Delivering quality care more efficiently inquiry

Questionnaire response 27

Name: Scope (Aust) Ltd

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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.

   Disability; Early childhood education and care

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?

   To a great extent

2. What are the reasons for your answer?

   Increased administrative burden
   Providers operating across jurisdictions (e.g., state vs national) must comply with multiple, often non-aligned, regulatory frameworks.
   This requires duplicated reporting, different documentation systems, and tailored processes to meet each regulator's standards.
   Example: Scope, in delivering restrictive practice support across services in two states needs two separate authorisation processes.
   These duplicative compliance requirements not only have an impact on service providers, but also on clients.
   Example: Scope research found that duplicative compliance requirements can deter younger people (under 65 years of age) who are living in residential aged care from exploring other, more age appropriate housing and support options (Hart, C., Koritsas, S., Shannon, B., & McVilly, L. (2024) Perspectives of Australian professionals who support younger people in residential aged care without access to individualized funding. Disability & Society. https://doi.org/10.1080/09687599.2024.2414773)

   Workforce challenges
   Variations in training, credentialing, or scope-of-practice regulations can make it difficult to hire or deploy staff across regions.
   Staff may require additional certification or training that aligns with the specific regulatory requirements of a particular area.
   Example: Vic/NSW have different requirements in restrictive practice. This means there is a lack of
   standardised and recognised sector training for mandatory and risk based training for

frontline workers.

Financial Implications
Adapting systems, training, and practices to meet diverse requirements increases operational costs. The cost of compliance is currently unfunded in the NDIS model. Providers find it cost-prohibitive to expand services due to the need for investment in new compliance infrastructure.

Barriers to Innovation and Integration
Regulatory differences slow down the adoption of new models of care, such as integrated or virtual care, especially when standards for safety, privacy, or clinical governance vary.
Technology vendors offering care platforms need to modify systems for each region, adding to cost and complexity.

Inequitable Access to Services
Inconsistent regulations create service gaps in certain areas due to the complexity or burden of compliance. As a result, especially in rural or remote areas consumers have fewer provider options or face higher costs for care.

Risk of Confusion or Non-Compliance
Providers and staff find it difficult to keep up with differing or not clearly defined rules, increasing the risk of non-compliance. This leads to penalties, service disruptions, or reputational damage.

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?

   Consistent processes across States and Commonwealth and different sectors such as aged care and disability will reduce inefficiencies and duplication of effort and improve the quality of care/support and the standard of practise.

   It will also create better understanding of legislative and compliance responsibilities by providers and allow for increased mobility of workforce.

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.