Submission to Inquiry on NDIS Quality and Safeguard Commission

Summary

This submission is primarily in relation to reference (c), “The adequacy and effectiveness of … the NDIS Practice Standards”. The submission focuses specifically on practice standards for direct support staff and front line managers supporting people with intellectual disabilities, and is concerned with improving the quality of life of people with intellectual disabilities living in group homes.

I recognise that at least one member of this Committee believes that it is better that group homes be abolished. Logistically, it would take years to create the necessary housing stock and supporting arrangements for this to occur. We know however that the quality of life of people living in group homes is very variable. **The Committee can make recommendations mandating the application of Active Support and Practice Leadership that, if implemented, would improve the quality of life of all people living in group homes in the short term.**

In respect of group homes that support people with intellectual disabilities, I recommend that:

1. The *National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018* and the associated *National Disability Insurance Scheme (Quality Indicators) Guidelines 2018*, be amended:
   a. to create an additional Module to promote improved quality and safeguarding in group homes by implementing Active Support, and
   b. to require that provider’s supervision practices go beyond individual supervision to include all five tasks of Practice Leadership which are detailed below, and
   c. to require provider’s internal audit arrangements include regular structured observation of practice of Active Support, and an annual independent report on the quality of Active support practice and practice leadership in their groups which support people with intellectual disabilities.

2. The *National Disability Insurance Scheme (Approved Quality Auditors Scheme) Guidelines 2018* be amended to require that auditors engage in structured observation of practice in group homes that focusses on staff practice of Active Support.
   a. The NDIS Commission should train auditors to understand what good Active Support looks like and to undertake structured observation of staff practices.
About the Living with Disability Research Centre

The Living with Disability Research Centre, La Trobe University, is an applied social research centre that aims to build an evidence base to improve the social inclusion of people with intellectual disabilities. I write this submission as Director of the Research Centre and as a researcher with a very strong track record of rigorous, peer reviewed published research conducted in collaboration with government and non-government disability support services. For the past two decades, my primary research program has focused on what makes a difference to the quality of specialist disability support services for people with intellectual disabilities. More specifically, I have focused on establishing what skills disability support workers, front line managers and practice leaders need to have in order to deliver quality support. Further to this we have identified the organisational features associated with quality support services, which provide indicators of the knowledge and skills required by managers and senior organisational leaders.

Acknowledgement of the NDIS Commission’s support

The Centre welcomes the support provided by the NDIS Commission for the Living with Disability Research Centre under the Commission’s Support for NDIS Providers Program. This support is for:

- developing and disseminating digital training resources for staff and managers about Active Support, Practice Leadership skills and structures needed to embed quality practices,
- parallel resources for people with disabilities and families to identify good practice, and
- the translation of a research measure of practice quality into easy-to-use observational tools for internal quality assurance and external auditors.

These tools should be completed over the next 12 months. They will provide the resources to enable proposed changes to be implemented by the Commission. They need to be well disseminated, endorsed and flagged as essential by the Commission. We note however there are already existing training materials in Active Support freely available to all disability support services that are immediately available.

About research into improving the lives of people with intellectual disabilities living in group homes

Since 1999, the Centre and associated researchers in Britain have been undertaking the largest study in the world about how to improve the lives of people with intellectual disabilities in group homes. The research base – by the standards of most research about practice in disability – is of very high quality. The research has demonstrated that:

- consistent use of Active Support by staff leads to significant increases in the amount of time people with intellectual disabilities are engaged in all types of meaningful activities and social relationships at home and in the community, and to their improved choice and control
- activity and relationships have been shown to be particularly important vehicles by which many aspects of quality of life are achieved
- Active Support provides the foundations for good support for people with intellectual disabilities who display challenging behaviour and is a fundamental component of Positive Behaviour Support,
- despite its benefits, the consistent use of Active Support by staff has proved challenging for adopting providers to maintain, both over time and across services, for reasons such as diversion in the focus of organisational leaders or lack of front line leadership (Practice Leadership) close to everyday service delivery.
Active Support

Active Support originated in the United Kingdom in the early 1960s. At this time, disengagement of people with intellectual disability was a major problem. In many services people spent most of their day doing nothing – disengaged – waiting for something to happen. Professor Jim Mansell together with other colleagues developed Person Centred Active Support to address this problem.

Active Support is a way of providing just the right amount of assistance, to enable a person with intellectual disabilities to successfully take part in meaningful activities and social relationships. Support workers can use Active Support with everyone, regardless of their degree of intellectual or physical impairment.

Support workers who use Active Support see that every moment has potential for a person to be engaged. They provide little amounts of assistance often. They provide just enough assistance of the right kind, to enable a person to succeed in doing all or part of a task. They provide opportunities for people to exercise choice and control over many aspects of their lives.

Active Support has been progressively adopted by some disability support providers in Australia since early demonstration programs in the 1990s. Our longitudinal research program has tracked the challenges of embedding good Active Support in Australian services.

In relation to the commitment of the Commonwealth and States/Territories to eliminate and reduce the use of restrictive practices, for people with intellectual disability living in group homes Active Support is a foundation on which positive behaviour support can be built.

Practice Leadership

To embed Active Support, research evidence demonstrates that front line supervisors or managers must demonstrate Practice Leadership. This has five tasks:

• **Focussing all aspects of the service on quality of life outcomes**: ensuring the primary focus of the service is the quality of life of the people you support and how well staff support this.
• **Observing, modelling and coaching**: to improve the quality of support staff provide by observing how they work, providing feedback, modelling good practice, and providing coaching.
• **Individual staff supervision**: reviewing the quality of support provided by individual staff in regular one-to-one supervision and finding ways to help them improve.
• **Team meetings**: reviewing how well the staff team is supporting people to experience good quality of life in regular team meetings and facilitating support workers to share knowledge about the people supported.
• **Allocating and organising staff**: on every shift ensuring support workers receive clear directions, the focus of the shift is the type of support that workers will provide to the people being supported, and that no day is ever just the ‘usual routine’.

The evidence also shows that practice leaders must be close to the front line, know the people who are supported and the staff who support them, and have sufficient time to carry out the five tasks.
Why an additional Module of the Practice Standards is required

As the Committee will be aware, the Practice Standards consist of the Core Module and specialist modules, including specialist modules for areas of support involving higher risk to people with disability. Group homes are environments where there is potential for higher risk.

Although there are generic statements in the existing Practice Standards and Quality Indicators requiring “contemporary evidence-informed practices”, “Timely supervision, support and resources” and for internal audits, these are not sufficient to create awareness of Active Support and Practice Leadership and to embed them in the day-to-day practice of providers and workers. What is involved in Active Support and Practice Leadership needs to be elucidated in a dedicated Module.

Why amendment to the Audit Guidelines is required

The NDIS Commission’s Audit Guidelines mention that observations can occur but - unlike for records and interviews – they give no guidance on how observation can occur or what an observer should be looking for. In practice, audit findings largely rest on paperwork and interviews. Records are largely compiled by providers. Interviews largely exclude people who do no communicate by words. Observing practice – seeing what actually occurs rather than what providers think they do or workers record they do – is a major opportunity to improve auditor understanding of a provider’s quality and safeguarding.

In order for observations by auditors to be of value, auditors need to be trained in observation and have an understanding of Active Support, as well as access to tools for structured observation.

Practicalities

Many of the resources immediately required for the introduction of Active Support and Practice Leadership already exist, or are under development with the support of the NDIS Commission, and are and will be available at no additional cost. These include:

- The ‘Every Moment has Potential’ suite of resources ([https://www.activesupportresource.net.au](https://www.activesupportresource.net.au)): This is a suite of five modules which provide basic training for direct support workers in Active Support, and needs to be supplemented by ‘hands on’ in situ training with an experienced trainer. These resources are already used widely across Australia and overseas but material such as this is not well embedded into the various VET certificates in disability. The resources are currently being updated with support from the NDIS Commission but do not include any certification of completion or competency. This could be accomplished with relative ease but would involve cost to the sector in terms of assessment processes and certification.

- A similar suite of training resources *Front line Practice Leadership* is currently in the final stages of production and include high quality video materials that illustrates the five tasks of practice leadership and demonstrates the skills required to carry these out. These resources have been developed from our longitudinal research with disability support providers on the key factors that predict good practice of Active Support.

- An observational tool for measuring and monitoring the quality of Active Support for internal use by practice leaders for coaching feedback purposes and quality assurance, and for use by external auditors. This tool is based on an observational research measure of practice quality and associated benchmarks for good practice.

- Funded by the Lorna Hodgkinson Foundation and Unission Disability Services we are also developing a new scale that will measure the organisational factors identified in our research that
are necessary to sustain good Active Support, which will also be a key tool for auditors of group home services.

Although immediate costs are negligible, we acknowledge that there are implications for the cost structures of providers in ensuring that there is an appropriate ratio of front line supervisors to support workers to allow Practice Leadership to occur. Further, the use of observation in internal and external audits may involve some additional costs, and these costs fall on providers. However, observation could well replace some of the current requirements around paperwork. Hence, it would be important that the NDIA acknowledge these costs in its calculation of pricing for group homes.

Publications

The key research evidence that underpins this submission generated by the Centre has been published in the following peer-review journals:

Conclusion

The adoption of the recommendations made here will improve the quality of life of people with intellectual disabilities living in group homes in the short and medium term. The Committee can have confidence in this conclusion given the breadth and depth of the research evidence of the value of Active Support for people with intellectual disabilities.

I would welcome the opportunity to present and discuss further this submission to a hearing of the Committee.

Yours sincerely,

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