



# TRANSFORMING DISABILITY ACCESS for Indigenous Australians

SUBMISSION TO QUEENSLAND PRODUCTIVITY COMMISSION  
INQUIRY INTO THE NATIONAL DISABILITY INSURANCE SCHEME  
MARKET IN QUEENSLAND – RESPONSE TO DRAFT REPORT

INSTITUTE FOR URBAN INDIGENOUS HEALTH (IUIH)  
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## Response to Draft Report

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The Institute for Urban Indigenous Health (IUIH) welcomes the opportunity to provide input in response to the Queensland Productivity Commission's Draft Report (2020) on the National Disability Insurance Scheme (NDIS) Market in Queensland.

IUIH considers that the Draft Report has made an important contribution to highlight the issues faced by Indigenous Australians concerning the NDIS. In particular, the draft findings included in Chapter 12 outline key barriers impacting Indigenous access and participation, including those raised by IUIH in its first submission.

However, IUIH also considers that the Draft Report falls significantly short with regard to meeting closing the gap policy and program obligations, and that the Final Report would be significantly strengthened if additional and more specific recommendations are proposed to translate the findings into a more accountable roadmap to achieve equity for Indigenous Australians with disability. These recommendations are further outlined below:

### 1. Indigenous-specific Access, Plan Development, and Service Delivery Pathways

Based on the latest NDIS Qld Dashboard Report (September 2020), only 49% of the Indigenous NDIS participation target for 2019 has been met, compared to 86% for all Queenslanders.

The primary reason for this continuing access barrier is that the current 'mainstream' NDIS rollout is clearly out of step with the recent National Agreement on Closing the Gap (2020) policy commitments. These include an imperative for all governments and agencies, including the NDIA, to implement Indigenous-led solutions through, in the words of the Agreement, 'structural and systematic transformation' of existing program design architecture and ensuring 'the voices of Indigenous people hold as much weight as the governments'. Further, the Agreement commits to giving preference to and priority funding of Indigenous organisations, acknowledging the evidence-base that Indigenous designed, controlled, and delivered services will close the gap faster.

For the QPC Review to demonstrate an exigent and unequivocal response to these closing the gap obligations, IUIH restates its previous recommendations for inclusion in the Final Report:

#### *Recommendations:*

##### *1.1 Establish specific and Indigenous-led Access and Plan Development Pathways into the NDIS for Indigenous people with disability. These pathways:*

- must reflect structural changes to the way NDIS is accessed by Indigenous people, rather than front-end 'connector' or 'referral' type solutions back to mainstream processes*
- will operate within the regulated NDIS framework and guidelines for 'Partners in the Community' for Early Childhood Early Intervention (ECEI) and Local Area Coordinator (LAC) functions, but be assigned to competent community-controlled organisations to function 'in parallel' to mainstream ECEI and LAC Partners*
- should be introduced as part of the upcoming refresh of current LAC and ECEI contract arrangements in 2021, and on a regional scale across NDIS Service Areas*

*1.2 Formally incorporate the involvement of a Participant's chosen advocate, intermediary or support in the development of Participant Plans, both at the pre-Plan Meeting stage to assist the Participants to clearly articulate their Goals, as well as during the formal Plan Meeting with the NDIA's Planner/Delegate*

*1.3 Integrate NDIS access, coordination, and service provision with primary health care.*

*This could be achieved through leveraging the already established national infrastructure of 150 Aboriginal Community Controlled Health Services (ACCHSs), including:*

- building on trusted and already established culturally safe ACCHS client relationships to ensure seamless navigation through the health, aged, and disability care systems*
- addressing a nationally 'culturally thin' market through extending the number of existing community-controlled providers delivering disability care, including in major cities*

The need for Indigenous-led reform is both urgent and incontrovertible. This is not the time for further exploration of needs or solutions. For example, UIIH points to the community-controlled health sector, where, for over 40 years, Indigenous-specific care pathways have delivered substantively better access for Indigenous people, compared to the aged care and disability sectors. This longstanding and evidential health experience should be the template for shaping the reforms required in the NDIS - as is the emergent example of aged care, where the Royal Commission into Aged Care Quality and Safety Final Hearing recommendations advocate for Indigenous-specific arrangements, including a priority to resource and implement community-controlled access, assessment and service provision reforms.

Further, UIIH's NDIS Pilot Project of National Significance has already paved an NDIS reform pathway. As detailed in UIIH's earlier submission, this Pilot achieved an astonishing 3 times better 'access met' rates and 10 times better 'plan approval' rates compared to standard NDIS arrangements. This represents a cogent validation of the proposition that efforts to improve NDIS participation will fail for Indigenous people unless there are cultural adaptation and apposite Indigenous-led program redesign and delivery.

This is corroborated by recent research<sup>1</sup> which identified fear and mistrust of mainstream services, including racism, were twice as likely to be major deterrents to service use by Indigenous people with disability. By contrast, when Indigenous people are in control of the decisions that affect their lives, they have better health and wellbeing - affirming the critical role played by 'cultural determinants' of health, including the reciprocal and cyclical relationship between culture, community, connection, and wellbeing and that cultural expression itself is healing. Unlike other sectors such as health, this research further highlighted the current absence of an overarching self-determining framework guiding the policy and program development of the NDIS and the urgent need to privilege Indigenous voices in the redesign of the NDIS.

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<sup>1</sup> Temple JB, Wong H, Ferdinand A, Avery S, Paradies Y, Kelaher M. *Exposure to interpersonal racism and avoidance behaviours reported by Aboriginal and Torres Strait Islander people with a disability*. Aust J Soc Issues. 2020;00:1–20. doi: 10.1002/ajs4.126.

## 2. A Focus on Indigenous Urban Need

Contrary to common misconceptions, proximity to mainstream services in urban areas has not translated into better health access and outcomes for Indigenous people. For example:

- In the major urban region of South East Queensland, the rates of under 65-year-old Indigenous people with profound or severe disability are higher than the Indigenous rates across Queensland (6.9% and 5.5% respectively)
- Nationally, according to the latest (2019) Aboriginal and Torres Strait Islander Health Survey, the proportion of Indigenous people:
  - with one or more selected chronic conditions was higher for Indigenous people living in non-remote areas (48%) than in remote areas (33%)
  - who did not seek medical help when needed in the last 12 months was higher for those living in non-remote areas (14%) compared to remote (8%)
- ‘Culturally thin’ markets are just as acute in urban settings as they are in remote areas

The challenges which are emerging through Indigenous population trends are also not well understood. These trends reveal some dramatic demographic shifts:

- There is rapid urbanisation of the Indigenous population, with 79% of Australia’s Indigenous people now living in urban areas and 37% in capital cities
- There is a slowed or, in some cases, declining remote Indigenous population

The above data highlight the need to ensure a priority focus is on urban settings as well as remote. This focus has, however, not been reflected in NDIS policy and program development. IUIH restates its previous recommendations for inclusion in the Final Report:

*Recommendation:*

*2.1 Implement priority and targeted strategies to improve culturally safe access and service delivery services in urban regions - where the majority (80%) and fastest-growing Indigenous population resides.*

## 3. Priority Indigenous Targets

The NDIS has a conspicuous lack of any Indigenous-specific targets. Implementing such targets, and a commensurate reporting regime is a priority accountability measure if efforts to close the gap are to succeed. For example, a 7% NDIS participation rate of eligible Indigenous population is considered appropriate, based on relative disability rates reported by AIHW. This is further detailed in IUIH’s earlier submission.

*Recommendation:*

*Introduce enhanced transparency and accountability measures, including:*

- *incorporating Indigenous-specific NDIS targets and reporting requirements into all NDIS programs*
- *publishing quarterly Indigenous access and plan data at the NDIS Service Area level*

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