**Registering as an NDIS Allied Health Services Provider in the ACT**

Transcript

Speaker Key:

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Stephen Fox

Hello, welcome everybody, my name is Steve Fox. I’m the ACT manager for National Disability Services.

We are meeting on the land of both the Ngunnawal people and the Wurundjeri people in the Melbourne area, and we pay our respects to their elders past and present.

We’ve muted you, and we ask that you put your questions and issues in type.

We are recording this session, and it will be available within about two weeks after we finish today.

So if you have issues and questions that you think you’ve asked and you don’t get all the notes or whatever, then it will be available from the National Disability Practitioners website, the link for which we’ll send you after this.

The basic structure today is that Sally Gibson now will speak. We were, as I say, going to start with Susie McLeod from the NDIA, but while we fix our coms problem, we’ll get Sally to start.

I’ll now turn it over to Sally.

Sally Gibson

Good afternoon. Hopefully the screen is going to come up shortly with a slide about the ACT’s role in the transitional quality and safeguarding working arrangements. [NB, the slides have been incorporated into the text below. Each slide is identified with the words Begin Slide and the end of the slide is identified with the words End Slide. One slide is incorporated as a picture and is described in the text rather than using the accessibility feature in word.

During the transition of the NDIS, the ACT has remained responsible for the schemes’ quality and safeguarding arrangements, including management of complaints and feedback on critical incidents.

And to ensure that all parties are clear on their roles and responsibilities, the ACT transitional quality and safeguarding working arrangements were developed before the trial phase, and are currently undergoing joint review with the NDIA.

**Beginning of Slide 1 - What do we (HSR) do?**

* We operate independently of funding and policy areas to identify and mitigate risk for vulnerable people.

**End of Slide 1**

The human services registrar operates quite independently of any policy and funding areas. And our role is about protection of vulnerable members of our community.

We look after not only specialist disability providers, but we also regulate care and protection providers and community housing providers.

In the case of the NDIA, we assess specialist disability providers and make recommendations on their registration to the NDIA. And we have legislation that establishes our authority to do that.

That authority is set up by the Disability Services Act. So, now I’m just going to try and move into the slides.

The Disability Services Act has a regulation that sits underneath it, and the regulation details the range of providers that are in scope, and it also has the powers that are there for overseeing service providers and for asking for information, for requiring compliance and so on.

**Beginning of Slide 2 - Legislative Base for Regulation**

* Disability Services Act 1991
* Disability Services Regulation 2014

**End of Slide 2**

The assessment criteria that go with those have been developed by the HSR for specialist disability service providers with reference to the relevant standards.

In many cases, that’s national standards for disability services. But it could be the mental health standards, and there are some standards around education, early education and advocacy services that also might be relevant to services being delivered.

We also look through the assessment criteria at things like:

* business viability,
* governance risk,
* financial planning and
* legislative obligations.

We don’t register the disability providers. We provide a recommendation to the NDIA for registration. To be assessed against the registration groups that are covered by the ACT working arrangements, organisations need to apply to the NDIA through the portal. Susie’s going to talk about this process in a bit more detail.

The NDIA will look at your application against their criteria, and they’ll determine whether you’re to be directed to the ACT quality and safeguards assessment or not, and they’ll notify you that you need to approach the ACT.

You could approach the ACT independently or at the same time as you make that application to the NDIA, and we’ll let you know whether you’re in our scope or not.

You need to let us know what groups you’re looking to be assessed against, what are you planning to deliver, and you will need to provide us with some evidence to demonstrate your capacity to comply with the requirements.

**Beginning of Slide 3 - What do the ACTS apply to?**

Disability Services Act 1991

* The HSR assesses and recommends to the NDIA

In scope:

* Specialist disability service providers described in the Service Types Standard.

Out of scope:

* APHRA registered allied health professionals, immediate family members, services delivered by Government, Commonwealth funded services.

**End of Slide 3**

Organisations in scope are specialist disability providers. Out of scope are APHRA registered allied health professionals, immediate family members, services delivered by government and Commonwealth funded services.

If you deliver non-APHRA allied health services, such as if you’re a dietician, social worker or general counsellor, you will need to come to us for assessment.

**Beginning of Slide 4 - Application**

1. Apply through the NDIA portal.
2. NDIA notifies in scope provider that it must approach the ACT Government for assessment.
3. Approach the ACT Government. Providers may approach ACT prior to or simultaneously with an application to the NDIA for assessment.
4. Identify the registration groups to be assessed.
5. Provide evidence to demonstrate capacity to comply with the requirements.

**End of Slide 4**

Our aim in protecting people who are vulnerable is to ensure providers are going to be viable and develop and grow.

**Beginning of Slide 5 - How?**

Working with providers to:

* Encourage viability, development and growth
* Increase capacity to deliver quality human services
* Ensure ongoing compliance with relevant standards.
* Reduce regulatory barriers to providers

**End of Slide 5**

This is because the biggest guarantee that people will be looked after, is if they have a provider that has capacity to deliver quality services, because the provider is viable, well-managed and well-run.

We also ensure ongoing compliance.

We regulate largely through education and persuasion.

**Beginning of Slide 6 – A graphic titled ‘How we engage’**



**End of Slide 6**

In process terms this means that we’ll talk to you if there are issues of non-compliance with the standards or non-compliance in other ways, and we can discuss that with you to ensure that you understand what it is that you need to do to return to compliance.

For organisations that don’t have the capacity or the willingness to return to compliance, we have some legislative sanctions that we can apply. And at the very end of that we can also recommend to the NDIA that a person or organisation be deregistered.

Once you’ve identified your purposes, we provide you with an overview of the assessment process and the criteria that will apply to your specific organisation or your specific service delivery model.

We take a risk-responsive approach. We allow for tailored assessment in keeping with the size, structure and the associated risk on what you’re looking at delivering.

We’ll then ask you to submit evidence that you can deliver those services. What that evidence needs to be, is indicated by criteria in the checklist that you’ll be provided with.

**Beginning of Slide 7- Criteria**

Evidence of meeting relevant national standards

Governance structure and financial planning

Evidence of current working with vulnerable people checks and other checks. Staff screening processes

A copy of the provider’s Child Protection policy detailing:

* Reporting requirements for the purposes of the Children and Young People Act;
* Training available to help staff for the purposes of the Children and Young People Act; and

Avenues of assistance that staff can access to help them to comply with the Children and Young People Act

Information and policies regarding organisational risk management, complaints/feedback processes, incident management; and quality improvement

**End of Slide 7**

The criteria go to asking for evidence of how you can or will comply with relevant national standards. We look at particular standards applicable in the ACT. You may already have been assessed if you’re a New South Wales provider. For example, originally you may have been assessed externally by an accredited body against the New South Wales standards. If you can give us evidence of that as being something recent, then we can accept that as evidence that you’ll be able to meet the ACT standards although we may need some additional information too.

We will look at your governance structure and your financial planning.

The ACT has a requirement that all staff have a valid Working With Vulnerable People card.

We will look for evidence that you’ve got those checks, we will look at staff screening processes. And, in line with making sure you’ve got those checks, we’ll look for a copy of your child protection policy, which will detail things like recording requirements for the purposes of the Children and Young People Act, whether you’ve got training available to help staff understand what that means, and clear instructions to staff as to who they might need to report things to. So, we’ll also look for information on policies around risk management, compliance and feedback processes, incident management and quality improvement.

**Beginning of Side 8 - Critical Incidents**

All Providers in the regulated sectors are required to report critical incidents to the Human Services Registrar as soon as possible to Quality@act.gov.au or on 6207 5474.

**End of Slide 8**

In terms of critical incidents, incident management is key. All providers in all of the regulated sectors are required to report critical incidents to me as soon as possible via that email address, Quality@act.gov.au or on 6207 5474.

And that will result in us seeking some information from you about how you managed the critical incident, and information about what you might have learned as a result of the critical incident.

We understand that not all critical incidents are in control of the providers. Often, it’s something that the provider may have observed, rather than something that the provider or their staff have actually done.

**Beginning of Slide 9 - Key Business Practices**

* Strategic Planning
* Business Planning
* Financial Planning
* Budgeting
* Cash flow projections
* Risk Planning
* Clear management responsibilities

**End of Slide 9**

We also look at things like key business practices. We really want to know, the vibe generally of the organisation. We really want to know that you’ve got a strategic approach and a business plan that combines appropriately for the benefit of clients.

We want to know that you’ve got a financial plan. Part of that will be that you’ve got a budget, that you’ve got some cash flow projections. We want to know that you’ve got a risk plan, and that there are clear management responsibilities.

Now, if you’re a provider where there are only one or two people delivering support then what you’ll need to demonstrate about clear management responsibilities isn’t going to be much,. It will certainly be much less than if you’re a provider with 20 or 30 staff, or 100 staff.

But we still need to know that you’ve got clear communication about that. The strategic planning, the business planning, the financial planning, should all link together. We need to be able to see how you work through those things.

The reason we put such a focus on these aspects is that if you’ve got people relying on your delivery of service and you suddenly don’t have the money to pay your staff or pay yourself or manage, deliver that, then that can leave people, vulnerable people, in the lurch. So, that’s a fair focus for us. We’ll ask for you to look at policies and procedures, tell us where they are, provide evidence against the criteria, and provide those policies and procedures to us so that we can have a look. And, yes, amongst those policies and procedures and things, which is already an NDIA requirement, is having a complaints policy.

Alright, I think that’s probably enough from me for the moment. What we might do now is hand over to Susie and let her talk about the NDIA’s part of that.

Susie McLeod

Thanks Sally.

As Stephen would’ve said at the start, my name’s Susie McLeod. I’ve been with the NDIA since March 2014, and my background is that I’m an Occupational Therapist.

I currently work in the quality and safeguards team for the NDIA.

What I wanted to start off with is a bit about why should you register to become and NDIS provider. What do you need to consider, and what are the pros and cons?

What I’d like to say is that by becoming a registered provider, you’ll be able to provide services and supports to the greatest number of people, including NDIA-managed participants, plan-managed participants and self-managed participants.

You’ll also be able to:

* help participants achieve their goals,
* be part of a vibrant, innovative and competitive marketplace,
* assure participants that you’ve gone through the rigorous registration process
* comply with the relevant quality and safeguards requirements.
* market your services as being a registered NDIS provider,
* extend your online presence through the online NDIS provider finder tool,
* have access to online business systems through the [unclear] provider portal, including tools to manage your service bookings and fast payment processing, and
* get access to updates and information from the NDIS about the system, the portal, and process changes including tools and resources that you can use to train your staff.

Another point I wanted to outline today is about what the NDIA actually is.

The NDIA is the National Disability Insurance Agency. It’s an independent statutory agency.

The role of the NDIA is to implement the National Disability Insurance Scheme, which will support a better life for hundreds of thousands of Australians with a significant and permanent disability, and their families and carers.

The NDIA is working with states such as the ACT. In my everyday work I work with Sally and her colleagues as well in the other territories and the commonwealth, to support development of the new disability marketplace, particularly within the three-year transition phase to full scheme.

What is the NDIS? The NDIS is the new way of providing support to Australians with disability, their families and carers. The NDIS will provide about 460 000 Australians under the age of 65 with a permanent and significant disability, with the reasonable and necessary supports they need to live an ordinary life. It’s an insurance-based scheme, and the NDIS takes a lifetime approach, investing in people with disability early to improve their outcomes later in life.

The NDIS gives all Australians peace of mind that their child or loved one who was born with or acquires a permanent and significant disability will get the support that they need. The NDIS supports people with disability to build skills and capability so they can participate in the community and employment. Essentially, it’s a very well-intended scheme and it’s based on well-intended legislation and aiming for a better outcome for all Australians. So, just to get down to probably some interesting facts for everybody who’s on the webinar today, you’ll be thinking about, well, what’s the process to actually becoming a NDIS provider.

I’ll outline just the basic steps, but there’s also more detail is available on our website, so I’d encourage you to go on there and have a look.

Essentially, the process, the main steps are in order:

* you apply for a PRODA account,
* you register for myplace.
* you complete an intent to register application on myplace, and
* you complete your registration.

After registration you get a certificate of provider registration. You may also fall into a category called pending state approval, which is what Sally’s been talking about today.

The states and territories still have control over the quality and safeguarding arrangements for participants at the moment. When the NDIA receives an application for a registration, and some of the registration groups that the provider has applied for, classified as specialist disability supports, the provider is assessed as pending state approval.

That’s when you go off to Sally and her area in the ACT, and they look at you and then they provide advice back about whether the NDIA can then make you a registered provider for those specialist supports.

So, that’s a bit about what Sally’s already talked to you about today.

Now, I just wanted to explain to you a bit about the NDIA terms of business.

The NDIA terms of business specify a range of conditions that are binding on a registered provider of supports. This includes expectations in relation to business practice and service delivery, payments and pricing, reporting and conflict of interest management, maintenance of records and audits, provision of complaints handling procedures, and compliance measures, including maintenance of records and audits.

Providers must understand and comply with the NDIA terms of business, and failure to comply with the terms of business may be grounds for the NDIA to revoke a provider’s registration.

A copy of the terms of business is available on the NDIS website. Now, this is where we were actually going to cut across to Sally, so I’m not sure if she’s got some more that she wants to jump in with now, some more content that she wanted to pick up with, or if she wants me to keep going? Sally, are you still there?

Sally Gibson

Yes, I missed before talking about our compliance review process. While this is primarily about how you get registered in the first place and why you should, people who are seeking to be registered need to know that we also have a risk-responsive approach to compliance monitoring.

This includes a compliance review schedule based on a risk matrix.

We have an ongoing review of complaints and critical incidents as well.

The compliance monitoring process is sensitive to providers that provide services spanning across different sectors. It’s based on the risks that we identify in terms of a particular type of service delivery.

Where you fall on our list of immediacy depends on our schedule of compliance reviews. For a compliance review we’ll ask for evidence, but it will be more targeted than the initial application process. It’s not like going through the registration process all over again. But we will look at specific factors related to perhaps the kind of services that you deliver, the risk factors there, or that might be triggered by information we get through complaints or critical incidents, and so on.

Susie McLeod

I also just wanted to touch on a little bit about the guide to suitability. We’ve got a guide to suitability on our website, which is really helpful for providers looking to register.

It’s a part of our toolkit, so I would really encourage people should get on and have a look and open up the guide to suitability. The provider toolkit contains information about how to complete your registration, and how to manage it, within the provider portal known as myplace.

And during this NDIS transition period until the implementation of the national quality and safeguards framework the quality and safeguards arrangements applicable to the provision of the NBIS service and supports are specified by each of the states and territories.

These are outlined in our guide to suitability. The guide to suitability provides the guidance to providers on the prerequisite quality and safeguard requirements necessary to deliver services and supports to participants in different jurisdictions during transition.

A number of the supports provided by allied health professionals are covered under the scheme. For example:

* therapeutic supports,
* early intervention
* supports for early childhood,
* specialised positive behaviour support and
* support coordination

are amongst the registration groups that allied health professionals commonly deliver.

When including supports in a participant’s plan, consideration is given to ensure that the supports are reasonable and necessary, as I mentioned at the start. The provision of supports takes into account any informal supports already available to the individual, so things like, things that happen as a natural part of family life. So, support that’s going through that way as well. And also, connections with friends and other community services.

It also takes into account other formal supports such as health and education. As I mentioned earlier, reasonable and necessary supports are funded by the NDIS in a range of areas, which may include education, employment, social participation, independence, living arrangements and health and wellbeing.

These supports will help participants to pursue their goals, directives and aspirations, increase their independence, increase social and economic participation, and develop their capacity to actively take part in the community. There’s a section in the guide to suitability that specifically relates to the ACT, which all providers in the ACT should read.

Just to move on now, just to talk a little bit about connecting with participants as a provider. Participants can connect with providers through their local area coordinators, or early childhood early intervention partners.

Also, if support coordination is included in the participant’s plan, support coordinators will work directly with the NDIS participants to help identify the most appropriate options and service providers to deliver them.

There’s also the provider finder tool. To make sure the participants can find providers in the provider finder, when you register to become a provider you register with myplace .it’s important that all of your details are up to date in your myplace profile because information is taken from there into the provider finder. Some providers deliver supports from different locations, and the provider finder has the ability to display this information using the outlet detail function.

The more information that providers include about services and their businesses in the outlet details screen, the more they increase the likelihood of being found through the provider finder.

The provider finder tool, available in the myplace provider and participant portals, as I mentioned, gives both providers and participants the ability to search for providers by name, location and service or professional group. So, it’s a really, really valuable tool.

The provider finder tool displays the provider location on a map, unless the provider has actually opted to have their address suppressed. The map also has a zoom in and out function to help participants easily see provider locations. The provider finder, is constantly being improved and updated. More information on how to use it, or any updates or details, can be found using the myplace provider portal step by step guide, which is on our NDIS website.

We also have provider lists, so, provider lists are published quarterly on the NDIS website, and are available for anyone who does not use the myplace portal.

People can search for providers by name, location and registration group. The information on these provider lists is also based on the provider’s profile in the myplace portal, so it’s important, as I mentioned, that providers keep this information regularly updated.

So, that’s a bit about connecting with participants and the way you can do it. As I said, it can be through the local area coordinators, early childhood early intervention partners, through support coordination, through our provider finder…..

Susie McLeod

Okay, well, I’ll just touch a little bit then on pricing and payment. So, starting with the funding - the NDIS provides funding for participants to purchase a range of support aimed at improving their independence, their inclusion in social and economic participation. Tthis funding model is designed to be flexible and to allow service innovation.

Importantly, the supports delivered will be chosen and paid for by individual participants. The range of supports funded by the scheme will expand over time.

In the NDIS payment system, supports for participants fall into three broad categories. So, the first one is core support, a support that enables a participant to complete activities of daily living and enables them to work towards their goal and meet their objectives. The second group is capital supports, which is an investment, such as assistive technologies, equipment and home or vehicle modifications, or funding capital costs, for example, to pay for specialist disability accommodation. The third group is capacity building supports, and that’s a support that enables participants to build their independence and skills. Supports in participants’ plans are categorised according to these three categories. Within a plan, participants’ budgets are set to NDIS rules in relation to these three categories.

Prices for supports are negotiated between a participant and a provider, up to a maximum price which is published in the NDIA price guide, which, again, is available on our NDIS website.

The agreed price between a provider and a participant should be included in the service agreement, and no other charges are to be added to the cost of the support, including credit card surcharges or any additional payments including any gap payments, late payment fees or cancellation fees - except where allowed in the price guide.

The NDIA will update maximum prices on at least an annual basis, effective 1 July each year.

The price guide for each state and territory is available on the NDIS website, and includes a price limit for some supports and services.

Moving forward, what we expect is that in a mature and competitive market, the NDIA believes that prices will be increasingly deregulated.

I suppose the other important part for you to be aware about is payment requests. Registered providers can make a payment request once a support has been delivered or provided. To receive payment for services or supports of participants, NDIA-managed or plan-management provider-managed, you submit a payment request electronically through myplace.

The other thing that I wanted to just touch on was a little bit about outcome measurement.

The outcome of therapy supports should be measured against the NDIS plan goals, using a variety of relevant measures, including standardised assessments, objective measures and participant feedback- for example, standardised clinical assessment tools that measure functional performance, along with increased independence and a reduced need for other kinds of supports, including reducing the costs of funded supports for the participant in the long term, and the participant’s self-reported outcomes of therapy supports.

Once a service has been delivered, when a plan review is undertaken, the outcome of that therapy or that intervention or that support that’s been delivered will be looked at.

And really, to wrap up, before we go to questions, I mention that troubleshooting and resources are available, via the provider toolkit. It is a really valuable source of information on the NDIA, and how to register and operate as an NDIS registered provider. The toolkit also includes frequently asked questions.

Stephen Fox

I’m going to ask a question to get things started, if you like. So, my question essentially is to Sally, but please, Susie, pitch in. One of the issues that people have faced I think in the ACT is the issue about the question of business plans, and what kind of business plans are appropriate, and what level of detail is required, and why do you want that sort of information anyway. So, it would be great, if you could give us some guidance on that.

Sally Gibson

Business plans help providers identify their business goals and objectives, and it gives them strategies and actions to ensure that they’re going to achieve their goals.

So, if they know very clearly what they are, then they can work out how to get to them. For start-up providers, you may not all be start-up providers, but for those, a business plan’s like a roadmap to go and to think clearly about why do they exist and what are they trying to achieve, who is their client group, what service are they going to provide, [unclear] and how do they [unclear] and deliver those services.

Are they going to hire people to help, are they going to do it all themselves, how’s it going to be funded to ensure its viability and how [unclear] develop itself into the future. So, Susie talked about the pricing guides, for example, and the way in which agreements about funding could go… The agreements about funding go into the plan, and they can go up to a maximum cap. People we’ve seen come to us sometimes who’ve got a budget because we’ve asked them for a budget, and they’ve got a notional figure of income in their budget, numbers of people and clients who they’re going to provide services to. And when we’ve asked those people, have they looked at the pricing guide to see whether that’s a realistic figure, we’ve had at least two responses one of which is, what’s a business plan? Then there are those providers headed for disaster, because they have totally unrealistic projections.

So, the reason we ask for a business plan is to be sure that a provider has actually done business planning, has thought about how they manage their cashflow, they’ve looked at what income they expect to have versus what expenses they’re going to incur in delivering their business. And, you know, their critical tools for identifying risks and strategies to manage them.

Stephen Fox

Thanks very much, Sally. I do have some questions now on the chat forum. I think the first one is from Shannon, and do you see that question there, Susie? It asks, is there a particular form used to report participant outcomes?

Susie McLeod

Yes, I did see that one, it’s gone now, but I saw it when it flashed up. Yes, not that I’m aware of, but what I will do is just touch base with my colleagues in the participant land, and we’ll get back directly to Shannon with a response. I will provide an email response to him/her afterwards. Yes, there’s nothing that I’m actually aware of at the moment, but I would rather clarify with my friends currently in the participant space, and get back to him or her.

Stephen Fox

Thanks very much, Susie. We’ve got also a question from somebody who’s asked, they’re about to complete their training as an SW. An SW is a…

Susie McLeod

Social worker.

Stephen Fox

Social worker. And they’d like to set up an equine experimental business, and they’re in New South Wales. And they’re asking, will I need to register both in New South Wales and in the ACT, and what would be involved. That’s probably for you, Sally, more than for Susie, but Susie may have a comment.

Sally Gibson

So, whether they need to register in both New South Wales and the ACT, would depend on whether they would provide services in both jurisdictions. If they do, at the moment the answer is ‘yes’, you would need to register in both. I’m assuming that what you’re talking about is something like equine-assisted therapies, and I’m not quite sure what group that would fit into in terms of registration groups.

Susie McLeod

Yes, it all Everything with NDIA and about supports, it all comes back to, the funding and supports all comes back to whether it’s reasonable and necessary. So, essentially, we would actually need to look at that support and check whether it does fit in line with our reasonable and necessary funding. So, that would be the first step. So, I think putting through a query to the NDIA provider registration team would be the best option. We’ve got a 1 800 number that the person can phone. Just to clarify around that, whether that particular service… Because we obviously get queries around a huge variety of services, so it’s not only, we don’t only look at the qualifications of a person who wants to register, so, yes, this person’s a social worker, but we do also look then at what they want to deliver. So, it’s not always the case that every service that a therapist provides, or an allied health professional provides, would be funded through the NDIS and through a participant’s plan, so we always come back to that reasonable and necessary question.

Stephen Fox

Thanks very much, Susie. One thing I know from the ACT context is that we have an organisation who’re called Pegasus, and they found it quite difficult to get registration other than for, I think it’s called hypnotherapy, or hypotherapy… Hippotherapy…

Sally Gibson

Hippotherapy, relating to horses.

Stephen Fox

And beyond that, the rules associated with registration and the provision of accredited therapy support don’t seem to commit a generalised use of equine therapy.

Sally Gibson

So, the thing that I will add, Stephen, about Pegasus, is it’s part of a movement called Riding for the Disabled, and that’s a national organisation, and there are many Riding for the Disabled services all over Australia. So, I imagine this is going to come up because, you know, they’ve been operating a long time because people benefit from the service.

Susie McLeod

Yes.

Stephen Fox

Okay, we don’t seem to have any more questions. Unless there are some, a couple of final comments from both Susie and Sally, I think we can finish up.

Susie McLeod

Thank you to everyone who joined us today. I really appreciate the opportunity to be able to speak about what I think is a wonderful initiative for Australian people, and yes, I’m just really proud to be a part of it. I feel privileged to work for the NDIA.

And really, it sits well with me, what we’re trying to do and the difference we’re trying to make. I think at the end of the day there’ll be bumps in the road and no organisation can be perfect, but I think if we think about the fact that it’s really well-intended legislation and for the best outcome for individuals, you know, I think it can only be a good thing. So, thank you to everyone who’s taken an interest and spent their time with us this afternoon.

Sally Gibson

Thanks to all for your participation.