

**Submission –
NDIS Provider and Worker
Registration Taskforce**

3 May 2024

Acknowledgement

Achieve Australia acknowledges the Traditional Custodians of the lands on which we operate and pay our respects to Elders, past, present and emerging. We recognise the enduring relationship Aboriginal and or Torres Strait Islander peoples have with Country and that sovereignty was never ceded.

Achieve is also proud to support the Uluru Statement from the Heart. We accept the invitation from the Uluru Statement to all Australians to support constitutional and structural reform so Aboriginal and Torres Strait Islander people can take their rightful place in our nation including being a voice to our Federal Parliament.

Our Passion and Purpose

Achieve Australia supports people with disability to live extraordinary lives.

We support around 520 people with:

- a primary intellectual disability
- physical and psychiatric disability
- an acquired disability.

These attributes are based on an impairment of functioning approach and are associative functional descriptors, not definitions of disability.

The majority of our clients have complex and acute support needs.

- 98% require active overnight support
- 87% require medication administration
- 31% require seizure management
- 68% require communication assistance
- 73% require meal assistance
- 57% require behaviour support
- 40% require wheelchair access
- 32% require hoists
- 32% require dysphasia management
- 10% require PEG feeding.

This complexity is reflected in:

- the diversity of services and support required to maximise each person's choice, control and quality of life
- our highly skilled workforce and commitment to learning and development
- our rigorous quality and safety frameworks, clinical governance and risk management
- a higher client to FTE ratio (1.55 compared to the NDIS average of 1.81).

Foreword

Achieve Australia is grateful for the opportunity to provide our submission to the NDIS Provider and Worker Registration Taskforce.

Achieve is passionate about supporting people with disability to build extraordinary lives. We are widely recognised as a leader in supporting people with complex disabilities and re-imagining community living for people with disability.

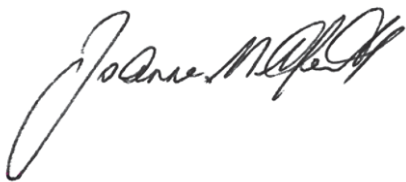
The work of this Taskforce is urgent and important. Every day, the current system is missing opportunities to ensure people with disabilities are safe.

Our submission outlines recommendations that can bring the NDIS Review's risk-proportionate regulatory model to life, creating a system that safeguards those most at risk and empowers people with disability to exercise choice and control.

This Taskforce has the opportunity to create a roadmap for meaningful reform that puts people with disabilities first.

We can't afford to miss this moment.

I encourage the Taskforce to think boldly and make recommendations that work for people with complex needs.



Jo-Anne Hewitt
Chief Executive Officer
Achieve Australia



Recommendations

Risk-Proportionate Regulatory Model – Design

Objectives

1. The new NDIS regulatory model should:
 - a. safeguard NDIS participants according to their level of risk, prioritising those who are most vulnerable
 - b. maximise choice and control for all NDIS participants.

Rationale

- Our community expects that:
 - people with disability should be safe
 - government funds are invested in high quality evidence-based services, delivered by trained staff
 - the Federal Government ensures service providers deliver supports in ways that protects NDIS participants' safety and improves their quality of life.
- The new NDIS regulatory model should uphold these expectations.
- NDIS participants with complex and acute needs require additional safeguards if they:
 - use alternative methods of communication and/or communication devices
 - do not have active family and/or social supports
 - have a history of trauma.
- NDIS participants with complex and acute needs often rely on service providers to uphold safeguards that protect their rights, quality of life and choices.
- The new NDIS regulatory model must protect participants who are most at risk and those who need assistance to advocate for themselves.

- Achieve is advocating for a regulatory system that protects NDIS participants with complex and acute needs.
- This system should recognise that:
 - high registration and compliance standards are required for service providers who support NDIS participants with complex and acute needs
 - there are a select group of service providers which are qualified to support these NDIS participants.

Duty of Care

2. The new NDIS regulatory model should outline the duty of care to NDIS participants for:
 - a. the Minister for the NDIS
 - b. the NDIA CEO
 - c. the NDIS Quality and Safeguards Commissioner
 - d. service providers delivering services in higher risk settings.

Rationale

- The current NDIS regulatory model does not explicitly outline decision makers' duty of care to NDIS participants.
 - This opaqueness means the NDIA and the NDIS Quality and Safeguards Commissioner miss opportunities to proactively safeguard NDIS participants, particularly those with complex and acute needs.
- The new NDIS regulatory model must clearly outline who is ultimately responsible for safeguarding NDIS participants.

Rights-based Regulatory Model

3. The new NDIS regulatory model should establish:
 - a. protections that empower NDIS participants' choice and control
 - b. quality, safety and wellbeing benchmarks for people receiving government funded disability services
 - c. standards for providers to deliver quality person-centred supports.
4. The new NDIS regulatory model should outline desired outcomes for provider registration, maximising system-wide benefits to:
 - act as a preventative safeguard
 - improve the quality of services to people with disabilities
 - prioritise services that support NDIS participants' quality of life and preventive health instead of choosing lowest cost options.
5. The NDIS Quality and Safeguards Commission should publicly report against these outcomes in an annual *State of the NDIS* Report.
6. The new NDIS regulatory model and NDIA should support 'whole of life' models of care that protect a participant's autonomy and empowers them to make informed decisions about their health, care and support across different systems and service providers.
 - a. This includes funding appropriately qualified service providers to:
 - provide overarching trauma-informed support across different systems and service providers
 - act as a planning coordinator for groups of participants in shared accommodation with complex and acute needs.

Rationale

- Appropriately qualified service providers can provide a rights-based approach to support participants' decision making, based on a detailed understanding of their baseline behaviour and health profile.
- A 'whole of life' model supports participants to live a dignified life, with meaningful relationships and positive community connections.
- Properly coordinated supports across multiple service providers:
 - improve participants' safety, health and quality of life outcomes
 - build participants' capacity in a trauma-informed manner.

Provider Risk Framework

7. Protection of NDIS participants' safety, rights and choices must be at the heart of the new Provider Risk Framework.
 8. NDIS participants' level of risk when engaging with service providers should be assessed according to:
 - their ability to independently advocate about their needs and choices
 - the level of active involvement from family and other (non-funded) social supports
 - the impact of their mental health needs
 - the complexity of their clinical needs
 - past experience of trauma.
 9. The Provider Risk Framework should empower NDIS participants to make informed decisions about their choice of service provider, especially people:
 - with cognitive disabilities
 - under 18
 - under guardianship orders
 - with limited support networks.
- The Provider Risk Framework should identify and minimise circumstances where NDIS participants' level of risk may increase, for example the unexpected withdrawal of support by service providers.
 - NDIA planners should meet with NDIS participants who have complex and acute needs in-person at their place of residence when determining their care and support needs.
 - The NDIA must establish regular in-person meetings to be confident that NDIS participants with complex and acute needs are safe.

Rationale

- The Provider Risk Framework can help to improve the quality and consistency of services delivered to all NDIS participants.
- A consistent risk-based approach to compliance and reporting will help ensure service providers can sustainably deliver quality support to people with complex and acute needs.

Provider Registration

10. Achieve supports the graduated and risk-proportionate provider registration model set out by the NDIS Review (p. 214, NDIS Review Final Report).
 - a. Service providers delivering high-risk supports must be required to comply with higher obligations for registration, quality, safeguards and compliance.
11. All NDIS service providers with more than one employee should be required to register with the NDIS Commission.
12. A service provider's NDIS registration and compliance requirements should be based on the level of support provided to their NDIS client with the highest/most complex needs.
13. The NDIS Commission should prohibit the delivery of support coordination and disability services to an NDIS participant by the same provider.
14. Sole traders or businesses delivering non-disability services (for example, gardening and cleaning in low risk settings) should not be required to register with the NDIS Commission.

Rationale

- Risk-based provider registration can help to:
 - improve the health, safety and wellbeing of people with disability receiving supports or services
 - promote continuous improvement among all NDIS providers
 - apply a nationally consistent approach to managing quality and safeguards for people with disability receiving supports or services, including those received under the NDIS.
- A risk-based approach for provider registration would ensure that registered NDIS providers are held to a higher standard of service provision than unregistered providers.

Graduated Pricing

15. The NDIA should adopt graduated pricing, based on the complexity and risks posed by the type of support provided to an NDIS participant.
 - a. This would ensure providers delivering higher risk services can effectively comply with:
 - the NDIS Practice Standards and Code of Conduct
 - in-house complaints management, incident reporting and external reportable incident requirements
 - employee screening rules
 - behaviour support and restrictive practice regulations.
16. The NDIS' funding model should reflect that higher risk support is tailored to each participant's complex and acute needs and cannot be delivered at scale.

Rationale

- A mature and dynamic provider market ensures NDIS participants can maximise their choice and control.
 - This requires the NDIA to take a market stewardship approach that helps keep quality service providers in the disability sector, particularly those that support people with complex and acute needs.
- Compliance and reporting are 24/7 activities that are not factored into NDIS participants' plans.
 - The cost of compliance and reporting is currently subsidised by registered service providers.
- A graduated pricing model would ensure the cost of compliance and reporting is directly tied to an NDIS participant's care and support needs.
 - This will ensure service providers can sustainably comply with NDIS Commission and NDIA compliance and reporting requirements.

Provider Risk Assessment and Evaluation

17. Provider risk assessment and evaluation should be ongoing and proactive to protect the rights and choices of NDIS participants.
18. The NDIS Commission should establish new risk assessment and evaluation programs, led by people with lived experience of disability, based on proven evaluation models like Achieve's Quality Champions (*see program outline on next page*).
19. These programs should guide:
 - a. the NDIS Commission's engagement with people with disabilities about the quality and safety of services they receive
 - b. service providers' engagement with clients about their needs and opinions on the services they receive
 - c. the quality of inputs for compliance, safeguard and reporting to the NDIS Commission.
20. State and territory Community Visitor Schemes should be consolidated into a national program, under the responsibility of the NDIS Commission.

Rationale

- Evaluation programs led by people with lived experience are an important way to raise the voices of people with disabilities about the services they receive and the way the broader disability ecosystem works.
 - The new NDIS regulatory model must create new ways to actively listen to people with disabilities, on their terms.
- Current state and territory Community Visitor Schemes are an effective mechanism for rights-based evaluation and quality management of disability service delivery.
 - However, there are currently missed opportunities to safeguard NDIS participants and drive improvements in the quality of services.
- A national Community Visitor Scheme, combined with the NDIS Commission's existing comprehensive participant dataset, will allow it to:
 - proactively identify and investigate NDIS participants at risk, particularly in higher-risk settings
 - adapt to new community based service delivery models and accommodation types.

Best Practice Service Evaluation – Achieve’s Quality Champions Program

Quality Champions raises the voices of people with disability in the evaluation of disability services. It is based on the UK NHS Quality Checkers program.

Why do we need Quality Champions?

People with disability can find it difficult to provide feedback on the services they receive in a way that service providers will hear. They often have limited opportunities to voice their needs and opinions so the supports they receive and outcomes they achieve can improve. People may be more open about raising concerns with service providers if they speak to someone with a shared lived experience of disability.

What do Quality Champions do?

Quality Champions are people with lived experience of disability who gather direct feedback from people receiving formal disability services. They present this to service providers in a way that can be acted on. They conduct interviews, write reports based on client feedback, and highlight improvements that can be made.

Frontline service staff then make changes based on this feedback in collaboration with the person with disability. Later, the Quality Champions re-interview clients about changes made based on their feedback and evaluate the impact of these changes on the client’s quality of life. Trends from the interviews are also used to make broader changes to improve services for all of Achieve’s clients.

How do Quality Champions help?

Quality Champions empower people with disability to provide feedback on their services in a safe, open and inclusive way. As a result, they:

- feel heard, validated, and understood about what’s important to them
- learn more about their rights
- are more likely to express their needs in the future.

Quality Champions develop their employment skills and knowledge through this Program. They feel that they make a difference through employment of their choice and can be a role model in their community.

This program improves our services and supports based on targeted feedback that draws on people’s unique needs and perspectives. It has the potential to be a nationwide model for disability service delivery evaluation, as a key input to broader compliance, safeguard and reporting requirements.

Risk-Proportionate Regulatory Model – Implementation

Prioritising High-Risk Services

21. The Minister for the NDIS should prioritise changes to improving the regulatory oversight of high-risk supports and the service providers that deliver them.

Rationale

- Implementation of the new NDIS regulatory model should start with improving safeguards for participants who are most vulnerable.
- Providers delivering services to NDIS participants with complex and acute needs are ready to support the detailed design of the new regulatory model.

Evaluation and Reporting

22. The NDIS Commission should:

- a. collect data on the prevalence and diversity of support required for people with complex and acute needs
- b. publicly share data on incidents reported by NDIS service providers.

23. The NDIA should use NDIS provider registration and compliance data to drive improvements in the quality of services delivered to participants, particularly those with complex and acute needs.

Rationale

- Comprehensive transparent data from the NDIS Commission can help creating a mature dynamic market that maximises participants' choice and control.