



# Queensland Government submission to the Queensland Productivity Commission Inquiry into the National Disability Insurance Scheme market in Queensland

**August 2020**

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## Executive Overview

Governments across Australia have committed to and invested heavily in the National Disability Insurance Scheme (NDIS) so that eligible Australians with disability have access to disability supports and services they need across their lifetimes. This will enable greater social and economic inclusion and empowerment for participants in the scheme to exercise choice and control to achieve their goals.

The mechanism for delivering disability supports and services to NDIS participants is a publicly funded, contestable market intended to capture the benefits of competition, including increased quality, innovation and efficiency. Queensland has made an enduring commitment to the NDIS with an annual contribution of over \$2 billion per annum. An accessible, sustainable and well-functioning NDIS market is a key component of ensuring this investment delivers value for Queensland through improved participant outcomes, job creation, skills development and increased workforce participation.

Queensland's *Economic Recovery Strategy* for COVID-19 outlines the Queensland Government's guiding principles for how it will get Queenslanders back to work, with a focus on three key priorities – Building Vital Infrastructure; Strengthening Queensland's Industries and Enabling Future Growth (Queensland Government, 2020). The NDIS has the potential to play a critical role in Queensland's COVID-19 economic recovery. However, the realisation of the social and economic benefits of the NDIS is dependent on a range of factors including further growth of the NDIS market, more eligible Queenslanders entering the scheme, and participants being able to utilise more of the supports available in their NDIS plans.

The submission highlights that a high performing NDIS market is critical to realising the economic and social benefits to be expected from the investment in the NDIS and highlights a number of key areas of important focus.

### **Access and participation in the NDIS**

Market capacity and capability is inherently connected with access to the NDIS. Participant access to the NDIS has the potential to increase market demand and a lack of market capacity and capability has the potential to impact on participants' experience of the scheme once they have access. A phased approach to the implementation of the NDIS in Queensland was essential to ensure careful transition of people receiving state-funded services as well as those who had never before received disability supports. Sufficient time was required for providers to adjust to operating in a new market-oriented environment, and for the market to grow to meet the increased demand for disability supports.

Queensland recognised early that people with disability, their families and carers, and disability service providers would need support to understand and adapt to the new approach to funding disability services through the NDIS. Beginning in 2014-15 and continuing across the transition years, Queensland invested \$25 million in targeted initiatives to build both provider and participant capacity to transition to the market based model, informed by strong stakeholder engagement. Queensland also worked with the Commonwealth to secure \$5.8 million in Sector Development Funds to augment participant and provider readiness activities, including continuing Queensland's WorkAbility project to build workforce supply and capacity.

The NDIS transition was phased geographically in Queensland, with different NDIS regions commencing at various intervals across the three year transition period. This approach planned to have the majority of participants, over 60,000 people, entering the scheme in the third and final year of transition. The National Disability Insurance Agency (NDIA), who were primarily responsible for participant intake, experienced delays in establishing the necessary infrastructure, local partnerships and organisational processes to support large scale transition, and planned participant intake rates were not achieved. Further, many of Queensland's potential participants who had not previously received disability supports, were unfamiliar with the sector and slower than anticipated in approaching NDIS for access.

In July 2019, in recognition of Queensland's slower than expected transition, Queensland and the Commonwealth agreed to a temporary continuation of the terms of the NDIS Transition

Bilateral Agreement for at least a further 12 months to ensure the focus in Queensland remained on bringing eligible Queenslanders into the scheme. The slower than expected transition to the NDIS and lower plan utilisation has arguably had flow on impacts for market development.

NDIS participation is approaching the full scheme estimate but there is still work to be done. The access experience has been challenging for many individuals, especially those who were seeking a specialist disability service for the first time. It has been necessary for the Queensland Government (using funds provided by the Commonwealth) to provide targeted support to assist those experiencing barriers in the application process. Queensland's Assessment and Referral Team was launched by Minister O'Rourke in January 2020, and has achieved considerable success in the COVID-19 environment. This work has demonstrated that active and tailored approaches that provide intensive levels of individualised assistance are needed to assist particularly vulnerable Queenslanders to access the NDIS.

Plan utilisation is also critically connected to the NDIS market. The ability for participants to fully utilise their plans is dependent on there being a robust and functioning market from which they can purchase services. A lack of utilisation also has the potential to decrease market demand and inhibit market growth. Understanding and resolving the drivers of underutilisation of supports in participants' plans must also be therefore a priority. Underutilisation undermines the potential for increased participant independence and empowerment to achieve goals made possible through adequate early investment. Underutilisation also represents a significant lost opportunity—funding that is set aside in participant plans that could support more jobs for Queenslanders and regional sector growth is not being used. Utilisation in remote and very remote regions remains critically low. Addressing underutilisation will require active intervention, including support for participants and support for market development.

### **Provider attraction and retention**

The NDIS individualised funding model has led to established service providers needing to change their business and operating models to remain viable, and successful. Challenges for providers have included: a changing policy environment; concerns about capacity to operate sustainably within NDIS pricing; administrative burdens of complex NDIS processes; and difficulty in adjusting to a market-based approach. Some providers report finding the costs and regulatory requirements of registration a barrier to entering the market.

In order for the NDIS market to grow it is critical that providers are sufficiently attracted to become and remain providers. While improvements have been made, a continued focus is required to identify barriers to the entry of providers and opportunities to encourage provider continuity in the sector and continue to build the market in Queensland.

There are currently gaps in supply of some service types, notably specialist disability accommodation, positive behaviour support planning, allied health, quality supports to people with complex needs and culturally appropriate services. Gaps in supply have more impact on participants in rural and remote areas. Without intervention, thin markets have the potential to undermine equitable access to the NDIS, and the availability of supports where they are most needed.

The Commonwealth and NDIA are developing a thin market strategy which is currently being refined through a number of pilot projects. This strategy will set out options for approaching NDIS thin markets across a range of settings, noting there is no one size fits all approach. For success, market intervention will require collaboration with stakeholders (Department of Social Services, 2019)

Realising the benefits of the NDIS in a human services context requires market stewardship and oversight so that challenges arising from supply gaps and thin markets can be managed through careful intervention.

## **Workforce**

The NDIS is also expected to create 1 in 5 new jobs in Australia over the next five years. (Commonwealth Government, 2019). There are currently over 30,000 additional Queenslanders who have gained work in disability sector related roles since transition to the NDIS commenced (Department of Communities, Disability Services and Seniors, 2020).

Recent research undertaken by Jobs Queensland and Workability Queensland on NDIS workforce issues in Queensland has identified: a change in the stability of available working hours; evidence of high levels of turnover; the allied health workforce is not growing in line with demand; and the need to attract and retain a diverse NDIS workforce to suitably match the demographic and needs of participants. The research has also identified potential opportunities for the sector including: the use of delegated Allied Health Assistants to help manage budgets efficiently and greater promotion to employers of traineeships as a viable pathway to support workforce development. Industry calls for a common induction training to ensure consistency in standards and reduce the costs and resourcing associated with individual providers has also been noted.

The Queensland Department of Employment, Small Business and Training (DESBT) is supporting workforce readiness for the NDIS through significant investment in specialised training for the disability sector. DESBT also funds the NDIS Training and Skills Support Strategy which provides training and skills for workforce development.

Increased demand for services will require a high quality and diverse NDIS workforce. A National NDIS Workforce Plan is being developed, led by the Commonwealth, to support future workforce growth by attracting and retaining workers with the right values, attributes and skills. This plan should put in place an agreed high-level plan to attract workers to the NDIS sector, and provide for training, development and conditions to be achieved that mean workers will stay in the sector.

### **Measuring NDIS Benefits**

Ensuring that participants' experience of the scheme is positive and life-enhancing is paramount. Monitoring participant outcomes and experience of the scheme over the longer term is invaluable and will shape how the scheme evolves. Participant outcomes are directly impacted by the availability of service providers in the market to enable choice and control.

Broader productivity impacts of the NDIS will take time to become evident and a long term view must be taken, but benefits should be substantial—the Commonwealth estimate that the NDIS will reduce the total expected government expenditure associated with participants from \$680 billion to \$310 billion in net present value terms over 40 years (Commonwealth Government, 2019). The focus in the short term is to ensure that ongoing measurement of productivity impacts is developed.

As recommended by the Queensland Audit Office (QAO, 2018, p.15), Queensland is developing a performance framework to measure NDIS participant outcomes and value for money for Queensland. This work will align with national efforts to report on NDIS outcomes.

### **Availability of market information and data**

Market monitoring is a key instrument to enable an understanding of the health of the NDIS market. The NDIA and Commonwealth have key roles in ensuring sufficient market information is made available to current and prospective providers. While the provision of granular participant demand data is improving in some areas, further work is required to enable providers to assess supply gaps to support expansion and adaptation of their services.

The Commonwealth has begun providing current and forecast participant demand data through the NDIS Demand Map (Department of Social Services, 2020b), but further work is required to provide data in a useable geographic format that can inform business planning. Release of market information could also be supported by active promotion to assist potential providers to understand the opportunities.



There is also an opportunity to support NDIS participants to gain greater access to information on the performance of providers. Consumer-focused performance information provided by participants would enable greater input from service users and encourage competition and increased quality of providers.

### **Intersection with mainstream services**

A person-centric approach to the provision of disability supports means that NDIS supports should be well integrated with other supports and services that participants may require over their lifetime. The Applied Principles and Tables of Services (APTOS), agreed by the Council of Australian Governments in 2015, outlines the responsibilities of the NDIS and other parties (health and other mainstream services). Queensland has worked with other jurisdictions and the NDIA to address issues at the interface between the NDIS and mainstream systems, including: clarifying the NDIS's funding responsibility for disability-related health supports; children who require alternative accommodation to support their disability needs, including respite; hospital discharge delays for NDIS participants; and interim arrangements for improving transport supports in participant plans.

However further work is required to ensure that implementation issues relating to the interface between mainstream services and the NDIS do not increase the cost burden on Queensland's mainstream services and prevent the realisation of the economic benefits of the NDIS, including market growth.

### **Scheme governance and regulation**

The Commonwealth and states and territories jointly fund and govern the NDIS. This creates complexity, but also ensures that NDIS policy setting, including market policy, is robust and takes into consideration different issues across jurisdictions. Collaborative intergovernmental relations, and clearly defined NDIS market roles and responsibilities are needed to ensure effective market oversight.

It is critical that there is a dedicated work plan and governance structures to support transparency of market oversight. This mechanism was established through the Market Oversight Working Group, which reported through the Senior Officials Working Group to the former Council of Australian Government (COAG) Disability Reform Council (DRC).

The development of a National Federation Reform Council means that the role and functions of current ministerial councils, including DRC, are being reconsidered. Given their significant shareholding interest, it is critical that states and territories continue to have a key role in oversight of the operation of the scheme and market development. In addition, it will be important to maintain momentum of the work being undertaken through intergovernmental forums to reach agreed national positions about the future of interface supports and other DRC priorities already underway.

Despite the numbers of reviews covering the NDIS market, action to address recommendations has been limited. In its report on Market Readiness published in 2018, the Joint Standing Committee (the Committee) on the NDIS noted that many of the issues were not new and had been discussed in previous inquiries. Similar comments were made in the Committee's Inquiry into Supported Independent Living in 2020. The Tune review, conducted by Mr David Tune AO PSM and provided to the Commonwealth in December 2019, has drawn on previous inquiries and the recommendations address issues still outstanding. It is important that action to implement the recommendations of the Tune review is monitored and that formalised governance structures are put in place to ensure a program of continual improvement in response to findings of key inquiries.

The introduction of the NDIS also provides an opportunity to achieve greater national consistency of safeguards and streamline regulatory processes for providers to encourage market growth. There is an ongoing need to ensure that regulatory systems work effectively together and do not result in unnecessary duplication or red tape which can discourage entry into the NDIS market.

The Queensland Government will continue to actively contribute through national intergovernmental forums to ensure the NDIS in Queensland delivers on its promise of a better future for people with disability.

## Introduction

This submission has been prepared in consultation with the following agencies:

- Department of Aboriginal and Torres Strait Islander Partnerships (DATSIP)
- Department of Child Safety, Youth and Women (DCSYW)
- Department of Communities, Disability Services and Seniors (DCDSS)
- Department of Education (DoE)
- Department of Employment, Small Business and Training (DESBT)
- Queensland Health (QH)
- Department of Housing and Public Works (DHPW)
- Department of Local Government, Racing and Multicultural Affairs
- Department of the Premier and Cabinet (DPC)
- Department of Transport and Main Roads (TMR)
- Department of Youth Justice (DYJ)
- Jobs Queensland (JQ)
- Office of Industrial Relations (OIR)
- Queensland Corrective Services (QCS)
- Queensland Treasury

The submission focusses on key issues for the Queensland Government as a whole, and on the Queensland Government's role in transition to, and oversight of, the NDIS in Queensland and as such has not responded to every question in the Issues Paper.

While the submission raises issues for participants, their families and providers, it is noted the Queensland Productivity Commission is engaging broadly and will receive submissions directly from people with disability, their families, carers, advocates and from service providers and peak bodies.



## Performance of the NDIS Market

### 1. Transitioning participants to the NDIS

#### Key Messages:

- While the transition of former Queensland Government clients to the NDIS was effective and completed on time, the entry of potentially eligible new participants, which was led by the Commonwealth, has been slower than anticipated.
- The new entrant cohorts especially impacted include people in rural and remote locations, people from Aboriginal and Torres Strait Islander communities, people from Culturally and Linguistically Diverse communities, and people with psychosocial disability.
- Key issues impacting on NDIS transition in Queensland include delays by the NDIA with implementing infrastructure staffing to enable new participants to access the scheme. Complexity and delays have also been experienced by people with disability in NDIA access processes.
- A key learning is that active and tailored approaches that provide intensive levels of individualised assistance are needed to assist particularly vulnerable Queenslanders to transition to the NDIS.

#### Transition target and approach

The Commonwealth Government estimated the Queensland participant intake during transition would be 91,217 participants (under 65 years of age) (Commonwealth Government & Queensland Government, 2016).

At 31 March 2020, 69,105 Queenslanders had a plan approved in Queensland since transition commenced, including children in the Early Childhood Early Intervention (ECEI) gateway, which is 76 per cent of the Bilateral Estimate (NDIA, 2020a). Of people formerly provided with specialist disability supports through Queensland Government funding, 96.3 per cent have transitioned to the NDIS. 28,142 active Queensland participants are receiving disability supports through the NDIS for the first time. Participant numbers continue to increase each month.

During transition, existing state clients transitioned successfully due to a two-pronged approach in which the Queensland Government provided data to the NDIA to support direct contact with existing clients of state-funded services, and also encouraged and supported people to access to the NDIS.

#### Issues impacting on transition

There are a range of factors contributing to the slower than expected transition in Queensland. Some of the key issues impacting on NDIS transition in Queensland include:

- delays in establishing NDIS Community Partners, Local Area Coordination and Early Childhood Early Intervention partners in most transition locations across Queensland—these were planned to be operational six months prior to the scheduled phase-in date but this was largely not achieved
- the model of service delivery also changed, with Community Partners becoming responsible for intake and planning functions, rather than the information, linkages and capacity building function they were originally established to deliver
- complexity and timeframes in NDIA access processes
- NDIA application of the eligibility requirement to demonstrate a permanent disability impacting on access for people with psychosocial disability
- insufficient additional support to enable people with disability with complex needs to access the NDIA, including people with psychosocial disability, and people from Aboriginal

and Torres Strait Islander communities and people from Culturally and Linguistically Diverse communities

- health and disability professionals providing strengths-based assessments which do not align well with NDIS access requirements to demonstrate impact of disability on a person's functional capacity
- cost and time involved in obtaining assessments, including wait list times to access specialist paediatricians, and other specialist services.

The combination of these factors significantly impacted the readiness of communities to transition to the NDIS, both in terms of understanding the NDIS itself and the supports available to access it.

*More detailed information about barriers, positive outcomes and opportunities, identified by Queensland Government agencies can be found in **Attachment 1**.*

Key findings of the *Review of the NDIS Act 2013: Removing Red Tape and Implementing the NDIS Participant Service Guarantee* (Tune Review) relating to access to the NDIS align with these Queensland issues (Tune, 2019).

Additional groups identified by Queensland Government agencies as needing support to navigate NDIS access and planning processes include people with disability who:

- are Aboriginal and Torres Strait Islander
- are in correctional facilities
- are homeless or rough sleepers
- live in rural and remote locations
- live in residential services (boarding houses, hostels), in residential aged care, or live in long-stay health facilities
- identify as LGBTQIA+
- are in contact with the adult and youth justice systems, or the child protection system.

### **Queensland governance during transition**

In March 2016 the Commonwealth and Queensland Governments signed a *Bilateral Agreement for the Transition to the NDIS* (Transition Agreement), which included phasing arrangements based on the following considerations: advice of the NDIA on operational matters; market readiness; the transition of existing disability system sub/regional areas; experience from NDIS trials; and the balance of high and low cost support packages (Commonwealth Government & Queensland Government, 2016, Schedule A, pp.1-2).

Strong governance arrangements were put in place to coordinate the roll-out of the NDIS in Queensland including:

- Queensland NDIS Reform Leaders Group to coordinate action across government; comprising Directors-General from agencies impacted by the NDIS, chaired by the Director-General of the former Department of Communities, Child Safety and Disability Services (DCCSDS); with support from an Interagency Working Group
- Queensland NDIS Planning and Implementation Group, comprising people with disability, families, carers and service providers, to provide advice to the Minister for Communities, Child Safety and Disability Services
- A whole-of-government NDIS Program Management Office within DCDSS, to oversight and direct the implementation of the NDIS in Queensland
- Transition Steering Committee with Regional Operational Steering Groups, to oversight transition (all committees included Queensland Government and NDIA officials).

Roles and responsibilities of the Queensland Government and the NDIA during transition are included in the *National Disability Insurance Scheme Act 2013 (Cwlth)* (NDIS Act 2013), *Heads of Agreement between the Commonwealth Government and Queensland Government on the NDIS* (2013), and Transition Agreement (2016, Clauses 9 and 20).

A detailed Queensland Operational Plan was agreed between the NDIA, Queensland Government and Commonwealth Government for transition to the NDIS (Commonwealth Government, Queensland Government and NDIA, 2016).

### **Additional Queensland Government resources for transition**

The Queensland Government committed substantial resources to ensure Queenslanders would benefit from the NDIS as quickly as possible and assist transition, including:

- committing over \$25 million to assist people with disability, and existing and new service providers to access and participate in the NDIS, and to build Queensland's disability sector workforce, including \$150,000 to Institute for Urban Indigenous Health
- seconding 118 DCDSS staff to the NDIA (over the whole period of transition)
- establishing a team in DCDSS to work with the NDIA and Queensland's mainstream agencies specifically to support potentially eligible people to apply to enter the scheme
- providing \$750,000 to Queenslanders with Disability Network to assist hard to reach people with disability access the NDIS
- providing funding to the organisation, AEIOU, to ensure children do not miss out due to delays in establishment and capacity of partners for ECEI
- continuing the Taxi Subsidy Scheme (TSS) for eligible NDIS participants while the NDIA deals with shortfalls in equivalence of transport support policies
- providing a further \$61.9 million over two years as a temporary measure to ensure people with disability can access critical supports while NDIS and mainstream interface issues are resolved at the national level.

### **Queensland Government programs and effort to assist transition**

#### Assessment and Referral Team

In 2019, Queensland received a \$20 million Commonwealth Government investment to further support NDIS participation across the state in acknowledgement of the slower than anticipated transition of new participants in Queensland. In January 2020, DCDSS established the multidisciplinary Assessment and Referral Team (ART) in Queensland locations where NDIS uptake has been below predicted levels. ART is comprised of specialist clinicians and case managers to provide proactive outreach and support through intensive case management to support Queenslanders to navigate NDIS access processes. Teams have focused on cohorts transitioning more slowly. As at 30 June 2020, ART had received 1,059 referrals for assistance to access the NDIS. Ninety-one per cent of participants who have received an access decision after submitting an NDIS access request with support from ART have been successful, with over 70 per cent of these previously on a negative pathway.

For further details see <https://queenslandcommunities.engagementhub.com.au/disability-connect-and-outreach-hub>.

#### Specialist Mental Health and Intellectual Disability Service

Based in Queensland Health, the Specialist Mental Health and Intellectual Disability Service (SMHIDS) is a state-wide multidisciplinary team. The team conducts clinics within discrete Aboriginal and Torres Strait Islander communities to assist community members to access the NDIS. These clinics are conducted in partnership with the NDIA, local governments, health professionals, Local Area Coordinators (LACs) and community organisations. In 2019-20, 12 clinics were conducted with 131 individuals gaining access to the NDIS.

Four clinics were held in 2019-20 before the COVID-19 pandemic forced the deferment of further clinics to protect the health of people living in these communities. Over 60 people have been assisted to enter the NDIS between 1 July 2019 and 29 February 2020.

All states and territories, including Queensland, have worked with the Commonwealth, on NDIA measures to support transition and increase participation including:

- NDIA strategies to improve the NDIS pathway experience of participants, including the Collaborative Access process involving the LACs and an Independent Assessment Pilot (NDIA, 2020b)
- working with the NDIA on tailored approaches for Aboriginal and Torres Strait Islander people, people from Culturally and Linguistically Diverse backgrounds and people with psychosocial disability and outreach to prospective participants who had discontinued their access request
- establishment of three Health Liaison Officers (HLOs) and three Justice Liaison Officers (JLOs) (DRC Communique 9 October 2019) in Queensland to improve connection between NDIS and mainstream services to support the discharge of NDIS-eligible people with disability from hospital, and release of NDIS-eligible people from custodial settings. Recruitment of further HLOs and JLO positions has been put on hold during the COVID-19 pandemic.

The key finding from the Queensland Government experience is that active and tailored approaches to support the access process are successful, particularly for cohorts that may face barriers in the access and application process.

*More detailed information on barriers to transition, positive outcomes and opportunities, identified by Queensland Government agencies can be found in **Attachment 1**.*

## 2. Transitioning providers into the NDIS

### Key messages:

- **Queensland Government was proactive in investing state funds and securing Sector Development Fund grants to provide practical assistance to build provider capacity to transition to NDIS, including developing tools and resources to assist the sector to adjust business models to operate in the NDIS market environment.**
- **Challenges for providers have included: a changing policy environment; concerns about capacity to operate sustainably within NDIS pricing; administrative burdens of complex NDIS processes; and difficulty in adjusting to a market-based approach.**
- **Some providers have reported the costs and regulatory requirements of registration a barrier to entering the market.**
- **The NDIA continues work to improve providers' experience of the NDIS, including increasing transparency of its pricing decisions, regularly reviewing pricing arrangements in consultation with the sector and streamlining administrative processes.**
- **Providers are continuing to enter the market in Queensland, with seven per cent of providers active for the first time in Quarter 3, 2019-20.**
- **Sole traders are a new service delivery entity; they operate generally with very low overheads and offer a genuine opportunity to innovate service delivery mode, including where there have been long-standing thin markets.**

### Roles and responsibilities for provider transition

The Transition Agreement stipulated that preparing existing providers to transition was a shared responsibility of the Commonwealth and Queensland. Clauses relating to sector readiness in Queensland included a commitment that transition arrangements would be managed to ensure that providers were prepared for operating in the NDIS system, including understanding the costs of their business (Commonwealth Government and Queensland Government, 2016, Schedule E, Clause 6a). It also included a commitment that existing



funding and the Commonwealth's Sector Development Fund would be used to build readiness and build the capacity of providers to operate in a more contestable market.

Providers transitioning to the NDIS needed to assess how the changed funding environment would impact on their operating model and cash flow, and understand the change to a more commercial relationship with their customers. The Queensland Government recognised early that businesses transitioning to, or entering, the NDIS market would need to undertake significant planning to determine the scope of supports and services they would provide in the NDIS market, and put in place appropriate business, financial, marketing, quality assurance and human resource systems to support market based activity.

The Queensland Government invested \$25 million in participant and provider readiness activities during the transition years and secured \$5.8 million from the Commonwealth's Sector Development Fund for readiness activities including provider and workforce readiness.

Provider readiness initiatives included:

- the development of an online Business Development Package specifically for providers, along with a suite of tools and resources to assist providers to respond to consumer demand in the NDIS
- funding National Disability Services (Queensland) to work with small to medium sized service provider boards, management teams and organisational leaders to build their capacity
- provider readiness workshops to prepare providers for the NDIS.

Provider readiness activities funded through the Sector Development Fund included projects to build the capacity of organisations operating in rural and remote communities, Aboriginal and Torres Strait Islander service providers, and organisations supporting culturally and linguistically diverse communities.

### **Transitioning to a new quality and safety framework**

Prior to the commencement of operation of the Commission in July 2019, Queensland maintained a stringent state based quality and safeguarding framework which had been in place for over a decade and applied to providers of specialist disability services funded or delivered by the former Department of Communities, Child Safety and Disability Services. The existing framework was delivered both under legislation (criminal history screening; restrictive practices framework; complaints management process) and through contractual arrangements (quality system compliance; critical incident reporting policy). An established historical knowledge base and significant skill and expertise across the workforce, refined over more than ten years, ensured expertise in the delivery of this framework.

As Queensland transitioned to the NDIS, the Queensland Government has carefully managed the shift from the state based quality and safeguarding framework to the national quality and safeguarding arrangements to ensure there was no decrease in safeguards for people with disability.

The commencement of the jurisdiction of the NDIS Quality and Safeguards Commission (NDIS Commission) in Queensland on 1 July 2019 signalled a significant shift in role and responsibility of the Queensland Government. The Queensland Government has only maintained responsibility for limited aspects of the NDIS Quality and Safeguarding Framework, including worker screening, authorisation of the use of restrictive practices; and operating a community visitor function. Queensland continues to advocate for, and work with the Commission, on the ongoing development and refinement of quality and safeguarding functions at a Commonwealth level. Queensland has also maintained a robust quality and safeguarding framework for services provided outside of the NDIS.

A nationally consistent quality and safeguarding framework represents an opportunity to promote innovation and national consistency in the design and delivery of safeguards. It may also lead to improved opportunities for providers to operate across jurisdictions, support market development, and build provider capability and quality across Australia.

### **Factors affecting decisions to enter and operate in the NDIS market**

Providers continue to enter the NDIS market. As noted in the Issues Paper, seven per cent of providers were active for the first time in Quarter 3, 2019-20. Given the shortage of appropriate housing for people with disability, it is important to note 20 per cent of providers of Specialist Disability Accommodation and 24 per cent of providers of home modifications were active for the first time in Quarter 3, 2019-20 in Queensland (NDIA, 2020a).

The National Disability Services *Annual Market Survey* indicates that, while providers find the NDIS operating environment continues to be uncertain, more than half believe the NDIA's reforms are heading in the right direction. Other factors that are affecting providers' decisions to supply in the NDIS market include pricing levels, administrative burden and workforce development (NDS, 2020).

Pricing remains a factor in decisions about provider intentions to supply services into the future (NDS, 2020, p.23). Existing providers continue to express concern that pricing levels do not adequately capture the true cost of delivering NDIS supports and services (NDS, 2020, p10-11) which may also deter new providers considering entering the NDIS market. In particular, organisations are finding that higher operating costs faced in rural and remote areas, and in remote Aboriginal and Torres Strait Islander communities, are not covered by the pricing structure, and this is impacting service availability (*Further detail on Thin Markets is provided in Attachment 2*). The work of the NDIA's Pricing Reference Group in setting prices remains integral to supporting the growth of the NDIS market. Transparency and broad consultation remain key pillars in achieving balanced decisions on price setting.

The NDIA is working to streamline and improve processes to reduce the administrative impost on providers. On 30 June 2020, the NDIA released new Operational Guidelines for Supported Independent Living, Specialist Disability Accommodation and Medium-Term Accommodation. In announcing these revised Guidelines, the NDIA stated all Operational Guidelines would be reviewed and simplified over time (NDIA, 2020c).

### **Addressing the costs of registration**

Audit and certification costs increase establishment costs and can make it more difficult for smaller organisations to enter and sustain involvement in the NDIS market over the longer term. Larger organisations already have in place policies and processes that go some way to meeting regulatory requirements and have the economy of scale to cover these costs. In response, anecdotal feedback indicates smaller providers are choosing to concentrate on delivering to participants who self-manage their funding or use a plan manager, as these participants can choose unregistered providers. Onerous registration and audit processes can act as a disincentive for many service providers, resulting in a diminished number of available service providers for participants to choose from.

While national research shows the proportion of organisations considering leaving the NDIS market has reduced (11 per cent in 2019 compared with 16 per cent in 2018), 17 per cent of very small organisations are considering exiting the NDIS market (NDS, 2020, p28). Sole traders make up a high proportion of service providers delivering therapeutic and behaviour support. Gaps in availability of these services could emerge if a large number of these providers exit the market. While the NDIA Quarterly Report shows providers continued to enter the market in these service categories in the quarter to 31 March 2020 (NDIA, 2020a), ongoing monitoring is needed to ensure that compliance costs do not limit supply in sub-markets which would typically be serviced by sole providers and small organisations.

In December 2019, Minister Robert announced changes to simplify registration, designed to support small businesses to register and provide NDIS supports. The changes meant that the requirement to undertake an audit as part of registration is now based on the level of risk associated with the types of supports an organisation is proposing to undertake, rather than based on whether or not they were an incorporated body (Robert, 2019).

Some providers entering the NDIS market are also operating in other systems and are required to comply with registration and quality requirements under both the NDIS and other systems. Further detail is provided at Section 9 of this submission.



The NDIS market is still developing, and the Queensland Government continues to work with the Commonwealth, the NDIA and the NDIS Commission to ensure issues for Queensland providers are represented at intergovernmental forums.

### 3. Meeting the needs of participants

#### Key messages:

- The NDIA's Corporate Plan 2019-2023 sets out Key Performance Indicators which measure whether the NDIS is meeting participant needs related to increasing social and economic participation, and choice and control.
- Measures in the NDIA's Quarterly Reports indicate how well the NDIS is meeting aspects of participant needs including: participant outcomes and satisfaction; plan utilisation; and the safety and quality of supports. A performance framework focused on participant outcomes has been recommended by the Productivity Commission.
- Work to develop a Participant Service Guarantee is focused on improving access, plan development and plan review timeframes and processes.
- Recommendations from the Tune Review include providing greater guidance on how the NDIA determines reasonable and necessary supports.
- Participant choice and control can be constrained by: plans which do not meet participant needs; participant difficulty in navigating the market; thin markets; and a lack of suitable housing which limits participant choice over where and with whom they live.
- Outcomes for some participants have improved, but the lower participation rates of some cohorts and low utilisation rates for first plans indicate that not all participants are getting maximum possible benefits from the NDIS.

#### Measuring participant needs

The NDIA's Corporate Plan 2019-2023 (NDIA, 2019b) sets out measures of how the scheme is meeting participant needs and how the NDIA is delivering a quality service for participants, their families and carers, along with performance objectives related to the market, stakeholder engagement, financial sustainability, and the operation of the NDIA itself.

Taken together, these system-wide performance measures are appropriate for measuring whether the NDIS is meeting participant's needs in a way that is most effective in improving outcomes for participants (by providing the right type of support at a time when it has the greatest ability to improve outcomes) and delivered by a market-based process that is sufficiently competitive, productive and efficient (supporting a financially sustainable scheme).

Performance against these measures is summarised annually in the NDIA Annual Report, and some of the supporting data is publicly available such as plan utilisation and measures of participant outcomes, however improving performance is a matter for the NDIA Board who consider performance measures on a monthly basis (NDIA 2019b, p.7). The *Board of Treasurers Submission to the NDIS Act Review and Participant Service Guarantee (Tune Review)* recommended that there be a mechanism to escalate risks to scheme financial sustainability to the (former) DRC which relate to external factors and cannot be managed by the NDIA Board alone (p.2). This would ensure government oversight in managing risks to the scheme's ability to meet participant's needs effectively and efficiently. COVID-19 is a contemporary example of an external shock that could impact financial sustainability.

The Honourable Coralee O'Rourke MP, Minister for Communities and Minister for Disability Services and Seniors also meets regularly with key stakeholders to hear firsthand how the NDIS is affecting their lives. The NDIS landscape in Queensland is changing rapidly, which means that the issues faced by stakeholders are dynamic in nature. Ongoing engagement is

vital for the Minister to continue to advocate for the NDIS to better meet the needs of Queenslanders with disability.

### **Achieving participant goals**

Fundamental to the NDIS is that planning for reasonable and necessary supports is based on a statement of a participant's goals and aspirations (NDIS Act 2013, section 33). Achievement of participant goals is a key measure of whether the NDIS is delivering on its promise.

Measuring how well the NDIS is helping people to achieve their goals is made more complex in that some people with disability and their families may have difficulty in articulating goals and aspirations, and using them as a starting point for identifying supports in NDIS planning. This may be due to:

- limited experience in setting goals—this goal-focused process is very different from the previous system
- difficulty in conceptualising what a better life may look like and how to achieve it
- previous negative experiences of government services
- not perceiving any value in changing their arrangements
- feeling uncomfortable talking about personal matters with strangers, especially when lacking strong informal support networks or independent advocacy.

Support is needed in the planning process to ensure goals accurately reflect what participants want. Given the importance of goal setting in determining the scope of the participant's plan, planning processes could include capacity building supports to increase participant's ability to frame up goals and acknowledgment that participants may also require ongoing funding to maintain goals.

### **Addressing constraints on choice and control**

Participant choice and control is constrained by: participants receiving plans which do not meet their needs; participant difficulty in navigating the market; thin markets; and shortage of appropriate housing which limits participants' choice over where and with whom they live.

#### Plans not meeting participant needs

The Queensland Government submission to the Tune Review (2019) highlighted that participants in similar circumstances with similar needs, can receive plans which vary widely in the type and quantity of supports. It also made recommendations to improve plan quality. In Queensland's experience, plan quality can be improved by: ensuring planning processes are adapted to participant needs, are person-centred and draw on all available evidence of participant needs; and ensuring participants review a draft plan before it is approved. When plans do not accurately reflect participant needs, participants control over their supports is severely impacted.

Queensland Health has seen some excellent and life changing plans built for children and young people. The best outcomes have come as a result of the partnerships developed with families, the NDIA and partner organisations over time (including a single delegate planner from the NDIA to develop all plans for children requiring a plan or plan review for discharge; and arrangements with the ECEI provider in Brisbane for colocation and consistent planners).

#### Lack of support to implement plans

Insufficient support to implement plans also constrains choice and control, as participants may not know how to find and select providers, or understand how to make the most of the supports in their plan. This presents particular risks for the 30,000 Queensland participants who have not previously received disability supports and may be unfamiliar with the disability sector.

Support Coordination assists participants optimise utilisation by increasing participant's understanding of how their plan can work for them, and helping them connect with providers. Fewer Queensland participants are benefitting from Support Coordination compared to the national average. Support Coordination was included in 36 per cent of Queensland participants' plans (NDIA, 2020a, Table H.52, p.243) compared with 42 per cent of participant

plans nationally (NDIA, 2020a, Table E.54, p.118). Participants who do not have Support Coordination in their plan depend on support from LACs, who are still heavily focussed on first plans and plan reviews, and so have reduced capacity to support participants to understand plans and connect with providers.

The Tune Review (2019) report noted the need to build capacity in the Support Coordination market to ensure participants' choice and control is not restricted (p.120). Queensland Government agencies report difficulties in obtaining Support Coordinators with skills required to work with participants with complex needs, and across multiple systems including Specialist Disability Accommodation (SDA), child protection, and adult and youth justice systems. *Further detail is available in **Attachment 2 Thin Markets**.*

#### Choice constrained by shortage of appropriate housing

The nation-wide shortage of accessible, affordable housing with secure tenancy, including SDA is constraining participant choice over where and with whom they live. Participants may have no choice but to share accommodation when this is not their preference. This undermines outcomes that could be achieved with NDIS supports. The lack of appropriate housing is more acute in rural and remote areas, placing additional pressure on all forms of state housing assistance. *Further detail on the thin market for SDA is included at Attachment 2 Thin Markets.*

The Joint Standing Committee on the NDIS's Report on Supported Independent Living (SIL) (2020) recommended participants be assisted to have genuine choice about receiving support in individual or shared environments and choice about who they live with (recommendations 18 – 21), enforcing separation of housing and support (recommendation 44), and ensuring participants with Supported Independent Living in their plans are able to change providers without adverse consequences (recommendation 25).

As part of the *Queensland Housing Strategy 2017-27*, the Queensland Government (2017) committed to constructing 50 per cent of public housing dwellings to the Liveable Housing Design Guidelines Gold Level or Platinum Level standards to increase housing options for people with disability. In the first three years of the strategy, 67% of new public housing dwellings completed were built to gold and platinum liveable housing design standards.

#### Lack of support to optimise use of Assistive Technology

Access to freely available, independent clinical advice in the specialist area of assistive technology has been reduced with the transition to the NDIS. Advisory services that were previously offered by organisations under block funding have been reduced or discontinued as they aren't feasible in the NDIS individualised funding model. This means that clinicians no longer receive adequate guidance in relation to comprehensive assessments, trials, selection and prescription of assistive technology. Ultimately, this can contribute to the assistive technology prescribed as not 'best fit' for the individual participant's needs and the various environments in which they are used. Insufficient hours are being allocated for allied health professionals to provide essential training and support to participants and families regarding complex and individually customised assistive technology. Inappropriate selection of assistive technology, coupled with insufficient training and support to use the assistive technology in everyday life can lead to abandonment of the equipment. This results in reduced potential for improved participant outcomes, and costly pieces of assistive technology being significantly underutilised.

NDIA assistive technology practices that may result in sub-optimal use include:

- Low cost assistive technology up to \$1500 not requiring an assistive technology assessor: Several aids and equipment in this price bracket such as low tech augmentative and alternative communication systems require extensive training and support to be used successfully. Anecdotal reports indicate that families are requesting these items and they are not being used as they are not customised to the participant's needs, and the necessary training has not been provided.

- Replacement of assistive technology without the need for a detailed assessment in certain situations up to \$15,000: Without an assessment by an appropriate health professional, there is a risk that participants miss out on emerging technologies and products that may suit changing needs of participants in relation to overall health status, skill level, changes to environments and activities in which they participate in. For example, some sophisticated eye gaze devices fall under \$15 000 but there are frequent changes to software and hardware of these devices. Additionally, there may be different methods of access that have come on to the market that might make access to devices more efficient and less fatiguing than eye gaze.

### **Participant satisfaction with NDIA processes**

The most recent NDIA Quarterly Report shows participant satisfaction with NDIA processes at just over 80 per cent for pre-planning, planning and plan review, while satisfaction with the access process stands at 71 per cent (NDIA, 2020a, p29). While this result is encouraging, it is noted that it not clear the extent to which the views of people with disability who would require significant support to respond to a participant satisfaction survey are represented.

Participant satisfaction with NDIS processes can also be inferred from the number and nature of complaints. In Quarter 2, 2019-20, 28 per cent of Queensland complaints received by the NDIA related to timeliness, and a further 15 per cent related to the way the NDIA carried out its decision making (NDIA, 2020a, p238). The rate of unscheduled plan reviews is approximately 20 per cent, suggesting there is scope for improvement in the planning process.

The Queensland Government submission to the Tune Review (2019) identified key issues with the NDIS access process, including: systemic barriers, such as difficulty in obtaining and lodging an access request form; procedural barriers to information sharing between the NDIA and mainstream services; lengthy delays in decision-making; and lack of transparency and consistency in NDIA access decisions.

The NDIA has already begun to address some of the access issues, such as making the Access Request Form available online. The number of open Administrative Appeals Tribunal (AAT) appeals relating to access and planning has decreased since the previous quarter, and more cases are being resolved within 90 days (NDIA 2020a, p241).

While improvements are underway, access and planning must be streamlined and enhanced to improve participant's experiences and outcomes. The Queensland Government's submission to the Tune Review (2019) identified opportunities to improve the planning process including building planners' understanding of disability and the operation of mainstream services, planners' capacity to address complex needs, and increasing the consistency of planning decisions.

The Tune Review report (2019) has recommended measures to improve access and planning processes as part of a Participant Service Guarantee. It also recommends the development of a new, independent survey of participant satisfaction (Tune 2019, Recommendation 24, p.168).

### **Satisfaction with the quality of service provision**

The NDIS Commission releases activity reports relating to complaints and reportable incidents. Data in these reports can be indicative of satisfaction with quality of service provision.

The NDIS Commission's activity report for the period 1 July 2019 to 31 December 2019 show the Commission received 2,022 complaints, of which 51 per cent related to provider practice. Some data indicate complaints about service quality in Queensland are decreasing. In Quarter 2, 2019-20 there were 44 complaints about service providers. Of these, 57 per cent related to service delivery and a further 23 per cent related to provider staff (NDIA 2020a, p.239). This compares with 86 complaints about service providers in Q1 2019-20 (NDIA 2020g, p.234)

Service quality depends on the level of skill of the workforce. Providers are concerned NDIS pricing does not allow for recruitment of staff with the level of skill required to meet the complex



needs of some participants, and is not sufficient to provide supervision and training (NDS, 2020, p.23).

Several independent reviews have included concerns around the impact of price settings on the provision of high quality and safe supports to people with complex needs. These include the McKinsey & Company Independent Pricing Review (2018), the Productivity Commission report on NDIS Costs (2017) and the Joint Standing Committee on the NDIS report on NDIS Market Readiness for provision of services under the NDIS (2018). Pricing must be adequate to cover provider responsibilities for maintaining a skilled workforce capable of delivering safe, quality supports, including costs associated with managing worker safety

Conflicts of interest arising where a provider delivers multiple service types to the same participant may also impact on service quality, and constrain participants' ability to make a complaint without fear of reprisal. The Tune Review (2019) and the Joint Standing Committee on the NDIS Report on Supported Independent Living (2020) both highlight the need to address conflict of interest with the same provider providing multiple services (for example specialist disability accommodation and supported independent living supports).

### **Plan utilisation**

As noted in the Issues Paper, as at 31 March 2020, the average plan utilisation rate for Queensland participants is 67 per cent. The NDIA notes that, while 100 per cent utilisation is not to be expected, utilisation should be higher than the current level (NDIA 2020a, p.51). The underutilisation of NDIS committed supports results in less NDIS funding flowing to the sector and community, meaning communities do not receive the full benefit of job creation; less funding to stimulate the market; and continued demand on state-funded mainstream supports where participants are accessing those supports instead of NDIS supports. For example, remaining in hospital for longer than is medically necessary due to lack of SDA or SIL supports.

Participants may not utilise all the supports in their plans because: the plan contains supports that do not match the participant's needs; the plan omits supports that do match the participant's preferences and needs; they have difficulty implementing their plan; there is insufficient support coordination available; and they cannot find providers due to thin markets. For example, people with disability from culturally and linguistically diverse backgrounds face challenges in linking with appropriate service providers to deliver their supports, and as a result do not use all the supports in their plan. The transition to a new approach under a market based model may also impact utilisation, as some people with disability may need support to identify their goals and aspirations, source providers and directly purchase supports.

Utilisation of capacity building supports is lower than that of core supports, standing at 53 per cent for capacity building compared to 70 per cent of core supports (NDIA 2020a, Table H.25, p.255). This may be due to lack of depth in the market, and participants and providers being unfamiliar with a capacity building approach. Capacity building supports are key to the NDIS strategy to reduce supports required over a lifetime through early intervention and enhancing participant independence. Lower utilisation of capacity building undermines outcomes for the individual and their community that could be achieved through participants' economic and social participation.

NDIA Quarterly Reports show plan utilisation increases the longer participants remain in the NDIS, increasing from 60 per cent in first plans to 77 per cent for people who have received their fifth plan (NDIA 2020a, Table H.25, p.254). However, time alone will not be sufficient to improve plan utilisation. Queensland's most mature NDIS regions (Townsville, Mackay, and Toowoomba) are still not achieving high levels of utilisation. Utilisation in remote and very remote regions also remains critically low. Addressing underutilisation will require active intervention, including support for participants and support for market development.

Some strategies to address low rates of utilisation and stimulate the market are in place, including: a Commonwealth and NDIA strategy focused on thin markets; the development of an NDIS Workforce plan; the Commonwealth's Building the Local Care Workforce initiative; and funding for researchers to explore underlying causes of utilisation.

### Opportunities to increase plan utilisation:

- Timely and increased use of plan intermediaries (e.g. Support Coordinators) and other advocates to support participants to use their plan, especially for people on first plans – better education and support is tied to higher rates of plan utilisation.
- Support Coordination being included in the plans of participants from cohorts who are at risk of underutilisation, such as young people in the child protection system and young people and adults in contact with the justice system. For example, each time a young person enters detention, while their plan is not routinely suspended, the provision of supports is often suspended by service providers. This may be due to a lack of knowledge regarding how to access or provide capacity building supports in detention settings. Supports for young people should be ensured on the basis of individual circumstances.
- In response to COVID-19, the NDIA increased the flexibility in the way participants could use the supports included in their plans—maintaining this flexibility could increase utilisation, however there is a need to preserve some supports required for specific purposes such as supports to enable a person to be discharged from hospital or long stay health facilities, or released from prison, or to purchase equipment or home modifications.
- Allow Capacity Building funds to be fully flexible within the Capacity Building categories, in the same way that Core Supports are fully flexible.
- Releasing more frequent and relevant information than is currently being delivered by the NDIA and Commonwealth Government—the market requires information about supply gaps and opportunities, and data that is disaggregated at more useful geographic or regional formats (e.g. SA2, SA3, LGA).
- Improving the quality of plans and building participant understanding of the scheme and capacity to implement their plans.
- Increasing capacity in the market where underutilisation is attributable to supply gaps.
- The NDIA could actively intervene where underutilisation of plans occurs, work to understand the reasons for underutilisation and propose actions to help increase the use of supports.
- The NDIA could provide utilisation data on plan or self-managed participants so there is greater visibility on this cohort of participants, and ability to undertake mitigating actions.
- Expanding the Complex Support Needs Pathway (CSNP) and eligibility criteria to enable any NDIS participant who is living in hospital to be eligible for the CSNP in recognition of the inappropriate nature of their accommodation.
- Considering expanding the application of the CSNP to residents in privately owned hostels and boarding houses to support access to the NDIS. Expanding the CSNP would provide appropriate support to assist this cohort to access the NDIS and explore an alternative housing arrangement where appropriate.

### Potential for outcomes to improve over time

The NDIS has improved access to life-enhancing supports for people with disability, with just over 28,000 Queenslanders accessing disability support for the first time with the introduction of the NDIS (as at 31 March, 2020). Participation rates for Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds are also improving.

The NDIA publishes annual participant outcomes reports which provide annual changes in participant outcomes. The NDIA released a *Participant Outcomes Report* at 30 June 2019 (NDIA 2019a), analysing the outcomes for people who entered the scheme in 2016-17, 2017-18, and 2018-19. The report enables comparison of change in outcomes over two years for participants who entered in 2016-17, and change since the previous report for those who entered the scheme in 2017-18. Outcomes generally improve with the length of time participants are in the scheme, however participants from culturally and linguistically diverse backgrounds are less likely to improve over baseline in most areas.



The most recent NDIA Quarterly Report (NDIA, 2020a) shows participation in community and social activities has increased to between 45 and 50 per cent (depending on age group and date of entry to the scheme), but the rate of participants in employment is yet to reach the NDIA's *Corporate Plan 2019-2023* target. The NDIA has developed a *Participant Employment Strategy 2019-22* to boost the proportion of participants in meaningful employment (NDIA, 2019c). This may need to be reviewed to include impacts of COVID-19 on employment opportunities for people with disability.

Significant improvements noted by Queensland Government agencies, especially for those who are well supported to navigate the system, include:

- alternative options for young people with disability rather than aged care
- participants are receiving increased supports through NDIS funding, improving their quality of life, and that of their families and carers
- families of adult children with disability are being better supported in their role as carers
- more children are accessing more services and supports under the NDIS than under previous schemes, however the increased use of supports, equipment and consumables needs careful evaluation (i.e. more may not necessarily be better).

However, there is more work to do to ensure Queenslanders gains the full benefit of Queensland's investment in the NDIS. The *Bilateral Agreement between the Commonwealth of Australia and State of Queensland on the National Disability Insurance Scheme* (Full Scheme Agreement) includes a commitment to the development of reporting frameworks that support shared monitoring and understanding of the achievements and performance of the NDIS (Commonwealth Government & Queensland Government, 2019, Clause 50).

The Productivity Commission (2019) has recommended a single, national performance reporting framework, covering the National Disability Agreement and the National Disability Strategy (NDS), with the NDIS using the same framework, or at least one that is consistent with it (Recommendation 5.3, p.161). The Commonwealth Government is currently considering the development of an outcomes reporting framework for the NDIS that is aligned with the broader approach to reporting outcomes under the new NDS. Such a framework would meet the commitment set out in the Full Scheme Agreement, be independent to the NDIA's performance measures, and allow improved monitoring of broader social impacts of the NDIS.

It is anticipated participants' outcomes will continue to improve over time as issues are resolved through bilateral and national engagement with the NDIA and the Commonwealth.

## 4. The productivity impacts of government investment

### Key Messages:

- The NDIS has the potential to achieve substantial productivity impacts, including job creation, however the productivity impacts of the NDIS may take time to materialise and a long term view must be taken.
- The NDIS is expected to create 1 in 5 new jobs in Australia over the next five years. In Queensland over 30,000 additional Queenslanders have gained work in Disability sector related roles since transition to the NDIS commenced.
- The focus in the short term is to ensure that ongoing monitoring and measurement of productivity impacts is developed.
- Early data show economic participation of family members and carers is increasing.

### Measuring productivity impacts

In Queensland, NDIS full scheme will commence in 2020-21. Queensland's financial contributions to the NDIS are set out in the Full Scheme Agreement and are fixed payments of over \$2 billion per financial year, escalated annually at 4 per cent. The Commonwealth Government then contributes the balance of all NDIS costs, taking into account the financial contributions from Queensland. The Heads of Agreement between the Commonwealth and Queensland Governments on the National Disability Insurance Scheme (2013), envisaged that a funding envelope of approximately \$4 billion would be available in the first year of full scheme in Queensland. Across 2019-20 (to 31 March 2020), the NDIA has committed \$3.6 billion for supports in NDIS participant plans with \$2.3 billion of this paid to providers for utilised supports (currently 64 per cent for the year, with results still emerging as providers finalise claims) (NDIA, 2020a, Table H.63, p.253).

Participants are still gaining access to the scheme, and markets still maturing. It is premature to assess the overall value for money proposition of the scheme. Estimates of the scheme's broader economic benefits tend to take a long term view. Commonwealth modelling suggests the NDIS will reduce the total expected government expenditure associated with NDIS participants (including disability support, healthcare and other mainstream services) from \$680 billion to \$310 billion in net present value terms over 40 years. The NDIS is also expected to create 1 in 5 new jobs in Australia over the next five years. (Commonwealth Government, 2019). Currently, over 30,000 additional Queenslanders have gained work in Disability sector related roles since transition to the NDIS commenced (Department of Communities, Disability Services and Seniors, 2020).

The *NDIS Participant Outcomes Framework* (NDIA, 2019a) is based on participant outcomes as defined in the NDIS Act. These will assist Queensland to measure the benefits of the NDIS from a participant perspective. However, the framework is currently not detailed enough to determine overall impact of the scheme to date. Longitudinal outcomes are provided at a state level only — data and outcomes at a more granular level are needed to understand how geographical or demographic characteristics are impacting participant outcomes. This will ensure the benefits are not a reflection of the large population of South East Queensland. The current NDIA outcomes framework does not include the broader NDIS market and economic elements that Queensland is seeking from an assurance perspective.

It is important to lay the foundations for measuring longitudinal outcomes for participants and desired productivity impacts over the short, medium and longer term, including review mechanisms to inform the need to adjust policy settings. Across the medium term, measurement may also need to take into account increased unemployment due to COVID-19 impacts which could take considerable time to resolve.

Importantly, there are other significant benefits including the impact on the life of each participant and their support networks and communities.

As recommended by the Queensland Audit Office (QAO, 2018, p.15), Queensland is developing a performance framework to measure NDIS client outcomes and value for money for Queensland. This work will align with national efforts to report on NDIS outcomes.

### **Workforce and community participation**

The *NDIA Corporate Plan 2019-2023* includes performance metrics for participant community and employment participation, which aim to achieve 30 per cent of participants in work, and 50 per cent involved in community and social activities by 2023, and maintaining participant satisfaction of over 90 per cent from 2019-20.

Workforce participation rates of participants has not yet met the NDIA's expectations. The low proportion of NDIS participants with an employment goal in their plan (18 per cent) may not encourage growth in the area of employment support providers, which in turn makes further gains in workforce participation less likely.

The Quarter 3, 2019-20 NDIA Quarterly Report (NDIA 2020a) shows that for participants aged 15 and above in Queensland who have had two plan reviews, there has been no increase in the percentage of those in work (19%) and an 11% increase in the average percentage of participants in community and social activities.

In contrast, workforce participation rates of families and carers of NDIS participants has made modest gains to date. The Productivity Commission expected growth of 3.4 per cent for this cohort (Productivity Commission, 2011a).

The Queensland Government has identified that participation and completion of training (Vocational Education and Training) is not necessarily sufficient to improve employment outcomes for people with a disability. Therefore, employment support linked to the NDIS needs to address both skill acquisition (through training) and the post-education transition to employment. The Commonwealth Government has ongoing responsibility to help people with disability find and maintain work (Department of Social Services, 2020a).

Community participation rates of participants has generally increased in line with NDIA Board expectations which has been assisted by the inclusion of funding for community based goals for approximately 55 per cent of participants.

## NDIS market conditions and prospects

### 5. The impact of COVID-19

#### Key messages:

- Some of the temporary policies, implemented in response to the COVID-19 pandemic, could be retained, which will result in ongoing benefit for participants, particularly those relating to hospital discharge.
- The COVID-19 pandemic highlighted the need for targeted government responses, communications, and service delivery for people with disability. This is particularly important for more vulnerable cohorts such as people with complex needs, people with intellectual and cognitive impairment, Aboriginal and Torres Strait Islander people with disability, and people with disability from culturally and linguistically diverse backgrounds.

#### Temporary NDIS policy changes

In response to the COVID-19, the Commonwealth implemented a number of temporary policy changes that resulted in a more flexible, collaborative and responsive NDIS system for participants, prospective participants, and mainstream services. Temporary policy changes that would benefit participants in the long term, include:

- new support coordination items, as effective support coordination is critical to improving plan utilisation
- flexible access to funding enabling participants to exercise more choice and control
- plan extensions for up to 24 months following review, streamlining NDIA processes and increasing NDIA capacity to deal with other priorities
- offering alternatives to face-to-face meetings, enabling participants, and potential participants unable to travel to NDIS meetings to effectively engage with the NDIS. This is particularly helpful to people with disability in rural and remote locations and those in custody or detention
- flexible use of funds to purchase low cost assistive technology, enabling participants to purchase smart devices/phones to access disability supports online.

The Queensland Government welcomes the Commonwealth Government's indication that some participant-related initiatives will remain in place as part of the NDIA's ongoing operations, until further reviews are completed (Robert, 2020).

The NDIA is also working with the University of Melbourne on a research project to examine participant and family experiences with the NDIS during COVID-19, the use of phone calls for NDIS meetings and planning, the National Contact Centre, and telehealth consultations (including barriers to using telehealth) during the COVID-19 pandemic (NDIA, 2020d).

In their Statement of Concern: The response to the COVID-19 pandemic for people with disability (2020), The *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* has invited people to provide information about violence, abuse, neglect and exploitation of people with disability, including information with respect to the government and community response to the COVID-19 pandemic. The outcomes of the Royal Commission's inquiry into the COVID-19 response will provide valuable insights into the impacts of initiatives designed to respond to the pandemic and their effectiveness.

#### COVID-19 accelerated hospital discharge project

In line with the national management of COVID-19, all states and territories aimed to discharge medically ready patients from hospital settings to reduce their risk of exposure to COVID-19 and to ensure hospital capacity to respond to COVID-19.

The NDIA worked closely with state and territory health departments to remove barriers to hospital discharge and ensure participants had the supports they needed to safely transition back into the community. In Queensland, a multi-agency approach was enacted led by Queensland Health with active participation from DCDSS and the Department of Housing and Public Works. This highly collaborative approach to hospital discharge during COVID-19 was very successful. Between 25 March 2020 and 29 July 2020, 392 long-stay patients have been discharged. In Queensland, the majority of long-stay patients were discharged to permanent housing arrangements.

Ongoing NDIA prioritisation and streamlining of access, planning and review processes for NDIS participants/potential participants in hospital would continue achieving successful discharge outcomes, such as:

- removing the barriers for access to the NDIA
- 24 hour turnaround for plan requests and plan reviews
- reduced requirement for assessments and reports as evidence for plan reviews

### **Lessons Learned**

Recognising the needs of people with disability: The pandemic has reinforced the importance of the needs of people with disability being at the centre of planning and response processes. Steps taken to identify and proactively address risks have been valuable for both the health and disability sectors. For example, the National Management and Operational Plan for People with Disability (2020) has assisted to drive a more coordinated, national response to the pandemic and ensure the rights of people with disability remain in focus.

The Queensland Government has developed the *Queensland Health COVID-19 Policy and Action Plan for Queenslanders with Disability* which complements the national Management and Operational Plan. These are live documents informed by consultation with stakeholders, including people with disability and their families, peak bodies, and academics.

Individualised and local solutions: The accelerated hospital discharge project highlighted the need to identify and clearly understand barriers, and that individualised and localised solutions are often required for complex cases. For many long-stay patients accessing supported independent living, appropriate housing options and NDIS plan reviews were significant barriers. While not part of this project, similar barriers are experienced by other cohorts, such as adults leaving custody. The project also reinforced the need to have detailed granular individualised data to help identify the issues.

Criticality of communication: The pandemic has emphasised the need for consultation with people with disability in designing responses. The importance of communication strategies ensuring disability specific and culturally appropriate information is available in easy to read and accessible formats for people with disability has been critical. The COVID-19 pandemic has further reinforced the need for communication strategies that are cognisant of the needs of people from culturally and linguistically diverse communities (CALD) who may have low English literacy.

Digital literacy and access: While greater utilisation of online and telephone service delivery has enabled many people with disability to maintain access to disability/health supports and social connections, increased reliance on this type of service delivery has negatively affected others who have limited or no access to online/telephone devices and services. This includes people who do not understand how to use these technologies and those experiencing financial barriers to access. In future, it is important that participants, and prospective participants, are able to engage with the NDIA and disability supports in the market through a range of options including face-to-face, online, by video and by telephone, depending on participant preferences and needs.



## 6. Participant capacity

### Key messages:

- **The Queensland Government invested in initiatives to build participant capacity to engage with the NDIS and the new approach to planning, and secured Sector Development Funds to provide targeted, culturally relevant support.**
- **Work is continuing to improve the participant experience of NDIS processes.**
- **Information, Linkages and Capacity Building (ILC) grants have been allocated to Queensland service providers to help build individual capacity of prospective participants, participants and their families engage with and benefit from the NDIS. However, more targeted effort is required to ensure that ILC providers have the ability to focus primarily on capacity building supports.**

During the transition years, the Queensland Government invested \$13 million to build participant capacity to engage with the NDIS and funded initiatives to raise awareness of the NDIS, its benefits, and build the capacity of people with disability and their families to state their goals and aspirations in preparation for the NDIS planning process.

The Queensland Government also worked with the Commonwealth to secure Sector Development Funds to deliver targeted strategies to engage and assist people with disability who experience additional disadvantage, social isolation or are hard to reach.

As at 31 March 2020, 96.3 per cent of people who were receiving state funded supports had transitioned to the NDIS, indicating the Queensland Government's support for their transition has been effective.

Experience during transition has highlighted the need for targeted, culturally relevant support to build participant readiness and improve transition to the NDIS. One participant readiness activity involved a non-government organisation establishing Aboriginal and Torres Strait Islander mentors who delivered workshops and information sessions, and built relationships between community members, service providers and health professionals. Building relationships with local elders and having them champion the project, encouraged locals to become more engaged with the NDIS.

The effective function of ILC is crucial to the success of the scheme in promoting social inclusion for all people with disability, not only those who are or become NDIS participants. The Queensland Government is concerned that ILC has not focused sufficiently on supporting people with disability who are not in the NDIS. The LAC role (which originally had an important role in linking non-participants to mainstream services and building community capacity for social inclusion) has also been redirected to planning with participants. The Queensland Government will work with the Commonwealth, other jurisdictions, and the disability sector to undertake a review of the ILC Program and develop a new ILC Investment Strategy over the next 12 months. As part of this, the Queensland Government will continue to advocate for ILC and LACs to broaden their focus to all people with disability.

Through the 2019-20 ILC grant rounds, Queensland service providers have received \$11 million for Individual Capacity Building projects; \$2.6 million for Economic Participation projects; and \$6.5 million in the National Information program. Projects included initiatives focused on: building life skills and capacity for self-advocacy and leadership for participants from particular cohorts such as people from culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander peoples, people with specific disability types such as intellectual disability and autism, and peer support for people with disability and their families or cares, not only NDIS participants. The ILC program is now shifting from high volume and short term grant programs to a more strategic, multi-year approach. ILC will contribute to increasing the visibility of, and respect for, people with disability and their full inclusion in social and economic life, the value of which is beyond measure.



The Queensland Government continues to fund non-government agencies to provide individual advocacy supports, including support to navigate NDIS processes and appeal decisions. In June 2019, the Queensland Government announced the allocation of \$8.7 million over two years to 2020-21 (O'Rourke, 2019). On 13 December 2019, the former COAG Disability Reform Council acknowledged the importance of independent disability advocacy, and agreed to undertake work to better understand the drivers of demand for independent disability advocacy and decision-making support. A national demand and gap analysis is being led by the Commonwealth. Findings of this analysis will inform discussion on future arrangements for the funding of independent disability advocacy and decision-making supports.

## 7. Provider capacity

### Key messages:

- Demand for NDIS supports and services will continue to grow as more participants enter the scheme and participant plan utilisation increases.
- Innovation in the NDIS will require strategic collaboration between government, academia, providers and participants.
- There are gaps in supply of some service types, notably specialist disability accommodation, positive behaviour support planning, supports to people with complex needs and culturally appropriate service delivery. Gaps are experienced more in rural and remote areas.
- Ongoing market stewardship, including coordinated intervention in thin markets, will be required to support a flexible, person-centred marketplace accessible to all participants.
- At 31 May 2020 there were almost 5,000 registered active providers in Queensland.
- There are currently over 30,000 additional Queenslanders who have gained work in disability sector related roles since transition to the NDIS commenced.

### Future demand

The NDIA has published participant projections on their website, including a projection<sup>1</sup> of 110,700 participants for Queensland by June 2023 (NDIA, 2020e). Compared to the Quarter 3, 2019-20 NDIA Quarterly Report (2020a) which shows there were 67,687 active participants in Queensland, this projection represents expected growth still to come of over 60 per cent.

Future demand for disability support services in Queensland will be influenced by population growth and Queensland's future demographic profile, changing social and cultural expectations, NDIS awareness and promotion, innovation in supports and services, as well as improving diagnoses.

It is necessary to ensure that there is a sufficiently skilled market to be able to respond to increases in demand.

The Queensland Government and Commonwealth Government (2019) have put in place enduring funding arrangements for the NDIS in Queensland through the Full Scheme Agreement. These arrangements ensure that the scheme is sufficiently funded into the future and can provide for the expected increase in demand but it is necessary that sufficient market growth occur to support the utilisation of funding under plans.

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<sup>1</sup>The projected participant numbers are estimates only and are subject to change as more Scheme experience becomes available.

## Availability of market information and data

Market monitoring is a key instrument used to understand the health of the NDIS market. The Queensland Government draws on a range of data and intelligence to understand where local issues may require escalation to DRC, or other intergovernmental working groups, including:

- NDIS Demand Map
- NDIA Quarterly Reports
- NDIA data releases
- State and territory service system data
- DSS Market KPI data
- Scheme Actuary Data
- Boosting the Local Care workforce data.

The Queensland Minister for Communities and Minister for Disability Services and Seniors, and Disability Connect Queensland, also undertake ongoing engagement with the sector to understand current issues and challenges faced by the sector

The NDIA and Commonwealth have key roles in ensuring sufficient market information is made available to current and prospective providers. While the provision of granular participant demand data is improving in some areas, it remains one of the key information gaps in relation to the NDIS market and Queensland providers. This issue has been consistently raised by the Queensland Government in NDIS intergovernmental forums. The lack of granular participant demand data, and data on current supply and supply gaps, is a key barrier to providers expanding and adapting their services, and for prospective providers entering the market, particularly SDA given the large capital investment and long lead times for development.

This has been a persistent issue for providers and prospective providers of accommodation-related supports for people with disability, including SDA and home modifications, leading to shortages which constrain the ability for participants to move out of custodial settings, child protection arrangements, and inappropriate settings such as residential aged care, boarding houses, and hospital and health settings for those who are medically fit for discharge. It has been estimated that around 28,000 people nationally (or 6% of NDIS participants) will require SDA funding at full scheme. This is expected to total approximately \$700 million per year on a national basis (NDIA, 2018b). As at 31 March 2020, just 2% of active Queensland participants had SDA included in their current plan with these annualised committed supports totalling approximately \$16.5 million (NDIA 2020a, Tables P.1 & Table P.2, p.471-3).

The Commonwealth has responded by providing current and forecast participant demand data through the NDIS Demand Map (Department of Social Services, 2020b), but further work is required to provide data in a useable geographic format that can inform business planning. Release of market information could also be supported by active promotion to assist potential providers to understand the opportunities.

The list of registered providers on the NDIS website and available through the participant portal requires updating in a more user-friendly format, and additional information included:

- indication of provider capacity
- specialisation listings (e.g. home modifications)
- geographic areas that the provider services.

Without an easy to use mechanism to connect with providers, participants often rely on the health sector to assist them in navigating the systems, particularly in rural areas where there are a limited number of providers.

There has also been no comprehensive, contemporary, user-friendly mechanism for participants who are self-managing their funding or using plan managers to connect with non-registered service providers. The NDIA has recently included a dashboard to various matching

platforms on their website, which may help participants find suitable support workers, both registered and unregistered, which may go some way to addressing this issue.

In addition, NDIS participants have limited information on the performance of providers. Consumer-focused performance information provided by participants would enable greater input from service users and encourage competition and increased quality of providers.

### **Thin Markets in Queensland**

Market stewardship and oversight will remain a key feature of the publicly funded NDIS market to ensure equitable access to the NDIS and realisation of the benefits of a contestable market. As market steward, the NDIA's role includes monitoring, evaluation, oversight and, where necessary, intervention to ensure the performance of the NDIS market (NDIA, 2018a). The Commonwealth, States and Territories also have a strong interest in market oversight, as major shareholders of the scheme.

The Full Scheme Agreement commits Queensland and the Commonwealth (2019) to shared responsibility for 'consulting with stakeholders and partners to inform advice to governments about entrenched or systemic market risks (including in particular sub-markets or geographies), their severity and likely impacts' (clause 41). Known risks and local market intelligence are conveyed through Queensland's various NDIS governance groups including the Executive Steering Committee, NDIS Reform Leaders Group and the NDIS Market Oversight Working Group.

Markets at risk of being thin or undersupplied across Queensland include:

- Specialist Behaviour Support Practitioners who have the expertise to prepare behaviour support plans
- Quality providers of care for people with complex needs (including mental health), even in metropolitan areas
- Allied Health Professionals across regional, rural and remote regions:
  - occupational therapy and physiotherapy, podiatry, dietetics
  - to a lesser degree, speech pathology, nursing, psychology
  - allied health support for adults with severe physical and cognitive disability either as a result of cerebral palsy or brain injury/stroke.
  - allied health support for children and young people with disabilities with high and complex needs
- SDA providers, especially to develop independent living options and the robust design category, and builders experienced in home modifications
- Culturally appropriate service providers providing support for Aboriginal and Torres Strait Islander participants, and even greater challenges in very remote Aboriginal and Torres Strait Islander communities
- Supports and services for people from culturally and linguistically diverse communities including interpreter services and culturally appropriate service providers
- LACs in remote areas
- Early childhood and early intervention (ECEI) supports
- Limited viable and sustainable transport options in Queensland's many small remote communities
- NDIS Support Coordinators with expertise in supporting participants with complex needs, including participants with psychosocial disability, those accessing services from multiple systems, complex health needs, and those in contact with the criminal justice system

*More detail on these thin markets, including relevant impacts, can be found in **Attachment 2 Thin Markets in Queensland***

Inability to address thin markets within the NDIS will lead to inequitable access to improved outcomes if some participants are unable to access their reasonable and necessary supports. Lack of competition in the NDIS market may also mean that providers are not incentivised to improve quality and range of services.

On 13 December 2019, DRC agreed to use a more flexible approach to address thin market challenges in the NDIS. The Commonwealth and NDIA are producing a thin market strategy which is currently being refined through a number of pilot projects. Learnings from these projects will identify and work to address specific barriers and inform rollout of the approach. The strategy will set out options for approaching NDIS thin markets, noting there is no one size fits all approach, and articulates the various roles of the NDIA, Commonwealth Government and State and Territory Governments in addressing thin markets, across a range of settings. It will set out why and how governments may choose to intervene (Department of Social Services, 2019).

The Tune Review (2019) recommended that the NDIS Rules be amended to give the NDIA more defined powers to undertake market intervention on behalf of participants (Recommendation 17).

The NDIA Annual Pricing Review 2020-21 (2020e) also recognised that while ‘thin markets operate in remote, very remote and some regional areas, especially for more specialised services’, commissioning was a more appropriate way to address these thin markets rather than price controls, as increasing price limits does not encourage aggregation of demand and efficient delivery of services (p.21). Approaches to commissioning may need to be considered as a part of the NDIS thin market strategy.

### **Issues for providers relating to the design of the NDIS**

The NDIS individualised funding model has led to established service providers needing to change their business and operating models to remain viable, and successful. The reasons for change are sound, and supported by both Commonwealth and State and Territory governments—the NDIS empowers participants to choose the supports and services that best meets their goals, and market competition can catalyse positive changes in the way services are provided.

Recent industry surveys reveal that there are still a range of issues that make operating in the sector challenging. Responses to National Disability Services’ annual market survey indicate more than half (52 per cent) of providers are concerned about their ability to provide NDIS services at current prices (NDS, 2020, p.11). The NDIA’s 2019 price increases, and new prices for health supports, announced in October 2019, addressed the issues to some degree. However pricing, along with multiple implementation issues, including insufficient information sharing, remains an outstanding issue impacting providers’ ability to offer quality services, and intentions to continue delivering services (NDS, 2020, p.23)

The capacity of providers to provide quality coordinated care can be impacted by limited funding available for collaboration or case management. There are now multiple providers involved in a participant’s life, and providers report that current pricing structures do not include sufficient allocation for time spent on participants which is not face to face, such as collaborating with other services and with health providers.

While NDIS Practice Standards (NDIS Commission, January 2020) include collaboration with other providers through information sharing as part of Responsive Service Provision, participants could benefit if standards included a specific requirement to collaborate with the participant’s multidisciplinary health team (e.g. GP, allied health professionals, nursing supports). The importance of holistic support for people with disability in the NDIS model needs further consideration and reflection in the pricing structure to improve the capacity of providers to provide high quality and coordinated services.

### **Building provider capacity to deliver quality supports**

In addition to the issues associated with scheme design, a number of key reviews have identified gaps in service quality, including the current *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*. Gaps in service quality are also indicated by the numbers of allegations of abuse and neglect, and the numbers of complaints about service quality reported by the NDIS Commission.



In 2019, the NDIS Commission commissioned research on factors contributing to the deaths of people with disability. In response, the NDIS Commission has committed to initiatives to raise provider awareness of risk factors; improve provider skills and practice; and strengthening compliance.

Queensland continues to advocate for both participants and the sector, to ensure any identified gaps in the quality and safeguarding framework, are identified and remedied. Issues identified in previous submissions made by Queensland, including to the Tune Review (2019), include:

- lack of identification of vulnerable participants and appropriate support coordination
- separation of core service providers from those of other supports and services
- the valuable function of LACs
- participants who are identified as vulnerable by the NDIA need to be prioritised when carrying out the community connection role
- the importance of active involvement by participants in the preparation of NDIS plans and inclusion of strategies to minimise risk
- the need to consider the risk factors for participants that utilise unregistered providers.

It is also noted the recent South Australian Taskforce report on safeguarding arrangements for persons living with disability found that vulnerability is increased by: social isolation; lack of proper care from service providers; the NDIA not having external systems of checks through support coordination or local area coordination; the NDIS Commission not having an adequate system in place to vet the quality of services and to respond to concerns about individuals; and the State government not having adequate mechanisms for people to access regular health checks, the Adult Safeguarding Unit, or community visitors and advocacy.. The Taskforce also reinforced the value of community connections and found that the best safeguard for any potentially vulnerable individual is to have a number of people in their lives, which ultimately affords an additional and important safeguard for all forms of neglect or abuse.

The NDIS Quality and Safeguarding Framework contains a commitment that the framework will be reviewed to ensure it remains fit for purpose once capability has grown and the market has become more established (Commonwealth, December 2016 p 17). It is important that there remains a continual focus on improving the capacity of providers to provide high quality and safe services.

### **Workforce Readiness**

Provider capacity is directly connected with having a sufficiently skilled and available workforce. Jobs Queensland and WorkAbility Queensland (a consortium of peak industry bodies) have partnered to undertake joint research on NDIS workforce issues in Queensland. This includes research focussed on building the NDIS workforce through traineeships (2018) and research to better understand NDIS workforce supply and demand throughout Queensland (2020).

Key findings from these research projects:

- The industry has historically not had a strong workforce development culture. Career paths within the industry are limited or not clearly articulated, and traineeships are generally not used by the industry, in part due to the large proportion of casual workers in the industry.
- There needs to be greater promotion to employers of traineeships as a viable pathway to support workforce development.
- To compete in this market-driven model, employers spoke of adopting more person-centred and customer-driven approaches and becoming more responsive to the greater diversity of needs and demands of individual participants.

- Workers commonly report finding the uncertainty about long term demand for services challenging. There has been a change in the stability of hours and shifts available to the workforce due to the increased choice and control of participants.
- There is evidence of high levels of turnover, particularly amongst new staff and disability support workers, which suggests that more effective recruitment and retention strategies are required.
- The allied health workforce (especially Occupational Therapists and Physiotherapists) is not growing in line with demand for their services (See **Attachment 5 Allied Health workforce**).
- Apart from seeking to attract skilled migrant workers in these categories, the use of delegated Allied Health Assistants represents a potential opportunity to meet demand and manage budgets efficiently.
- Direct support workers (the largest group in the workforce) also appear to be in high demand. Employers commonly report needing more direct support workers. Additionally, some employers reported needing 10 or more direct support workers just to meet the needs of their current NDIS participants, suggests that shortages of workers are likely to be impacting quality and growth of the market.
- There are key skills gaps in a number of technical areas including manual handling, cardiopulmonary resuscitation, medications, and specialist skills such as positive behaviour management support. Lack of access to relevant training appears to be limiting growth of the NDIS workforce.
- Stakeholders suggest that there is a lack of funding support under the NDIS for the provision of in-house training of NDIS workers.
- A sector-wide induction program could help to reduce the costs of training for providers and avoid duplication for workers moving between employers. Industry has called for common induction training to ensure consistency in standards, reduce the costs and resourcing associated with individual providers offering similar induction training programs and provide a more portable training model. Support workers could change employers or work for multiple providers utilising the skills recognised through completion of the common program. These skills could be recorded in a database that would facilitate the recruitment of suitably skilled workers.
- There are limited online learning resources to support skilling the disability sector. This is particularly important in regional locations. Consideration will need to be given to internet access and computers in remote and discrete communities; this may include opportunities to partner with Aboriginal Community Controlled Community Health Organisations, registered training organisations (RTOs) and telehealth centres in Aboriginal and Torres Strait Islander communities.
- It is difficult to construct a comprehensive picture of the current NDIS workforce using available data. De-identified worker screening applications and renewals data are a proxy measure for workforce growth and there is an opportunity to explore better collection of data through worker screening processes.
- There is a need to attract and retain a diverse NDIS workforce to suitably match the demographic and needs of participants. Aboriginal and Torres Strait Islander male workers, workers to support children in child protection with complex needs, culturally capable workers, interpreters and younger workers are currently underrepresented in the workforce.

Industry research suggests that elements of the NDIS design, such as the individualised funding model and pricing caps, shape workforce conditions in relation to low pay (generally set to the award safety net), high casualisation being used by providers to manage variable demand, and underinvestment in training by individual providers (The Centre for Future Work at the Australia Institute, 2019, p.4). Scheme design needs to be taken into account when considering strategies to promote workforce growth.



The Queensland Department of Employment, Small Business and Training is supporting workforce readiness for the NDIS through significant investment in specialised training for the disability sector. Government subsidised training delivered in the 2019-20 financial year included nearly \$29 million for 14,416 students enrolled in the Certificate III in Individual Support and over \$1.32 million for 727 students enrolled in the Certificate IV in Disability. The department also funds the NDIS Training and Skills Support Strategy (NTSSS) which provides training and skills for workforce development and the Auslan Interpreter Funding Strategy. *More information on the NTSSS can be found in **Attachment 3**.*

### **National NDIS Workforce Plan**

The National NDIS Workforce Plan, led by the Commonwealth with input from states and territories is designed to promote growth in both the size and quality of the NDIS workforce (Department of Social Services, 2020c).

The National NDIS Workforce Plan will put in place an agreed high-level plan to attract diverse and suitable workers to the NDIS sector, and provide training, development and conditions that mean workers will stay in the sector. The plan provides an opportunity to address some of the workforce development challenges documented in Jobs Queensland and WorkAbility Queensland's research necessary to facilitate the growth in workers required to support the NDIS into the future.

While there are important differences between the disability sector and other support sectors such as aged care, veterans' care and child care, workforce policies that aim to grow the NDIS workforce may also need to consider the impact on these adjacent sectors so that they are not negatively affected, rather that there are opportunities to work and operate across sectors.

The Queensland Government will continue to work with the Commonwealth Government, guided by the workforce roles and responsibilities set out in the Full Scheme Agreement, and further developed through policies under DRC, including NDIS Market Roles and Responsibilities and the National NDIS Workforce Plan.

At 31 May 2020, there were almost 5,000 registered active providers in Queensland (NDIA, 2020f) and there are currently over 30,000 additional Queenslanders who have gained work in disability sector related roles since transition to the NDIS commenced (Department of Communities, Disability Services and Seniors, 2020). Queensland is committed to ensuring that its investment in the NDIS continues to deliver jobs for Queenslanders.

### **Pricing setting and review mechanisms**

The Queensland Government does not have a direct role in price setting for the majority of NDIS supports and services, however as a major shareholder in the NDIA, is involved in ensuring that price regulation is robust and sufficient to support growth of the NDIS market, while also ensuring participants receive value for money for their individual plan budgets. Through NDIS intergovernmental forums, Queensland has input into the policies that relate to pricing regulation.

The McKinsey & Company Independent Pricing Review (2018) recommended additional governance around price settings given the NDIA is also responsible for managing the financial sustainability of the scheme. The NDIA committed to greater transparency in its price setting approach and to publishing key pricing documents underpinning its price setting methodology, greater engagement with stakeholders including states and territories, and establishing a Pricing Reference Group which included members independent from the NDIA. The process for setting prices has become more transparent and consultative over the last 24 months in the wake of these changes.

At the December 2019 DRC meeting, the Commonwealth affirmed its commitment to states and territories to provide greater transparency and engagement regarding NDIS price setting and noted the Annual Price Review 2020-21 was underway. The Terms of Reference for the 2020-21 Annual Price Review required specific consideration of opportunities to increase flexibility for participants and reduce administrative burden for providers.

Consultation was held with industry, community and government stakeholders, as well as a program of research to inform the Review. As part of this process, three face-to-face consultations were held with Queensland providers on: 25 November 2019 on the Sunshine Coast; 16 March 2020 in Townsville; and 17 March 2020 in Brisbane (NDIA, 2020g, p31). In addition, WorkCover Queensland was engaged, along with schemes in other jurisdictions to compare therapy and attendant care pricing methodologies (NDIA, 2020g, p33, 54, 79-81, 105).

The NDIA's Pricing Strategy (2019d) sets out the rationale for price setting while the market matures, and competition is insufficient to moderate prices. In the longer term, the McKinsey Review (2018) identified that deregulation of pricing was an appropriate goal, however there was not yet a clear path towards reaching it. More work needs to be undertaken to understand the preconditions for price deregulation. On 13 December 2019, DRC noted the commencement of a project on pricing that will improve the effective operation of the market, and the results of this important review will inform Queensland's position.

The Queensland Government will continue to work collaboratively to consider approaches to improve the effective operation of the market, including improved transparency of price settings, and exploring options for independent pricing and pathways to deregulation (Commonwealth Government & Queensland Government, 2019, clause 42) to support market growth.

### **Supporting Innovation in the NDIS**

In the Full Scheme Agreement, Queensland and the Commonwealth (2019) have agreed to 'support innovation in the disability support market, either directly, or by not impeding innovation in the market' (clause 38c).

Investment in research and innovation is one of the four insurance principles of the NDIS set out in the *NDIA Corporate Plan 2019-2023*, which states, 'we invest in research and innovation aligned to its goals of improving social and economic participation, and independence of participants' (p.50). The NDIA's research agenda needs to be coupled with independent and academic research, which will be supported by public release of data by the NDIA. A strong research foundation, and strategic collaboration between government, academia, providers and participants will support innovation within the scheme.

Pricing caps, where they are set too low, can contribute to an underinvestment in organisational development activities such as training and professional development. Similarly, individual providers may not have the capacity to invest in practices that support innovation without assistance from governments and the NDIA. Over the longer term, increased competition in the NDIS market will create greater incentive for providers to innovate thereby contributing to the expected productivity improvements in the sector.

On 9 October 2019, DRC discussed the importance of improving long-term outcomes for NDIS participants, including through the greater use of data and research, and supported the recent decision of the Australian Data and Digital Council to establish an enduring, longitudinal National Disability Data Asset.

Queensland Government agencies have identified research areas that could support improvements to NDIS service delivery, including:

- Ongoing research and data collation on the nature of the disabilities experienced by people within Queensland's custodial settings to shape and target future demand for NDIS funding and support for this vulnerable cohort.
- How the NDIS is placed to respond to the needs of children and young people with disability in the Child Protection system.

## NDIS Interaction with other markets

### 8. Interaction with mainstream services

#### Key messages:

- Queensland Government has worked through national governance bodies to clarify interface issues and has contributed to achieving agreement on key interface issues.
- The Principles to Determine the Responsibility of the NDIS and Other Service Systems include a key principle that people with disability should have a seamless experience at the interface between the NDIS and other service systems, but this has not yet been achieved.
- Implementation issues remain where mainstream services interface with the NDIS, increasing the cost burden on Queensland's mainstream services and preventing the realisation of the economic benefits of the NDIS.

#### Mainstream services

The interface between the NDIS and mainstream services is guided by the Principles to Determine the Responsibilities of the NDIS and Other Service Systems (the Principles), and the supporting Applied Principles and Tables of Services (APTOS). The Principles and APTOS were agreed by the Council of Australian Governments in 2013, and a refined version was agreed in 2015.

The Principles and APTOS form a part of Queensland's Transition Agreement. Differences in interpretation of the APTOS, or inconsistencies in application by the NDIA, have led to impacts on mainstream services.

Queensland has contributed to the sustained effort which has been required to achieve agreements through DRC on key interface issues including: the funding of disability-related health supports; an action plan to improve timely discharge of participants from hospital; arrangements for children with disability who are unable to live with their families due to their disability; respite arrangements for children with disability in the child protection system; and interim arrangements for ensuring equivalence of transport supports, and the delivery of specialist school transport (SST) and personal care in schools (PCIS).

The implementation of Health Liaison Officers and Justice Liaison Officers aims to alleviate some of the pressure faced in the health and justice interfaces, however role definition and scope clarification is required prior to understanding the full breadth of their interaction with, and impact on, these services.

Key interface issues are yet to be resolved including longer-term policy work in relation to: longer term models for the delivery of PCIS and SST; the interface of the NDIS with mental health services; the resolution of operational issues in relation to child protection; and the longer term approach to equivalence of transport supports.

Mainstream services are meeting the needs of numbers of NDIS-eligible participants whose access to the scheme or to supports has been delayed by NDIS processes, impacting on costs and access to those systems by other Queenslanders. Key examples are NDIS-eligible people with disability in hospitals or custodial settings awaiting access decisions or whose plans require review. *For further detail on mainstream interfaces please see **Attachment 4**.*

## Additional services

For Queenslanders with disability who do not meet the eligibility requirements of the NDIS, the Queensland Government delivers the Queensland Community Support Scheme (QCSS), which provides support to people with disability or other support needs, who are under the age of 65, and not eligible for the NDIS. QCSS providers are regulated under the Human Services Quality Framework.

A gap in services is emerging for New Zealand citizens on Special Conditions Visas who arrived in Australia after 26 February 2001. People in this cohort contribute to the NDIS through the Medicare Levy, however they are unable to access the NDIS if they acquire a significant and permanent disability as they do not meet the residency criteria in the *NDIS Act 2013* and *NDIS (Becoming a Participant Rules) 2018*. New Zealand citizens who have lived in Australia for five years may apply for permanent residency and subsequently for Australian citizenship, however they will not be granted citizenship if they apply after acquiring a disability..

The Medical Aids Subsidy Scheme (MASS) provides funding for medical aids and equipment to eligible Queensland residents who have a permanent and stabilised condition or a disability and are not eligible for the NDIS. The scheme helps people to live at home and avoid early or inappropriate residential care or hospitalisation. MASS is a state-wide service funded by Queensland Health.

People who acquire a catastrophic injury through motor vehicle accidents or in the workplace may be eligible for the National Injury Insurance Scheme (NIIS), while the aged care system is intended to meet the needs of people over 65. For NIIS participants who have sustained a catastrophic injury due to a motor vehicle or workplace accident, the NIIS can only fund treatment, care and support for the injuries sustained as a result of that accident. For this reason, there may be occasions where a participant may also require access to NDIS services for any pre-existing or unrelated disability.

The *Workers' Compensation and Rehabilitation Act 2003* allows injured workers to opt out of the NIIS by taking a lump sum for their future treatment, care and support needs via the common law process. Workers may only re-enter the NIIS if a preclusion period has passed and pre-conditions are met. On 15 June 2020, the Office of Industrial Relations and Queensland Treasury released a joint Consultation Regulatory Impact Statement (RIS). The purpose of the RIS seek feedback about how re-entry to the NIIS in Queensland should be regulated, with the overall intent of providing clarity for all stakeholders. The potential need for workers to access NDIS services if unable to re-enter the NIIS is a consideration noted in the RIS.

## 9. Interaction with other markets/regulatory systems

The relationship between NDIS and other schemes and services is shaped in part by the fact there is not an “NDIA market”, a “NIIS market” or an “aged care market”. Rather, there are markets for various types of services in which NDIA, the NIIS Queensland (NIISQ) Agency, and others, including people requiring aged care services, purchase services.

Examples include:

- Attendant care and support services (NDIA, NIISQ, aged care and private individuals);
- Rehabilitation, occupational therapy, physiotherapy and related allied health services (NDIA, NIISQ, aged care and private individuals);
- Behaviour support (NDIA, DCDSS);
- Respite care (NDIA, DCDSS, NIISQ, aged care);
- Housing support (NDIA, DHPW, DCDSS, community housing providers);
- Home modifications (NDIA, NIISQ, DHPW, aged care);
- Transport modifications (NDIA, NIISQ);
- Prostheses (NDIA, NIISQ).



Each of these markets may also have private individuals seeking access to these services (e.g. people with serious injuries in motor vehicle accidents or workplace accidents who received treatment, care and support damages and exited the schemes, or are not eligible because their accident occurred before commencement of the NIISQ).

The structure and dynamics of each of these markets will be somewhat different, and this needs to be considered when looking at the efficiency and depth of these markets, as well as the regional variations in each of these markets. In each of these markets, the NDIA is a dominant market participant and their pricing policies can force other market participants (for example, NIISQ) to be price takers.

The NDIA's scale and requirements can also mean that it may not be profitable for service providers to supply other market participants, either at all, or unless a significant price premium is provided, which in some instances can range between 19 per cent and 51 per cent above NDIS base rates.

For example, NDIS provides a sliding scale of requirements for Assistive Technology (AT) with Complex AT (level 3 & level 4) not constrained by the regulated pricing that applies to health professionals or other service providers. Providers of Complex AT have the scope to lodge quotes/invoices which enable increased profits compared to the same AT provided to Queensland's MASS or other organisations—there have been anecdotal reports of AT providers charging the NDIS substantially more for the same item.

MASS has also noted the delays experienced by MASS clients for daily living and mobility aids due to the commercial pricing funded by the NDIS. There are also anecdotal reports and feedback from AT users that people with disability who are not funded through the NDIS are having difficulty accessing therapists to complete assessment and referral to other funding options such as MASS, as they do not have the capacity to pay.

People have identified concerns and confusion when receiving support from two funding bodies (i.e. NDIS and NIISQ). The distinction between roles and responsibilities is not clear. Queensland Health's experience with NIISQ has been that there is a lower threshold for eligibility, lower burden of evidence requirements for access and a more streamlined system for engaging supports. While NIISQ is experienced as more responsive and flexible, this is in the context of a much smaller cohort with a more similar experience (catastrophic motor vehicle accidents).

### **NDIS impacts on adjacent schemes**

The NDIS has introduced a new level of regulation and a new regulator, the NDIS Commission, into markets which already had a number of regulatory/quasi-regulatory arrangements.

Prior to the introduction of the NDIS, Queensland Government departments used the Human Services Quality Framework (HSQF) to regulate services to people with a disability among other people receiving a range of human services. This framework permits self-assessment against standards in the HSQF or certification against equivalent quality and safeguarding standards, unless providing services to vulnerable people, in which case third party certification against the HSQF is required.

On 1 July 2018, the *National Disability Insurance Scheme Act 2013* was amended to establish the NDIS Commission. While the Commissioner's core functions cover people with a disability more generally (see NDIS Act section 181E(a) to (c), (f)), the regulatory powers of the NDIS Commission extend only to NDIS funded services, and by extension, affords protection only to those people receiving NDIS funded services.

This fragmentation of regulation can result in increased overheads for service providers, who may require accreditation against the NDIS Quality and Safeguarding Framework, the HSQF, Australian Government aged care accreditation standards, and/or quality and safeguarding provisions in contracts let by NIISQ. For instance, hostels and boarding houses which deliver personal care register with the NDIS to deliver NDIS supports and must also register under Queensland's *Residential Services (Accreditation) Act 2002*.



From 1 December 2020, aged care providers which provide certain classes of NDIS supports to NDIS participants (i.e. people with disability under the age of 65) will be required to be registered NDIS providers. This will mean that NDIS participants in residential aged care will be dual participants of the NDIS and aged care systems and subject to both aged care regulation (*Aged care Act 1997*) and the NDIS Code of Conduct. The proposed regulatory approach for these NDIS participants includes all NDIS Commission functions, including reportable incidents and behaviour support. Residential aged care providers will thus have additional mandatory requirements to support NDIS participants including:

- ensuring compliance with conditions of registration stated in their certificate of registration, NDIS Practice Standards for their relevant registration groups (including through a quality audit) and the NDIS Code of Conduct
- developing an in-house complaints management and resolution system and incident management system compliant with the NDIS (Complaints Management and Resolution) Rules 2018
- fulfilling worker screening requirements
- meet the behaviour support requirements, including reporting the use of restrictive practices to the NDIS Commission (where applicable).

It is as yet unknown the full impact for Residential Aged Care Providers on running dual regulatory systems for NDIS participants – especially in the context of NDIS Participants who are subject to restrictive practices. However it would be reasonable to expect there is some risk that the additional administrative and operational cost burden may deter some aged care providers from continuing to support NDIS participants.

While critical to ensure consistency quality and safeguards for all people with disability, the fragmentation of regulatory requirements may in some instances result in risk that service providers will withdraw providing services to certain cohorts of people, focussing on accreditation against standards required by for example NDIS or aged care regulation (the dominant market participant/sector). It also has the potential to affect the ability for smaller market participants (e.g. NISQ) to attract high quality service providers.

## Market Governance and management

### 10. Governance

#### Key messages:

- The Commonwealth and Queensland governments are joint stakeholders and funders of the NDIS in Queensland. Both have a role in achieving positive outcomes for people with disability and overseeing the financial sustainability of the NDIS.
- The NDIA can draw on information about scheme performance from a number of reviews and the Independent Advisory Council. Governance arrangements should ensure all reviews are considered and a timely response is published.
- Governance arrangements for NDIS, are expected to be considered as part of the Commonwealth led Review of former COAG Councils and Ministerial Forums. It is important that disability reform work continues to focus on improving the operation of the NDIS.

#### Intergovernmental governance

The DRC, which formerly reported to COAG, was the major intergovernmental forum for oversight of the NDIS and broader disability policy. DRC was chaired by the Commonwealth Minister with responsibility for the NDIS, and membership comprises disability Ministers and Treasurers from each state and territory. The Chief Executive Officer of the NDIA, the Chair of the NDIA Board, and NDIS Quality and Safeguards Commissioners also attended. DRC was supported by the Senior Officials Working Group (SOWG) with representatives from each state and territory.

Immediate priority policy areas of focus are: implementation of Tune Review; NDIS Reserve Fund; Transport policy; NDIS Workforce Plan; NDS; Assurance (performance framework); Quality and Safeguards Framework Review; the new National Disability Strategy; and remaining interface issues.

Priority long term policy areas to be resolved include: review of the NDIS Act to be commissioned in or after 2021; independent review of NDIS Costs in 2023; finalising national models for PCIS and SST; evaluation of the ILC and LAC frameworks; and progressing the disability research agenda.

The Market Oversight Working Group (MOWG) has been the established governance mechanism for market oversight across jurisdictions, reporting through SOWG to DRC.

#### National Federation Reform

On 29 May 2020, the Prime Minister announced COAG would be replaced by a new National Federation Reform Council. As part of this process, National Cabinet has commissioned a Review of former COAG Councils and Ministerial Forums, which is being led by Peter Conran AM.

The Review is considering former COAG Councils and Ministerial Forums, including DRC, to advise National Cabinet on: a new streamlined structure, scope and reporting arrangements; focussed regulatory and policy work programs for the continuing bodies; and guidance on operating procedures for the continuing bodies.

This could include changes to NDIS governance, roles and responsibilities. While the Review progresses, Ministers may continue to hold intergovernmental meetings to discuss urgent, unavoidable or almost complete pieces of work. However, there will be no escalation to National Cabinet unless specifically requested.

It will be important to maintain momentum of the work being undertaken through intergovernmental forums to reach agreed national positions about the future of interface supports and other DRC priorities already underway. It will also be important to consider the

potential impact of the Review on existing legislation including the *NDIS Act 2013* which currently identifies specific functions of state and territory Disability Ministers.

Any reforms to governance reforms must ensure appropriate transparency and a sufficient focus on market oversight. Reforms must also ensure there is a focus on open and transparent communication and sustained, collaborative effort between the Commonwealth, the NDIA and state and territory governments on the full range of issues involved in implementation and oversight of the NDIS and disability policy as joint shareholders in the scheme.

In particular, as highlighted in the Board of Treasurers submission to the Tune Review, certainty and transparency of financial contributions to the NDIS are critical in maintaining confidence in the Scheme's financial sustainability and the effective functioning of its co-governance and co-funding arrangements. The submission includes a recommendation for strengthening the legislated link between the stated objects of the NDIS Act 2013 and payments to the NDIA, specifically the Commonwealth's payments which are variable and therefore determine the funding envelope for participant supports. Transparency, in relation to how Commonwealth contributions are made at full scheme will assist Disability Ministers in effective policy making and oversight to ensure the funding arrangements do not have the potential to impede market growth or participant experience.

### **Governance arrangements between the NDIA, NDIS Quality and Safeguards Commission and Queensland government agencies**

The NDIA and NDIS Commission report regularly to SOWG and DRC. The NDIA and NDIS Commission also participate in regular bilateral meetings at a whole-of-government and agency level, focused on the progress of the NDIS in Queensland.

DCDSS has coordinated intergovernmental relations and the involvement of Queensland Government agencies in governance processes.

The Transition Agreement included data sharing arrangements to support transition (Schedule G). Data sharing arrangements for the years beyond transition are currently being negotiated, including capacity for specific arrangements with Queensland Government mainstream interface agencies. The NDIS Commission is currently engaging bilaterally with Queensland Government mainstream interface agencies on data sharing arrangements.

From 1 July 2019, the functions of provider registration, quality and safety standards and codes of conduct, market oversight, the facilitation of information sharing and complaints and incident management became the responsibility of the NDIS Commission. The NDIS Commission is a relatively new organisation that has assumed significant responsibility for ensuring the quality and safety of NDIS participants in the context of a national scheme that is still to mature. As a major shareholder of the NDIS, Queensland has a vested interest in the effectiveness of the quality and safeguarding arrangements under the NDIS Commission. Nationally consistent oversight of quality and safeguards represents a number of opportunities:

- Promotion of innovation and national consistency in the design and delivery of safeguards.
- Inclusion of a minimum benchmark for the employment of people with disability within the NDIS Commission, so as to embed the expertise of lived experience.
- Developing opportunities to increase the broader community oversight role in reducing violence, abuse and neglect against persons with disability.
- Continued promotion of the importance of the separation of core service providers from those of other supports and services.
- Development of robust information sharing and data population tools, which explicitly establish expectations of the data used to assist in identifying modifiable risk factors in the lives of people with disability.
- Development of the Commission as a leader in increasing the accessibility of safeguards for people with disability.

It is vital that the NDIS Commission is sufficiently resourced to maintain, and ultimately improve upon the level of quality and safeguarding provided by Queensland Government prior to the commencement of the Commission.

Governance arrangements for full scheme in 2020-21 are also in the process of being finalised between the Queensland Government and the Commonwealth.

### **Performance reporting**

DRC receives quarterly reports on the implementation of the NDIS, which include reporting on participant outcomes, with data specific to Queensland and enables comparison of Queensland outcomes against other jurisdictions and national data. The NDIA also publishes performance against Key Performance Indicators in its Corporate Plan, including against KPIs related to the proportion of participants involved in community activities and participating in employment.

The NDIA also produces reports on market performance for DRC consideration, which includes jurisdictional data. KPIs in this framework, agreed by DRC in December 2018, cover participant choice and control; provider entry to the market, expansion, concentration and exits; and workforce growth and turnover, and wages. DRC is considering how to improve metrics for market effectiveness.

The Commonwealth Government is considering the development of an outcomes framework for both the NDIS and National Disability Strategy, as recommended by the Productivity Commission (2019). A focus on outcomes achieved for people with disability, with robust measures, would improve reporting on the performance of the NDIS for Queenslanders.

### **Oversight of key review and inquiry findings**

The NDIA can draw on a number of information sources to identify issues relating to scheme performance and market issues. These include data from NDIA Annual Reports, independent reviews, reports from inquiries conducted by the Productivity Commission and the Joint Standing Committee on the NDIS, the Commonwealth Ombudsman, and the Independent Advisory Council as well as reports of external research.

The NDIA has responded to several reviews, such as the independent pricing review conducted by McKinsey & Company and the KPMG review of the Specialist Disability Accommodation Pricing and Payments Framework. However, the recommendations from other reports such as the Joint Standing Committee's inquiries, have not been addressed. The Tune Review has been valuable in drawing together issues identified in a wide range of previous reviews and inquiries, together with extensive consultation, to crystallise issues including how well the scheme is meeting participant needs, and how well the market is functioning. The Tune Review report was handed to the Commonwealth Government in December 2019, and a response was published on 28 August 2020. It is important governance arrangements ensure all reviews are considered, timely responses are published and there is ongoing oversight and transparent reporting on how recommendations are addressed.

## 11. The Queensland Government's roles

### Key messages:

- There remain a number of services provided directly by the Queensland Government.
- There is room to further explore if reducing direct service delivery by Queensland Government agencies in some of these services (for example, behaviour support) will assist to support growth in the NDIS market.

### Accommodation Support and Respite Services

The Queensland Government's continuation of Accommodation Support and Respite Services (AS&RS) constitutes an in-kind contribution to the NDIS, under the Full Scheme Agreement, until 2023. AS&RS supports people with primary intellectual disability who would require a high level of support to engage with the NDIS planning, as well as informal or formal decision-making to access the NDIS market.

### Continuity of support

The Queensland Government is responsible for providing ongoing disability supports for clients under 65 years of age who did not meet the access requirements at the time the NDIS rolled out in their area. Continuity of Support applies to people who received state funded disability services but do not meet the access criteria in the *NDIS Act 2013*, and people who were receiving funding for disability services from a program or service that ceased when the NDIS was introduced.

The aim of Continuity of Support is to ensure people with existing funded services were not disadvantaged because they were ineligible for the NDIS. Continuity of support assistance support people to achieve similar outcomes to the outcomes they were achieving prior to the introduction of the NDIS. The Commonwealth Government is responsible for Continuity of Support arrangements for people who were receiving funded disability services who were over 65 when the NDIS commenced in their area. At 30 June 2020, 37 people who formerly received state government funded disability supports were receiving support through the Queensland Continuity of Support program.

### Quality and Safeguards

The Queensland Government maintains roles relating to quality and safeguarding including the operation of the Community Visitor Program (CVP), and coronial review of a death of a person in care or custody, including the death of an NDIS participant who is not living in private dwelling or aged care facility.

The CVP continues to play an integral role in Queensland's stringent quality and safeguarding framework by providing strong and effective oversight of the delivery of disability and other services in Queensland. Community visitors protect the rights and interests of adults and children in foster care, kinship care or residential care across Queensland. In 2018, the Commonwealth conducted a national review of Community Visitors Schemes to explore the potential role of the schemes in the context of the NDIS Quality and Safety Framework. The review found that Community Visitor Schemes should be formally recognised in the NDIS Quality and Safeguards Framework (Framework review due 2021-22); that Community Visitors be provided for by states and territories where they exist; and, jurisdictions should work towards national consistency of schemes.

The Queensland *Coroner's Act 2003* provides the legislative framework for reporting, recording, and investigating deaths in care in Queensland. Deaths in care must be reported to a Coroner or a police officer by the relevant service provider, even if the service provider may believe that someone else has reported the death, and even if the person died somewhere other than the care facility in which they ordinarily lived. After the report, the Coroner decides whether the death requires further investigation, including requesting an



autopsy and/or holding an inquest. Written findings by the Coroner at the end of an investigation must be published if an inquest was held, or if the Coroner believes the findings are in the public interest and the Coroner consults with the family. Findings are provided to the Attorney-General, the appropriate Chief Executive, and the appropriate Minister, even if the findings are not made public. Findings from Coronial investigations can highlight systemic issues and include recommendations to improve practice, for example, Coronial findings have recommended a review of the appropriate staff ratios, training; and record keeping with regard to medication in level 3 residential facilities in Queensland (Public Advocate, 2016, p.77).

### **Criminal history checks**

Queensland's worker screening arrangements ensure that providers can achieve compliance with Commonwealth registration requirements. Effective worker screening is an important safeguard for people with disability as it helps to ensure that only suitable people work with or support people with disability, so they can live free from abuse, neglect and exploitation.

Amendments to the *Disability Services Act 2006* (DSA) and Disability Services Regulation 2017 have been made to allow registered NDIS providers to use Queensland's existing "yellow card" system to fulfil their worker screening and registration requirements under the Commonwealth National Disability Insurance Scheme (Practice Standards—Worker Screening) Rules (WS Rules).

DCDSS has amended current worker screening arrangements to streamline processes and make it easier for workers and their employers, including NDIS providers, including a new online portal to assist employers to make and manage applications.

The *Disability Services and Other Legislation (Worker Screening) Amendment Bill 2020* has been introduced to the Queensland Parliament to support nationally consistent NDIS worker screening. This Bill reflects the agreed approach to worker screening between the Commonwealth and states and territories under the NDIS Quality and Safeguarding Framework and the *Intergovernmental Agreement on Nationally Consistent Worker Screening for the NDIS* (IGA), where states and territories will retain responsibility for worker screening and individual workers, and the NDIS Commission will have oversight of NDIS providers.

Nationally consistent NDIS worker screening will: strengthen safeguards for people with disability; ensure increased efficiency in the regulation of worker screening; and protect people with disability from experiencing harm arising from poor quality or unsafe supports or services under the NDIS (IGA, clause 14).

NDIS clearances and exclusions will have benefits in terms of being nationally portable across states and territories; be subject to national ongoing criminal history monitoring; and support national commitments for expanded information sharing arrangements under the IGA, which is consistent with state and national reforms to improve information sharing for vulnerable groups, such as people with disability and children (through working with children checks).

The Queensland Government's role in worker screening is supporting effective implementation of the NDIS. Worker screening is not considered to impose an unnecessary burden, but rather an administrative requirement which is necessary to prevent unsuitable people from working with people with disability.

### **Authorisation of restrictive practices and positive behaviour support plans**

Both the Commonwealth and the Queensland Government now have roles and responsibilities in relation to the regulation of restrictive practices and preparation of positive behaviour support plans for NDIS participants.

Under the NDIS Act, the NDIS Commission has a specific behaviour support function to provide leadership in relation to behaviour support, and in the reduction and elimination of the use of restrictive practices, by NDIS providers, including by:

- building capability in the development of behaviour support through:

- developing and implementing a competency framework for registered NDIS providers whose registration includes the provision of behaviour support assessments and developing behaviour support plans
  - assessing the skills and experience of such providers against the competency framework; and
- developing policy and guidance materials in relation to behaviour supports and the reduction and elimination of the use of restrictive practices by NDIS providers, while continuing to ensure worker safety
- providing education, training and advice on the use of behaviour supports and the reduction and elimination of the use of restrictive practices
- overseeing the use of behaviour support and restrictive practices, including by:
  - monitoring registered NDIS provider compliance with the conditions of registration relating to behaviour support plans
  - collecting, analysing and disseminating data and other information relating to the use of behaviour supports and restrictive practices by NDIS providers
- undertaking and publishing research to inform the development and evaluation of the use of behaviour supports and to develop strategies to encourage the reduction and elimination of restrictive practices by NDIS providers
- assisting States and Territories to develop a regulatory framework, including nationally consistent minimum standards, in relation to restrictive practices.

States and territories remain responsible for the authorisation of restrictive practices.

The roles and responsibilities are reflected in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*, which outline the requirements that registered NDIS providers must comply with when providing behaviour supports. This includes compliance with any state based authorisation requirements.

Queensland has a robust legislative framework in relation to the process for authorising the use of restrictive practices for people over the age of 18 with an intellectual or cognitive disability who experience behaviours that may cause harm to themselves or others. This authorisation framework includes a legislative requirement that the Chief Executive, DCDSS prepare positive behaviour support plans for containment and seclusion in recognition of the seriousness of these types of restrictive practices. The Queensland Government has committed to removing this statutory function and transitioning this responsibility to the NDIS market in the same way as the preparation of plans for other types of restrictive practices, however has been reluctant to remove the requirement without assurance that the market has the capability and capacity to respond. Expertise has to date been predominantly held by clinicians employed in the Queensland DCDSS and anecdotal evidence suggests the behaviour support market is generally already struggling to meet demand.

Market development in the behaviour support market is urgently required, including in relation to the preparation of behaviour support plans for containment and seclusion, as there are few providers outside government with the expertise, and there is no real financial incentive for providers to invest in the significant upskilling that would be required to deliver this service. There will be even further pressure on the market with the inclusion of aged care providers within the scope of the NDIS Commission jurisdiction from 1 December 2020 as this may increase the number of plans that are required to be prepared.

Queensland is actively working with the Commonwealth to develop a program to address thin markets and train practitioners in developing containment/seclusion Positive Behaviour Support Plans. In addition, Queensland has commenced a review of the current authorisation process in Queensland to explore opportunities to move towards greater national consistency of authorisation processes and greater alignment with the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*. However, market capacity and capability are a critical threshold when considering any changes to the current

authorisation framework in Queensland, in particular if any changes have the potential to increase demand or require market expertise that is still developing.

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## **Attachment 1: Key learnings and opportunities from Queensland Government agencies in relation to improving access to NDIS systems and supports**

### **Department of Aboriginal and Torres Strait Islander Partnerships (DATSIP)**

#### Opportunities

- The First Peoples Disability Network suggests that to have effective improvement of the lives of Aboriginal and Torres Strait Islander people with a disability, arrangements need to be driven by community itself (Joint Standing Committee inquiry into Market readiness for provision of services under the NDIS September 2018).
- It is important that disability service providers are able to deliver culturally appropriate services; and for translation or interpreting services to be more readily available.
- To assist both government and service providers, especially in smaller locations, it would be useful to have access to Aboriginal and Torres Strait Islander disaggregated data that covers NDIS access and planning (that is, people who have applied for access, have had access approved, and/or have an approved plan). The value of having this data will assist in creating local, place based solutions.
- More granular data, mapped to suburb or Local Government Areas (LGA) would be very useful. DATSIP would be able to continue to promote the importance of connecting individuals to the NDIS, via local connectors and other service providers, as part of its community liaison role.
- DATSIP notes that Queensland received a \$20 million investment from the Commonwealth Government in recognition that not enough new entrants had joined the NDIS across the state. This investment will complement the Queensland Government's existing and highly effective Specialist Mental Health and Intellectual Disability Service that travel to remote and discrete Aboriginal and Torres Strait Islander communities to support access to the NDIS.
- The existing Aboriginal and Torres Strait Islander community controlled health service networks are well placed to deliver NDIS services in remote communities, due to their existing relationships with clients and understanding of cultural factors.
- There would be value in NDIS facilitators connecting with local existing support organisations to develop place based arrangements, which will ensure that a more meaningful and accurate picture of barriers.
- Appropriate tailored NDIS information could be broadcast (regularly) on the National Indigenous Radio Service, (e.g. Bumma Bipperra), and through relevant services and NGO's (Aboriginal and Torres Strait Islander Organisations including housing and homelessness services, kindergarten/crèches and health organisations).
- Increased promotion of LAC Services and what they offer may increase NDIS access by First Nations children. These services can help families understand and support the access process and navigate NDIS, create a plan, implement and review individual plans.

### **Department of Child Safety, Youth and Women (DCSYW)**

#### Barriers

- Barriers exist for children in care accessing services under the NDIS, particularly: children entering the child protection system; children with high and complex disability support needs; children who live in rural and remote areas; and Aboriginal and Torres Strait Islander children.
- NDIS timeframes have been restrictive and do not allow sufficient time for participants and their guardians to provide the necessary evidence of need required to support an NDIS Access Request.
- Large NDIA staff caseloads negatively impacting on children, particularly vulnerable children, who may require additional resources to assist them to remain with their families

or if in care, their family based arrangements. There is a limited understanding of the complexity of needs of children experiencing child protection services and the potential for those children to be further disadvantaged without appropriate resources and funding.

- The Community Connector program has many advantages however there is an ongoing shortage of staff in Community Connector roles which has been problematic.
- LACs in remote communities often have limited knowledge about existing service systems which detrimentally impacts on the children who would benefit from those services.
- Many NDIS planners have limited understanding of the distances and travel requirements for some children to receive a service, in particular Aboriginal and Torres Strait Islander children living in their communities.
- The allocation of disability supports under the NDIS on a skills deficit basis discourages people with disability and their families from accessing the scheme and/or receiving the disability supports they need.

#### Positive outcomes

- The DCSYW Care Enhancement Project (CEP) undertook the *Realising the full impact of the National Disability Insurance Scheme* (NDIS) project between October 2018 and June 2020. The main objective of this project was to operationalise the Child Protection and NDIS policies and procedures to ensure children and young people with disability in the care of DCSYW received the maximum benefit. As a result of CEP activities DCSYW has seen improvements to the utilisation of NDIS plans for children and young people in the child protection system.

#### Opportunities

- There is an opportunity for NDIS planners to build their understanding of the complexity of needs of children in the child protection system, to ensure adequate and consistent plans that meet the needs of the children with disabilities in care.
- There is also an opportunity to continue to build expertise across Child Safety staff to allow appropriate evidence to be provided to articulate a young person's disability needs to ensure appropriate supports are allocated as part of an NDIS plan.

### **Department of Education (DoE)**

#### Barriers

DoE's in-kind specialist school transport data indicates that there is a cohort of school-age students with disability expected to be NDIS eligible who have not been able to complete the NDIS access process. Many of these students are in a Queensland state special school, meaning that they have a severe disability including an intellectual disability and require a special education program. Reported reasons why access was not achieved include:

- capability and capacity to navigate the NDIS – some parents reported being unable to complete the required paperwork and collect evidence in the time frames required. They also reported not enough support was available from the NDIA or LACs during the peak of the transition period to provide the level of assistance required to complete the access process. This was exacerbated for families in low socio-economic areas, particularly if parents also had disability, and families in rural and remote locations and in Aboriginal and Torres Strait Islander communities.
- NDIA did not accept the available evidence of the child's disability. Reports or other evidence provided by the school system were not considered recent enough, even though current in relation to the student's disability and functional impact in the school environment. Parents were required to seek additional medical diagnostic information. Parents also did not understand that if they did not meet the NDIS timeframes for provision of the additional information requested, that the child's access request was cancelled by the NDIA.
- parents reported confusion about when their child could access the NDIS after being told that they were not a priority cohort when they went to commence the access process. This

was particularly prevalent in the Year 3 transition locations when the NDIA was managing the large numbers of people on defined programs being brought into the scheme.

- a small percentage of parents advised that they wanted to wait to see how the NDIS played out as reports about the NDIS and how well it was operating were mixed during transition; others reported that they did not want to engage with the NDIS as they had not accessed disability support previously.

#### Positive outcomes

- DoE in partnership with the NDIA and the Queensland Assessment and Referral team trialled an NDIS access clinic at Lee Street Special School in March 2020. The trial worked out of the school, with families and students able to be supported through the access process, including assessment of functional impact if required. The trial was cut short due to COVID-19 restrictions, but provided evidence that this approach was effective, with 13 students achieving an 'access met' decision and able to commence planning in the two days the clinic was operating.
- Queensland Government agencies and the NDIA had a shared responsibility to support eligible Queenslanders to access the NDIS. DoE's actions included distributing NDIS information to all Queensland state schools and to families of students with disability in those schools; and working with the NDIA and NDIS Community Partners to provide access to school communities and families of students with disability. These efforts had some success where parents and students had capacity and capability to engage with the NDIS access process.
- Initiatives like ART and NDIS access clinics appear to have been more successful where significant barriers exist. Specific consideration could be given to how the model might work in rural and remote locations, and where the use of information technology, such as tele-practice, could be used to run the clinics.

### **Department of Housing and Public Works (DHPW)**

#### Barriers

- The clear separation of housing and support continues to be a potential barrier to participant choice and control. There is an inherent conflict of interest where a housing provider (SDA or mainstream housing provider) also provides support coordination or disability supports to the same person(s). For example, there are some boarding house operators who have been funded by the NDIS to provide supports, whilst providing the person's accommodation at the same time.
- Local Area Coordinators (LACs), planners and support coordinators are insufficiently trained to understand the housing needs and preferences of people with disability, and the range of housing options that are available.
- Specialist Homelessness Services report difficulty supporting prospective participants through the complex assessment processes required for access to the NDIA. Many are not deemed eligible and are unable to access NDIS funding, which leaves funded housing and homelessness providers continuing to deliver ongoing life skill supports.
- Further to this, barriers discouraging take-up of the NDIS for Aboriginal and Torres Strait Islander people include: cultural attitudes to disability; negative perception of government agencies due to historical issues; and lack of meaningful and culturally appropriate engagement.

#### Positive outcomes

- People with disability in hard to reach settings benefit from targeted outreach and ongoing support to assist their engagement with, and transition to, the NDIS
- Queensland Disability Network (QDN) was provided Commonwealth funding to assist the transition of difficult to reach cohorts, DHPW provided assistance to QDN in regard to access to residents of residential services who were either transitioning to the NDIS or who were not engaged with the disability service sector. QDN is providing effective support for people referred to its service and complements the services offered from ART.



### Opportunities

- There is an ongoing opportunity for the Commonwealth to continue to provide services like ART that have proved successful in the transition of hard to reach cohorts.
- There are practical measures that can assist people with disability to access the NDIS:
  - allowing additional time for prospective participants to provide requested access and planning information, especially for participants with complex needs.
  - ensuring a cultural focus in examining disability and support needs in rural and remote communities, and partnering with Aboriginal Local Councils and Aboriginal Community Controlled Health organisations may contribute to a more successful take-up of NDIS supports for Aboriginal and Torres Strait Islander people.
  - strengthened pathways for people with psychosocial disability to access the NDIS.
- The NDIS Rules could be strengthened to ensure that NDIS supports must not be provided to the participant by a particular person if that person also provides or manages housing for that participant. It is essential that this includes any form of housing and not limited to SDA.

### **Department of Local Government, Racing and Multicultural Affairs:**

#### Barriers

- People with a disability from culturally and linguistically diverse backgrounds have experienced difficulties with accessing health and allied health professionals due to limited referral pathways and prohibitive costs associated with assessments and reports. Lack of access to Translating and Interpreting Services (TIS) may further exacerbate this issue.
- The final report of the Evaluation of the NDIS conducted by Flinders University in 2018 found NDIA staff identified a range of hurdles to meeting the needs of, and working with, participants from culturally and linguistically diverse backgrounds. Reported barriers include:
  - a lack of direction about working in culturally appropriate or sensitive ways
  - lack of translated and culturally appropriate resources
  - limited staff awareness of cultural understandings of disability and cultural preferences for support.
  - problems in accessing interpreters to take part in planning sessions, and of working with interpreters who were unable to communicate with participants effectively.

#### Opportunities

- Vulnerable people from culturally and linguistically diverse backgrounds require targeted and culturally appropriate support through each step, including accessing the NDIS, preplanning, planning, connecting with service providers, and implementing plans. This may be best achieved through engaging a specialised and trusted service provider with good links to cultural communities to support the journey through the NDIS process.
- It is important that potential participants have access to culturally appropriate functional assessments which involve the Translating and Interpreting Service (TIS) if needed, and culturally competent assessors. In addition, NDIA staff need to be culturally competent.
- The intent of the NDIS Cultural and Linguistic Diversity Strategy and recent announcements to expand the NDIS Community Connectors Program to assist hard to reach communities to navigate the NDIS and assist them in access, planning and implementation processes are welcomed.
- There are opportunities to boost the effective participation of people from culturally and linguistically diverse backgrounds in the NDIS in Queensland, through developing an approach to ensure that people with disability from culturally and linguistically diverse backgrounds have intensive, culturally appropriate support through each step: to access the NDIS; to undertake preplanning; to effectively participate in the planning process; and to connect with culturally safe and responsive service providers.

## **Department of Youth Justice (DYJ)**

### **Barriers**

- DYJ experiences challenges supporting young people (YP) to access the NDIS, particularly for Aboriginal and Torres Strait Islander YP. The NDIA requirement for a legal guardian being the decision-maker for minors, when no appropriate adult is available, routinely prevents Aboriginal YP in informal kinship arrangements from being able to access the scheme without significant escalation of the issue.
- The NDIS access process continues to be cumbersome and protracted. This is especially true for a population that is traditionally distrustful and avoidant of Government support.
- It is acknowledged that the NDIA operates on an insurance model, and has limited engagement with participants outside of assessing funding package needs, however, the requirement that young people with disability be motivated and autonomous enough to pursue receiving this support is unrealistic without an existing, NDIS-informed formal support network to facilitate the process.

### **Positive outcomes**

- NDIA Justice Liaison Officers (JLOs) and the DCDSS Assessment and Referral Team (ART) initiatives are in their early stages of implementation, however, involvement with DYJ to date has been successful with routinely positive outcomes. The initiatives complement one another, do not overlap in the assistance they provide and effectively address different service gaps.

### **Opportunities**

- There is an opportunity to improve engagement by young people in the justice system by providing specialised, assertive support coordination to maximise potential utilisation of funded disability supports.
- There are currently three JLOs servicing the entire Queensland custodial system, both youth and adult. There is an opportunity to harness these roles and further expand the use of ART type services to improve engagement of young people in the youth justice system with the NDIS.

## **Office of Industrial Relations (OIR)**

### **Barrier**

- There are anecdotal reports that even some larger registered providers find it challenging to cover the cost of managing worker safety within NDIS pricing. These costs relate to purchase, maintenance and repair of equipment through to supervision, instruction and training of workers and supplies of personal protective equipment (PPE), and absorb these costs through other parts of the business.
- Participants may not have capacity to meet work health and safety obligations (i.e. managing hazardous task risks) unless it is funded through their plan.

### **Opportunity**

- The QPC should consider work health and safety issues, noting NDIS parties who may have obligations under the WHS legislation, include:
  - A participant (and their informal supports) who partly or fully utilises the self-management option to directly engage disability support worker(s) to provide their support(s) may be classified as a Person Conducting a Business or Undertaking (PCBU) Independent contractor(s) or sole trader(s) (with their own ABN) who provide support services
  - Plan nominees, registered plan managers and support coordinators who undertake activities on behalf of the participant and/or manage funding for the supports in the participant's plan
  - Matching service platform(s)/providers

- Service providers who employ workers to provide support services to participants
- Workers
- Others at a workplace (e.g. visitors, family members).
- The Work Health and Safety (WHS) Regulator recommends the QPC give consideration to work health and safety issues as part of its inquiry into the NDIS market in Queensland.
- The NDIA Annual Pricing Review should consider whether pricing is sufficient to allow NDIS parties to meet their WHS obligations. For example:
  - funding for capital supports must be sufficient to cover the purchase (for equipment or home modification), and where necessary, installation of assistive technology such as hoists and other equipment to reduce the risk of musculoskeletal injuries to workers
  - 'on-cost' allowances must be sufficient to enable service providers to manage worker safety activities, including purchasing, maintaining and repairing equipment; supervising, instructing and training workers; and providing personal protective equipment (PPE).

## **Queensland Corrective Services (QCS)**

### **Barriers**

- For people in custody eligible for the NDIS, planning does not commence until six weeks before their pending release from custody. The consequence of this is that an incarcerated person can be discharged to the community without finalised disability support, especially where a discharge date is unknown as it is reliant on a court or Parole Board Queensland decision.
- Funding for support coordination in NDIS plans is an integral component for participants in custody who require a greater level of support to navigate and access services upon their release from custody. Underutilisation of plans is likely to result from participants in custody not being familiar with the scheme or aware of what supports are available.
- The NDIS system is not conducive for a person subject to 'custodianship' of the State where they are imprisoned with limited ability to self-manage. As QCS has no visibility of the particulars of an NDIS participant's plan, QCS' ability to act on their behalf to arrange fit-for-purpose support is subject to the self-disclosure of the participant. Unless self-disclosure occurs at the time of admission, QCS receives no prior notifications of disability diagnosis or whether a person is subject to NDIS support. This reduces opportunities for a person in custody to have their disability support needs met.

### **Positive outcomes**

- Over the last few years, QCS has worked closely with the NDIA to establish efficient and effective processes and strong working relationships with NDIA teams to deliver what is now a streamlined and quality support service for particularly complex individuals with disability.
- An assessment of a person's risks and needs is conducted on admission to a correctional centre. Correctional centre staff use the Immediate Risk Needs Assessment (IRNA) and the Hayes Ability Screening Index (HASI) to identify whether a person may have an intellectual disability. People in custody who meet a certain number of criteria (through a self-report) are subject to a basic screen for functional impairment. QCS relies on people in custody to self-identify as NDIS participants in order to coordinate QCS supports and interventions with those funded by the National Disability Insurance Agency (NDIA). Whenever QCS receives a referral of a person who may need disability support, a check is conducted with the NDIA National Access Team (NAT) to see if the person is a current or previous NDIS participant. QCS also checks with the Office of the Public Guardian to try and capture as many potential NDIS participants as possible and support them to access the NDIS.

- QCS was provided funding of \$2.9 million in 2018-19 for the Service Delivery Reform project to improve service delivery for people with disability and mental illness in contact with the corrective services system. This work included supporting people with disability in custody to access the NDIS, implementing revised governance, oversight and engagement processes, and commissioning research to build an evidence base to determine the prevalence of certain forms of disability among the Queensland prison population and identify screening and assessment tools to assist the further identification of people with disability in custody. In 2019-20, additional funding of \$2.9 million was provided to QCS to undertake the Psychological and Disability Services Redesign (PDSR) project, to continue supporting people with disability in custody to access the NDIS and undertake a review of current QCS psychological and disability services capacity to identify a sustainable model for the future.
- Over the life of the two projects, more than 1,700 people with disability in custody have been identified as potentially eligible for the NDIS, with more than 300 granted access. QCS is undertaking transition activities, including engagement with the Department of Communities, Disability Services and Seniors Assessment and Referral Team (ART), to continue to support people with disability in custody to access the NDIS.

### Opportunities

- A developed pathway for QCS to access a person's NDIS plan while they are in custody would enhance the effectiveness and efficiency of QCS coordinating and embedding support on their behalf.
- A program whereby people with disability are prioritised for NDIS planning during their time in custody, with a caveat that their NDIS plan is activated at the point of their discharge would assist to ensure people with disability access appropriate supports on release from custody. This is especially important if living support and accommodation assistance is identified in the plan as an entitlement of the individual.
- The introduction in early 2020 of Justice Liaison Officers (JLOs) employed by the NDIA is recognised as a potentially effective initiative to increase assistance in gaining NDIS access for persons in the criminal justice system. However, more time is needed for the benefit of these roles to be fully realised.

## **Queensland Health (QH)**

### Barriers

- The access request process has been seen to be complex and has contributed to the issues with transitioning to the NDIS. High-level system navigation skills are required to make effective use of the NDIS. Continual change and evolution in the NDIS continue to cause confusion that inhibits the sector's ability to support transition and engagement with the NDIS.
- Emphasis was put on General Practitioners (GPs) as a key contact point for individuals to access the NDIS, however confusion around differentiating between medical diagnosis and disability resulting in significant functional impairment has resulted in access applications being declined (e.g. primary disability listed as Diabetes, and not peripheral neuropathy causing physical, mobility impairment). This has resulted in an increase in outpatient referrals across Hospital and Health Services (HHSs) to support individuals (both paediatric and adults) with access.
- Access to the NDIS and the amount of support provided has been heavily dependent on the report writing skills of the health professional being consistent with the requirements of the NDIA. This has resulted in participants not always receiving equitable funding for their needs. The resources required to write and submit the access reports/change of circumstance and liaise with the NDIS has also resulted in an increased administration workload for Queensland Health, which has an indirect impact on patient care.
- There was a lower than expected enrolment rate in rural and remote areas due to a lack of awareness, the complexity of the application processes and insufficient support to



negotiate access. Complex socio-economic issues also impacted on take-up in many remote Indigenous communities.

- Engagement with the LAC often requires participant-initiation, which can be challenging for some cohorts (e.g. psychosocial disability). It sometimes taking much longer than the time allowed to organise appointments to gather the evidence required for access, and consent is not always provided by the potential participant to other agencies or organisations to provide supporting evidence to the NDIS and therefore the information provided is not accepted.
- The access request process is stressful for people with psychosocial disability and they may disengage from the process or their symptoms are exacerbated. Barriers also relate to how skilled people assisting with completing the Access Referral Form are in documenting psychosocial disability (e.g. GPs).
- After a person's NDIS plan has been approved, there are often delays in the appointment of a Support Coordinator/Specialist Support Coordinator if seeking one with adequate knowledge/skill. Often a Support Coordinator/Specialist Support Coordinator is appointed who is not adequately equipped to coordinate plan implementation, requiring that the HHS staff (social workers or complex care coordinators within Mental Health) fulfil this duty.
- LACs play a key role in individuals accessing the NDIS, however, feedback has been mixed. Some people indicate that it is ineffective due to inconsistencies in what is offered to an individual. Another issue is that there still needs to be self-initiated contact. There is no outreach, warm handover is limited and hampered often by consent issues.
- Timeliness is a major issue with NDIS processes—there is evidence that the process of supplying evidence to the NDIS is a time-consuming process that is not matched by other services in the community (e.g. a hospital dietitian would complete a process for a patient that requires enteral nutrition supports in 30 minutes for other services however it takes over six hours for the NDIS processes).

#### Positive outcomes

- Queensland Health has found patient/NDIS participant outcomes are significantly improved where there are strong relationships between health workers and NDIA staff.
- Children and young people have been early adopters of the NDIS, and families are very keen to optimise opportunities that come with early access and intervention.
- Having the Access Request Form accessible online has reduced the risk of individuals losing the original document sent in the post, and more accessible when individuals reach out for support.
- The addition of dedicated planners for psychosocial disability/planners with training or awareness of mental health has been beneficial. Mental health facilities across some HHSs have seen increased participant engagement in the planning process/meetings when the planner holds this knowledge/skill base, together with more suitable plans developed for participants with psychosocial disability.
- The ART model has been a welcome resource to support access to the NDIS for Queensland. The team has been efficient in picking up referrals and gathering evidence as well as undertaking functional assessments to support NDIS access. The option to refer individuals to this service reduces the pressure on hospital outpatient clinics whilst supporting them to access the NDIS. Due to the staggered rollout, some regions have not had access to this service.
- Queensland Health has an MOU with DCDSS for the Queensland Health Specialist Mental Health Intellectual Disability Service to conduct NDIS Specialist Disability Service Assessment and Outreach clinics in remote Indigenous communities up until 30 June 2021. This work has been impacted by COVID-19, but discussions are under way about telehealth options. This work is undertaken with NDIA officers, with work recommencing in the week beginning 6 July 2020 via both videoconference and face to face meetings.



### Opportunities

- First Nations communities need an understanding of the NDIS role, and how to advocate for their needs. First Nations communication styles often differ from non-Indigenous communication styles and need to be understood by non-Indigenous agencies.
- Continued marketing is required to improve awareness of the NDIS. There is a need for clear communications that direct people to the specific elements of the scheme that are relevant to them.
- GPs should be supported with additional education and Medicare billing codes to support a person with access. GP clinics could be supported with LACs or other in-reach services to facilitate NDIS access.
- Regulating and monitoring support workers and Support Coordinators to increase their knowledge and skills in recognition that the workforce providing support work to participants is often unskilled and inexperienced for the needs of the participants, leading to poor participant outcomes and increased risk to staff.
- Increasing knowledge and skill of Support Coordinators to support participants with navigating the Scheme to achieve optimal outcomes. Support Coordinators (including Specialist Support Coordinators) require specialist skills to coordinate support needs for participants with psychosocial disability.
- People with psychosocial disability can have additional vulnerabilities and complexities, and require additional supports to understand, access, plan for, and utilise the NDIS. How the NDIA and their community partner organisations partner with mainstream services is crucial.
- There is a need for more human resources within the NDIA to follow up enquiries; and changes to the NDIS consent process to make it easier for other mainstream services to interact with NDIS.
- Building the capacity and capability of a few key organisations to then partner with community organisations may be a more effective approach to increasing participation than diversifying resources with little visibility.
- Stimulating the market to increase availability of skilled support services and using alternative commissioning models (e.g. block funding) where markets are not an option.
- Increasing the skill set of NDIS Allied Health Service Providers (i.e. currently the market is filled with inexperienced professionals who are developing as an allied health professional, whilst learning the complex system of the NDIA and working with an often complex population).
- Improving understanding and awareness within the community about what the NDIS can provide for people with disability.

## Attachment 2: Thin markets in Queensland

### Supports in rural and remote areas

#### Lack of providers

A key issue for Queensland is the state's geographically dispersed population. It is not cost effective for service providers to move to rural and remote areas, and in many cases, there are insufficient funds to bring service providers to the participants. Participants in rural and remote areas are likely to experience greater challenges in accessing services, due to higher provider costs (such as travel). Participants will often need to travel for assessments, and to access some specialised care, particularly in regional areas.

There is a lack of incentives for experienced allied health to remain in regional and rural areas, particularly where travel costs are not reflected in the price guide and there is no eligibility for the remote or very remote price guide. Queensland Health also experiences challenges recruiting allied health to rural areas despite a number of government incentives. In rural and remote areas the following allied health supports have been noted as being in short supply:

- Occupational Therapist for functional assessments and assessment of assistive technology and home modifications.
- Paediatric dietitians, particularly those with experience in enteral nutrition supports which means that the health service needs to provide this support—it is a critical support to maintaining a person with disability's wellbeing in the community.
- Physiotherapy, Podiatry, Dietetics particularly with the introduction of Disability related health supports.
- Speech pathologists with specialist mealtime management skills and tracheostomy and laryngectomy management are an emerging area of need, particularly with a background in disability.

#### Impact of limited supports

Limited access to a specific support can have a compounding effect, for example delays in accessing occupational therapy to provide assistive technology assessment or a participant not having a wheelchair means that the participant is stranded in acute and subacute beds within the health system and cannot return to the community. Lack of access to appropriate allied health services has significant long-term implications for health, wellbeing, education, and employment for everyone with disability and potentially their families.

Thin markets often affect the discharge of participants from urban hospitals where the participant usually lives in a remote or rural setting. As an example, an NDIS participant in a metropolitan hospital in SEQ has been in hospital for 78 days and is unable to be discharged due to the remote location of his home (owned) and nil service providers willing to deliver a service in the area.

#### Intersection with mainstream services

Queensland's unique demographic spread means that a diversified approach to market growth is important, as is innovative and remote service delivery options, particularly for low incidence high risk conditions that are rarely seen in smaller population centres. A thin market in the disability sector cannot be viewed independently of other mainstream services and supports (e.g. health, education and child safety). The provision of health and aged care have similar issues in rural and remote communities, however, they are more established sectors. An integrated and cross sector approach needs to be taken to address need. Organisations adapting their service provision through the COVID-19 pandemic, such as the use of videoconferencing may, if embedded into ongoing service delivery, increase the range of services and choice of providers in these areas.

### Accommodation shortages

There are significant gaps for people with a disability (particularly significant physical disability plus intensity of support services) requiring 24/7 support with a high level of nursing supports. Under the current NDIS model they would require SDA and SIL. There are limited SDA options outside of regional centres and therefore residential aged care facilities are seen as the only alternative.

### Early Childhood Early Intervention services

There is an ongoing thin market of providers in rural and remote regions for Early Childhood Early Intervention. Barriers could be addressed by use of alternative funding arrangements and better engagement of health and education workers currently in the communities who are already involved with families, and have the trust, understanding and rapport people with disability and their families.

### Services for school aged children in rural and remote areas

Anecdotal feedback from schools suggests that communities in rural and remote locations continue to face challenges in accessing services. Lack of services may predate the NDIS, but increased demand through the NDIS has not necessarily resulted in increased supply of services.

Parents are reporting that their choice of providers is so restricted, due to availability of services in local areas, that they are effectively unable to choose a provider based on their quality of service.

Students are being taken out of school to travel to other town centres some distance away in order to access therapy or other services, as these are not available in the local community. In other cases, parents are requesting that their child's NDIS therapy supports be delivered at school during school hours because there are no other available times due to limited number of providers in local areas.

Parents in rural and remote areas are reporting they are unable to access providers who can assess their child's Assistive Technology support needs, particularly in relation to mobility supports such as wheelchairs or communication aids, and are seeking assistance from Department of Education staff to assist their child with these supports.

### Enduring thin markets

Whether thin markets are in remote areas or urban settings, alternative commissioning models, including block funding, need to be explored. Without successful intervention, additional burden is placed on mainstream health and other services.

There are some disability supports that, under certain circumstances, cannot be delivered in a specific region or context. Rural and remote areas often have fewer available resources, and if the resources are there, they may not be flexible enough to target people with diverse conditions and needs. Specialised high-level disability care (ice, trachea care, stoma care etc.) will be a challenge in remote areas and even in some urban areas. There may be situations where a family cannot return to their home community in the immediate or even longer term. Arrangements involving health services in disability service provision might assist with this (i.e. health clinic nurses to provide, oversee or train). This requires an integrated cross sector approach to individualised problem solving.

The NDIS is exploring alternative commissioning approaches in rural and remote locations, which is important and should be prioritised.

## **Supports for Aboriginal and/or Torres Strait Islander people**

Thin markets are common in remote and discrete communities. First Nations people with disability form a relatively small cohort of participants, however their needs are often compounded by issues not related to their disability.

Thin markets in Aboriginal and/or Torres Strait Islander remote communities contribute to high levels of underutilisation of plans or plans not being activated even if they have been developed. As an example, there remains a thin market of therapy service providers across Cape York and Torres Strait, despite efforts by the NDIS to attract private providers. This has contributed to the under-enrolment of participants to the NDIS across the region.

In rural and remote areas there are significant transport challenges for providers and disability support workers to support people who live on isolated properties. For example, Cape York and communities are a further 10-12 hours' driving time from Cairns, or a two-hour chartered flight; flights are limited and expensive; driving is impacted by wet seasons; and visitor accommodation is limited.

There is also a lack of services being provided to children with disability in the Torres Strait and Cape York region, in particular preschool children. This means children are commencing school with problems that could have been avoided or mitigated with adequate intervention. This is likely to affect children's learning abilities, experience of school, future education and life opportunities.

In some cases, thin markets have meant that Aboriginal and/or Torres Strait people in care with disabilities have needed to move away from their communities and into residential care to access support. As an example, a 51 year old First Nations woman, who was an inter-hospital transfer from NSW, was unable to return to her community after a significant admission due to the local area having no available NDIS supports to meet her care needs. The participant was given the option to return to the community, but she would have to be placed in the Residential Aged Care Facility. The participant made the difficult decision to remain living within the metropolitan catchment, away from all her extended family, as a result of the thin market in her local community.

Provider capacity to deliver culturally safe services also requires enhancement, including increasing the diversity of the workforce. Lack of cultural awareness has led to some providers using inappropriate engagement methods, such as expecting participants to come into an office for an appointment or expecting quick responses to emails or phone calls, which have not been successful in building relationships with Aboriginal and Torres Strait Islander children, young people and their families. It is important that First Nations people are engaged as staff or contractors in the provision of service delivery to community and NDIS and specific strategies are required to attract and retain Aboriginal and Torres Strait Islander people in the NDIA and disability workforce

## **Positive Behaviour Supports**

The thin market evident in Specialist Behaviour Support Practitioners provider is a national issue but is particularly prevalent in Queensland. Under the requirements of the relevant NDIS Rules interim and comprehensive Positive Behaviour Support Plans (PBSP), authored by a Specialist Behaviour Support Practitioners provider, are required in all circumstances. This has resulted in a significant increase in the demand for plans. There is also a lack of appropriately skilled Positive Behaviour Support plan authors, in particular those with have relevant experience working with individuals with complex needs and children who have experienced trauma.

Anecdotal information provided to Queensland Government agencies indicates that demand for specialist behaviour support far outweigh supply across Queensland, so there are long wait lists which has resulted in increased reporting of unauthorised use of restrictive practices to the NDIS Commission (which is an extra administrative burden on registered service providers (RSPs)). There is a particular difficulty is sourcing plan authors in more remote/rural locations.

It is clear that significant interventions are required to build both the capacity and capacity of the sector. Key issues include:

- there is a shortage of providers with the specialist expertise required to provide behaviour support services
- there is significant pressure already apparent under the NDIS in relation to the availability of allied health professionals and there are no real incentives for practitioners to build skills or expertise in relation to behaviour support

Providers report that the authorisation process under the DSA is complex and different requirements at a Commonwealth and state level exacerbate these issues. The Queensland Government is currently undertaking a review of the authorisation framework in Queensland to explore opportunities for the system to achieve greater synergy with Commonwealth requirements. However, it is critical that the market issues in Queensland are resolved before any further pressure is placed on the system or there is a risk of complete market failure and risks of decreased safeguards for people with disability.

The development of a more responsive and capable positive behaviour support market in Queensland is critical to ensuring safeguards for people with disability and to enable the Queensland Government to move towards greater national consistency in relation to the authorisation of restrictive practices. In particular, the Queensland Government has indicated an intention to cease the function of the chief executive, DCDSS being responsible for the preparation of positive behaviour support plans that involve containment or seclusion. However, given these are two of the most complex types of restrictive practices, it is critical to ensure there are sufficiently trained practitioners who can provide these services.

#### Opportunities for market interventions

Queensland is developing a pilot with the Commonwealth Department of Social Services to improve the market. There is some uncertainty around the extent of the issue because there are numerous clinicians registered for Specialist Behaviour Support Practitioners (NDIS Commission's latest advice is 660) but approximately one third of these have not registered a completed client PBSP on the NDIS Commission's portal, and are inactive in this space. A thorough assessment of the current market is needed, not just in terms of capability and specialist skill but also willingness to enter this area of work which is subject to higher levels of regulation, risk, review and scrutiny (in comparison to general allied health services).

Broader market development, tertiary training and competency assessment are the Commonwealth's responsibility but currently very little market development is occurring, and where it is happening it is siloed and certainly not focused on rural and remote areas.

The market for PBSP could be improved by:

- detailed analysis of Queensland Specialist Behaviour Support Practitioners providers to understand who are registered and, of those, who is intending working in this specialisation
- investing in targeted capacity building through comprehensive analysis of NDIS plans to identify underutilisation in Positive Behaviour Support, and where this is most problematic
- financial incentives to gain the relevant specialist skills and work in this specialisation
- targeting tertiary institutions to incentivise graduates to enter this clinical space
- reviewing the pricing structures to ensure the complexity of the work is reflected i.e. consideration could be given to using hourly rate variables that are dependent on complexity of case rather than simple hours allocated.



## **Specialist Disability Accommodation**

While supply of Specialist Disability Accommodation (SDA) is increasing, there is an estimated shortfall of SDA in Queensland of 1,716 places (Source: Specialist Disability Accommodation: Supply in Australia, March 2020, Summer Foundation and Social Ventures Australia, page 26). The SDA market is immature and requires additional stewardship to grow, especially to develop independent living options and the robust category.

Market stewardship is primarily a Commonwealth responsibility to stimulate the SDA market, noting only approximately 6% of NDIS participants are eligible for SDA. At full scheme, SDA funding is expected to total approximately \$700 million per year nationally. (NDIA, 2018b) As at 31 March 2020, just 2 per cent of active Queensland participants had SDA included in their current plan with these annualised committed supports totalling approximately \$16.5 million. Nationally the equivalent metric is currently 3.8 per cent of active participants with annualised committed supports totalling approximately \$156 million (NDIA 2020a, Tables P.1 & Table P.2, p.471-3). Developers and providers have indicated interest in building SDA but a mechanism to connect with eligible SDA participants, as well as granular market data, is lacking. A response needs to be identified which enables scales of economy for providers to meet the service gaps.

The NDIA now reports on supply and demand in the quarterly reports, however more granular data on participant preferences around types of dwellings and longer-term housing aspirations would assist providers in planning their investment and ensuring that demand is matched with areas of supply.

Recent changes to policy settings have occurred, which aim to provide greater flexibility and choice for participants and more certainty for providers. The Queensland Government welcomed the release of the SDA Innovation Plan which provides signals to the market including a focus on participant preferences about where and with whom they live, housing design to promote social and economic inclusion, and moving away from the group home model.

Whilst recent changes have shown a step forward for participants in greater choice and control, clear separation of housing and support continues to be an ongoing issue. The lack of separation allows for ongoing conflict of interest where a housing provider (SDA or mainstream housing provider) also provides support coordination or disability supports to the same person(s). Separation of supports needs be strengthened to ensure that NDIS supports must not be provided to the participant by a particular person if that person also provides or manages housing for that participant.

The availability of disability accommodation in Queensland has been a persistent issue that has implications intersecting with many mainstream services in Queensland. For example, the ability to discharge people with disability from hospital settings, the continued accommodation of younger people with disability in residential aged care settings and the transition of people from custodial and forensic settings have all been impacted by a lack of appropriate accommodation settings.

The availability of the disability and housing sectors to respond to the needs of participants with complex and exceptional needs, in terms of capability, capacity, and resourcing is critical.

There is also an undersupply of a range of accessible social housing properties along with limited accessible and affordable dwellings in the private market, particularly in areas with tight rental markets.

## **Accommodation Support and Respite Services**

Queensland's accommodation support and respite services market comprises a range of not-for-profit, private and government organisations, delivering multiple and intersecting models of care. The Queensland Government Accommodation Support and Respite Services (AS&RS) provides assistance with daily living for people with a primary diagnosis of an intellectual disability and who have standard or high-support needs.

AS&RS operate accommodation support properties and respite centres in Brisbane, Ipswich, Gold Coast and Logan, Maryborough, Sunshine Coast, Toowoomba, Townsville, and Rockhampton. The majority of AS&RS clients are NDIS participants, with a small number of clients under Continuity of Support Arrangements. Services are delivered as an in-kind support under the 2019 Bilateral Agreement between the Commonwealth of Australia and Queensland on the National Disability Insurance Scheme. There is a commitment under the Full Scheme Agreement to phase out in-kind services by 2023.

As at the latest Quarterly Report (31 March 2020), there are approximately 2,238 registered providers providing accommodation support and respite services in Queensland, including: Accommodation/Tenancy Assistance (32); Assistance with daily life tasks in group or shared living arrangement (361); Daily Personal Activities (549); Group and Centre Based Activities (364); High Intensity Daily Personal Activities (322); and Household Tasks (610).

However, there remains a lack of business confidence among Queensland disability service providers, including prospective providers of accommodation support and respite services, stemming from concerns relating to business viability under the NDIA efficient price, limited market information and data sharing, the uncertain policy environment, a lack of capital to grow business models, and the ability to attract and retain staff.

Further investigation is required to assess the impact of provider concerns on the provision of accommodation support and respite services, particularly in areas already experiencing thin markets.

### **Quality support for participants with complex needs**

#### **Children and young people with complex needs**

There are thin markets across Queensland, particularly for allied health professionals and accommodation providers who support children and young people with high and complex disability needs.

Children's Health Queensland (CHQ) has also noted market gaps in areas such as ventilation and respiratory supports, paediatric feeding including home enteral nutrition, complex behaviour support, and support coordination. These have become especially apparent since the Disability Related Health Supports transition to the disability sector (announced by Disability Reform Council on 28 June 2019 and implemented from October 2019).

#### **Children or young people in the Child Protection system**

There is a dearth of providers who are licensed child safety providers who also have skilled and experienced staff and management, who can supply services to children who have a disability and particularly where there are behavioural challenges

Thin markets for supporting this cohort can lead to vulnerable children and young people not receiving suitable disability supports that would assist them to remain with their parents/families outside of the child safety system, or if in the child safety system, to be placed/remain in family-based arrangements such as foster/kinship.

In addition, underutilisation of plans is occurring for children and young people in the Child Protection system due to limited capacity of disability providers and therapists across Queensland and insufficient support coordination. The relationship between DCSYW and Support Coordinators is crucial to ensure good outcomes for children or young people with NDIS plans in the child protection system. Children in the child protection system need additional support coordination given there are often more complex needs that makes it difficult to engage suitably qualified providers (particularly allied health professionals given the high demand), and it is only currently possible to manually track plan expenditure. Until the market improves and there is more accessibility to view plan expenditure every DCSYW child or young person should have Plan Management allocated in their plans to enable (if needed) ease of access to information on plan expenditure and have more choice and control on the selection of suitable providers.

### People with complex needs

There are gaps in provider capacity to deliver services to people who have complex needs, and in the availability of allied health providers with capability to deliver higher risk clinical supports such as mealtime support, and prescribing complex equipment and addressing complex positioning needs. These gaps may increase if existing providers do not upskill their workforce due to the costs and NDIS pricing issues.

Participants with complex needs who are not able to access quality supports could suffer serious consequences, for example, participants may receive inappropriate mealtime support plans and be at risk of choking or inappropriate prescription of equipment may mean a participant receives equipment which cannot be used, or causes permanent change to a person's posture, increasing their functional impairment

Choice is with the provider rather than participant due to overwhelming demand for providers that can manage complex participants.

### **Supports for people with psychosocial disability**

There are thin markets in rural and remote areas for providers with the competencies to provide recovery orientated services to people with psychosocial disability. There are also thin markets in in all areas and metropolitan areas for providers who have the skills to support people with psychosocial disability who have complex supports needs particularly behaviours of concern. Queensland's hospital and health services report particular difficulty accessing Support Coordinators with expertise in psychosocial disability.

The areas of greatest concern include market uptake of:

- disability related health supports including attendant care, consumables, and equipment
- behaviour supports
- complex needs Support Coordination.

These thin markets can lead to an additional impost on mainstream health services—people with psychosocial disability may experience longer stays in hospital, increases in re-admission or presentations to emergency departments.

Suggestions for improving service access and delivery for participants with complex and challenging behaviours, often with psychosocial disability, who are victims of the thin market:

- additional levy/funding for care provided to these participants, incentivising providers to accept their care, and also allowing for support workers with additional experience or education to be engaged
- funded training options for service providers (especially in SIL) for working with participants with aggressive behaviours
- an NDIA based/tendered team to address at risk SIL arrangements/or circumstances where care has been relinquished
- centralised register/team/ability to match and/or create co-tenanted SIL placements.

Multiple providers have reported a need for additional training to better manage participants with complex behaviours, mostly within a SIL environment. Often providers request that Queensland Health staff provide intensive training (which is not within their clinical scope) because funding structures within the NDIA limit providers' capacity to deliver training and professional development opportunities.

## **Palliative Care**

There is also a thin market with regards to people with disability and palliative care. Whilst palliative care is seen as a health matter, the reality for some people with disability is that the disability is life limiting and would be better managed by a disability support service. The health service has limited supports available to the older population who are palliative, particularly those who may want to see the end of their life at home. Often the older population are required to be placed in Residential Aged Care to meet their palliative care needs, yet there is no alternative option for young people with disability. Without appropriate supports and services to meet this need, young people with disability may not be provided with the dignity and respect they deserve at this critical time of their lives.

## **People in custodial settings**

There are challenges securing housing for people with disability post-release from custody and sourcing appropriate NDIS Support Coordinators in the NDIS market. People with disability in custody, as a cohort, are at great disadvantage and require the highest level of support due to their disproportionate level of complex needs across a variety of health and disability issues. The very nature of these issues exacerbates the ability of an eligible participant to independently navigate the complex requirements to meet NDIS access. This is also impacted by their incarceration and their inability to arrange their own assessments, gather or produce the required evidence and contact government agencies and Support Coordinators to arrange their own interviews and access. These factors impact the speed a person in custody can transition into the NDIS.

Queensland Corrective Services experiences significant gaps in the Support Coordinator markets in remote areas for Aboriginal and Torres Strait Islander populations. This results in a person's level of access to supports being either strained or not available at all on release from custody.

Incarcerated people with disability, like all people re-entering the community from custody, face many barriers to accessing stable accommodation. Having a criminal history often presents as a barrier to employment and the private rental market, and people exiting custody have limited opportunities to accrue a deposit to enter the private housing market upon release. As a result, people exiting custody must join waiting lists to access social housing or crisis accommodation, such as boarding houses. These options have limited purpose-built accommodation suitable for people with disability. Further, people with disability exiting custody are likely to have complex needs and challenging behaviours that make living in shared accommodation difficult.

## Attachment 3: NDIS Training and Skills Support Strategy

The NDIS Training and Skills Support Strategy (NTSSS) represents an investment of \$5 million over three years for flexible training pathways, support and workforce development activities, and is additional to the funding available under mainstream training programs.

The NTSSS was developed by the WorkAbility Queensland consortium, comprising National Disability Services; Community Services Industry Alliance (CSIA); and the Queensland Council of Social Service in partnership with the Department of Employment, Small Business and Training.

The NTSSS is an industry lead, multifaceted approach to developing a quality workforce capable of delivering services reflective of the needs of NDIS participants. This includes transitioning the existing workforce to a service delivery model based on the key tenet of choice and control for NDIS participants.

A key deliverable of the NTSSS is advice to DESBT about the skill sets and qualifications required for the NDIS workforce. Based on this advice DESBT has added a number of skill sets to the Priority Skills List. Priorities include upskilling the workforce, growing the NDIS workforce, and improving vocational education and training (VET) quality.

Phase 2 of the NTSSS will deliver co-designed fit-for-purpose solutions for the workforce and skills development priorities identified through Phase 1, with projects to be delivered across 2020–22 under four priority areas:

- Aboriginal and Torres Strait Islander NDIS Service Providers and Workforce;
- NDIS Emerging Workforce Development Priorities;
- Growing the NDIS Workforce; and
- Improving VET Quality.

The Employment Pathway Phase of the NTSSS is targeted at co-designing fit for purpose solutions for the workforce and skills development priorities identified through the Strategy and Governance Phase 1 of the project. Key priorities for the Employment Pathways Phase include:

### 1. Strategy and Governance

- Continuation of the leadership and project coordination role for WorkAbility Queensland, with an emphasis on regional engagement, project development and evaluation, as well as a specific delivery role for identified program areas.

### 2. Aboriginal and Torres Strait Islander NDIS Service Providers and Workforce

- NTSSS projects will develop a place-based approach to identify economic participation opportunities for Aboriginal and Torres Strait Islander people relating to the NDIS. This was a priority area identified by the Queensland inter-departmental NDIS Leaders Reform Group.
- Sub-elements will include projects to develop management capability within Community Controlled Organisations servicing remote communities; to support new NDIS service providers; to attract new Indigenous workers; and to develop the skills and capability of existing workers.

### 3. NDIS Emerging Workforce Development Priorities

- NTSSS projects will provide an opportunity for the industry to co-design new training pathways for emerging roles that will enhance NDIS outcomes; develop minimum foundation skills; and support essential skills development aligned with quality and safeguards principles, including ensuring staff can assist NDIS eligible individuals to navigate the range of housing options and have support to pursue their housing goals.



- Workforce development priorities may include customised skill sets aligned with nationally recognised training outcomes (VET), as well as priorities that may relate to NDIS-recognised micro-credentials. This would include capacity building activities to ensure staff have the skills that empower NDIS eligible individuals by providing improved assistance for navigating the housing system, identifying suitable options and exercising their housing choice.
4. Growing the NDIS workforce
- NTSSS projects will build on existing regional networks established by WorkAbility through the NDIS roll-out in Queensland; and seek to co-design new training pathways that align with recruitment pathways supported by NDIS service providers to improve the diversity of the future caring workforce.
  - Sub-elements will include projects to provide opportunities for NDIS service providers and training providers to engage with job seekers through the successful NDIS Jobs Roadshow model; to improve vocational placement and clinical assessment opportunities; and to develop workforce diversity pilots.
  - NTSSS will also support the development of industry-school clusters in three target locations, to trial a VET in Schools pathway to employment with local NDIS service providers for the 2021 school year.
5. Increasing VET quality in the disability sector
- NTSSS projects will provide an opportunity to develop strategies to mitigate potential shortage of trainers in the VET sector that can support the required capabilities within the NDIS workforce.
  - Sub-elements will include projects to increase the capacity of registered training organisations (RTOs) to deliver key NDIS qualifications and skill sets across Queensland, including Individual Support and Auslan qualifications and specialised disability skill sets.
  - NTSSS will also focus on developing a series of industry workshops for RTO trainers focussing on NDIS Principles; Quality and Safeguards Framework; Participant Choice and Control; Contemporary Assessment Strategies for the NDIS; and Engaging with Industry and Participants.

### **Auslan Interpreter Funding Strategy**

- The DESBT Auslan Interpreter Funding Strategy aims to increase the NAATI certified Auslan Interpreter workforce in Queensland and to provide training opportunities for the disability workforce to gain Auslan skills to enable them better support and respond to the needs of individual clients.
- The Auslan Interpreter Funding Strategy introduced subsidies for Auslan accredited courses from 1 July 2017, based on an industry proposal developed by Deaf Services Queensland. The Auslan training pathway below from basic to Interpreter level required a different funding strategy to overcome subsidy restrictions within existing program guidelines.
  - Certificate II in Auslan
  - Certificate III in Auslan
  - Certificate IV in Auslan
  - Diploma of Auslan
  - Diploma of Interpreting (LOTE – English)

## Attachment 4: Mainstream interface issues

Addressing issues arising at the interface between the NDIS and mainstream service systems has been a key area of work for intergovernmental forums. While many issues have been resolved, issues relating to transport supports in participant plans, personal care in schools, specialist school transport, and child protection remain outstanding. This attachment outlines the progress made at each area of mainstream interface.

**Health:** DRC decisions in December 2018 clarified access to the NDIS for people with underlying conditions, NDIS supports for self-care and participants who are also receiving palliative care in the community, the application of NDIS requirements to consider value for money and the application of NDIS legislative requirements in relation to informal supports. DRC also determined interim arrangements for supports required due to permanent functional impairment that would usually be delivered by clinicians outside hospital settings pending further advice on enduring roles and responsibilities.

In June 2019 DRC clarified the NDIS will fund disability-related health supports, such as trachea and stoma care, and complex wound management.

Work is still needed to effectively implement the agreement on disability-related health supports.

DRC also agreed to the Hospital Discharge Delay Action plan to promote timely discharge of participants from public hospitals.

The Queensland Government has funded the Summer Foundation to deliver a Hospital Discharge and Housing Project in 2020, operating in three Hospital and Health Services in South East Queensland. The project aims to demonstrate how a collaboration process between the NDIA, Queensland Health agencies, Department of Housing and Public Works and housing providers can assist NDIS participants in hospital, who have complex disability support and housing needs, to experience timely discharge from hospital and secure appropriate housing.

There have been instances where the NDIS plan has not aligned with the clinical recommendations made by the treating allied health and medical team. It would be more efficient for the NDIS to have planners (preferably with a background in working with people with disability or the health system) to help develop patient centred plans with the participant and their treating team.

In accessing Assistive Technology, there are people with disability who fall through the gaps. They may not have been successful in gaining access to the NDIS, either for not meeting disability criteria or for having insufficient evidence to represent their disability, and they are not technically eligible for Queensland's Medical Aid Subsidy Scheme (MASS) as they are under 65 and have a disability. Where MASS fills this gap, available funding for MASS eligible clients is reduced.

The interface between the health system and the NDIS is improving over time.

**Mental Health:** In October 2019, DRC agreed an approach to address interface issues between the NDIS and clinical mental health system, including access, information sharing and agreeing NDIS services can be provided concurrently with clinical mental health supports. Work through DRC has led to the establishment of a new role, the Psychosocial Recovery Coach, to empower people with disability to find employment and be supported to achieve their goals. DRC is continuing to progress work to improve interface issues impacting on access to the NDIS for people with psychosocial disability. This includes developing an action and implementation plan by December 2020 to address access issues, increase the number of people with psychosocial disability in the scheme, and linking people who are found ineligible for the scheme to mainstream mental health services; and developing a Psychosocial Recovery Framework by June 2021 to better support NDIS participants with psychosocial disability towards wellness and independence and enhanced NDIS planning and supports to better respond to the episodic nature of psychosocial disability. The Tune review highlighted challenges for people with psychosocial disability face in accessing the NDIS,

including lack of clear guidelines for assessing permanency of mental health issues, fluctuating impacts of mental health conditions and insufficient guidance for health professionals about the form of evidence required to support an access decision.

**Justice:** In October 2019, DRC agreed the NDIA will introduce Justice Liaison Officers (JLOs). JLOs will provide a single point of contact for workers within each state and territory justice system, providing a coordinated approach to supporting NDIS participants in youth and adult justice systems. The Council also agreed that targeted resources and training will be developed and implemented to improve the coordination of supports for NDIS participants interacting with the justice system. JLOs will help to improve the interface between justice agencies and the NDIA once fully operationalised. It is too early to determine the impact the positions will have in Queensland.

Data-sharing arrangements have been negotiated between NDIA and Queensland Government agencies to better identify NDIS participants in a range of service systems, including custodial settings. However, work is underway to further improve data and information sharing arrangements, including with the NDIS Quality and Safeguards Commission. Additionally, further work is required to clarify responsibilities for disability-specific supports outlined in the APTOS for adults and youth in detention.

In addition, planning for participants in custody, including youth detention, does not commence until six weeks prior to a participant's known release date. This can cause unnecessary risk for NDIS participants and the community, when an unscheduled release from custody results in participants being returned to the community without sufficient supports in place.

The NDIA has been reluctant to grant funding for disability-specific supports for young people in detention settings. The cited reason for this is that all of a young person's disability support needs are addressed in youth detention centres by existing staff such as psychologists and speech pathologists. While these support teams work with young people in these settings, they are not disability specialists and much of their work is focused on criminogenic and other detention-specific intervention (such as managing suicide risk). Further, work with these teams with the exclusion of external providers inhibits a young person's chance of successfully transitioning back into the community

The definition of 'carer' needs to be clarified when related to a participant in custody, including clarity around the involvement of an identified community carer and their interactions and interface with the justice system in accessing disability supports. Recognition of 'custodianship' of a participant in custody, including participants in forensic settings, would provide justice agencies with authority to act on behalf of an incarcerated participant with disability incapable of self-managing, and facilitate decisions for them where appropriate.

**Child Protection:** In December 2019, DRC agreed all jurisdictions implementing, by August 2020, arrangements for the provision of respite for children with disability in the care of state and territory child protection agencies. The plan supports a consistent approach to providing respite for children with disability in statutory care arrangements and other children with disability that reflects the roles and responsibilities of states and territories and the NDIS.

DRC agreed an interim response to provide state and territory agencies responsible for child protection with access to NDIS plans for children in out-of-home care, and noted that an enduring response would be developed during 2020.

Children and young people with disability in care experience difficulty coordinating services across the NDIS and various mainstream agencies. Children in the child protection system are not receiving funded Support Coordination in their plans on the assumption that this is the role of the child protection system. The Administrative Appeals Tribunal determined that Support Coordination should be included in the plan of a child in foster care, noting that Support Coordination is most appropriately funded by the NDIS (Source: Qld published Tune review submission).

**Housing:** As outlined in Section 4, Provider Capacity, sitting across the spectrum of mainstream interface issues is the lack of suitable accommodation for people with disability, including Specialist Disability Accommodation, Supported Independent Living and Home Modifications, impacting participants' choice and control and creating a strain on mainstream services such as justice; health; and child protection.

The SDA market is immature and requires support to grow. Providers have indicated interest in developing SDA, but require information on supply and demand, and a mechanism to connect with eligible participants. While state governments are responsible for social housing, the stimulation of the SDA market is an NDIA responsibility.

The Queensland Government has been working closely with the Commonwealth Government and the NDIA, and existing and prospective housing providers to identify the gaps, and proposed solutions, including advocating for more granular participant demand data, and further certainty of provider requirements. While access to demand data is improving, further work is needed to refine the data to a level that can be utilised to anticipate participant needs at the local level, including determining preferences for SDA design categories.

Plan underutilisation may occur where agencies supporting NDIS participants rely on mainstream services, rather than actively pursuing or negotiating the range of options available across sectors. For example, when seeking housing options for people with disability being discharged from hospital, where SDA is approved, some stakeholders pivot to DHPW for a mainstream housing solution (social housing or private market) if an SDA property is not immediately available in the market. Additional transparency in SDA eligibility decision-making would assist participants to understand and plan for the full range of housing options available to them.

Further work has also been identified to align the NDIS Quality and Safeguarding Framework and the Residential Service Accreditation requirements for the auditing of hostels and boarding houses delivering personal care services.

**Education:** The Queensland Government is continuing to deliver Personal Care in Schools and Specialist School Transport in-kind until 31 December 2023, while national work is progressed to determine the future of these supports under the NDIS. Consultation with Queensland service providers continues to occur throughout this process.

In relation to other supports, the NDIS does not fund what is the responsibility of education. DoE does not consider that there are significant overlaps or gaps in NDIS funded services and the education system, although there have been areas of confusion, which are diminishing over time as the respective responsibilities of education and the NDIS have become clearer.

Collaboration between schools, parents and students, and NDIS funded services is managed locally and continues to mature. Child-centred approaches and case management is required to ensure that the school and NDIS funded supports complement each other – particularly for students with complex support needs, including behaviour supports.

**Transport:** The Queensland Government has continued delivering the Taxi Subsidy Scheme to NDIS-eligible participants due to stakeholder concerns that participants were not receiving adequate transport supports in their plans. In October 2019, DRC agreed an approach to improve transport supports, including full reimbursement of states and territories for the continuation of taxi subsidy schemes for NDIS participants until longer term arrangements are resolved.

In December 2018, DRC agreed states and territories will continue to deliver services for specialist school transport and personal care in schools until 31 December 2023, while work is undertaken to develop national models for these supports in the NDIS.

## Attachment 5: Allied Health Workforce

Education of allied health and nursing at university level needs to be more comprehensive in the disability sector. Government and industry should consider partnering with universities to develop strategies and resources to support the challenges of providers (particularly allied health) in facilitating work-integrated learning opportunities (including student placement models) amid the changes to the NDIS model. The role of TAFE also needs to be further explored with quality outcomes in training the provider workforce.

For allied health and nursing workforces, specific actions could include:

- facilitating collaboration between peak professional bodies, the NDIA and relevant stakeholders to support the breadth and depth of disability related continuing professional development activities and considering opportunities that could be provide across professional groups
- developing and offering a multi-disciplinary Continuing Professional Development (CPD) calendar covering disability relevant topics
- increasing the number of allied health student placements with NDIS-registered allied health providers
- incentive programs for disability specific CPD access
- establishing communities of practices for peer-to-peer information sharing and support with specific focus areas
- supporting allied and nursing health professionals to establish viable business models and strengthening their business capability through sharing and supporting the interpretations of market information and changes to the market
- supporting allied health and nursing to navigate the NDIS Quality and Safeguard processes through registration, certification, reporting and billing mechanisms.

The most evidence based or individually beneficial approach to service delivery may not be the most profitable, and can lead to an under investment in training and development where if responsibility sits with the individual provider.

Attracting and retaining allied health to work in the regional and rural setting has always been challenging. Increasing partnerships with universities and NDIS allied health and nursing providers could facilitate increased student placements in these settings. Incentives for new graduates and mentoring/experienced practitioners could be explored. The Southern Queensland Rural Health (SQRH) model is demonstrating benefits and gaining support and would be a good model to explore.