Australasian Society for Intellectual Disability Ltd

Submission to the Productivity Commission

Response to *Delivering quality care more efficiently: interim report*

1. ASID is a peak body in intellectual disability research in Australia and Aotearoa New Zealand. Our ethos is: "Research gives us good evidence. Good evidence helps to make good policy and practice. Good policy and practice help people with intellectual disabilities to have good lives."
2. Our submission mainly relates to Draft Recommendation 1, for greater alignment in quality and safety regulation of the care economy to improve efficiency and outcomes for care users.
3. Some general comments are needed.
    a. First, ASID is concerned about the shortcomings of 'dedifferentiation', "which means inclusion of people with intellectual disabilities within the broader group of people with any disability". The proposed recommendation takes dedifferentiation one step further by including people with intellectual disabilities in the wider group of care consumers. In our position statement on dedifferentiation[1] we note that "Enabling people with intellectual disability to articulate their aspirations, spell out their needs, and claim necessary resources requires specialist skills."
    b. Second, ASID is concerned about the needs of people with intellectual disability who have complex support needs[2]: "Individuals with intellectual disability and complex support needs are currently not adequately recognised in policy or supported across multiple service sectors." We see potential for the needs of these people to be better addressed through joined up systems, including the mechanisms proposed by the Interim Report more generally.
    c. Third, ASID supports the use of alternatives to restrictive practices.[3] Where restrictive practices are used, we support a range of protections, including that their use be independently approved and monitored.
4. We support the Draft Recommendation with provisos.
    a. **No requirement for evidence-based or evidence-informed practice**: We note that the Interim Report, including Figure 1.2 – Principles of leading-practice regulation (p. 16), would be strengthened by including a requirement that regulators must require

[1] ASID Position Statement on the Shortcomings of Differentiation: https://asid.asn.au/wp-content/uploads/2021/07/dedifferentiation_position_statement.pdf

[2] ASID Position Statement on Intellectual Disability and Complex Support Needs: https://asid.asn.au/wp-content/uploads/2021/07/asid_position_statement_id_and_complex_needs.pdf

[3] Official Position Statement Against the Use of Restrictive Practices in the Support of People who Have an Intellectual Disability: https://asid.asn.au/wp-content/uploads/2021/07/2010_may_restrictive_practices.pdf

evidence-based or at least evidence-informed practice by providers, unless innovation is occurring as part of a research project.

b. **Common suitability test**: While we do not oppose a common suitability test, the testing process must recognise the unique needs of participants in the service systems. For example, it would be inappropriate for a provider with experience in aged care to be deemed suitable to provide support to younger people with intellectual disabilities and complex needs without any experience in providing that support or without any knowledge of evidence-based practice to improve the quality of life of the person with disability.

c. **Standardised quality and safety reporting framework**: We believe that it is essential in improving the quality of life of people with intellectual disabilities for validated measures of support quality to be used, such as the Observing Practice Quality measure.[4] We also support the potential role of benchmarking of service quality (p. 16) although we note that benchmarking is not unproblematic.

d. **A single system for provider audits**: The proposal for a single system of provider audits should not diminish the need for auditor expertise in the domain they are auditing. We have heard anecdotes about auditors with no or limited background in what constitutes high-quality evidence-based support undertaking audits in disability services. Further, we believe it is essential that the audit team includes members who are skilled in communicating with people with intellectual disabilities; for those people whose oral, written or expressive communication is limited, we believe it is essential that auditors observe practice and have the skills to be able to distinguish between good quality and poor quality practice.

e. **Limitations of complaints-based regulation for people with complex support needs**: A regulatory framework that relies heavily on complaints and feedback mechanisms is fundamentally flawed when applied to populations with significant communication support needs, including people with moderate to profound intellectual disabilities, who cannot independently lodge complaints or provide feedback about service quality. This limitation extends across all proposed care economy sectors and represents a significant equity issue in regulatory oversight. Any unified regulatory system must address this gap by strengthening independent monitoring, observation-based quality assessment, and regulatory approaches that do not depend on the ability of service users to articulate concerns.

[4] https://www.observingstaffsupport.com.au/about