Delivering quality care more efficiently inquiry

Questionnaire response 6

Name: Anonymous

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Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am an organisation that provides or coordinates care services

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Clinical psychological and behaviour support services; Contact and Transport Services; Disability; Out-Of-Home-Care Child and Youth Protection Services

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   Somewhat

2. What are the reasons for your answer?

   As a new entrant to the market, we have based our business and delivery model on implementing and embedding the highest applicable quality and safeguarding standards across all our services.

   Standards we are required to adhere to include:
   - NDIS Practice Standards (National)
   - Disability Service standards (National)
   - Care and Protection Organisation (CAPO) standards (ACT)
   - Child Safe Standards (National and ACT)
   - ACT Human Rights
   - Mental Health Services (National)

   In addition, as I am personally new to these sectors I have spent many months navigating through the various regulatory regimes to determine our compliance and quality requirements, with the NDIS being by far THE most challenging and obtuse. This is because it uses different language in different arenas and there is little, if not no consistency across its own system. For example:

   - Providers apply for and are registered to provide particular services called 'registration classes'. These are also variously referred to as 'registration groups' of different types.
   - Once registered, providers must meet practice standards set out in different 'modules' that are variously referred to as 'Core', 'Verification', 'Supplementary' and specifically numbered modules. The basis for the numbering appears to be the legislation that

established these standards, with nowhere else on the NDIS website clearly explaining this origin.

The language between these who fundamental aspects of the system are also not consistent. The registration classes 0117 'Development of Daily Living and Life Skills'; 0107 'Daily Personal Activities'; and 0125 'Participation in community, social and civic activities' may all require a provider to implement regulated restrictive practices in accordance with behaviour support plans. However there is no link in the language used in those registration classes with Practice Standard Module 2A 'Implementing Behaviour Support' to ensure that providers have this awareness from the outset.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   Somewhat

4. What are the reasons for your answer?

   Many of the outcomes and intentions of quality and safety regulatory schemes are the same. More often than not it is the language being used, and the level of evidence required to demonstrate compliance, that is inconsistent.

   Taking our approach of always meeting the highest standard required of any one sector across all our services provides both consistency and certainty to staff and management. For example, we have a comprehensive Client Services and Safety policy that enables us to meet relevant requirements of all the standards above. However we have found that this approach can absolutely throw off our auditors who generally expect all our records and documentation to use the specific language/format of their respective standard.

   This is because our NDIS auditors are expecting to see individual policies with titles such as 'Privacy and Dignity'; 'Incident Management'; and 'Complaints Management and Resolution' as this is the language that is set out in the NDIS Practice Standards. Our CAPO auditors, meanwhile would be looking for policies with titles such as 'Preserving and Strengthening Dignity'; 'Privacy and Information Sharing'; 'Complaints and Feedback'; and 'Incident Reporting' as that reflects the language in their standards.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

   The participant did not respond to this question.

2. What are the benefits of pursuing greater collaborative commissioning?

   The participant did not respond to this question.

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

   The participant did not respond to this question.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

   The participant did not respond to this question.

2. What are some examples of successful prevention programs (this could include discontinued programs)?

   The participant did not respond to this question.

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

   The participant did not respond to this question.