DR KAREN HOOPER:
So we'll now have our last session for today. So thank you to Matt Moore for joining us, Matt from the Institute for Urban Indigenous Health. So Matt, if you wouldn't mind just identifying yourself and your organisation for the purpose of the public record and then I'll hand over to you for your presentation.

MATT MOORE:
OK, thanks, Karen. Matt Moore, General Manager, Aged and Disability Services for the Institute for Urban Indigenous Health based here in Southeast Queensland. The Institute is like a regional body for the four Aboriginal medical services that look after the Aboriginal communities in Southeast Queensland, in the corner.

DR KAREN HOOPER:
Thank you. You're welcome to make your comments.

MATT MOORE:
Thank you. So thanks, Commissioner, for this opportunity to advocate for Indigenous People with Disability and the communities in which they live here in Southeast Queensland. It's important to note from the Institute's perspective that we were late to the game, in the NDIS, and the Disability Services and we really only stepped into this space due to the lack of activity in the space for the Aboriginal community as the NDIA was rolled out in Brisbane and Queensland.

We'd also like to acknowledge the draft report highlighting some of the barriers for us by Aboriginal people, I did highlight some, when access to NDIS, and you know, even though the Aboriginal access is still significantly lower rates than the mainstream with, you know, the end of the 2019 data which is the last full data set we could, 49% of the initial expectation for Aboriginal access is unmet compared to 86% of the broader Queensland population over the same period. So we put to the Commission that, you know, that there are three significant areas where we believe the report sort of failed or lacked to adequately address the first one, market value for Indigenous people with disability in urban settings, so there were things been highlighted strongly enough.

The second one, the need for more specific recommendations with some real substance around the closing the gap commitments including implementing Indigenous specific access plan, build, and service delivery pathways, which will create the desired market place for Indigenous people with disability, and the third is about setting some mandated targets around access for Aboriginal people and Aboriginal and Torres Strait Islander people to enter into this scheme. So their first point, at the urban setting, so you know really not clear that 80% of Aboriginal and Torres Strait Islander people live in urban settings and in the major city here, region of Southeast Queensland here, there's close to 40% of the state's Aboriginal population reside, and over 11% of the national population are in this Southeast Queensland corner.

The key point really is culturally thin markets aren't just in rural or remote settings, we also have in urban setting as well. Research clearly demonstrates that people with disability are twice as likely to experience barriers to entering mainstream services than Indigenous people without disabilities, so despite a moment your mainstream market in the urban setting here in Southeast Queensland, this

doesn't relate to Aboriginal and Torres Strait Islander access, Aboriginal and Torres Strait Islander people aren't accessing those services and they won't access services, yeah. But not highlighting this critical fact, the other report, you know, sort of fails to identify the thin markets adversely affecting the majority of the Indigenous people with disability across the state, especially in the Southeast corner.

The second, secondly, with regard to the Indigenous specific access plan building and service living pathways, there are really clear commitments under the new national agreement on closing the gap for structural transformation and change to occur within the NDIS, at the core of these commitments is the need to roll out Indigenous design, led and delivered services through community controlled organisations, this includes, this need needs to include the parallel Indigenous access pathways of LACS and ECI program, services, delivered by Indigenous organisations as well as Indigenous run, NDIS service reporters, and for this to happen, structural change needs to occur within the existing mainstream pathways.

The Aboriginal community controlled health sector is an example of how this can be done. We suggested that these health organisations can be leveraged to expand in the disability space through building on established services. This will not only build trust or relationships, but also support, important integration of health and disability for the Indigenous communities.

Thirdly, we think, we believe there should be specific access target sets which reflect not only the demographic data, but also capture additional layers of disadvantaged Indigenous people with disability's experience. A minimum of 7% of the Indigenous population and not the, the Indigenous access has participants should be set. This is based on the estimates from the latest research in the AIHW.

The lack of access for Indigenous people with the disability is contributing to the underdevelopment of appropriate markets, and there is no real understanding of the direct impacts of what this means. Any subcontractor or partner organisation in NDIS should be set mandated targets around access and engagement with Indigenous people with disabilities and publicly report against these targets at the service area level, yeah. So in conclusion, we think the report articulates well most of the issues with the, that we believe impact on Indigenous engagement with the NDIS, however the report is deemed with some solutions or provisions for change importantly for the examples that we gave.

I think there currently is an opportunity to respond to the access concerns by leveraging the timing of the retendering process for all LAC and ECI partners due at the end of this financial year, and we encourage the Commissioner to consider a specific recommendation that this process includes and encourages provision for Indigenous specific tendering opportunities including in urban settings, and we also recommend or encourage the Commissioner to consider recommending that specific resources be identified to support the growth and development of community controlled organisations to enter into the market of disability service provision as they are best placed to provide the most appropriate service to their communities. This shall include opportunities to leverage the existing network of Aboriginal health services.

So that's it, and all of that stuff is in our latest report that we've handed to you anyway.

DR KAREN HOOPER:
Thanks very much, Matt, and we certainly appreciate the participation of the Institute in the inquiry, and the submissions that you've made on the issues that you've raised. We're really interested to get your feedback on whether you see value in addressing the issues of Indigenous under representation through the proposed new national outreach strategy> Do you think that that is a potential way of addressing the issues that you've raised?

MATT MOORE:
Yeah, I think the best way to address the issues that we raise is by local trusted entities, they are the ones who are at the coalface who do the work. So, national solutions I think are good, are a...what's the right word, aspirational, but I think where the rubber hits the road is the leveraging of the trust and relationship as a local community, and where Aboriginal people can stay engaged with their local community is where you're gonna get the most wins, so, I don't know if that answers your question, but...

DR KAREN HOOPER:
It does, and obviously you see a greater role for community controlled health services in providing better access and support through the NDIS. Does it currently have the capacity to take on those additional roles?

MATT MOORE:
I think the Aboriginal Health Services is the best example nationally of Aboriginal and Torres Strait Islander Community controlled organisation doing some really good work for their communities, I think that currently, they're the best example of community controlled organisation as a good governance structures, and due to the fact that the holistic care of their client, so not just the primary healthcare, but all of the other wrap-around services and the holistic care that they provide that I think it's a no brainer that disability should become part of those sort of services.

I think the issue potentially with some is the scale, the size, and then the size of the communities and the size of the work that they've got, but I think that some sort of regional solutions to Aboriginal health services would work well together for regional solutions across that and I think that they are probably bearing in capacity at this stage to be able to relate disability services immediately, but again, with some investment, I think that there's a really good basis of good community organisations, good governance structures, and good connectivity to their communities that I think would be the best place to leverage, to rally at some of these services, yeah.

DR KAREN HOOPER:
So with all these NDIS in Queensland now for around five years, and you mentioned the issues around Indigenous appropriate service delivery even in Southeast Queensland, why are we seeing those barriers to culturally appropriate service delivery even in the Southeast corner?

MATT MOORE:
I think there's issue with the way that the project was rolled out without being oddly critical, I know that it was quite a huge thing to roll out this large program, you know, it's the biggest since Medicare, I think, the NDIS, but I don't think the engagement was targeted appropriately initially for the Aboriginal communities, so I think they all came late to the game.

Like I said, we came late to the game thinking that everyone was gonna be across the NDIS and we just have to tap in to whoever it is, but I think even to this day, I think I'm still right in saying I don't think this community controlled disability service providers in the Brisbane catchment and again because the mainstream market is a bit more robust I think is an expectation that Aboriginal people just access those services our experiences of Aboriginal people won't access those services, and that as we said in our report and some of the research shows that, you know, there's actually significant barriers to Aboriginal people going to mainstream providers.

So I think our experience, when we got into the disability space, was that everybody focused on the service delivery and the price point of the services you can get and try to think about they could have established a business and make money from that other end, but they are thinking about the community engagement strategies, the access pathways, the appropriate building of plans, and the advocacy for the, and the, the support for the carers and the participants through those processes so that they could then actually get a plan that was appropriate, and b, have actually options about how they could actually access the services for those plans, so yeah, I still think that the Aboriginal and Torres Strait Islander service delivery market is extremely dearth of anybody that's providing good, appropriate care.

DR KAREN HOOPER:
And does the NDIS price guide reflect the true cost of service delivery to Indigenous people?

MATT MOORE:
A bit hard for me to comment, we're not into the service delivery space so at yet, we're just dipping our toe in at the moment going, we've concentrated on access and doing that, again I think from our experience, I think that all of the work that has to happen at the front end, I don't think is recognised by anybody, so the community engagement and all that advocacy work about getting to the appropriate plan was, I think once you get to the service delivery part, there may need to be some incentives to get Aboriginal community controlled providers into the space, but I think you know, it's hard for me to comment about the price points which such a range of, without us actually having to deliver those services at this stage.

DR KAREN HOOPER:
Where are you seeing that the biggest advantages for Indigenous people in the NDIS, where is it producing the best outcomes?

MATT MOORE:
Well we were really fortunate to be able to run a pile of project for the access pathways, 18 months, and it was a part of project nationals, so unfortunately it is final or is new and unfortunately the evaluation that we hoped didn't take place, so we could actually, but we had some really good wins, so much so that the NDIS and our data demonstrates through that 18 months we were able to increase the access by more than 3%.

And it increased about more than three times, and increased the actual lodgement of appropriate plans, the uptake of plans by 10 times out of the mainstream system, and that purely was around the Aboriginal and Torres Strait Islander engagement advocacy support through the information sessions, and then by being able to culturally, appropriately work with families and potential

participants for the journey through to the lodgement of appropriate plans, we, that's the most rewarding of any of the pile of projects or anything that we've done in our side of disability services in the last five years for the Institute, really good, yeah.

DR KAREN HOOPER:
So some good data there that you can quote in terms of the value that you've provided in the access process. Given that you're not in direct service delivery, but contemplating it, obviously we've heard today significant issues surrounding workforce and workforce development has been a common theme of consultation. Where are the barriers in growing the Indigenous workforce in this space? Have you got any direct insights you can share on that?

MATT MOORE:
Barriers, the most obvious barrier is really it's a casualized workforce with the way that the market sets up and the way that, you know, the organisation's, you know, the consumer directed care part and the risk that's taken on the organisations, it's hard to guarantee, you know, so different employees in that space, but secondly, and again our lived experience when we rolled that aged care seven or eight years ago was that, because Aboriginal and Torres Strait Islander people weren't receiving aged care services, their community weren't interested in getting educated to be able to provide healthcare services, I think the same is true for disability. The fact that there's a very limited disability service provision in the communities there's limited interested by community to get into the field without encouragement to get into the field.

So the Institute's been really fortunate, again being a regional entity, and looking for member services, through our aged care employment strategy which was around getting younger people trained up in Cert III in individual support, we've been able to expand it and get their disability skill set to the same, so but what we've been fortunate enough to be able to do is build a blended workforce for aged care and disability where they can, they can crossover, and we continue to try and educate, you know, young ones to do that. Again I'm not sure if that answers your question.

DR KAREN HOOPER:
No, that's helpful. So are there any other comments you'd like to make Matt on the recommendations within the draft report?

MATT MOORE:
I think the three big things again for us is that, Aboriginal and Torres Strait Islander people don't just live in rural or remote don't live in remote settings, 80% of the population living in large urban settings or large regional settings and I think there's a misunderstanding or misconception that they just think that if you're close to proximity to services that Aboriginal people would be serviced, but so really highlight there a thin markets across the whole country, no matter what the setting for Aboriginal people.

I also think that setting of access targets for not just community controlled providers but for any of the partners in the NDIS to make people accountable for you know, what they're doing in the space because Aboriginal and Torres Strait Islander people typically take time, time cost money, when people are under the pump, and the ones that get dropped are the people that take the most time, so if there's not engagement of appropriate providers, appropriate organisations in the space, then

at least the NDIS, the mainstream providers are gonna need to be held accountable to what they're doing for those vulnerable people in the space as well, maybe they are the two messages that we think we gotta get some cut through with you, and the closing the gap stuff, so to close the gap, there are no disability closing gap targets, you know, COAG, and the other coalition or peaks, and we're really pushing to try and get some targets set because you know, people with disability have some of that stuff as well.

DR KAREN HOOPER:
Well thank you for appearing today and for your submission, and we'll certainly reflect on the feedback that you've given us on the draft report when it comes time to finalising the report over the next few weeks, so thanks again.

MATT MOORE:
Thanks, Karen. I hope it was helpful.

DR KAREN HOOPER:
It was, thank you.

So we'll close today's hearing a little bit early.This is the second and last day of our public hearings for the inquiry.

I just like to thank everyone both here in the room and those joining us via livestream for their participation and interest in the inquiry. I'd encourage you to visit our website where we'll post the submissions that we've received on the draft report. We certainly encourage you to remain connected with us as we move towards finalising our report for the Queensland government.

So thank you again and enjoy the rest of your day.