programmed to discontinue; consequently, the SMS is never delivered or read, for that matter. This places a high number of urban dwellers at high risk, with the

continual growth of our Australian cities, building sites' work interferes with mobile phone reception as it interrupts the continual signal of the high-frequency signal. There is a high risk of remediation cost should essential information for a terminally ill patient sent by a public hospital not be received. With so much pressure already on our public health network, missing an emergency appointment when terminally ill poses a great risk alongside potential remediation costs. Registered Australia Post in the same state have standard set against the public organisation's service charter of two business days. When placed in the risk management context, it stands to reason that utilising a legally upheld system of communication must be the first choice when appointments are made for emergency interventions. Naturally, there are still processes where less formal means can be utilised.

Written communications for general distribution, such as right and responsibilities of the organisations part of this process and the clients must be legally correct and in plain English. For example, in the state of Victoria, the Mental Health Act 2014 allows for the detention and separation from his or her community of an individual at any given point in time. The maximum period of detention is 28 days. There is no publicly available information on how this determination is made, the government organisation that are involved in the process, the information gathering process alongside the trusted information sources used to determine that an individual is a risk to his or her community or to themselves, and, henceforth, must be institutionalised. When an individual is detained under the Mental Health Act 2014, they are approached by a group of adults, including uniformed law enforcement officers, with no advance notice given to the member of the Australian community. No documentation is required to be presented as evidence to how the determination was made or what subsection of the act is being enforced in making the arrest. During the detention period, in the very beginning of its enactment, the uniformed law enforcement officers utilise their specialised 'physical restriction of dangerous individuals" techniques. If the household dweller has a disability due to a psychological injury, this action itself causes yet another psychological injury and certainly it causes short-term physical injury. Furthermore, the act itself both types of injuries only serve to prologue the disability sufferer's recovery period, as it is well known an ailment can be temporary.

RISK MANAGEMENT CERTIFIED TRAINING ORGANISATION

Engagement with the Office of Public Prosecutions (OPP) for the delivering of risk management certified training. The OPP is qualified in raising awareness of the potential risks under governing law, both state and federal. Their training material must make provisions for staff at all touchpoints to have a minimal, basic knowledge of the twin Covenants which stand as the foundation for all UN governing international treaties (the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights – both of 1966) including, but not limited to, matters such as eliminating all forms of racial discrimination; eliminating all form of discrimination against women; cruel, inhuman and degrading treatment; rights of the child and crimes of aggression. The training will serve to re-affirm the statue of law as documented in recent reports relating to inquiries such as the Senate Inquiry, Victorian government inquiries, and the Royal Commission into Institutional Responses into Child Sexual Abuse, the Australian Constitution and all other relevant federal normative legislative acts in force. The recommended trading is essential in closing the gap, proving an end-to-end complaiant, lawful solution and must be a pre-requisite for registration of medical staff as well as the associated staff at all touch points. As a UN member nation who has ratified the Rome Statue of Law, not enabling this pre-requisite infrastructure to protect the most vulnerable members of our communities is un-Australian.

ART THERAPY

An Expression of Interest that allows local artists to exhibit their art, in formats suitable for the hospital and clinics display environment, via an open and free of cost competition. The public submission to be advertised for wide reach of all audiences. Themes can be imposed as the artworks should seek to

inspire medical staff and patients alike. A separate forum can be enabled for residential settings. The latter can be less restrictive.

RENOVATIONS COMPLAIANT WITH NATIONAL STANDARDS

Upgrade premises to national standards, with priority being given to public hospitals, to provide for a more welcoming and caring environment. I personally observed, in a recent attendance at the St Vincent's Public Hospital, mould growth in a few places. This in itself is a health risk and has no place being in an hospital, of all places. This rules must extend to all organizations at all touchpoints in the NDIS process. Sanitation standards are compulsory and regulated in Australia and we have failed to meet our obligations and duty of care towards ill and/or vulnerable tax paying citizens, permanent residents and other members of our extended multicultural community meeting residency requirements for tax purposes. It is a breach of Australian value and principles.

INTEGRATED HEALTH DATA

An integrated health communication platform between all public and private institutions sharing the same goals, for example optometrists and the public hospital for eyes, ears and nose. The data should only be shared with legal permission from the patient/client, as there are legal risks as well as risks to the persona. For example, a public hospital patient may have a fifteen-year-old record that is no longer relevant to any of their current conditions. Such a records reappearing may cause undue distress to the patient and may distract the medical staff resulting in inefficiencies and potential misdiagnosis. Protection of patient/client data is imperative in ensuing Australia meets is obligations under UN, both at federal and state levels. Some sciences argue that personal characteristics run in the family genes. This may be correct in part, but not in whole. If there is a lower socio-demographic immigrant family, it cannot be acceptable to believe that all its members have limited potential. In such situation where individuals are profiled based on socio-economic and demographic factors, they can be extremely disadvantaged by this restrictive discriminatory view. Such practices must cease.

MERGING MENTAL HEALTH WITH GENERAL HEALTH

For easy application of the NDIS criteria across all applicable subsets, mental health should not be seen as a separate health service to physical health. There is substantial literature available to supply both qualitative and quantitative data, show stress to be the number one factor in deteriorating health. Major life stressor over a prolonged period of time can lead to permanent illness. It stands to reason that we compelled to combine the two streams of health to allow for a complete health service. Over time, this can have immeasurable health benefits as the health treatments will be non-discriminatory and provide a world standard for benchmarking.

FRONT-LINE STAFF PSYCHOLOGICAL SUPPORT

Psychological support for the front-line staff such as paramedics and other uniformed officers. Being a witness to someone else's pain, be it physical or emotional, is traumatic in itself and regular checkpoints in complete health well-being of staff at all touchpoints of the NDIS program of work should have access to regular checks. Yearly review of complete health should be compulsory to facilitate sustainability of provision of services by ensuring that all health aspects (the body and the mind) of staff are checked. Repeat exposure to traumatic events can lead to desensitivisation as a coping-mechanism; a risk factor for all levels of the commonwealth administration meeting their duty of care.

WILLINGNESS TO ACCEPT ALTERNATIVE TREATMENT

There are many alternative therapies that are employed by different cultures in treating illnesses. Non-life threatening conditions must always be given the choice of treatment. Similarly, if a medicine is

required, there should be no obstruction in sourcing this. For example, an elevated white cell count can be indicative of infection, inflammation and many other system imbalances. In such cases as infections can spread through the body and turn the blood septic, a course of antibiotics must be prescribed at the patient's request. In a public hospital setting this constitutes for mal-practice. Similarly, if a patient seeks natural therapies as an alternative to laboratory drugs, this should be undisputed. Depravation of choice in such matters is a gross breach of civil liberties and goes against the Australian Penal Code.

I conclude my submission to the Committee by assuring you I can provide clarification on any of the above recommendations at your request. I am also able to supply quantitative data through personal experiences and the resulting information gathering self-governed process.

I thank you for the time and efforts awarded in considering my submission.

Kind regards,

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CALD Society and Australian Citizen