

The recommendations of Queensland disability advocates supporting people with disability and their families to navigate the NDIS

**Submission by the
Queensland Independent Disability Advocacy
Network (QIDAN)**

To the Department of Child Safety, Seniors and Disability Services (DCSSDS) and the National Disability Insurance Agency (NDIA)

15 August 2023



About the Queensland Independent Disability Advocacy Network

The Queensland Independent Disability Advocacy Network (QIDAN) is comprised of core members which are organisations delivering individual advocacy services to Queenslanders living with disability. These organisations are the Aboriginal and Torres Strait Islander Disability Network Queensland; Aged and Disability Advocacy; Amparo Advocacy Inc; Capricorn Citizen Advocacy; Independent Advocacy in the Tropics; Mackay Advocacy Inc; People with Disability Australia; Queensland Advocacy for Inclusion; Rights in Action; Speaking Up For You; and TASC.

QIDAN has three aims:

- Systemic advocacy: to take coordinated action to address systemic issues experienced by people with disability,
- Member support: to provide a collaborative space for the exchange of information, resources and issues affecting disability advocacy organisations, and
- Sector advocacy: to promote the importance and value of independent disability advocacy on a local, state, and national basis.

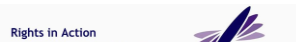
QIDAN's core members provide an array of independent disability advocacy services across Queensland, including general disability advocacy, specialised individual advocacy (including National Disability Insurance Scheme appeals), citizen advocacy and systemic advocacy. These experiences inform QIDAN's understanding and recommendations.

QIDAN's recommendations

1. Adequately fund independent advocacy organisations and promote robust awareness of available advocacy services to provide steadfast support throughout all processes.
2. Amend policies to reduce conflicts of interest by requiring support coordination services to be provided by an independent, appropriately qualified service.
3. Using a co-design approach, collaborate closely with people with disability including people from Culturally and Linguistically Diverse backgrounds (CALD) and First Nations communities to enhance accessibility and inclusivity of all communication and processes including the NDIS website.
4. Thoroughly inform participants about the NDIS legislation and relevant Rules applicable to their situation and offer tailored guidance on assembling evidence to support their request.
5. Establish dedicated case managers or teams within the NDIA to enable direct and seamless communication with participants, providing a responsive avenue for inquiries and discussions.



6. Provide adequate funding for supports for CALD and First Nations communities including to connect individuals with ART, cultural brokers, and community connectors.
7. Secure funding avenues for comprehensive medical and allied health professional reports to assist with the NDIS access process.
8. Modify plan reassessments to accommodate the intricate requirements of families with multiple NDIS participants, including children, wherein the extent of parental responsibility goes beyond what can reasonably be anticipated from parents.
9. Ensure that NDIS plans are built individually, based on each participant's needs as well as their short and long-term goals, including appropriate funding and independent support to choose where they live and who they live with.
10. Work with all governments to enhance and broaden mainstream services to ensure they are meeting the needs of people with disabilities, including support to people with disability who are not/ not yet eligible for the NDIS i.e., the Queensland Community Support Scheme (QCSS) and Medicare.
11. Institute a comprehensive case management system wherein people with disability receive necessary support and streamlining, allowing the government to autonomously determine the financial responsibility for covering the incurred costs. This could include NDIS Interface teams within state departments, streamlining evidence gathering for NDIS access and plan reassessments.
12. Uphold rigorous training standards for disability service providers, ensuring their adeptness in offering high-quality support as well as their compliance with the NDIS operational safeguards.
13. Champion and facilitate the development of services in regional and remote communities by upskilling people from local communities and ensure adequate funds and pricing structures for innovative and regional/ rural/ remote service delivery.
14. Establish processes with the NDIS Quality and Safeguards Commission whereby NDIS participants are actively and regularly asked about their satisfaction with their NDIS service providers, including ensuring that the NDIS Code of Conduct and NDIS Practice Standards are upheld.



Introduction

QIDAN welcomes the opportunity to provide a submission for the NDIS Review to the Department of Child Safety, Seniors and Disability Services (DCSSDS) and the National Disability Insurance Agency (NDIA). The implementation of the National Disability Insurance Scheme (NDIS) brought about significant positive change in the lives of numerous individuals with disabilities. NDIS participants moved from institutions to their own homes with home modifications, assistive technology, supports, and specialist disability accommodation (SDA). Assistance dogs were funded, community access was improved, as well as the level of therapy funds to increase participants' autonomy. Trikes and beach wheelchairs were recognized as "reasonable and necessary", resulting in participants ability to access their communities and, importantly, feel part of their communities.

So, what are the shortcomings and gaps in the NDIS implementation? While many NDIS participants have good experiences with the NDIS, many others face frustrating, exhausting, complex, and confusing processes, with little trust or certainty. In instances where NDIS participants have positive outcomes, this often comes with challenges.

It is the experience of advocates working with people with disability and supporting them through challenging processes that influences and informs the issues and solutions presented in this submission. The complexity of the NDIS may not have been imagined or anticipated when the scheme was established 10 years ago. Hence, it is by engaging in practical application, continuous learning, firsthand experiences, and ongoing advocacy that issues are brought to light, evaluated, and remedies are developed, discovered, and provided.

Overall, it has been observed that NDIS participants or those who are prospective participants don't feel heard. It appears that there is a general sense that NDIA staff (including decision makers) and service providers do not understand disability and its various functional impacts, including marginalization, devaluation, and segregation by wider society, all of which influence how people perceive and interact with people with disability. Another key issue identified is the lack of interaction between state departments and the NDIA, which greatly impacts the lives of people with disability who are pushed and pulled between services, and in many instances, fall between the gaps.

The NDIS review is an opportunity to learn from these issues and, from there, change the scheme for the better by:

- Listening to people with disabilities.
- Providing effective supported decision making so that people with disability can make informed decisions about their lives – including NDIS-related decisions.
- Meeting the needs of people with disability by ensuring that States and Territories work collaboratively to enhance and broaden mainstream services.



Help navigating the NDIS

In this section, we will cover the following priority area for improvement:

8. Help accessing supports: What does good service from someone helping you navigate the NDIS look like?

QIDAN believes that independent disability advocacy is vital in assisting individuals to navigate the NDIS. QIDAN defines advocacy as

Independent advocacy for people with disability is working alongside people facing disadvantage to promote, protect, and defend human rights, interests, and wellbeing.

Independent advocates do this by:

- *Supporting will and preference,*
- *Being partisan, remaining loyal and accountable,*
- *Being professional, culturally safe, and vigorous in the pursuit of fundamental needs; and*
- *Avoiding conflicts of interest.*

In 2022, the Queensland Disability Advocacy Program (QDAP) funded by the Department of Child Safety, Seniors and Disability Services, provided advocacy to 1580 individuals for 2069 unique issues. Thirty five percent (35%) of the advocacy services provided in 2022 are related to NDIS issues. A total of 8698 hours of advocacy were recorded for NDIS related advocacy. The below table provides a breakdown of the issue type, number of services and total hours of advocacy.

NDIS issue type	Percent of NDIS services	Number of services	Total hours of advocacy
Access to the scheme	45%	329	3577
Service provision	26%	188	2238
Plan review	22%	164	2436
Decision making support	5%	38	392
Other	2%	12	55

In addition to the advocacy services, QDAP funded organizations recorded 1886 instances of unmet demand. Unmet demand refers to individuals who have identified they have a problem and have made enquiries about disability advocacy, however, are unable to be assisted by advocacy services. This occurs due to a lack of capacity, residing outside the organisations catchment area, or issues outside of scope. This data highlights the importance and need for adequate funding for independent disability advocacy to assist with the complex NDIS systems.



This data does not include the National Disability Advocacy Program (NDAP), NDIS Appeals Advocacy Program, Decision Support Program, or Disability Royal Commission Advocacy Programs. These services also provide extensive advocacy pertaining to issues related to the NDIS.

Effective Supported Decision Making is essential for good support to assist with navigating the NDIS. In June 2023, funding for the NDIS Decision Support Program, which provided independent disability advocacy to individuals navigating the NDIS, was cut. The rationale provided for ending the program was that advocacy support was no longer needed due to the NDIA's new [Supported decision making policy](#). While QIDAN acknowledges the value in the NDIA's new Supported decision making policy, it should not replace funded independent advocacy. In many instances, advocates are required to ensure that Government are appropriately implementing policies such as this one.

Additionally, advocates often identify significant conflicts of interests where NDIS participants are accessing core support services and support coordination from the same service provider. We have seen an increase in instances of participants and/ or their informal supports disagreeing with the service provider, resulting in service providers applying for a Guardianship Order to appoint the Office of the Public Guardian (OPG) through the Queensland Civil and Administrative Tribunal (QCAT). To compound this issue, there have been examples where the OPG and service provider have made all decisions on behalf of a NDIS participant without involving them in the discussions. This is another clear example of the need for appropriately funded independent disability advocacy.

Recommendations:

1. Adequately fund independent advocacy organisations and promote robust awareness of available Advocacy services to provide steadfast support throughout all processes.
2. Amend policies to reduce conflicts of interest by requiring support coordination services to be provided by an independent, appropriately qualified service.

Case study provided by Aged and Disability Advocacy:

Jeff* was referred to ADA by his QCCS provider who had removed supports given that his support needs exceeded the skillset of the organisations staff. ADA advocate assisted Jeff by contacting QCCS and requesting that services be reinstated, however QCCS advised that Jeff would need to be placed on a waitlist with another service provider which had a 12-month wait time.

Jeff was left without support, which caused him several acute admissions to hospital as he was unable to manage his daily life without his support. Although Jeff had a history of Schizophrenia, when he presented to Queensland Health, they could not confirm that diagnosis and instead Jeff was diagnosed with Severe Alcohol Use Disorder.



Jeff chose not to engage with Alcohol and Other Drugs Service (AODS), or the Recovery Pathways offered to him by Queensland Health. Jeff was then referred to Wesley Mission for support including a deep clean of his home and the provision of a new fridge and a bed. However, the program expired after 12 weeks.

Jeff was also referred to Psychology services to assist with a request for NDIS access, however they were unable to get enough evidence to support a mental health diagnosis to apply to NDIS for a Psychosocial disability.

ADA Advocate supported Jeff to explore a diagnosis pathway through a referral to a psychiatrist that Jeff had seen before however, he did not feel safe engaging with the professional. The advocate explained that without a diagnosis and proof of treatment, it was unlikely that he would be able to demonstrate that he meets the NDIS criteria. The advocate also discussed the possibility of provision of supports via early access to My Aged Care supports.

Unfortunately, despite the multiple efforts by the advocate to support Jeff to apply for NDIS access, which included in-person communication and connection with other services, Jeff chose to withdraw from disability supports as he felt it was too traumatising for him to engage with a psychiatrist or psychologist, as he feared that they could change his medications.

Jeff informed that he would continue to present to the Emergency Department when he was unwell or intoxicated. ADA Advocate supported Jeff to engage with his GP with whom he had an ongoing relationship to discuss the early access to My Aged Care Supports in the future.

**Name has been changed to protect confidentiality*

Access, planning and housing

In this section, we will cover the following priority areas for improvement:

1. Applying and getting a plan: how can participants be more empowered through the planning process?
3. Defining “reasonable and necessary”: How could reasonable and necessary be defined and put into practice?
7. Achieving long term outcomes: How would you like to build better outcomes into your plans?
9. Supported living and housing: How should housing and living options be improved to build a good life?



People often report that they find information related to the NDIS confusing and difficult to navigate. For example, the NDIS website is not accessible due to the use of complex language (“NDIS lingo”), especially for those who are not familiar with it. People have to follow different links to find what they are looking for, and when they do, the information is usually inserted in long Operational Guidelines and Rules rather than in plain language.

Frequently, NDIS participants report that they do not have a direct contact within the NDIA and every time they have an issue or need to discuss something, they must call the NDIA hotline or email enquiries@ndis.gov.au – both are always very busy. As a result, participants will often have to repeat their story to a new person every time they contact the NDIA. This creates a lot of anxiety, trauma, and frustration. An additional issue is the extensive wait times for a response, and often people have to follow up their enquiry and retell their story to another NDIA staff member.

Furthermore, applying for the NDIS and/ or preparing for a plan reassessment can be generally overwhelming and confusing, as it is unclear what information and documentation is required. In many cases, participants are unaware of the NDIS access criteria and the NDIS reasonable and necessary criteria until they reach the decision phase. Advocates often find themselves explaining the terms “reasonable and necessary” as NDIS participants are confused and often interpret it to mean supports that are both necessary for their needs and logically justified. In other cases, people have been under the impression that every person with a disability is entitled to NDIS, and it is only after speaking with an advocate who explains the NDIS criteria that they understand they might not be eligible.

NDIS processes, including applying for the NDIS and getting a plan, become even more challenging for participants from Culturally and Linguistically Diverse (CALD) backgrounds and First Nations Australians. This is often due to the complexity of the NDIS language and processes. Many times, having an interpreter is not sufficient to support a person’s needs given that cultural differences can prevent an accurate translation. Being supported by “culture brokers” or “community connectors” would help people understand the NDIS processes and allow them to be understood. On the other hand, community workers who assist people access the NDIS often don’t understand what is needed for a person to be deemed eligible for the NDIS. It is essential that community workers, including settlement services, community centers, and family support services, receive adequate training to assist prospective NDIS participants.

It is acknowledged that the Assessment and Referral Team (ART) continue to support “eligible at-risk children and young people aged 7-25 years to apply to the NDIS”. However, there are many more people outside this cohort that require this support. There are also requirements in place for people in the cohort to receive ART services.¹ Ensuring that funding is available for outreach support for vulnerable communities, particularly First Nations and CALD communities, is essential to ensure that people make informed decisions and receive good outcomes.

¹ <https://queenslandcommunities.engagementhub.com.au/art/news/who-can-art-help-access-the-ndis>



It is imperative that NDIA staff transparently communicate the criteria and evidentiary standards from the outset, presenting this information in the initial stages of the access application or when formulating a plan. In addition, the expenses associated with obtaining reports to demonstrate an individual's eligibility for meeting the access criteria are significant. In many cases, individuals find it necessary to engage in Administrative Appeals Tribunal (AAT) proceedings to secure assessments funded by the NDIA, a step that could ideally take place much earlier in their application process, saving time and public resources.

Another concern related to the "reasonable and necessary" criteria pertains to the lack of understanding from NDIA staff about disability related needs. Instances arise where participants understand the criteria and compile comprehensive evidence, yet the NDIA denies the requested support. In some cases, participants report that the NDIA staff lack the expertise to accurately assess and understand their impairments and the impact on their daily lives.

On a similar note, families with multiple NDIS participants often report that the current processes relating to the approval of funded supports fail to cater for their unique and often complex needs. One of the General Principles in NDIS Act's acknowledges and respects the role of families, therefore families with multiple NDIS participants should have their lives and daily supports considered holistically, not individually – if that's the participant's wish. In addition, NDIS participants' plans would be better utilized if it was to meet families' needs as a whole, as it would strengthen their connections and ability to achieve their goals by receiving tailored services.

Decisions about the length of NDIS plans is a common concern as plans may be approved for 12, 24 or 36 months. The factors that influence the decision about the duration of a plan are unclear. In cases where the matter proceeds to the AAT, applicants have had to justify the necessity of longer plans as it would provide the time for participants to build skills and capacity. In those cases, the NDIA has agreed to approve longer plans, but not until the matter progressed to the AAT. In other cases, participants have 36-month plans approved without the request of the participants, and at times inappropriately due to major life transitions such as finishing school. This inconsistency creates uncertainty and lack of trust in the scheme.

Housing issues are one of the most challenging for people with disabilities, who continue to be told where and with whom they should live. Despite policies of deinstitutionalization and realization of the rights enshrined in the Convention on the Rights of Persons with Disabilities (CRPD)², people continue to live in segregated settings and remain excluded from mainstream housing.

Both 'Individualised Living Options' (ILO) and 'Supported Independent Living' (SIL) deny a person with a disability choice and control over their living arrangements and, in particular, deny participants the ability to choose to live by themselves if that is their preference, irrespective of their support needs. If the NDIS is to truly give effect to the CRPD, it must ensure

² National Disability Insurance Scheme Act 2013 (Cth), section 3(1)(a).



it does not continue to institutionalise people with disability through new and contemporary forms of congregated living, such as SIL accommodation.

The needs of people with disabilities should not dictate or influence where they live and/ or whether they need to live with other people. While simple, this change in approach would have a profound impact on the lives of people with disability, removing the risk of abuse inherent in congregated living environments and genuinely affording people with disability opportunities on an equal basis with others.

Disputes for the right building and design type of SDA have become more common. NDIS participants must justify things such as how their requested SDA is clinically related to their disability or why a second bedroom to accommodate the participants' children or equipment is value for money. NDIS participants must provide very personal and intimate details of their disability and lives before the SDA they are seeking is deemed reasonable and necessary. SDA disputes are usually the most complex and traumatizing for NDIS participants, who are only denied a home of their choice because of their disability.

First Nations peoples and people with CALD backgrounds should be supported to continue living with their families and/or their kin if they wish to do so. The NDIA must consider the housing needs of people with disability from a personal level, rather than the "financial sustainability of the scheme" lenses only.

Recommendations:

3. Using a co-design approach, collaborate closely with people with disability including people from Culturally and Linguistically Diverse backgrounds (CALD) and First Nations communities to enhance accessibility and inclusivity of all communication and processes including the NDIS website.
4. Thoroughly inform participants about the NDIS legislation and relevant Rules applicable to their situation and offer tailored guidance on assembling evidence to support their request.
5. Establish dedicated case managers or teams within the NDIA to enable direct and seamless communication with participants, providing a responsive avenue for inquiries and discussions.
6. Provide adequate funding for supports for CALD and First Nations communities including to connect individuals with ART, cultural brokers, and community connectors.
7. Secure funding avenues for comprehensive medical and allied health professional reports to assist with the NDIS access process.
8. Modify plan reassessments to accommodate the intricate requirements of families with multiple NDIS participants, including children, wherein the extent of parental responsibility goes beyond what can reasonably be anticipated from parents.



9. Ensure that NDIS plans are built individually, based on each participant's needs as well as their short and long-term goals, including appropriate funding and independent support to choose where they live and who they live with.

Case study provided by Queensland Advocacy for Inclusion:

Marcus* was assisted to secure funding for Specialist Disability Accommodation (SDA) due to his very high support needs and extreme functional impairment. His family had just moved from interstate, and they were waiting for social housing through the Department of Communities, Housing and Digital Economy (DCHDE). In parallel, his family was also seeking a review of the NDIA decision which had found that Marcus was not eligible for SDA because it was the responsibility of his family to fund housing as well as the responsibility of Housing and Community Infrastructure to provide supports around affordable housing options that meet the needs of people with disability.

When QAI started assisting the family, the family had entered a “Hand Headlease” with the DCHDE, however, the house where they were living did not meet Marcus’s needs. For instance, there wasn’t an open plan space to self-propel around the house reducing his independence and there was no hoist installed in the house, so his father had to single person lift transfer Marcus for every activity.

After months of dispute, the NDIA’s position was that there were alternative options such as modifying the current rented house or relocating the family to another house. QAI assisted the young person and the family to communicate with the DCHDE and with pro-bono builders, and to collect evidence about the NDIA’s suggestions and to demonstrate that SDA was the best option to build a good life for Marcus (and the family, as their informal supports).

Finally, after nearly 2 years disputing housing options, the NDIA accepted the evidence provided by Marcus and his family and agreed that he was eligible for SDA. The final outcome included funding for SDA High Physical Support, House, 3 bedrooms - 1 SDA participant costing. Marcus will be able to live with his family in a house that meets his needs.

**Name has been changed to protect confidentiality*



Mackay Advocacy Inc



Rights in Action
responsive advocacy for people with disabilities



Mainstream services

In this section, we will cover the following priority areas for improvement:

2. A complete and joined up ecosystem of support: What is the best way to provide supports for those not in the NDIS?
4. Early childhood supports: What is the best way to support children with disability and those with emerging developmental concerns?

There is insufficient coordination and collaboration amongst various Queensland departments (e.g., Education, Health, Child Safety, Housing) and the NDIA, resulting in a failure to deliver essential services to those in need.

The lack of support for people currently ineligible for the NDIS is another key concern for QIDAN. We note that there are 167,025 Disability Support Pension (DSP) recipients in Queensland compared to 125,549 NDIS participants.³ While we recognise the distinct access criteria for NDIS and the DSP, it's likely that a considerable number of DSP recipients will require disability supports over their lifetime. We are also concerned about a likely considerable number of people with disabilities who require assistance but that are neither DSP recipients nor NDIS participants. For instance, people who are yet to apply to these services or those who have previously been denied access.

Ensuring that people have access to relevant support as early as possible will assist them to maintain their independence and likely reduce the NDIS related costs in the future. Currently, there are many people who are not eligible for the NDIS, but who require assistance to lead safe and engaged lives in their homes and communities. The Queensland Community Support Scheme (QCSS) in Queensland can at times provide the assistance, however, there are often long waitlists and a requirement that people can only access the service if they have a NDIS access request rejected.

Similarly, families report difficulties accessing early intervention supports, including delays that at times can mean children aged six or above need to 'wait for full scheme access'. Families of NDIS participants also express that there is a lack of clarity regarding the changes that take place when a child turns seven, and the reasons behind the impacts on the funding in the NDIS plan.

It is paramount that early intervention is promoted and embedded into the ecosystem of support, focusing on children and young people and the justice, child safety and education systems. Currently, many children with disabilities and their families do not have access to integrated support where a support network is solidly established. For children who are NDIS participants, there should be an option for parents or families to attend plannings meetings at

³ <https://data.ndis.gov.au/explore-data> and <https://data.gov.au/data/dataset/dss-payment-demographic-data>.



the schools, to ensure there is a collaborative approach towards the child's goals and support needs.

There is a clear gap between the provision of State services, such as child safety and youth justice, and the NDIS. It's not uncommon for children and young people to be denied supports by the NDIA because "it's not their responsibility" and vice-versa. For example, Queensland Advocacy for Inclusion (QAI) recently received a referral for a young person who had just turned 18 and been released from the care of child safety. The young person was discharged from a youth detention center without referrals and connection to NDIS services or appropriate accommodation, despite having funding in their NDIS plan. As the young person was on remand and no longer in the care of child safety there wasn't a transition plan for the young person, and by the time QAI received the referral, the young person could not be contacted in the community. This type of situation could have been prevented with a NDIS interface team within the youth justice system to properly implement a transition plan.

The lack of collaboration noted above is also observed in other departments, such as health and housing. When assessing such services, people with disability often report that they are questioned whether they are NDIS participants and, if the answer is yes, they are frequently advised that all disability supports should be funded by the NDIA, without a detailed assessment of their needs. This approach is ineffective and unreasonable as it places a burden on the individual to negotiate several complex systems often falling through the gaps. QIDAN suggests that where the Agency is of the opinion that the service is more appropriately funded elsewhere, the onus should be the Agency to recover those funds from the respective state and territory government department.

Recommendations:

10. Work with all governments to enhance and broaden mainstream services to ensure they are meeting the needs of people with disabilities, including support to people with disability who are not/ not yet eligible for the NDIS i.e., the Queensland Community Support Scheme (QCSS) and Medicare.
11. Institute a comprehensive case management system wherein people with disability receive necessary support and streamlining, allowing the government to autonomously determine the financial responsibility for covering the incurred costs. This could include NDIS Interface teams within state departments, streamlining evidence gathering for NDIS access and plan reassessments.



Case study provided by Queensland Advocacy for Inclusion (QAI):

QAI received a warm referral to assist Andrew*, a 15-year-old who lives with autism, mental health concerns and a history of increasing violence. Andrew is a NDIS participant with previous minimal child safety involvement. The family and support services were concerned about the family's safety, including the younger siblings, given Andrew's increasing violent behavior. The ultimate goal was to move him to accommodation that would keep them all safe and appropriately supported.

The advocate worked with Andrew, their family, support coordinator and the Child Safety NDIS Interface team, to instigate a stakeholder meeting to discuss immediate accommodation and support options. Less than a month after the initial meeting with QAI, the family agreed to Voluntary Relinquishment, which meant Andrew moved into out-of-home care arranged by Child Safety. In addition to the support workers provided by Child Safety, Andrew's NDIS workers continued to support him 4 days a week, as they did when he was home. Andrew continues to attend the same school and receives daily visits from their family.

The QAI advocate continued to speak regularly with the family and attend weekly stakeholder meetings organised by Child Safety to ensure Andrew is appropriately supported. With all the stakeholders engaged and working together, the support coordinator and NDIS Interface team were able to gather appropriate documentation to file a change of circumstances review with the NDIA requesting 24/7 support and a robust SDA.

**Name has been changed to protect confidentiality*

NDIS market, quality of supports and safeguards

In this section, we will cover the following priority areas for improvement:

5. The support and service marketplace: How can the markets be better designed, structured and supported?
6. Measuring outcomes and performance: How should outcomes and performance be measured and shared?
10. Participant safeguards: how should the safeguarding system be improved for a better NDIS?

There is a serious issue with the lack of adequate services in regional areas, and that the "fly in, fly out" model does not allow for the development of connection or trust, which are essential values for people with disability. Remote and rural communities require face to face delivery of supports and services that are community led.



People with disability and their families, especially those with complex supports needs, are impacted by a significant power imbalance in the market. Participants need to know that service providers who fail to act in accordance with the NDIS Code of Conduct will be held accountable. There is neither choice nor control for people with disabilities.

The extent to which the NDIS Quality and Safeguards Commission provides effective oversight of NDIS-funded supports is severely limited by its establishment as a regulatory body with primarily reactive, rather than proactive, powers. This essentially passive role, which has been reinforced by the high volume of complaints received, limits the Commission's capacity to properly utilise its investigative powers. People often report that they see no outcomes of the complaints made or that the responses to their complaints are not timely.

Recommendations:

12. Uphold rigorous training standards for disability service providers, ensuring their adeptness in offering high-quality support as well as their compliance with the NDIS operational safeguards.
13. Champion and facilitate the development of services in regional and remote communities by upskilling people from local communities and ensure adequate funds and pricing structures for innovative and regional/ rural/ remote service delivery.
14. Establish processes with the NDIS Quality and Safeguards Commission whereby NDIS participants are actively and regularly asked about their satisfaction with their NDIS service providers, including ensuring that the NDIS Code of Conduct and NDIS Practice Standards are upheld.

Case study provided by Queensland Advocacy for Inclusion (QAI):

QAI assisted Bart*, a NDIS participant who was subject to an administration order appointing the Public Trustee as his financial administrator. Bart needed some support making financial decisions, but in all other domains, he's always been independent. Bart felt that the service provider engaged for Supported Independent Living (SIL) was not acting on his best interest. Bart sought assistance from his support coordinator to change SIL providers. Instead of support Bart to change SIL providers, the support coordinator made an application to the Queensland Civil and Administrative Tribunal (QCAT) seeking an urgent interim order appointing a guardian for Bart.

The advocate assisted Bart through the QCAT proceedings, ensuring he had access to legal assistance and general guidance on his supporting evidence and decision making. Despite an interim 3-month order being made appointing the Office of Public Guardian as Barts guardian for decisions related to accommodations and the provisions of services, the substantive hearing was adjourned, and no guardian was appointed for Bart during the extended period.



Bart was assisted to collect evidence demonstrating his decision-making capacity for the purpose of the substantive hearing. QCAT assessed Barts evidence and commented on the improvements Bart had made in his life, stressing the importance of having trustworthy and positive supports in his life. The application was dismissed, and Bart could continue to make his own personal decisions and continued having financial decision supports from his original Public Trustee.

**Name has been changed to protect confidentiality*

Conclusion

QIDAN thank the Department of Child Safety, Seniors and Disability Services (DCSSDS) and the National Disability Insurance Agency (NDIA) for the opportunity to contribute to the NDIS review. QIDAN appreciates the government taking interest in reviewing the National Disability Insurance Scheme (NDIS) and listening to people with disability, their advocates and supports on issues presented and solutions proposed.

Despite the numerous challenges navigating the NDIS faced by people with disabilities and their family members over the past 10 years, QIDAN's experience reflects so much potential for improvement, as per this submission. We hope to see QIDAN's recommendations embedded in future policies and regulations.



Mackay Advocacy Inc



PEOPLE WITH DISABILITY AUSTRALIA

Rights in Action
responsive advocacy for People with disabilities



Queensland Advocacy for Inclusion

