



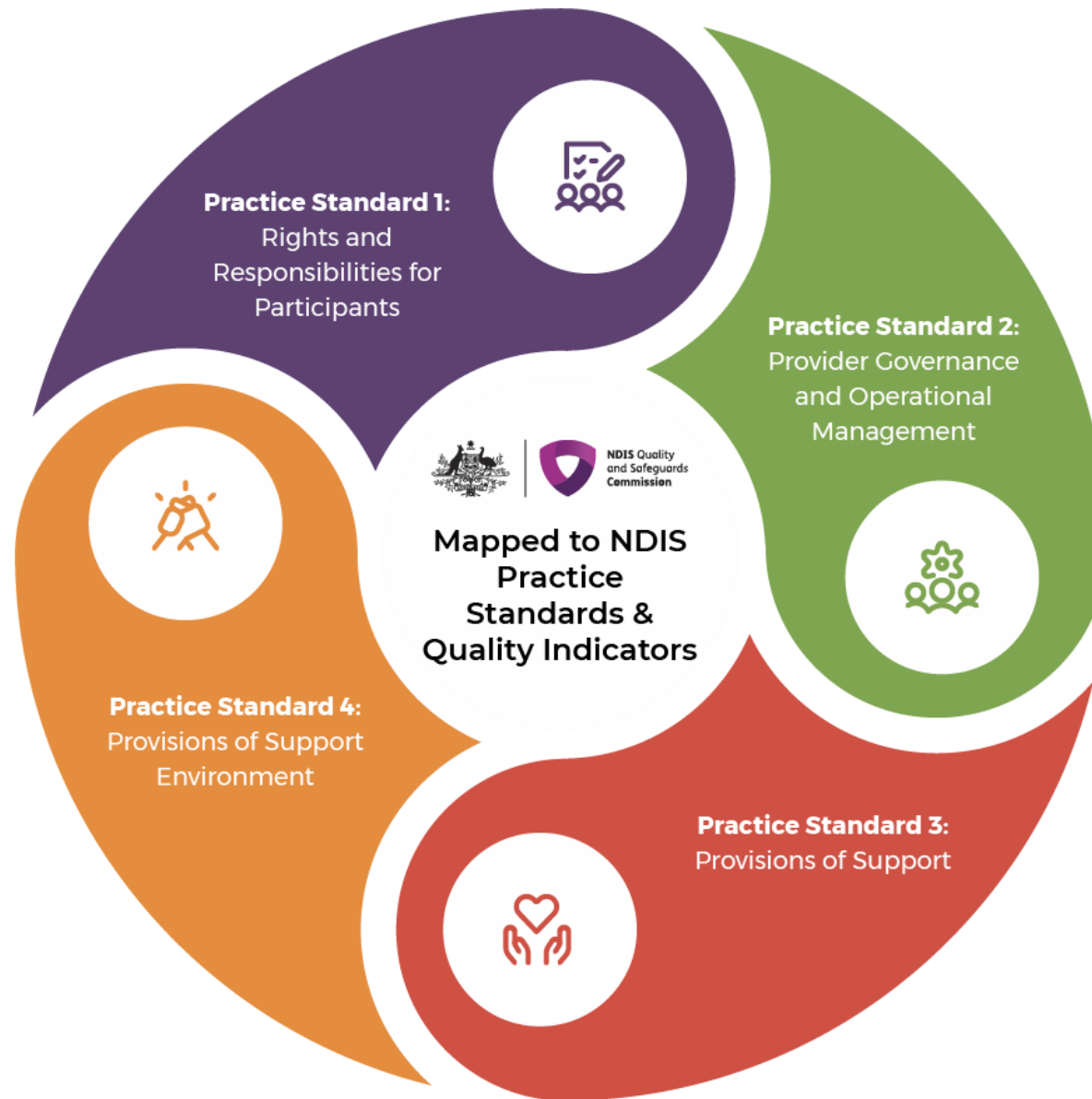
# ACKNOWLEDGMENT OF COUNTRY

We would like to begin by acknowledging the Traditional Owners of the land on which we meet today. We would also like to pay our respects to Elders past, present and future.

# Compliance to Best Practice

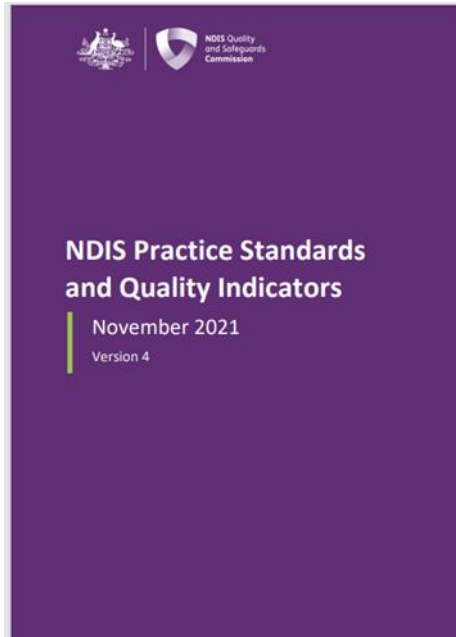
Yes, it can be done





# 13 X

Evidence based practice is mentioned in the **NDIS practice Standards**



Standard	Evidence Based Practice Outcome to Achieve Compliance
<b>CORE MODULE = x2</b>	
Quality Management:	<i>The provider's quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers.</i>
Responsive Support Provision:	<i>Supports are provided based on the least intrusive options, in accordance with contemporary evidence-informed practices that meet participant needs and help achieve desired outcomes.</i>
<b>SPECIALIST BEHAVIOUR SUPPORT MODULE 2 = x5</b>	
Specialist Behaviour Support:	<i>Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks.</i>
Behaviour Support and the NDIS:	<i>Each NDIS behaviour support practitioner undertakes ongoing professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support.</i>
Functional Behaviour Assessment and Behaviour Support Plans:	<i>Each participant's quality of life is maintained and improved by tailored, evidence-informed behaviour support plans that are responsive to their needs.</i>
Functional Behaviour Assessment and Behaviour Support Plans:	<i>Behaviour support plans are consistent with evidence-informed practice, including proactive strategies.</i>
Interim Behaviour Support Plans:	<i>Each participant with an immediate need for a behaviour support plan receives an interim behaviour support plan which minimises the risk to the participant and others.</i>
<b>IMPLEMENTING PROVIDER MODULE 2A = x4</b>	
Behaviour Support in the NDIS:	<i>Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks</i>
Behaviour Support in the NDIS:	<i>Demonstrated appropriate knowledge and understanding of evidence informed practice approaches to behaviour support.</i>
Supporting the Assessment and Development of Behaviour Support Plans:	<i>Each participant's quality of life is maintained and improved by tailored, evidence-informed behaviour support plans that are responsive to their needs.</i>
Behaviour Support Plan Implementation:	<i>Work is actively undertaken with the specialist behaviour support providers to implement each participant's behaviour support plan and to align support delivery with evidence-informed practice and positive behaviour support.</i>
<b>EARLY CHILDHOOD SUPPORTS MODULE 3 = x2</b>	
Evidence Informed Practice:	<i>Each participant receives evidence-informed supports from providers with quality standards and validated practice.</i>
Evidence Informed Practice:	<i>Intervention strategies are based on explicit principles, validated practices, best available research and relevant laws and regulations.</i>

# Beyond compliance

Unless you're using  
evidence-based practices,  
I can't hear a word  
you're saying.



# Evidence-Based Practice

## Our service delivery models



# Human Rights

Positive Behaviour Support

Dialectical Behaviour Therapy  
The Good Lives Model of Offender Rehabilitation  
Good Psychiatric Management  
Cognitive Behavioural Therapy  
Acceptance and Commitment Therapy  
Trauma Informed Practice  
Recovery Model  
Mentalization Therapy  
Anger Management    Emotional Regulation  
Anxiety and Stress Management

Person Centred Active Support

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# What is Active Support?



	<b>CLO Year 1 2023 (n=15)</b>	<b>Whole Sample Year 7 2022 (n=352)</b>
<b>Contact from staff</b>	<b>23% (0-70)</b>	<b>14% (0-80)</b>
Contact from staff (minutes per hour)	14 min.	8 min.
People not receiving any contact	7%	23%
People receiving contact more than 20% of the time	40%	27%
<b>Assistance from staff</b>	<b>4% (0-27)</b>	<b>3% (0-33)</b>
Assistance from staff (minutes per hour)	2 min.	2 min.
People not receiving any assistance	60%	57%
People receiving assistance more than 10% of the time	13%	11%
<b>Total Contact and Assistance</b>	<b>26% (0-77)</b>	<b>17% (0-90)</b>
<b>Active Support Measure</b>	<b>54% (26-82)</b>	<b>51% (0-93)</b>
Weak Active Support (ASM score below 33%)	13%	22%
Good Active Support (ASM score above 66%)	27%	28%

**Table 10: Frontline Practice Leadership scores – Team leaders**

	<b>CLO Year 8 (2023) (n=8 services, 6 staff)</b>		<b>Whole sample Year 7 2022 (n=96 services, 70 staff)</b>	
	Average PL score (range)	Services rated Good/ Excellent	Average PL score (range)	Services rated Good/Excellent
Manager Focus	3.30 (2-4)	62.5%	2.70 (1-5)	15.6%
Allocating Staff	3.00 (2-4)	50%	2.86 (1-5)	26%
Observing Staff	3.5 (2-4)	75%	2.41 (1-5)	11.50%
Supervision	2.00 (2-2)	0%	2.40 (1-4)	5.20%
Team Meetings	3.17 (3-4)	25%	2.96 (1-5)	22.90%
<b>Overall Score</b>	<b>3.00 (2.2-3.6)</b>	<b>0%</b>	<b>2.67 (1-4.6)</b>	<b>10.4 %</b>

Good = a score of 4 on the Practice Leadership measure presented

Excellent = a score of 5 on the Practice Leadership measure

% = average percentage of services with a with a rating of good-excellent (4-5 out of a total of 5)



OUR SILO MENTALITY MAY BE GETTING OUT OF HAND.

*'they do ask us to be on site 75% of the time but its really hard to achieve that KPI'*

*'SC's saw their work as being administrative... we spend about 75% of time doing admin' ... we get so much less of our admin work done if we spend time on the site....*

*'increasing workload....we have not done observation as much as we would like in the past 6 months because the NDIA have just smashed us with all this extra compliance training.... So that's been the main focus'*

*'We can hardly speak about active support and quality of life in the staff meeting ....we need to look at ABC's and the RP's and the NDIS and the PBS plan'*

# Person Centred Care Models – How is it done?



**All Organisation approach**

Supported decision making -

Person centered support plan – ‘nothing about me without me’ (Co-design)

My goals

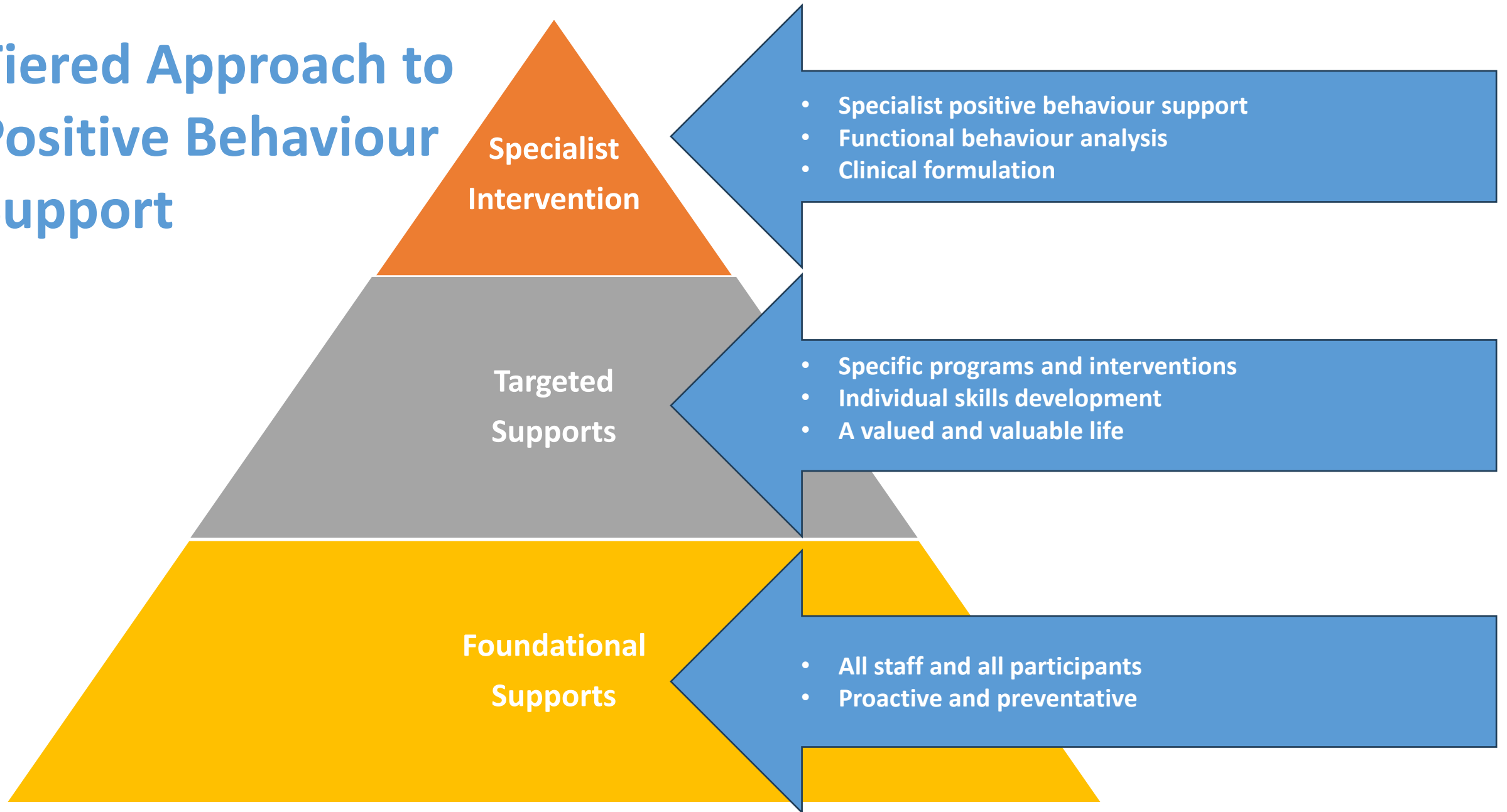
Involved in recruitment (person centered recruiting) + training staff

Capacity building – developmentally informed approach

# Positive behavior support model - Intensive intervention for behaviors of concern

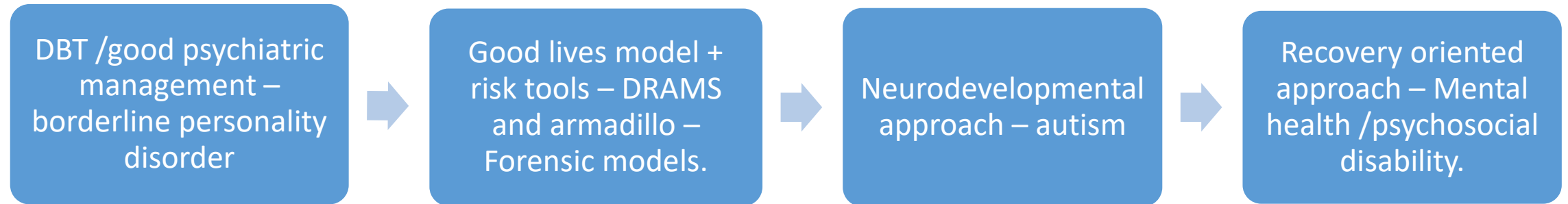
- Intensive intervention for BoC
- Augmentative and alternative communication
- Capacity building – skills development (social, emotional, behavioural) and functional for independence

# Tiered Approach to Positive Behaviour Support



# Specialized models for complex and high risk.

Therapeutic model – not just accommodation support.





# Tools

- WHOQOL
- QOLI
- DRAMS
- ARMIDILO
- Goals and goal attainment (outcomes)
- Increased independence (step downs in supports)

# Participant Data driven quality improvement

- Dynamic and static risk assessment
- Model
- QOLI, PBS QOL, LSP 16
- Supported Decision Making profiles
- Environmental Assessments
- ABCs
- Support logs
- Goals achievement
- Tracking of reportable incidents
- Tracking of restrictive practices
- Recording of WHS incidents

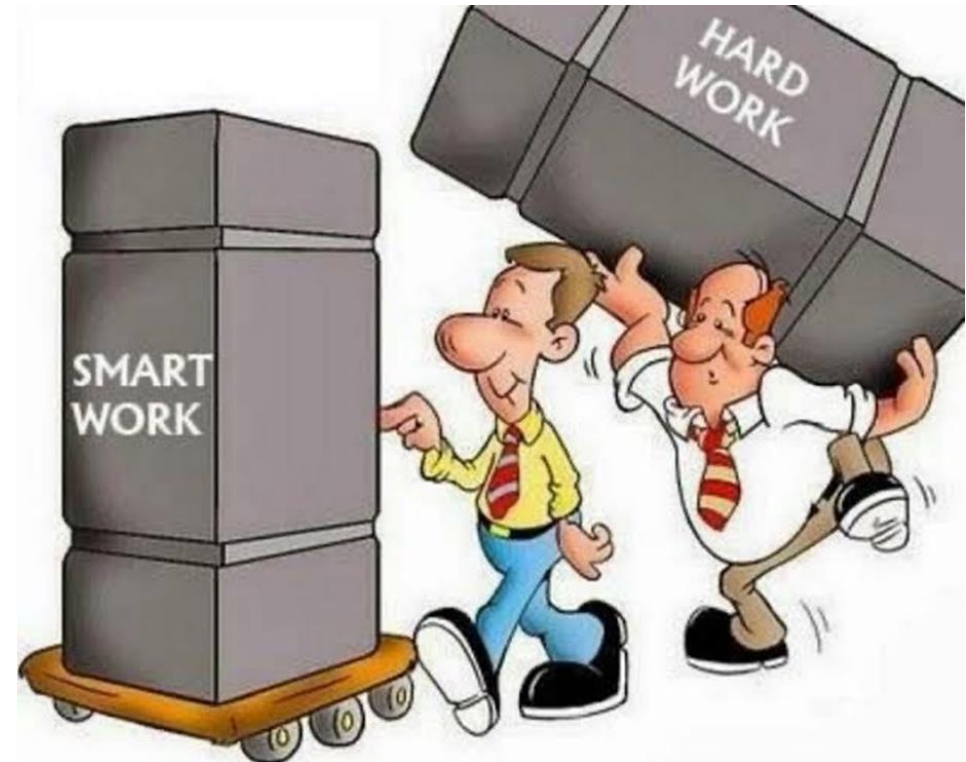
# Governance

- Escalations
- Registers
- Investigations
- EOM reporting
- Cross organisational committee structure
- Clinical Governance Sub Committee
- Quarterly and EOFY analysis of Reportable Incidents
- Quarterly and EOFY analysis of Restrictive Practices
- Compliance reporting to the Exec and Board
- WHS reporting to the Exec and Board

# Structures to Support Quality Evidence Based Best Practice




MINI-MAX








# Participant led Evidence Based Best Practice



 WE WANT TO HEAR FROM YOU! COME JOIN OUR NEW

## Participant Advisory Committee

-  Learn about what's happening at CLO and how you can be involved
-  Help shape the future of CLO
-  Provide feedback to improve our services
-  Share your valuable knowledge and experience
-  Tell us how we can work with you to make CLO the best it can be
-  Transport and refreshments available

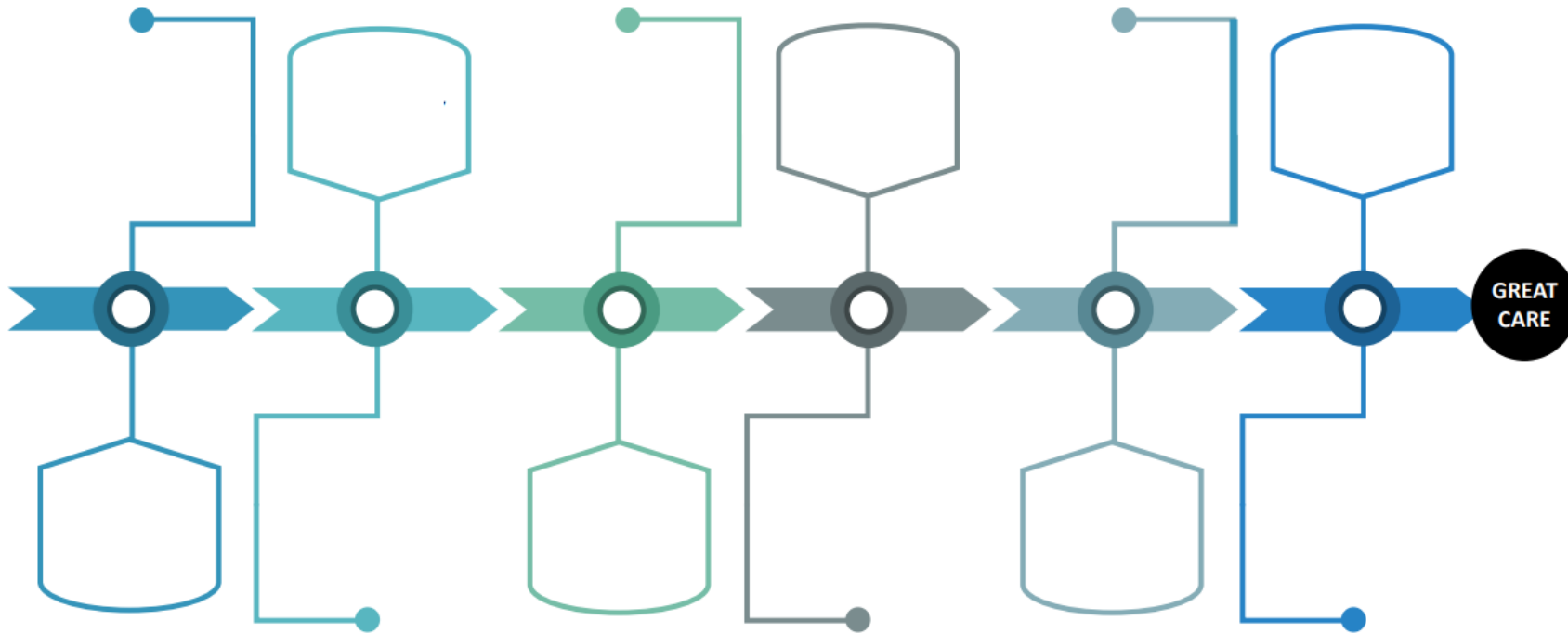




# Quality Governance and Operational Management

Incident Management + Risk Management + Quality Management

**THE QUALITY SYSTEM ROADMAP:  
ACTIONS AND ACCELERATORS FOR CREATING GREAT CARE**



**Sound  
Governance  
+  
Evidence Based  
Practice  
+  
Quality  
Operational  
Management  
=  
Quality System  
Roadmaps  
=  
Evidence BEST  
Practice**

Cathy Balding  
QUALITYWORKS



asid  
research to practice



SafeWork SA



NDIS Quality  
and Safeguards  
Commission



Australian  
Charities and  
Not-for-profits  
Commission

# Meeting Compliance Through Evidence-Based Practice

- Records & file Management
- Model, Systems & processes aligned to legislation / Compliance obligations (Reviewed regularly)
- Clear roles & accountability
- Integrated Quality Processes
- Continuous Improvement Culture



# Research recommendations:

01

**The practice standards can include more examples of EBP**

– active support for example

How participants experience choice and control in the NDIS

Are NDIS supports improving independence, employment and social inclusion

02

**Investigate how services can be delivered more efficiently without compromising quality or practice**

**Housing and Support Models**

03

**Resourcing studies:** pricing

The disability support worker cost model – quality and evidence-based practice – how should it be funded and valued

OR, workforce challenges training, retention and cultural competency

# Resources

- <https://www.ndiscommission.gov.au/>
- <https://www.ndiscommission.gov.au/sites/default/files/2022-02/ndis-practice-standards-and-quality-indicatorsfinal1.pdf>
- [SA.GOV.AU - Restrictive Practices Unit](http://SA.GOV.AU)
- <https://www.rmia.org.au/>
- <https://www.latrobe.edu.au/>
- [Qualityworks The website for Quality Leaders and Professionals - Cathy Balding | Qualityworks](#)



**THANK YOU!**