



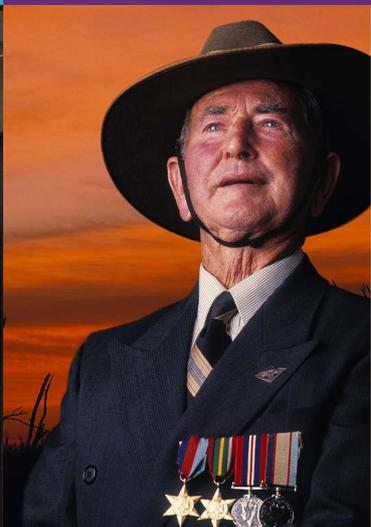
Australian Government

Regulatory Harmonisation
Across Care and Support
aged care | disability | veterans

Summary of consultation findings

Consultation on harmonisation of care and support regulation – Phase 1

March 2022



Snapshot of What we Heard

Across the consultation there was broad support for harmonisation.

“Regulation across the care & support sector should be more aligned”



Widespread agreement that regulation should more consistently ensure quality and safety across the sector while better meeting the needs of different consumers/participants, settings and support types.

OUR AIM

We conducted community consultation from October 2021 to January 2022 to obtain feedback to help guide options for harmonising regulation across Commonwealth-funded care and support services.

WE CONSULTED

- Consumers, NDIS participants, carers and advocates
- Providers
- Workers
- Peak bodies and advocacy organisations

CONSULTATION STATISTICS

- 14 workshops (226 attendees)
- 4 focus groups (29 attendees)
- online survey completed by 3794
- 59 written submissions

SUMMARY OF CHALLENGES RAISED

EDUCATION: It is hard to find the different information about rights, regulator responsibilities and providers’ regulatory obligations across the sector.

SECTOR ENTRY: Different registration processes are duplicative and pose barriers to providers operating across sectors. Duplicative and non-portable worker screening checks are limiting mobility across sectors and may contribute to workforce shortages.

RULES & REPORTING: Different sets of definitions, rules and requirements, and variation in terminology causes confusion. Duplicative reporting is inefficient. These also make it difficult to work across sectors.

STANDARDS & AUDITING: It is hard for providers to design and implement business processes that meet multiple sets of standards. Multiple, misaligned audits for cross-sector providers is burdensome.

COMPLAINTS: It can be hard for consumers to know how or to whom to make a complaint across the sector.

COMPLIANCE & ENFORCEMENT: Lack of consistency in enforcement across the sector. Those breaking the rules in one sector can shift to another.

CONSUMER INFORMATION: Consumers lack reliable and consistent information on the quality and safety of different providers to guide their choice of service or support.

REGULATORS: It is difficult to navigate three different regulatory systems and regulators.

SUMMARY OF POSSIBLE OPPORTUNITIES

EDUCATION: A coordinated approach to how rights and obligations are presented to consumers and participants, carers and the broader community.

SECTOR ENTRY: Single, shared registration process to offer specified types of support.

- RULES & REPORTING:**
- Having more common rules, requirements and terminology.
 - A ‘report once’ approach.
 - One front door for consumers.
 - Single IT system.

STANDARDS & AUDITING: A core set of shared standards with differences across sectors enshrined in additional modules and building on best practice within each sector. An integrated audit process.

COMPLAINTS: A single body handling all complaints (with specialised staff), or else improve communication between current regulators with enhanced “warm referrals”.

COMPLIANCE & ENFORCEMENT: A consistent, transparent approach to holding providers and workers to account, with a suite of strong penalties. Consistent worker screening checks and Code of Conduct across the care and support sector. Banning orders to apply across the sector.

CONSUMER INFORMATION: Public register of care and support providers. More consistent quality information published across sector.

REGULATORS: A single regulator, potentially in the long term. A single framework, without loss of flexibility or specificity in regulation.

THE CARE & SUPPORT SECTOR

Aged Care

Disability Support

Veterans’ Care

INTERPRETING THIS DOCUMENT

This document represents a snapshot of what we heard during consultation. The challenges and opportunities presented here represent a collection of themes we heard. They do not necessarily represent the views of all stakeholders, nor any policy positions endorsed by government.

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Introduction

Harmonising regulation across the care and support sector

The Australian Government 2021–22 Budget included a commitment to harmonising regulation of Commonwealth-funded aged care, disability support, and veterans' care. For the purposes of this work, these services are referred to as the 'care and support sector'. The intention of this measure is to improve protections and ensure consistent quality and safety for sector participants and consumers, while making it easier for service providers and workers to deliver care and support across the sector.

The Commonwealth agencies working together to explore opportunities to harmonise regulation across the care and support sector are:

- Department of Health
- Department of Social Services (DSS)
- Department of Veterans' Affairs (DVA)
- Aged Care Quality and Safety Commission (ACQSC)
- NDIS Quality and Safeguards Commission (NDIS Commission)
- National Disability Insurance Agency (NDIA).

What is regulation?

At the Commonwealth level, regulation includes legislation and rules, guidelines and forms, reporting requirements, and other ways of setting expectations for how supports and services should be delivered.

The practice of regulation may include the following functions:

- informing and educating
- making rules, codes of conduct, or standards
- granting (and revoking) approvals or registration
- promoting and monitoring (including reporting) quality services and compliance
- handling complaints from the public
- enforcing compliance.

These are the ways regulators ensure quality and provide safeguards for participants and consumers of aged care, disability support and veterans' care.



Phase 1 consultation process

A cross-agency Care and Support Harmonisation Taskforce (the Taskforce) has been established to explore opportunities to harmonise regulation across the care and support sector. A key output is a strategy toward regulatory harmonisation over the short, medium and longer term. A major input to this work is stakeholder consultation.

A first phase of consultation was conducted between October 2021 and January 2022. The aim of the Phase 1 consultation was to provide multiple avenues for interested stakeholders to have an early say on regulatory harmonisation, and to assist the Taskforce to identify issues that harmonisation could address. Stakeholders were asked their views on:

- potential benefits and risks in pursuing greater harmonisation of regulation, any fundamental aspects of regulation that should be consistent across the broader care and support sector, and any differences that need to be catered for in cross-sector regulation
- any challenges they may have experienced or observed because of the different ways quality and safety is regulated in aged care, disability support and veterans' care
- possible solutions that might address these challenges (and for consumers, participants and carers, any changes they would like to see in how providers and workers are held to account across the broader sector) – thinking about both benefits and risks of any possible solution
- where they would start in pursuing harmonisation, and what should be medium to longer term activities.

An overview of the different consultation elements used in this process is provided in Figure 1.

Figure 1: Phase 1 consultation elements



The views of consumers, participants, carers, families, providers, workers, and advocates were heard in this consultation. This included the views of individuals and organisations with both single and cross-sector experience across aged care, the National Disability Insurance Scheme (NDIS) and other disability supports, and veterans’ care.

A break down by stakeholder group, of those participating in the workshops, online survey and focus groups, is provided in Table 1. A break down by sector of those participating in the largest consultation element – the online survey – is provided in Table 2.

Table 1. Break down of consultation participation by stakeholder group

	Workshops	Online survey	Focus groups	Total
Service providers and provider peaks/representatives	146	269	13	428
Workers or worker peaks/representatives	41	415	7	463
Consumers or consumer peaks/representatives	21	3,110	9	3,140
Other including research and training organisations	18	0	0	18
Total	226	3,794	29	4,049



Table 2. Break down of online survey participants by sector

	Number completing survey
Aged Care	1,562
Disability Support	928
Veterans' Care	204
Any two sectors	701
All three sectors	194
Information not available	205
Total	3,794

This document represents a snapshot of what we heard during the Phase 1 consultation. The challenges and opportunities presented here represent a collection of themes we heard, and do not necessarily represent the views of all stakeholders, nor any policy positions endorsed by government.

Comments and feedback provided on other aspects of regulation that were outside the scope of this part of the consultation have not been included in this report but have been shared with relevant agencies for their information and consideration.

We would invite your feedback on the themes and possible solutions raised in this document. To give feedback, please email the Care and Support Harmonisation Taskforce at CareandSupportHarmonisationTaskforce@health.gov.au.

We would like to thank everyone who participated in this consultation, particularly during the COVID-19 pandemic, and with other reform work underway.

Phase 2 consultation

A strategy to harmonise care and support is currently being developed based on feedback received through the Phase 1 consultation and a second phase of consultation will soon commence. During the Phase 2 consultation you will have an opportunity to provide further feedback.

Overall views on regulatory harmonisation

Across all elements of the consultation and stakeholder groups consulted, broad support was expressed for pursuing greater harmonisation in regulation across the care and support sector. Approximately two-thirds of each stakeholder group maintained that there are enough similarities in the services and supports provided in each of the care and support sector, and in the needs of the different cohorts of people who access these services and supports, for greater harmonisation to make sense.

In the online survey, which was designed to gain a snapshot of the views of the broader community with experience with these sectors, 82% of those surveyed agreed that regulation should be more aligned, with 6% disagreeing (the remaining 12% provided a neutral response or didn't know).

Consumers, participants, carers and advocates were most likely to agree that regulation across the care and support sector should be more aligned, as illustrated in Figure 2. Agreement varied slightly according to the sector in which they had experience, ranging from 79% for those with experience with the disability support sector through to 84% among those with experience with the aged care sector.

The most substantial difference in agreement was observed with respect to providers. Cross-sector providers were far more likely than those providing services/supports in just a single sector, to favour regulation across the care and support sector being more aligned.



Figure 2: Overall support for regulatory harmonisation (online survey)



Source: Online survey (% agree or strongly agree)

There was widespread acknowledgement that, while harmonisation should be a goal, the process of determining how and what parts of the relevant regulation should be harmonised – and to what extent – is a complex task that will require some time and careful consideration. Many stressed the importance of balancing the needs of providers and workers against the overall goal of care and support, which is to meet the needs of the consumers and participants that are being supported. Most expressed a desire to participate in further engagement on how the specifics and complexities of regulatory harmonisation could be progressed.

Overall, support for regulatory harmonisation reform was dependent on ensuring that:

1. harmonisation does not overlook core issues facing the individual sectors and the work underway to address them
2. the pathway to regulatory harmonisation considers the care and support sector's capacity to make change in this context
3. differences between sectors and the needs of consumers and participants are recognised.

Perceived benefits of regulatory harmonisation

During the consultation, consumers, participants, carers, workers and providers (and those who advocate for these groups) reported they had experienced or observed challenges due to differences and duplication of cross sector regulation, and that harmonisation has the potential to address these challenges.

For example, some consumers and participants who use services or supports in more than one sector, and their carers and advocates, perceived that differences in regulation between the sectors has contributed to challenges in understanding:

- what standards of quality and safety to expect
- how services and supports compare
- their rights and who and how to make complaints about quality and safety.

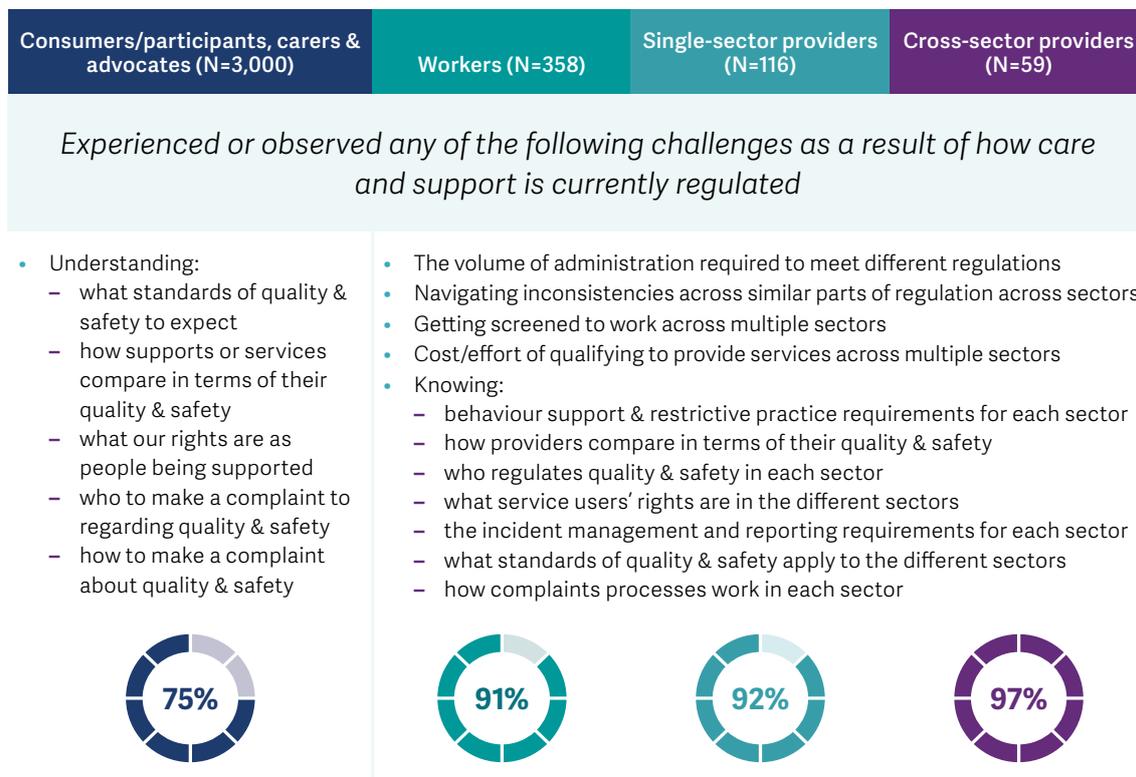
Some workers and providers perceived differences and duplication of cross sector regulation has created:

- administrative “burden” given the volume of different administrative requirements
- challenges understanding and navigating different regulatory requirements including different registration/approval processes to provide services across different sectors
- challenges with different worker screening processes.

Figure 3 shows the proportions indicating they had observed or experienced any of the challenges listed in the online survey.



Figure 3: Key challenges of current regulatory settings (online survey)



Source: Online survey (% selecting any challenge)

Those participating in the consultation recognised a number of positive potential outcomes of harmonisation, including that it may provide an opportunity to:

- ensure a high base level of safety and quality for all users of services and supports that is person-centred and reflects best practice in aged care, the NDIS and other disability supports, and veterans' care
- reduce administrative requirements for providers and workers, which in turn may remove barriers to cross-sector provision of services and supports, lower costs (after an adjustment period) and enable providers to offer more services and supports, ultimately increasing access, choice and quality for people who access these services and supports
- help address workforce shortages, by making it easier for service delivery staff to work across the sector
- reduce complexity for cross-sector providers and workers, making it easier for workers and providers to understand their responsibilities
- create an easier system to navigate, particularly for consumers and participants who use supports and services across the NDIS, aged care and/or veterans' care, or may transition between them over their life.

Potential opportunities for harmonisation

Views of potential solutions to address the challenges posed by differences and duplication of cross sector regulation, were canvassed during the consultation.

This section summarises key challenges reported as being experienced, and initial views on possible solutions, by regulatory area.

Given those participating in the consultation were generally better able to reflect on the challenges they had experienced, than to necessarily come up with solutions to those challenges, example solutions were introduced in the workshops and focus groups to help generate discussion. Solutions do not in all cases neatly align with challenges raised.

Education

While not a regulatory requirement as such, it is essential for consumers and participants to understand their rights. Key education-related challenges for consumers and participants using services/supports across sectors, and their carers and advocates, identified in this consultation, were knowing where to find information about:

- rights in relation to services/supports delivered by providers
- the responsibilities of the different regulators
- how to lodge a complaint (or gain assistance in lodging a complaint)

Consumers and participants also spoke of difficulties understanding current information available on these issues, which they felt was not sufficiently consumer-focused or consumer-friendly. They expressed an interest in more well-promoted, easy-to-access, plain language information specifically tailored to consumers/participants. Indigenous peak bodies spoke of the need for tailored, culturally appropriate and accessible material for Aboriginal and Torres Strait Islander consumers and participants.

Education was less often discussed as a challenge by providers and workers. However, some providers noted the challenge of keeping abreast of changes in their regulatory obligations, and frustration at having to monitor multiple “portals” to stay across regulatory requirements.



Ideas for further consideration

- Interest was shown in a common approach being adopted across the care and support sector to how information is presented to providers about regulatory obligations and how to comply with them, and to consumers and participants about their rights in relation to services delivered by providers.
- Views on whether or not it was important to have all regulatory information and guidance available on a single website was mixed but was considered very important to some providers.

Sector entry – registration/approval for providers and workers to provide supports and services

Some providers participating in the consultation, and those advocating on their behalf, spoke of different registration processes for cross-sector providers being duplicative and posing a barrier to providers operating across multiple sectors. Multiple registration fees and a perceived slow process to become approved, were also noted as challenges.

Duplication of worker screening checks was described as a significant problem for providers who operate across sectors and jurisdictions, and as contributing to current workforce shortages.

For allied health practitioners, minimum qualification requirements were reported to vary, limiting flexibility to work across sectors and settings.

Ideas for further consideration

- “Recognition of prior registration”, with separate registration processes, but fast-tracked registration for providers to deliver the same service type in another part of the care and support sector, was considered an easily achievable, short term harmonisation goal.
- “Single, shared registration” was widely thought to make sense longer term, particularly if accompanied by a move to shared standards and common rules/requirements across sectors (where possible).
- Support was expressed by providers for proportional on-boarding processes that reflect the risks involved and nature of specific supports provided.
- Across the consultation, widespread support was expressed for a national worker screening check; this measure has already been agreed by government and is under development.
- Some working in the allied health space suggested that AHPRA registration could be better recognised when those holding this registration seek to enter the care and support sector.

Rules and reporting

Cross-sector providers noted the challenge of navigating different sets of definitions, rules and requirements across the care and support sector, and frustration and confusion caused by variations in language or terminology used across sectors for near-identical principles.

Cross-sector providers spoke of duplicative reporting (in different required formats) leading to inefficiencies and increased costs for them, with no perceived improvement in outcome for consumers/participants.

Some providers and workers spoke of challenges associated with individual consumers/participants having more than one “care and support” or “behaviour support” plan. Multiple support plans for a similar purpose were described as duplicative and inefficient, as containing differences in language and definitions that may confuse, and as sometimes actually conflicting.

Ideas for further consideration

- The idea of a common set of rules, requirements and language that apply across the sector (while accommodating differences between different service types, settings or cohorts), held appeal for many providers participating in the consultation.
- The idea of maintaining separate rules, requirements and language, but amending rules to make them work more harmoniously, and providing clearer explanations of differences, attracted some interest, but less so than the idea of a common set.
- Support was also expressed for a care and support code of conduct that will apply to providers and workers across the care and support sector, which is already agreed by government and under development. However, some participating in the consultation felt such a code would be of limited value if not applied to unscreened staff working for unregistered NDIS providers and/or would be more effective in combination with common worker induction/training.
- Several providers spoke of wanting to see consistent, robust and independent oversight of behaviour support plans, with a single cross-sector set of expectations for restrictive practices that aims to reduce or eliminate the use of these practices. Suggestions included that across the care and support sector, consistent standards for supported decision making, consistent funding for the development of behaviour support plans, and consistent training on positive behaviour support strategies, could be implemented.
- Several providers and peak bodies spoke of wanting to see a greater focus on capability development. Many favoured consistent, minimum worker training requirements across the broader sector.



- Interest was expressed in the idea of providers being able to make single reports that are shared as relevant with the different regulators or commissions where it makes sense to do so, such as for reportable incidents. Interest was also expressed in more closely aligned reporting types, frequencies and required information across the care and support sectors.
- Some cross-sector providers expressed an interest in reporting through a single portal, and some also expressed interest in reporting to a single commission.
- Some felt that regulatory harmonisation presented a valuable opportunity to review the volume and nature of what is currently being reported, and the extent to which it is contributing to better outcomes for consumers/participants.

Standards and auditing

Cross-sector providers reported struggling to comply with similar yet slightly different standards and auditing processes across different sectors. The challenge of designing and implementing business processes that meet multiple sets of standards and the expectations of different audits, was raised, and being subject to multiple audits, occurring at different times and with different requirements, was reported to pose additional “burden”. A lack of common standards across the care and support sector was also thought to result in multiple sets of policies, processes and procedures needing to be communicated to cross-sector workers.

Ideas for further consideration

- A common set of shared standards was a frequently suggested goal of harmonisation. It was suggested by providers and peak bodies that a core set of common standards could be supplemented by modules of sector-specific standards where required. Some suggested that any supplementary modules focus on differences by setting (such as community versus home-based care/support) or consumer/participant need, rather than sector (or “funding model”).
- Some providers, peak bodies and consumer/participant advocates felt that any move toward common standards was an opportunity to build on best practice to develop standards with an “aspirational quality” that are “clear”, “outcomes focused” and “practical”.
- Minor amendments to harmonise the Aged Care Quality Standards and NDIS Practice Standards was generally only considered a useful short-term goal on the path to a set of shared standards.
- Both mutual recognition of audits (an audit process that “looks at what hasn’t been assessed already” or where providers “get credit for past audits in other sectors”) and an integrated audit (a single, point-in-time audit, whether or not there were separate standards or audit requirements for each sector) were possible solutions spontaneously raised by providers and peak bodies to address current perceived challenges experienced with auditing.

- Consumer advocates noted they would like to see unannounced audits applying consistently across the care and support sector, and audits that uniformly include consumer feedback requirements.

Complaints

Some consumers and participants, and their carers and advocates, reported difficulties knowing how or who to make a complaint to, or what one's rights are when making a complaint.

While not directly relating to regulatory harmonisation, some advocates hoped a review of complaints processes might also help address perceived current issues regarding timeliness and adequacy of investigations, fear of repercussions for complainants, a lack of trust in the complaints system, and onerous processes that may include having to share difficult experiences multiple times.

Ideas for further consideration

- Views were mixed on potential solutions to issues with complaints across aged care, the NDIS and disability supports and veterans' care.
- Some favoured moving to a single body handling all complaints. Some expressed the view that if this were to occur, it would be essential that complaints be handled by appropriately experienced and dedicated teams within such a body, and that resources not be spread too thin, in order to avoid complaints being "lost in the system".
- Others supported retaining different complaints processes but focusing on improving complaints communication/coordination between regulators, including ensuring a "no wrong door" policy and a more effective "warm referral" process.
- Other suggested improvements to the complaints process included: greater transparency around the type of complaints that regulators can deal with; greater transparency around and consistency in timelines for providers and regulators to respond to complaints; more rigorous investigations of complaints; and greater access to advocates for consumers/participants lodging a complaint.

Compliance and enforcement

Consumer advocates raised concerns about the outcomes of enforcement of regulation-based rules not being sufficiently transparent to consumers.

Some also raised concerns about consistency of compliance and enforcement action across the sector. Some providers and consumer/participant advocates indicated they were uncomfortable with the possibility of any workers who had broken rules in one part of the sector, being able to work elsewhere in the care and support sector.



Ideas for further consideration

- Across the consultation, consumers, participants and carers favoured increased accountability for providers and workers who break the rules, in whatever form that might take.
- Some advocates suggested that consumers and participants harmed should be able to seek redress, and others suggested the introduction of criminal penalties for providers who break the law.
- Responses to the online surveys confirmed support for those who break the rules to be held to account to a greater extent than they currently are. Consumers, participants and carers were in favour of a clear and consistent approach across the care and support sector, with a suite of strong penalties that appropriately reflect the circumstances of breaches, act as a deterrent and also promote increased quality and compliance (through education, counselling, mentoring, increased surveillance and feedback loops). They also favoured greater transparency for those who are directly impacted by breaches and to protect others needing care and support in future (e.g. through publication of details).
- Across the consultation, widespread support was expressed for banning orders to apply across the care and support sector; this measure has been approved by government and is under development along with nationally consistent worker screening and a care and support sector code of conduct.

Consumer information

Consumers, participants and carers reported a lack of awareness of sources of reliable information on the quality and safety of different providers to guide their choices of service or support. Consumer advocates also noted a lack of consistent information available about providers across the care and support sectors (including on audit outcomes and the use of subcontractors), and a lack of measures of provider quality and safety that they considered to be objective (rather than self-reported by providers), sufficiently nuanced, and up to date.

Ideas for further consideration

- Consumer advocates and some providers expressed support for a single public register of providers across the care and support sector. There was also support among these groups for published star ratings to help consumers, participants and carers make informed decisions about providers. Consumer advocates felt that any ratings should adequately take into account complaints and consumer satisfaction.

- Consumers, participants and carers expressed interest in knowing more about different services and providers, to support them to be able to recognise and determine quality. They indicated it was important to them to have access to consistent and easy to understand indicators of quality, though they were less concerned with whether this was via one or more registers of providers.

Regulatory frameworks and regulators

A perception was expressed through the consultation that it can be difficult to navigate multiple regulatory systems and regulators. This was seen as a challenge across the board for providers, workers, consumers and participants who use services or supports, or who work in or provide services or supports, in more than one part of the sector.

Ideas for further consideration

- The idea of a single care and support regulator was often raised spontaneously in workshops and focus groups particularly by cross-sector providers and provider peaks, without any prompting. Some expressed the view that without such a common body overseeing regulatory practices, discrepancies on similar areas of regulation are inevitable. Some even expressed doubt and concern over whether harmonisation can be effectively achieved without a single body overseeing the process, with some suggesting that a move to a single regulator should be the first step in harmonisation. More commonly, however, moving to a single care and support regulator was viewed by cross-sector providers and provider peaks as a longer-term possible end point of regulatory harmonisation.
- Some consultation participants put forward the view that creating a single regulatory framework made sense, whether or not different regulators were retained. It was felt this would help providers more easily deliver holistic, person-centred and best practice care and support, by reducing administrative burden and confusion, and enabling greater focus on service provision. A single care and support sector regulatory framework was anticipated to better enable workers to understand and comply with requirements, and to provide quality care and support to a wider range of consumers and participants. It was also anticipated that consumers and participants accessing services/supports from multiple parts of the sector would be better able to understand and navigate a more unified system.
- While a single framework/single regulator combination was generally favoured, some participating in the consultation (including consumers, participants and carers) did express the view that such a dramatic change was perhaps unnecessary and might result in a loss of flexibility and specificity in regulation, or a regulating body that was too large to be efficient and effective. These individuals typically favoured a move towards improved communication between regulators and greater consistency in other regulatory areas.



Managing regulatory harmonisation

The consultation heard that the pursuit of regulatory harmonisation was an ambitious task that must navigate many complexities. In particular, those participating in the consultation expressed the hope that the harmonisation process would take into account:

- the need to minimise unnecessary sector disruption – it was stressed that regulatory harmonisation must be integrated with other relevant pieces of reform work currently underway, and contribute to meeting recommendations from relevant Royal Commissions, so that changes resulting from regulatory harmonisation are fit-for-purpose over the long term
- the context of challenges and perceived inequalities created by the factors listed below, noting that many in the consultation considered these to be more pressing issues to address than harmonising regulation across the care and support sectors:
 - different funding models and pricing arrangements across the care and support sector
 - lack of remuneration parity across the care and support sector
 - unregistered NDIS providers and those working for them not needing to be screened unless requested by the participants to which they provide services and supports
 - inconsistent worker training and a lack of basic worker competencies
 - current settings being perceived to hinder provision of culturally appropriate services and supports to First Nations people
- the many interfaces between the broader care and support sector and other systems, jurisdictional requirements and regulatory areas (e.g. primary health care, state/territory run aged care and disability support, State and Territory Children’s Guardians, the Therapeutic Goods Administration and the justice system)
- the importance of not losing sight of fundamental differences and best practices across the care and support sector, including:
 - different support needs and care philosophies, particularly across aged care and the NDIS and disability support – specifically, disability advocates would like best practice in disability support regulation to be a core component of any harmonised regulation
 - differences by care setting, namely community or home-based care/support versus residential care
 - differences between the needs of children and young people in the NDIS and older adults in aged care

- perceived workforce shortages and capability/capacity limitations, which some feared harmonisation could exacerbate – the consultation heard concerns that harmonisation might also inadvertently lead to an undifferentiated, homogenous workforce that does not reflect the different attitudes, personal qualities and skill sets needed to successfully work within different settings and with different cohorts.

The view was put forward that foundational work in examining and making use of international experience and best practice should be an important early step in the harmonisation process and that further, ongoing consultation was needed with all impacted groups on specific harmonisation proposals.

Timing of regulatory harmonisation

Views on when and how harmonisation should occur were driven by the need to consider industry and worker ‘change fatigue’, current pressures experienced with the Coronavirus (COVID-19) pandemic, recommendations and changes emerging from relevant Royal Commissions and aged care reform, as well as current related regulatory reviews.

Overall, those participating in the consultation expressed the view that speed of implementation should not come at the expense of an effective and beneficial outcome. The strength of opinion about this subject suggested that many participants felt there was a lot at stake in the timing and rollout of harmonisation efforts, and the way they interact with other current reform measures.

Views between those participating in the consultation differed on the precise timings of elements of harmonisation, the extent to which the rollout should be phased, and which aspects should be short or longer-term priorities.

With regards to commencement, some felt that work to harmonise regulation across care and support should start immediately so that the sector may reap the benefits as soon as possible. Others favoured delaying until after COVID-19 pandemic challenges have eased and after the dust has settled on the Royal Commissions.

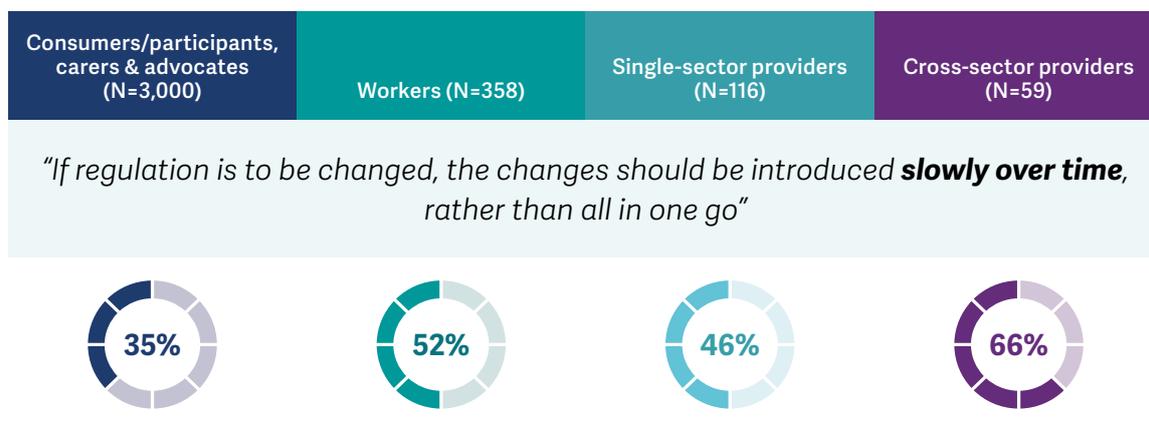
Whatever the timing, a preference was expressed for a reasonable lead-in time as well as a clear and transparent timeline, so that providers, workers and consumers, participants and carers have a chance to understand changes, upskill their staff, and put systems in place, prior to implementation.

It was stressed that effective implementation would require provision of adequate support to the sector and sufficient time to understand and adopt necessary changes. Concern was expressed that premature implementation may overwhelm and cause disruption in the care and support sector.

Mixed views on the timing of rollout were reflected in the online survey, as shown in Figure 4. Providers working across multiple sectors most strongly favoured changes being rolled out over time; and consumers, participants, carers and advocates most strongly favoured changes being introduced all in one go. On balance, more workers favoured any changes being introduced slowly over time.



Figure 4: Rollout preferences (online survey)



Source: Online survey (% agree + strongly agree)

Consultation participants felt the highest priority should be given to those areas of regulatory harmonisation in which relatively small or straightforward changes will yield significant and immediate benefits. However, opinion differed as to what these shorter-term priorities may be, and the areas considered most urgently in need of addressing included some where work is already in progress. Most commonly mentioned were:

- improved communication between regulators
- a common provider registration portal or else recognition of prior registration
- a national worker screening check (already underway)
- a care and support sector code of conduct (already underway)
- harmonisation of rules, language and definitions
- a single reporting portal/streamlined reporting/ability to report once
- a single set of expectations for restrictive practices that aims to minimise their use
- audit/assessment in a single sector to be recognised across the sectors
- improved complaints process(es).

Where favoured, actions generally considered to be longer-term aspirations, due to the anticipated scope and complexity of the tasks and the risk of unintended negative consequences, included:

- implementing shared standards across the care and support sector
- a fully integrated audit process
- establishing a single national care and support regulator.

Next steps



A draft National Care and Support Harmonisation Strategy to provide a model for coordinated action across Government to both build on harmonisation reforms already underway and identify new opportunities in key action areas.

The Taskforce will:



through consultation, evidence-based research and analysis (including cost-benefit and regulatory impact), develop a draft Strategy, to ensure Australian Government-funded care and support is sustainable, and that systems work in harmony with each other to support consumers, participants and carers no matter which program their services are funded through.



provide advice to the Australian Government on a National Care and Support Harmonisation Strategy that provides a model for coordinated action across Government to both build on harmonisation reforms already underway and identify new opportunities in key action areas.



provide stakeholders the opportunity to provide feedback on any proposed changes resulting from harmonisation.





**Regulatory Harmonisation
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