QUALITY & SAFEGUARDING PEER NEWORK

This submission is made on behalf of the Alliance 20 (A20) Quality and Safety Peer Network.

Summary

1. **Worker regulation:** Support of national screening clearance, with safeguards to stop "worker mobility loopholes."
2. **Provider Registration:** Support coordinated regulation with Practice Standards and sector-specific quality indicators where required
3. **Provider Regulation:** Support alignment in third party auditing requirements
4. **Quality information:** Publish outcomes for individuals and evidence of provider-led improvements, not only compliance data.
5. **Cross-sector alignment:** Support alignment to reduce duplication, build workforce skills and consistency in remuneration, and streamline restrictive practice authorisation.
6. **Prevention/health interface:** Prioritise reducing health system fragmentation; fund specialist-led coordination rather than relying solely on GPs.

1.1 – Publishing quality information

PC asks: What types of quality information should be published to help consumers and governments assess care quality?

- Quality information should move beyond compliance to include:
    - Goals and outcomes achieved for individuals.
    - Improvements introduced by providers where there is clear evidence of benefits (e.g. improved service quality, better workforce capability, efficiency gains)
    - Service user led stories and reviews on outcomes
- This would ensure a shift to include outcomes-based reporting linking directly to the lived experience and outcomes of service users, rather than the current systems of individual regulator information on compliance to processes.
- Consideration of how smaller providers can be supported with ICT systems from a systemic perspective. The cost of funding required systems and AI initiatives is not always viable for some providers. Sector systems would enable use by small providers with limited infrastructure and connection with systems developed by providers with greater infrastructure.

- Consider how the regulator can support and lead AI opportunities in partnership with providers to increase productivity and efficiency.

Information Request 1.2 – Regulatory scope and standards

PC asks: Should there be a single regulator and how should standards apply across sectors?

- Whilst there would be risks associated with a single regulator approach with the scope of regulation being too broad and generic, there is a need to consider the duplicative effort currently being resourced in relation to regulatory requirements in the Human Services industry.
- Supportive of an approach that focuses on safeguarding at multiple levels with specific safeguards confirmed an enacted for relevant sectors e.g. Disability/NDIS, Aged Care etc.
- Supportive of a coordinated and consistent approach, with benefits of:
    - More efficient regulation for providers.
    - Reduced costs and duplication for both government and providers.
    - Potential for improved audit quality and consistency.
- Consider a "parent Practice Standard/s" across sectors, supplemented by sector-specific quality indicators (e.g. disability, aged care, health). This would balance efficiency with necessary safeguards.
- Supportive of Practice Standards and Quality Indicators developed in co-designed processes with service users, with implementation planning and delivery that is reflective and considerate of the varied needs and processes.
- Clarity in a proportionate approach from a risk-based perspective resulting in not all providers having to meet every requirement but rather it be based proportionately on key areas of risk. For example, providers delivering Behaviour Support and Restrictive Practices having increased regulatory requirements.
- Alignment between requirements on providers in Practice Standards and allocated funding for service delivery to ensure regulated functions can be funded e.g., there is currently no funding for Authorised Program Officers however there is a continued introduction of these functions state by state.
- Ensure adequate funding to support the customer experience e.g. co-design processes.

Information Request 1.3 – Aligning regulation across care sectors

PC asks: What are the benefits and risks of aligning regulation across aged care, disability, veterans' care and other care sectors?

- Benefits:
    - Reduced cost and duplication of effort for providers
    - Practitioners gain cross-sector skills, supporting individuals across life stage transitions (e.g. as disability clients transition into aged care).
    - Addressing the current competitions between sectors with equity and alignment of workforce remuneration, learning requirements and probity.
    - Reduction in fragmentation in worker skills, knowledge and required training allowing workers to move between sectors if their preference.
- Restrictive practices: capacity for alignment of restrictive practice authorisation for streamlined national process to avoid gaps and reduce administrative burden, particularly for providers delivering services in multiple states/territories.
- Artificial intelligence regulation: A consistent cross-sector approach is needed with regulator led initiatives that would be shared cross sector with providers for use, also contributing to a significant reduction in the use of government allocated resources for every provider to fund.
- Recommend a mechanism to share service user stories and good practice examples within sectors, to improve efficiency and outcomes for the people receiving supports
- Aligned systems and processes for Incident and Complaints management could result in significant saving in time and resources for individual providers developing their own ICT solutions. The current systems see ICT being developed in silos and capacity to evolve and change ICT requirements is not always able to be responded to quickly.
- Minimum requirement to create efficiency and alignment in the auditing of governance and operational management standards as some providers are currently being assessed in the area multiple times each year with considerable duplicate effort.
- Consider scheme rules for third party auditing with a focus on it having a safeguarding impact on the people receiving support, meaningful sampling and triangulation of evidence to support the standards are being met. The audit experience currently can vary significantly based on the selection of different quality auditors.

Recommendation 1.1 – National screening clearance for workers

PC recommends: Establish a single national screening clearance for all care workers.

- Strongly support national screening clearance as a safeguard and workforce enabler.
- National approach could, the appropriate consents, enable the regulator/s to have ready access to worker screening clearances thus avoiding duplication in multiple screening checks being undertaken
- Benefits:
    - Streamlined, efficient clearance process across states with reduction in cost and administrative burden.
    - Stronger and integrated safeguarding prevents workers with adverse histories moving between jurisdictions/sectors.

Recommendation 2.1 – Reduce fragmentation in health care

PC recommends: Reduce fragmentation in health care and strengthen coordination with other care sectors.

- Strongly support – reduced fragmentation is a "massive win" for people with disability.
- Capacity to deliver services responsive to the need/s of service users, particularly where there are emerging and/or increasing comorbidities.
- Need for accessibility and reduction in fragmentation of support throughout life stage transitions including end of life support and palliative car given service users funded by Aged Care or NDIS aren't always able to claim palliative care supports/services.
- Current reliance on GPs as default coordinators is problematic, particularly for people with complex health needs as they are not specialised in managing the complex needs of people with disability in the same way a paediatrician or gerontologist might be.
- Recommend investment in specialist-led models of care coordination for people with disability, integrated with the NDIS and mainstream health.
- Promote better aging in place for service users and support the appropriate transitions between sectors, e.g., Disability to Aged Care, Child Protection to Disability (transition from care).