

Demonstrating Alignment with NDIS Practice Standards: Core module Rights and Responsibilities Webinar – 28 November 12:00 – 1:00PM

WEBINAR REPORT AND TRANSCRIPT

Presenters

- Karen Hersey –Project Manager, MHCC
- Juliet Middleton – General Manager - Service Delivery, Aftercare
- Daniel Kim – Head of Customer Support/Presenter, Redback

Participants

- 138 people registered to attend the webinar
- 43 people attended (31.16%)

Transcript

DANIEL:

A warm welcome and thanks for joining us in the learning cafe for today's webinar. I'm Daniel Kim, your host. I want to acknowledge the traditional custodians of the land on which this webinar is being held. And pay my respects to their elders past and present and with particular respect to the Eora people of the Gadigal nation. Was it the other way around? The Gadigal people of the Eora nation. I'd like to extend by respect, to Aboriginal or Torres Strait Islander people watching as well as to people with lived experience with mental illness, their families and carers who may also be watching.

This is the second webinar in a series of ten, about the new national NDIS practice standards and registration requirements and how they apply in psychosocial support services. It's a huge change in regulation and joining me live in the studio today to help us understand what is required to demonstrate compliance with the first part of the Core Module rights and responsibilities, is Karen Hersey project manager from the Mental Health Coordinating Council and Juliet Middleton, the General Manager of Service Delivery from Aftercare. Karen and Juliet, welcome to the program.

JULIET:

Thank you.

DANIEL:

There is so much to cover today, I mean the series of webinar itself is a ten-part series. Clearly a big change to tackle.

KAREN:

It is quite a lot to chew. For some organisations who are already complying with other types of regulations it's not quite as big of a stretch, but for some organisations it is a big chunk.

DANIEL:

It is absolutely. And for organisations like Aftercare, Juliet, where you've got a big nationwide, not nationwide, you're across multiple states.

JULIET:

Eastern sea board.

DANIEL:

Eastern sea board, you've got lots of places where you're operating and you're almost through your own accreditation process down. It's very much front of mind for you.

JULIET:

It is. Thank you. We have recently completed stage two. We're just waiting for a final report to go to the commission

DANIEL:

And all the best there.

JULIET:

Thank you.

DANIEL:

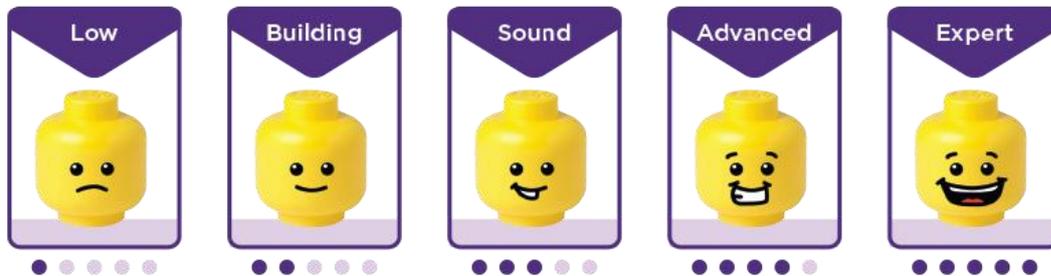
Yes. Clearly lots to cover today. Looking forward to getting through everything we've got. Just to let everybody know, today's content may include people sharing their lived experience, which may have been traumatic. So I'd like to remind you to take care during the webinar and take a break if the conversation brings up difficult emotions for you. Today's program is being recorded and will be made available for viewing on demand, so you will be able to come back to it in your own time if you want to take a break. Of course, if you do want to reach out and speak to someone or if you're feeling distressed while the webinar is on, don't be afraid, give the good people at lifeline a call. 13 11 14 is the number. In terms of the language today in the mental health sector, we often use the term consumer to describe a person accessing psychosocial services and in the context of NDIS funded psychosocial services, we will use the term participant in reference to a mental health consumer with a psychosocial disability and an NDIS plan.

Now on your screen you'll see the overview of the ten-part webinar program. Karen and I were just talking about just a moment ago. Karen, you know we will spend the first five webinars, unpacking the core module to the NDIS practice standards. And they apply to all providers who undergo a certification audit. We're also going to be discussing how they apply to psychosocial services with our panel of sector experts and then from webinars six to ten we will build on the foundational knowledge of the NDIS practice standards core module. And we're going to consider the NDIS registration requirements and explore the changes in behaviour support arrangements as they apply to psychosocial support. And then of course, very exciting in early 2021 at a national forum, we're going to be looking at how providers are embracing the issues and the challenges and then converting them into opportunities for innovative choice and control for participants.

That's all, coming up. It's, alright before we dive into the content for today's webinar, we would like to ask you to rate your current, overall knowledge of the NDIS practice standards and registration requirements. A poll should be popping up on your screen. Please let us know how you would rate your knowledge from one being low and five to expert. We'll give you a moment to fill that out, but this is a really good way for us to engage with the audience,

understand where they are, pre webinar and we'll do another poll at the end of the program and we can see how much people feel like they've improved.

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



KAREN:

Hopefully see some change.

DANIEL:

Oh yes, absolutely.

JULIET:

Hope we get lots of fives.

DANIEL:

Lots of fives.

(LAUGHTER)

KAREN:

At the end.

DANIEL:

At the end. (CROSS TALK)

We will have done our job. Yes. You'll also be asked a couple of survey questions. And overall with the poll questions, this will help us evaluate the effectiveness of the webinar and how future webinars can be planned and improved. So with those survey questions that are coming up at the end, and that'll also help us clarify and better understand your learning needs. So during today's webinar, we want you to join the conversation and tell us about your experiences too. You can ask a question using the dark blue hand icon at the top of your screen and download resources using the light blue icon. So don't be afraid, get involved. And let's begin by recapping webinar one, so on your screen you should see some dot points where we can recap what we covered from that first webinar.

We had an introduction to the new national quality and safeguards arrangements, now required to register with the NDIS commission as an NDIS provider. We heard that before the NDIS commission quality and safety of NDIS services, operated under a state-based system. The NDIA managed the registration of providers and there were requirements for

providers to operate under the NDIS terms of business and for some providers, third party verification. We also heard that now the NDIS commission has introduced a national system of quality and safeguards for new and existing NDIS providers and this includes things like new registration requirements and new NDIS practice standards. Which again consists of a core module of standards plus the applicable supplementary modules for the delivery of specialist supports. And you have to maintain those registrations using an audit of work practice every three years.

Moving to the next slide, you will also see what's going to be coming up. What we will be covering on this program. Today in webinar two, we will be unpacking, the practice standards core module. That's the big one. And explore how they apply for psychosocial services beginning with part one of the core module participant rights and provider responsibilities, so much to talk about there already. During the first half of the webinar, we're going to see what the standards say about participant rights and provider responsibilities. Consider achieving alignment between work practice and the practice standards for participant right and provider responsibilities.

And finally have the Q & A panel respond to your feedback and questions. Now in achieving alignment of work practice to the applicable practice standards, we're going to be asking what is alignment and how is it and can it be achieved. And then in the feedback and Q & A, we're going to respond, to as many of your questions and comments as possible. And so if you go back to that dark blue hand icon, it'll come through on this trust, the old iPad of ours. And we'll get to them, as we'll get to as many of them as possible. And if we do run out of time, we'll endeavour to get back to you offline. So at this point in proceedings, I'd like to ask Karen, what are the standards, what did they say about rights and responsibilities?

KAREN:

OK. Thanks, Daniel. We got a lot of questions early on in the project about this. And I really like that the standards begin with rights and responsibilities.

It's grounded in human rights which is something that particularly for psychosocial services, is an area of great interest and focus. So I do like that that's the beginning of the standards. And under rights and responsibilities, we are looking at person centred supports, individual values and beliefs, privacy and dignity, independence and informed choice, violence, abuse, neglect, exploitation and discrimination, freedom from with the services which people receive from providers. So I really like that, these things are very clear, they do cover quite a broad range of human rights. And it's very important that it's a starting place and it's something that most organisations and service providers will find that they're already doing.

DANIEL:

And it's interesting because we've never had anything of this magnitude before. It also goes off the mental health standards.

KAREN:

Yeah. So the fact that it's national and the fact that it's linked in with the Mental Health Legislation that is in place in the States as well. It's just another guarantee if you like or another...

DANIEL:

It's a good reassurance, isn't it? It's built around the human rights.

KAREN:

It doesn't mean that things don't go wrong, when they do, the system has got mechanisms for dealing with it.

JULIET:

It's another guide for providers that is NDIS particularly NDIS relevant.

DANIEL:

Yes. Yeah, absolutely. And Karen, you were talking about before, the fact that the rights and responsibilities is a pretty much two sides of the same coin, essentially the same thing.

KAREN:

Yeah. The way it's written in the standards is rights and responsibilities and the fact that they're joined together. Providers don't have responsibilities about anything except these rights.

DANIEL:

That's right.

KAREN:

In that sense here. Yes. And Juliet, from an operator perspective, you know, the structure standards can be talking about rights, but on a day to day standard, you're talking about choice.

JULIET:

Yeah. And translating that across the organisation and to the work that we do. And to do that, everyone in your organisation, from the CEO to your support staff need to be aware of the standards and understand them.

And they need to be embedded so that not only your face to face workforce are aware them, but just as importantly, they're reflected in all of your systems and your policies and procedures from your IT backend systems to the systems that your client facing workforce is seeing. And from a participant perspective, they translate into what is important for them not what a we or you as a provider, think their participants needs, and that alliance of course for the important concept that sits under this particular standard of person-centred care. It's the tricky part of involving the participant in designing the service to the reason it...

JULIET:

That's right.

DANIEL:

Yes. Well, so we've had an introduction to the rights and responsibilities. Now let's take a closer look at what we mean by alignment and how we actually achieve that. Karen, can you explain on this?

KAREN:

Yeah. For the people who perhaps haven't had a lot of familiarity with auditing it can be a little bit daunting facing, particularly if you've done this organisational self-assessment and you're aware of how many requirements they seem to be. It can be a little bit of a daunting prospect. But basically the concept is, if all you get out of this webinar is this concept. I'm hoping that it's going to be really helpful. So the idea is that an audit of your work practice documents, is what you're looking at. And that those documents show the quality indicators, which are the associated with that particular outcome and that they're embedded in your work practices.

So a better way to explain it actually is to give an example. And on the slide, which we have, you can see here we're looking at person centred supports. That's a participant outcome, one of the five, within part one, rights and responsibilities. So for person centred supports, the way they define the outcome if you like on the right hand side, in the box there, they define that at the beginning. I've put it at the end, in terms of completing your self-assessment of your work practice. So what it does is it describes that each participant access the supports that promote and uphold their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds and respects individual rights to freedom of expression, self-determination and decision making. So you can see that it's quite broad and in scope and it's nothing too specific in there.

However, when you look down at the quality indicators which are associated, there's three points there. They're starting to become more specific. They're starting to talk about participant legal and human rights, are understood and incorporated into everyday work practice. It talks about communication with each participant about the provision of their supports is responsive to their needs. For example, if we have a whole range of participants from different cultural backgrounds. We need to make sure that we have at our disposal the resources that we need to be able to communicate effectively with people so that they can understand in a way that best suits their learning style and their cultural background, or unique other diversity needs that they might have. And then finally that each participant is supported to engage with their family, friends and chosen community as directed by the participant. So back to what you were saying earlier about choice.

This is really what we're being asked to demonstrate, you know, how we're doing this. And then finally in the column on the left, we can see that this is where we get to say, this is how we do this. We have a welcome pack. We have service agreements. We have all these tools in our service. This is what we use, and this is how we do it. And then in order to it we'll be able to see on paper, yes, that meets the requirement of the standard at a site visit. This is how it happens. So that's the kind of thing that will happen. And as long as you've got the evidence and your documents and you've got the evidence on the ground, which can be observed by an auditor, it's actually quite possible to meet the requirements of the standard in a variety of different ways. So it's not asking, the standards aren't asking providers to go and do the same thing. Everybody must have the standard service agreement, must have these standard rights and responsibilities brochure. So it gives us a good opportunity to see innovation and continuous improvement being built in as well over time. I particularly liked one provider. I think it was the conversation we were having earlier. You were talking about, you have not only a service agreement, but you've got a guide for staff to use.

JULIET:

So we have information forms for our workforce to guide them as to how to actually use a consent form or a service agreement. We have a service agreement manual to support them to actually use it and a service agreement with our participants.

KAREN:

That's great. I've noticed some really, really good ways that our participants have been engaged using service agreements. And I've seen some that are a little less good, not to be too critical, but the better ones are the ones that do allow the time for that two-way conversation. It can be a lot to take in for people and you know, each conversation's unique, so...

DANIEL:

Yeah, and that's part of the challenges of achieving alignment, just so many moving parts to it. So in your case Juliet, what were some of the challenges that you experienced?

JULIET:

Yeah, that's a beautiful segue because one of the greatest challenges was the timing and the workload to understand the new practice standards and review and update where needed, our systems, our processes, our policies and procedures, and then, communicate and implement them across our workforce. And that's where, I think, whilst it was time-consuming, developing forms or, sort of, notes that accompany, consent forms or service agreements, that can support the workforce to actually understand how do they use them, what do they do with them, has been really helpful.

When I used the term 'timing', what I was referring to there is that the quality of safeguards commission commenced across different states at different times, and if you're listening from Western Australia, it hasn't actually commenced in Western Australia yet until next year. So, for Aftercare, with teams in New South Wales, Queensland, and Victoria, we were operating under the quality and safeguards commission in New South Wales before we were in Queensland and Victoria. So, managing that just logistically was challenging. I think you also asked what helped?

DANIEL:

Yeah.

JULIET:

So, was that we were already accredited against a number of other standards, which you've mentioned earlier such as the National Standards for Mental Health Services, the Human Services Quality Framework, which is a Queensland relevant framework. Now, of course, for smaller organisations, that may not be the case. But then, for smaller organisations as well, your audit process is going to reflect the size of the organisation as well. And I can't underestimate the contribution that the workforce - your client-facing workforce - can make to developing policies, procedures, processes, and actually informing on how you might best embed them across the organisation. Getting their input right from when documents are being drafted certainly helps their engagement and utilisation of them when you implement them.

KAREN:

That's very much the approach you took...

JULIET:

Absolutely.

KAREN:

..in developing...

JULIET:

And what that also supports is a culture of continuous improvement. So, they know that they're... If you've been involved in producing a document or a service agreement from the start, you are more likely to put forward recommendations to improve them or identify where something actually is incorrect, keeping these documents, attaining them, keeping them up to date is a huge task and the more people that can contribute to that, the more successful you'll probably be.

DANIEL:

Absolutely. People talk about compliance and buy-in, but if you've got them involved in the whole process from this beginning, you've got it already.

KAREN:

And you've actually got the expertise built-in too if you've got the people who are client-facing.

JULIET:

Yeah. And speaking of, you know, cognizance, some people are probably sitting there going, "Well, that's all very nice but we're really busy and we just have to get this work done," and so there's always a balance between, yeah, that. And certainly, when you do come to undertake the audit process, it's not a pass or fail process, it's about, look, you've reviewed your documents, there is need of a little bit of improvement and then you'll get through. So, it's not an all or nothing.

DANIEL:

No. And that's a really big point there because audits are really there to help you at the end of the day.

JULIET:

Absolutely. And that's been our experience. If it's done nothing else, then yes, confirm that we are doing things right but secondly, it's also given us opportunities to identify more continuous improvement initiatives.

DANIEL:

Yeah. Yeah. Excellent. I wanted to ask you a question myself, but I don't know if it's my place to. I wanted to ask about the misalignment between price guides and therapeutic supports.

KAREN:

I'd love to answer that. The reason... it's a real issue that hasn't been... it's caused a lot of

confusion. The price guide is a document which has been put together by the NDIA when the scheme first began. So, that is a guide of all the services and supports that were identified to begin with and they've been given prices. In the price guide, there is a long number for each service type and a description of the service. And there's a little tiny part of that long number in the middle, the four digits, which is the registration group. The registration group is a number which actually comes from the commission and the legislation, so the practice standards talk about different classes of supports. That's in the legislation. So from the legislation, which has now been written for practice standards, it filters down into registration classes, sorry, classes of supports. So, there's a table of these things, and I think it's in 20. Don't quote me. I'll have to look it up. Subclause 20 of the Act in... No, I'm not gonna even try. However, there is a table and it lists all the registration groups, but it calls them classes of supports in line with the legislation. Now, that is also known as a registration group. So, that registration group has been used as a part of...

JULIET:

It's Section 20 of the NDIS provided registration...

KAREN:

Rules. Thank you.

DANIEL:

There you go, had it first go.

JULIET:

OK. We're talking about the same thing.

KAREN:

That's it. And there's a test at the end by the way, if anyone can...

JULIET:

For us, not for them.

KAREN: Yeah.

(LAUGHTER)

KAREN:

Oh, dear! So, from the legislation for the practice standards, we come down to our registration group or a class of supports, and then the link to the price guide is through the number - that registration group number - is a part of each individual line item in there. So, the middle four digits.

DANIEL:

I can see why people get lost in all of this.

KAREN:

It's very obscure.

DANIEL:

Would you say some of it comes from the fact that the NDIA wrote the price guides and then

the DSS wrote the techno... therapeutic supports and then the commissioner administers those, and we get lost in between those agencies?

KAREN:

I think it's the fact that it comes from different pieces of the legislation. I think that's the source of it. So, the NDIA legislation talks about not the practice standards. Yes, it does, but it talks about it in very different places. So, and they were developed by different agencies.

JULIET:

So, trying to map. So, if you're working through the practice standards and focusing on that for an audit process or a self-assessment process so even before the audit process, mapping those back to your actual supports is very, very difficult. And that's certainly one place providers may need to seek some advice or help. But again, it depends on the size of your organisation, the number of supports that you're providing as to how complex that may or may not be.

DANIEL:

Got you. I'm really liking the word 'alignment' as opposed to all the other words that are floating out there.

KAREN:

Yeah, there are a few words and they do all get used fairly interchangeably, I've found.

DANIEL:

I just feel that alignment has such a positive vibe to it and like it's something we can all aim towards as opposed to the other ones feel more like sticks as opposed to carrots.

KAREN:

And I also like it because it allows scope for providers to be responsive in the way they deliver services and in designing services. So, it allows for freedom of movement, if you like.

JULIET:

Which then enables providers some flexibility. I use that word cautiously. And to be able to meet the... integral to what we're talking about today, inform choice and control. What does each individual participant need? And I think that's really challenging for providers who are also working within a mandated set price guide.

So actually, I really want to maintain flexibility, but I can only, this is what I can do and this is what I will receive for doing that, according to the price guide. I think that's a challenge for small, medium, and large organisations. And I think no one would deny the amount of conversation within the sector and advocacy work that has increasingly been done to help the NDIS understand what it actually involves to provide participant choice and control.

DANIEL:

Yeah, it's an ongoing conversation that... Big tight rope to be walking. I think we've covered most of the bits that we had prepared. Correct me if I'm wrong. I think it's almost time to go to the activity segment. But was there anything else either of you wanted to add to what we've talked about and built upon so far?

KAREN:

I think... I really wanted to emphasise that the opportunity that sits with us is for self-assessment here. Now, providers very different in scope and scale will respond very differently to this self-assessment. You will see some providers providing self-assessment answers which just point to policy blah, procedure blah, form blah. That's how we meet that requirement. And some answers to that requirement will be very comprehensive and detailed and it might reflect the complex nature of that business, but it also, it might also allow the organisation, who does provide that comprehensive answer, as starting point, if you like, a baseline of where they're at now with their organisation. And I know Aftercare has done a huge amount of work in completing that self-assessment.

JULIET:

Yeah. Two things. I'll use the word 'underestimate'. I can't even underestimate the amount of time that the self-assessment takes and just even the format in which that is in was quite hard to work with. And I know you're doing, the Mental Health Coordinating Council is doing some work on that. But completing it helped Aftercare significantly and continues to be a document that we frequently refer to. We did include... We listed out policies, particularly our policies actually, that relate to each standard and each indicator within each standard.

We described the various other standards that we've met that already demonstrate that we've met some of the NDIS practice standards. And then, we also included some examples of where, for example, dignity and respect, where we do our best to have culturally appropriate or CALD workforce. Obviously, not always possible. It's not... Or where we try and facilitate groups for particular cohorts to build their sense of inclusion and appropriateness of service delivery. The self-assessment does take a lot of time but it does correctly identify gaps in areas that you may not be so strong in.

DANIEL:

Yeah, like you said, very time-consuming but very much worth your time.

JULIET:

I think so.

DANIEL:

Well worth their time.

KAREN:

Just on the self-assessment too before we leave that topic. You mentioned that... thankfully, put it a plug for Mental Health Coordinating Council's work here. We're doing a... putting together a simple mapping tool that providers could use if they wanted to.

DANIEL:

Oh, that'd be useful.

KAREN:

To map from their work practices to identify them, right through to requirements of the standard. And it's also something that can expand if you are trying to look how your organisation complies with other standards. So, it can grow. You can customise it to suit

your organisation. And the gap analysis worksheet that simplifies... tries to simplify the process of what to do about the gaps.

JULIET:

I obviously can't share our self-assessment document, and it's large, so I actually don't think anyone would appreciate that. But I can certainly... Myself or colleagues at Aftercare are very happy to talk with other providers about our experience. Or use tips, not tips and tricks, but tips as to how to get through that. And certainly, we can share parts of it with people.

KAREN:

Yeah, that's wonderful.

DANIEL:

That's very kind of you. Yes. That does bring us to the panel feedback and the Q & A segment for today. If you've got a question for either of our panellists, make sure you hit that dark blue button in the top right-hand corner. And we've already had a fair few questions that are coming through. And on your screen, I think that will show you a quick screenshot if you don't know what those icons look like. But we've got a fair few coming through here, so let's tackle these one by one, shall we? So, the first question comes from Raylene, and Raylene is asking, reflecting on the audit process, with the benefit of 20/20 hindsight, what would you say are the key steps to prepare for the registration audit?" Might throw this one to Juliet.

JULIET:

Yeah. Sure. You can probably share it. That's a huge question. And if there are any auditors viewing, I'm not sure if they are today, they may like to comment. We'd always love to hear your thoughts as well. Again, beautiful segue from what we ended on a few moments ago. The provider self-assessment is one of the most important documents and what really starts your audit process and maintaining your NDIS registration. So again, can't underemphasise that enough or overemphasise it, sorry. Identifying and prioritising practice conformance gaps. And so, you will identify some gaps, and being able to prioritise which of those, from the self-assessment and your internal audits, you need to focus on first.

Something that we, Aftercare, particularly learnt was doing the best you can to be realistic about the time and resources that you need to allocate to the process well ahead of the due date for your registration application and renewal and audit completion, and then including where you have access to, and again, dependent on the type and size of your organisation, that your service quality and governance leads and operational expertise across the organisation. Because if you sit in a closed office and do this isolation, when it comes to the audit process, the auditors do actually... part of their process is looking at your systems across your organisation, includes your support functions. Be that human resources or finance. And so, they do need to be... have a good understanding of the practice standards and the work that's been going on to conform with those.

KAREN:

Yeah. Did you find, when the audit came to the sites, when they were doing site visits, did you find that participants were approached for comment about their services?

JULIET:

Absolutely.

KAREN:

How did they handle...? Yeah.

JULIET:

That's a key part of the audit process. And again, what I said earlier about just allocating time, and resources, and planning, I know this even for us, a larger organisation, it was far from perfect. But yeah, for the participants themselves, we worked with our appointed auditor to identify a group of participants at each site and again, the numbers dependent on the size of your organisation. Even for us, where some of our sites are larger, it's a very small number. So, when they visited one of our residential services here in Sydney, we have four residents there. Only one was actually home that day. The others were out at work and study. And so they interviewed one participant. And with respect to your question about how the participants coped with that, we provided, again, a consent form with information about it. We invited them well in advance of the site visit. They had an option to participate or not. They had an opportunity to have a support person of whoever they liked with them. In one case, a participant actually said look, the person I trust the most is my support worker. So that was beautiful, but the participants will go as far as saying they enjoyed it. They enjoyed the opportunity to give feedback to someone that was clearly going to value the feedback highly. And I think the auditor as well, she said, from the audit process, one of the most valuable parts of it for her was meeting the participants.

KAREN:

Ah, that is so good to hear. That brings me to my next, sorry, I've got another question. I'm not trying to take over.

DANIEL:

Go right ahead.

KAREN:

I would love to hear about your audit, the process you went through to select your auditor.

JULIET:

OK.

DANIEL:

I was going to ask the same thing but you stole it right out of my mouth.

JULIET:

I have to declare in case some of my colleagues are listening, that it was some of my colleagues that did that rather than myself. I did oversee it.

KAREN:

Sure, maybe just talk in general.

JULIET:

Yes, so to give them credit. They know who they are. But we, there's a list for those people that don't know, there's a list of auditors on the commission website and you do need to use one of those auditors. When we selected, which was about six months ago, there were eight. I believe that there are more than that now. But we did a fairly rigorous due diligence

process where we rather than trying to narrow it down to four or you know, three immediately, we actually contacted them all. And yes, you obviously need to look at cost and there was quite a variation in cost.

KAREN:

Ah, OK.

JULIET:

And then you need to be mindful of things like does the quote include travel. So, for our site in Bendigo for example or up in Queensland, that can change the cost of your audit quite significantly. Consider things like is the auditor local to your area because I think we know that demographics differ, participant need, and better choice in control are different, in different areas, depending also of course on how metropolitan or remote you are. We not only wrote, contacted, emailed the auditor, once we had narrowed it down to four or five, we had conversations, verbal conversations with them to illicit particularly their fit with the organisational culture, their understanding of that culture, and the services that we provide because it was not even in the psychosocial space, not all providers provide the same types of services. There's a mix and for Aftercare, providing core support, support coordination, therapeutic supports. We needed somebody, an auditor who could cover that scope.

KAREN:

Because therapeutic covers such a range of services.

JULIET:

Absolutely, and we have residential under SIL-funding as well. So, that's really important which again, the self-assessment will help you with that because you only complete the module of the self-assessment that match with the services that you're providing.

So, again, emphasising. That's a really, really good place to start. And then lastly, it's sort of little off-topic for your question, but once you've selected an auditor, we had an introductory meeting. And we sat around a bit like this, a table for a few hours, a group of us, some of our local regional managers, our quality and safety national manager, our NDIS manager, and we talked about what we wanted to achieve from the audit. And it began a really transparent relationship with them.

KAREN:

I'm loving how empowered your organisation is and not seeing the auditors as just policeman.

JULIET:

Oh, absolutely not. They, I'd like to say I might stretch the truth a little bit but become a friend, you know, a huge support to our organisation.

KAREN:

Yeah, a trusted sort of business partner in many ways.

JULIET:

Yes, yeah. And so, I had spoken to the auditor before I came on here and she was very welcoming of me sharing some of that feedback for them. It's always a learning process for

them as well because no two organisations are ever the same. So, and even have a meeting with them before you've chosen. And just make sure you can work together because it is a stressful process and you need to be able to get on with each other.

DANIEL:

I was going to make the same comment. It just seems we're on the same wavelength. I mean it's a very empowering thing to be able to choose a provider. It's almost like choosing a provider where most people, the default thinking is ah, I need to get an auditor and like go through all this legal stuff. But yeah, if you're able to, it's almost like picking a partner organisation.

JULIET:

It was actually very little legal language I guess that we use. It comes back to the practice standards.

KAREN:

Yeah.

JULIET:

And the scope of the services that you're providing. And again, that'll be different whether you're a small or large organisation.

DANIEL:

And if you get the right kind of auditors in working together with the information they can provide or the education on national standards, they can help you, that's also a really big plus to the organisation too.

JULIET:

Yeah, absolutely.

KAREN:

And they sort of can go with you on the journey.

DANIEL:

Yeah.

KAREN:

You know, when they first meet you at your first audit, they'll see where you're at with things and they can't advise you on what practice to choose but they're certainly around to help you interpret.

JULIET:

And they certainly, at least the auditors that we engaged, helped with things like the participant interviews. They had a template for consent and for the participants that were going to be interviewed. And we worked on that together and we gave it an Aftercare flavour. And you know, so that was very collaborative.

KAREN:

What a value for your organisation.

JULIET:

Absolutely, yeah, so, yeah.

KAREN:

That's really good to hear.

JULIET:

Yeah, so I obviously cannot speak for the other auditors. We engaged one. I'd be very surprised if other auditors didn't do the same. At least you can always ask.

KAREN:

Yeah. And too, I mean every organisation is different. And auditing organisations are different too. They're all new in this space, so I guess there's a lot of movement still. Some organisations on the audit side of the house will be more expertise in psychosocial supports. I heard a story where an organisation was audited by somebody who was previously, somewhere in their past, they were a support worker, a mental health support worker.

JULIET:

So, that was us, I was just going to add.

KAREN:

Ah, OK.

JULIET:

Which was really, really lovely. So, part of that selection process was important to us as it would be to any organisation that the auditors actually had experience with the supports that you deliver. And secondly, and I guess it was perhaps more good like I think of management but the auditor had a support worker background, at least the lead auditor. We had a number on the team. So, how did the participants feel after talking to her? Well, I think they probably felt better than when they started.

(CROSSTALK) Yeah.

KAREN:

So, they got a bit extra value.

JULIET:

Oh, absolutely, yeah.

DANIEL:

Wins for everybody all around. Absolutely.

DANIEL:

All that from one question. Thank you for your question, Raylene, that was a really good one. We've got another question coming through from Jonathan. And he's asking I'm aware that there are internal audit requirements. How does internal audit work and what is its purpose?

KAREN:

This can be something which people have understood perhaps even from quality systems, quality management systems backgrounds. Generally speaking, if you have a quality

management system in place, there's a requirement for your external audits every three years. And then there's also a requirement for you to maintain an internal audit schedule. And it's just a way of cementing in that you have a schedule in place for viewing policies and procedures and how effective they are. And it's sort of like a systematic way of doing it in-house rather than externally. And it sort of comes from the idea of continuous improvement. That you're identifying opportunities. You don't wait for three years to be audited against the standard by an auditor. You're doing it all the time systematically and not reactively.

JULIET:

You're probably really tired of hearing me talk about self-assessment but, (LAUGHTER) let's have that come in again. I actually didn't realise the value of the self-assessment form until I sat here. So, let's just say it does, yeah, it does infiltrate through so much of what you do. Some examples that I can provide where we do internal audits is around documentation. For example, so, and I guess that's auditing about how we're embedding, how we're using consent forms, service agreement, welcome packs, and all the other forms that you use throughout the process of providing supports to a participant. And I think it's part of everyone sort of goes audit, ah. There's some other language that you can use to reduce that kind of response. And again, I think continuous improvement is a really nice way to describe it. And it's about ensuring that quality is embedded in your culture, the organisation. It's what you do and it allows you then rather than being a stick approach, it's about saying, actually, we've recognised a deficit. We've recognised it in time and we're going to do something about it. And that becomes a service improvement process rather than a fix it process.

KAREN:

Yeah, fix it or we'll, yeah.

JULIET:

Yeah, it's not about that at all.

DANIEL:

And the other good thing about all of this, throughout the whole accreditation, all the process, when, if we're keeping on top of this proactively, then what we're really doing is ensuring a really good service to the participant which is what we're here to do at the end of the day, yeah.

KAREN:

I was just going to pick up the point sort of aligned to that one. When the provider is saying we want to know how we're going, when the participant is told that you know, you've got a right to tell the provider how they're going, tell them if they've done well. Tell them if they haven't done well. And this sort of paradigm shift is quite significant over time for participants and providers, I guess. Of course, providers want to the right thing and they want to do the best thing for the people that they are providing assistance to. And it's a nice dance when the rights and the responsibilities are actually exactly the same.

DANIEL:

Yeah, which is what we said at the top of the program.

KAREN:

Yeah, yeah.

DANIEL:

Yeah. Again, a great question. Thank you, Jonathan. We've got another one that's just come through from Yvonne. And Yvonne is asking can the panel comment on registration for small or sole trader providers? What are some important factors for sole trader providers to consider? And is registration different for small and large providers?

KAREN:

Definitely.

DANIEL:

I might ask, yeah, both of you to comment on this one.

JULIET:

Yeah.

KAREN:

I'm happy to go first.

JULIET:

Yeah, yeah, absolutely.

KAREN:

I've seen, I've worked with small providers and I've worked with large providers. And it's really interesting to someone like Aftercare, the idea of participant rights, you know, it goes right across the organisation. And theoretically...

JULIET:

We try.

KAREN:

Yeah, yeah, of course. Well, of course, that's true. The way it is used in practice will vary possibly even in the way it's spoken to but at least the same form, brochure, whatever is what's used. And for a small organisation, it may not have a whole manual of policies and procedures to do with consumer, consumer, there we go, participant rights. It might just simply have a brochure, and a form, and a conversation which is recorded and documented. And it might actually look very different on the ground. And an auditor is required to take that into account for different kinds of organisations.

JULIET:

Yeah, absolutely. And I think whilst a large a provider, we do through our support coordination services and through, we have a lot of partnerships, formal and informal, with other providers because we can, I think it's unrealistic to think that any one provider can provide everything that a participant might need on their journey. And we do have participants who come into our service and they either receive services from other providers as well or just ourselves and some of those are small. But irrespective of the size of the provider and what you're doing, everybody must comply with the code of conduct. And all registered providers have to comply with the practice standards. We've been talking about workers screening, reportable incidents.

KAREN:

And those incidents, we're going to be expanding on more in upcoming webinars too.

JULIET:

Which we'll be relevant again irrespective of the size of your organisation.

KAREN:

Yeah, so the outcomes that you're looking for across all kinds of organisations are the same. But their outcomes, how you achieve them, will be reflected in very different ways to achieve those outcomes. So, that's good.

DANIEL:

Some excellent questions coming through, because good conversations with these. Thanks for that question, Yvonne. We've got another here from Lara. And Lara is asking how can I as a worker best support a participant's right to exercise dignity of risk, choice, and control, independence, and informed choice knowing when to facilitate independent decisions and when to back off especially when a participant experiences periods of changing capacity? A really long question from Laura but that's a really good one. How can I as a worker best support a participant's right to do all of that?

KAREN:

Well.

JULIET:

I can speak.

KAREN:

OK.

JULIET:

I'll try, that is a long question. Well, first of all, we mentioned the code of conduct before and that sets our expectations for appropriate and ethical conduct and your delivery of supports and services, and describes in a different way to the practice standards more practically how to make dignity a risk, choice and control. I think it's about listening to - I'll come back to what we used, the language that's used in this particular standard of rights responsibilities around person-centred support. I had an interesting conversation with one of our teams last week specifically talking about dignity of risk and enabling people to live the lives that they want with some degree of risk. We cannot remove that entirely from everybody and that's particularly relevant to Aftercare where we have people in residential settings with us. Understanding that participants have a choice as to how they live their life and what they do. So, respecting that I guess. Also engaging with their carers or their families when we think perhaps they are less likely to be able to make an independent decision. It has to be done very carefully and respectfully. And having a workforce with, you know some people have what we call a peer workforce or lived experience, and that was also a huge contribution to having really honest conversations with participants about when they are and unable to make independent and informed choices.

KAREN:

There's a lot of learning that goes on in those conversations. Even just the consideration by

somebody of taking a risk. It actually, a lot of learning can occur without the risk being taken. Often you will talk about OK, so if X happens, you know, if I am out and I'm feeling really overwhelmed in a public place, on public transport, you know, what am I gonna do? And the act of thinking about it before hand, talking it through with a peer worker is actually where the learning can begin, and it could be where the growth begins as well. So, even if that risk wasn't taken maybe they're a step closer to it next time.

DANIEL:

And then it's very conducive to building or fostering trust between the provider, the support worker and the participant.

KAREN:

And then we can get, you know, who's the trusted person you want with you, oh, the support worker.

JULIET:

Also then that raises a whole other discussion about boundaries, but we'll leave that for another day.

KAREN:

Indeed it does, but there's always this tension, isn't there? Boundaries and core and...

DANIEL:

Yeah, that's it. Well, thank you for that question, Lara, it was a really good one as well. We've got another one coming through from Cathy, and Cathy is asking, how does all this auditing help the participant and support worker achieve the participant goals on a daily basis?

KAREN:

That's a good one.

DANIEL:

That's a really good one.

JULIET:

Yeah, I can try and speak to it. So, the auditing part of that process is ensuring that you have things like service agreements where - and a schedule of supports that have been developed collaboratively with the participant and the services that are going to be provided are understood by them. And it's not a document whereby or not a process whereby the support worker or peer worker has talked to a participant, gone away, written this up and that is what it is. It is done collaboratively and frequently reviewed as well. Because you have a service agreement but like a consent form, don't put it on a shelf in your system to collect dust. You need to continuously engage with participants to review their needs and how their needs may have changed and how that may need to be changed the service agreement or schedule of supports. Full circle, how does that relate to Cathy's question? About the audit process actually ensures that your documents are as best they can and in capturing that and the most appropriate way and a way in which participants, their carers, their families understand the services that are going to be provided.

KAREN:

Yeah, and I think also at the beginning particularly when people receive their first plans, the whole process is overwhelming and daunting for everybody in it and that's fair enough, that's the way it is. So, if there is something in place which gives a little bit of confidence, when you get to the point of actually choosing services to use this funding for from a participants point of view, how will I know who's a good provider in my area? How will I know? Well, you know that if they registered NDIS providers that they're going to be subject to audits, so there's that sort of baseline of confidence which you can...

JULIET:

I think also just reflecting on our audit process and the feedback from the auditors, was from talking to the participants they could actually see that the policies and procedures and the systems are actually living, it is how our workforce provides services, and whilst they didn't have any issues with that they could identify continuous improvement ideas.

And getting back to Cathy's question about how does that help the participant? Well, some of these continuous improvement initiatives are around things like how do we monitor, how do we manage the list of other providers that we frequently refer to, our support coordinators particularly refer to and how can we make that more standardised across our organisation. How can we triage or have a system whereby we know that we are referring participants or engaging participants with other safe, quality providers. So, I think that is an example of where the audit process would certainly benefit our participants.

DANIEL:

Yeah, it's the whole continuous improvement piece, isn't it?

JULIET:

Yeah, yeah.

KAREN:

Yeah. There's a requirement for it.

DANIEL:

Yeah, thank you very much for that question, Cathy, that's a really good one too. So many questions coming through. We've got another one here from Darren and Darren's asking, from a service provider perspective, what are the rights that need to be protected and how can that be achieved by service providers in practice?

JULIET:

I'm making the presumption that Darren means the rights of the participant or is it provider?

DANIEL:

It has to be rights of the participant, right? The question's written...

JULIET:

Yeah, it's responsibilities of the provider.

KAREN:

Yeah, so the question was to do with what are the rights that are protected? It's simply going

back to the Practice Standards Core Module Part One. Rights and responsibilities, person-centred supports, individual values and beliefs, privacy and dignity, independence and informed choice, and freedom from violence, abuse, neglect, exploitation and discrimination. That's a really broad, huge range of human rights and expectations.

DANIEL:

In fact, should we get that slide up while we talk about it?

KAREN:

Yeah, this is a great reference. I bet you saw this a lot when you were doing your self-assessments, this document?

JULIET:

Yeah, and I can think of some particulars sorry, examples I'm really happy to share that with Darren afterwards or anybody else. It does depend on again, the demographics of your participants and the services you provide. But I think we talked earlier about having culturally appropriate services again, where and when you can. Using interpreters, having documents in plain English to help comprehension of because they are very difficult. Some people say putting documents into plain English can oversimplify it but yes and no. You have to have some way to be able to enable people to understand what is very complex NDIA or NDIS language.

KAREN:

And very legislative.

JULIET:

Very legislative, exactly, yeah.

KAREN:

But it's good because it's something you mentioned earlier. When you've got these things developed, these tools for workers, you've also got support for your workers to understand the principles on which they've been developed. So, even though you might have an easy English version of something, the person that's using that tool has actually got a bit more depth in their understanding, so they're able to adjust their method of communication and get the feedback from the person as to whether it needs to be explained in a different way or...

JULIET:

One of the rights in answer to Darren's question is that it might seem an obvious one, but that as a participant and even including their carers, their family, whoever else might be involved actually understands the services that are going to be provided and when and how. And that's something we haven't talked about but choice and control is not just about these are the services we can provide you with, these are the supports. But when they receive them, how they receive them, where they receive them and that's quite different to some of the programs and services that block funding used to provide which now fall under NDIS and requires yeah, I'll be upfront, a degree of flexibility from providers which is at times pretty challenging to meet.

DANIEL:

Lots of things to unpack there. That was a really good question from Darren, thank you. And in case we got that wrong do let us know if you did mean participant rights? We assumed so, but if we got that wrong let us know, Darren. Another question here coming through from Hannah. Could the panel comment on service quality and impact measurement in relation to the practice standards? Service quality and impact measurement in relation to the practice standards.

KAREN:

I'd be happy to have a go at this to begin with. One thing about the practice standards, it requires things to be in place. It requires that and it's very consistent with the thinking of an NDIS plan. The NDIA are asking support coordinators to do reports on the outcomes that have been achieved. The plan is a plan of funds to achieve certain goals in the participant plan and so the impact is actually shown with participant outcomes and changes in those over the time of the service delivery.

So, the fact that we have to be thinking about that and measuring that in some way because it's part of the system that we're asked to put in place, I think that's a really positive step. It does present challenges, it's a big change. We're not just talking about activity, we're talking about what results from the activity and that really needs to be spoken about in terms of participant outcomes. And it needs to be spoken about by the participant, so the relationship between the support coordinator and the participant is really quite important there.

But also with the support providers who are all working with the participant, a participant needs to feel that they can... give their feedback to the provider about the outcomes and about the activities to achieve those outcomes and how well that's going. And in addition to the requirement for a provider to have a complaints and feedback system, there's also a whole function now which exists at the NDIS Commission, complaints, we have a Complaints Commissioner. So, we have a new avenue for these sorts of things and over time, you know we will start to see changes. It'll just be matter of fact that, you know a lot of service improvements will actually come from the needs of participants who are able to share them with us. So, measuring impact and success in terms of participant outcomes.

JULIET:

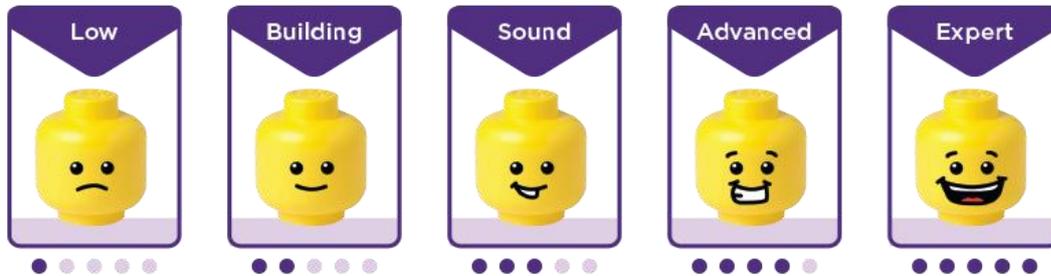
Being realistic about how long it takes to actually measure quality and impact for those people who, those organisations that are just beginning their registration process. You need to focus on actually ensuring that you're meeting the practice standards before you get too carried away about how am I going to measure participant outcomes. And again, that's very individual. What might be an outcome that one participant wants would be very different with the next participant that you see. So, getting a holistic, a measurement or a framework that encompasses all your participants is a pretty tough thing to do.

DANIEL:

Thank you, Juliet, thank you Karen. In the interest of time, we are going to wrap up the Q & A segment there. And to everybody who we haven't gotten back to so far we'll get back to you offline. But that does bring us to the end of the program today and, of course, at this point we naturally now want you to rate your overall knowledge of the NDIS practice standards and registration requirements. A poll will be popping up on your screen. Please let

us know how you would rate your knowledge now from one to five where one is low and five is expert, and that will help us to compare the results from the beginning of the program and help us evaluate the effectiveness of the webinar and plan future ones in this series. While you're doing that Karen, Juliet, that's the end of the program today. Thank you very much.

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



JULIET:

Thank you, thank you.

KAREN:

Thanks for having us.

DANIEL:

Well, it's been very informative and I'm sure very helpful to everybody watching the live and the online recording afterwards.

JULIET:

Thank you.

DANIEL:

Very beneficial. Really important topic. And if you do want to get some better understanding of the NDIS access planning, support, coordination, plan management and other matters relevant for people living with a mental health condition who may be eligible for NDIS funded supports, or who may already receive them, go to the website 'reimagine.today'. The link is available in the resource's library along with new updates from this webinar. Keep an eye out on your emails for an invitation to register for the March webinar on governance and operational management. That's a big one, you might like to share that invitation through your own networks for others to access these webinar learning opportunities.

Juliet and Karen would be happy to chat with you over issues about applying the practice standards, the new registration requirements, preparing for audit and resources that you'd like to see in the library or topics you'd like covered in future webinars. Please take a few minutes now to complete a few survey questions. Thanks for joining us in the Learning Cafe from across this good old sunburned land of ours. We'll see you for the third webinar in the series and until then from us here in the studio, it's goodbye for now.

Live Poll Results

Pre – Webinar

1 - Low	5
2 - Building	8
3 - Sound	5
4 - Advanced	4
5 - Expert	0

Total number of responses: 22

Post Webinar

1 - Low	0
2 - Building	9
3 - Sound	7
4 - Advanced	4
5 – Expert	0

Total number of responses: 20

Webinar Questions

- If psychosocial support providers in an area are all facing the same “capacity and resourcing decision” and find that providing the service at the required level of quality and safety under the existing pricing structure has become financially unsustainable what happens to the people who depend on those services and the provider organisations?
- Could the panel comment on service quality and impact measurement in relation to the practice standards?
- How does all this auditing help the participant and support worker achieve the participant goals on a daily basis?
- Can the panel comment on registration for small sole/trader providers? What are some important factors for sole trader providers to consider? Is registration different for small and large providers?
- From a Service provider perspective what are the rights that need to be protected and how can that be achieved by service providers in practice?
- Is registration required for all providers?
- Question why does participants get less funding when there is evidence of making good progress? Does the participants get a reasoning from the planners?
- I’m aware that there are internal audit requirements. How does internal audit work and what is its purpose?
- Can you tell me more about behaviour support and restrictive practices?

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