

# Embracing Change Project

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Report

MAY 2021





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## 1. INTRODUCTION

This Report sets out the key learnings and issues collated during the development and implementation of the Embracing Change Project including:

- Key issues raised by Project Advisory Group and The National Forum Reference Group.
- Analysis of National Forum survey data.

In preparing this report the Project Team focused on the psychosocial disability context of NDIS quality and safeguards issues and systemic issues which impact quality and safeguards.

## 2. ABOUT THE EMBRACING CHANGE PROJECT

The Mental Health Coordinating Council's [Embracing Change Project](#) was designed to build capacity of NDIS service providers with respect to psychosocial disability and the NDIS Practice and Quality Indicators and other policy and legislative instruments.

The Embracing Change Project is delivered through two sets of complementary activities:

1. Ten live webinars based on the key principles and functions of the NDIS Practice Standards tailored to the needs of NDIS psychosocial disability service providers and NDIS participants with psychosocial disability; and
2. NDIS and Psychosocial Disability Quality and Safety Forum.

NDIS and Psychosocial Disability Quality and Safety Forum (National Forum) focusing on quality and safeguarding issues for NDIS psychosocial disability participants, service providers and allies. The National Forum featured four keynote speakers and two panel discussion. To learn more about this forum go the [National Forum webpage](#).

## 3. KEY ISSUES RAISED BY PROJECT ADVISORY GROUP AND THE NATIONAL FORUM REFERENCE GROUP

The Project Team formed an Advisory Group through an Expression of Interest process. Advisory Group consists of a range of stakeholders including NDIS participants with a lived experience of mental health, carers and support persons, NDIS psychosocial disability service providers and sole traders. In order to get a strategic perspective on the national quality and safeguarding issues in the NDIS psychosocial disability space for the National Forum the Project Team formed a Reference Group consisting of people with lived experience and disability and mental health peak organisations. Please see below outline of key issues raised by these two advisory bodies.

## How do we define a NDIS psychosocial disability provider?

NDIS psychosocial disability service providers are a heterogeneous group and consist of 1) Community Managed Mental Health service providers specialising in the delivery of mental health services, 2) NDIS service providers supporting a broad spectrum of participants including those with a psychosocial disability, and 3) new NDIS market entrants such as private psychology clinics.

Psychosocial disability is a relatively new concept in Australia and one that many people with lived experience of mental health do not readily identify with. The NDIS psychosocial disability sector has adopted key concepts and principles carried from the mental health sector, most significantly the Trauma Informed and Recovery Oriented Approach which recognises the episodic nature of mental ill health and its differential impact on functional capacity.

Despite the difference in approach, the NDIS psychosocial disability providers who are also part of the Mental Health sector are in close alignment with the core NDIS principles of choice and control, participant led services, inclusive governance and committed to a strengths based capacity building approach.

## What are quality and safe services for NDIS participants with psychosocial disability?

Participant understanding of quality was discussed by Debra Hamilton, Mental Health Advocate and Lived Experience Researcher during her presentation at Webinar 5: Provision of Supports and Provision of Supports Environment. Debra spoke about the tension between dignity of risk for the participant to exercise choice and control over their NDIS supports and the provider's duty of care to deliver quality and safe supports.

Advisory Group members with a psychosocial disability noted that quality in their experience is equivalent to their relationship with their service provider and support workers and that this relationship can be difficult to navigate due to participant/service provider power dynamics.

Debra Hamilton's preliminary PhD research with NDIS participants about choice and control in the NDIS in a psychosocial context found that there is a strong correlation between increased participant choice and control and improved outcomes. This research finding is in keeping with the NDIA's Participant Outcomes Report which found that "*participants with a psychosocial disability were significantly more likely to want more choice and control in their life.*"<sup>i</sup>

## Provider perspectives on implementing quality and safeguards systems & processes

NDIS psychosocial disability providers working with the Embracing Change Project Team noted that they have significantly expanded in size and scope from 2018 in a rapidly and continually changing environment.

Providers also spoke about cost of compliance with the NDIS Practice Standards, tight margins for NDIS supports and high staff turnover due to increasing casualisation which limits capacity to invest in workforce development and new systems and processes. Other factors include limited staff capacity to engage with professional development due to significant participant facing time and administrative load as well as limited infrastructure to embed new systems and processes.

## NDIS Psychosocial Disability Support Worker Training

Our Advisory Group noted that disability support workers supporting NDIS participants with psychosocial disability would benefit from Mental Health training to give effect to the NDIA's Recovery Oriented Practice commitment. Three core training modules were identified:

- Recovery Oriented Practice
- Trauma Informed Practice
- Mental Health First Aid

An additional three modules for disability support workers were identified:

- Accidental Counsellor
- De-escalation
- Crisis Intervention

## Positive Behaviour Support and Restrictive Practice in a Psychosocial Context

Advisory Group members provided extensive feedback about the Restrictive Practice and Behaviour Supports as it related to NDIS participants with a psychosocial disability. The group felt that behaviour support as a concept was problematic in the psychosocial disability context as the focus tends to be on participant's behaviour and not on the underlying causes of the behaviour and other factors impacting on the participant's wellbeing such as staffing and the built environment.

Members noted that NDIS participants with psychosocial disability may have been subject to restrictive practice during contact with the state based Health and Mental Health systems and that this colours these participant's understanding of behaviour support and restrictive practice in general including its implementation under the NDIS.

There was strong support for the NDIS Commission's Positive Behaviour Support Framework which is rights based and person centred. It was also noted that for NDIS participants with psychosocial disability it was particularly important to co design strategies that are Trauma Informed and Recovery Oriented.

The issues outlined echoed the points raised by people with disability and service providers who provided feedback to the Department of Communities and Justice *Consultation on Restrictive Practices Authorisation in NSW*.<sup>ii</sup>



## Dual Disability and People with Complex Needs

Stakeholders raised the issue of Dual Disability and people with disability who have complex needs at the intersection of Health, Justice and the NDIS service system. People with dual disability in a psychosocial disability context have a psychosocial disability and an intellectual disability. People with complex needs, as a term, is often used to refer to people with multiple disabilities accessing an array of Disability and other service system supports. In the context of this paper which focuses on psychosocial disability, people with complex needs refers to people with dual disability who are experiencing homelessness or are involved with Criminal Justice and need a higher level of specialised supports in their NDIS plan as described by the NDIA's Complex Support Needs Pathway<sup>iii</sup> which provides for specialised planning teams, NDIA liaison and support coordinators.

Stakeholders identified a need for greater collaboration amongst NDIS providers and with other service systems to effectively support people with dual disability and complex needs and that more work needs to occur to understand the support needs of these groups of participants.

*The Department of Developmental Disability Neuropsychiatry,<sup>iv</sup> the Centre for Developmental Disability Health<sup>v</sup> and the Victorian Dual Disability Service<sup>vi</sup> have done significant work at the intersection of psychosocial disability and intellectual disability. Victoria<sup>vii</sup> and NSW<sup>viii</sup> have released papers exploring this space in 2015 and 2016.*

## Provider Coordination and Collaboration

Advisory Group members spoke about a need for provider coordination particularly for those participants who have multiple service providers and complex needs. The group agreed that service providers need to wrap around the NDIS participant with psychosocial disability and that a mechanism needed to be put into place to allow for coordination of relevant NDIS providers and other significant services such as Health services.

## Inclusive Governance Models in a Psychosocial Context

Inclusive Governance is a principle that has been enshrined in the majority state and territory based disability provider standards before the commencement of the NDIS Practice Standards which made it a national standard.

Inclusive Governance in a NDIS psychosocial disability context takes on a new meaning by integrating the NDIS approach with the longstanding lived experience representation movement in Mental Health as evidenced in the National Mental Health Standards that have had a strong focus on involvement of people with lived experience of mental ill health in development, planning, delivery and evaluation of a mental health service.<sup>ix</sup>

During the Inclusive Governance Panel and the National Forum panellists explored a range of Inclusive Governance models noting that there is significant space for innovation as driven by co-production with NDIS participants which ripples throughout the organisation and may include Professional Development activities led by NDIS participants and actively engaging NDIS participants on recruitment panels.

## 4. ANALYSIS OF NATIONAL FORUM SURVEY DATA

As the National Forum was a unique opportunity to reach and poll a diverse group of NDIS psychosocial disability stakeholder, the Project Team added two questions to the National Forum survey asking Forum participants to rank in order of importance:

1. Quality and safeguarding issues in a psychosocial disability context; and
2. Systemic issues impacting on NDIS psychosocial disability quality and safeguarding.

Please see below table summarising groups of people who completed the survey.

**Table 1: Participants who completed the National Forum Survey**

12 NDIS Participants and Advocates	NDIS psychosocial disability service providers	NDIS service providers	Others who do not provide or access NDIS services
12 of 56 who completed the survey.	28 of 56 who completed the survey.	2 of 56 who completed the survey.	14 of 56 who completed the survey.
<ul style="list-style-type: none"> <li>• NDIS Participants</li> <li>• People with lived experience of mental ill health</li> <li>• Peer Advocates</li> <li>• Carers</li> </ul>	<ul style="list-style-type: none"> <li>• Service Managers</li> <li>• Educators</li> <li>• Project Officers</li> <li>• Support Workers</li> <li>• Administrative Staff</li> <li>• Support Coordinators</li> <li>• Directors</li> <li>• Quality Managers</li> <li>• Human Resources Managers</li> <li>• Counsellors</li> <li>• Behaviour Support Practitioners</li> <li>• Allied Health Practitioners</li> </ul>	<ul style="list-style-type: none"> <li>• Allied Health practitioner</li> <li>• Director</li> </ul>	<ul style="list-style-type: none"> <li>• Consultants</li> <li>• Social Worker Students</li> <li>• NDIS Commission Staff</li> <li>• Disability Advocates</li> <li>• Policy and Project Officers at Peak Bodies</li> <li>• State Health Service Managers</li> <li>• Community Connectors</li> </ul>



## Methodology

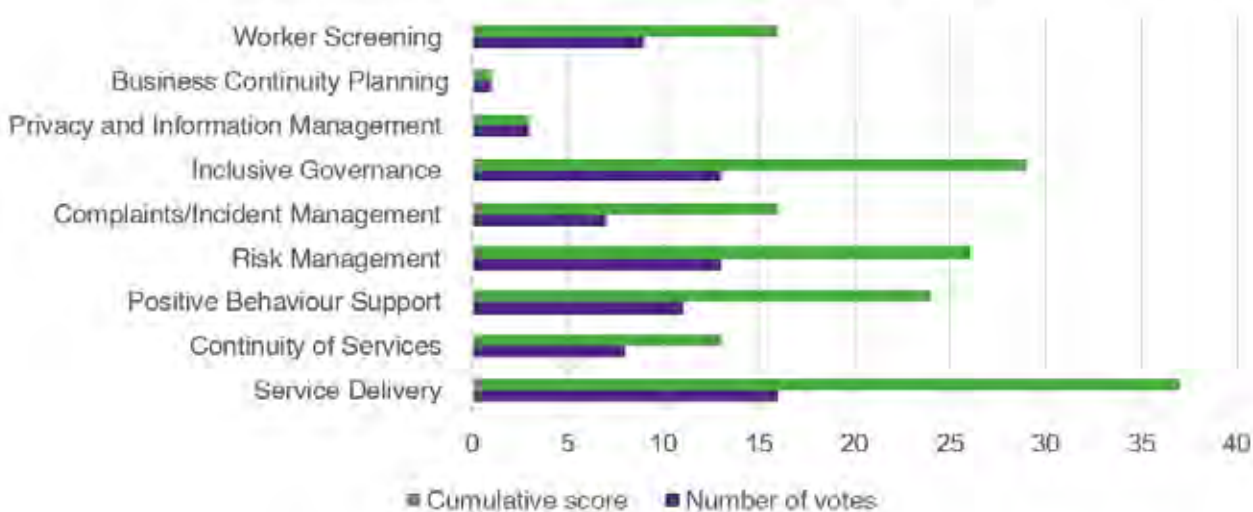
Please see below 4 charts based on an analysis of the top 3 Quality and Safeguarding and Systemic issues selected by 1) NDIS participants, peer advocates and carers and 2) NDIS psychosocial disability service providers. It's important to note that there is a difference in magnitude as the number of provider responses is 2.33 times greater than those of participants.

### Ranking of Quality and Safeguarding Issues

**Chart 1.1 NDIS Participants, Peer Advocates and Carers ranking of Quality and Safeguarding Issues**

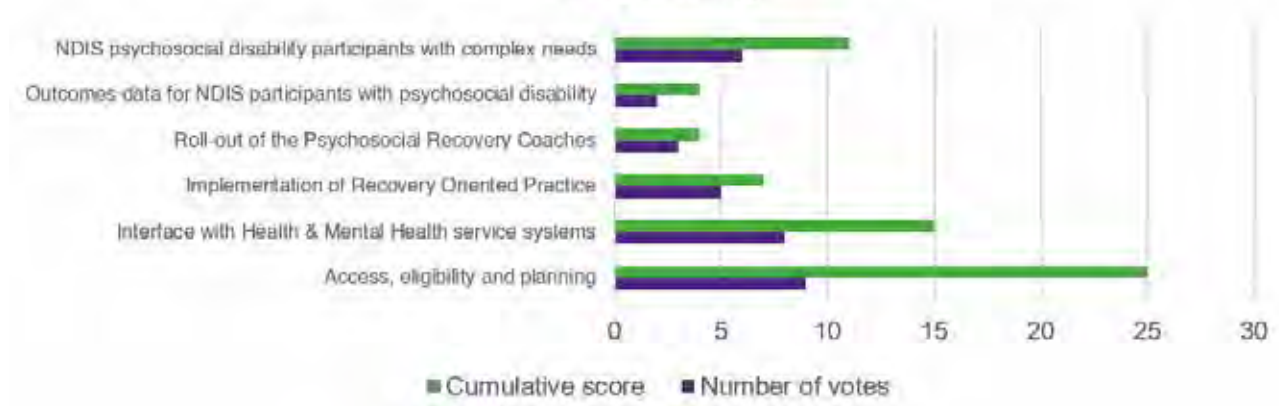


**Chart 1.2 NDIS psychosocial disability service providers ranking of Quality and Safeguarding Issues**



### Ranking of Systemic Issues impacting on quality and safeguarding

**Chart 2.1 NDIS Participants, Peer Advocates and Carers ranking of Systemic Issues impacting on quality and safeguarding**



**Chart 2.1 NDIS psychosocial disability service providers ranking of Systemic Issues impacting on quality and safeguarding**



### Analysis of National Forum Survey Data

*Service Delivery, Inclusive Governance* and *Positive Behaviour Supports* are effectively mirrored in the top 4 for both NDIS participants and service providers.

The alignment trend continues at the bottom of the rankings where both NDIS participants and service providers rank the following as lowest priority in their respective categories:

- *Roll-out of Psychosocial Recovery Coaches* and *Outcomes data*.
- *Business Continuity Planning* and *Privacy & Information Management*.

However, there is some deviation from this apparent alignment, see below:

- NDIS participants rank *Continuity of Services* as the 2nd most important Quality and Safeguarding issue which is ranked 7th for NDIS service providers.
- NDIS providers rank *Risk Management* and *Worker Screening* two places higher

than NDIS participants (3rd and 5th respectively versus 5th and 7th).

Other observations include:

- *Implementation of Recovery Oriented Practice* is a priority for NDIS service providers as it's ranked 2nd and 4th for NDIS participants.
- *Interface with the Health and Mental Health service systems* is a high priority for both groups (3rd for NDIS service providers and 2nd for participants).
- *NDIS Participants with complex needs* features 3rd for participants and 4th for providers.
- *Inclusive Governance* features 2nd for NDIS service providers and 3rd for participants.

## 5. LEARNINGS FORM SURVEY RESULTS

Given the limited number of survey responses from a very diverse group of respondents, we are able to draw broad thematic conclusions based on analysis of the top 3 Quality and Safeguards and Systemic issues selected by 1) NDIS participants, peer advocates and carers and 2) NDIS psychosocial disability service providers.

These survey findings indicate a maturing NDIS psychosocial disability provider sector which is placing a greater emphasis on quality and safeguards despite significant priority placed on Scheme reforms and interface with the Health and Mental Health service systems. This trend may be imputed from lower rankings for core quality and safeguards systemic issues such as Complaints/Incident Management, Privacy and Information Management and Business Continuity Planning which one may assume have been in place for some time.

NDIS participants prioritised those functions which have the clearest and most immediate impact on themselves as people supported by the providers indicated by high rankings for Service Delivery, Continuity of Services, Inclusive Governance and Positive Behaviour Support over provider systems and processes such as Complaints/ Incident Management, Privacy and Information Management and Business Continuity Planning. Participants shared the providers' emphasis on Scheme reform and interface with the Health and Mental Health service systems.

### Quality and Safeguards issues

The two most significant Quality and Safeguards issues for both NDIS participants and service providers include Service provision and Inclusive Governance. However, providers prioritise Risk Management over Continuity of Supports which is ranked significantly higher for participants.

Inclusive Governance was ranked 2nd by providers and 3rd by participants. As it was a key theme throughout the National Forum, the Project Team is heartened to see it ranked so high.

Positive Behaviour Support and Complaints/Incident Management are directly mirrored in the middle of the pack for both. Worker Screening is a higher priority for service providers than participants which makes sense as the responsibility lies with service providers.

Privacy and Information Management and Business Continuity Planning rank at the bottom of this hierarchy for both participants and providers. As survey respondents didn't provide context about their reasoning it is difficult to reach a conclusion. However, it is clear that participants have prioritised issues that directly impact service delivery as opposed to provider systems and processes that support it. For providers, it may indicate a degree of confidence and maturity of their systems having undertaken their re-registration as registered NDIS providers and for many a surveillance audit against the NDIS Practice Standards.

### **Systemic issues impacting on Quality and Safeguards**

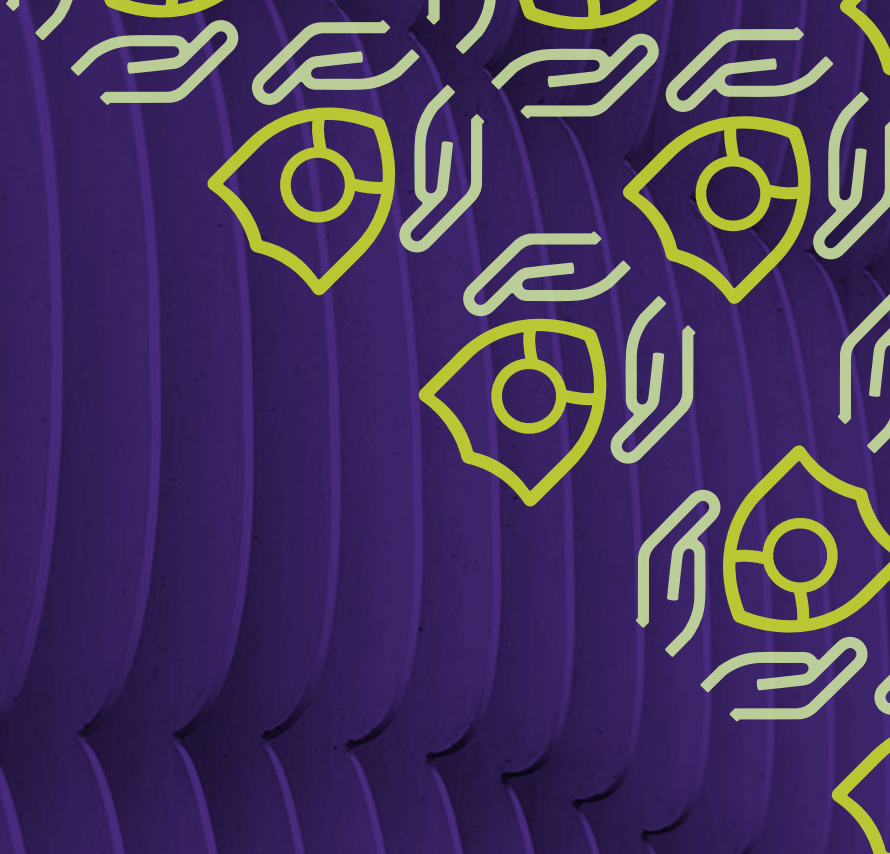
Both groups have prioritised Access, eligibility and planning, Interface with the Health and Mental Health service systems and NDIS participants with complex needs as priority systemic issues in psychosocial disability. This is very much a reflection of a moment in time speaking directly to the reforms together with an identified need for clarity as to interface with the Health system in a psychosocial disability context and how participants with complex needs are supported across multiple service systems.

Participants ranked Implementation of Recovery Oriented Practice and Roll-out of the Psychosocial Recovery Coaches closely as the 4th and 5th most significant of the 6 systemic issues. Whereas, providers ranked Implementation of Recovery Oriented Practice as the 2nd most significant issue and the Roll-out of the Psychosocial Recovery Coaches as the 2nd least significant issue. We do not know the reasoning behind this trend; however it is one of the most clear and significant findings of this Report.

## 6. ENDNOTES

- <sup>i</sup> Baseline outcomes for NDIS participants, 30 June 2020, National Disability Insurance Agency, p 103 <https://data.ndis.gov.au/media/2521/download>
- <sup>ii</sup> Restrictive Practices Authorisation in NSW: Consultation findings report, September 2019, Department of Communities and Justice <https://www.opengov.nsw.gov.au/publications/18969>
- <sup>iii</sup> NDIS pathway reform: Complex Support Needs Pathway, 16 January 2019, National Disability Insurance Scheme <https://www.ndis.gov.au/news/1215-ndis-pathway-reform>
- <sup>iv</sup> Intellectual Disability Mental Health Core Competency Project, Department of Developmental Disability Neuropsychiatry (3DN), University of NSW <https://www.3dn.unsw.edu.au/projects/intellectual-disability-mental-health-core-competency-project>
- <sup>v</sup> Centre for Developmental Disability Health, Monash Health <https://cddh.monashhealth.org>
- <sup>vi</sup> Victorian Dual Disability Service , St Vincent's Hospital Melbourne <https://www.svhm.org.au/our-services/departments-and-services/v/victorian-dual-disability-service>
- <sup>vii</sup> 10-year Mental Health Plan Technical Paper: Intellectual disability, State of Victoria, Department of Health & Human Services, August 2015 [https://www.mhvic.org.au/images/documents/10\\_year\\_plan\\_for\\_mental\\_health/Intellectual\\_disability\\_technical\\_paper\\_mental\\_health\\_plan.doc](https://www.mhvic.org.au/images/documents/10_year_plan_for_mental_health/Intellectual_disability_technical_paper_mental_health_plan.doc)
- <sup>viii</sup> Intellectual Disability Mental Health Core Competency Framework: A manual for Mental Health Professionals, NSW Ministry of Health, 2016 <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/intellectual-disability-framework.pdf>
- <sup>ix</sup> National Standards for Mental Health Services 2010, Commonwealth of Australia, Standard 6.17 <https://www.health.gov.au/sites/default/files/documents/2021/04/national-standards-for-mental-health-services-2010-and-implementation-guidelines-national-standards-for-mental-health-services-2010.pdf>





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