Delivering quality care more efficiently inquiry

Questionnaire response 85

Name: National Disability Services

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Participant background

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

   I am an industry or advocacy organisation, professional association or peak body

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

   Disability

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?

   Differences in quality and safety regulation across sectors and jurisdictions significantly increase complexity and cost for disability service providers, workers, and participants. These regulatory inconsistencies create inefficiencies that disproportionately burden providers operating across multiple systems.
   Key areas where these differences manifest include:
   1. Restrictive Practices Authorisation and Reporting: There is no consistent national approach to the authorisation and reporting of restrictive practices. Providers must navigate multiple, overlapping regimes, leading to duplicated efforts and confusion. For example, in some jurisdictions, the use of restrictive practices must be authorised and reported to both state/territory authorities and the NDIS Commission. This parallel reporting not only consumes time and resources but also results in fragmented oversight and data inconsistency.
   2. Worker Screening: Most states and territories maintain separate worker screening regimes for the disability sector, child protection, and aged care. With the imminent introduction of the Aged Care Worker Screening Check, some workers will face up to three separate screening processes, each with their own application system, fee, and risk criteria. This situation is burdensome for workers and delays recruitment at a time of significant workforce shortages.
   3. Provider Registration: Provider registration requirements vary by sector and jurisdiction. A provider offering services to participants in the NDIS, aged care, and other community services may be required to undergo multiple, uncoordinated registration processes. This fragmentation hinders workforce and provider mobility, limits innovation, and results in unnecessary compliance costs.
   4. Auditing and Reporting Obligations: The frequency, scope, timing and standards for

audits vary significantly. Providers are subject to different compliance expectations depending on the funding body, which increases administrative burden and leads to audit fatigue without necessarily enhancing service quality.
These fragmented systems ultimately affect the quality and efficiency of service delivery, reducing providers' capacity to innovate and personalise care, and placing pressure on an already stretched workforce.

The regulatory divergence across the care economy imposes both direct and indirect costs. Direct costs include fees for multiple screening (often borne by individual workers) and registration processes, the cost of engaging compliance professionals, and duplicated audit costs. Indirect costs stem from delays in service delivery, worker shortages due to screening complexity, and reduced organisational agility.
The impact of these inconsistencies is evident in multiple sources:
• The NDS submission to the Productivity Commission highlighted how differences in definitions and reporting mechanisms for restrictive practices between jurisdictions create significant administrative burden and inefficiency.
• In the NDS submission to the ANAO and the NDIS Worker Registration Taskforce, members identified confusion around compliance obligations, the need for alignment in screening, and the opportunity cost of excessive paperwork.
• The Joint Standing Committee on the NDIS also heard from providers about delays and frustration caused by uncoordinated reforms and inconsistent communication from the NDIA.
These examples underscore that while regulation is necessary to ensure safety and quality, poorly coordinated and duplicative requirements do not contribute to better outcomes. Instead, they detract from the ability of providers to deliver responsive, person-centred care.

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?

Quality and safety regulations should be significantly more aligned across the care and support economy. A nationally consistent, risk-proportionate, and outcomes-focused regulatory framework is essential to reduce duplication, improve provider and workforce mobility, and enhance outcomes for people receiving care.
Greater alignment is particularly important in areas such as:
• Worker screening: A nationally portable screening scheme with mutual recognition would eliminate duplicative checks and reduce entry barriers for the workforce.
• Provider registration: Standardised risk-based registration categories (such as those proposed in the NDIS Provider and Worker Registration Taskforce model) should be adopted across all care sectors to simplify entry and compliance.
• Audit and compliance: A unified audit framework with shared benchmarks would minimise burden on multi-service providers and allow for more efficient use of regulator and provider resources.
• Data and reporting systems: Unified incident, complaint, and restrictive practice reporting systems would enable better data analytics and oversight while reducing provider administrative loads.
The alignment should also address inconsistencies in how quality standards and practice requirements are enforced across sectors, ensuring equity for workers and participants regardless of funding source or jurisdiction.

Importantly, alignment does not mean uniformity. Some care environments will warrant sector-specific requirements. However, these should be the exception rather than the rule and should be clearly justified based on risk, complexity, or participant need. For example, providers delivering high-intensity or regulated health supports may require enhanced conditions of registration, while those providing low-risk community access services may benefit from lighter-touch approaches.
Finally, alignment must be achieved through genuine collaboration between governments, regulators, providers, workers, and people with lived experience. Co-design is crucial to ensure reforms reflect the realities of practice and uphold the principles of choice, control, and human rights that underpin person-centred care.

Aligning regulatory frameworks offers multiple benefits:
1. Improved Efficiency: A harmonised approach would reduce red tape and administrative burden, freeing resources to invest in service quality and innovation.
2. Workforce Mobility: Consistent screening and training standards would enable workers to move between sectors without redundant checks, enhancing workforce capacity.
3. Service Continuity: Aligned provider obligations across aged care, disability, and other care sectors would support more seamless, person-centred care, especially for individuals accessing services across programs.
4. Stronger Oversight: Standardised reporting and data sharing mechanisms would enable more effective monitoring of sector trends and risks, consistent with the recommendations of the Disability Royal Commission and the NDIS Review.
5. Participant-Centred Approach: Regulatory alignment can reduce confusion for participants and families navigating multiple service systems, improving their experience and engagement.
6. System Sustainability: Streamlined regulation reduces the risk of provider withdrawal due to compliance fatigue and supports long-term system resilience by making it easier for organisations to operate sustainably.
In summary, reform of regulatory processes through better alignment, mutual recognition, and proportionality is both urgent and essential to delivering high-quality care more efficiently across the Australian care economy.

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.