WEBINAR 5

Embracing Change

Applying the NDIS Practice Standards in Psychosocial Disability Services

CORE MODULE 3 & 4: Provision of Supports and the Provision of Supports Environment

WEBINAR REPORT AND TRANSCRIPT
Webinar held on 2 July 2020, 11:00AM – 12:00PM

Presenters
- Daniel Kim – Host, Redback Connect.
- Debbie Hamilton - Mental Health Advocate
- Penny Halpin – Program Leader, HDAA
- Peter Orr – Chief Customer Services Officer, New Horizons

Participants
- 226 people registered to attend the webinar

TRANSCRIPT

DANIEL KIM:

Yes, a warm welcome. And thanks for joining us in the learning cafe for today's webinar. I'm Daniel Kim, your host. I'd like to begin with acknowledging the Aboriginal custodians of the land, on which we meet, the Gadigal people of the Eora nation and pay my respects to their Elders past, present and emerging. This webinar is going to be recorded and will be shared after today's event. So please be aware you can come back to it later or share it with others, if you wish to.

I also acknowledge the lived experience of people recovering from mental health conditions here today, and in our community, and their contributions to the mental health sector - particularly those who contributed to the work of this project. A word used about language, used in the mental health sector, and its use in reference to the NDIS. In the mental health sector, the term 'consumer' is used to describe the person accessing a mental health service. In the context of the NDIS, we will use the term 'participant'.

I'd like to remind you to take care during the webinar and take a break, if the conversation brings up difficult emotions for you. Because you can always come back to the recording. Or if you do want to reach out and speak to someone, while the webinar is on, give the good people at Lifeline a call. 13 1114 is the number. And they are always ready for a good chat.

On the program today, we have three speakers joining us and, yes, we are all connecting remotely and staying socially distant. It's what we do in 2020. And joining us on the panel is researcher and mental health advocate Debbie Hamilton.

Debbie, welcome to the webinar.

DEBBIE HAMILTON:
Thanks, Daniel.

DANIEL KIM:
Now, Debbie, you've been on many committees informing the NDIS, and your research is data from the ground, but you yourself are an NDIS participant.

DEBBIE HAMILTON:
Yeah, I am, I am, I'm lucky enough to be here today. Thank you for having me.

DANIEL KIM:
No worries at all. We are looking forward to hearing about people's experience of being on the NDIS. Also joining us is an NDIS approved quality auditor, Penny Halpin, NDIS program leader for HDAA Australia. Penny, it's great to have you with us.

PENNY HALPIN:
Great to be here. Thank you.

DANIEL KIM:
Well, you know, organising and reviewing audits is your gig and we're just talking off air about how most people aren't excited about having auditors on board. But we are. We certainly we are.

PENNY HALPIN:
We are, we like to get people excited about audit, it's a fun process!

DANIEL KIM:
It is, isn't it? It comes with a negative connotation, but it isn't always a negative thing. It's usually for improvement purposes. And our third presenter is Chief Customer Officer at New Horizons, Peter Orr. A warm welcome to you, Peter.

PETER ORR:
Hi Daniel, thank you.

DANIEL KIM:
Thank you, it's a shame we couldn't get your video going today. So, we've got a speaker image of you instead, but one way or the other, it's wonderful to get the perspectives of the provider and get an insight into the kinds of decisions providers are faced with.

PETER ORR:
Yeah, I'm sorry about that. Another joy of 2020 is the technical difficulty.

DANIEL KIM:
I'm sure it's not something that's specific to you or us, it's experienced across the board, across this whole country, this year, isn't it? Yes, well, that is the panellists we've got joining us today.

And as usual, over to slide two, we are going to kick off with a quick poll. We're asking you to rate your current overall knowledge of the NDIS practice standards and registration

requirements. When you see the poll pop up on your screen, if it hasn't already, please rate your knowledge from low to expert. And this is going to help us evaluate the effectiveness of the webinar, and how future webinars can be planned and improved.

You'll also be asked a couple of survey questions, at the end of the program, which will help us better understand your learning needs. While you are answering those polls, during today, we also want you to join the conversation and tell us about your experiences and get your questions in. You can ask a question using the dark blue hand icon at the top of your screen. So do get involved. Thank you very much. I think we'll put a pause to the poll there, for the time being, poll results are coming through.

And so over to slide three, you'll now see on your screen, the overview of the 10-part webinar program. Just to recap in webinars one, two, three and four, of the 'Embracing Change' series, we heard about the pain points and priorities for providers in applying the practice standards in psychosocial services. We unpacked part one of the core module 'rights and responsibilities'. We examined part two of the core module 'governance and operational management'. And over on the next slide you can see today that we will be covering the final two components of the core module, provision of supports' and 'provisional supports environment'.

So by the end of this webinar, we will be able to describe the participant outcomes and quality indicators for the NDIS practice standards of provision of support and provision of support environments; be able to identify systems, work practices, and documentation, specific to psychosocial service providers, they can meet these outcomes and quality indicators; understand NDIS service provision, from the perspective of NDIS participants with psychosocial disability, and understand systems and processes which give effect to these practice standards, embedding a culture of continuous quality improvement in your organisation. And that is a lot to cover today. So, Debbie, it's over to you, for the first bit.

DEBBIE HAMILTON:
Thanks, Daniel. I'm going to be talking from a lived experience perspective. And it is about embracing change. So, my first slide. In the mental health world, we're not too good at the dignity of risk and the right to fail. We're protective, 'cause always the battle's about staying well, but often at the expense of really living a full and rich life.

So, the early years. I confess I use a web-based service provider these days. But before that, I was in a trial site, and I used a provider who was very new to the NDIS and was scrambling to find a whole new business model. It's that experience that I want to draw on today. And I'll always be thankful for their support. They really took care of me at a time when things weren't so good. They certainly helped me start on my recovery journey. But it's been good, though, to reflect on what might have happened, if the standards were in place.

Two years ago, I was lucky enough to work on a co-design project with New South Wales Fair Trading. And that taught me about the rights of participants and the obligations of service providers. So, I thought I'd share today some of the thoughts that I had about working, so that participants, people with the lived experience, are in the driver's seat. And they're hiring a support service.

The wild side. There wasn't a designated manager for intake. I had heard about the NDIS from Tina Smith. We thought it might be interesting for me, because I have a severe

episodic illness, for me to apply for the NDIS. A support coordinator from the service provider helped me to apply. And I got the evidence from the psychiatrists, etc. And at that time, I was homeless. I didn't have a job and I was sitting around all day in the day service. I had really little idea of what was going on and how the NDIS was going to affect my life.

It's interesting because in the research that I'm undertaking, multiple participants told me they just didn't have a clue about the whole thing. No one sat down with them and gave them an overview of what it might be like. All the meetings, they'd have to go to, what sort of stuff they had to do with service providers and other, a whole lot of stuff. No one sat down with them and gave them a roadmap to tell them the possible differences that the scheme could make in their lives and how complicated the process was to apply - let alone go to meetings with the NDIS. No one told me that I could go somewhere else for part of my package, giving me agency to own and use my own plan.

Slide two. Contracts. I didn't realise that now I was the customer and I not only had rights and obligations, but this service provider had rights and obligations too. I signed a service agreement with the service provider. I didn't read it. I didn't realise that it was a contract. I didn't realise that the service agreement was a legal document that I was signing, and had to be legally fair, easily understood, and a reasonable length.

I also didn't realise that I had legal obligations to the service, such as paying for missed sessions or allowing the service provider to access my money. Whatever else was in the service agreement, I didn't know, but participants really need to read and understand that document that they sign. It may need to be in easy English with pictures or ideally written by the service provider with the participant. It needs to be accessible and recognised as a two-way contract.

Now last week, to my joy, I received a new service agreement from an allied health organisation. It came to me after five sessions with an OT. The document was 16 pages long, and said I owed two and a half thousand dollars to them. Having 16 pages would be deem my fair trading, and other organisations, to be totally unacceptable and unfair. Who reads a 16 page, 'sign the contract' document unless you're buying a house?

Goals. I worked out my goals with my support provider. And I understand that, you know, the development of goals is something that the NDIS likes and it's also important for service providers and provide some accountability and a way of evaluating things. But still for me with this service provider, the process was very shallow and brief. At that stage in my life, I had one goal - and that was to live in a home. I didn't have a home.

As time went on, at plan reviews, I came up with more goals for the service provider and the NDIS. I got the paperwork done. I can only say that I find goals are totally artificial edifice. Most people don't write down what they want to achieve in six months, how are they going to achieve it and what timeframe. I personally find it a form of othering but if it must be done, then it's worth doing it really properly with due regard and respect to people, using possibly tools, like path planning, to find out what the person really wants in their life and what they want to achieve.

Slide three. What the support worker can and can't do. My support worker at the service provider, of course, didn't tell me that I can use my funding for services outside the service that she was employed with. And what really hit me was that we weren't working

on addressing my support needs. Actually, we were working on addressing the support needs that the provider could address. The joys of having a tremor. What I could get from that service provider was being in a day centre for two hours... or for, you know, seven days a week...five days a week and one-to-one support for two hours a week - that was my only option. There was no sense of my ownership or agency in the process for me. I was being carried away by the service provider. They were the centre of the arrangement. And nothing had changed for me bar two hours a week of one-to-one support.

I was to learn that I could have an external coordinator of supports, that my packaged allowed, that I could get help with my housework, getting fitter, assisting me with the mechanics of my research, helping me do food shopping, odd jobs around the house, and on top of that, share an interest in music. I could have all those things.

Slide four. Support workers. Over the two years that I was with this particular service provider, support workers didn't turn up reliably. And I never knew who, what support worker was going to turn up. And then they'd stay for about six months and they'd just disappear. More importantly, I had no input about who I would work with. And there is one thing my research is saying that it's very important - relationships are important - and it's not just about achieving goals, it's about relationships and how they hold the space for people to move forward in their life and live with hope and meaning. Because relationships are so very critical, it's an incredibly empowering thing for people to interview and choose their own support workers. I understand the staffing measures of providers but every single person, that I've interviewed, note how important that relationship is with the service provider, and how much of a problem it is for them that they get multiple, different service provide... not, sorry, service provider, support workers.

Slide five, complaints. I wanted firstly to mention the importance of a non-punitive culture within service providers, a culture where ongoing feedback happens to improve things for participants and services alike. The capacity to say, this isn't working for me, puts the participant front and centre. And if it's well-integrated into the first contact with people, it will build that self-agency. In the end, I complained to the service manager about 'no shows'. The problem turned out to be a rostering problem where the left hand didn't know about the right hand - it was as simple as that, but it made things really hard for me. I complained three times, about staff not turning up without notice, and on the third complaint, I walked.

My time with Fair Trading New South Wales helped me realise that it's alright to make a complaint, and that I could complain to them, or a similar body, if the service wasn't up to spec. I could complain externally. Unfortunately, now, in New South Wales, we've got four different bodies that you can complain to including the Quality and Safety Commission. But if service providers have a culture where there's much more of a to and fro, about what can be improved, there would be so many less complaints.

Leaving. Eventually I left this service. But I literally jumped into a void. There wasn't a handover. I didn't have any other services in place, and I didn't know where to start. I was floundering. I was very lucky to know a friend of a friend of a friend of a friend who was, of course, a coordinator of supports externally. And this was so fortunate, because I've never looked back since.

Slide six, NDIS plans. I wanted to finish off by talking briefly about plans and service providers. In terms of agency, there's a direct link between how much participants know and can control their plan, and what are the potentials and possibilities for their lives. Through my entire time with service providers, I didn't understand my plan, apart from the goals I made. I didn't realise that my service agreement said that the service provider could reserve money from my plan. I didn't know how much any costs were going to be. I didn't understand like core or capacity building. I didn't have the concept that the money was mine to purchase supports. So, now I do! But I still don't understand the price guide, and many of you don't either.

Interestingly, people with a psychosocial disability have one of the lowest rates of self-management. And I think this relates to my opening statement about the dignity of risk and the right to fail. I'm agency managed but I know a lot more now. I use my plan for me. I understand I have money that is mine to buy goods and services, to do the things I want to achieve. You may think that it's alright for me to be speaking. I have a tertiary degree. I'm articulate, assertive, but I move in circles with people with all kinds of disabilities and impairments, and many of them self-manage with and without support. That doesn't happen in our world. But knowing, understanding my plan keeps me in the driver's seat - where I belong in the wild territory of the NDIS. Thank you, Daniel.

DANIEL KIM:
Thank you, Debbie. I mean, we talk about data from the ground and anecdotal evidence but, wow, your story is absolutely powerful and compelling! Thank you so much for sharing your journey with us, Debbie. The key requirements and evidence pertaining to these practice elements is our next focus. So, Penny it's over to you.

PENNY HALPIN:
Thank you very much, Daniel. Debbie, that was amazing, that was really, really good. And I don't know how I'm going to follow you up now. But in a way I'm also glad that we got the context and your point of view, before we start. So, HDAA, who I work for, is a Health and Human Services Accreditation Agency. So, basically, our role along with 13 other organisations in Australia, is to do the audit of NDIS registered providers against the NDIS Practice Standards. So, we've done about 200 certification audits in the last 18 months or so. We've been in the scheme since the very beginning.

So, my role is basically coordinating all of the audits, working with providers across the country, and also reviewing and reading the audit reports that come through, and seeing that trends of what service providers are doing really, really well, and some other things that are growing to be more difficult. So, basically we're just going to go through the provision of support part of the core module, and I'm just going to outline how we read each of the outcomes - the kinds of evidence that we would be looking for as an auditing team.

So, in the access to support outcome, we're looking to see that the participant is accessing supports that meet their needs and preferences, and that they are aware of any entry on or access criteria. Do the services being delivered meet the goals and preferences that the participant themselves have identified? Debbie touched on this a little bit. Are you looking at their needs and preferences, or are you just doing what you can provide without really looking at their needs and preferences as a whole? What happens if

you can't meet all of their needs and preferences? Do you work with the participant to try and find other service providers that they might be able to use at the same time?

We'd also be looking at information provided to the participant about under what circumstances support can be withdrawn and making sure that this doesn't include dignity of risk choices. So, this refers to the right of every person, including those with a disability to make their own choices, take certain risks, make mistakes, learn from those just like we do. So, we can make those (INAUDIBLE).

Then, support planning outcome. This is an area that we do tend to see a fair few gaps, because there's a lot of little lines in the indicators that are quite easy to overlook when you're preparing for your audit. Almost a fifth of our providers come away with non-conformance identified in this area. There are a few different things that you need to make sure you include and that we'll be looking for in particular. And again, this kind of calls on what Debbie was speaking about. We'd be looking for evidence that you're working in collaboration with your participants, with their support network, and that their support plan reflects what they want and the choices that they want to make.

And we speak with participants, as a part of the audit, we look at your documents when we talk to management and your workers but we also sit down and we talk with participants to make sure that they're getting the support that they want to get, that they understand that (INAUDIBLE).

In your support plan, you need to make sure that there's a risk assessment, another tiny line in that indicator, including strategies to manage the risk, and a review date for the strategy, to check in to see if they're working and review them if they're not working. And a review date for the support plan overall. We want to see that this is a live, living document that changes when your participant changes, and as they grow and their needs and preferences maybe shift, that the support plan is shifting in with them. We'd also be looking to talk with your client. (INAUDIBLE).

Service agreement. Most service providers have really, really great service agreement but we also stick with participants to make sure that they understand what is in the service agreement. So, if it's a 16 page document, like Debbie said, unless you're buying a house, you're probably not going to want to read a 16 page document. But we want to see that it is in the language that a person is likely to understand, that this participant is likely to understand. And that if they don't understand, they have someone that they can talk to help them understand what is in the support plan.

A lot of participants we talk to aren't sure of what is being provided by this provider, because a lot of participants have many providers at the time, where their NDIS funding is going, what's being purchased. Easy to... like we all do it, we scroll down to the bottom of the terms and conditions and we click 'I've read this', but we shouldn't be doing that for service agreements. We should be making them easy to understand and we should be helping the participants to understand them.

We want to be able to speak responsive support provision. So, I've touched on this a little bit as well that when a participant's needs are changing, that your supports are changing to meet their needs. So, we would look also for evidence that you're working with your support workers to train them up in the participant, the specific participant. Because not

everyone is going to be the same, they're all going to be different, and all changing and moving at different speeds.

So, seeing that you've been training your support workers in these participant's needs is really good. How do you demonstrate that the participants have a say in what their support looks like? Do they get to choose their support worker? Is this just chosen by based on what's left? Is this chosen by how the roster is currently looking? If the participant doesn't want to work with a support worker, how do you respond to this?

So, again, we look at your policies and processes, but we really do talk to the participant and get a sense of how much control they feel that they have over their own support. And if a participant has specific needs, which require monitoring or daily support, we might look for a record that again, that staff have been trained in these needs and how to respond to individual needs and preferences.

Transition processes is another one where we tend to find a fair few gaps because there's a few things that are quite obvious, but then a few things that are kind of easy to overlook as well. So, your policies and procedures, and your processes being implemented, need to cover both entry and exit. So, some providers tend to focus on having a really good entry process, bringing participants in, doing the intake, doing a great support plan, working through them with the participant throughout the time of service delivery. But unfortunately, a gap that we tend to find sometimes is that exit processes aren't as developed.

And Debbie mentioned this as well in her presentation, that she felt she was kind of thrown out into the void when she exited a service. So, even though you might not be continuing your support with a certain participant, can you support them into finding another service provider who might be able to better support them? With their consent, can you approach service providers, and see what they might be able to offer your participant?

So, there's a lot that you can do with entry and exit processes. And it's a really, really important part for the participant to make sure that they're supported both on entry and exit. There is also a tiny little indicator which a lot of people overlook as well. Risk assessments need to be completed both on entry and exit. So, that's quite an easy thing to forget to do. (INAUDIBLE)

Safe environment. So, we're looking at the core module division four now. But as you know, a safe environment doesn't only include your general work health and safety risk, but all aspects of physical, mental, emotional safe for your participant.

So, when we look at mental safety, is the environment something that you would enjoy being in? Is it dark and gloomy? Does the participant have a say in what the environment looks like? Do they have a say in the furniture that's in the house, the decorations on the wall? It's... A less obvious risk to consider as well, does the client live alone? Do they have only one support worker that leads them? Does anybody else in your organisation interact with these participants who might be at risk of kind of falling off the radar? So, just a few things to consider.

I might just go back, sorry about that. In outside and community settings, when you're taking your participants outside into the community, is there a process in place to identify

potential risks for the participant and workers? And how are you managing these risks? One error that some providers tend to make is just providing us with a blank risk register. Risk register is a really good tool... that I would encourage you to develop a full risk register. List the risks, list the specific risk to the organisation. Who're your workers? Who're your participants? And how are you managing these, not just to give it to your auditor to get your check box ticked, but because it's a really good tool to help keep your workers safe, your participants safe and your organisation as well.

I didn't put much on here about managing money and property - mostly because most providers don't tend to do this too much. But if it is you, you do manage property and money, make sure you have a policy that says this, and not just assume that people are aware of your process. We look for a process in place to reduce the risk of any financial abuse. And we would be asking participants about this as well. If money is being managed by the provider, do you feel comfortable that they're not doing anything untoward with the money?

Medication management - where a provider is managing or administering medication. One of the primary things that we're looking at is, is the staff that are involved in this (INAUDIBLE), have they been trained in relation to medication management? Have they been trained specifically in this medication that they're managing or administering including the potential side effects? So, we've been looking at training registers. We've been looking at pictures of medication storage... if not doing an in person site inspection, but if we're talking about remote assessments at the moment, we'd be looking to see evidence that your medication is stored securely, and that only the people who need to be accessing that can have access to that.

And the final bit of the core module division four is 'waste management'. So, it doesn't need to include general rubbish disposal. This part of the core model specifically is looking at infectious, hazardous, bodily, clinical waste generated in the delivery. We would be looking to see that your processes are meeting your legislative requirements and your local health district requirement. Your incident management processes should also include waste-related incidents, if waste management is something that you're engaging in.

Thank you, everyone, for your time today. I hope this information has been helpful. I do encourage you all to connect with your approved quality auditor or start looking for an approved quality order, if you haven't done that yet. And they'll be able to provide all the help you need in your certification journey. Thank you very much.

DANIEL KIM:
Thank you, Penny. 'Helpful' is the word you used, but honestly, I think that was super, super comprehensive. Thank you for taking us through it so thoroughly. Now understanding what all of that looks like for a provider to implement and manage is the next topic. So, Peter, it's over to you.

PETER ORR:
Thank you very much, Daniel, given my technical difficulties, I think I'll have someone else manage the slides. Thank you very much. If you could just move on to the next one. So, I'll also be walking through these core modules. I'll focus on the access and support planning and responsive support provisions. I think there's some interesting stuff to talk

about there. I also just wanted to, I guess, summarise a few of the other things that we've done as an organisation to embrace change.

First thing, I did just want to address though was that I'm going to use the word 'customer' today, that referring to someone who's coming to us and purchasing a particular service. We've done this to embrace the change, and as Debbie was sort of highlighting, it was such a shift for our people, for our employees, and the people that we serve that we wanted to be clear that it is a different ballgame to the previous one that people were playing.

But I do just want to make the point: not intended in any way to downplay or disrespect anything to do with the consumer movement, it's just how we're trying to, you know, engage with people, in this new world, and the people who are purchasing services from us. So, please...jarring some people in turn, might be jarring some people on the call, but please just bear with me for the next few minutes. Can we go to the next slide please?

So, in terms of access to support, we have a team which are called customer engagement and they receive all inquiries. We're in the middle of a digital transformation at the moment and we're about to put in some really great, new technology in the front here which will mean anyone who inquires with us, or even, you know, fills out a form online or engages social media, it will be...that information will be faster so that these people will have all the information at their fingertips. That's critical to us, because we want people to only tell their story to us once.

We want to enter that once and not have to go back, when there's a new worker or the new manager or anything like that. Once it's told, it's locked in, and we have that information for a smooth access approach. We've certainly learned and embraced asking many, many more questions rather than, you know...originally, we probably locked ourselves in a room, set up what we thought the best access process would be. Now we ask many questions. I'll get into that more in the responsive section.

But there is then a range of meetings that we go through and wanting to really collaborate with the individual customer, and the people that they choose to have, to lock in this agreement. As Debbie highlighted, it's quite a difference to signed contract. And we want to make sure that, you know, people are supported and do understand that with the things that they are agreeing to when they sign up. That then moves on to our service team.

Could we go to the next slide please? Thank you and we then hand over. So you can see by that diagram, we start support planning in the access part of this and we capture a certain percentage of goals, what people are trying to achieve in their life, not what they trying to achieve with their plan. But some of the things that they're wanting to achieve and then how that plan interacts with their broader goals in life. Debbie, I completely agree with that comment around the othering process here, and it is something we're trying to work through how you can do that in a natural way, conversational way, rather than expecting people who accessing the NDIS to do that in a way that we wouldn't expect ourselves to do.

Support planning is obviously a continuous thing. It's an iterative thing that continues happening as either goals are achieved or life circumstances change. Some of the things we've learned and changed, you know, around condensing this and making it smaller, not expecting someone to commit to the biggest thing that's in their life, in the next year or so,

you know. Focusing as well on education of people around the customer that we're working with, and how best to sort of onboard or bridge those gaps, if there is a change in employee, and you know, we have this feedback consistently, and I can fully appreciate it but it's a difficult aspect, as a service provider, is that staff do change. They get different roles or they leave and you need to roll with that.

Another key part for planning access processes, is that we're trying to highlight, is this is matching staff with customers in a way that really enhances their journey and their enjoyment. So not just, do they have right qualifications and a police check? But what TV shows are you into? What, you know, what interests you to talk about? You might be going into an appointment. But if you really love modern history and so does a support worker, that's a much better trip. So, we're not quite there yet, but that's our aspiration. Next slide, please.

The service agreements. So, we're down to 15. So, you know, I completely agree with the previous comments that you don't... that's too long, you know a 100% in agreeance with that. I've put an internal sort of challenge because I would love to see a one pager. But the counterchallenge, that people will come back to you with, is that: For people to fully understand their rights and responsibilities and obligations, and to make that in a meaningful way, is that you need to have the information in there. But that includes a range of things like (INAUDIBLE) support, that we just continue to work on trying to refine that. Things like verbal sign off and digital sign off are things that we're working on as well. Next slide, please.

So, this little diagram in the corner there is effectively the structure of the department that I lead, and these services are delivered in what we call 'inclusion'. I want to talk a bit about service excellence team that we have in the middle there. They pull in information, in a range of different ways, which I'll go into, across all of our different services. So New Horizons has quite a lot of services in the NDIS. We have mental health services. We have headspace services. We have aged care - both residential and community. We have some homelessness as well. And being able to collate and combine those things, really assists in advocating and in understanding what people need on top of the service specific feedback (INAUDIBLE) So, it's an absolute priority for us.

At the moment, we have, you know, it's...of the individual feedback you would receive on every shift that we would try and collate. Part of our technology transformation is that we will have tools that will able to get this from all the notes that people put in, from all the engagement that we have - let's say it's emails or whatever - it'll be able to generate the sentiment and how someone is feeling about their support. My goal is that we would cease to have to survey people because we should know how someone feels about support. So, we're a fair way off that, but...

On top of the individual feeding back the person who's working with them, we have a couple of key organisational things where we aim to be responsive to customers. So, our peer work initiative, which was within mental health services, we've now really started to increase that within the NDIS space, and we're seeing in plans coming through, a lot more peer work stuff across certain areas of New South Wales. And that's been great for some of those employees as well, to work in a different environment, and it's brought a really great perspective to some of our teams working in the NDIS.

We have what what's called 'customer representatives councils' which I'm just about to close them down because it's coming to the end of their sort of useful life. But it was great way in which the rest of the organisation could get the voice of the customer. So, a good example of how that works was that recruitment wanted to understand from, you know, our customers, what do you look for in a support? So, we collated all that information, and that's now forms part of the recruitment team's job adverts and how they talk about 'who we look for'.

This quality checking tool we've got here as well is something that every team across New Horizons has to do quarterly. And while it does have quite a compliance focus to it, it's making sure that the foundations are there to ensure that we are able to capture that feedback. And that is actually happening in the way in which it should. Next slide, please.

With transition to and from, we absolutely think this should be a warm handover and that is what we aim to do. It is you know sometimes dependant on why someone is leaving and obviously sometimes the customer does not want you to be involved, if they're leaving for certain reasons. Certainly, a thing that we've learned is very early on setting out the expectations if there's another provider that you're handing over to and aligning with them. Next slide, please.

Within a safe environment, as Penny touched on, there's range of different approaches to this. And we have... as I'm sure many of all the other providers have around risk assessments. And there's a whole range of legislative obligations we have here as well. On top of the physical safety of the employee and the customer, we're really also focused on things like cultural and psychological safety, in terms of the person's experience in their life. Are there sort of certain traumas? Are there certain locations? Are their cultural considerations? And thankfully, given how broad we are, we can sort of tap into some of our other teams that work specifically with, for example, refugee people or Aboriginal and Torres Islander people. Next slide, please.

Management of medication is... we obviously have very sort of tight policies and procedures around this. It forms part of mandatory training and there's a regular competency assessment that employees need to do, if they're involved in medication. And that occurs even if you are someone with lots of experience in that space. Next side, please.

I just also wanted to touch on a couple of broader up things that we're doing as a provider that maybe don't fit neatly into those categories, but we're doing to try and embrace change and meet these standards. So, thinking through with all employees that change management, the ability to go through uncertainty, is sort of a key skill for us in this space now. Building in the agility and flexibility to roll with the changes. And what I mean by that something like the NDIA when they have a brain wave and change something drastically overnight, we have that service excellence team there that is able to, you know, very quickly communicate out to all the teams to be able to respond to that quickly.

Using technology. Technology really needs to change your organisation, to change how you do things. It's not the solution in itself. Just how as a sector we can deal with innovation better. So, the NDIA, have this expectation that... By nobody funding it, the organisations will somehow, you know, make up this great idea in the shower, and

organisations and sectors that do innovations well understand that this takes a lot of time and there's a thousand ideas on the cutting room for one good idea that comes up.

So, this concept of transformation. We use this analogy of a caterpillar to the butterfly. So, we are working in a completely different space. And when you're looking at your services, when you're looking at your teams and how they function, just getting a fast caterpillar isn't necessarily going to lead to success. What we really want to try and do is transform, metamorphose into a butterfly, while maintaining some of that key DNA that makes the organisation so recovery-focused and person-centred.

So, that's it from me. Thank you for your time.

DANIEL KIM:
Thank you for your insights, Peter, I love the example of the old caterpillar and butterfly. And also, as someone in the field of customer support too, it's actually really exciting to hear about so many worthwhile initiatives. It's time for the Q & A session.

And to start off our panel discussion, I'm going to direct a question to the whole panel, and then we'll move into the audience questions which, by the way, have been pouring in. So, you probably don't need a reminder from me, but it is that dark blue hand icon at the top, if you'd like to submit a question through. I can tell you we definitely won't have enough time to cover all of your questions on the live session today. So, any questions that we don't get around to, we will provide the answers in a post-webinar pack.

So, to the entire panel, here is a two-part question. How do service providers work effectively with natural supports to support the participant in their recovery? And can we discuss strategies for effective involvement of natural supports in working towards the participants recovery-oriented NDIS goals?

DEBBIE HAMILTON:
Well, Daniel, I find that very interesting. Firstly, what comes to mind, for me, is, who is the person who wants to involve the natural supports? So, is it the person themselves, or is it the service provider, or even the NDIS? And I say that because I know of people who've gone to planning meetings and the planner has decided this person, you know, has a mum and two sisters, whatever, they won't need as much support. So, that certainly happens unfortunately. But it's only ever going to happen in a collaborative way with the person, participant, that's what I think.

DANIEL KIM:
Thank you. Penny, your thoughts.

PENNY HALPIN:
I totally agree with Debbie. From our perspective, that's exactly what we would be looking for. We want it to be as much of a collaborative effort with a participant as possible. Maybe they have a lot of things that you would potentially assume are natural supports in their lives. But if they're not what the participant... the participant can't rely on them or for any reason doesn't want to use them as natural supports then it's good to recognise that and work with the participant towards what will work for them.

DANIEL KIM:
Yeah, absolutely, thank you. And Peter, what's your take on this?

PETER ORR:
Oh, yeah, look, completely agree with the collaborative nature. It has to be that way, and it just can be a bit of a mine field for others, since you've got the NDIS's view and often some complex family dynamics or other dynamics as well. But, you know, we see that needs to be led by the individual and also not to just to set and forget, you know.

That's something that needs to be reviewed, like you would review other supports because that might work in some situations, and it might not work later on.

DANIEL KIM:
Totally, totally. And also, just for the purposes of this Q and A session, please feel free to jump in and build up on each other's points. Don't necessarily wait for me to sort of direct or prompt you and things like that. If you've got something to share, just get it out there. We've only got about nine minutes left. We've got a question here coming through for Debbie, how can (INAUDIBLE). How can provides support new participants prepare for their initial access meetings - providers, OK, sorry there's a typo. How can providers support new participants preparing for their initial access meeting?

DEBBIE HAMILTON:
Mm. I gather that's the first planning meeting, and, well, I have to laugh because I've interviewed two people so far who didn't even know they were going to a planning meeting. They had no idea that they were meeting someone from the NDIS or a LAC about planning. And I think that people need to know what's going to happen, what it's going to be like, what they can do to make it alright for them - like it's alright to have a break. I think it's good to know that service provider's going to be their advocate.

And this is a time that really needs time spent with people so that the... This is where the service provider and the participant can really work well to translate what the person might really want to NDIS-speak. Because the service provider knows that much more than out here. And the final point is that, you know, it's not just housework, shopping, etc. It's so much more about what gives that person meaning in their life, and what do they enjoy, and what's something they love, and how can we fit that into the plan?

DANIEL KIM:
When you put it like that, it's almost common sense, isn't it?

DEBBIE HAMILTON:
Mm. Very much so.

DANIEL KIM:
We've got a question here coming through for Penny. What is considered good practice regarding withdrawal of supports?

PENNY HALPIN:
That's a really good question, Daniel. So, I guess it's going to depend... What you can do with withdrawal supports is going to depend on what the circumstances of withdrawal are. I think Peter touched on this earlier. Some participants leaving are going to be quite happy. They're moving forward because their needs have changed. They've recognised that their needs have changed. Sometimes they're going to be leaving because for whatever reason they are not happy with the support that they have received.

So, in the first case, we want to see that you are working with the participant as much as possible, reaching out to the service providers that they're perhaps looking at and moving towards, working with those service providers to create that clean and warm handover. Making sure that the participant is OK with what is happening in regards to the handover.

In the second situation where maybe the participant left because something hasn't quite gone according to plan, how have you learnt from that situation, what have you changed? Have you done an exit interview, or gotten some feedback from the participant, as to what potentially didn't go right, and what have you changed in your processes to make sure that that doesn't happen again? But that just a continuous improvement thing and that's the great kind of thing to focus on in all aspects of service delivery as well.

DANIEL KIM:
That's pretty much what's behind the whole initiative, isn't it? In continuous improvement, we want better outcomes for everybody.

PENNY HALPIN:
That's exactly right.

DANIEL KIM:
That's it, thank you, we've got a question coming through for Peter and just looking at the time, this might be the last one we have to take today. Peter, how do you... I'm going to put my own emphasis on this question. How do you use participant feedback to improve planning, review and transition systems, and processes?

PETER ORR:
So, at a local level, this feedback... they're certain things that teams are able to do with the feedback they receive. From an organisational approach, when, as I say, when we do these surveys or when we get other pieces of information, that's where our service excellence team will work with teams to look at how we can change or improve a service because of that feedback.

What we also...what was critically important though is that's not the end of the journey. So, if you received some feedback, and you've changed... you've improved planning or review. You then need to get feedback again, like (INAUDIBLE) has it worked? Has it improved it, is it better than it was last time? And what else can we keep doing? So, I think this mindset of just perpetual change in response to what the people you serve are needing.

DANIEL KIM:
Yeah, 100%, and also that one of the things you mentioned right at the start of your presentation was the... some of the new technologies that you are implementing, where you get participants to tell you their stories once. I think that knowledge management piece - that's really, really interesting. It's going to make things so much easier for everyone and significantly improve the customer experience.

PETER ORR:
Yeah.

DANIEL KIM:
I think, yeah, sorry you go, if you had anything else to...

PETER ORR:
I was just going to say that such a common pain point for people, in our industry, and it's, you know, it's a real challenge for a range of organisations, so, you know, that's almost been a real push for us for years. So, very, very excited to be there at the moment.

DANIEL KIM:
Yeah, absolutely, hearing Debbie nodding there. Debbie, I think we got enough time for one last question, what... and of course, Penny and Peter, if you'd like to jump in on this one, please go ahead. What is the most effective way for service providers to engage participants in discussions about greater risk responsiveness?

DEBBIE HAMILTON:
I think that's a really important question. And it actually highlights for me how much more it...where we are now, interweaving of what service providers are doing, what auditors are doing, and what consumers think might happen. And again, you know, risk management is different because you're managing the autonomy of the person, the participant, with risk and that's not easy and it's really complex. But again, talking between staff and consumers, participants, getting together and talking about the risk. It's not all about the risk that I pose to a member of staff. Also, part of it is the risk they pose to me.

It's important to talk to people about what's happened in the past - particularly because people in the mental health world get labelled as a source of risk when they're not really. And it's so important to have a recovery, and recovery approach where strengths and protective factors like a close relationship with a family member come front and centre to make this discussion with someone, yeah.

DANIEL KIM:
Yeah, thank you. Penny and Peter, I did invite you to jump into that one, but I think we going to have to cut it short here, it does bring us to... Oh, so, did you have one final comment?

PETER ORR:
Oh, no, I don't think I'm going to improve on Debbie's comments. It's 100% spot on, yeah.

DANIEL KIM:
Yeah.

PENNY HALPIN:
Me too Daniel.

DANIEL KIM:
Agreed across the board.

It does bring us to the end of the Q and A. And so, to the second-last slide for the session, we now naturally want to ask you one more time to respond to this poll. Please rate your overall knowledge of the NDIS practice, standards and registration requirements, having now listened and watched this webinar. How do you rank yourself from low to expert? This will help us really evaluate the effectiveness of the program and plan future ones.

Just while you answer those poll questions coming up, I'll just let you know the response rates for the first one that we had. We had 50%, the bulk of respondents, ranked

themselves a three out of five. We had 26% on the two, and then a small number on the one and the four. Let's see how we are going for this one in comparison. And we've got 47% of respondents now ranking themselves higher than they were. That's really good. We've got 11% on the two, 47% on the three, 35% on the four, and we've got 6% on the one. And we didn't have anybody on the one before...the five, sorry. I'm getting my ones and my fives mixed up but overall, that is a significant improvement for us. Thank very much for that feedback, and we'll continue to collect those.

But that is a wrap. Debbie Hamilton, Penny Halpin, Peter Orr, thank you so much for the insights you brought to us today.

DEBBIE HAMILTON:
Thank you.

PETER ORR: Thank you.

DANIEL KIM:
Thank you, then moving to the final slide. We want you to visit the Embracing Change project website by selecting 'projects', under the 'our work' section, on the MHCC's front page. Here you will be able to access resources for each webinar including archived recordings, transcripts, slide packs and resource packs. And make sure you keep an eye out for an invitation to register for the next webinar where we going to look at behaviour supports in the NDIS.

And a couple of reminders as well before you go: Download the resource pack under the blue arrow, that's the light blue icon at the top, and please help us with our formal evaluation of this project by completing a quick survey to which you will be automatically taken after we say "goodbye". So, thank you once again for joining us for the fifth Embracing Change webinar. Remember to be kind and stay safe, and we'll catch you on the next webinar. Enjoy the rest of your day.

LIVE POLL RESULTS

Pre – Webinar

1 - Low	3	Total number of responses: 42
2 - Building	11	
3 - Sound	21	
4 - Advanced	7	
5 - Expert	0	

Post Webinar

1 - Low	0	Total number of responses: 32
2 - Building	2	
3 - Sound	14	
4 - Advanced	14	
5 - Expert	2	

Transcript provided by: