Delivering quality care more efficiently inquiry

Questionnaire response 7

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Participant background

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

   I am a care worker

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

   Aged care; Disability; Health

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?

   Very little

2. What are the reasons for your answer?

   Sadly, NDIS legislation has extremely low standards in relation to Disability Support Workers. Fortunately the state government has higher standards, requiring yellow and blue cards (if working with children).

   The care industry should have higher standards including the requirement for a current first aid certificate and minimum qualifications or work experience.

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

   To a great extent

4. What are the reasons for your answer?

   Standards throughout the care industry should be high and on par. Federal standards should be as high as state government regulations.

   As a Human Services Worker, I can work throughout the care industry. As such, the standards should be high and on par.

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

1. What is your experience with collaborative commissioning

   I wish I had a positive collaborative approach to share.

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

Clients often fall through the cracks, as one service will insist that the other service is providing support that it is not.

If there is duplication, they are usually ineffective, with lack of qualifications and experience in the area - for example Disability Employment Services.

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?

Collaboration could be possible, if the focus was on effective service delivery, rather than focussing on saving money. By decreasing support, there are long term effects on the client, their family, friends, and the broader community.

The best example is mental health. If a client does not receive appropriate support, they may hurt themselves or others. Not necessarily now but at some stage.

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 human service industry has been crying out for focus on evidence based prevention for decades. I assume it is not implemented due to powerful players including those with extreme conservative views, and lack of support from certain media outlets.

There is extensive evidence that preventing a crime is better than cleaning up afterwards. We could actually provide meaningful care, that isn't based on profit and greed, with qualified, experienced staff, with long term economic savings.

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

I have run numerous programs including drug and alcohol rehabilitation programs and employment programs that were successful. Most funding was provided by the Department of Employment and Training in Queensland. Other funding was from the Department of Communities.

Sadly, funding is usually three to six monthly and when the government changes, funding can be removed, regardless of positive outcomes.

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

Provide funding to providers run by qualified, experienced human service, social work, allied health professionals.

Provide appropriate funding, minimum of 12 months.

Remove funding from providers who focus on profit and shareholders.

Remove funding from charitable organisations who provide services like a business rather than a charity.