

APS Response: NDIS Provider and Worker Registration Taskforce Consultation

Online submission to Department of Social Services

5 May 2024

The Australian Psychological Society (APS) is the peak professional body for psychologists in Australia. We advocate on behalf of our members and the community for the implementation of evidence-informed prevention, intervention and systemic reforms that deliver health and wellbeing for all Australians. We welcome the opportunity to inform the Taskforce's advice to Government regarding the design and implementation of the risk-proportionate NDIS regulatory model and Provider Risk Framework.

1. How do you currently engage with the NDIS?

Psychologists play a pivotal role in the NDIS by providing a full range of specialised services that are crucial to support participants to achieve their goals. Psychologists contribute to the NDIS through direct therapeutic interventions and assessments, collaborative work with other health and disability professionals, and in their provision of supervision, clinical leadership and research.

Direct services provided by psychologists include:

1. **Individual and Group-based Therapeutic Supports:** Psychologists employ evidence-based approaches to enhance personal autonomy and functional independence of participants, tailored to individual needs and goals.
2. **Comprehensive Assessments:** Specialised assessments such as cognitive, neurodevelopmental, and psychosocial evaluations are provided, forming the basis for the development of evidence-based support plans. These assessments inform NDIS planners and other professionals, ensuring a coherent and informed approach to participant care.
3. **Behavioural Interventions:** Development and oversight of specialised behavioural supports and interventions, focusing on both early childhood and adult populations. This includes training for parents and caregivers, emphasising family-inclusive strategies that support the broader ecological framework surrounding the participant.

Psychologists also contribute to the effective operation and sustainability of the NDIS through other work, including:

- **Multidisciplinary Collaboration:** Psychologists often lead or participate in multidisciplinary teams, enhancing coordination across various providers and agencies. This approach ensures comprehensive, continuous and person-centred support, addressing all facets of a participant's wellbeing and enhancing their capacity, choice and control.
- **Clinical Leadership:** As clinical leaders, psychologists contribute to the development and implementation of best practice interventions tailored to the diverse needs of NDIS participants. Psychologists often lead multidisciplinary NDIS-focused practices and advocate

for coordinated supports informed by their deep understanding of human behaviour, relationships, personality and motivation.

- **Supervision and professional development:** Psychologists provide clinical supervision, mentoring and professional development to other NDIS providers, ensuring that therapeutic interventions are delivered effectively and ethically and consistent with evidence, theory and best practice.
- **Research:** psychologists actively engage in research aimed at evaluating the outcomes of NDIS services and interventions. This research not only helps in refining practices to better meet participants' needs but also contributes to the evidence base that informs policy development and service provision within the NDIS. By integrating clinical and research expertise, psychologists uphold and advance the quality and effectiveness of the support provided to participants through the NDIS.

Psychologists' involvement in the NDIS at multiple levels — from direct service provision to leadership and supervisory roles — illustrates the depth and breadth of the profession's engagement with the NDIS.

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

The APS generally supports a risk-based and graduated approach to registration and enrolment, but notes that any registration system must be aligned with other regulatory frameworks. As an AHPRA-regulated profession, psychologists are already subject to rigorous regulation by the Psychology Board of Australia, including adherence to a comprehensive and robust code of ethics and continuing professional development requirements, including ongoing supervision.

For regulated professions, we recommend that the purpose of registration be limited to managing the organisational or business risks associated with NDIS service provision, rather than the risks from the professional services themselves. The latter is more than sufficiently covered by existing regulatory frameworks, but there are opportunities for registration to improve practice and organisational management standards even for regulated providers.

APS members have consistently pointed out that current NDIS registration and compliance requirements are a disincentive to provide NDIS services. Additional layers of registration may therefore further deter psychologist participation in the NDIS due to increased administrative burden, undermining rather than enhancing participant safety. As we have proposed in previous submissions, new regulatory requirements on NDIS providers should only be imposed following a 'sludge audit' to identify and eliminate other sources of administrative burden and to ensure a net benefit to providers in being able to focus on the provision of high-quality and safe professional services.

Moreover, the application of the model needs to be carefully considered to ensure that it aligns with the actual risks associated with the different professional roles held by providers. The implementation of the proposed model must differentiate between direct service provision roles and other consultative or supervisory roles psychologists have, tailoring regulatory requirements to the actual risks involved. For example:

1. A psychologist providing supervision or providing advice and support to other providers other than the participant has a very different risk profile to a psychologist engaged in direct service provision.

2. A psychologist providing early childhood interventions may only ever be working with the entire family (with the child participant present), and never with the child alone. A presumption should not be made that risk level is elevated just because of the support items provided.

Given the different ways in which psychologists provide services within the NDIS, as outlined in our response to Question 1, the APS does not endorse an approach which would apply (or presume) a level of risk to an entire profession.

The APS supports a registration framework that leverages existing regulatory levers effectively, reduces redundant administrative processes, and focuses on enhancing service quality across all provider categories. In implementing any model, priority should be given to professions which currently have less regulatory oversight, and which might pose higher risks to NDIS participants than those professions already under professional regulation.

3. What key features of the proposed model are important to you?

The APS recognises several key features of the proposed registration model as crucial for maintaining the integrity and effectiveness of NDIS providers:

- **Proportionality and Responsiveness:** The model should be inherently flexible, scaling regulatory requirements based on evidenced risks associated with different types of service provision. This ensures that resources are focused where they are most needed, without imposing unnecessary burdens on highly regulated professionals like psychologists.
- **Safeguarding Mechanisms:** Responsive mechanisms to address providers who fail to meet NDIS standards are essential. This includes the ability to halt funding and support for providers who endanger participants.
- **Provider Support and Communication:** The implementation of the model must involve two-way engagement. That is, beyond imposing requirements on providers, there must also be appropriate and direct mechanisms for providers to engage with relevant sections of the NDIA and other oversight bodies. The APS suggests, for example, having a dedicated telephone line and online channels for providers to interact with the NDIS Quality and Safeguarding Commission. This would support providers in identifying regulatory requirements, addressing concerns, and facilitating compliance.

These features are vital for fostering a safe, high-quality and sustainable provider base that upholds the standards expected within the NDIS.

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

In developing its advice, the Taskforce should prioritise direct and ongoing engagement with the APS and other peak bodies, and psychologists and other providers. This engagement should focus on understanding the impacts of regulatory changes and exploring practical, effective solutions through genuine co-design rather than limited and confirmatory consultation.

One avenue to improve provider engagement would be for the Taskforce to advise that registration must be considered together with provider price limits. It is a concern of many psychologists, as well

as the APS, that NDIS price limits do not adequately cover the time and effort required to provide services. If the registration model is intended to recognise and encourage the professional standards and quality of providers, the other side of the equation must also be considered. High quality and safe providers will only be retained, or attracted to, the NDIS ecosystem if they are sufficiently remunerated. In addition, the registration system could be designed to recognise levels of experience and expertise by providers, which could in turn allow for pricing that reflects the specialised skills and value of services provided by psychologists and other regulated providers.

The APS also strongly encourages Taskforce to consider the costs to providers and professional bodies of transitioning to a new registration model. We advocate for all providers to be financially supported to make the transition to a new registration system, as well as for support to enable profession-specific resources and training to be developed.

5. 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?

Whether the proposed registration model contributes to promoting and protecting the rights of people with disabilities depends on the way in which it is designed and implemented.

A fundamental consideration is that the rights and interests of people with disabilities would not be advanced if the registration model is not developed in a way which is fair and supportive to providers. A model that is perceived as punitive would further discourage participation from psychologists, further eroding participant choice and leading to unrealised outcomes for NDIS participants.

Effective implementation and ongoing monitoring are crucial to ensuring that the model operates as intended, safeguarding participants from potential abuse or neglect. As noted above, prompt action to stop funding services which are harmful would protect participants' rights and reduce the risk of abuse, neglect and exploitation. The success of this, however, depends on how prevention, investigation and enforcement measures are designed and implemented. In this regard, the significance of a consultative and collaborative process involving both participants and providers cannot be underestimated.

Care must not be taken to place the responsibility of upholding the rights of people with disabilities on providers alone. Training for all decision-makers across the NDIS ecosystem, including within the NDIA, on the principles of human rights, dignity of risk, and participant autonomy is essential. This ensures that all parties involved in the delivery of services are equipped to respect and uphold these principles in their daily practices and decisions. Finally, and as we have noted in previous submissions, cultural change is also needed across the NDIS for decision-makers to recognise the value of psychological services within the Scheme as a way to promote participants' capacity. Psychological supports which enhance capacity also have the effect of increasing participants' confidence in engaging with the NDIS, including the ability to take assertive action in relation to their own rights, goals and decisions.

Thank you for the opportunity to provide input into this consultation. If any further information is required from the APS, I would be happy to be contacted through the National Office on (03) 8662 3300 or by email at z.burgess@psychology.org.au