

Pain Points and Priorities for Providers in Applying the Practice Standards in Psychosocial Disability Services Webinar – 24 October 12:00 – 1:00PM

WEBINAR REPORT AND TRANSCRIPT

Presenters

- Karen Hersey –Project Manager, MHCC
- John Carrigan – Manager, Quality and Safeguarding, National Disability Services

Participants

- 130 people registered to attend the webinar
- 45 people attended (34.62%)

Transcript

Karen Hersey:

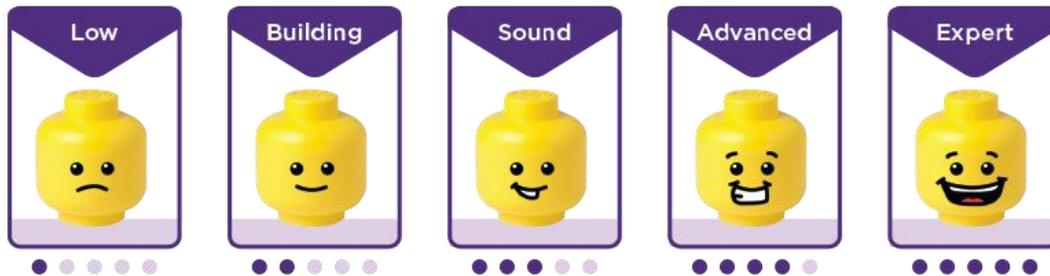
00:00- 1:20: A warm welcome to you and thanks for joining us today. Today we'll be discussing embracing change, pain points and priorities for providers of psychosocial disability services and applying the NDIS practice standards. Supported through grant funding from the Australian government, the Mental Health Coordinating Council has commissioned a project to assist perspective and existing providers of psychosocial disability services to understand and demonstrate compliance with the new standards. The project will deliver 10 interactive webinars and one national forum. These will be informative, interactive, and consultative. And today is very much about consultation. We'll be sharing current resources with you. On your screen, you will have a resources library tab where the beginning of those resources already exist for you to explore. You'll also hear, over these series of webinars, from psychosocial service providers who have lessons to share with you from their experience in applying these new standards. And my name is Karen Hersey and I'm the project manager with the Mental Health Coordinating Council.

1:21- 2:00: Before going further, I'd like to acknowledge the traditional custodians of the land and pay my respect their elders, past and present and extend my respect to aboriginal or Torres Strait Islander people who may be watching. And I'd also like to extend my respect to the lived experience of anyone who may be watching with mental illness, their families, or carers. The content today may include people sharing their experiences which may have been traumatic. For that reason, I'd ask that any engagement was respectful and encourage you to do whatever you need to do to stay safe.

2:01 – 3:05: So, let's get started. Providing psychosocial support or mental health services to NDIS participants is changing and not just for participants. Providers have to navigate a new landscape of regulation and the recently established NDIS Quality and Safeguards Commission are responsible for implementing and overseeing the new national consistent system of quality and safeguards. As part of the new system, the requirements for providers in achieving and maintaining NDIS registration are also changing. With a specific focus on psychosocial services, we will unpack, and explore, and facilitate the design of specialized resources to assist providers, understand and demonstrate compliance with these new standards. And that'll be done over the course of the 10 webinars and the one national forum, all of which will be delivered between now and June 2021.

3:06 – 3:58: At this point in proceedings, I'd like to ask a question: how familiar, sorry, how... How would you rate your knowledge of the new practice standards? And on your screen, hopefully, you'll be seeing a little pop-up window where you can respond. And if you're feeling a bit of a ninja and you've got these standards under control totally, we'll probably see a few fives coming in. For those people who are feeling a little bit more like newbies with the new standards and registration requirements, we might see something a little less but, hopefully, by the end of today's webinar at least, we'll see a little bit of an improvement in that knowledge level.

Live Polling Question: How would you rate your knowledge of the new practice standards?



3:59 – 5:11: So, coming up in today's webinar. Forwards is better than backwards. We're going through a few things. We'll have a very quick look and overview of the NDIS practice standards and registration requirements. We've got another eight webinars, nine webinars in which to cover them in a lot more detail and unpack them. We'll also, today, ask about pain points and priorities in understanding and working with these new requirements. And, what we really want to do, most of all, is respond to as many of your questions as we can. So, on your screen, you'll have a question button at the top on the right and we'd like to really encourage you to send through questions. What are the challenges and priority actions that you feel are needed to better understand and work with the new practice standards and registration requirements? We'll have those questions moderated and sent through, and then we'll be answering those for you today.

5:11-5:17: I'd like, now, to introduce to our guest, John Carrigan. John, today, hi, welcome.

John Carrigan

5:18: Thank you very much, Karen.

Karen Hersey:

5:19 – 5:58: John is with us today from National Disability Services. He's the national manager for quality and safeguarding. It's the peak body for non-government disability service providers. And prior to this role, John was working for several years on another NDIS project targeting capacity building and NDIS readiness support for providers transitioning onto the NDIS scheme. And this work included contact with a number of providers who support people with psychosocial disabilities and issues particular to the mental health sector. So, thank you so much, again, for joining us today, John.

John Carrigan

5:59: My pleasure.

Karen Hersey:

6:00 – 6:14: You've worked with mental health organizations in various capacities over the last few years. So, you've seen, up close, a little bit more of some of the issues that are really facing organizations transitioning.

John Carrigan:

6:15: Mm-hm.

Karen Hersey:

6:16 – 6:30: You've seen the introduction of practice standards, registration requirements. Maybe you could share a little bit, some of the difficult experiences the providers have had with making that transition smoothly.

John Carrigan:

6:30 -7:38 Look, it's certainly a discussion of difficulty and pain points is absolutely appropriate because there's been plenty of both for providers. But one of the, I guess, foundational points that I'd make is that most providers who've been active for any period of time will have been working under various state and federal government kind of frameworks with regulations. So, for many of them, there's already a lot of what they are doing is going to position them really well for the new system. So, I guess my core message would be one of reassurance that, although there are surprises and challenges ahead, for most organizations, that have been engaging with people with a disability, including people with a psychosocial disability, a lot of the requirements of the new system will not necessarily represent any great difficulties for you.

7:39 - 8:45: What I would say, though, in that context is that I think there is a, particularly for providers of both NDIS supports and supports to people with the psychosocial disability who've been receiving supports from a commonwealth or a state government program, there is a gap between the NDIS practice standards and the national mental health standards. Now, as we understand it and there's no precise kind of figure on this, as we understand it, there's about a, let's call it, say, a 20% gap where the mental health standards do not line up neatly with the NDIS practice standards and so, there are challenges for providers, absolutely, in that space. The most obvious one that providers of supports to people with a psychosocial disability have talked about with me are around things like recovery-oriented practice for example.

Karen Hersey:

8:45: Yes, yes.

John Carrigan:

8:46 -9:20: So, there's a conceptual kind of misfit between the approach that mental health providers take and the approach that the NDIS take. So, the mental health sector as a whole is focused on recovery and as many of you will know, the NDIS has the appearance of focusing on deficit. So, in other words, it's about how do we describe a person's worst day, for example. Now, the--

Karen Hersey:

9:20 – 9:41: Could I just ask on the recover focus, do you see, in terms of the practice standards, the opportunity to work in a recovery-oriented model and still have that alignment to the practice standards? Is their conflict between what the standard expects and what work practice looks like in a recovery orientation?

John Carrigan

9:41 – 9:58: Look, no, I don't. But I think that that's part of the challenge for providers is to understand, well okay, how can we reconfigure a recovery-oriented practice to what, in the NDIS, is called a capacity building approach?

9:58 – 10:37: So, now, that's the easy, oh well, easy, perhaps, understating it, but it's very doable. It just requires individual providers to figure out what does that actually mean for us? Working with the people we do, what does that actually look like? Now that's a piece of work

that just cannot be escaped but, by the same token, I'm also confident enough of the professionalism of most providers that they look at that question and feel really challenged by it in a very exciting and positive kind of way. So, absolutely, I think that that's doable and that gap is coverable, it's just a little bit, there's a piece of work involved in doing it.

Karen Hersey:

10:38 – 10:52: Yeah, thank you for that. Do you see any particular needs which have a priority for action over other needs for providers? More immediate things that need to happen to help them?

John Carrigan

10:53 – 12:18: Look, it's difficult to answer that question in a blanket kind of way for the simple reason that providers are as individual as participants are. And so, where each provider is at on that kind of development curve will determine the answer to that question. So, some organizations have very strong practice in some areas in relation to the NDIS practice standards, for example, and others have different areas of strength. So, that's the point of the registration renewal process. I'm assuming that your organization is already registered and you will be asked to re-register in the course of coming months depending on when your current registration expires. So the point will be, as part of that, you'll be required to undertake a self-assessment of your capabilities in respect of the practice standards and that self-assessment is a really great opportunity for every provider to really do a systematic and methodical review of their current capabilities and identify where they are strong and where they're not and where the work is going to have to be focused, the remedial work is going to have to be focused. But again, I would argue, it's experienced by most providers as a really positive process.

Karen Hersey:

12:19 – 13:13: That's great to hear. I don't know about yourself; I've encountered a bit of experience with that self-assessment process. Many providers and, I would say that, all the providers I've ever had contact with are all approaching this with a really positive, you know, wanting to do the right thing. By the people that they're there with, working with and for, as well as by the regulatory system.- So they're taking very seriously their responsibilities to complete the self-assessment. But I've discovered that there's a lot of uncertainty and a little bit of nervousness around that self-assessment. Do you really, do you think that there's a requirement to put everything into the self-assessment or do you think it's an opportunity to do that sort of preliminary assessment of the organization and then flag from there where you need to go?

John Carrigan

13:14 -13:57: Yeah, look, I think that's the latter because one of the challenges of doing that step in the process properly is that the data entry fields in the self-assessment form are character limited. So you've only got 2000 characters which amounts to about 300 words, so the prospect of you, as a provider, telling the whole story about how you do, how you comply with each of the practice standards, you just can't do that in a really comprehensive way in 300 words. So, it really challenges you to focus on what are the core elements of your current practices that demonstrate your compliance or your achievement of the relevant practice standard.

13:58 – 15:39: One of the things that I will say in that context though that we've had by way of feedback from providers is that if you tell that story of how you achieve an individual practice standard really well in that self-assessment form and an auditor, when they come out to do a site visit, or an inspection visit, can see that that represents an accurate description of the way you work, then, in many cases, what auditors are doing is just taking

what you've written in the self-assessment and putting it into their own draft reports because they can see that there's a clear alignment between your practice and your policy. Now, if your practice doesn't align with your policy, that will not happen because, clearly, what auditors will recognize is that there's a gap between policy and practice and they'll be much more, I guess, forensic in their scrutiny of what you're doing. But if they see that practice lines up with policy in your organization and your workplaces, then auditors are often using what you've put into the self-assessment to populate their own reports. So, to my view, that's a strong incentive for providers to look very carefully at what they're doing and figure out a way of telling the story in a very concise but very powerful way because they know it won't be wasted work, the auditor will come along, see that they're doing the right thing and use what they've written to tell the story in the audit report.

Karen Hersey:

15: 40 – 16:13 That's great news to hear. So, when the auditors are seeing that you're, you've said what you're doing in your documented systems of policies and procedures and other documents, registers and records, so they'll see that you're, you've said you do it this way, this is what we've witnessed in practice, it all lines up beautiful. Keep doing it, however, do you think there's, do think that's a large step to go from that, what you've put together for your self-assessment to tell your story, as a baseline for growth and better practice?

John Carrigan

16:14: I think, I mean, I think—

Karen Hersey:

16:15 -16:17: Do you think there's benefit there, do you think there's--

John Carrigan

16:17 – 16:56: Absolutely, yes. No, no, I think that that's a really important point because one of the key messages of the Commission emphasizes all of its public statements and if you see them talking at a conference or whatever that they'll stress is the significance of continuous quality improvement and they're looking for evidence of that, they require auditors to look for evidence of that. So, if you've got that sort of orientation that you just talked about as a provider, then I think you're really entering this process with a very powerful mindset that's focused on how you can use it to your own advantage. Yeah, absolutely.

Karen Hersey:

16:56 –17:01: And to the advantage of the people who are being served by the system as well.

John Carrigan

17:02 Yes, absolutely.

Karen Hersey:

17:03 – 17:14 Yeah, okay. We could actually talk lots, and lots, and lots, on that, however, I'm going to have a look at this screen. And I'm going to look for some questions. Fantastic. I'm going to refer to this.

John Carrigan

17:15: Okay. Some have come up there, I think.

Karen Hersey:

17:15 – 17:44: That's good. We've had a few questions come to us, also, I forgot to mention through our registrations. We asked people when they registered a couple of questions whether they'd like to have more information or answers on. And one of them included this

one: How can quality of care for people with psychosocial disability be achieved when so few providers are trained in psychosocial disability support?

17:44 -18:23: Now, that's an interesting question. There's quite a few angles to, perhaps, unpack with that question. One angle, I see angles there with not enough providers for some reasons, due to regional remote services being required. Also, even in maybe not rural areas but in areas in metropolitan places where services might be available but there might be access barriers due to other factors which have nothing to do with the nature of the service of accessibility to it geographically. So, we do have that issue.

18:24 – 19:06: We also have issues to do with, we've been talking about this as well, where providers of, say, support services, community support services are also finding themselves in situations where people with disability of one kind might have an NDIS plan and they might have funding for community access, so they'll have support workers working with them but they might also have needs in other areas which haven't been identified and sufficiently included in their NDIS plans. So that's when we're starting to think about reviews and the implication that that has on the support that a person can get. So, it's quite a complex question to unpack.

John Carrigan

19:07 – 20:54: Yeah, no, look, it is, I agree. I think... That the foundational, I guess, issue here as we see it at NDIS is that, effectively, this is about a market level issue that, and unfortunately, that being the case, unfortunately, what that means is that the primary responsibility of coming up with a solution is the NDIA and NDIS Commission because they have that kind of market stewardship function shared between them. Our approach to that and I expect it'll be the same for the Mental Health Coordinating Council is that we have been lobbying both of those agencies and governments to recognize this issue and come up with strategies to directly address it but, at the moment, unfortunately, you're spot on. There is a real shortage of both providers and staff with the required skills and I guess that points to the other component of the solution which is workforce and how you build a workforce, how you invest in building a workforce that has the skills that are needed. Again, because the NDIS' approach is to focus on the individual plan of the individual participant, it's a real challenge for the market stewards to see when a whole market problem is emerging. So that is something that we talk to them about, as I said, I think MHCC talked to them about but, at this stage, in our view, we don't have an adequate response to that.

Karen Hersey:

20:55 – 21:15 Indeed, yeah. However, some of the things which are happening, our projects like this particular one which is producing these resources and webinars, and the projects that other organizations are also working on, NDIS included, to fill some of the gaps while these, sort of, more whole or market solutions are being sought.

21:15 -21:57: Let's look at another one. Look, we have had a lot of questions about particular practice standards. Some line up really neatly with what used to be the system and some of them are very different in nature or in the way they line up. And terminology, again, as we saw with the NDIS when plans were rolling out, people, we're hearing words like reasonable and necessary and we were thinking, oh yep, it's reasonable for this person to have this support you know, don't you think? But words being used in different contexts can also create a bit of confusion. That we need to try and clarify.

21:48- 22:21: So, oh, good. Particular practice standards, we will actually be looking at in subsequent webinars to this one. So, each of the practice standards will be unpacked and it'll be done in a way so that it makes, it works systematically through, so you'll be able to access a little bit more detail in the upcoming webinars.

22:22 – 22:43; For today though, I will take you at an overview level through the then and now, I guess, in quality and safeguards for disability services, generally and as we go through, we'll see what impact or where the impact is likely to be for providers of psychosocial supports.

22:44 – 22:22: So, as you can see here, we're looking at changes to do with registration requirements. There are changes around codes of conduct, practice standards themselves, complaints management, incident management and reportable incidents, changes with worker screening and behaviour support. And these changes are at different degrees of evolution. Some are completely evolved and now just being implemented and some are continuing to be evolved. And we'll go into just a little bit of detail on each one of these now, just to touch on them rather than go in detail.

22:23 – 23:54: Okay, so looking at registration requirements. As we said before, before the commission existed, providers registered with the NDIA and the quality and safeguarding requirements included agreeing to comply with the NDIA's terms of business and, as John mentioned in his earlier comments about a variety of state-based working arrangements for quality and safeguarding of services, and there was a lot of variation in practice and because of the variation in regulation.

John Carrigan

23:54: It was, indeed.

Karen Hersey:

23:55 -25:23 So, guide to suitability, the NDIS guide to suitability was part of that system and third-party verification was also part of that system. With the change to the commission, we're now seeing providers register with the commission with the NDIA. Registered providers are now required to meet and comply with a set of nationally consistent practice standards in a way which is proportionate to the nature and the scope of their organization. So, this is an indication of a significant change. In the past, we've had very fixed expectations laid out in all state standards, really, for disability services, including for mental health as well. Now, we have a system which is, applies nationally but it varies more by the nature of the services you provide. So, where one organisation will provide support work, it might provide psychosocial supports as another service, it might provide support coordination. So, the range of standards which will apply and be subject to audit will be very different to an organization which might only provide one of those services. So, already, we can see variation but not based on state, based more on the nature of the service.

John Carrigan

25:24 – 26: 19: So, would it be useful in that situation just to talk about the, effectively, the practice standards? Most services delivered will be covered by a core module that deals with core matters related to quality and then, as you say, Karen, there are some supports that attracted additional levels of regulation because of the risks associated with them and those are things like early childhood supports, specialist disability accommodation, high intensity daily personal activities and behaviour supports. If you're providing supports in those registration groups, chances are you'll find yourself caught by the requirement to undertake assessment against supplementary modules that sit on top of the core module.

Karen Hersey:

26:20 – 27:04: Absolutely. That's true, that's true. And there's also a level down from that as well. For organizations which are small in scope already are subject to regulation from other bodies like AHPRA. So, typically, we see a lot of allied health professional organisations

where they're delivering occupational therapy, or they might be delivering other physiotherapy services and what have you which are already well regulated by their professional organizations. That acknowledgement is built into the expectations here, so they're able to undergo a desktop audit in which they're only required to comply with a smaller range of core module—

John Carrigan

27:05 -27:06: And that's called the verification path.

Karen Hersey:

27:07: That verification pathway, that's right. So, again, it's quite a variable new system.

27:18 - 27:50: Code of conduct. In the past, before the Commission, we were seeing that code of conduct was something that you could have of your own, something like a code of ethics, or a service charter or something like that. Whereas now, under the Commission, there's a requirement for every NDIS service provider to comply with, and their workers, comply with the code of conduct, NDIS code of conduct. And there's also the obligation of providers around that to support their staff in understanding and working in compliance with that.

John Carrigan

27:51 – 28:16: Yep, very important. There's a lot of emphasis placed on the responsibility of employers to support their staff and train their staff to understand what the code involves. The other point, to pick up on the one you've made, is that it's, the code applies to registered as well as unregistered providers. So, everybody who's doing anything in relation to the NDIS supports is covered by the code.

Karen Hersey:

28:17 – 28:36: That's a really good point, yeah. The practice standards themselves, as we mentioned earlier, they're comprised of a couple of different modules. And the way they are assessed will be determined by the way your self-assessment questions are answered as to which modules are activated.

28:36 -29:50: And it's interesting to point out, we didn't mention it earlier, but the other thing about the self-assessment questions as well as being an opportunity for you to look at your own organization and reflect on your practice, it also is used by the auditing body that you end up choosing. And, as providers, you've got choice and control over your auditing body. There's 13, roughly, approved quality auditors at the moment. And you are encouraged to fully use your choice and control and make sure that you've got a good relationship with the body you choose. Get quotes. They all vary in the way they approach their work. They've got certain expectations, obviously, to comply with under their, they have rules as well under legislation, auditor's scheme. But there is variation in how they do business as well, so it's really important the relationship you have with your auditor can't be overemphasized. They can't give you advice but what they can do is help you to come to terms with what are these particular standards that I'm subject to, or my organization is subject to, what does that mean for me and my organization? So, what is the expectation? They can help you in clarifying that.

John Carrigan:

29:51- 30:39: And can I just say that one of the pieces of feedback we have from providers in relation to dealing with auditors is that there's some value, quite a lot of value in starting the process of renewing your registration earlier rather than later, I think it's human nature to put off the evil moment for as long as you can. But, certainly, one of the things we're hearing

from providers is that there's a lot of demand for auditor services and, therefore, the earlier in the process that you engage with an auditor, the more chance you've got of having them come to visit you at the time that suits you in your business cycle, rather than you having to take a day that doesn't work for you but works for them. So, I'd strongly encourage you, if you haven't gotten to that point in the cycle, to be taking that into account in your planning.

Karen Hersey:

30:40 – 30:51: Fabulous, yeah. That brings me to another tip as well, there is a requirement to engage with your auditor within nine months of your renewal registration being due.

John Carrigan

30:52 – 31:44: Well, I guess, just to step that out, there's actually, fortunately, slightly longer than nine months. So that, if you've got six months in advance of the registration renewal date to begin the process and then you've got nine months from the registration date, renewal date to complete it. So, in total, if you put the six and the nine together, you've effectively got, oh, I think my thought for live maths is going to be tested there. I think that's about 15 months. Within which to complete the process but you need to have it completed and, therefore, getting in with the auditor earlier, as early as you can in the process just means that you've got more time to organize them to come at a time that suits you.

Karen Hersey:

31:45 – 33:23: That's good, thank you. All right, the other thing that I really find myself pointing at a lot to organizations is the practice standards don't tell you what to do. The practice standards, each practice standard is comprised of a set of high-level participant focused outcomes. For example, I've got one here. Under rights and responsibilities in the core module, we've got the outcome, individual values and beliefs. So that is, essentially, the practice standard and it's worded in such a way that you could respond in your self-assessment like this, you could say: a providers, sorry, we ensure that each participant accesses support which respect their culture, values, diversity, beliefs, through the following work practices. And then you might simply list, we have a participant rights and responsibilities policy in our manual, we have a brochure that we give to participants in the intake process, we have an intake procedure which is used consistently for all of the people that come into the service, and we store all these files and records on the online client management system. That might be, at a minimum, enough to address the requirements. So you can see that the requirement was an outcome, the how-to part of it are the quality indicators that the auditors will be using as their guide to look in your work practice. They want to see indications of those quality indicators built into your work practice documentation and then, with a site visit, they want to see it happening on the ground.

32:23 – 34:57: So, it's very different to other sorts of standards which have been fairly prescriptive, make sure you do XYZed. So, this is actually fairly liberating for many providers who are really trying to be innovative, really trying to tailor their service models, or their service delivery models, or business models to the needs of a particular niche group. It gives a lot of opportunity, it doesn't limit in a fixed way, the kind of service delivery models that people would be using. As in under-block funding. You know, we would see organizations tendering for funds to deliver services under certain circumstances in certain areas accordance with service guidelines given to them by the funding body. And that's no criticism of that but it's just a different way of working. Now, to work in accordance with these practice standards, we don't have the fixed, sort of, narrow definitions of service delivery, to scope to be innovative, to be flexible, as long as you can show how it's achieving the outcome. So I think that's a significant change that once, I guess, as a sector and as a workforce, we can

can get our heads around making that reality, I think it will be able to start seeing some innovative service models which, perhaps weren't as much around before.

34:58 -35:30: Bit of a rabbit hole there but, however, that's a really important point with the way the practice standards work. And we've already talked about the core module. It talks about rights and responsibilities, it talks about governance and operational management, provision of supports and the environment of providing support, so it asks you to document those sorts of things. And then, on top of that, the supplementary modules for particular kinds of specialist services.

35:31- 37:45: Moving on to complaints management. In the past, under the NDIA's system, participants could make complaints about providers to their State Ombudsman or relevant government department. And complaints about the NDIA and participant plans were directed to the NDIA or the Commonwealth Ombudsman. Registered providers needed to have a clear and accessible complaints handling and resolution process. Under the Commission, it's slightly different. Now, complaints can be made to the commission to do with quality and safety of standards. And they do have a function and a national function to monitor those and investigate. And complaints about the NDIA or participant plans continue to be sent in the same way to the NDIA or to the Commonwealth Ombudsman. And registered providers are required to have effective and proportionate internal complaint management and resolution arrangements. So, there is the acknowledgement that a brochure or a one-page information sheet on the complaints process that a participant or somebody working with them should follow might be sufficient for a small service provider in a limited area. Whereas a more complex organization structure might have something a little bit more comprehensive. It might have a policy which, it might be included in a complete participant handbook. It's not so much about the tool or the document, it's actually about that it suits the scope and scale of the organization and the needs of the participants. And there is, now, a requirement to provide procedural fairness to people when managing complaints. So, there's a little bit more nuance with complaints management than there has been in the past. Which, I don't know, I think it's a step forward, it's a step towards---And, do you anticipate it being a level of regulation which is onerous?

John Carrigan:
Look, I—

Karen Hersey:
In this area?

John Carrigan
37:47 – 38:11: I don't think it's unreasonable in the sense that, you know, people without disability expect to be able to lodge complaints in relation to the services that they get and expect to be followed up and treated respectfully by their service providers. So, why would it be any different for people with a disability? So, personally, I think it's a no-brainer.

Karen Hersey:
38:12 -38:37: Yeah, great. And also, too, to point out, a lot of work has already been established in this area with the ACC. People with disability have that same rights under consumer protection laws that people without disability have and just exercising those rights and being aware of those rights are in important part of this as well.

John Carrigan:
Yep, absolutely.

Karen Hersey:

38:38 – 39:27: Incident management and reportable incidents. So, there's always been a requirement to deal with these things before the NDIS Commission. Reportable incidents were covered by as state system and it was really accommodation providers and group, sorry, centre-based and daycare programs who were subject to these requirements. Whereas, now, all providers of NDIS services are subject to incident management and reportable incident reporting. And the system is, it's a national, obviously, system, so it's consistent across the board and more detail will be coming in future webinars about that. Did you have anything you wanted to add about changes here?

John Carrigan:

39:28 – 40:12: Look, it's just that this is probably one of the, in terms of regulatory response, this is probably one of the real minefields that we're moving into. I don't say that in a negative way, I mean, just in the sense that the requirements of the practice standards and the rules in this area are really quite rigorous in terms of identifying what is a reportable incident and the timelines in which registered providers are obliged to report those. So, I don't think, if it's going to be the subject of a further webinar, then they'll be an opportunity to drill down into that detail. All I'd say at this point is that you, as providers, are on notice that this is an area where the expectations of the Commission, of you as a provider are very high.

Karen Hersey:

40:13 - 41:02: Okay, that was a good way to put it. Thanks. Worker screening is something that's changing as well. This is a transitional change. We're moving from a state-based system under the NDIA where referee checks, criminal record checks were conducted of workers before they were employed. Now, a new system is being designed, a national worker screening check for employees of registered providers who have more than incidental contact with people with disability. Again, not something I want to terribly unpack right now. It is a little bit more complex and we will do that with a little bit more justice in a webinar coming up.

41:03 – 43:11: Behaviour support. Under the NDIA, behaviour support was state-based and, again, variation existed in how these things were managed. Providers, for example, in New South Wales would need to register and submit a declaration statement to provide behaviour support services in the NDIS. Under the NDIS, if a worker or a providers are likely to use restrictive practices, or if they develop behaviour support plans, they need to lodge their behaviour support plans with the commission and notify the commission when those instances of using the behaviour support restrictive practices when they're made, when they're used. So, in that case, supplementary modules two and 2A will be used to investigate compliance in that area. Now, I understand completely that this is a very important area. At the commission, they've got a whole function now headed up by the senior practitioner and we're actually looking forward, in the future, to hopefully have Dr. Chen join us to talk a little more and answer questions about behaviour support and how it's changing. Part of the function as well as overseeing behaviour support is to facilitate the development of the behaviour support practitioner competency framework. So, behaviour support practitioners, now, looking at complying with their work complying with these new criteria, so looking at skills and competencies in this space. But it's work that's continuing to unfold, so we're watching the commission as it releases more details about this. Again, the subject of another webinar coming up, just to point to the fact that it's out there.

43:15 – 44:05: Okay. That's given us a really light touch overview of the then and now in quality and safeguards. Now, we really wouldn't have touched in anything in too much detail and I'm sure that there are questions which people would have. And it's hopefully prompted

a few questions that might even occur to you after the webinar and we'd love to hear from you, if that's the case. Although, we do have some questions popping in now and I would like to go to them. We've got someone asking: If a family uses restrictive practices at home, workers can't use the same restrictive practices in the same setting. Now, this sounds like the experience of someone who's encountered this problem. Have you-- Touched on this before?

John Carrigan:

44:06 – 45:28: This is a minefield. Because it really, it does throw up some real challenges for providers who have staff working across that interface. However, the providers are only accountable for the supports they provide in connection with the individual's NDIS plans. The Commission's advice to us in this scenario is just that staff, in that situation, should use their influence to raise the family's awareness, for example. Given that the Commission comes from a very strong point of view that restrictive practices should be reduced and eliminated, they put the onus on providers and their staff to engage with the family and try and influence the family to understand why restrictive practices offend against human right standards and encourage them to change their thinking and their practices over time. I think that with the launch in New South Wales of the Aging and Disability Commissioner, there will be additional scrutiny of families, potentially, of families and the administration of restrictive practices outside of formal care settings. But, again, this is just one of those areas where it's kind of evolving day-by-day and we're just having to keep an eye on it.

Karen Hersey:

45:29 – 45:36: Yeah, indeed. Do you see providers being in a position to take an educative role with families in behaviour management homes?

John Carrigan:

45:36 – 46:15: Well, look, I mean, I do but, again, it comes back to, I think, the very first question which is about, which was asked a few minutes ago. And it's about the capabilities within the marketplace of individual providers. So, some providers that may have spent many years building up a behaviour support capability may well have staff who are capable of doing that. And then, if you're a smaller, regional provider out in Cowra or somewhere like that, you may not have that staff who've got the skill set required to have those, you know, potentially difficult conversations with them, so it'll depend, very much, I think, on the individual provider.

Karen Hersey:

So, very much watch this space evolving.

John Carrigan:

It is, it is, very much so.

Karen Hersey:

46:19 – 46:40: Okay, thank you, thanks for that question. What resources exist to help providers with this process? Okay, now I'm going to make an assumption because it's not too clear that they might be talking about the registration process or the audit process. Would you make that assumption?

John Carrigan:

Yeah, it kind of sounds like it.

Karen Hersey:

46:42 – 47:55: Yeah, yeah. Now, look, there's a lot of resources which the NDIS Commission have on their website. And I've had a really good look through them all. You could spend a very long time researching them. I've actually tried to grab the really key ones

as starting places for providers wanting to explore their obligations and the best way to go about meeting them. Those sorts of links and fact sheets are available in the resources library which will be a little tab on the right-hand side at the top of your screen. And, in the meantime, for psychosocial service providers, again, this particular project that we've got with the MHCC will be looking at developing specialized resources for providers in our sort of sector to assist them in demonstrating compliance with the relevant, and how they're relevant, and how they apply. So, future webinars and in the resources that we'll be co-designing in coming months, over the next 12 months. Hopefully that addresses that question. Do you have any resources?

John Carrigan:

47:55 -48:48: NDS does have some resources, some of those are freely available, particularly in the zero tolerance module we have which provides human rights focused resources to support providers to assist their staff, particularly to provide supports that are safe and respect the rights of people with disability. And we also have resources which are just available for our members, so it depends very much on which kind of resources you're looking at but there certainly are, now, more providers of, resources to support providers get ready for the scheme. And a number of those are on fee for service basis as well. So, there's a lot more help out there than there has been up until very recently. So, it's a good time to be asking that question, I would say.

Karen Hersey:

48:51 – 49:20: All right, another question here we've got. We have actually received a number of questions about NDIS access for participants. Questions to do with pre-planning. Questions to do with support coordination. Questions that are more participant focused. Do you have thoughts about do the NDS have resources as well for participants with psychosocial?

John Carrigan:

49:21 – 50:15: I mean, the question does, is a very live one for NDIS because many of our members tell us that they have difficulties in this space precisely because people come to them, participants come to them with inadequate plans, without support coordination. We know the legacy of challenges that that creates for NDIS participants when they come into the system without that support but NDS itself doesn't have resources to assist providers directly in that space. Most of our work in that space is around advocacy directly to the NDIA or to the federal government to ensure that resources are allocated to that sector including, let's just say, a better standard of NDIS planner to make sure that some of these issues are knocked on the head before they occur.

Karen Hersey:

50:16 – 51:08: Absolutely. And some good runs on the board from all that great advocacy work too. Thanks for doing it. In the meantime, in terms of psychosocial participants, supports for participants with psychosocial disability, MHCC have the reimagine website which was put together a few years ago now, but that's a good starting point for people who are looking at getting NDIS access, people who are looking to explore support options, people who are looking to go to plan reviews and want to prepare themselves. The supports that have been provided there have been really well received, particularly because of the understanding that's built into it around the episodic nature of psychosocial disability.

John Carrigan:

It is, it's a great resource. We certainly endorse it.

Karen Hersey:

51:09 - 51:42: Oh, that's great to hear, thank you. Yeah, so that's always an option to people to access and that's included in the resource library as well. So, oh, we've got another question here. Do we have time; we sure do. Quality mental health workers have gone and are now being asked to work for less under the NDIS price guide. How do we avoid losing our good quality peer workers and old-Phams workers, et cetera?

John Carrigan:

51:43 – 52:42: Well, look, my answer to that would be it really comes down to the individual organization and its capacity to engage with those and keep those really great people you're talking about motivated. Now, I absolutely agree with you about the impact of the price guide on your capacity to attract and retain good staff, but I also acknowledge that there are a range of motivators that keep people engaged to their work and their workplaces. And it's a challenge to every individual provider to understand their individual key workers and find what those motivators are and see what their scope for keeping those individuals motivated and engaged is. Now, there's no blanket answer to that, it's going to vary between the individual organization and the individual worker and the individual marketplace that they're in but I would certainly be encouraging providers to be looking at their own scope for action in that area.

Karen Hersey:

52:43 – 53:00: Yeah, yeah. That's really good advice. Yep. Now, the other question that we did actually touch on earlier, how are participant human rights protected under this new system and how do we address that?

John Carrigan:

53:01 – 54:08: Yeah, it's an interesting question because notionally, the NDIS and the Commission's focus are both human rights based. In practice, one of the things that we're encountering is that the access process is throwing up a number of human rights challenges for participants. You know, people, for example, who get, have an access decision that doesn't favour them and need to appeal it or have a plan which doesn't suit them. There is a formal pathway in which they can appeal that, but that pathway is just not working for people. It's taking too long for decision to get made, it's taking too long for decisions to get to the administrative appeals tribunal. So, our concern, I guess, is that in that space, people's human rights are not being fully respected in the ways in which the scheme aspired to see them respected. So, I think we've still got a bit of work to do in that space, that's our sense at NDS. I'm sure that you'd probably feel, MHCC would probably feel--

Karen Hersey:

54:05 – 54:19: Well, it does touch on a few different topics. Restrictive practices is another topic where human rights often is asked about in that space.

John Carrigan:

54:20 – 55:00: Yeah, and look, I would say there that the oversight of restrictive practices that the NDIS Commission is try to build is trying to bring some degree of visibility to the use of those practices in a way that has never occurred before and the intention being that by making it visible, it will become much easier for regulatory authorities like the Commission to put pressure on providers, effectively, to make sure that they're reducing those practices and eliminating them which is going to be one of key outcomes of the scheme in terms of guaranteeing rights of people with disability.

Karen Hersey:

55:00 -55:35: And not only putting pressure on providers but also educating and empowering. Capacity building as well. The commission's behaviour support function isn't only about regulation, it's also about education and empowerment, so lots of work is actually being done in the behaviour support space to provide capability building options to sort of lift capacity as a sector.

John Carrigan:

Yeah, absolutely. That's absolutely true.

Karen Hersey:

55:36 - 56:25: There is an acknowledgement that it's going to change overnight and, certainly, as you rightly pointed out, we can't change what we can't see. But certainly, it's not just a stick being used of regulation, there's also going to be carrots of empowerment and capacity building for providers as well. Opportunities through the audit process to build quality improvement into organizational systems will also have the effect of helping the organization to prioritize its improvement issues and if this is an area where an organization feels it's got the greatest capacity to improve, then, it's going to attract the improvement effort of the organization. Another evolving area.

John Carrigan:

Yes, indeed.

Karen Hersey:

56:25 – 58:43: To address. Now... Okay. So, just to bring us back to where we are now, we've had a jolly good look in some depth at some of these areas but we've just really tried to point out the general areas where they've been changes in regulation and expectations around quality and safeguards for all service providers in the NDIS, in particular for psychosocial support providers. We want to, now, take a quick look at what's next for us. We'd like to direct you to the resources tab as we've mentioned a few times now. There are some starting resources for you there, that library is growing and we'd really be grateful for feedback and you use and engage with the resources. There's going to be more information as well which is already out there for NDIS access, planning, plan reviews, support planning, more with the participant focus on the reimagined website. And for the next webinar coming up on the 28th of November, we are going to start unpacking the core module of the practice standards. So we're going to start with rights and responsibilities and actually look at it in practice. We're going to have a panel of sector experts who are going to help us to drill down a little bit more into that and we really hope you can share the opportunity to register for that before your calendar fills up with Christmas parties at the end of November. We've also just got to let you know that there's a process that'll be underway next year to co-design some more specialist resources to assist providers and to let you know that the feedback that we're receiving and the input from this particular webinar will be used to contribute to that project as well as to other work understanding the needs in this sector for people and organizations in complying with the new standards. Finally, I'd like to say thank you, John, for joining us today.

John Carrigan:

Thank you, Karen.

Karen Hersey:

Thank you for your insights, it's been really helpful.

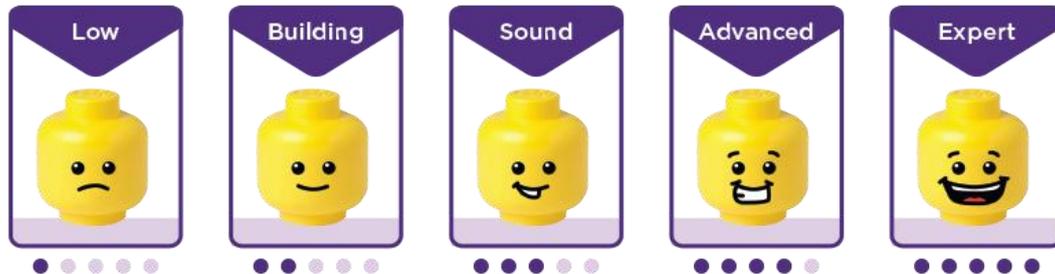
John Carrigan:

Right.

Karen Hersey:

58:47 – 59:51: I hope it's provided a little bit more food for thought. Maybe you've thought of some more questions you could share with us. I'd like to also put the poll up. Thank you, Redback See if we can get a few of those Lego heads moving to the right.

Live Polling Question: How would you rate your knowledge of the new practice standards?



We'd like to know from you, if you could let us know if you felt you are a little bit wiser about the practice standards and the other registration requirements from today's webinar. I'd also like to, finally, thank you for joining us today. And I'd like to take you, I'd like to let you know that you'll be taken to the post webinar survey straight after this slide and we'd be really thankful for any feedback that you can provide us in that survey. And we'd like to thank you for joining us. Hope you can share the opportunity for upcoming webinars with colleagues or other parties that might be interested and we wish you a good rest of the day. Thanks for joining us.

Live Poll Results

Pre – Webinar

1 - Low	3	Total number of responses: 24
2 - Building	14	
3 - Sound	4	
4 - Advanced	3	
5 - Expert	0	

Post Webinar

1 - Low	2	Total number of responses: 19
2 - Building	5	
4 - Advanced	5	
5 - Expert	0	
3 - Sound	7	

Webinar Questions

- Quality mental health workers have gone and are now being asked to work for less under the NDIS Price Guide - how do we avoid losing our good quality peer workers/old PHams workers etc
- How are participants human rights protected?
- Will we be able to receive the transcript of the webinar please :)?

- If a family uses RP at home, workers can't use the same RP in the same setting.
- Reimagine is fantastic!
- How is the risk of harm to participants from the misuse of restrictive practices addressed in the new quality and safeguard system for the NDIS?
- How are participants human rights protected?
- Many questions about specific Practice Standards.
- How can quality of care for people with psychosocial disability be achieved with so few providers/providers trained in psychosocial disability support?
- We have received a number of questions about NDIS access for participants, as well as pre-planning, support planning and plan reviews and appeals.
- What resources exist to help providers with this process?