**Reasonable & necessary Podcast**

**Series 6, Episode 3**

**A conversation with the NDIS Quality and Safeguards Commission: Issues and challenges facing the SDA sector**

**GT:** Hi listeners and welcome to Reasonable and Necessary, Australia’s premiere podcast series on everything you ever wanted to know about the National Disability Insurance Scheme. I’m your host, Dr George Taleporos and on today’s episode we’re talking with NDIS Quality and Safeguards Commissioner, Graeme Head and Registrar, Samantha Taylor. We’ve been talking about the issues and challenges facing the SDA sector as well as what are some of the common mistakes that providers are making and what are some ways they can do better.

Hey, Graham and Samantha, welcome to the show.

**GH:** Thanks, George, good to see you.

**GT:** Great to have you on the show, I feel very lucky to have the 2 of you on and to talk about SDA and quality and safeguards. So can I start just by asking you both what do you think in terms of the current state of play with quality and safeguards in SDA? How’s it all going?

**ST:** I’ll start off on that, I think SDA is a very new thing in the NDIS and I think what we’re all seeing is an emerging market if you like of providers getting their heads around what people need and want and trying to respond to that as well as participants starting to think about the complexity of engaging with more providers than they might have done before in terms of their housing needs. So I think we’re in really early days and really an educative phase both for participants, for people with disability to understand this new set of arrangements and with SDA providers really needing to think deeply about the opportunities out of SDA to building people housing that suits their needs and is a little bit different to what people might have experienced before so there’s a lot going on I think in terms of change in the SDA space.

**GH:** If I could just add to that briefly, George, I suppose in addition to the newness Sam’s talking about there, that even although we’re almost 3 years old the quality and safeguarding arrangements themselves are still really relatively new. We’re now getting to the back end of the transition process of providers into the new arrangements, all of the functions have stood up but that’s really I guess the first phase of moving from what we had before to a new national approach for safeguarding and within that the issues associated with SDA being a relatively new creature in this space.

**GT:** It is relatively new and there are a lot of new providers out there. How do you think the new providers are going compared to say providers who’ve been in the space for a long time?

**ST:** I think that’s a really great question, George, because the experience is mixed and you would expect it to be mixed with providers who don’t have familiarity with working with people with disability who might not have had exposure to what people are aspiring to have happen in the context of the NDIS. Then you’ve got new providers who are coming in who are really offering a product if you like, thinking about design of that product and needing to build their experience in understanding what it’s designed to do for people in terms of their really good outcomes in the NDIS, really good exposure and participation in community and being able to live a good life. So I think there’s a real spectrum where we’ve got large providers coming in, we’ve got some small providers looking at investment opportunities, we’ve got providers who are coming from areas like community housing who have some experience but are thinking about how to modify what they do to fit with the NDIS, so there’s a lot of variety.

**GT:** Do you think that the new guys are teaching the old guys a few things?

**ST:** I think it is mixed. I think there are some new guys coming in who have - a lot of the providers that I deal with in the SDA who are really engaged with the Commission because they care about quality in the offering of SDA that they provide and they care about safety for people with disability. They’re really wanting to think about how they shake this up and how we move away from some of the really traditional and frankly institutional accommodation arrangements for people with disability to offer something that is really akin to what every Australian has by way of options.

**GT:** Let’s talk about quality then, as the Commissioner, Graham, what does quality look like and I guess in some of the simplest terms we can use. I just want to unpack that term quality because we throw it around a lot but what does it really mean?

**GH:** Well we do often see quite abstract discussion about what’s meant by quality and I think if you’re somebody who’s consuming any service or product what you really want to be able to see is what you can reasonably expect, that product, the standard it will perform to and that there are transparent criteria around that. So in this environment I think what people with disability want is to know that there are a set of standards that apply to SDA, that they’ve got access to good information to help them understand those standards, that they can be confident that those standards address the factors that are important and that they know where to go if they feel that the quality they should have the right to expect is not present. That often I think professionals who work in this space will talk about quality in a way that doesn’t really correspond with the way most of us think about something when we’re buying something or accessing a service, where we want to know that the relevant factors have been taken into consideration in determining how something should perform and that we know what they are and that we know how to tell whether or not those factors are present and we know what to do if we’ve got a concern. So that’s the way I think about it.

**GT:** I had a podcast with tenants on this same topic and I asked them “what’s the main thing that you want from your provider?” and they said “I want them to listen to me” and I was like you can almost, you know, bring down all of the components of the practice standards to those 3 words, “listen to me”.

**GH:** That’s right and I think in discussions we’ve had before about and I don’t know whether this is where you want me to address this issue in today’s conversation, but where we’ve talked about right space to service delivery, that really this is about the person who is accessing these services for whom they’re for, being at the centre of what’s thought about and at the centre of action about the provision of those services. That means it’s not about what value that you’ve got on the office wall if you’re a provider, it means how do you behave to the people who utilise your services? Are those people properly at the centre of how you construct your business model and service model? Do you listen to people? Are they truly the centre of what you do?

**GT:** Absolutely. What do you think, Samantha?

**ST:** Well I was just thinking as you were both talking it’s not how pretty the kitchen is in SDA or how great the bedrooms are or how shiny the taps – well for some people it might be, but that’s not the whole story. It is how a provider works with you to help you live in that place, how they work with the other providers that you might need to live your life well in that place or even, of course, outside that place. How are they thinking about what they need to do as the provider who’s delivering the pretty kitchen and the nice curtains? How does that need to fit in the context of your whole life and your whole experience? So quality in SDA is not only about a good building, it’s about how you engage with people who are living there, how you’re providing a service to them in making sure that all the things they need to live well in that place are connected up for them.

**GT:** Yeah, absolutely. It is also about recognising that – and I think that this is true for a lot of the new providers, is that understanding that people with disability are very much tenants and consumers, are just like everyone else and will have the same concerns and needs around their property, right?

**GH:** Yeah and the same desires about feeling confident that things can be organised in ways that suit them. All of us have really highly idiosyncratic ways that we like things to work for us in our home environments and they don’t correspond always to what other people make sense and you want to know that it’s so central to who we are, where we live and how our living spaces are organised for us that you don’t want to be adapting your needs and aspirations around the way the person providing those services wants to provide them. That’s back to front, really.

**GT:** Absolutely. I'd like to talk now about some of the challenges that you have seen in the sector in getting to grips with quality and safeguarding and it would be really great if you could talk us through some things that you’ve seen around the challenges for delivering quality in SDA.

**ST:** Yeah, I think the things that we’ve observed and have people tell us about in SDA, a lot of it stems from communication and I guess assumptions on the part of a provider that a person is giving all of their thoughts and attention to things like what’s in a service agreement, what their tenancy arrangement means etc and really making assumptions about a person’s acceptance of things that are – to cut to Graham’s last point - almost like cookie cutters so one service agreement is good enough for one person then it must be good enough for every person. Well it’s not and so we do see a lot around communication and really complicated agreements which even our lawyers sometimes scratch their head at when they’re trying to understand what people are being asked to sign up for.

So, I think in quality it’s really important that providers are thinking about and working with people who might be living in the dwellings that they’re offering to really think about what’s important in their lives, what capacity they’ve got to get across really complex pieces of information, legal information and actually just put in place arrangements so that people can have a conversation and have a really straightforward set of agreements. And that those agreements are then stuck with so that people aren’t left wondering or “well hang on, didn’t I say that this was important to me? Why isn’t it happening?” So, we see a lot of that about people just not thinking through what is important to a person and making assumptions that they really live and breathe some of the complexities of SDA which of course no-one does in their lives. People are living their lives and they want their service delivered in the way that they’ve described and they don’t need to be dragged in to do a whole lot of work to make that happen for them.

**GH:** AndGeorge, I suppose going to the important point you made earlier about what people most frequently say they want from their providers in terms of quality, “listen to me”. I would say across not just SDA but the work of the Commission generally in complaints is that a lot of what comes to us starts where there hasn’t been attentive listening to the issues that a person’s raised and the absence of that listening is very, very corrosive in terms of what it does to trust. And so the investment in really committing to listening to people and trying to get some structure around good constructive conversations because sometimes it is difficult to produce exactly the outcome people want straight away. But if people don’t feel heard it’s very difficult to come back from that in terms of the sort of trust you want in a successful working relationship between somebody who is basically buying services and the people who are providing that service. So it doesn’t surprise me at all that people say “listen to me” and equally it doesn’t surprise me as the regulator that a lot of what we see directly stems from a failure of good communication at the outset.

**GT:** That’s right, so important. What I also think related to that is that providers need to really take responsibility of that part of the practice standards that says – in a format that I can understand. I take responsibility for that because I was involved in the development of some of these standards and provider feedback and I was really, really strong on making sure that people could access info in a way that made sense to them and if it’s about a video that explains to them, then you need to make a video. If that’s what the person needs or if it’s in picture format or - you need to do that, that’s what the practice standards say.

**GH:** I think it’s also true that the Commission, now that we’re into our third year of operation, most of the transition activity largely completed, that we have a role to play too I think in assisting in the development of things that help providers in facilitating some of those conversations with people with disability who are participants in the scheme. We think it’s absolutely the case that providers need to be making vigorous efforts around those fit for purpose communication tools and we also see ourselves as having a role in supporting participants to get that information, some of which is information that’s created by others and some of which is information created by us.

**GT:** Are there any particular – you’ve mentioned in positive communication that – are there any particular aspects of the practice standards that you're finding the providers are continuing to get wrong or misunderstand?

**ST:** I think I’d make the point again that we made in the beginning of the conversation, that this is really new and George, the number of times I have to say things like “they’re practice standards, not audit standards, there’s a clue in the title”. I’d love a dollar for every time I’ve said that because these are practice standards that have been designed so carefully and with input from people like you, from broader community of people with disability and people who represent them, to describe what good practice means when you’re working with someone with disability. Using them as a tick-box to pass an audit or to say “yes, I’ve done that” is not going to make the kind of practice change that we want to have happen in disability services. So I think what we’re at 3 years in with those practice standards is a sector which is thinking deeply I hope about how they need to adjust what they do, how they work with people, how they engage with them to really embed that right space practice into every aspect of service delivery including how you deliver SDA to a person.

**GT:** That’s really interesting, I think you hit it on the head that people just often think how will I pass all that, rather than thinking how can I make my service as good as it can be, right?

**ST:** Yeah.

**GT:** I’m just thinking, do you guys have any practical advice around that?

**GH:** Well, I mean I think it’s a bit related to what Sam just said and a bit related to me, what I was saying earlier about right space service delivery. I have certainly observed in a long career that’s included long periods of regulating that sometimes people are very focused on describing their aspirations in terms of a set of values, but your values are really about what you do, not what you would like to believe about what you were doing. So my advice to people really is yes, be very clear about what you aspire to but be absolutely scrupulous about assessing, well where are we in terms of what we do and how we work with the people we work with. Are we all the way there in terms of those stated values? Are we part the way there? Because it’s in the answer to that question that you start to, I think, understand where you might have work to do in terms of listening better, in terms of a shared set of expectations about what somebody wants and how that’s going to be achieved. I think simply asserting an aspiration without doing the work to understand where you are in comparison to that is not the right way to go.

**ST:** Can I add to that? I think there’s a piece of work that I’ve certainly been thinking about quite a lot about the assumptions we make that all people with disability understand their rights and I don’t think that’s the case or at least their rights have been compromised for so long in many respects that really it’ll be little things that might change a person’s life and their experience through really basic things. So, if the way your question was “what advice will you give to providers?” I think there's a broader conversation about asking people that they’re supporting “what’s important to them?”. It’s not about saying “oh well you’ve got this code and we’ve got to meet these standards for you”, well what does that mean to that person in that moment that they’re receiving some kind of service, whatever it might be? What would make a difference to them?

I think about it in terms of you’ve got to know the people you're supporting, you’ve got to actually build a relationship with them and in a lot of these organisations that are delivering in the NDIS, sometimes the relationship can be a bit too distant in terms of the people who frame the training and the information for workers from actual people that are being supported by those workers. So they’ve got to build up the dialogue at an organisational level and really take account of what people say is important to them and deliver on it.

**GT:** I love that, Sam. I think that’s critical and it goes back to what the tenants were saying. They were saying “listen to me” but they also talked a lot about “understand me, know what I need” and I think that what you just said there is really about that. If you’re just a provider that hasn’t got a good understanding of your customer and doesn’t understand where they’re at in terms of understanding their rights or where they’re at in being able to speak up for themselves, then you’re going to not do what you need to do.

**GH:** That can be experienced by someone as feeling like they’re being shoehorned into the service that a provider wants to provide rather than that service adapting to their requirements. So I think part of my advice to providers is to think very carefully about “well what are the implicit and explicit features in your business model and if a big part of what you’re doing is providing supports and services to people who will have very, very different needs, how well designed is your business model about being truly responsive to that?” As you often do see people on the one hand inviting people to say something so listening in a way, but because of the rigidity of the way they’ve designed particular aspects of their business model, not really being able to do anything with what they’ve heard in that process, which just drives a lot of frustration.

**GT:** Yeah, that’s right and being able to build the service around the person rather than force the person into a service that isn’t where they want to go.

**GH:** Which when you think about it, it is at the heart of what’s different in the NDIS from the old approach to what funded services was, actually putting the person with disability in the centre of the services that they need for their life rather than a set of arrangements which forced people into adaptation to a service model which generalises over people’s requirements.

**GT:** I might just ask this one last question and then ask you if you have anything else to add but what do you think is the best way for providers to get a sense for how well they’re doing in terms of meeting the quality standards? Obviously there are audits but we’ve agreed that audits are not what we should be worried about, we should be aiming a lot higher than that. What can people be doing to know, to understand if they’re doing the right thing?

**GH:** So Sam will have her own views on this, but I think people often mistakenly think if they’re not getting complaints that everything must be okay, but given what we were saying before about the fact that for many people in disability their sense of feeling secure and safe in making complaints because of past experience might not be all that strong. We know that organisations, any organisation that encourages people to complain when they’ve got an issue to complain about, that over time if you respond in good faith to those complaints you create much more trust, much better two-way communication. So one of my bits of advice is pay very close attention to the fact that there’s a reason why in addition to people being able to complain to us we require registered providers to have a complaints management system. But really you should want to have a complaints management system and you should want to encourage people to use it because organisations that take seriously the feedback they get from people who are both happy and unhappy about what’s happening to them become much more trusted providers of services. We know from customer service surveys in a wide range of sectors that people are likely to feel much better about an organisation they’ve complained about that’s responded to that complaint than an organisation they’ve never needed to interact with in that way.

So it goes to your point about listening, but I guess a complaints system is a bit of a structured process for doing that, but investing in it and really making people feel safe about that as an avenue for raising issues is a critical area for this sector in terms of being more responsive and maturing in the quality space.

**GT:** If you're not getting any complaints that doesn’t mean you're doing well. In fact it could mean quite the opposite.

**GH:** That's absolutely the case. I would think that in the nature of what we’re talking about in this space and the newness of the NDIS, the newness of the number of providers, I would be concerned if I were a provider and I was not seeing complaints coming through and I would want to know why that was the case.

**GT:** Sam?

**ST:** George, it’s an interesting kind of dilemma, I think, because you don’t want to be testing whether you’re doing well and being too distant from people but you’ve got to balance that with people maybe feeling a bit uncomfortable about talking about things that might be things they don’t like to a support worker they see every day. So how you as organisations set up arrangements where people get to know others in the organisation whose job it is in fact to check in that they’re happy with what they’re getting and that has to be I think a little bit separate to the support workers. So I think some kind of mechanism people should be exploring to do that quality check-in with people just to touch base and say “I’m just ringing to see how it’s going or I’m just going to pop over and have a cup of tea to see how you’re going. Are you happy with what we’re doing for you?” and just getting a bit of distance then from the people who actually provide supports.

Other mechanisms I think that are really important are around how staff supervision works and performance management, and that has to be as so many of these services where there’s such a direct impact on people’s lives that there has to be real investment in that and building up staff capability but also – well their behaviours and thinking about how you shape behaviour and how you deliver a support. We’ve got a great resource that you helped us design in the - give a plug to the worker orientation module, and thinking about the things that you can do in your day-to-day work that would make a difference for people. But I think people have to understand, I think, that it’s not going to be a satisfactory way of measuring if people are happy by just getting to tell their support worker or getting feedback through supervision from a support worker. You’ve got to have something else in the mix there.

**GT:** Absolutely. Before we wrap up I just want to give you an opportunity to speak to the providers that might be listening, are there any final words of wisdom from on high that you’d like to share with people listening?

**GH:** Look, I always think it’s very important when a system is relatively new, which of course the NDIS is, the national quality and safeguarding arrangements, SDA and the way it is is new is to I guess remind – we all need to remind ourselves that there’s a lot of learning to be done in every part of this in order to evolve these arrangements in a way that works for the people who access these services and also works for the people who want to be in the business of providing these services. So, we of course have ideas, some of which we’ve shared in today’s podcast, but we also invite people to challenge some of our ideas and also to make suggestions. There needs to be, I think, a very lively ongoing conversation about how this area of activity in the NDIS evolves over the coming years.

**ST:** There’s a pretty big close I guess on leaving people with one last message. We’re a regulator and people can often find that dynamic, a bit confronting, but the Commission’s here because we need to give providers a steer about what is going to make a difference in people’s lives in participating in the NDIS. So the tools and the things we ask of providers are not things we made up in abstract that are somehow separate to the aspirations of the NDIS for people with disability. They are about the line we all love to use, choice and control, but they’re about empowering people and helping people just live their lives well. That’s what we’re asking in the things that we require of providers. So I think once you start thinking well what’s the reason for the things I’m being asked to do in the NDIS and that pesky regulator who keeps on asking me to do things? Well there’s a good reason and it’s because it’s going to deliver really, really good outcomes for people if providers deliver supports in the way that the standards and the code requires. So helpful regulation, because what it does is guide the practice and the behaviour that we want to see that will help people with disability live the best lives in their community.

**GT:** Absolutely and I totally agree, I think that the work of the Quality and Safeguards Commission is really an extension of everything that we want to see in the NDIS and that’s get people at the centre of their services, where people can live their best lives and also where services are accountable to the customers.

**GH:** Yep.

**GT:** Thanks for joining us, Graham and Sam.

**GH:** Thanks for asking us to be part of this conversation and always a pleasure to spend time with you, George.

**ST:** Yes, indeed, thank you.

**GT:** Thanks, guys. That’s all we have time for in today’s episode of Reasonable and Necessary brought to you by the Summer Foundation. If you’ve missed an episode check out the Summer Foundation website where you’ll find links to all previous podcasts and transcripts as well as our latest info and resources. Thanks so much for listening and until next time stay well and reasonable.