

Incorporated

DR KAREN HOOPER:

So we now turn to our fourth presentation in the program. Joining me is Sophie Wiggans and Chris Coombes from Queensland Advocacy Incorporated, so welcome. If you wouldn't mind just stating your names and the organisation for the transcript, and then please, your presentation.

SOPHIE WIGGANS:

Thank you very much, yes, my name is Sophie Wiggans, I'm from Queensland Advocacy Incorporated.

CHRISTOPHER COOMBES:

And I'm Christopher Coombes from Queensland Advocacy Incorporated.

SOPHIE WIGGANS:

So thank you very much for the opportunity to participate in this hearing. We would like to begin today by acknowledging the traditional owners of the land upon which we meet. We particularly acknowledge the experiences of First Nations Australians with disability and the intersectional disadvantage that they experience. And we would like to pay our respects to Elders past present and emerging.

So Queensland Advocacy Incorporated, or QAI is an independent community-based advocacy organisation and community legal service that provides individual and systems advocacy for people with disability. Our mission is to promote, protect, and defend the fundamental rights and freedoms of the most vulnerable people with disability in Queensland. Our board is comprised of a majority of persons with disability whose wisdom and lived experience of disability is our foundation and guide. QIA acknowledges the scale of reform created by the introduction of the NDIS.

The historic remodelling of disability service provision has changed the lives of many people with disability and has impacted mainstream service delivery in almost every sector. We acknowledge also the breadth of the present inquiry and the scale of the task at hand to improve the operation of the NDIS market, to ensure that it lives up to its goals. However, QAI is concerned that some of the recommendations intended to address the challenges of implementation will not adequately protect the person-centred ethos upon which the NDIS is founded.

The fundamental objectives of the scheme cannot afford to be lost amid efforts to boost economic investment into the market. At its core the NDIS is about improving the lives of Australians with disability. And this must remain at the forefront of policy reform in this area. Our presentation today builds upon our previous submission to this inquiry. QAI agrees with many of the recommendations in the draft report and a list of these is included in our written submission. So today our presentation will focus upon three issues, which we would like to raise attention to, and which we believe needs a greater focus in the draft recommendations.

Firstly, the need for greater accountability of NDIS service providers in the market. Secondly, the recommendations relating to restrictive practices. And thirdly, my colleague, Chris will talk about the challenges experienced particularly by prisoners with disability seeking access to the scheme.

So to our first concern today QAI is concerned that there is insufficient focus in the draft report on measures of accountability. In line with the market base mechanism of the scheme. Both participants and service providers are free to make decisions in accordance with their own interests. Whilst this facilitates increased choice and control for participants, it also facilitates service providers putting their own needs ahead of the people that they're supporting.

And in some situations, this has resulted in the exploitation of people with disability whose funds or personal circumstances have been used for the provider's own gain to the serious detriment of the person with disability. Given the nature of the market and the vulnerability of its consumers, the need for robust accountability measures is critical. Without a strong oversight mechanism that raises the standards of service delivery through enforcement measures and proactive compliance strategies, the fate of a participant's journey in the NDIS becomes dependent upon whether they happen to encounter a safe and ethical service provider.

QAI agrees with the recommendation that the Quality and Safeguards Commission should report regularly on the incidents and context of participant harm. The absence of accurate data that captures participant harm further perpetuates unethical practices that lead to the abuse, neglect, and exploitation of people with disability. However, QAI is concerned about the ability of the Quality and Safeguards Commission to adequately report on participant harm. Given the well-known inadequacies of the Quality and Safeguard Commission's response to allegations of harm so far. Commonly cited concerns include the Quality and Safeguards Commission's response to complaints, which can be slow, inappropriate or ineffective.

The Equality and Safeguards Commission also appears to be very provider-focused rather than participant-orientated. The ability of the Quality and Safeguards Commission to appropriately address participant harm is limited by its predominantly reactive rather than proactive powers. And this has been further ingrained by the volume of complaints that they have received. QAI is particularly concerned about one type of participant harm that appears to be going unnoticed by both the Quality and Safeguards Commission and policy makers in general.

That is harm caused by the rise in applications for guardianship and administration appointments by NDIS service providers. This appears to be an unintended consequence of the rollout of the NDIS, but as a trend, nonetheless, that has significant human rights implications for participants. QAI is aware of the following. Firstly, increasing numbers of applications for guardianship and administration appointments occurring in situations where prior to the NDIS informal decision making arrangements would have sufficed.

Secondly, applications are being submitted to QCAT without merit based upon unsubstantiated claims of incapacity and without satisfactory evidence. Thirdly, and perhaps most concerningly applications are occurring in situations where the service provider has a conflict of interest and seeks to gain financially from vulnerable participants with large NDIS funding packages.

Applications for the appointment of the office of the public guardian are occurring in situations following the emergence of a disagreement between the participant, their familiar guardian, excuse me, and the service provider. Service providers know that the office of the public guardian has a preference to maintain service agreements with large registered providers, as opposed to smaller,

independent or unregistered service providers. Whilst some of these applications are correctly dismissed at hearing others are not and lead to the inappropriate appointment of a substitute decision maker.

Often, the ability of a participant to assert their capacity and ultimately protect their right to self-determination depends upon whether they have had access to legal advice or representation, which is something not routinely offered or required for guardianship or administration applications. The intricacies of the legal environment in which these applications take place are further compounding the problem. For example, the lack of a threshold test that applications must meet before being accepted by the tribunal. The financial and emotional toll placed upon a person forced to defend unfounded and sometimes vexatious guardianship or administration applications cannot be overstated. The affront to a person's dignity causes significant psychological distress.

The removal of a participant's legal capacity and right to make their own decisions clearly takes away their choice and control and contravenes the objectives of the NDIS. The lack of accountability for service providers who exert their dominance over participants in this way, perpetuates their monopoly on the market and distorts the market's ability to preference high quality service providers. It also has the impact of lowering participant confidence in the market and its ability to regulate unethical conduct and protect participants from harm.

The risks to consumers in a market where service providers are inadequately held to account by the Quality and Safeguards Commission, will be greatest still, if the Queensland Productivity's Commissions recommendations regarding price deregulation are adopted. And if the Queensland government withdraws as a provider of last resort in relation to positive behaviour support plans. In other words, two situations in which participants are at even greater risk of exploitation. QAI calls for a review of the state-based legal framework in which these applications are occurring.

And a review of the NDIS regulatory framework facilitating this practice among service providers. Reform is required to facilitate a paradigm shift towards supported decision making practices as required by the convention on the rights of persons with disabilities. We call upon the productivity commission to consider recommendations that will strengthen the remit of the Quality and Safeguards Commission to improve the accountability of unethical service providers.

Moving secondly now to our second point, which is in relation to the recommendations regarding restrictive practices. QAI takes the position that due to the economic framework of analysis adopted by the Queensland Productivity Commission. Examining the Queensland government's role in relation to the authorisation of restrictive practices as requested in the terms of reference of this inquiry is with respect inappropriate. QAI considers the use of restrictive practices to infringe the fundamental human rights of people with disability.

Any analysis that self-admittedly focuses on cost efficiencies is not appropriate to examine and make recommendations on actions that authorise the violation of a person's fundamental rights and freedoms. Rather than an examining the regimes that regulate the use of restrictive practices, focus could be placed on how the use of restrictive practices increases the costs of funded supports under the NDIS. And therefore focus could be placed upon seeking to reduce these costs by considering ways in which the use of restrictive practices can be reduced or eliminated.

With this caveat in mind, QAI does agree that there needs to be increased clarity around the restrictive practices regime, which is currently complex and difficult to navigate. We support the development of a simplified cohesive regime that captures the use of restrictive practices in all settings, in which they occur. The legislation cannot compromise on the safeguards required to protect a person's human rights for the sake of market development and economic growth.

Accordingly, QAI recommends further legal analysis of the level of protection offered by the disability services act and the NDIS restrictive practices rules within a human rights framework rather than an economic analysis.

Essentially QAI is fundamentally concerned that reducing the regulatory framework around the use of restrictive practices and recommending that the Queensland government foster a market for the private preparation of positive behaviour support plans will ultimately lead to an increased use of restrictive practices on people with disability. It is one thing to remove the government statutory monopoly on the preparation of positive behaviour support plans for seclusion and containment, but it is another thing entirely to withdraw as a provider of last resort.

Since the introduction of the NDIS, QAI has found that the quality of positive behaviour support plans has declined markedly. There is a lack of experience among practitioners and a lack of innovation in positive behaviour support plans, leading to the increasing use of generic positive behaviour support plans that are not tailored to the individual's needs. This means that people with disability are having their freedoms limited in the absence of evidence-based guidance that will successfully address the behaviour of concern and work towards the reduction or elimination of the need for the restrictive practice.

The broader remit of the NDIS restrictive practices rules has also led to an increased demand for positive behaviour support plans. And yet, as we know, there are insufficient numbers of registered providers who are capable of providing positive behaviour support plans. And this is particularly problematic in rural and remote parts of Queensland.

There is also a concern about the frequency with which a participant's funding for positive behaviour support plans proves insufficient. Since the adoption of typical support packages, participants often have to initiate lengthy review processes in order to access the required level of funding to obtain an appropriate positive behaviour support plan. All of this is in addition to the concerning trend that was identified in the draft report of service providers showing non-compliance with regulations that provide essential safeguards against the inappropriate use of actions, which would otherwise constitute criminal offenses.

All of this indicates a market that has struggled enormously with the transition to the NDIS, and which is ill-prepared for the move towards the privatisation of preparation of positive behaviour support plans. Given the inadequacies of the market's current ability to prepare and provide positive behaviour support plans, recommending an increase in the move towards fully privatising their preparation is premature. Particularly in the absence of any complementary recommendations that seek to improve the quality of positive behaviour support plans being produced by the market.

One of the fundamental objectives of the NDIS is to protect and prevent people with disability experiencing harm from poor quality support. The Australian government has a legal obligation to protect the human rights of people with disability under the convention of the rights of persons with disability. We therefore believe that the productivity commission should refrain from recommending the continued fostering of a market for the private preparation of positive behaviour support plans until such a time, that there is confidence in the ability of the market and service providers to provide high quality, positive behaviour support plans and comply with the relevant legal obligations.

QAI agrees that a statutory monopoly by the Queensland government on the preparation of positive behaviour support plans for seclusion and containment is inconsistent with the principle of choice and control in the NDIS market. However, rather than withdrawing completely, the Queensland government must remain a provider of last resort. The grave nature of seclusion in containment require a safety net that the free operation of the NDIS market will simply not provide. In QAI's experience, participants with complex needs, who are more likely to be subjected to restrictive practices, often experience difficulties accessing supports, as service providers have been known to terminate service agreements when challenges arise.

This can leave vulnerable participants with complex needs without positive behaviour support plans that provide a pathway towards the reduction and elimination of the use of such restrictive measures. And there is significant risk that this will increase if the government withdraws as a provider of last resort. And consequently puts people with disability into a situation that arguably far surpasses anything that was ever originally intended by the NDIS. Whilst not perfect government bodies typically have more comprehensive oversight mechanisms and are ultimately accountable to parliament. Retaining and oversight function alone will be insufficient.

Recommendations could alternatively focus upon the Queensland government's capacity to improve the provision of positive behaviour support plans in the NDIS market, such as investing to attract more positive behaviour support practitioners to the scheme. Or working with service providers to develop best practice guidelines. Ultimately the Quality and Safeguards Commission must ensure that NDIS service providers are continually working towards the reduction and elimination of the use of restrictive practices in order to protect the fundamental human rights of people with disability. And I'll hand over to Chris to talk about our third concern today.

CHRIS COOMBES:

Thank you very much, Sophie. And thank you, Dr Hooper for having us here today to provide feedback on this very expansive report. Today I'm specifically going to look at chapter 14 of the productivity commission's report into NDIS markets, a chapter called interactions with Queensland government services. So I explore how people with disability in adult corrective settings are supported to navigate the NDIS.

As Sophie said, QAI have a long history of supporting people in closed settings, such as forensic mental health settings and custodial settings. And we have experience on both individual and systems levels of advocacy. For this submission we've collaborated with stakeholders working intensively in this area, and we appreciate them for their input. We bring our shared experience and data into conversation with data collected by the commission.

And so I have three goals in this section. The first is to set the scene of over-representation of people with disability in prison. I next highlight the access process for people within prison and highlight some ways that it might be improved. And thirdly, I emphasise the barriers for accessing support while in custody, when a person has met access to the NDIS. So why is identification of people with disability, a markets issue? Well, productivity commission notes that the NDIS market is constructed, reviewing the liminal space between NDIS market and mainstream services provides an opportunity then to understand why certain groups are underrepresented in the market.

Indeed QPC notes the economic imperative to improve the identification process of people with disability in prison in your draft report. Citing a study, which examines the economic value, Rowan colleagues found that the benefits that would have been generated from expenditure on disability supports that diverted people from imprisonment ranged from \$1.40 to \$2.40 for every dollar spent on supports. So should the provision of necessary supports be delayed, the NDIA Queensland corrective services and other service systems are likely to be financially overburdened in the long run.

And conversely intensively supporting people in custody to gain access right now represents an opportunity to invest in scheme sustainability, through providing support at an earlier life stage to those who most need it. This is a legislative imperative of the NDIA scheme sustainability. So it's really difficult to know how many people who are incarcerated live with disability. QPC sites a few studies that estimate around 20% to 30%. Task force Blackston, however, by the crime and corruption commission heard evidence that this figure is actually closer to 50% and rising. This figure is much higher again for people at the intersections of certain structural disadvantage.

And your report cites a study by Vanderpoel and Howard's which says that for people who are indigenous and male in Northern territory prisons, 96% live with severe hearing impairment. So given the high proportion of those with disability in prison it should follow that NDIS supports are also required in custodial settings. The QPC draft report notes that NDIS implementation project funded by QCS identified 1,750 people in prison who were likely eligible for the NDIS in 2018 to 2020. However, of the 9,000 people in prison only 155 identified as having an NDIS flag reported on the management system.

So there's a bit of a gap here in terms of those who are likely eligible and who are actually receiving support. And there's, I guess the gap between people receiving and needing support in Queensland prison leaves many questions unanswered. How is the NDIS universal scheme while not available to the likely eligible prison population? How can we better capture, share and publicised data on incarceration of people with disability? QPC would do well to elicit clarity on the ways the justice system and the NDIA plan to collaborate, to increase the number of people with plants who are incarcerated.

QAI acknowledges the many barriers to identification of people with disability in prison. We've included some of these challenges in our submission. But for brevity, I won't go into it now. I think also the task force Flaxton report in the Human Rights report helpfully outlined many of the barriers to identification as well. I want to focus on a few other challenges in terms of that might be more legislative. I think the ambiguity of the NDIS act, the rules and the applied principles and tables of

support here after named the APTOS principles may exacerbate the under provision of supports to people with disability in prison.

So the disability discrimination act mandates that states and territory governments make reasonable adjustment to ensure people with disability can access their services. The NDIS supports for participant rules aimed to clarify which supports the NDIS retains responsibility for. And specifically excludes day-to-day care and support needs of a person in custody, including supervision, personal care and general support.

This rule is echoed in the APTOS principles and these principles are now outdated. For instance, there's been significant developments in health related disability supports. And we feel at QAI the justice NDIS interface deserve similar attention. So within the realm of what the NDIS has agreed to fund under the APTOS principles the following might be examples of what people with disability in prison might need. Equipment such as prosthetics and wheelchairs, therapies to maintain physical, cognitive communicative, and sensorial function.

Support coordination to manage significant life transitions. The coordination of assessments, including commissioning full functional capacity assessments, which are required for specialist disability, accommodation, or (UNKNOWN) for instance, and behaviour support where it relates to whether that person's behaviour relates to their disability. So QAI is unsure how reasonable adjustment is conceptualised by different parties. However we know that it's been interpreted in a multitude of ways reasonable adjustment lacks definitional clarity, and it may result in disagreements between state and federal governments over who is truly responsible for providing supports.

QPC notes in its report, that it's not seen evidence that this cost shifting exercises intentional. However, QAI heard from multiple stakeholders that such disagreements results in significant delays for participants needing support right now. The exclusion of day-to-day supports in the APTOS principles as what the NDIS will fund may also reinforce traditional systems of service provision, which have been historically inequitable and risky. The delivery of supports to people with disability by untrained, underpaid people who are also on custodial orders, for example, is another way people with disability in prison are rendered vulnerable by these APTOS principles.

QAI believes that these workers selected for these prison programs should not be exempt from minimum wage. And that these people be supported to acquire adequate training and a yellow card to ensure the person doesn't have a history of exploitation of vulnerable persons. Further, a person's disability related support needs can be quite complex and require highly skilled and qualified workers disability professionals, especially while they're in prison. Not funding funds for workers to establish rapport with a person while they're in prison prior to release can only be described as a missed opportunity.

QAI considers that the NDIA and States and territories should review the suitability of the rules and the APTOS principles. Particularly where day-to-day supports are reasonable and necessary for people with disability in custody. The non-provision of funding for people who have met access while in prison is another significant barrier to people receiving supports. QAI is aware of participants in prison receiving zero or \$1 plans. It is QAI's understanding that the length of the

sentence may inform the planners decision, not to fund supports with participants with longer sentences, being more likely to receive one or \$0 plans.

However, refraining from providing funded supports to participants in prison, not only lacks legislative support as per the NDIS act section 341, but it risks participants being without essential disability-related supports while they're in prison and for their release. It's also unreasonable, we believe to expect NDIA plan is to make a judgment call about the likely length of a prisoner's sentence... A person in prison sentence. As noted by the Queensland government at any given time the release state for only a small portion of the total prison population is known to QCS. For example, in August, 2018, 13%, only 13% of the prisoner population had an actual known release date. And that's in your recidivism report last year.

NDIS plan is already required specialised knowledge in so many areas and expecting them to understand probation and parole processes is neither supported by the NDIS act, nor is that an effective way to ensure continuity of supports. Further it's not well understood how people with disability who are released at short notice without funding in their plan go about reactivating those supports. So the anti-discrimination commission in Queensland noted in 2017/18 that the most common length of stay in custody was one to two months.

With more than 50% of the prisoner population serving more than four months in custody, this timeframe is according to the NDIS participant service guarantee. Less time than participants can expect a planner to schedule a planning meeting, commence building a plan and link them in with a supports coordinator, if there's one provided. Recently, one staff member detailed how 14 days of mandatory isolation which is solitary confinement for their client due to a COVID precaution worsen the impact of their psycho-social disability.

The worker describes that their client had no access to their NDIS funded psychologist, even by Tele-link. Greater interagency escalation processes would ensure people are prioritised for access decisions and planning. I want to touch on advocacy now, it's unknown how people are supported to submit a change of circumstance form, an internal review or an external review of their plan while they're in prison. The NDIA have on multiple occasions, refused to process an internal review request when it has been completed by a supports coordinator on a participant's behalf.

The necessity of gaining a signature on these forms introduces another barrier for those who are incarcerated, a problem exacerbated given COVID restricts face-to-face visits. QPC would do well to explore the value of advocates for people with disability in closed settings, particularly with regard to exercising review rights to the NDIA.

And even when a support is approved by the NDIA, QAI has been told that remains a decision of the general manager of the prison to permit that piece of equipment to enter the facility. Funding of supports coordination, to meet with the person while they're incarcerated would be a significant safeguard for ensuring this cohort have access to services and assistive technologies in prison and disability related support in place for their release.

So to conclude the existing architecture of disability identification of access and of service provision within custodial settings deserves urgent attention, not only does the anti-identification and

provision of supports to people with disability, raise questions about how human rights of people... How human rights of people with disabilities are being met in prison, but it may be inefficient to under service this cohort as well. It also belies the universal and insurance principles on what... On which the scheme was founded.

Much work is required to deliver on our international obligations, as well as our obligations to people with disability who are currently incarcerated. QAI welcomes any questions and points of clarification and further input from people with disability, particularly those who are incarcerated first nations peoples, QCS, NDIA and the productivity commission, thank you so much.

DR KAREN HOOPER:

Thank you. So thank you for that really expansive presentation and for your submissions to the inquiry, they've been very useful for us in getting across the concerns that you've expressed. So the submission is quite detailed in relation to the issues that you raised Chris around the intersection between justice, correctional system and the NDIS.

So I might, given the time just focus a few questions on the early issues that you touched on Sophie. So, really interested in just following up the concerns that you've raised about accountability. So here, I just wanted to double check are the concerns largely in relation to accountability with respect to registered providers, or do you also have concerns around unregistered providers?

SOPHIE WIGGANS:

I guess, yeah, it would be in relation to any service provider that's providing any kind of support to a person with disability. I guess our perspective comes from the consumer side of things and from their interests. So it's certainly, yeah, from any person providing supports and just generally as well, in relation to the ability of the Quality of Safeguards Commission at this time to really effectively respond to some of those allegations of unethical conduct or any issues that might arise.

I guess as an advocacy organisation, we become involved when there are problems. And so that obviously is where a lot of our input comes from, but I believe QAI made a submission to an inquiry last year, which we're happy to provide, which is specifically in relation to the Quality and Safeguards Commission. So yeah, happy to share that with you, if that would be helpful.

DR KAREN HOOPER:

That would be actually, so we'll definitely follow that up, and when you spoke about accountability measures need to be strengthened by Quality and Safeguards Commission, what did you have in mind there?

SOPHIE WIGGANS:

Well, I guess, yes, obviously today I was talking more specifically about one of the issues in relation to the harm caused by the unsubstantiated applications for guardianship and administration appointments. So whether, I mean, there's a need for firstly capturing more data around that from the Quality and Safeguards Commission's point of view.

Whether they're capturing and measuring the number of applications that are made by service providers about the participants, and then therefore capturing the number that are then found by the tribunal to be unsubstantiated, and whether there's role or scope there for some kind of penalty

or some sort of re-education opportunity for perhaps the commission to intervene there, to make sure that the service providers are actually practicing with supportive decision-making practices. And making sure that they're yeah, not putting in applications that are not required, not evidence-based and are inappropriate for their own gain. So, yeah, there's some room for more intervention there we believe.

DR KAREN HOOPER:

And in terms of the role of the Quality and Safeguards Commission, you made the point that there needs to be a strengthening of the remit of the commission, what did you have in mind there?

SOPHIE WIGGANS:

I guess just in terms of their ability to actually be more proactive, whether it's a resource issue or the actual powers that are given to them in the legislation, but we'd love to see more proactive involvement, particularly for participants where they are being subjected to restrictive practices, and that is known to the commission. It was hoped that they would have a bit more of a proactive role in monitoring those situations where those practices are being implemented, but to our experience that hasn't really eventuated.

So we'd like to see, yeah, more proactive involvement and monitoring of those situations where the participants are extremely vulnerable. And are having their rights limited often in the absence of, you know, really well-funded or tailored positive behaviour support plans.

DR KAREN HOOPER:

Thank you, and your submission speaks to the complex issue around separation and conflicts of interest in relation to SDA and SIL. And obviously we identify some of the issues to think about in that space, because on one hand a participant might want to integrate SIL and SDA and have the one provider. And on the other hand, we are aware of the issues around conflict of interest and the risks of harm and exploitation, be really interested in your views as how we manage that balance.

SOPHIE WIGGANS:

It's certainly, yeah, it's a very tricky... It's a tricky thing to navigate. I guess we ultimately come back to wanting to, you know, promote and protect participants choice and control as much as possible. But equally you know, would want to see limited the opportunities for a conflict of interest to occur and that then to lead to the exploitation of the participant. I think there are some... Did we talk more about this in our submission? Do you want to provide any comments on SDA or SIL?

CHRIS COOMBES:

I think that's fine, yeah.

DR KAREN HOOPER:

I'm happy to maybe take that one on notice a bit further if you'd like some more...

SOPHIE WIGGANS:

Thank you that would be helpful.

DR KAREN HOOPER:

And just a last question around the issues you raised around exploitation and the concern you have

around the recommendations we framed on price deregulation. So the issues that you raised in relation to exploitation, what are the key factors there? Is it largely the imbalance of power that's leading to those or are there other factors at play?

SOPHIE WIGGANS:

Certainly, yeah, the imbalance of power is a key thing that we see all the time in these type of transactions. I guess in terms of the price deregulation I mean, some of that is beyond our expertise in terms of you know, appropriate or not, but we are aware of situations, you know, where as soon as participants say that they're with NDIS they get charged the maximum number of dollars that the service provider can squeeze out of them, of people sometimes having to supplement their own funds to pay for things because there's inadequate funding in the plans.

And yeah, situations like that. But possibly, yeah, the recommendations around regulation in particular is possibly beyond the scope of our expertise. But as you mentioned, it's that imbalance of how, which is particularly problematic in the market.

DR KAREN HOOPER:

So I do have time for a couple more questions. I might squeeze some in. So you made the point around the quality of positive behaviour support plans declining since introduction of the NDIS, and you touched on a few points as to why that might be the case, but what do you think the key factors are there? Is it the increased demand for those plans and the supply hasn't been brought on to match that increase in demand?

SOPHIE WIGGANS:

My understanding is that that's a key factor as well as the lack of experiences of some of the practitioners as well. And then the constraints within our participants funding to then implement those measures that are within the positive behaviour support plan, and possibly a lack of skill among the support workers or the service providers to follow through with those recommendations. And just the other limitations on funding sort of also preventing them from being fully successful ultimately in reducing or eliminating the need for the restrictive practice.

DR KAREN HOOPER:

And you mentioned or expressed a view that the Queensland government could perhaps invest in attracting more practitioners into the market. Do you have any models in mind as to how that might be accomplished to attract more supply?

SOPHIE WIGGANS:

Not off the top of my head. Have you got any thoughts on that, Chris?

CHRIS COOMBES:

This is definitely outside of my expertise, yeah. I have no idea.

SOPHIE WIGGANS:

But you know I mean, I guess that's where we, you know, we utilise some of the expertise within policy makers to come up with measures that will attract. Whether it's through, you know, support to train or education or yeah, but that's what the market is ultimately requiring, you know, more positive behaviour support practitioners in order to meet the increase in demand.

Particularly if you know, as has been indicated that there's a trend towards the government removing its role in providing positive behaviour support plans you know. But I think as we've said, in the submission, particularly utilising the expertise of the Queensland government providers that have been providing positive behaviour support plans and how can they best also work with NDIS service providers to share that knowledge and expertise and develop best practice guidelines and help them to improve the quality which, you know, has been poor since the NDIS started.

DR KAREN HOOPER:

Thank you both, really appreciate your insights and your feedback on the draft report. We'll certainly reflect on your submission when we come time to finalise the report. So I'll close the session there and we'll have a short break for lunch and come back at 1:30, thank you again.

SOPHIE WIGGANS:

Thank you so much.