

Paige Armstrong, QUEENSLANDERS WITH DISABILITY NETWORK

DR KAREN HOOPER:

So now, we'll move on to our seventh presentation, and welcome to Paige Armstrong from Queenslanders with Disability Network. So Paige, before you give your comments, if you wouldn't mind just stating your name and organisation for the record. Thank you.

PAIGE ARMSTRONG:

Thanks very much. I'm Paige Armstrong, and I'm the Chief Executive Officer of Queenslanders with Disability Network. And we are a member-driven network, our board is made up of people with disability. And we have over 2,000 members with disability and supporters across the state, and 22 peer support groups run by people with disability, for people with disability, who inform our work and having formed the submissions and discussions that we have been having with the commission in relation to this important topic.

DR KAREN HOOPER:

Thank you. Over to you

PAIGE ARMSTRONG:

Over to me. Thank you. So I've started with a bit of my introduction about our organisation, and who we are and where feedback for today's submission comes from. So, the topics that I'll focus on today, are topics that build upon things that QDN has raised in its submissions, but also in discussions that we've been having with the commission. And I'd like to start by saying that we really welcome the commission summary report, and support the overall directions in the report. Given where we are at, given where we're up to in Queensland with NDIS rollout, we think it's absolutely vital that there be a review and a look at where we've come from as far as NDIS rollout and implementation goes and some of the issues going forward to ensure that the state maintains its strong stewardship in relation to this scheme.

So, feedback, as I said, that I will be giving today is feedback that people with disability, based on their lived experiences of being part of the National Disability Insurance Scheme and experiencing, activating and using plans have provided to us. I'd like to, beside commending the Commission on this work, I would also like to start by saying that we have seen and our members have reported to us the significant impact that the National Disability Insurance Scheme has had on Queenslanders with disability, generally. We've now got up to 80,000 people of the total 90,000 expected to come into the scheme. And many of our members across the state, for the very first time, have had some funded supports in their lives. So, that has made big differences for people. However, our members still report back to us that they are experiencing issues and challenges around NDIS access getting into the scheme, activating a plan, as well as using the plan, what they call plan utilisation. And people are continuing to experience challenges with the interface issues between the mainstream government services and the NDIS, that make their plans - that bring those plans together, that support bringing those plans together and ensure that the plan delivers not only on the goals of a plan, but really, on those essential goals of people's lives to ensure that they are socially and economically included within their communities. We believe that, going forward, it is absolutely critical that the Queensland Government continues its important role as an investor and partner in NDIS to deliver that - to ensure that the scheme delivers for Queenslanders.

And we believe that it's absolutely essential that the state continues to work with the Commonwealth to find solutions around those interface issues. We cannot stress enough, the importance given the large investment in funding and in life opportunity for people with disability. We cannot stress enough, the importance for all of the state retaining that strong stewardship role. We know that there have been ongoing discussions about the roles of states and territories in the actual oversight of the scheme. And I want to stress, again, today that we think that given this is a scheme that is being rolled out, and reviewed as it's being rolled out and has been rolled out fairly quickly, and that both state and Commonwealth governments are continually looking at ways to improve the scheme we consider is absolutely essential that the state remain and retain that stewardship role and have an oversight input into what those new reforms look like. Things I put on the table would be the introduction of independence assessments in Queensland that are being proposed, and work that's happening around what is seen as reasonable and necessary in a person's plan. We think that these are key issues that will impact the marketplace in Queensland, depending on what's finally rolled out in relation to those initiatives, and we feel that the Queensland Government needs to have a say in what they look like. We've noted that the commission in your report notes the importance of advocacy supports to assist participants. And we fully agree that independent advocacy has played a key role in ensuring that people with disability and their families have been able to not only get the best outcomes out of the NDIS, but also have independent supports to enable them to challenge issues that they do not agree with when it comes to their plans or parts of accessing the NDIS.

QDN's comment in relation to the Commission's findings would be to say, that whilst we agree that there needs to be - that the advocacy is so important. We would say that there continues to be a need for separate and independent advocacy, and that we can't see that it will necessarily diminish as the scheme rolls out. We see a key role that independent advocacy plays in the state is ensuring that people do have access to those mainstream services and supports that enable them to have a quality of life. And as much as we'd like to say that there would be a likelihood that independent advocacy could decline or that other things such as peer support may be able to assist people, we have seen throughout rollout of this scheme and in the overall lives of the 900 Queenslanders with disability in this - sorry, 900,000 Queenslanders with disability in the state, that there has been a need for ongoing, independent, individual and systemic advocacy to support people to actually get their best outcomes from state mainstream services. If I could also just touch on those interface points around the NDIS where our members report that where they are still seeing issues and challenges around the NDIS pathway are around getting access to the scheme, especially people who are more vulnerable, people who are more marginalised, and the very people that could benefit most by the scheme. We would commend the Queensland Government for the innovative approach that its taken in leading projects to ensure that Queenslanders with disability that fall within these cohorts are getting into the scheme. And note, that the lessons of the work that's been happening in Queensland could be shared nationally to inform and assist people with their NDIS, along the NDIS access pathway. Additionally, we've noted that - and our feedback and member feedback remains that for people to effectively access their NDIS plans, and therefore contribute to a growing marketplace, because if you can get into the scheme, if you can actually activate your plan and then you fully utilise it, then the range and take up of service providers would be increased in this state, or could be increased, because service providers rely on a market. And if people with disability are not actually activating and using their NDIS supports, then that market has a bit of a mismatch.

Our members are reporting back to us that they are still challenged in the areas of supports coordination and plan, and overall, the range and ability of services, especially in regional and remote communities to support their take up of the scheme. We fully support issues around people self-managing and plan management approaches in regional and remote parts of the state as another option to broaden the expanse of the scheme and opportunities in the marketplace, the NDIS marketplace. However, we note, our organisation notes that in order for that to happen, there needs to be more awareness, training, education and support for people with disability to understand how they can effectively take up self-management and plan management opportunities as much as there needs to be additional work, especially in regional and remote areas with service providers and options placed on the table about how a plan management approach might work, especially for them. In the area of supports coordination, people saying feedback to us, is that people at times are not effectively, again, utilising, fully utilising the range of supports in their plan because they lack effective supports coordination. And that this is a market that not only remains a thin market, but it is one where there is a need for a more consistent approach and more effective training of people within this area, as well as specialisation training and support for people that our supports coordinators working in the specialist disability accommodation and supported independent living arrangements areas. We also note that the Commission made recommendations around improving market information to assist participants and planners, and - sorry participants and providers with planning, with a particular focus on the use of E-markets digital technology.

We fully support that this would be an option. However, recent work that QDN and some of our allies have done in the rollout of, or in the wake of the COVID-19 pandemic indicates that there are numbers of people with disability across the state who not only have poor literacy skills, but they also lack the data and devices to enable them to effectively participate in E-marketplaces or to use this as a viable option. We know that the NDIS has been funding devices recently, up to \$1,500 as a way of trying to support participants. However, feedback we get from members across the state, especially in, again, regional and rural parts of the of the state, is that the challenge for them is not having the device, it's around affording the digital connection. When you have telehealth and other consultations that may be 35-40 minutes in one go, the actual cost of maintaining digital connection around essential goods, around basic medical services, let alone accessing a range of E-market resources to assist with your NDIS supports is very challenging. And it's an issue that we feel needs to be addressed, because we do think it does provide that viable option, but we think strategies need to be put in place. Last, a last comment I'd make is around workforce and the overall market. I suppose, feedback we're getting around the state, and I'll come back to the fact that people are telling us about the positive set they've had through the NDIS, that feedback that we have had is given the pricing levels of the NDIS, that there are real challenges in providers trying to provide effective training for workers in their day-to-day supports, and to people with disabilities securing workers where they feel that they have that adequate training that they can meaningfully support them to achieve goals and not just come to a house and say "Hi, how are you going? What do you think we should be doing for today?" So, I finish on those comments and open up for any discussion.

DR KAREN HOOPER:

Thanks very much. So you've covered a lot of ground there, Paige. Maybe I could ask a couple of questions that relate also to the submission that you made.

And I must thank you for the two submissions that you've made to the inquiry, and also the support that you've given us in connecting us with participants to give us that direct feedback, it's been incredibly valuable. You made a comment about the value of self-management. And clearly in your submission, you also identify some of the administrative burden complexity associated with self-managing plans. What are the key challenges you're hearing from participants in terms of taking up self-management as an option?

PAIGE ARMSTRONG:

I think feedback that we get from people around self-management, and I'd have to say this extends also to plan management to a degree, is the time that's involved, is the resource cost, is the amount of paperwork, and requirements and reporting back on what they're doing and how they're doing things. The person needs to become the one stop shop in many ways to actually source and find supports that they need. And that is an additional time in post, but simply in the the overall management, the things around understanding your HR requirements, understanding your payment of staff requirements, understanding a range of other things that go with self-management people say, and it's true, it's like running a small business. There's training provided, and often, some extra support and initial setup for small businesses, people are being asked to self-manage. There are some resources and good resources. We will acknowledge the NDIA have put a lot of effort, and so, have a number of community organisations around self management. But members report to us that they still find that it is, overly, it can be quite a burdensome thing to be doing.

DR KAREN HOOPER:

So, we're seeing growth in those plan types. So, in the eyes of participants, the benefits of having the flexibility of self-management are outweighing those costs. Would that be a true statement?

PAIGE ARMSTRONG:

I think that we're seeing in the state, and will increasingly see increases in both self and plan management. Because the benefits do outweigh, in as far as they give the opportunity for the person to also use non-registered providers. And in using a non-registered provider, if you're living in a small town, in regional and remote parts of the state less than 1,500 people, most providers are saying, there isn't the volume of participant to make it worth their while to register. So, the only way that they'll enter into arrangements to provide supports for people is if that person has flexibility around plan management. So that is another driver we're seeing across the state, and we would see that it does open up opportunities.

DR KAREN HOOPER:

Do you see any potential ways reducing the complexity and admin burden facing participants on self-managed plans?

PAIGE ARMSTRONG:

I think that people would say that there would be a range of ways that they could be reduced down to assist in the actual administration of plans.

DR KAREN HOOPER:

It seems that it's those that have the capacity and willingness to carry that load are the ones that get the ultimate benefits in terms of the flexibility that you flagged earlier.

PAIGE ARMSTRONG:

And I would come back to the fact that there's a number of very articulate people that are well-versed in the NDIS who, at the moment, had chosen a plan management option than fully self-managing simply because of some of those additional burdens around it.

DR KAREN HOOPER:

You mentioned some of the key lessons from COVID-19. Are there any other lessons that might tell us what critical system reforms might be necessary to sort of future proof the scheme?

PAIGE ARMSTRONG:

I think, if there's other lessons that we've learned with COVID-19, it would be making sure that we have a flexible... So I want to use my words carefully, because I think one of the things that we have learned from COVID-19 is the importance of growing this workforce. That growing the workforce as part of growing the overall marketplace and ensuring that we are able to fully supply workers who may have to just work across one particular person, one particular household if we were in a similar situation in other times. I think the challenges that - and I wouldn't speak on behalf of NDIS providers, but I think the system that, as it operates at the moment, has been largely set up that numbers of people, numbers of participants, the way that hours and support are provided, are provided by people who need to do a number of shifts or need to work across a number of people or households in order to get enough income through the work that they do. That hasn't always proved to be effective in a COVID environment because of the risks of transmission, et cetera. And there was work done by - some initial work has happened with a working group to look at ways in which we can improve the supply demand, the responsiveness of a workforce, because I suppose that would be the second thing, that in a COVID situation, we also need to have a sufficient supply of workers, that if one organisation is in a situation where numerous of its staff are not able to work, that other organisations and staff are able to come in fairly rapidly to replace that so that people have a continuity of supply.

DR KAREN HOOPER:

One of the key issues that's come up today is the issue around quality of services and the role of the Quality and Safeguards Commission. Do you believe, as an organisation, that the Quality and Safeguards Commission needs additional powers to effect its role, particularly in relation to safeguarding?

PAIGE ARMSTRONG:

I think that this is a relatively new scheme. There are a roll of those, a range of things that are still being refined around the scheme. I think there could be benefits in the Quality and Safeguards Commission having more powers in some of the work that it does. And I think, this is me, not necessarily my organisation speaking, but I suppose some of the things that we saw happening in the COVID environment would lead us to believe that it would have been - that that we could have had some better outcomes had the Commission had stronger powers. Equally so, the other thing that we know, as there are changes to things such as restrictive practices that impact on people that are the most complex to support, often, in the disability environment, we know that the state government has retained a role in the development of positive behaviour plans and acting as a provider of last resort.

If there's anything else that we've learned, not just from the NDIS but from a COVID environment is that it's going to be important for the state to also retain a role as a provider of last resort for those people who may not be able to access services through anywhere else.

DR KAREN HOOPER:

I'm just wondering, Paige, what you're hearing from your members around the complaints mechanism with the Quality and Safeguards Commission, have you got any feedback you could share with us?

PAIGE ARMSTRONG:

I think feedback that we get is varied. Some of our members who have used the complaint system have found it to be highly effective. Others, again, are finding that there is a mismatch between their expectation of what they'll get as a resolution to the complaint and what ends up happening. And that also could be around the fact that the person making the complaint, their expectation is not realistic. But again, it comes back to what powers the commission actually has at times to actually enact solutions for people.

DR KAREN HOOPER:

One of our recommendations is around public reporting by the NDIA on plan reviews. Just wondering what your feedback is on that recommendation. Do you believe there needs to be more data available on the performance of plans in generating outcomes for participants?

PAIGE ARMSTRONG:

We would actually love to see that there is more data available on the performance of plans and outcomes for people. At the moment, we think that given that this is an evolving scheme, given the way in which it's rolled out, that, although we had a plan review, although participants, and I should say that I have a sister who is in the NDIS and we utilise a range of NDIS mechanisms including plan management and have been part of reviews, reviews are still focused on subjectively reporting back how the person has found the last 12 months. There are reports that go in from the supports coordinator from various providers, and often, allied health professionals, especially if the person is wanting a change or increase in their plan. However, they still largely focus on outputs against the person's goals, not necessarily a demonstrate - they don't demonstrate key steps that have been made to actually achieve the goal itself, which is the outcome. And they're the things that will make significant differences in people's lives. So by that, I mean, we can report back that a service provider has attended supporting a person and providing personal care over 52 weeks of the year. But if a key role of that support worker was to assist the person in improving their ability to dress more independently, to go out to actually do a range of other things, then that's not often taken up, and that's what you'd like to see come out of reviews, because that's related to the goals.

DR KAREN HOOPER:

You raised in your submission and touched on it today, concerns about not only the availability of support coordination services, but also their quality. Do you have any views on how the issues of quality could be addressed?

PAIGE ARMSTRONG:

We understand that there is work happening by the NDIA around supports coordination. And ways that quality would be addressed would be by having a far more consistent approach to support coordination, exactly what a supports coordinator does and the way in which they undertake the work. We also think that there needs to be clarity and some separation of the role of supports coordinator between other roles that people take up and supports provided through the NDIS. We get feedback that, on many occasions, the supports coordination, the agency providing supports coordination would be the similar agency that may be providing a significant range of the person's core supports, it also could be a similar agency or organisation that's providing the person's accommodation. So in that situation, you've got a person who, in their role of supports coordination, is supposedly independently ensuring that things run smoothly, and acting and working with the person to get the best possible outcomes. But in fact, they're working in an environment where they're employed by the same organisation that provides the support services and/or maybe also providing accommodation and support services, which poses fundamental conflicts of interest for the supports coordinator in doing that role.

DR KAREN HOOPER:

We clearly touched on the issues of conflicts of interest in our draft report. It's something that we're really keen to better understand in terms of how we get the right balance. Another recommendation, draft recommendation that I'd really appreciate your perspectives on is the recommendation around price deregulation. Would you like to share QDN's views on our recommendation in relation to prices?

PAIGE ARMSTRONG:

Is this in relation to deregulation? I think, if I've got this right, I'm just referring back to our submission. I have to apologise, folks, I wasn't actually coming here today until the last moment. The person that was doing the presentation - appearing today, unfortunately, is quite sick and unable to appear. But if I do remember what we have previously said, I think we're raising a note of caution, especially in the Queensland environment. Given the regional and remote spread of this state, I think there is a real caution in looking at a fully deregulated market where we've got pricing set in different ways as you roll out. So, I'm just looking for those comments, because it is a very important issue that you've raised.

DR KAREN HOOPER:

So, to clarify, Paige, our recommendation relates to removing price caps in those parts of the state where our analysis show there's competitive provision. So it's largely southeast Queensland and Townsville. Recognising that there isn't competitive provision across the state as a whole. So it would be very much a targeted deregulation matched with price monitoring and measures to support greater information to participants both on price and quality, and increased information supports.

PAIGE ARMSTRONG:

And I think that our feedback would still be, that there would need to be some caution around doing that.

And I'm sorry, I'm more than happy to come back with some further information and taking on board that your feedback does cover some of the first points that I made about regional and remote parts of the state where we've got thin markets, and pertains only to those areas where we have supply at the moment.

DR KAREN HOOPER:

Thanks, Paige. We certainly would appreciate your feedback on that recommendation, knowing how significant it is.

PAIGE ARMSTRONG:

If I make just a short comment, because I'm not sure what our formal position is, but I suppose a comment I'd just make back is, from my experience, we already have an issue about quality of support workers. We have organisations in those areas where the markets aren't that thin, but we still have organisations that are quite challenged in the way that pricing rolls out by the price guide at the moment, to enable workers that have effective and efficient training as it is. I suppose, in looking at a totally deregulated market, then an issue that, and I'm not sure what feedback you've had from NDS and other bodies that are the peak service provider bodies, from my experience, there would need to be a think about, how do you ensure that people are still getting quality workers and that there are safeguards? What I've seen through plan management, because plan management, to me, is almost opening the door, in some ways, to deregulation in as far as you can use non-regulated providers. And a simple example that I would give is in the areas of house cleaning and house maintenance, where you can employ commercial agencies. And what we have seen and our experience has been that you can get some good quality ones, but there are people who are going for the cheapest prices because they're trying to maximise supports in their plan, where people have had workers come into their house, they find that things go missing. They're not sure that the cleaner may have taken them, but the rice cooker or something else that was on the table has gone. And it was there before the house cleaning took place. And when we check about, did you do these extra things, were being told, "Well, they provided that cheaper price, we thought that everyone does cleaning. So there's not much to cleaning, why would we worry?" So it is something that I think would need that further consideration just to see if there was deregulation. How about the matching to ensure that there's still that quality and safety around services that are being delivered in that deregulated market?

DR KAREN HOOPER:

And, Paige, how do participants choose between providers at the moment, given the limited information that is available, not just on price, but also on quality? Because we've heard of the importance of word of mouth, Facebook groups, very informal ways of sharing information. In your view, is there a need for more information on quality to make those informed decisions?

PAIGE ARMSTRONG:

I think there's an absolute need for more information around quality. There's also an absolute need for people to get better support to make decisions. Part of the reason that we know that people have not connected with supports coordinators to start with is because the feedback to ourselves. And our organisation has actually intervened in a number of cases where people have not had supports coordinators.

And the reason that they haven't is because, given, and if I step back for a minute to say that given in Queensland that 50% of the people coming into the scheme are new participants to the scheme, so they have never experienced disability support. So they don't understand this environment. This is a totally alien beast and being to them, they get to a point where they will have a plan meeting, and something comes out of that plan meeting called a plan, and then they're usually connected, often through a local area coordination service - they're connected to a local area coordination service where they're told to actually get information from them about supports coordinators. When they request information, they will get a list of people who could be the supports coordinator. Given they know nothing about these people, they don't even know half the disability environment and what really, what's in that plan still, and what they're going to do next. For many people, the next question is, so how do I get to - so can you recommend any of these, which might be better? And, quite rightly, the local area coordination service will say, "Well, that would be a fundamental conflict of interest. We can't recommend one provider over the other, we can just give you the list." So the person is given a shopping list. Just having the shopping list does nothing, it becomes overwhelming. They often do nothing, they won't get the supports coordinator. And that's your starting point to get into the scheme. So, having better information around quality of supports across the board generally, but I think it's not just written, verbal, digital information. I think there's almost that need for a connection service, especially for new participants, that's not just support, someone to connect them into a support coordinator, and if necessary, to act as that first point of contact into services. Because that same list, if you're a participant, if you want to know what services are there, you access a list. And for many people, the list is too long, too hard, and they just don't know where to start. But they're the people that can actually - that are that are literate and can read the list to start with.

DR KAREN HOOPER:

Thank you very much, Paige. I'm conscious that we're running out of time. But I wanted to thank you for coming along, and stepping in at the last minute and taking up that role. And again, thank you for the participation of Queenslanders with Disability Network and the participation in the inquiry to date. Thank you.

PAIGE ARMSTRONG:

And on a last note, can I come back to commending the Commission on the excellent report that you've produced, and their key recommendations. We think that they are those fundamental underpinning recommendations that do need to be taken up to action improvements in the scheme, and to ensure that Queensland's significant investment in the scheme continues to deliver good outcomes for Queenslanders with disability and their families. So, thanks for the work.

DR KAREN HOOPER:

Thank you. Alright, we'll just take a short break and then we'll come back with our last presentation for today.