

**Policy and Practice Review  
Lee-Anne Mackey**

**Scope response to the review**

**February 2025**

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## Foreword

The circumstances that led to the commissioning of the Policy and Practice Review – Lee-Anne Mackey (the Mitchell Review) have been the source of profound reflection in the Scope community.

The past acts of assault committed against Scope client Lee-Anne Mackey were abhorrent and unacceptable.

As an organisation that supports thousands of Australians living with disability, Scope has a zero-tolerance approach to inappropriate conduct towards the people we support – and there should never be a repeat of this type of behaviour.

Scope is committed to upholding and promoting the human rights of all individuals. We prioritise the equity, well-being and dignity of each person. Our unwavering belief is that Scope clients and the wider disability community should never be subject to violence, abuse, neglect or exploitation. It is Scope's duty as a provider to uphold these essential human rights.

I would like to thank Ms. Megan Mitchell AM for her comprehensive and fearless review. I would also like to thank Lee-Anne, the Mackey family, and the staff who contributed to this review for their time, bravery and honesty.

Although deeply confronting, it is important that the issues facing people with disability continue to be raised and recognised. Scope will always encourage clients, families and our employees to speak up for what is right and report any issues or concerns.

While we have come a long way since the events outlined in the review, we acknowledge that there is still work to do. Scope commits to addressing each of the recommendations related to the underlying elements that contributed to Lee-Anne's experiences.

We remain steadfast in our commitment to transparency, learning, quality, and continuous improvement to promote the safety and wellbeing of people with disability across every aspect of service, support, and care provided by Scope.

With gratitude,

A handwritten signature in black ink that reads "Kate MacRae". The signature is written in a cursive, flowing style.

Kate MacRae

CEO, Scope

## Background

In May 2024, Scope commissioned an independent, external review of service delivery, practices and responses at defined stages of a case involving the services and support provided to Lee-Anne Mackey (Lee-Anne) while she was in the care of Scope during the period of 2019—2020.

The need for the work arose, in part, because of complaints received by Lee-Anne and her family, and a video substantiating abusive treatment of Lee-Anne, which aired on a *60 Minutes* program in April 2024. Scope engaged Ms. Mitchell to complete the review.

Ms. Mitchell has an extensive background and expertise in child protection, foster and kinship care, juvenile justice, disabilities, and early intervention and prevention services. Her previous roles include NSW Commissioner for Children and Young People; Executive Director of the ACT Office for Children, Youth and Family Support; Executive Director for Out-of-Home Care in the NSW Department of Community Services; and CEO of the Australian Council of Social Service.

In undertaking the review, Scope sought advice on:

- the unfolding of critical events related to the care of Lee-Anne from 2019 at the Scope home where she lived
- the responses and actions taken by Scope in relation to complaints received and the video footage provided by Lee-Anne's parents
- recommendations for reforms to address systemic issues, including the power dynamic between clients, their families, and Scope
- the line of sight into Specialist Disability Accommodation (SDA) homes, including how Scope can ensure its staff behave in a manner that is consistent with Scope values.

The review involved:

- engagement with Lee-Anne and her parents, as well as other family members of clients living in the home at the time
- interviews with a range of current Scope staff and Board members and external investigators
- a desk top review of relevant documents
- interrogation of Scope's complaints, incident management, and knowledge management systems and processes.

The review sought to understand what had occurred at the time, what has occurred since, and the current state of Scope's culture and quality and safeguarding processes. This included analysis of relevant legislation, NDIS Quality and Safeguards Commission requirements, and Scope policy in order to identify noncompliance and recommend improvement opportunities.

## Introduction

The Scope Executive Leadership Team (the Executive) has carefully considered the review delivered by Ms. Mitchell and prepared a detailed response to the findings and recommendations (from Page 8 of this document). This will be submitted for review by the Scope Board in March 2025.

While the Executive has responded to each of the 49 recommendations, it is important to note that the program of work now underway comprises several integrated streams of activity. Much of this work also predates the Mitchell Review. As this work progresses, activity may be subject to change, with specific attention to ongoing improvement of the associated systems and processes.

The Mitchell Review recommendations are by nature long term. The Executive has prepared the response with this in mind and proposes to review progress with the Board on a quarterly basis, with updates to Board members as needed.

The Executive also commits to providing all stakeholders with consistent, regular and up-to-date information on activities and initiatives being undertaken to improve the quality, safety and experience of our clients.

For this reason, the further distribution of the Mitchell Review, and the implementation of our work program in response to the review, will be underpinned by targeted communications.

## Executive Summary

Ms. Mitchell's review was comprehensive, with over 30 people being interviewed and 87 documents reviewed. Scope emphasised transparency throughout the review process and facilitated full access to all relevant people and documents.

In summary, Ms. Mitchell found that Lee-Anne's day-to-day care was comprised, primarily due to:

- poor house leadership and management
- a lack of regular oversight (especially during the COVID period)
- limited access to meaningful activities and therapeutic support
- limited understanding of human rights among staff
- low levels of risk management system capability
- poor staff cultures and attitudes
- lack of skills to manage client complexity and changing health needs.

The abusive behaviours displayed by staff in Lee-Anne's home were not due to failures of policy, practice or process, but wider issues associated with practices that did not prioritise client rights and dignity, and did not have an acceptance of, or belief in, what Lee-Anne or her parents had been communicating. There was evidence to substantiate that actions or decisions by staff had a negative impact on the safety and welfare of clients, including Lee-Anne, and that earlier intervention by senior management was warranted.

The review found that many of the staff involved at the time, from house staff and leadership, through to senior and Executive managers, no longer work for Scope. Similarly, many of the policies and procedures in place at the time have since been updated.

The review also recognised that the actions of the staff involved do not represent all staff providing support and care for clients at Scope and commended the care and commitment of our staff for the people they support.

Ms. Mitchell recommended that priority attention be given to four specific areas:

- Supporting the House Manager/Coordinator role and uplifting the level of oversight of house operations.
- Promoting client and staff feedback.
- Improving and integrating record keeping into a fit for purpose case management system which also delivers timely intelligence and insights.
- Finalising the development of an integrated whole-of-Scope practice framework.

Scope agrees that the work in these four specific areas is foundational and will have the most significant impact. The Executive also appreciates that the recommendations are interlinked, and that deeper, lasting change will be achieved with appropriate consideration for how each recommendation fits together as part of the bigger picture.

## Scope response to recommendations

The Executive either accepts or accepts in principle each of the 49 recommendations in Ms. Mitchell's report. Those recommendations that the Executive accepts form part of a program of work that has been planned or is already underway, while those recommendations that the Executive accepts in principle do not yet have detailed plans for how Scope will approach implementation, or include recommendations where Scope has an advocacy role.

Scope has already implemented a number of actions designed to improve communications and transparency, measure client experience, and amplify the voices of clients, families and supporters in program decisions and design. These include the following:

**Complex Care Project** – through our Complex Care Project, we have improved our knowledge of the health and welfare needs of our clients and better equipped our staff to manage changing health needs. This involved visits by Scope nurses to every Scope Supported Independent Living (SIL) home and the introduction of our Stop and Watch tool, which helps employees recognise and respond to deteriorating health.

**Morbidity and Mortality Committee** – this recently established committee, the first of its kind in the sector, provides external oversight of our practice and identifies opportunities for improvement.

**Client Participation Framework** – this framework is now in place and is designed to increase client participation, influence and, over time, leadership in decision-making in areas such as policy, strategy, investment, and service design and improvement. Associated initiatives include:

- The **Client Advisory Panel**, established in March 2023, is the main representative body for Scope clients to contribute to policy and strategy that have system-wide impacts.
- The **CX (Client Experience) Tracker**, which is supported by accessible technology, supports clients in accommodation services and those accessing day programs to provide Scope with real-time feedback about their experiences.
- A **Family and Supporters Advisory Panel** was established in September 2024 to empower families and supporters to play an active role in policy development, service improvements, and other key decisions impacting them or their loved ones.

**Quality and Safeguarding Governance Framework** – this framework has been updated and integrates all the activities that impact on clients and is organised under four pillars: Client-led support; Practice effectiveness; Effective workforce; and Safeguarding. When all four pillars are in place and working effectively, good quality and safeguarding governance is achieved.

Further projects are underway to address systemic issues identified by Scope and the Mitchell Review, including transforming our operational structure, strengthening management presence and oversight in our houses, improving our recruitment processes and expanding our staff training, and creating a safety culture. This involves supporting leader capability in promoting a positive and psychologically safe work environment. We are also working to ensure it is safe for our people to speak up, raise issues, and to challenge whether procedures, processes and practices remain fit for purpose.

## Detailed response to recommendations

The following tables address each of the 49 recommendations from the report, grouped together by theme.

### Scope's vision and mission

NUMBER	RECOMMENDATION AND RESPONSE
1	<p>Continue to work on organisational reset, cultural uplift, and strengthening reporting capabilities through the Taskforce and other transformation initiatives, with regular progress reporting to the CEO and Board.</p> <p><b>ACCEPT</b></p> <p>Scope commenced an intensive program of work to uplift organisational culture in mid-2023 and stood up a time-limited Taskforce (April – December 2024) to identify and address immediate key contributors to Lee-Anne's experiences.</p> <p>Activities arising included establishing clear pathways for people to raise significant risks that they encounter without fear of negative repercussions for speaking up, establishing the client and family advisory panels, and surveying frontline staff to understand their experiences and concerns. This work continues outside the Taskforce environment.</p> <p>The barriers to the Executive, CEO and Board being informed promptly about any risks identified have been removed and regular progress reporting is now in place.</p> <p><b>By when:</b> Ongoing</p> <p><b>Percentage completed:</b> 30% of a 3-year culture transformation</p>
2	<p>Develop a comprehensive integrated Scope practice governance framework, including elements related to supervision, KPIs, training and trauma-informed practice.</p> <p><b>ACCEPT</b></p> <p>Scope has a practice governance framework in development that addresses each of these elements, along with regulatory reporting. From 3 February 2025, a Senior Leader has been appointed specifically to oversee practice governance.</p> <p><b>By when:</b> Early 2025</p>
3	<p>Review promotional material to ensure consistency of messaging once organisation wide practice and quality and safeguarding frameworks are established.</p> <p><b>ACCEPT</b></p> <p>The Marketing and Communications teams will complete a comprehensive review of all promotional material to ensure consistency of messaging. This will support adherence to articulated standards.</p> <p><b>By when:</b> Ongoing, once frameworks established</p>

## Relationship with external partners

NUMBER	RECOMMENDATION AND RESPONSE
4	<p>Establish regular meetings between the Scope CEO and the NDIS Quality and Safeguards Commissioner to exchange information on safeguarding priorities and initiatives.</p> <p><b>ACCEPT</b></p> <p>Scope has a stakeholder engagement plan that includes engagement with several roles at the NDIS Quality and Safeguards Commission. Most of these interactions are operational in nature. It is appropriate for the Scope CEO to meet with the Commissioner to exchange information on safeguarding priorities and initiatives at a higher level. After an initial meeting on 28 February, Scope will work with the NDIS Quality and Safeguards Commissioner to implement a regular meeting rhythm.</p> <p><b>By when:</b> From March 2025</p>
5	<p>Explore joint information sessions with the Commission and the Scope Executive on reporting and reportable conduct obligations.</p> <p><b>ACCEPT</b></p> <p>The Executive Officer with responsibility for quality and safeguarding will contact applicable officeholders at the Commission to discuss the feasibility of holding joint information sessions to improve practice in relation to obligations.</p> <p><b>By when:</b> March 2025</p>
6	<p>Explore sponsoring, with the Commission and other NDIS partners, a regular joint NGO practice insights conference or forum, primarily driven by DSWs and practitioners.</p> <p><b>ACCEPT IN PRINCIPLE</b></p> <p>Scope supports the delivery of a practice insights forum from a frontline Disability Support Worker (DSW) perspective and commits to engaging on this through our membership of sector peak bodies, such as National Disability Services (NDS) and Ability First Australia (AFA). This should also involve for-profit providers, especially given the prevalence of platform providers and the imminent requirement for them to be registered.</p> <p>The appetite of the Commission and NDIS partners to be involved in establishing another sector-based forum will need to be ascertained.</p>
7	<p>Consider sponsoring, with NGO and Government partners, a national forum on safeguarding, including lessons from the Royal Commission into Violence, Abuse and Exploitation of People with Disability.</p> <p><b>ACCEPT IN PRINCIPLE</b></p>

	<p>The Executive is open to sponsorship of a national safeguarding forum in conjunction with the Regulator, the NDIA and the relevant industry peak bodies. Bringing key government and provider stakeholders together in person provides an opportunity to share experiences and seek to improve practice at a systemic scale. The forum should include for-profit providers, in particular platform providers, given the important role they play in delivering support.</p>
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### Approaches to investigations

NUMBER	RECOMMENDATION AND RESPONSE
8	<p>Routinely employ a Root Cause Analysis approach to serious or cumulative incidents and socialise results to the relevant board committees. To facilitate this, relevant Scope staff should be trained in RCA methods.</p> <p><b>ACCEPT</b></p> <p>Scope fully supports the organisation-wide adoption of a Root Cause Analysis (RCA) or similar evidence-informed approach to incident management and is in the process of implementing additional actions that demonstrate the maturity of our approach.</p> <p>These include standing up a Morbidity and Mortality (M&amp;M) Committee – the first in the sector – with an external chair, and the availability of comprehensive quality dashboards produced for the Board and Executive.</p> <p><b>By when:</b> February 2025 – evidence-informed approach to incident management. April 2025 – first M&amp;M meeting.</p>
9	<p>Develop criteria to determine whether an incident or series of incidents should be internally or externally assessed.</p> <p><b>ACCEPT</b></p> <p>Scope will develop and implement triage criteria to determine the type of assessment that an incident or series of incidents requires. This will form a regular part of incident management.</p> <p><b>By when:</b> June 2025</p>

## Managing client complexity

NUMBER	RECOMMENDATION AND RESPONSE
10	<p>Develop tools to support comprehensive assessments of clients' experiences of trauma and related psycho-therapeutic or counselling needs. Psycho-therapeutic support options should include both individual and family therapy.</p> <p><b>ACCEPT IN PRINCIPLE</b></p> <p>This falls outside the scope of an NDIS provider and resides with the healthcare system. Scope is not funded or staffed to provide this type of intervention. Whilst these are systemic issues not able to be directly resolved by Scope, we accept the intent of the recommendation and commit to influencing these matters through our advocacy work.</p> <p>However, Scope does commit to developing a screening tool and education materials for staff, as well as clients and families, to help them identify a history of trauma. This would embed a trauma-informed approach and enable staff to better recognise the signs of trauma and support the appropriate referral to a professional.</p> <p>Scope cannot provide the individual or family with therapy or counselling – this will continue to be managed through liaison with the client's GP and/or by way of referral to a mental health support service, with consent of the client/family.</p> <p><b>By when:</b> Ongoing</p>
11	<p>Continue to explore options for strengthening allied health support for clients with specialised needs, such as occupational therapists and physiotherapists periodically rotating through houses.</p> <p><b>ACCEPT IN PRINCIPLE</b></p> <p>Scope will explore the feasibility and appropriateness of having an allied health governance oversight function within the Quality, Practice and Safeguarding team. However, the funding for allied health support comes from client plans, with the selection of therapist being that of the client under choice and control.</p> <p>The SIL funding model does not include the more generic provision of allied health support, however Scope accepts the intent of the recommendation and will commit to retaining the clinical nursing team (refer recommendation 12) and influencing systemic change through our advocacy work.</p> <p><b>By when:</b> Ongoing</p>
12	<p>Continue to implement and evaluate the Complex Care Nurse Project across Scope residential services. Evaluation findings could be used to advocate for government funding to support this as a standard service offering in organisations that care for clients with complex care needs in residential settings.</p> <p><b>ACCEPT</b></p>

	<p>Scope nurses have visited every Scope SIL home to assess the individualised care needs of every client. This has enabled the collection of valuable client data to demonstrate the complexity of client health care needs.</p> <p>Due to the complexity of client needs, a requirement for a clinical support workforce has been identified and Scope is working towards a more sustainable and accessible model. Scope has funded and embedded a clinical governance team outside of the NDIS funding envelope. This approach to systemic advocacy has attracted significant interest from the sector.</p> <p><b>By when:</b> Ongoing</p>
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### House leadership and oversight

NUMBER	RECOMMENDATION AND RESPONSE
<b>13</b>	<p>Develop options for strengthening internal and external oversight of individual residential units. This could include supporting additional visits by community visitors, other independent advocates or mentors, nurse visitors, spot visits by executive management and Board member visits.</p> <p><b>ACCEPT</b></p> <p>Scope intends to strengthen internal and external oversight. This will include a schedule of visits by the Board, Executive and operational leaders as well as a system that tracks and provides visibility of home visits by Community Visitors, VALID (the Victorian peak advocacy organisation for adults with intellectual disability) and the NDIS Quality and Safeguards Commission.</p> <p>Where Scope is arranging visits, this will always be done in consultation with clients and families while minimising disruption to people enjoying their daily lives.</p> <p><b>By when:</b> February 2025 – schedule for Operations Management to visit. End March 2025 – system for capturing all visits by all stakeholders to homes.</p>
<b>14</b>	<p>Conduct periodic cultural audits of houses to gauge staff and client attitudes and perspectives (e.g. one house every three years).</p> <p><b>ACCEPT IN PRINCIPLE</b></p> <p>Scope notes that having insights into client attitudes and perspectives is immensely valuable. There are options for Scope to explore in this area including periodic cultural audits. Should Scope decide to conduct periodic cultural audits they would be likely to involve more than one house, unless that house had underlying cultural issues, as the learnings from one house could not be easily extrapolated to an organisational level.</p> <p>The work Scope has undertaken on data metrics, insights and triangulation should ensure the prioritisation of houses most at risk. Scope observes that such audits</p>

	<p>are not currently funded by the National Disability Insurance Agency and is exploring more sustainable alternatives.</p> <p><b>By when:</b> 31 March 2025 – seek to understand the capacity of Work Health Safety (WHS) team to undertake cultural audits, review criteria for prioritisation and what is required to conduct these within the operations management team in terms of training and resources required to complete.</p>
<p><b>15</b></p>	<p>Consider basing Regional Operational managers within houses (at least part time) and institute a KPI that involves regular rounds of house visits within their area.</p> <p><b>ACCEPT IN PRINCIPLE</b></p> <p>Having Regional Operational Managers based out of houses is one idea that Scope presently has under consideration. Whether this is practical given their broader responsibilities is still to be determined. But regular house visits will form part of their future KPIs.</p> <p>Scope’s hybrid/flexible working policy supports Operational Managers to be service-facing, House Supervisors to be based in houses 100% of the time, and more senior managers to be in houses or offices supporting each other.</p> <p><b>By when:</b> 28 February 2025 – a frequency of visits to home by managers (Regional General Managers, Site Managers, and/or Operations Managers) will be determined.</p> <p>Ongoing – House Supervisors are already based in homes 100% of the time.</p>
<p><b>16</b></p>	<p>Consider periodic rotation of House Managers/Coordinators among houses (for example every three years).</p> <p><b>ACCEPT IN PRINCIPLE</b></p> <p>Scope is conscious of the risks associated with closed systems that have the same small groups of workers supporting people with complex needs over prolonged periods. Given that clients and families often form close relationships with House Managers/ Coordinators, Scope will be mindful of the sensitivities involved when drafting communications about the likelihood of changes in support staff.</p> <p><b>By when:</b> December 2025 – adoption of the Regional Accommodation Model, resetting Line Managers to homes.</p> <p>Ongoing – review of the accommodation structure, at minimum 6 monthly and as required.</p>

## Supporting and hearing clients and families

NUMBER	RECOMMENDATION AND RESPONSE
17	<p>Invest in Disability Support Worker and House Manager/Coordinator training in family engagement.</p> <p><b>ACCEPT</b></p> <p>The Scope Learning and Development program is being extended to include modules that emphasise the importance of family engagement, especially at the House Manager/ Coordinator level. This supplements the recent enhancement in family engagement as outlined in our Family Partnership Group Framework, including that we listen to family members without judgement, learn by observing, and ask questions to understand.</p> <p>Scope is also establishing an Academy to train all newly appointed managers in the Accommodation Operating Model.</p> <p><b>By when:</b> June 2025 – Operations Leadership Academy. Ongoing – improvements to Learning and development program.</p>
18	<p>Consider updating Speak Up and Be Safe training resources and program.</p> <p><b>ACCEPT</b></p> <p>The Speak Up and Be Safe training and resource kit has been updated and is currently being rolled out to all Scope homes, Short Term Accommodation (STAs) and Social Connections across Victoria and NSW. This training is mandatory for all house coordinators. In addition, there is a mandatory Speak Up and Be Safe eLearning module as part of Scope onboarding for operational staff.</p> <p><b>By when:</b> 30 June 2025.</p>
19	<p>Conduct an audit of availability and use of communication devices in houses.</p> <p><b>ACCEPT</b></p> <p>Data has been collected by both the Complex Care nursing team and the Client Experience team through visits and the CX tracker. Scope’s Communication Inclusion Resource Centre (CIRC) is currently working with the Client Experience team to identify how the field officers can collect additional data and use this to understand and respond to staff capabilities and training needs. Additionally, this will be included as part of a broader audit program in 25/26 financial year (see recommendation 20).</p> <p><b>By when:</b> Ongoing, audit by June 2026</p>
20	<p>Utilise the expertise in the Communications Access Accreditation team to evaluate and support the staff and management of residential houses, both in Scope and in other disability services.</p> <p><b>ACCEPT</b></p>

	<p>As part of the implementation of Scope's Disability Action Plan (DAP), a number of Scope homes, therapy clinics and offices are planned to be audited in the 25/26 financial year. This will include communication access supports.</p> <p><b>By when:</b> June 2026</p>
<p><b>21</b></p>	<p>In evaluating the CX tracker pilot, conduct individual or group discussions about barriers to its take-up or use. The Client Advisory Panel could also be engaged in this exercise.</p> <p><b>ACCEPT</b></p> <p>While Scope has made significant advances in removing barriers for clients using the CX Tracker to complete surveys and is getting better at utilising and interpreting the collected data to improve service offerings, the opportunity now is to develop tools that can be widely used across the sector. For those unable to use the CX tracker, Scope will engage the Client Advisory Panel to explore alternatives to this tool.</p> <p><b>By when:</b> Ongoing – program of engagement with clients, review of data, and CX Tracker improvements.</p>
<p><b>22</b></p>	<p>Consider developing a standard approach to supporting clients moving into residential accommodation at Scope, involving clients, families and advocates and staff in transition planning and information exchange. This should include establishing communication, relationship and behavioural protocols.</p> <p><b>ACCEPT</b></p> <p>Scope has established a dedicated Acquisition and Retention (A&amp;R) function to enhance the customer experience and standardise processes across the Scope group. Within this function, dedicated Service Transition Coordinators have been appointed to support clients from the initial enquiry through to the provision of support services.</p> <p>Throughout the customer journey, these coordinators facilitate meetings to understand client support requirements, manage internal teams onboarding requirements, and handle stakeholder management tasks related to the client's transition into Scope services.</p> <p>Additionally, a client retention team has been established, separate from the operational teams. This team is responsible for regular check-ins with clients to assess service satisfaction and assist with pre-planning and other goal-related activities.</p> <p><b>By when:</b> February 2025 and ongoing</p>

## Workforce development and recruitment

NUMBER	RECOMMENDATION AND RESPONSE
23	<p>Continue to support work on a national skills passport for disability workers through Ability First Australia.</p> <p><b>ACCEPT</b></p> <p>Scope commits to continuing to support the work being undertaken through Ability First Australia to develop a national skills passport for disability support workers. This will have enormous benefits for client safeguarding and in streamlining recruitment processes.</p> <p><b>By when:</b> Conversations have commenced, and concept is due for completion in June 2025.</p>
24	<p>Advocate for better pay and recognition for disability workers.</p> <p><b>ACCEPT IN PRINCIPLE</b></p> <p>Scope continues to advocate for better pay and conditions for support workers through sector advocacy in partnership with Ability First Australia and National Disability Services.</p> <p><b>By when:</b> Ongoing</p>
25	<p>Explore increasing certification requirements for certain roles, including for those working with more complex clients.</p> <p><b>ACCEPT</b></p> <p>Scope already ensures that support workers are trained to provide the supports in each client's plan.</p> <p><b>By when:</b> Ongoing</p>
26	<p>Provide routine debriefing and support of staff impacted by traumatic incidents, for example, access to external counselling.</p> <p><b>ACCEPT</b></p> <p>Scope staff already have access to external counselling through our Employee Assistance Program which is routinely offered in all relevant contexts. Scope has also accredited 148 Mental Health First Aiders through our internal accreditation training. This will become part of Scope's practice governance framework.</p> <p><b>By when:</b> Ongoing</p>
27	<p>Explore scheduling team building activities to strengthen relationships between staff working different shifts.</p> <p><b>ACCEPT</b></p>

	<p>Scope agrees that strengthening relationships between staff working different shifts will create a greater sense of team solidarity and improve oversight. Scope is currently undertaking House Culture Audits where an identified need exists with an action plan that may include team building and interpersonal conflict training.</p> <p><b>By when:</b> Ongoing</p>
<p><b>28</b></p>	<p>Explore options for establishment of collaborating communities of practice across all Scope’s residential services (at House Manager/Coordinator and Regional Manager levels).</p> <p><b>ACCEPT</b></p> <p>Scope has already formed a number of Communities of Practice (CoP) across our services, such as the Communications Champions CoP in our Social Connections service, which we plan to roll out across our homes in 2025/2026. Our Supported Independent Living Practice Model Pilot also includes a CoP.</p> <p>We commit to exploring further opportunities to form communities of practice, particularly across and between our regional areas.</p> <p><b>By when:</b> Ongoing</p>
<p><b>29</b></p>	<p>Consider periodic DSW rotations across houses to prevent unprofessional relationships forming between clients, staff and families.</p> <p><b>ACCEPT IN PRINCIPLE</b></p> <p>Scope is aware of the need and challenges in striking the right balance between the rotation of DSWs (Disability Support Workers) and the significant benefits of maintaining continuity of support. In addition to the increased presence of accommodation leadership staff in houses, Scope will also seek to rotate a selection of DSWs across different houses wherever possible.</p> <p><b>By when:</b> Ongoing and where a need is identified</p>

## Training, education and support

NUMBER	RECOMMENDATION AND RESPONSE
30	<p>Ensure all staff, including bystanders, feel supported to report any issues and will be protected from retaliation. Review training resources to ensure they adequately emphasise safety, bystander responsibilities, human rights and have a high level of interactive content.</p> <p><b>ACCEPT</b></p> <p>Scope recognises that the efficacy of our quality and safeguarding systems relies on the trust that staff and bystanders have that should they report or disclose issues they will be protected from retaliation. This fundamental principle will be reflected in all aspects of our culture transformation and our resources will include interactive content. We have implemented an ongoing program of measurement and reporting on “safe to speak up” sentiment among staff and the impact of initiatives.</p> <p><b>By when:</b> Ongoing.</p>
31	<p>Provide more frequent refresher training for all DSWs on topics like manual handling, duty of care and reporting processes. Review the training calendar to ensure training is scheduled to occur at least every two months. Ensure training resources emphasise that recording of staff/client interactions by clients/families is a potential contemporary reality.</p> <p><b>ACCEPT</b></p> <p>Scope will instigate more frequent refresher training in those areas that entail the greatest risks to clients based on triangulation of data. This will ensure appropriate interventions are identified and delivered according to risk and identified needs.</p> <p>Scope will ensure staff are aware that while covert recording in Scope service is not legal, there is always the potential it will happen.</p> <p><b>By when:</b> Ongoing</p>
32	<p>Consider implementing a practice model with frontline supervisors as practice coaches focusing on safe service delivery.</p> <p><b>ACCEPT</b></p> <p>This is a feature of our SIL Practice Model. Scope believes that frontline supervisors are the most effective practice coaches as they have direct involvement with both clients and support workers. Their hands-on role uniquely positions them to drive meaningful improvements in practice, quality and culture.</p> <p><b>By when:</b> Quarter2 2025 – Practice Model implemented.</p>
33	<p>Consider utilising video recordings, with staff and client consent, for training or monitoring purposes.</p>

**ACCEPT IN RELATION TO TRAINING WITH THE CONSENT OF THOSE BEING RECORDED.**

Scope appreciates that there are significant benefits to the use of video recordings for training and use these where appropriate and with full consent of all parties. However, we note that there are specific laws related to workplace surveillance and the use of recording devices in client's home which prohibits the use of recording devices for monitoring, except in exceptional circumstances.

**By when:** Ongoing

## Relationship management

NUMBER	RECOMMENDATION AND RESPONSE
34	<p>Support House Manager/Coordinators to play a more consistent and proactive role in supporting DSWs to navigate relationships with family members.</p> <p><b>ACCEPT</b></p> <p>Scope considers that House Managers/Coordinators play a vital coaching role in supporting DSWs to develop and navigate their relationships with family members. The emphasis should always be to strive for positive, cooperative and supportive relationships that function in the best interests of Scope clients.</p> <p>Scope also recognises that people with disability aged 18 years or over are entitled to make their own decisions unless there are proven competency considerations.</p> <p>The Scope Accommodation Operating Model now in development will provide more hours of direct supervision of DSWs and training for frontline leaders in having crucial conversations, with both initiatives being underpinned by the Practice Model.</p> <p><b>By when:</b> December 2025 – April 2026</p>
35	<p>Support staff within Scope (outside houses) to train as mediators when disputes or concerns arise between family members and agency staff, and/or bring in external mediators.</p> <p><b>ACCEPT IN PRINCIPLE</b></p> <p>Scope has a preference to engage external mediators in these circumstances but will also uplift capability around conflict resolution and having crucial conversations. Scope will work towards developing a cohort of trained staff that are skilled and have the capability and willingness to undertake lower risk mediations. The balance of where this is resourced needs to be considered against the efficiency of commissioning an external mediator.</p> <p><b>By when:</b> Ongoing – External mediation determined on a case-by-case basis. 2025 – discussions held with Learning and Development team about development of mediation skills training.</p>
36	<p>Reinforce protocols to ensure house visitors are aware of and respectful of client privacy. The protocol could be revisited by the Family and Supporters Advisory Panels.</p> <p><b>ACCEPT</b></p> <p>These protocols should be an expected element at each house and made known to each prospective visitor.</p> <p><b>By when:</b> Early 2025</p>

## Record keeping and case management

NUMBER	RECOMMENDATION AND RESPONSE
37	<p>Consider introducing a mobile app for workers at houses to more easily record interactions and incidents as they occur to eliminate retrospective paperwork.</p> <p><b>ACCEPT IN PRINCIPLE</b></p> <p>This will depend on factors including device availability and training.</p> <p><b>By when:</b> Currently in early discovery phase</p>
38	<p>Trial AI tools like co-pilot to identify opportunities to reduce administrative burden on staff, including for activities like case note summaries. In doing this Scope should explore AI and other case-based recording systems that are in place and working well for other providers.</p> <p><b>ACCEPT IN PRINCIPLE</b></p> <p>Scope has commenced trials of selected AI tools, including Copilot, and will make decisions about their efficacy in various circumstances.</p> <p><b>By when:</b> Currently in trial phase</p>
39	<p>Ensure the new Lumary is user friendly by engaging frontline staff in design and testing.</p> <p><b>ACCEPT</b></p> <p>Frontline staff have been engaged throughout this process and will continue to be involved in activities such as user acceptance testing.</p> <p><b>By when:</b> Ongoing</p>
40	<p>Staff training and development records should be digitally recorded and analysed on a regular basis by management, to provide assurance that all staff are up to date in all competency areas relevant to their roles.</p> <p><b>ACCEPT</b></p> <p>While Scope has made considerable progress in ensuring there are digital records of all staff training and development activities, there continue to be gaps in the process, particularly for people who work in frontline roles. These gaps are being addressed through the current work program.</p> <p>The Scope Workforce Management Module will ensure only staff with the requisite training are rostered to support clients with more complex needs. The analysis of training and development records will also be automated.</p> <p><b>By when:</b> Ongoing</p>

## Reporting concerns

NUMBER	RECOMMENDATION AND RESPONSE
41	<p>Establish a protocol and systems for referral of anonymous concerns.</p> <p><b>ACCEPT</b></p> <p>Scope has an established Whistleblower Policy which provides an avenue for people to make anonymous disclosures. This policy is available on the Scope website and includes a link to the Your Call service, which is an external whistleblowing hotline where people can raise an anonymous concern.</p> <p><b>By when:</b> In place now</p>

## Incident and complaint management

NUMBER	RECOMMENDATION AND RESPONSE
42	<p>Test the current complaints and feedback process with clients, staff and families with a view to making it as simple as possible, especially for clients who are nonverbal. This could include surveying staff, clients and families to identify current barriers to voicing and escalating concerns.</p> <p><b>ACCEPT</b></p> <p>Scope will complete testing of the current complaints and feedback process with a range of stakeholders, including those who are nonverbal. We will involve the Client and Family and Supporter Advisory Panels in this process.</p> <p><b>By when:</b> Ongoing</p>
43	<p>Develop clear internal guidance at all levels on processes for timely escalation of serious or cumulative concerns in residential units, including nominating particular receiving positions or personnel, information about how concerns will be handled, and feedback mechanisms with timelines, and Board reporting requirements.</p> <p><b>ACCEPT</b></p> <p>The upgraded Serious Incident Escalation Procedure covering escalation of incidents and complaints was ratified by the Board in December 2024. There will now be a Scope management committee to oversee both the identification and analysis of serious incidents and complaints as well as the identification of cumulative incidents and complaints.</p> <p>The formalisation of a regional management structure across the Scope group sets the conditions to standardise the way that we respond to serious or cumulative concerns.</p> <p><b>By when:</b> In place now</p>

## Data mining, intelligence gathering and risk mitigation

NUMBER	RECOMMENDATION AND RESPONSE
44	<p>Refine triangulation of risk data to better identify houses requiring focus or intervention. As part of this work consider implementing a formal escalation process for repeated incidents or complaints (at any risk rating) about the same staff and/or houses over time.</p> <p><b>ACCEPT</b></p> <p>Scope will facilitate a process that is integrated with our incident, complaint and risk reporting processes to identify houses that require focus or intervention. Scope has invested in a Business Intelligence function and capability that includes data triangulation and new data dashboards to identify homes and services that are outside of our risk tolerance. Scope is currently refining metrics and weighting to ensure the process is robust.</p> <p><b>By when:</b> Ongoing development</p>
45	<p>Populate a client risk matrix using data from the nursing assessments emerging from the complex care project activities, to identify locations where clients have additional needs, and where more intensive monitoring and staff capability uplift is required.</p> <p><b>ACCEPT</b></p> <p>A risk matrix using data from the nursing assessments has been completed and training for staff/capability uplifts is being actioned on a risk-prioritised basis as part of the Complex Care Project which is underway.</p> <p><b>By when:</b> Currently underway</p>
46	<p>Ensure Scope’s client record management system (new Lumary) can support integrated safeguarding, risk identification, complaint management and audit functions. Ensure all relevant teams are involved in design and development, including quality and safeguarding personnel.</p> <p><b>ACCEPT IN PRINCIPLE</b></p> <p>While incident and complaint management were not in scope for the initial phase of the new Lumary project, client risks (and mitigation strategies) and behaviours of concern (including restrictive practices) are all able to be captured in Lumary and will be available from pilot (mid 2025).</p> <p>An external review will be undertaken to identify exactly what functionality will be delivered by the new Lumary so that gaps can be identified, and an appropriate risk mitigation strategy developed. Staff will continue to be engaged and have input into this process.</p> <p><b>By when:</b> Ongoing</p>

## Governance and structural issues

NUMBER	RECOMMENDATION AND RESPONSE
47	<p>Ensure there is clear delineation and lines of accountability between the Audit and Risk Committee and Client Experience and Outcomes Committee, including a review of respective charters and role clarity on safeguarding matters.</p> <p><b>ACCEPT</b></p> <p>Working with Committee Chairs, General Counsel has undertaken a review of the Board Committee Charters, and a new Committee model is being proposed where the current Client Experience and Outcomes Committee will be renamed the Client Quality, Safeguarding and Experience Committee and will be responsible for ensuring the efficacy of all aspects of Scope’s quality and safeguarding regime.</p> <p><b>By when:</b> March 2025 – Board approval.</p>
48	<p>Review management structures with a view to streamlining layers between the CEO, executive and operational management.</p> <p><b>ACCEPT</b></p> <p>With the recent commencement of five Regional General Managers, Scope has continued to streamline the organisational structure. Reporting lines are clearer, and a consistent management structure is being implemented organisation wide.</p> <p><b>By when:</b> Complete.</p>
49	<p>Make safeguarding a regular Board agenda item, where a deep dive on critical incidents, the systemic issues engaged, and actions taken are explored and progress monitored by the Client Experience and Outcomes Committee.</p> <p><b>ACCEPT</b></p> <p>Client safeguarding will be a standing agenda item for the renamed and refocused Client Quality, Safeguarding and Experience Committee.</p> <p><b>By when:</b> March 2025.</p>