



4 February 2021

Dr Karen Hooper
Principal Commissioner
Queensland Productivity Commission

By email to: enquiry@gpc.qld.gov.au

Dear Dr Hooper

Re: Inquiry into the National Disability Insurance Scheme market in Queensland

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Queensland Branch welcomes the opportunity to respond to the inquiry into the National Disability Insurance Scheme (NDIS) market in Queensland.

The RANZCP Queensland Branch recognises that the transition of people into the scheme is continuing, and that the NDIS market is still maturing in Queensland and will continue to do so for some time. The RANZCP Queensland Branch supports the recommendations in the draft report to strengthen areas within the NDIS including data collection, service mapping, and training of support staff.

Data collection

The draft report acknowledges that some cohorts of people living with a disability in Queensland face specific barriers in accessing NDIS services. These cohorts include Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse (CALD) backgrounds, Queenslanders living in rural and remote areas of the state, and people living with complex and/or psychosocial disabilities.

An independent pricing review carried out by *McKinsey & Company* in 2018 showed that utilisation data from the NDIS trial sites suggests lower than expected utilisation of services was driven by participants being unfamiliar with the NDIS and how to use their supports, rather than a supply shortage.

As the draft report acknowledges, there is insufficient information available for participants to assess which providers will best supply them with supports and to compare alternative providers.

RANZCP members raise concerns over a lack of Aboriginal and Torres Strait Islander health workers to provide pre-planning support for this vulnerable group to understand and engage in the NDIS in a culturally appropriate way.

The RANZCP acknowledges that the National Disability Insurance Agency (NDIA) has developed an Aboriginal and Torres Strait Islander Engagement Strategy to improve uptake of the NDIS, as well as the \$5.9 million committed to improving access for these communities. At present, there is little evidence this has been filtered down to the service sector. There appears to be minimal guidance and support for NDIS providers as to how to

provide culturally competent services, and a significant market gap in 'identified' service providers and support workers. Providers have to cover the cost of providing training and upskilling of staff creating a barrier for workforce development and growth. The consequence of this is significantly delayed access to support, or a lack of access to culturally appropriate support, creating further vulnerabilities for the Aboriginal and Torres Strait Islander communities.

The following case study demonstrates the importance of establishing specific strategies for Aboriginal and Torres Strait Islander people living with disability, in partnership with the Aboriginal community-controlled organisations working with those communities and families.

Female, Indigenous Australian with diagnosis of paranoid schizophrenia – extended inpatient admission due to lack of available and appropriate support services

When planning discharge, there were protracted difficulties when attempting to engage 'Indigenous identified' service providers due to a market gap in this space. Of the services who were approached in the absence of available Indigenous specific services, many had limitations in their workforce to be able to provide culturally competent and appropriate support. This required clinical staff to deliver specific education and training to improve the capacity of the service to provide the required support.

The barriers encountered resulted in significant delays for discharge planning and caused the individual additional psychological distress. This described scenario is not novel, and replicable issues continue to be encountered on a regular basis when attempting to engage an Aboriginal or Torres Strait Islander with NDIS support.

These strategies are equally critical for NDIS relevance to CALD communities. Historically, Australians from culturally diverse backgrounds have been underrepresented in the disability sector. There is a divergence between culturally appropriate language and NDIS prescribed language, and many people from CALD communities report great difficulty navigating the NDIS system. Many tools and assessments recommended by the NDIA for larger support packages are often not culturally appropriate for CALD populations. Utilisation of alternative assessments has resulted in misinterpretation from NDIA planners, impacting their ability to provide an adequate support plan. Individuals from culturally diverse backgrounds describe difficulty with the formal planning meetings and the acknowledgement of the support needs associated with having a lifelong disability and/or mental health condition. This at times has become prohibitive to individuals accessing support, due to associated cultural stigma and fear of alienation from their community.

The RANZCP is aware of strategies, policies and projects that have been implemented to improve CALD community engagement with the NDIS. Despite these efforts, current experience indicates that there continues to be fragmentation with translating these policies into practice as many previously identified issues continue to be encountered on a regular basis.

The following case study demonstrates that people with disability from a CALD background can face additional challenges in terms of inclusion in their communities, and this extends to their ability to access NDIS services and supports.

Female, CALD refugee background, PTSD – delay in plan provision and support due to difficulty evidencing need in context of cultural background

As a result of a complex trauma background, this person required 24/7 support to be able to live independently in the community. Common assessments used to evidence this support need for planning purposes include functional and cognitive assessments. Due to cultural barriers, associated stigma and lack of insight, and a lack of specially trained clinicians, the assessments normally required were unable to be completed to an adequate level.

Advocating to the NDIS for their consideration of alternative assessments was difficult and required escalation. The unfamiliarity of the assessments led to misinterpretation of results by the NDIA planner, prolonging the time it took to develop the plan. To mitigate this, additional advocacy was required by stakeholders and further assessments were requested by the NDIA. Completing these further assessments was detrimental and confusing for the individual, causing additional stress due to fear of not being able to access the required supports.

A member of RANZCP explained that many people living with psychosocial disability have no knowledge of or understanding of the Scheme, and there are insufficient assertive outreach services for hard-to-reach populations, such as the homeless. Many individuals living with severe and persistent psychosocial disabilities require significant rapport building to foster meaningful engagement. Of the services that are funded to assist this population to access the NDIS, most do not have the workforce capacity or time to effectively provide the required support.

There is a disproportionate number of participants with a psychosocial disability who have underutilised NDIS plans. Due to functional impacts associated with psychosocial disability, many individuals experience difficulty navigating the service system. Support coordinators are designed to assist in this space, however despite ongoing State and Federal level advocacy, many psychosocial participants are not provided funding for this support in their first plan. The outcome of this is that individuals remain unsupported despite having access to funding. Individuals also become vulnerable to exploitation of service providers who are aware of their limited capability in this space. There is also risk of participants losing funding at plan reviews if their plan is underutilised and they are unable to advocate or evidence why this is the case.

There continues to be significant market failure in relation to services that can support individuals with complex needs, challenging behaviours, or those that have an elevated risk profile that require the use of restrictive practices. This market failure is further exemplified when the challenging behaviours or risks relate to an intellectual disability. The NDIA does not provide clinical governance or support for individuals with a primary diagnosis of disability, with responsibility often falling on public mental health services that are not adequately trained to provide such a service.

The following case study demonstrates that people with psychosocial disability are often unable to navigate the complexity of the application process alone and do not have sufficient advocacy and support to do so.

Male, diagnosis of schizophrenia – living in supported accommodation and received his first NDIS plan without support coordinator funding

The individual was supported by the accommodation provider to access the NDIS without liaising with external stakeholders. The individual received a plan for support and the accommodation provider engaged their internal service to provide this support. Portions of the plan were unable to be serviced by them, however they did not engage external providers to meet this need. During this time, the individual had a plan review and due to the underutilisation of these funds, they were removed from the plan.

Eventually this matter came to the attention of the mental health case manager who was able to advocate on the individual's behalf for a support coordinator to be funded to assist with appropriate service linking and provide oversight of the conflict of interest. With this additional support, the individual has since moved, is now accessing effective support, has increased independence and is engaging in more meaningful activity.

The draft report identifies that specifically in rural and remote areas, there are few providers and support markets may be missing.

The RANZCP Queensland Branch commends the NDIA on their NDIS Demand Map but believes that this demand map does not provide enough detail, for example on the range and type of participants and plans in any given area across the state of Queensland.

The RANZCP Queensland Branch acknowledges that gaps in the available data and the volatility of a transitional and rapidly growing market mean that currently available data does not yet provide certainty as to whether participants will be able to continue to access the NDIS supports they need into the future.

The RANZCP Queensland Branch supports that the NDIA should continue to engage with stakeholders to determine and address ongoing data gaps.

Service mapping

The draft report identifies key areas - employment, learning and accommodation - as needing a stronger focus to produce better outcomes for NDIS participants.

Employment outcomes for people with a disability do not appear to have improved since the introduction of the NDIS in Queensland.

The draft report encourages participants to adopt employment as a goal in their plans, when the participant is able and willing to work. The RANZCP Queensland Branch would support this goal but emphasises the importance of recognising that there are many barriers to employment, including psychosocial barriers which must be addressed, rather than all responsibility sitting with the NDIS participant to obtain employment.

Queensland's market for specialist disability accommodation (SDA) remains undeveloped. Available data on participants with SDA in their plans suggests undersupply across several Queensland regions. Another clear gap in Queensland's disability accommodation market is that few providers are willing to provide accommodation and support for high-risk cohorts

with complex needs and challenging behaviours. This ultimately results in extended admissions, or people continuing to live under-supported in the community.

Recently, there have been changes and additions to models of support funding by the NDIS. On numerous occasions, individuals have been provided funding for a specific support model when the sector was yet to be aware of the model and unable to provide this support. Individuals were not able to access alternate models, having to wait for a market response and significantly delaying access to support.

There continues to be ongoing divergence between what is funded by the NDIS and what the market is able to provide. While this has been a prevalent issue for some time, little incentive is provided by the NDIA for services to move into service gaps and the market response to the need is stalled at best, leaving people without access to the support they need.

The RANZCP Queensland Branch welcomes the development of a tool which identifies the prevalence of areas of rural and regional need to assist service and accommodation providers in planning and provision, as current service access is negotiated on an individual basis.

Training of support staff

The Queensland Productivity Commission draft report emphasises that the size of the disability support workforce has grown with the NDIS, but labour supply shortages remain for a number of occupations and areas.

Members of the RANZCP Queensland Branch have identified training of support staff as an ongoing barrier for their clients to access the NDIS support services that they need. There is a need to address gaps in education and training to support the provision of local disability support services across the state of Queensland, in particular cultural awareness training and targeted supports for psychosocial disability and complex patient cohorts.

Repeatedly, it remains difficult for service providers to attract and retain a skilled workforce particularly in the complex needs space. Service providers continue to cite the low-price guide limit for these workers as the primary barrier for engaging appropriately skilled staff. Often these barriers either cannot be mitigated or take a significant amount of time to navigate, leaving individuals unsupported and at risk. The RANZCP Queensland Branch highlights the importance of appropriately skilled, supported and remunerated staff as essential for improving care and support for NDIS participants in Queensland.

To further discuss the contents of this letter please contact me via Ms Nada Martinovic, Policy and Advocacy Advisor (Queensland Branch), at nada.martinovic@ranzcp.org or on (03) 3852 2977.

Yours sincerely



Professor Brett Emmerson AM
Chair, RANZCP Queensland Branch Committee