



WEBINAR 10

Embracing Change

Applying the NDIS Practice Standards in Psychosocial Disability Services

NDIS psychosocial disability:
Service Quality and Safety

WEBINAR REPORT AND TRANSCRIPT

Webinar held on 27 May 2021, 11:00AM – 12:00PM

Presenters

- Dr Gerry Naughtin, Strategic Advisor, Mental Health and Psychosocial Disability, National Disability Insurance Agency.
- Dr Lynne Coulson Barr OAM, Branch Head- South East Australia, NDIS Quality and Safeguards Commission
- Bill Gye OAM, CEO, Community Mental Health Australia.
- Karen Stace, Senior Manager State & Territory Operations, National Disability Services.

Participants

516 people registered to attend the webinar.

TRANSCRIPT

HOST:

Hello and welcome to webinar 10, yes, the final webinar in our Embracing Change series. I can't believe we're actually here now, it felt like it would go on forever. I'm Daniel Kim, your regular host, it's great to have you company, and I'd like to begin by acknowledging the Aboriginal custodians of the land from which this webinar is being broadcast, the Gadigal people of the Eora Nation and pay my respects to the Elders past, present and emerging.

A quick word about language used in the Mental Health Sector and its used in reference to the NDIS, in the Mental Health Sector, the term consumer is used to describe the person accessing a mental health service, and in the context of the NDIS, we will be using the term participant.

So this is it, it's the 10th and final webinar, we are sadly at the end of the very comprehensive journey we've been on, looking at NDIS Practice Standards And Registration Requirements and how they apply to psychosocial disability service providers.



This final episode is about tying up all the elements we've been discussing, zooming out to get a big picture overview of the sector, with particular reference to recovery at the intersection between psychosocial disability and the NDIS.

Future directions for NDIS, psychosocial disability, equality and safeguarding is the formal topic. So, we're really building on the conversations we started at the National Forum and we're bringing a systemic perspective. There's a lot to cover, evidently, so we're going to go for a bit longer, 85 minutes is the allotted time today. Now, I'm joined by two presenters here in the studio and two online because we do these things in technology these days. On the far right is Bill Gye, CEO, Community Mental Health Australia. Bill, welcome to the program.

BILL GYE:

Thanks, Daniel, good to be here.

HOST:

It's great to have you with us. Now, recovery is a big part of your work and you do a lot of incredible things with all the state peaks, but you also know what it's like as a provider.

BILL GYE:

Yeah, indeed, I've spent many years there, had the privilege of working in that space, but also sweated tears of blood at 2am trying to make it work, so I understand that perspective. But also had the benefit of many people with lived experience contributing to that journey as well. too.

HOST:

Yes, we'll be looking forward to hearing your take on things today. Also joining us in the studio is Dr. Lynne Coulson Barr, Branch Head South East Australia at the NDIS Quality and Safeguards Commission. It's great to have you with us, Lynne.

DR COULSON BARR:

Thanks, Daniel, it's certainly great to be here.

HOST:

Now, Lynne, in your current role at the commission and in your previous role as the inaugural Victorian Mental Health Complaints Commissioner, safeguarding the rights of people with disability and mental health conditions has been a big focus for you.



DR COULSON BARR:

Absolutely, and I'm really pleased to have the opportunity to talk about the approach of the NDIS Commission to safeguarding those rights. Some of the reflections I'll be sharing is also based on my previous role as Mental Health Commissioner in Victoria, because I was dealing with complaints about NDIS funding supports prior to the full rollout of the Scheme, as - I'll be also talking about the insights we've gained from the commission. I'm really pleased to be here.

HOST:

We're so pleased to have you on the program.

DR COULSON BARR:

Thank you.

HOST:

Thank you. And also joining us online last minute is Dr Gerry Naughtin, Special Advisor, Mental Health And Psychosocial Disability at the NDIA. A warm welcome to you, Gerry.

DR NAUGHTIN:

Morning Daniel, good morning, everybody, it's great to be with you.

HOST:

We wish you were here in person, live, as the original plan, but you have to make due these days.

DR NAUGHTIN:

I'm sorry, Daniel, certainly we look like we're going to have a lockdown in Victoria because of the COVID development, so I decided it was probably safer for me to be in Melbourne. So, I'm sorry I'm not with you in person.

HOST:

Yes, we're sorry too, but you're right, better safe than sorry. Now, for you, improving the Scheme is a big part of what you do at the agency and you're opinion that the game is at a bit of a crossroad.

DR NAUGHTIN:

The Scheme is at a crossroads and there's two suppose development that I'll talk about today. One is the work we're doing to strengthen recovery within the Scheme,



and its impact on outcomes for participants. And I think secondly, is the larger scheme of - what we're calling Scheme reform, which is about improving the fairness and the simplicity of the way in which the NDIS works for people with psychosocial disability. And I think that's a big part of what quality is about, trying to be able to respond to people's needs.

HOST:

Yes, I'm pretty sure it's the first time we've got someone from the Agency on this particular webinar series, so we're really glad you're on board with us as well, thank you. And joining us online also is a familiar face from webinar nine, Karen Stace, Senior Manager, State and Territory Ops at the National Disability Services. Welcome back, Karen.

KAREN STACE:

Yeah, thanks, Daniel. Thanks, everybody. Also my apologies for not being able to be with you in person again today. I am very happy that I didn't disgrace myself too badly on Webinar 9 that you were prepared to have me back. So I am very pleased to be here.

HOST:

That's great, you get the best of both worlds, you've been in the studio and now you're joining us online. And, you know, last time you touched on governance topics and you can't really talk about emerging trends without talking about governance issues.

KAREN STACE:

No, no and I think as I did talk about a fair bit the last time I was with you, you know, I do think that area of practice governance, what we might call in more clinical settings, clinical governance is one that's really emerging for many providers, boards and governing bodies are starting to very much direct their attention to how they can assure themselves that services are being delivered in really quality ways, that are meeting people's needs and delivering great outcomes, but also in ways that really are about rights and safety.

HOST:

Well, this is going to be a fantastic panel, we're glad you can join us. And just for everybody's benefit, you won't be having a presentation, per se, you'll be with us for the Q&A at the end.

Thank you, now, as usual, we are going to kick off with a quick poll, and it's slightly different today to the one we have been doing. You'll see it pop up on your screen and we're going to ask you to rate your knowledge of NDIS Quality and Safeguards in a psychosocial disability context. It's a broader question, of course, it's reflecting the content of today's discussion.



So please respond and let us know and we'll poll you again at the end. Now, while we wait for the results to come in, over on the next slide is the overview of the Embracing Change series as a whole and the topics we've been covering, so if you've only joined us in recent episodes, do check out the Embracing Change Web page for more information, if you like any of the topics there on your screen. And then over on the next slide, you'll see the Project Report, which is one of the major outcomes of the Embracing Change Project, it summarises the issues we've collated along the way and the feedback from the National Forum.

Now, to our knowledge, nothing like this has ever been done on the NDIS interface, so make sure you get your paws on a copy of this report by clicking on the light blue download resources icon, in on the top of your screen. And while you're there, we also want you to join the conversation today and get your questions in for the panel to address during Q&A, following all the presentations. You can do that by clicking the dark blue hand icon at the top of your screen. With that, it's time to hear our first presentation, so, Bill, it's over to you.

BILL GYE:

Daniel, thank you very much for that. And I will start by noting that at the last minute, we did have to reverse the order of the presenters here for varying reasons. So my presentation will be fairly general, but hopefully you'll get on to something other that's a bit more practical and sensible from some of our other presenters later on as we speak.

I would want to begin also with acknowledging the original and long custodians of this unseeded land and pay my respects to the elders past, present and emerging. And also too just a quick shout out to my daughter, who's sitting in a chair on top of a sand dune in the middle of the Simpson Desert right now, so if she can get the satellite to work as she promised - happy birthday, sweetheart, enjoy it out there, I hope it doesn't get too hot in the middle of the day.

Now, when we do acknowledgements, often they can become perfunctory- it can become routine. And I want to begin with a little bit of an acknowledgement of lived experience also, but just to pause and note the importance of this, because we tend to sometimes slide over these things too quickly.

I won't read it out because hopefully people can read that there and see it for themselves. But each one of those points, I think, is important and important to note, and there's a lot of life and emotion and lived experience behind many of the sentiments, which are sentiments from people with lived experience, themselves that have evolved over the last 20, 30 or 40 years.

I will just note the last one though, which is relevant to what I'm about to talk about, which is, "Together we can seek to make real the aspiration of recovery-oriented trauma, informed, healing enabled human rights based services." So that's where I want to end in our time together.

I will also, though, very quickly, just make a couple of other acknowledgements, because these are often ignored. As I said before, when Daniel asked me the question there, the world of providers is one that needs to be acknowledged, there's a lot of organisations out there doing very well, there's a lot and I know struggling with viability.



And that has in some cases led to people reacting and adjusting that, by increasing the casualisation and lowering the pay of workers out there. And in some cases, unfortunately, some providers may have had to adopt lower integrity practices, which I know, which is something rather that we want to focus on in terms of quality and safety. But we need to continue to work on that and to make that a priority, and that's certainly part of my world and my job there.

But I also want to acknowledge to the commitment skills of many workers, both outside and inside the NDIS as well, to make this work. And lastly, not to forget, and we are all in this together, that we do tend to slip too much into adversarial mindsets quite often. So I do want to acknowledge the commitment and dedication of many people working in the NDIS and the NDIA, such as those with us today, right now, I know really put a lot of their heart and mind into the work that's done here to make the Scheme a success.

Now, I'm going to just start off with a checklist of issues to attend to. Now, this is not exhaustive and there are probably a couple of missing ones there, but these are certainly some of the significant ones that take up my time and attention. A key point is that most of them - all of them are interrelated, in that, you can't really solve one on its own without connecting the some of the others. And to that extent, it's a complex set of issues there that we're seeking to evolve and make work.

Sustainability very, very important, and Gerry noted that at the beginning there, we're in transition stage and one of the issues there is, people looking now at the sustainability of the Scheme, seeing that it's matured to the point it actually has right now. A lot could be said there. A key success factor is the workforce, including the peer workforce and how we move forward with that. Not unrelated to that, and certainly a current issue right now is the Independent and Functional Assessments, they say sometimes don't talk about the war, but we may touch on that issue there, and it certainly relates to the issue of sustainability and other things that I'll be talking about.

Flexible funding, again, big topic. Pricing and provider viability or provider integrity, as I mentioned before, important to make that work as part of the whole ecology of making this incredible, internationally admired initiative work. Quality and safety, reducing and eliminating restraint practices, the Recovery Approach and the Recovery Framework we'll talk about. Increasing capacity, and by that, I mean increasing capacity of participants and independence outcomes as against just focusing on the core supports will be talking about that, or hopefully we'll get to talk about that a little bit later.

And the interface issues, both with 'clinical services' and social determinants services. And lastly, and one that's not often talked about here and one that I think you can make a strong argument is essential to the success of the NDIS, particularly in terms of psychosocial disability, is to have a full and adequate psychosocial support program outside the NDIS, both as the second tier to allow people to stay at that level who don't make it into the NDIS, and as a simple step out of the NDIS as well, too, so it's not at the edge of a cliff if people fall out of it.

Now, just quickly, some data, I know Gerry will focus on a little bit more, but I just want to have a quick look at some of the key data points here at the moment as per the December 2020 figures that we have available. So it's interesting to see we have 6,143 providers out there, which is much more than I originally thought many years ago.



But the field's evolved, many of those are probably smaller organisations, but there are some very large ones in there as well too.

The psychosocial disability providers estimated staffing is not something that you can actually get at the moment from the data we've got so I've had to do a little bit of reverse engineering here based upon some discussions. And so, given the dollars that are actually spent on packages at the moment, that's not committed, that's actually actual expenditure, and dividing that by the number of hours based on an estimate of the average hourly cost for core supports and capacity building, and then dividing that by FTE, for workers there.

At the moment, very roughly the estimate's about 17,500 workers, full-time FTEs out there at the moment in the psychosocial disability arena, which is interesting. Again, it would be great to have more data on this, and hopefully, as we evolve the data collection, we can collect more data on the providers, their workforce, their skills, competencies, experience, what proportion of peer workers, that will provide a benchmark through which we can then move forward in the strategy of workforce competency, because you can't really tell where you're going or whether you're making progress towards where you're going unless you get a clear idea of where you are now already, so we do need that data. And that applies to the broader psychosocial workforce across Australia, but that's another story. Now again, another data point there that's available and with a little bit of a projection of my own here. So this is the number of primary psychosocial disability NDIS participants at the moment, last figures - the December figures are the ones last ones we have 47,600 thereabouts, estimated if where we are now at June 2021 round about 53,000 possibly, if the trajectory is the same as previously.

Which means that we we passed the 64,000, which was the number of people that the original estimates were done on, in terms of the number of people with psychosocial disability. Now, if the trajectory continues on, we pass that 64,000 point roundabout just before June next year, so roundabout 12 months' time we hit that mark, which is quite a turning point for us, what does that actually mean?

This is the demand led scheme, so in other words, the legislation wouldn't allow the sudden imposition of a quota, and so we can't stop that. So, of course, you may well turn down the input process there and the issue of Independent Functional Assessments is part of that discussion, whether the intent is to do that, as well as trying to bring in more equity into the assessment and entry point for the NDIS, which is an important issue as well, too. But still, it's an important consideration when we get there. And I want to cross-reference that too with the increase in packages both committed, in other words, what people get in their annual budget and actual expenditure.

Again, if that continues to grow and I've even tapered it a little bit there, so the rate of increase is not the same, then theoretically, when we get to say June 2024, theoretically the packages would be around about 90,000 and the expenditure about 72,000. Now that's a significant amount of money because if you do your maths on that, you're now up to about seven billion. Even if we plateaued at the 64,000, an expenditure of about 50,000 to 55,000, you're still close to four billion as well, too. So, we're talking about a significant amount of money.



Now, I'm getting a little bit lateral here with the information in front of us and just want to do a little bit of a thought provocation, and by that I mean an outlandish proposal put forward with the intention of provoking alternative thinking about our topic. So, I'm not necessarily putting this forward with the hope that this will – which would actually happen, but I want to put it out there as something or other, a benchmark for us to consider.

So the proposal is, why don't we just give all this money directly and unconditionally to the NDIS participants themselves? If we could do a little survey now, Daniel, of all the people watching right now, I'm pretty confident that about 80% would say, yes, I'm very happy to have that directly to myself unconditionally. And that there is a background in this for those that haven't read the research, certainly have a look at the international research from the OECD, from the World Health Organisation. Nicely summarised in Rutger Bregman's Utopia for Realists.

All the research show if you give the money directly to the people that it's intended for, the outcomes are actually better than if you filter it through a series of providers and agencies and NGOs, etcetera. Kind of scary, but that's what the data is actually showing at the moment. So if that was the case, then my proposal here for the unconditional direct payment, the UDP, I've given an acronym already, is that the average income for the average NDIS participant for psychosocial disability and of course, we're throwing in the current DSP as well too, that's about 102,672 arriving in your bank account every year, reliably, basically for you to live off, you could probably even afford a mortgage in Sydney with that sort of income, basically, as well as to take care of yourself now.

And as I said, you bypass the middleman, and if I get the job, any extra income earned on top of working from that is on top of that, as is the intent of a guaranteed minimum income scheme. But, of course, I hear thousands of people out there saying that - people say, we don't want to do this, we don't trust that the money would be spent wisely or unscrupulous people would rip Scheme participants off, etcetera. There would be many, many issues and things to be considered there.

So, even if this UDP is unlikely at present, then we need to demonstrate to all stakeholders that the value of the current arrangement with improvements and we're here to continue to improve it, must be better than the UDP alternative, we need to justify ourselves why we wouldn't just do that. And also, this is the largest psychosocial research project on the planet, so we blitz anything that's happening in the United States, Europe, anywhere at the moment, although there is a huge amount of expenditure going into not dissimilar services in China right now, which is another story that not many people are cross.

But with that significant investment, with that large amount of money, comes a great responsibility, and I want to turn to that now. We have an opportunity to demonstrate to the world how this experiment can make real the hopes and dreams about the reality of recovery for all or almost all.

So, how to do this and what's standing in the way? Now, what recovery outcomes are, I'm just going to fly past this, because I'm already using up a fair bit of my time and only about five minutes or so left to go. Really what we want, of course, is we want people to not just achieve those basic aims in life. I'll just go back to that, the - physiological needs, safety needs, the ones that we tend to deal with in core supports,



connecting people up maybe as a core support there, but really we need to be able to move up this old - traditional Maslow-ian hierarchy so that people can realise a full contributing life to use the words of the National Mental Health Commission which was so well articulated about seven years ago.

So, we also need in this process, I believe, and I know others are on board with this, that we need to support the dignity of the risk to dream. There's a famous quote here from Helen Keller, 1937. "Happiness is not attained through just satisfying your immediate needs, but also through focusing on the deeper long-term needs and dreams." And by that, I mean that we need to make sure we adjust the Scheme so that those broader and deeper needs and dreams of people are realised. And we're not just keeping, maintaining, it's not a matter of just maintaining people in current situations, but evolving and growing. So that, that fundamental human right, the pursuit of happiness and fulfilment is one of the most basic of human rights. That is a human right that we must try to realise through the Scheme.

Now, recovery outcomes informed by and are shaped by our recovery oriented practices, which are informed and shaped by the recovery framework that others and Gerry will be talking about shortly. A subsection of that is that the role of Recovery Coaches to implement what's in the recovery framework. But I also think, more importantly, they simply become good practice models for everybody in the NDIS workforce. So, we want a skilled and competent, and understanding NDIS workforce.

And there we have a bit of a segue to what's happening in the Workforce Capability Framework as well too. Again, a skilled competent, and understanding workforce one that's peer rich with this is importantly, I think to get to that practically, we need to make this an attractive career option for new people coming into the field. We need sufficient remuneration and career options. This is just a practical HR, Human Resources, recruitment reality. In Australia right now, particularly with unemployment going down, if we're to attract new and particular younger people into this occupation as against others, we need to make this an attractive option. And at the moment, it's less than attractive. We need also to invest significantly in training and professional development and invest that organisations have the capacity to invest in quality and safety, including, as I mentioned before with a tolerance for the dignity of risk.

And in order to do this, you'd need to, this is the ugly point, you need to sufficiently fund providers to enable all of the above. So, how do we do that? How do we set up the career options, the training pathways and to enrich and expand that?

Well, my own personal belief is the skill levels for the "care industries" need to be the equivalent at least to the "trades industries". And that therefore - just plucking something out of there, the average remuneration equivalent to say a plumber or electrician which at the moment is if you look that up, it's about \$90,000, which is 90,000 per annum period, which is about 30%, 25% more than the average skilled worker in our industry right now. There are - also too, I will note this, that trades are a predominantly male-dominated industry, this is a predominantly -care industry is female dominated industry. To do this, to rectify that imbalance, would significantly address the gender equity issue in salaries as well too.

So, the argument is to - okay, let's give all the dollars directly and unconditionally to the participants else we need to improve the current arrangements - they demonstrate their worth. We do this by demonstrating Contributing Life Outcomes.



We do this with Recovery-Oriented Practice and the Dignity of Risk to Dream. We need a greater emphasis on Capacity Building once the basic needs are covered. The point of the Maslow-ian hierarchy is that you cater for all the need all the way up there.

You need to attract, develop and retain the skills and sustainable workforce. And to do that, we need to tweak the current Business Model to make possible. So, we don't need to do that, we don't need to expand the current quantum of money that would not be politically proper right now. We just need to work out a smarter way of doing it right now, so we can get all these objectives achieved. Now, I'll leave it up to Daniel to give me a wrap-up when I'm pretty close to the time, but I'll just closing in on the last couple of slides, if that's-

HOST:

Feel free to go for an extra few minutes Bill.

BILL GYE:

Thanks. Thanks, Daniel. That's great. I'm just noting apart from everything else on that checklist that I mentioned above each of which we could pause upon and have a little bit of a discussion about, I think one of our other challenges though, is, and I know others out there are on the same page as me on this. The NDIS is designed to focus on the individual and not the whole social and environmental context of the individual. And so far, it has a lack of ability - well, it can in some small way, but not at the scale that's required to address the broader social determinants of inequality and housing, housing first, employment and the numbers there are not pretty right now and need to improve.

Social inclusion and discrimination, again, with the - there's many, many issues there with the groups that – the various diversity groups in Australia. And we've come a long way, but we still have a lot further to go. Poverty and I mentioned employment without being able to address those, these are something that really challenged the NDIS with its focus on the individual, or when we've still got these broader social issues to resolve.

So, I presume this applies to many people here today. As well as focusing on improving the Scheme, we all have a role to play in the broader advocacy for social equity issues while still trying to make the NDIS a world-class initiative. And to that end, I think the whole world is watching right now, Daniel, and let's not blow it Australia. Let's kind of make this one work because that's a great responsibility that we have. So, thanks, Daniel.

HOST:

They certainly are watching, and yes, it's a trailblazing piece of work that we are doing. So, much food for thought there. Thank you very much, Bill.



BILL GYE:

Pleasure, Daniel. Pleasure.

HOST:

Hand over your little (INDISTINCT)

BILL GYE:

I will do. There you go.

HOST:

Lynne, it's now over to you. Thank you very much.

DR LYNNE COULSON:

Thanks everyone. It's a pleasure to be here today. Before I started, I also like to acknowledge the Traditional Custodians of the land where we're all meeting today and throughout Australia and pay my respect to their Elders past, present, and emerging. And I also want to pay tribute to the acknowledgement lived experience that builds so eloquently set out on his slide. I want to acknowledge those of you with lived experience of mental health challenges and other forms of disability who are joining us today because you hold the key insights of what quality and safety mean in the provision of supports and also what good looks like. And so, I'll be talking a bit about that today.

Bill your presentation is a bit hard to follow but I'll do my best. I'll be really focusing on some key areas from our learnings from experiences that people with a psychosocial disabilities, participants of the NDIS scheme have shared with us at the Commission, as well as talking about our approaches, both current and what our plans for the future.

But before I start, I've put up the slide in advance. I thought it would be helpful just to those of you who may not be familiar with the background of the NDIS Quality and Safeguards Commission and its role and function. So, I'll just start by just setting that context for those of you who may not be aware.

We were established in July 2018 in New South Wales and South Australia. We're now national. So, in December last year, our last state, WA, joined. And we also extended in December to have jurisdiction of residential aged care providers who are providing supports to NDIS participants, that was in December. And the National Worker Screening Program commenced and started to roll out in February this year. And it will be commenced in Northern Territory at the latest in July. So, a big piece of work in terms of being truly national and also expanding our jurisdiction in terms of the quality and safeguards that are provided for participants.

One of our key roles obviously is the improving the quality and safety of NDIS supports and services. And we regulate all NDIS providers, including those who provide psychosocial support. We manage provider registration. And one of the key focus of our work is to ensure national consistency of the provision of support. So, the aim is that no matter where in the country that people are receiving NDIS funded supports



that they'll be have a consistent expectation of what the quality and safety of those supports that they'll receive.

Our role is also to both help providers to meet their obligations under the NDIS Act, the Rules, the Practice Standards, and the Code of Conduct - we also take action when providers aren't meeting their obligation and that's an important key safeguard for people who receiving supports under the NDIS scheme.

We have a key role in also resolving issues of people's experiences in the Scheme. We have a compliance function. In my role as the Branch Head of Operations for the South East Region, here we have - I have a counterpart who has responsibility for the North Central West Region. We're responsible for the operations of the Commission throughout the country. And that includes the complaints function, reportable incidents, investigations, compliance activity and behaviour support.

So, we hear about the issues that people are experiencing with the Scheme. And I'll talk a bit about what we've learned in terms of the issues that people have brought through us through the complaints that they've raised about their experiences. Through that function, as well as all of our functions, we have a key role in looking at what's working and what's not and identifying areas for improvement. And that's a key role in terms of its continuous improvement and looking at how we can attain the quality in the NDIS scheme for the benefit of all participants.

So broadly, in terms of what the Commission does for participants, our key role is safeguarding participants' rights and providing the principles of choice, control, and dignity and that's for all participants. As I said, we respond to complaints and concerns. And I'll talk in a little while in terms of some of our experiences, in terms of the challenges that we know that still face many participants with psychosocial disabilities about how they raise their concerns when their experience of services is not what they were seeking.

A key role is promoting safe and good quality supports and services. And we need to ensure that providers and workers know and follow the rules and the Practice Standards and the Code of Conduct. And these are universal for all providers and all workers, so across the board. But I'll talk a bit about how those, the considerations that providers need to have when they're applying those, particularly the Practice Standards and the Code of Conduct when providing supports for people with psychosocial disabilities. And another key role is that we identify areas for improvement across the NDIS market. I'm sure we'll have a robust discussions and questions at the end of the session about that.

So, this is some of the key issues that we understand from participants with psychosocial disabilities. And some of these reflections are also from my former role as an understanding the challenges of people accessing the Scheme. We understand that for people with psychosocial disabilities, there has been particular challenges over time in accessing the Scheme and receiving supports that really cater for their individual needs and recover oriented practices. Understand that's been a key topic over the series of these seminars. And so, that's not surprising. I just wanted to reflect that as a Commission where we're really mindful that the many people - the experience of receiving NDIS supports and articulating what a plan looks like and service agreement is still really a new experience.



And when we deal with particular - particularly when we're dealing with complaints, where someone's been really dissatisfied with their service, some of the underlying issues can be - it can be really - has been a new experience for many participants to really think about what should be in their plan and what should be in a service agreement and to articulate that in the way that really meets their needs. So, I think we - often it's about the participants and the providers being in a new area and trying to work out how to best provide those supports in a way that will meet people's needs.

We know that it's just so critical for providers to understand a person's individual needs in terms of what's important for them in supporting their mental health and recovery. And I understand for some providers who for providing psychosocial supports can - has been new for some of the larger providers so understanding how to have those conversations of what's important for a person in supporting their recovery has been new for some workers. And so, that's an area that we need to look at in terms of worker capability and provider's understanding and having the types of conversations that they need when they're providing supports.

We also see, and this is not surprising, I think it's come up in some of the other seminars, is that it's so important in terms of the collaboration and coordinated support planning with mental health services and health services. Some of the issues that we see that - there's been a breakdown in terms of expectations of what the nature supports that are being provided by the NDIS provider compared to the mental health provider and having a seamless and coordinated supports is just so critical, particularly when people are experiencing a crisis in their care that - that joined-up services is so important.

And the last point I'd make is that we're really also mindful of the particular challenges for people with intellectual disability who are accessing mental health services and supports and also have a psychosocial disability. There can often be the challenges in accessing the types of mental health supports that they need but also for providers understanding the combination of how to best meet the psychosocial support needs along with their needs related to their intellectual disability. I'll talk a bit later about some of the work that we're doing in that area.

Some of the reflections from responding to concerns from participants with psychosocial disability, I think we can't underestimate the importance of understanding trauma and recovery oriented practice in the provision of safe and quality services for people with psychosocial disabilities. Understanding trauma backgrounds, and also understanding recovery is in many ways foundational to understanding what the Practice Standards and Code of Conduct, how they apply for the supports for a person with psychosocial disability. Particularly when you're thinking about person centred report - supports, understanding what's happened for a person and their trauma background, if that's a feature of their background is so foundational to providing true person centred supports that will support their recovery.

It's also critical in terms of understanding what a safe and competent service means for someone who's experienced mental health challenges and psychosocial disability. And one of the key areas that we see is that it needs attention to the right of participants to both be safe, particularly if they are within a supported accommodation type service, as well as to feel safe. And that's where understanding trauma can be so important in terms of understanding the impact of any incidents that might occur, particularly if someone's in a shared - supported accommodation.



The issues that we see in our complaints and reportable incidents, we know we need to pay - the providers need to pay attention to both the direct and indirect impacts on participants, because even if a participant hasn't been directly impacted by an incident in accommodation, whether it's an incident of restrictive practice or incident of alleged abuse - if they've seen an incident in a shared accommodation, we need the providers to pay attention to what the impact of witnessing incidents can be for people with - any participant.

But particularly also, for people with psychosocial disability, it can trigger past traumas in terms of witnessing incidents and so, it's about considering what that means for the person and what that means for their support. We also know that in some accommodations that can be considered a closed environment. And so, someone has had an experience of a restrictive practice in a mental health service that can have an impact in terms of how they experienced that environment. So, how the supports are provided in that environment need to take into account the person's past experiences.

Also so important for providers to understand what's important for a person's wellbeing in recovery and as I just touched on how their experiences services may be affected by previous negative experiences in mental health services. And sadly, this is where my past background in my former role, I know too well that many NDIS participants with psychosocial disability may have had negative experiences in mental health services particularly if they've had episodes of compulsory treatment or use of restrictive practices within mental health services. So, it's so important that background is taken into account in terms of how supports are provided.

So really, when we think about the Practice Standards and the provision of person centred supports and approaches that really requires staff and services to take time to really understand what's important for the person and what choice and control means for them.

The other thing I wanted to reflect on, we also know that for many people - many NDIS participants with psychosocial disability their story has had the experiences of being impacted by stigma and discrimination. We need to be mindful of that. We, as a Commission, we are mindful of understanding those experiences and how it affects people's engagement with services in terms of their willingness to raise issues about their experiences, raise their complaints, both with the service provider, but also with the Commission, we know that it can be a big step for someone to pick up the phone or to put in a complaint about that their experiences. And so, we were mindful in terms of how we engage with that person and providing the time and the space for - to tell this story and recognise that that for many people, it's a big step to raise that concern.

I'll touch now in terms of our approaches now and into the future. Our work in approach across all our functions have been informed by feedback of people with disability and advocates. And we have consultative committees that have people with mental health and lived experience expertise on our committees. And so, that we talk through our approaches and the range of our functions and activities and get feedback and advice from through those committee functions. But we also are informed by the feedback that we hear directly from people who have engaged with us and with advocates. We recently had a Disability Advocacy Forum where we had really robust and full feedback in terms of people's experience to date with the Commission and the types of improvements and changes in process that people were seeking.



And some of that feedback has informed the implementation of new approaches to our complaints and reportable incidents. We've refined our approaches in terms of looking at how we prioritise our approaches in terms of the issues that arise to us to make sure that we're taking key and timely action on any safeguarding matters. So, we're having a decision-making process of how we really respond to each matter in the way that it requires.

The other thing we've been doing is looking at Understanding Trauma Training for our commission staff, particularly those working in complaints and reportable incidents. And we've been implementing some of that training. So that staff when they're responding to complaints or assessing reportable incidents that they have that understanding of trauma impacts, trauma backgrounds and how that needs to inform a provider's response to the supports that are provided. We're also establishing some expert advisory committees for - committee for our approaches to complaints and that will include people with lived experience of both making complaints that are - also the experiences of services.

That's some of our internal operational activities but externally where a member of the NDIA Mental Health Sector Reference Group and actively can contribute to that. That's a group that Gerry Naughtin convenes. We have regular meetings with the NDIA Mental Health Policy League. So, it really is a collaborative and integrated approach to addressing these issues of how the NDIS supports and services can maximise the outcomes for people with psychosocial disabilities.

We're partnering with the Australian Commission for Safety and Quality in Health Care and Aged Care, Quality and Safety Commission on an action plan that really addresses that critical issue of overuse of psychotropic medications for behaviour management. So that's an issue across many sectors. And so, we're collaborating in the approaches of how you address that really systemic issue that can cause so much harm in terms of people's health and well-being.

And lastly, this is one that I'm personally a member of is representing the Commission is on the Advisory Group for Intellectual Disability Mental Health Service Pathways. And this is developing a web-based tool. This is a project by the University of New South Wales, combined with the 3DN and the Council for Intellectual Disability and this is developing some resources for both providers, but also people with disabilities and their families about how to maximise and how to improve the access for mental health services for people with intellectual disability. We're contributing the insights from our work across our functions in terms of what we understand those issues have been experienced by people with intellectual disability who also have mental health issues and how we can look at that really a joined-up approach in terms of - people to access mental health services alongside NDIS funded support. So that's the end of my presentation, and that's just contact details. Thank you.

HOST:

Excellent. Thank you so much, Lynne. Isn't that detailed and comprehensive? It's fantastic to see such a good focus from the Commission. Thank you. Thank you. We have now - it's time now to go to Gerry who joins us online. And I'll just take you to the first slide there, Gerry, but I take over it to you. Thank you.



DR NAUGHTIN:

Thanks, Daniel. (INDISTINCT) together, I feel like we should all stand up and have a stretch at this point in time after you've been listening to - patiently to two people, and I'll - the third speaker. But anyway, we all might want to have a big breath before I sort of start.

I think this is a great topic embracing change. And it's terrific because I think so many people, participants, families and carers and service providers which I think we've got a good number of all those groups represented in people online today, have all been embracing extraordinary change. And what I want to talk to you about today is the scale of change, because as Bill was alluding to, we are in the midst of the biggest change to psychosocial disability services that this country has ever seen. We are doing more in this space in Australia now that I think it's fair to say any other country in the world. You know, and I think Bill made that point to me recently and I stopped thought about it, I think, yeah, I think he's right in that because, you know, and I'll go through the figures for you in a minute and give you a sense of the picture of that.

But we're also – know I'm a bit focused on COVID today, but we've also seen in the last 18 months, participants, families and carers providers all do amazing adjustments, amazing headstands in being able to respond, to embrace the realities of COVID and actually come through that now as best as people can and that's not been without its criticisms. But so I think that's really important say in this slide is indicating this last five years, a period of such considerable change.

The other big change we have is in the federal budget, we had a very significant announcement by the Commonwealth Government in relation to mental health with a recognition that psychosocial disabilities, the current funding was being extended for two years and then there would be a further budgetary announcements to try and respond to the recommendations from the Productivity Commission. We've had as well, the Victorian Royal Commission and the recent State Government's announcement of very significant investments in new mental health services, including community mental health and psychosocial services.

So, I think that's been great. You know, as Bill said, one of the concepts that we've worked on and introduced, this idea of Recovery Coaches for psychosocial disability. And that now is really being taken up. We might come back to that in question time, but I think there's real interest and real excitement about that. And certainly, what I'm seeing is that is a new addition to the suite of services that we can provide that I think participants - lived experience are saying they're finding this really helpful. And that's certainly the feedback that we are getting in regards to that.

I suppose the other development that I'll just run through with you today is the focus on the new Psychosocial Recovery Framework. And this is really a concept which was to say, "We need a better focus on recovery." People with psychosocial disability need more than practical assistance. Not saying they don't need practical assistance, but we need to bring the best of what is - what we've understood as recovery practice in this country over the last decade.

You know Bill and Lynne and I have certainly spent many hours talking about this. And I think there's now, you'll talk a bit about what we are doing within the Agency to develop this framework and then to roll that out. And sort of fifth point in this is, there's a lot of other work in relation to finalising a position on Independent Assessments,



legislation and rule changes and plan flexibility. And for us, each of those are important things in terms of improving the both responsiveness and the quality and if you like the consistency of what people get. Because we do know in our own critique, and I think the Agency has been very public is our current processes mean that people who are better resourced are getting in easy - more easily than people who are not as well resourced and often getting more dollars in their plan. So, for us, one of the big issues is equity. So, when we talk about embracing change, one of the real problems we have is it's difficult to embrace change. And I think that's why I was so excited about the title and this series.

And I suppose to say, congratulation to Daniel, Enis but also Mental Health Coordinating Council because I think the work that you guys are leading and encouraging these discussions and debate is so fantastic because, for so many people, there is so much change and we are in a period where there'll be more change. But for me, I suppose, as someone who sits as the National Advisor and hears a lot about the problems we have, as well as the strengths we have in the system, my overall sense is we're in this really interesting period of change and opportunity. Let's see if I can get this. Yeah. So, let me give you a quick - I'll run quickly through some slides. Daniel, you might give me a sort of a five-minute warning before my time's up, if you could.

HOST:

Absolutely, Gerry.

DR NAUGHTIN:

So, this slide and I presume people can see this. Alright, Daniel, I'm just checking the...

HOST:

Yes, the growth in numbers of participants with a primary psychosocial disability.

DR NAUGHTIN:

Yep. That's the one. So, just to give you a sense of the growth in the number of participants. So, if we look at the third bar along with that - at the end of December last year 2020 we had 43,450 active participants. At the moment we're bringing in that 12,000 new participants a year. And so our target, which you'll see there is 64,000 people, which is the projected number of people who'll meet our eligibility criteria based on advice from the Productivity Commission. So, that gives you a sense of the volume of people are being supported by the Scheme.

So, let's have a look and this is, I find a really interesting figure. And this is about what's the growth in dollars coming into the Scheme and this is specifically for primary psychosocial disability. So, you'll see in 2017-18, we're just about \$650 million. In 18-19, we've grown to \$1.1 billion. And then in this last 12 months between the last two financial years, 18-19 and 19-20, the Scheme has provided in plan budgets and additional \$1 billion.



Now, I come from the time in which the total national expenditure was about 800 million in psychosocial disability. And my point to you today in terms of change is this is the biggest investment of Government in psychosocial disability. And this is big change. And it is Government recognising that this group has distinct needs. And this scheme has been given the brief to make sure we improve funds to people. So, and from my perspective, the NDIA is certainly delivering those additional funds.

So, let's just have a look there about what's the increase in what actual money, not just what the budgets are, but what's happening. So again, this graph highlights in 18-19 about \$32,000 was the average payment. We're now looking at 19-20 at essentially \$51,000. So essentially, we're seeing a growth of an additional \$20,000 on average being provided to participants over the last 12 months. So, just to give you a sense, you know for me, in terms of what funds are being made available to participants, I think there's often views that those funds aren't used as flexibly as they could and we'll talk about that perhaps in the question time but the dollars are important.

This next slide just highlights the increase in the number of providers. So, what we are seeing, historically in about 2015 we had probably about 1,500 agencies providing psychosocial disability services. The figure on the right, the graph on the right said, the NDIA alone there's over 6,000 providers of services to people with psychosocial disability. Many of those are standard disability services as Karen will know well. So, we've got a much broader suite of providers who are interested in this space who are coming into the space and are keen to support people with psychosocial disability. So, that's another really interesting part of the change.

This next slide just speaks to what are the participant outcomes. So, a lot of money, what's our data saying about what's happening? So, I think that from these, these are four outcomes that we measured, and that we've measured for time. And this is the figures from December 2020, but the percentage of people in community, cultural or religious activities, what we'd often call social and community access, we now have 26% of people using their plans for that purpose.

And from my perspective, I suppose, what I see is this is one of the great successes of the Scheme for people with a psychosocial disability, that we have significantly reduced isolation and loneliness and help people to get out and mix and integrate much more in the community. So, from our perspective, I think that is one of the big emerging changes and one of the real success factors. The CDG - education training or skill development is 8% so, it continues to be low. I think it's about 9% in the broader disability. Karen, you'll probably know that figure better than me. But you know we are not seeing, I suppose, outcomes improving in education, training and skill development. Percentage with a paid job is it 9%. And again in this, there hasn't been much movement in that outcome indicator for a couple of years now. And the other big variance, I suppose, is the percentage that choose what they do every day, that the choices and options that people have been able to take on are clearly - 71% of people are saying that they're able to choose what they do more than they have in the past.

So again, just to give you - it's a very quick snapshot of what outcomes are being achieved. So, now I just wanted to move on to really some of the improvements we're working on. So again, I think what we're saying is over the next two years, including this year, we're looking at probably 10 to 12,000 a year people coming into the Scheme



is at best projections. So, we've got a scheme that still isn't a very active phase of bringing significant number of participants into the Scheme.

The other concept we have is really the development and release of a Psychosocial Disability Recovery Framework to strengthen the focus on recovery within the Scheme. And so, we see this as an important thing. We've got many views about what recovery is around the country. People have said widely, the NDIS needs to be more recovery focused. We as an Agency completely agree with that but one of the things we've got to say is what approach to recovery. Cause when we look around, we see - and in the paper that we're releasing there's about nine different approaches to recovery. So what is the - what's the set of principles that we should be using to drive that?

So, we're out at the moment, some of you will be aware talking in relation to this and seeking inputs onto a draft document in relation to that. If people are interested in this copy of this draft framework, Mental Health Coordinating Council has that and is able to send that out to participants in this webinar. So, that's an important element.

The next one really is I think, as everybody knows, there's lots of national discussion in relation to the what's called the Agency Scheme Reform Program. And this is some views within the Agency that we need to improve the fairness and the sort of simplicity and the accessibility of our assessments process. We need to be looking at more flexibility in our personal budgets. And as you know, we've had a new Minister coming in, Minister Reynolds, recently and she's listened to a range of concerns that have been around in the community about this. And has said all right, she wants as the new Minister to stop and listen further to what the disability sector and the mental health sector is saying about these proposed reforms. And then she and the Government will make decisions going forward about what should be done. So, I think that's a really important part of the context of change.

Certainly, from the Agency's perspective, and I'll just highlight this, the importance of plan flexibility is a critical area for us. So, and that notion, I suppose, that we have is we move in terms of embracing change from a current categories of three often very specific categories, broad categories, and number of subcategories to much greater flexibility so that we allow people to have greater choice over the dollars they have in their plans. And certainly, the Government is – they're earlier agenda was November for this given we've had, I think this review process, we'll be looking for this occurring in terms of early, I think in 2022. But certainly, an important issue to watch out for, to see what's happening in this space as this rolls out. I think that Karen will probably have some comments on that when we get into the question time as will Bill.

The other aspect for us of change is this Psychosocial Recovery Coach, which we introduced in the 1st of July last year. We now have 1,800 people who are using their plan budgets for Recovery Coaches. I think we are seeing varying levels of recovery coaches as being built into plans across the country. But from our perspective, we're seeing a lot of excitement and amongst participants and service providers about this new recovery approach that I think is one of the main strategies that we've identified for improving recovery within the Scheme.

Two, I suppose, other points. And I probably my time's getting up. And there's more slides that will be available I think on this but- There other big issue in terms of embracing change is the connection between what happens within the NDIA and what



the connection with other mental health services are, both within the public mental health system and in the private mental health system. I think what - the critique I think is that there hasn't been sufficient connection between those and that we need to build more collaborative practice.

That - the notion of a wraparound service in which the support, the clinical support and the psychosocial disability support, is brought together in a more integrated way, is the sort of aspiration that we all have and I think we all know will help participants and families and carers to achieve better outcomes. So for us, there's a lot of work happening in that space. This morning I've just been talking with hook up of all the states and territory mental health officials across the country and again, we are talking about how we build this practice. It's a big change. And I think you know, two or three years ago and Lynne particularly I think could talk to this, we were a long way from the two systems understanding each other. We are finding they're talking together, they're working together much more. We recognise some of the real potential of the effective use of the resources that are available will only come by the systems working more closely.

And the other theme that I just wanted to talk about for us in embracing change, it's talking and listening. And I've done a lot of talking to you today, and I hope to be listening to you soon. But us, what we know is, there is such a thirst and such a need to hear what people are saying to us. So I, in my role as Strategic Advisor chair a number of forums, but one is the National Mental Health Sector Reference Group, and that's a national advisory group to the Agency in regards bringing input about some of these initiatives and some of the things we're doing, getting input from a whole range of organisations including Community Mental Health Australia which Bill represents at that at that forum.

So, again, this - understanding what is happening and government being able to respond to those emerging issues, because for us, a change is about understanding, we haven't got it all right but we're committed to working with people, to listening to people with lived experience of psychosocial disability, their families and carers and service providers – listening to ensure our policy are trying to respond to that.

So I'll stop there. There's you'll see – don't think that I've got time to go into the details of the framework but just to say, we are looking at this Framework to be firmed up later in 2021 so look out for that document. And you'll see in this slide there the six principles that we are talking about in this: supporting personal recovery, valuing lived experience, shared responsibility with mainstream services, supporting informed decision making, being responsive to fluctuating support needs and building recovery orientated practice confidences.

Finally, if any of you I mentioned earlier Enis can provide a copy of this paper to participants but if any of you are interested in providing as input we would welcome that. We ask if you can get that in by the 4th of June. But - an email address for that is mental.health.team@NDIS.gov.au. That's up on the screen for those of you who are on video connection. But I'll just repeat that to those who might be online mental.health.team@NDIS.gov.au. So thanks very much for listening to me so patiently and I'll stop there.



HOST:

Thank you very much, Gerry. That's really, really wonderful stuff you're talking about. And just to reiterate what Gerry was talking about, the Recovery Discussion Paper that has been mentioned is actually accessible right now. If you go at the top of your screen and think of the light blue download resources button and also, as Gerry has mentioned, Friday, the 4th of June is the deadline. If you'd want to add your own feedback to the Consultation Paper and that mental.health.team@NDIS.gov.au. So thank you very much, Panellist's one and all. It's now time for Q&A. And it's at this point where welcome back into the fold. Karen Stace has been patiently waiting online. Hi, Karen.

KAREN STACE:

Hi, everyone. Well, it's been so wonderful, actually, to listen to all the presentations. I've made some copious notes here, so always good. I have to read them of course in my scrawly handwriting. That's another challenge.

HOST:

Yes. Excellent. Well, it's great to have you with us for the Q&A segment. And, of course, a quick reminder to ask a question to the panel, click the dark blue hand icon in the top right-hand corner of your screen. They'll come through on this trusty old iPad of ours, it's not actually an iPad, but you know what I mean, these tablets. And we'll get through them one by one.

Some of the questions have actually been submitted during the registration stages so what we've done is taken a few questions that have similar themes and compiled them into them so if some of the questions sound like they're FAQ style, it's because they are. The way we're going to run Q&A today with each question that comes through. I'll throw to one or two of you on the panel and if you can answer and respond in that order and then if anybody else on the panel has anything to build upon or add to that discussion, please feel free to jump in.

Thank you. So we'll begin with question one. This is coming through for Karen and to Bill in that order, please. What are the emerging quality and safeguards issues for NDIS providers?

KAREN STACE:

Yes, I think. Thanks, Daniel, thanks for the question. I mean, I guess there's a number of issues that I think are emerging and some have been around for quite some time. I mean, I did touch on practice governance in that - in my introduction and I do think that that is an issue that organisations are really grappling with. Clearly, you know, we are currently having some public hearings in the Disability Royal Commission, and there's no doubt that through the Disability Royal Commission, but certainly through the Aged Care Royal Commission and the Mental Health Commission that was held in Victoria as well, that focus on the role of governance, the role of leaders in terms of quality and safeguarding has been talked about, you know. Certainly, out of some of the hearings there's been, how would a boarder - how would a board know that person



centred supports are being delivered. How would they what this looks like. So I think that is an area of emerging focus for providers.

I think, you know, as everyone's talked a bit about is just when we've got multiple systems, I think what that means is that we've got multiple regulators. And that is also an issue that providers us that thinking a little bit about, you know what are my obligations towards a number of different regulators, where do they – where are they can consistent? How do I meet those? How do I streamline those?

And so, one of the things that we've been talking about, a whole range of people around is, how do we make sure that those regulators and regulations actually supporting each other and work together and a more streamlined - I mean, worker screening is probably one of those that we've touched on.

I guess the other thing that came up in terms of the discussion that I'll be quiet, I promise. Daniel you'll need to do a bit of a sign to say enough of you now because, you know, I can talk under water. One of the things I would like to just touch on, I think which keeps on things that everyone spoke about today is just, you know, how do we work together to make sure that the quality of an entire system is good?

So, you know, I think Gerry spoke a little bit about that shared responsibility with mainstream services for provision. And I think, well, how do we make sure together that we're actually taking a shared responsibility for the quality of what we're delivering. So how on a local level, how do we make sure those relationships actually drive quality so that we're not so focused on just one, the quality of a particular organisation or particular system. But how do they work together to drive really good outcomes, but also to support safety, so we minimise the chance of people falling through gaps. And I mean really, really traumatic and difficult experiences.

HOST:

Thank you, Karen. Bill.

KAREN STACE:

Thank you.

BILL GYE:

Yeah, thanks, Karen. Yeah, thanks, Daniel. I think the quality and safety issues for providers, if you put it that way, that's the way the question was put, I think relate back to the core of what we're talking about before, which is the risk is that people are getting way less or less than optimum recovery supports that they could get. Certainly, there's a number of dangers, risks, difficult things happening in terms of restraint, etc, but broadly, the issue is one of getting those, what, suboptimal relative to what we could get. And to that what you need, of course, yes, you need to select and recruit the right stuff, but you need to be able to train and develop. You need to build the resources that. You need the middle management there to be able to manage the quality and safety, too many organisations that I know so well, stripped out all the middle management of quality and safety in order to survive in the NDIS.



They downsized and downsized to survive. And they're very robust and resilient and they've restructured and they restructured downwards and downwards.

And you've kind of - that's great commercially - people have survived and we've got great gig economy companies surviving there but I don't think that's the best foundation for providing the optimal level of recovery services. So I bring it back to the need to sort of tweak the business model, not to expand the amount of resources, just actually continue to rearrangement so that we can get those recovery outcomes via having the right quality processes in place. And to that, we need the resources and we need organisations with a, the capacity to do that and b, the vision and mission to be able to do that. And many do, but I think we still need some leaders out there to demonstrate how that's done as well, too, and actually then promulgate those successes.

HOST:

Thank you very much. Before we get to the next question, Lynne, or Gerry, anybody want to add on those points?

DR LYNNE COULSON BARR:

I'd just like to (INDISTINCT) the importance of practice governments. I think you were saying, Karen, that was what you were pointing at in terms of the importance of organisations at all levels being clear about how issues are escalated and the visibility and oversight at the board level of issues occurring in their service. And they're the issues that we as the Commission see when we're dealing with reportable incidents or complaints. We're looking at, who is responding at what level and in the service. And sometimes there is a disconnect between what is known at the service delivery level and what is known at either middle management or at board level. So that's certainly an area of attention that the Commission in our engagement with providers pay attention to. Yeah.

HOST:

Thank you. And just a quick reminder, probably don't need to remind you, because we've got a whole lot of questions coming through. Dark blue hand icon at the top, if you'd like to get a question in. In fact, looking at the time, we probably won't get time to get to all of your questions. So we apologise in advance. We'll try and get to as many of them back to you offline in the post- webinar pack. We'll provide responses where possible. The next question and this one, I'm going to go to Gerry. Are you able to share with us emerging themes from the Recovery Oriented Framework consultation?

DR NAUGHTIN:

Daniel, I am, I think you would have seen the six principles that I mentioned. I think the two I think large or three large themes that are coming out of the consultations, that the document needs to strengthen the focus on trauma informed approaches.



So a very clear view, particularly from participants, that the issue of addressing trauma is a really important part of their plan.

I think, secondly, the value of lived experience and the need to look at ways, you know, I suppose requests to say, what is the Agency going to do to strengthen the number of participants with lived experience and how will that be supported? And I think this again, many people, I think, are feeding back that they're not able to - wanting to choose a worker at whatever level with lived experience but are not able to necessarily find that amongst existing service providers. So, I think that, that's certainly a strong theme.

The third stream that I think is coming out in feedback is how, particularly for participants, how do I know what's available and what is good for me? So this question of in this - we have a principle which is supporting informed decision making, but I think many people are saying, in the mental health world, they're often told they have to do things. You know their psychologist, the psychiatrist is saying, well, you need to take this medication or you need to come and see me for some sessions. How do they know, given we're looking at greater flexibility within the Scheme, what's right for them? So, really a strong emphasis on providing better information, helping people in their decision making judgments. Because, again, we have a Scheme that is choice and control based. And I think what people I think - what we're saying is people like, really like the choice and control want to be helped and assisted to become more informed and selective consumers, if I can put it that way.

HOST:

Thank you very much Gerry. Looking at the time, I think, we'll aim to tackle one more question, depending on how we respond to that, we might get another one, but I think we might have to call it there.

And this one is a really interesting one, comes from Lina(?) and it's about providers, I think Karen and Bill you're closest to providers at this stage- I might throw to you two first. Bill first then Karen this time. I think plan flexibility will be a game changer for participants. What do you think plan flexibility will look like?

BILL GYE:

Wow. And maybe some of the others have got any input on this. I know what I'd like it to look like. And what I'd like it to look like is the individuals having a greater freedom, as Gerry said, to be able to choose what is right for them with a greater range of options. But at the same time, I think without sounding condescending, there needs to be a process whereby we provide the decision support for people to be able to be clear on, as I said before, the risk to - the dignity of risk to dream, means that you need to actually have a sense of what it is that you deeply want. And a lot of people that's been kind of that's - the stuff that's been knocked out of them by life in many ways. So you need supports to be able to get a greater tuning into what it is that are your priorities in life, not just those short term day-to-day needs, but the longer term things, your dreams and hopes for the future there. And I think if we can grow that and providers can provide that support function, that hopefully a coach can do that.



A coach isn't somebody that tells you what to do. A coach is actually help somebody or other that encourage you to succeed and do well in what you've actually got. So there's, you need to be some subtle support in order to grow individuals so they are clear about what they want so they can actually then use the flexible funding arrangement to be able to choose what's right for them at the time. So that's my ideal. Whether we get there we'll see.

HOST:

Thank you Bill. Karen.

KAREN STACE:

Yeah, look, I think I agree - I agree absolutely with Bill. And I think that, you know, one of the things with that flexibility, you know, particularly from a provider point of view, I guess it does enable more of those kind of conversations to happen at an individual level about what's going to work for me now versus what might with me into the future.

And I do pick up Bill's point, though, when - I was also reflecting I think it is was Lynne who was talking a bit about the some of the issues for people who might have a intellectual disability and also a psychosocial disability. You know, that role of both informed decision making, but also supported decision making, thinking about obviously the more flexibility I have, then the more important it can be for me to get a sense of, what's going to work for me, as Gerry said, and what's good for me now. What does that look like? How can I get the most out of that? So I think there is that role for supportive decision making as well.

I mean, I guess the only other thing that we would say with flexible - with budget and plan flexibility and this wouldn't be new to anybody on the line but I think, you know, it's one thing to have lots of flexibility but you also need to be able to have access to services. And I think, you know, the further we get out from metro regions in particular, then, you know, the less perhaps variety and access to services there are. So, there's that issue around making sure, as we would say, I mean, everybody on the line (INDISTINCT) to say this, that we've got, you know, a thriving and vibrant quality, you know, provider market as well that enables to that plan flexibility. You know, it's the flip side of it a little bit.

HOST:

Thank you, Karen. And we are now at the end of the allotted time so I might just get like a one sentence summary from you Gerry and from you Lynne, just on this topic before we wrap up Q&A.

DR NAUGHTIN:

So for me, I think it's probably, keep embracing change. I think it's so important we stay open. We all understand we're involved in this very significant reform and let's keep embracing it.



HOST:

Thank you, Gerry. Lynne.

DR COULSON BARR:

I would just concur with that and also encourage people to keep having the conversations about what quality and safety and safeguard looks like and feels like and what good looks like because we are in a new space and it's about how we define that. Yeah.

HOST:

Thank you very much. And we'll end Q&A here. It's time for our final poll. You know the drill. Please let us know how you rate your knowledge now, having watched today's webinar. It's going to pop up on your screen. And just while the questions - poll results are coming through, I'll let you know how the original responses came through at the (INDISTINCT) of the program.

More than 50% of the responses came in at the second one building. 26% more than that came through three sound. And then we had 14% at low, 6% at advanced and just under 2% at expert. Now with the figures are coming through, we've got nobody at low, so everybody who was at low has moved up. 22% building. 48% at sound. 25 at advanced and almost 3% at expert. So we are seeing, but we wanted to see which is a shift that is not downward. Excellent. Thank you very much. Bill Gye, Lynne Coulson Barr, Karen Stace, Gerry Naughton, thank you all for sharing your views and insights with us today. And on behalf of all of our audience and the MHCC, I just want to say it was really, really highly appreciated.

SPEAKER:

Thank you, Daniel.

DR COULSON BARR:

Thank you.

BILL GYE:

Thank you, Daniel, so much. Thanks so much MHCC.

DR NAUGHTIN:

Thank you everyone.



HOST:

It's wonderful. And that brings us to the end of the program. The Embracing Change Project is an ongoing resource for NDIS psychosocial disability service providers. So we really encourage you to lean in, check out the resources and engage with the content at various levels. It's designed so that the webinar gives the overview and the accompanying resources provide lots of supportive and insightful information to assist in your practice.

You can visit the Embracing Change Project Web page by going to the link on your screen now or by going to the MHCC website and clicking projects under the Our Work section. We're still building a page for the material from the National Forum. You'll hear more on that from us anon so do keep an ear to the ground and please help us with a formal evaluation of this project by completing one last quick survey, which will be automatically redirected in a minute. We'll also be sending an email to all registrants once the webinar has been uploaded to the website and you can view it on demand thereafter.

That's all she wrote folks, so thank you once again for your company to date, you've been really great in joining us across this wonderful country of ours, we've certainly enjoyed bringing this content to you. And I'm sad to say that this is the end of the webinars but it's anything but for your journey. We wish you all the best for your practice. From us here in the studio and online it's goodbye one last time.

ENDS.