



Queensland Alliance for Mental Health

# NDIS Provider and Worker Registration Taskforce – QAMH Submission

April 2024

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## Who is QAMH?

The Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Health and Wellbeing Sector and people with experiences of psychosocial disability in Queensland. We represent more than 100 organisations and stakeholders involved in the delivery of community mental health and wellbeing services across the state. Our role is to reform, promote and drive community mental health and wellbeing service delivery for all Queenslanders, through our influence and collaboration with our members and strategic partners. We provide information about services, work to build community awareness, education and training to influence attitudes and remove barriers to inclusion and advise government on issues affecting people with experiences of psychosocial challenges. At a national level, we have a formal collaboration with Community Mental Health Australia and provide input and advice to the work of Mental Health Australia and the National Mental Health Commission where appropriate. Locally, we work alongside our members, government, the Queensland Mental Health Commission and other stakeholders to add value to the sector and act as a strong advocate on issues that impact their operations in Queensland communities.

## QAMH contact details

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### Acknowledgement of Country

QAMH acknowledges the Traditional Custodians of the land on which we live, learn, and work and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to Elders past, present and emerging.

### Recognition of Lived Experience

QAMH recognises that the Community Mental Health and Wellbeing Sector exists because of people with Lived Experience of mental distress, their families, carers and support people. We acknowledge the expertise and the courage of people with Lived Experience, and we commit to work with and alongside people with Lived Experience in all we do.

## Background

QAMH welcomes the opportunity to provide a submission to the Department of Social Services National Disability Insurance Scheme (NDIS) Provider and Worker Taskforce on a new risk proportionate model for regulation of providers and workers. Overall, QAMH supports stronger regulation for all providers and workers, including those providing foundational supports, as a means of increasing oversight to prevent harm and promote safe and effective support delivery.

Effective risk mitigation measures are particularly relevant for people living with psychosocial disability. People with psychosocial disability are recognised to be at high risk within the system as they are less likely to have a strong network of informal supports and may have difficulty with self-advocacy<sup>1</sup>. This is borne out by research which suggests that the nature and extent of violence that people with disability experience varies by disability type, with people with cognitive and psychological disability reporting higher rates of all types of violence compared to people with other types of disability over a twelve-month period.<sup>2</sup> This was found to be further compounded by other social characteristics and circumstances which interplay with disability such as economic status, gender, indigeneity, and culture. For example, women with psychological and cognitive impairments experience very high rates of all types of violence, particularly physical violence, sexual violence, partner violence and emotional abuse.<sup>3</sup>

While we understand that this Taskforce – and therefore our comments in this submission – is limited to exploring the provider and worker registration model (the model) outlined in Recommendation 17 of the NDIS Review Report, we highlight that the development of this model is part of a much wider reform agenda proposed by the NDIS Review report. It is crucial that this recommendation be considered alongside other recommendations of the report, due to the interdependency of the reform agenda. For example, recommendations which this model is reliant on and should be considered alongside include:

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<sup>1</sup> See for example, National Disability Insurance Scheme. (2022). *Interventions to improve social, community & civic participation of adults on the Autism Spectrum or living with Intellectual or Psychosocial Disability*. [file:///C:/Users/FarinaMurray/Downloads/PB%20SCCP%20evidence%20review%20-%20interventions%20PDF%20\(1\).pdf](file:///C:/Users/FarinaMurray/Downloads/PB%20SCCP%20evidence%20review%20-%20interventions%20PDF%20(1).pdf)

<sup>2</sup> Centre of Research Excellence in Disability and Health. (2021). *Nature and Extent of Violence, Abuse, Neglect and Exploitation Against People with Disability in Australia*. [Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia \(royalcommission.gov.au\)](https://www.royalcommission.gov.au/nature-and-extent-of-violence-abuse-neglect-and-exploitation-against-people-with-disability-in-australia)

<sup>3</sup> Centre of Research Excellence in Disability and Health. (2021). *Nature and Extent of Violence, Abuse, Neglect and Exploitation Against People with Disability in Australia*. [Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia \(royalcommission.gov.au\)](https://www.royalcommission.gov.au/nature-and-extent-of-violence-abuse-neglect-and-exploitation-against-people-with-disability-in-australia)

- **Recommendation 7 (Action 7.4):** The new National Disability Supports Quality and Safeguards Commission should require providers delivering psychosocial supports to be registered, including demonstrating compliance with a new support-specific Practice Standard
- **Recommendation 1 (Action 1.1):** National Cabinet should agree to jointly design, fund and commission an expanded and coherent set of foundational disability supports outside individualised NDIS budgets
- **Recommendation 11:** Reform pricing and payments frameworks to improve incentives for providers to deliver quality supports to participants
- **Recommendation 12:** Embed, promote and incentivize continuous quality improvement in the market, supported by a dedicated quality function in the new National Disability Supports Quality and Safeguards Commission
- **Recommendation 13:** Strengthen market monitoring and responses to challenges in coordinating the NDIS market
- **Recommendation 15:** Attract, retain and train a workforce that is responsive to participant needs and delivers quality supports
- **Recommendation 16:** Deliver safeguarding that is empowering and tailored to individuals, their service needs and environments
- **Recommendation 19:** Embed effective quality and safeguarding institutions and architecture across the disability support ecosystem.

We also highlight that these reforms are being undertaken in the context of significant under-provision of psychosocial support services and a high level of unmet need for support. Gap analysis work is currently being completed by the Psychosocial Project Group established by the Department of Health and Aged Care and state and territory governments under the National Mental Health and Suicide Prevention Agreement to determine the full extent of unmet need for psychosocial supports outside the NDIS. This work is due for completion in the first half of 2024 and is expected to have significant workforce implications due to the anticipated level of existing unmet need. QAMH expect that this high service demand will be compounded by recent changes to NDIS legislation which will see more people with psychosocial disability accessing supports outside the NDIS. It is imperative that any changes to regulation balance participant safety with the ability to maintain a viable worker and provider base of supports.

QAMH believe a risk-proportionate model is appropriate, however more consideration and information is needed on how we can ensure the administrative process and cost is not

onerous for providers, especially smaller providers and not for profits transitioning to the new model, to ensure maximum choice in the range of services available to people. More information is also needed on the disability-specific Practice Standards for psychosocial supports to be able to provide an informed response.

Ultimately, we want to build a sustainable system of psychosocial supports that are safe and deliver the best outcomes for people with disability. To enable people with disability to have maximum choice and find supports that effectively meet their needs, we need to ensure that we are creating supportive transitional arrangement that enables a wide range of high-quality providers to operate within the system. Ideally, psychosocial support services – both NDIS and foundational supports – should be co-designed wherever possible in order to maximise choice and the delivery of effective supports that meet people’s local needs. Providing the right support at the right time, early in illness prevents people becoming permanent members of the NDIS.

## Response to consultation questions

### How does our sector currently engage with the NDIS?

The Community Mental Health and Wellbeing Sector represents a diverse range of providers, who primarily deliver community-based psychosocial supports, otherwise known as “wellbeing supports”.

The sector includes non-government, not-for-profit, community-based mental health organisations that offer practical supports, provide opportunities to re-establish skills and relationships, help people connect with their communities, and address the social determinants of mental health. The sector also focuses on early intervention and prevention by removing barriers to wellbeing.

In Queensland, our sector includes service providers from across the region with a predominance of metropolitan areas versus very remote. It also includes a mix of large and small providers. In 2023, QAMH completed a [Workforce Survey Report](#). Considered representative of our sector overall, this showed that 58 percent of survey respondents currently receive funding from the NDIS. Non-NDIS providers in our sector receive funding from a combination of Primary Health Network, state government and other funding sources. Some providers provide both NDIS and non-NDIS services.

The survey showed that approximately 36.3 per cent of FTE positions are employed by the sector in NDIS roles. The overwhelming majority of these positions are Mental Health Support Workers, comprising 57.8 per cent of the NDIS workforce. The next largest proportions of workers are Support Coordinators (12.7 per cent), Administration, Business and Technical Support (7.2 per cent) and Coordinators or Team Leaders (7.7 per cent). Psychosocial Recovery Coaches comprise 4.1 per cent of the sector's NDIS workforce, while clinical and Allied Health roles comprise 2.4 per cent of the total NDIS workforce.

In addition, our sector provides community-based mental health and wellbeing services which do not utilise NDIS funding, however deliver what are considered foundational psychosocial supports in the overall system of supports. In 2023, the non-NDIS funded Community Mental Health and Wellbeing workforce (represented by organisations responding to this survey) made up approximately 64 per cent of FTE positions reported in our sector<sup>4</sup>. Mental Health Recovery Support Workers comprise the largest proportion of the non-NDIS workforce at 29.6 per cent, followed by Counsellors (12.8 per cent), Coordinators / Team Leaders (10.8 per cent), Lived Experience (Peer) Worker – Consumers (8.9 per cent) and Administration, Business Support and Technical roles (8.5 per cent).

## What do you think of the proposed levels of registration and enrolment in the Report?

QAMH broadly agree with a risk-proportionate approach to provider registration. We believe that the majority of Community Mental Health and Wellbeing Sector organisations fit into the proposed “General” and “Basic” registration categories (see Attachment 1), with providers of specialised accommodation supports likely to sit best in the advanced level.

However, it is impossible to fully comment on the model without further detail regarding the new support-specific Practice Standards for psychosocial supports. As per Recommendation 7 (Action 7.4) of the NDIS Review report, these Practice Standards will apply to all providers of psychosocial supports, including foundational supports. They apply to providers of psychosocial support at all levels within the proposed risk proportionate model.

QAMH note that providers in our sector already face a heavy compliance burden. Our members are currently accredited under one or more of the following standards:

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<sup>4</sup> Queensland Alliance for Mental Health. (2023) Community Mental Health and Wellbeing Survey 2023. [Workforce-Survey-Report-Final-Draft-1.pdf \(qamh.org.au\)](https://qamh.org.au/Workforce-Survey-Report-Final-Draft-1.pdf)

- National Disability Insurance Scheme (NDIS) Practice Standards (for NDIS services)
- National Standards for Mental Health Services 2010
- Human Services Quality Framework
- International Organisation for Standardisation (ISO)
- National Safety and Quality Mental Health (NSQMH) Standards for Community Managed Organisations
- The National Principles for Child Safe Organisations.

In addition, Community Mental Health and Wellbeing services are also required to meet relevant legislation e.g. psychosocial hazards in the workplace. With a compliance burden that is already high, ensuring that the new Practice Standards do not place unnecessary or overly onerous compliance requirements on providers will be essential to ensure that providers are able to continue providing essential services in the community.

It is also unclear how the proposed levels of registration compare with current requirements. For example, does “advanced” registration reflect current requirements, or additional requirements within the new model? This needs to be clarified.

Finally, it is important to note that registration alone won’t solve the issue of people accessing unsuitable/unskilled support for mental wellbeing: people will require information and guidance that helps them to understand why specialised psychosocial supports represent a safer and higher quality support option compared to general NDIS supports. While we absolutely agree that dignity of risk and choice and control must be protected as central tenets of the NDIS, we also believe that participants, providers and the community need clear guidance about what the risks are in a crowded market, where people have the option to choose between lower priced – but less skilled and therefore less safe – supports.

## What key features of the proposed model are most important?

### Getting the balance right between compliance requirements and workforce needs

Growing a sustainable workforce to meet expected demand for psychosocial supports will be critical. The final registration model, including new Practice Standards for psychosocial supports, must ensure that the process doesn’t unintentionally prohibit or create barriers to people to qualify or register as a worker. Workforce shortages were identified as the top workforce issue facing organisations in the Community Mental Health and Wellbeing Sector,

with 57 percent of organisations listing this as their top workforce concern<sup>5</sup>. This is especially important for the psychosocial support / peer workforce with lived experience an important cornerstone of the evidence informed peer worker model. This is reflected in workforce statistics, with 50 percent of organisations that participated in our Workforce Survey reporting that they had dedicated lived experience roles, 46 percent of organisations reporting that they are actively seeking to expand the lived experience workforce and a further 39 percent planning to do so in the future.

### **Timeframe and support to transition**

Likewise, ensuring that the registration process is feasible and supportive for providers is important. As noted above, Community Mental Health and Wellbeing service providers already face a high compliance burden: ensuring a suitable timeframe and support to transition to the new model will be essential to ensure that providers are able to continue providing essential services in the community.

This is especially important in the context of the Analysis of Unmet Need for Psychosocial Support Services outside the NDIS report which is due to be released soon. We know the gap is significant and, although we want to ensure quality services with better trained staff, the sector will need time to transition to the new registration framework. Developing guidelines with realistic timeframes to help workers understand the registration process will be essential.

### **Ensuring that the model supports choice by ensuring that small providers are not unfairly disadvantaged**

While the proposed model applies different levels of registration according to the risk of supports, it applies a one-size-fits-all approach to risks associated with the scale of services. This one-size-fits-all approach to administration of the registration process may have a disproportionately detrimental impact on small operators, which will affect participant and consumer choice within the system. Encouraging and facilitating innovative support for small providers to transition to the model and implement the new Practice Standards will help to ensure that people have access to a diverse range of supports that effectively meet their needs.

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<sup>5</sup> Queensland Alliance for Mental Health. (2023) Community Mental Health and Wellbeing Survey 2023. [Workforce-Survey-Report-Final-Draft-1.pdf \(qamh.org.au\)](https://qamh.org.au/Workforce-Survey-Report-Final-Draft-1.pdf)



Particular consideration must be given to services based in our rural communities where service provision is often limited. The model needs to be careful not to discourage small local providers of psychosocial supports from being established due to high compliance requirements. Ensuring the registration process does not negatively impact First Nation providers is critically important here. Any development of policies and interventions to address health disparities between First Nations and Torres Strait Islander peoples must be undertaken with lived experience co-design, cultural safety, and an appreciation and understanding of different perspectives of wellbeing.

### **What is the most important thing to you that you want the Taskforce to consider when developing their advice?**

NDIS Provider and Worker Registration must be considered alongside the true cost of delivering safe and high-quality services. Requiring providers to meet support-specific Practice Standards for psychosocial supports will have cost implications which will need to be met in funding contracts for foundational psychosocial supports and the NDIS cost model for psychosocial supports. While the vast majority of organisations within our sector already deliver services with the specialised skills, training and supervision required to support high quality and safe service provision for people with psychosocial disability, our members tell us that these costs are far from being adequately covered.

Importantly, these costs include more than the costs of service delivery: funding should be adequately indexed to meet increases in costs such as increased rents and increase in administration costs, including cost of compliance and registration. Cost considerations must include costs to individual workers as well as employers as it will impact both worker retention and recruitment.

This is important as recent research shows approximately 65-70 percent<sup>6</sup> of NDIS providers are operating at a loss. With the expected increase in demand for psychosocial supports due to gap analysis findings, we can't afford to lose quality psychosocial support providers from the support ecosystem. The real cost of high-quality service delivery needs to be acknowledged and met.

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<sup>6</sup> National Disability Services (NDS). (2023). State of the Disability Sector Report 2023. [State\\_of\\_the\\_Disability\\_Sector\\_Report\\_2023.pdf \(nds.org.au\)](https://www.nds.org.au/state-of-the-disability-sector-report-2023.pdf)

**In your view, how can the proposed model uphold the rights of people with disabilities, including the right to live independently and be included in the community, be free from violence, abuse, neglect and exploitation, have an adequate standard of living and economic and social participation?**

#### **Ensuring access to diverse, co-designed supports that respond to local needs**

Ensuring that a diverse range of safe, high quality psychosocial supports are available for people with psychosocial disability to choose from that are co-designed, person centred and respond to cultural and local needs is a key way to ensure that the rights of people with disability are upheld. Overly onerous registration requirements that disproportionately impact small, local providers will make service provision more difficult for these providers, potentially reducing service availability in already thin markets and reduce choice in metropolitan areas. For people to live independently services must be available. Choice is after all a core principle of the reforms.

#### **Enhancing and properly resourcing the role of navigators to support decision making regarding supports**

As noted earlier in this submission, requiring providers to be registered does not guarantee safety, or that people will access the most appropriate support for their needs. Enhancing the role of navigators will be a crucial element to assist people with psychosocial support needs differentiate between specialised psychosocial supports and general disability supports, build the capacity of people with disability to choose the right support for their needs and identify that psychosocial supports meet higher standards compared to the support provided by general disability support workers.

#### **Ensuring that the change process is well managed and founded in co-design**

The development of the registration model is a relatively small but critical component of the NDIS reforms and is welcomed to improve the quality and safety of service provision. The comments in this submission have been made in isolation of other significant work yet to be completed, for example the development of the needs assessment and financial plan models/rules. This evokes an enormous amount of trust that co-design with people with lived experience will be undertaken as promised. Our communities simply cannot afford to lose any high quality community mental health service providers. The sector also needs to grow so support to help providers manage the transition process will be equally important. Ultimately,

navigating these changes well and supporting people early in mental distress will increase community resilience and alleviate many of the current demands on clinical mental health services which is better for everyone.

Thank you for the opportunity to contribute to this consultation process. We look forward to continuing to work with the Australian Government to better the lives of people living with psychosocial disability. Please do not hesitate to contact QAMH should you require any further information.

## Attachment 1: Graduated and risk-proportionate provider registration and enrolment

(source: [A new risk-proportionate model for regulation of providers and workers | NDIS Review](#))

### Provider obligations

	<b>A. Advanced registration</b> In-depth registration for high-risk supports	<b>B. General registration</b> Graduated registration for medium-risk supports	<b>C. Basic registration</b> Light-touch registration for lower-risk supports	<b>D. Enrolment Basic</b> visibility and requirements for lowest-risk supports
<b>Code of Conduct</b>	YES	YES	YES	YES
<b>Worker screening</b> <b>(Action 17.4)</b>	YES Workers in risk-assessed roles.	YES Workers in risk-assessed roles.	YES Workers in risk-assessed roles.	YES Workers directly delivering specified supports or services, or who have more than incidental contact with people with disability.
<b>Subject to complaints process</b>	YES	YES	YES	YES
<b>Report incidents</b>	YES	YES	YES	NO
<b>Practice Standards</b>	YES General standards for all support types and support-specific standards where needed.	YES General standards for all support types and support-specific standards where needed.	YES General standards for all support types and support-specific standards where needed.	YES General standards for all support types and support-specific standards where needed.

	<b>A. Advanced registration In-depth registration for high-risk supports</b>	<b>B. General registration Graduated registration for medium-risk supports</b>	<b>C. Basic registration Light-touch registration for lower- risk supports</b>	<b>D. Enrolment Basic visibility and requirements for lowest-risk supports</b>
<b>Performance measurement (Action 12.3)</b>	YES	YES	YES	NO

## Processes

	<b>A. Advanced registration In-depth registration for high-risk supports</b>	<b>B. General registration Graduated registration for medium-risk supports</b>	<b>C. Basic registration Light-touch registration for lower- risk supports</b>	<b>D. Enrolment Basic visibility and requirements for lowest- risk supports</b>
<b>Application, identity verification and Code of Conduct and worker screening attestation</b>	<p>YES</p> <ul style="list-style-type: none"> <li>• Provider completes online application form, integrated with centralised online platform and NDIS payments system (Actions <a href="#">10.1</a> and <a href="#">10.3</a>) to provide the NDIA and new National Disability Supports Quality and Safeguards Commission with visibility of all providers and data on payments.</li> <li>• Application form collects basic information (e.g. business name, ABN or Digital ID, bank account details, location, contact details, support types delivered).</li> <li>• Business identity is verified leveraging existing government systems and processes (such as myGovID).</li> <li>• Provider attests to understanding obligations under code of conduct and worker screening requirements.</li> </ul>			

	<b>A. Advanced registration</b> In-depth registration for high-risk supports	<b>B. General registration</b> Graduated registration for medium-risk supports	<b>C. Basic registration</b> Light-touch registration for lower-risk supports	<b>D. Enrolment</b> Basic visibility and requirements for lowest-risk supports
<b>Audit of compliance with Practice Standards</b>	<p>YES</p> <ul style="list-style-type: none"> <li>In-depth observational audit of compliance with relevant practice standard.</li> <li>Streamlining where appropriate based on risk, such as the use of desktop auditing, self-assessment and attestation, and mutual recognition of compliance in other regulatory systems.</li> </ul>	<p>YES</p> <ul style="list-style-type: none"> <li>Graduated and proportionate audit of compliance with relevant practice standards, including observational and/or desktop auditing.</li> <li>Streamlining where appropriate based on risk, such as the use of self-assessment and attestation, and mutual recognition of compliance in other regulatory systems.</li> </ul>	<p>NO</p> <p>But includes a self assessment and attestation of compliance with Practice Standards, in place of an audit.</p>	<p>NO</p>
<b>Suitability assessment of provider and key personnel</b>	<p>YES</p>	<p>YES</p>	<p>YES</p>	<p>NO</p>

	<b>A. Advanced registration</b> <b>In-depth registration for high-risk supports</b>	<b>B. General registration</b> <b>Graduated registration for medium-risk supports</b>	<b>C. Basic registration</b> <b>Light-touch registration for lower-risk supports</b>	<b>D. Enrolment Basic visibility and requirements for lowest-risk supports</b>
<b>Ongoing monitoring and compliance</b>	<p>YES</p> <p>The National Disability Supports Commission undertakes:</p> <ul style="list-style-type: none"> <li>• Risk-based monitoring, investigation and regulatory intelligence gathering (including through provider outreach and information sharing with other regulators).</li> <li>• Corrective action in response to breaches of the code of conduct (registered and enrolled providers) and practice standards (registered providers only).</li> </ul>			