

NDIS Review – NDIS Quality and Safeguarding Framework



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leading quality in
community services

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EXECUTIVE SUMMARY

Thank you for the opportunity to provide feedback on the NDIS Quality and Safeguarding Framework (Framework).

SUMMARY OF RECOMMENDATIONS

ACIA recommends the following:

- Retain the Framework but streamline it significantly to focus on key framework issues such as objectives, principles and diagrams.
- Take a lead role in driving national consistency across schemes (not just within NDIS).
- Limit the option for providers to be unregistered to a small group of categories.
- Consider the approach being taken in the aged care sector and look to agree areas of consistency.
- Increase strategic thinking and investment in developmental strategies.
- A monitoring regime that includes:
 - Quarterly monitoring to identify and act on issues of concern.
 - Annual analysis to identify systemic issues (to feed into strategic thinking).
 - A review into the effectiveness of the Framework every five years.

ACIA further welcomes any clarification of items discussed in this submission or other related areas from relevant parties in order to support the quality and safeguarding of the sector to better meet the needs of the community.

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RESPONSE

ACIA supports the efforts of the Commission and aged care industry to improve practices and protect older persons. The response below is structured to respond to the items outlined in the scope document. ACIA has kept its response short, in order to respect the submissions made by other organisations.

What is working well about the Framework? What is not working well to promote the safeguards of people with disability and the quality of supports?

ACIA acknowledges the work that was done to develop the first Framework. It, as much as was possible at the time, sought to provide a holistic overview of how quality and safeguarding was meant to work in the NDIS.

From a general perspective, the components of the Framework (figure 1) provided (and still provide) a useful overview and, importantly acknowledges the different roles of relevant parties – individuals, workforce and providers.

Figure 2 of the Framework also provided a useful overview of regulatory functions.

Its limitations are:

- Far too lengthy and complex to provide meaningful guidance to the market.
- It attempted to be too prescriptive about how the framework would work and be operationalised. The result was that it became dated quickly when the market did not evolve as expected.
- It focuses on NDIS participants and the NDIS only. Whilst this is understandable, the market for people with disability is far broader. The principle of national consistency to quality and safeguarding is unlikely to be successful without tackling the complexity of the whole market which includes aged care as well as Commonwealth and State funded schemes for disability and injury.
- It tries to provide too low-level detail about too many functions. For example, detailed information regarding provider registration, verification and certification are better placed as separate documents or as webpage information. Additionally, this would be more accessible.

Is there still a need for a Framework? If so:

- **What role should the Framework play going forward?**
- **What should a future Framework look like?**
- **What monitoring of the implementation and ongoing effectiveness of the Framework is required?**

ACIA believes a framework is still required. A framework that:

- Provides a high-level description regarding the quality and safeguarding approach for people with disability – that applies across the nation.
- Is supported by:
 - Strategies or action plans that identify areas of focus for the Government.
 - Information for external parties (e.g. providers, participants, people) that support them to understand quality and safeguarding and their role in it.

ACIA acknowledges that much of the strategy, external information and internal processes is in place. As a result, there is an opportunity to streamline the Framework to focus on high level information:

- Figure 1 is invaluable in providing a helicopter view of quality and safeguarding. It could be enhanced by:
 - Introducing a dialogue on the extent of effort and investment that should be put into the developmental part of the Framework. Much like figure 5 which shows the levels of regulatory engagement.
 - Including the important role that health practitioners can play in identifying issues of concern and bringing it to participant, family or scheme funder notice.
- The Overview and Content section of the framework should focus on objectives, principles and components (sections 1.4, 1.5 and 1.6), albeit more succinct.
- The principles section should extend national consistency to include other funded services for people with disability (not just national consistency for NDIS participants).
- The remainder of the document is too detailed for the purpose of the Framework and should be removed or streamlined to a few pages of overview.

In addition, ACIA suggests that the Framework include a section that outlines the whole of the market providing services to people with disability (ideally as a diagram), which acknowledges the landscape that people face. This also then provides the opportunity for other schemes to be brought into discussions and strategies to drive consistency of approach across the nation.

ACIS suggests the following approach to the monitoring of the Framework:

- A review every five years of the effectiveness and content of the Framework.

- Feedback on operations relevant to the Framework (e.g. regulation of providers, experiences of participants) should be incorporated into overall strategies to seek feedback, with a particular focus on identifying:
 - Increase in capacity of participants.
 - Speed and effectiveness of corrective actions.This could be annual and inform operational improvements.
- Analysis of quality and safeguarding incidents to identify systemic issues. This could be done annually and incorporated with the analysis of feedback.
- Quarterly operational monitoring to identify and act on individual issues of concern.

Note: the suggested monitoring approach does not mean ACIA believes monitoring is not already occurring.

What supports, services and actors should the Framework cover?

ACIA believes the Framework must attempt to consider the services relevant to all people with disability. Without this approach, people with disability will continue to experience varying levels of quality and safeguarding and not be supported to take an active part in their service selection and provision.

ACIA supports the current Framework in its acknowledgement that the Framework should not duplicate regulatory functions already in place for certain groups of providers (e.g. health practitioners). Code of conducts, qualification requirements and complaint mechanisms are already in place.

What changes are required to the roles and responsibilities of different actors in the Framework?

- **How could these actors work together to better deliver a coordinated approach to quality and safeguarding?**

The term 'actor' should be defined in the framework, so it is clear who is currently included. For the purposes of this response, actors are assumed to be:

- Participants
- Family members
- Community support networks
- Carers
- Advocates
- Providers
- NDIS Commission
- NDIA

The NDIS Commission should take a leading or cooperative role in driving improved national standards of quality and safety across disability, aged care and personal injury insurance. This would entail continuing the good work already underway with the Aged Care Commission and include State funded schemes (such as icare, TAC, NIISQ, LSA, MAIB) many of which support the Australian Community Industry Standards (ACIS).

Health practitioners should be separated from the overall list of providers and acknowledged for their unique role in providing services but also able to observe and report on issues of concern.

What changes are required to the types of strategies and measures implemented under the Framework? For example:

- **How should the Framework go about balancing different priorities, such as the balance between protecting people with disability from harm and promoting their choice and control; and the balance between ensuring regulatory approaches support market entry and quality service delivery while protecting participants who are at risk of harm?**
- **What is required to drive improvements in the quality of supports and services?**
- **What is required to ensure the regulation of providers and workers is proportionate and effective?**

Now that the NDIS, NDIA and NDIS Commission are effectively up and running, there should be a stronger focus on developmental strategies – to really think through and invest in strategies that build capacity. Without this, a significant proportion of participants who use unregistered providers will be at risk (and this is a risk that will continue to deteriorate).

Much like the training and development approach which advocates 70:20:10 for on-the-job training versus interactions from others versus formal education, developmental should now be the bulk of the strategic and future investment focus.

As a way of thinking about proportionate effort, the following diagram is offered. Note: this diagram is intended to represent the work done by the NDIS Commission, not all actors. Percentages are indicative.

Developmental	Prevention	Corrective
Business as usual activities (30%)	Business as usual activities (60%)	Business as usual activities (60%)
Continuous improvement (10%)		
Strategic thinking and analysis (30%)		

	Continuous improvement (20%)	Continuous improvement (20%)
Investment in new strategies (30%)	Strategic thinking and analysis (10%)	Strategic thinking and analysis (10%)
	Investment in new strategies (10%)	Investment in new strategies (10%)

ACIA urges that the concept of unregistered providers should be reconsidered. In particular, what provider groups should be able to be unregistered:

- A health practitioner has to have the relevant AHPRA qualifications to provide services.
- A builder needs to have an appropriate construction license.
- In the same way, providers providing community services (referred to as attendant care in some circumstances) should be registered and have to adhere to the NDIS standards (or equivalent standards of care). Community services comprise a significant proportion of the expense incurred in the NDIS and the services, by the nature of the close personal services being provided, put participants at risk if performed poorly. This is a significant area of risk and should be addressed.

The ability to be unregistered should be limited to services such as:

- Gardeners
- People performing building maintenance jobs.
- Couriers and delivery of packages or equipment.
- Manufacturers and installers of equipment.
- Builders (required to have building license).
- Health practitioners (required to have AHPR registration).

These areas offer far less risk to the participant and their family.

As an alternative, the approach being taken in the aged sector (refer to the consultation on a 'new model for regulating aged care') and consider whether the registration of providers should adopt a similar approach.

BACKGROUND - AUSTRALIAN COMMUNITY INDUSTRY ALLIANCE (ACIA)

ACIA is the peak body in Australia representing aged care, disability and community care focused on quality management in care and service provision.

The Australian Community Industry Standards (ACIS) is managed by ACIA and is a standard that, whilst strives for a level of consistency with the NDIS and Aged Care Standards, is also focused on driving improved quality and safeguarding outcomes in the community services industry. The mapping done when ACIS 4.0 was implemented in 2021 shows the following.

ACIS 4.0	NDIS Standards	Aged Care Standards
Rights & Responsibilities	●	● Increased human rights
Corporate Governance	●	●
Clinical Governance	● New standard	● Increased governance
Service Delivery	●	●
Service Environment	● Inc new requirements	●
Add. Physical Support	● Increased scope	● Increased scope
Add. Behav. Support	● New cognitive imp. std	●
Add. Mental Health	● New standard	● New standard
Add. Assistive Technology	● New standard	● New standard
TEAM: RN +1	2 (non RN*)	2 (non RN)
DURATION: 1yr*	1.5 years	3 years

● Similar Standard
 ● Largely Similar
 ● New Standard

ACIA is the national peak body representing community care and support providers, including private, not-for-profit, and charitable organisations. Nationally ACIA represents over 100 provider organisations, which collectively employ more than 150,000 FTE workers and supports more than 35,000 clients. ACIA also supports the disability and aged care sectors and works with government departments and authorities, including:

- State Disability Agencies such as Department of Family and Community Services, Ageing Disability and Home Care NSW, Department of Health Human Services Victoria and Disability Services QLD
- icare NSW includes: Lifetime Care and Support Authority, Workers Insurance, Dust Diseases Care, Self-Insurance, and Builders Warranty.
- Lifetime Support Authority South Australia
- Motor Industry Accidents Board, Tasmania
- Transport Accident Commission Victoria
- Workers Compensations Schemes in multiple states

- Representation at the National Aged Care Alliance
- Department of Health
- Department of Social Services

ACIA’s vision is to advocate and lead the aged care, community care and disability sector to ensure the quality and safeguarding of complex and vulnerable people, by supporting members to continue to improve in care and service delivery. ACIA’s goal is to provide a framework and resources to support & advocate for the needs of complex & vulnerable clients in care. To achieve this vision and goal, ACIA provides education, resources, and support to the industry and develops and administers its own quality standard and scheme (endorsed by the Joint Accreditation System for Australia and New Zealand JAS-ANZ).

This is summarised in our current strategic plan which is illustrated overleaf:

