

Targeted Foundational Supports Service System in Queensland

Submission by the Queensland Independent Disability Advocacy Network (QIDAN)

To the Department of Child Safety, Seniors and Disability
Services and Queensland Treasury Corporation
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1. About the Queensland Independent Disability Advocacy Network

The Queensland Independent Disability Advocacy Network (QIDAN) is a group of organisations that provide individual advocacy services to Queenslanders living with disability. The member organisations include Aboriginal and Torres Strait Islander Disability Network Queensland; Aged and Disability Advocacy; Amparo Advocacy Inc; Capricorn Citizen Advocacy; 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:** coordinated action to address systemic issues experienced by people with disability,
- **Member support:** 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.

The members of QIDAN's offer various independent disability advocacy services across Queensland, including general disability advocacy, specialized individual advocacy (including National Disability Insurance Scheme appeals), citizen advocacy and systemic advocacy. QIDAN's understanding and recommendations are grounded in the collective experiences of independent advocates.

Independent disability advocacy is critical for all Queenslanders living with disability, both participants of the National Disability Insurance Scheme (NDIS) and the vast majority who are not eligible to access supports through the NDIS. It is the people who are not eligible for support through the NDIS who need targeted foundational support as a matter of urgency, and they are at the center of our recommendations.

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3. Background

As the coordinator of QIDAN, Queensland Advocacy for Inclusion (QAI) was engaged by the Department of Child Safety, Seniors and Disability Services ('the Department') and Queensland Treasury Corporation ('QTC') to consult with the advocacy sector in Queensland to inform the early development of a disability Targeted Foundational Supports Service System (TFSSS).¹ In our consultations with the sector, it became clear that QIDAN believes developing effective targeted foundational supports is a crucial step for the success of the disability reforms.

During the short consultation project, we held two online workshops that were both highly attended, with about 70 advocates engaging across the two sessions to understand the NDIS Review recommendations and begin discussions about targeted foundational supports in line with Actions 1.9-1.13 of the NDIS Review. We then held an in-person workshop bringing together 20 advocates from around Queensland to build on the initial discussions and explore what targeted foundational supports could look like in specific scenarios.

Additionally, we have analysed data collected by the Queensland Disability Advocacy Program (QDAP) during the 12 months from April 2023 to March 2024. During this period, advocates assisted 1785 people with disability with 3,850 issues. The data will be used throughout this report as it demonstrates the significant need for targeted foundational supports in Queensland and highlights some of the intersectionality's including:

- 39% of advocacy services were delivered to people who do not have access to the NDIS
- 15% of advocacy services were delivered to people who identify as Aboriginal and/ or Torres Strait Islander
- 17% of advocacy services were delivered to people from a culturally and/ or linguistically diverse background.

While we have attempted to gather the extensive advocacy experiences, solutions and recommendations of advocates we recognize that with further time and resources there may have been additional feedback and recommendations.

¹ Recommended in the Working together to deliver the NDIS. NDIS Review: Final Report ('the NDIS Review').

4. Initial commentary

Co-design

QIDAN strongly advocates for a TFSSS that deeply engages with people with disability in a co-design process to ensure the system is truly informed by people with disability, their families and carers, including those that do not currently have access to any formal supports.

The concept of ‘co-design’ has not always been clear and has at times been used to describe varying levels of consultation and engagement. QIDAN believes it is crucial to have people with disability at the center of all planning, production, design, evaluation and implementation of programs, policies, processes, legislation etc. We refer to QDN’s Co-Design Principles which include five key values that should be observed when using co-design: Authentic Voice, Collaborative Action, Rights, Respect and Resilience.²

We acknowledge that QAI, Queenslanders with Disability Network (QDN) and National Disability Services (NDS) have been facilitating consultations for this project. Despite QIDAN’s unique and extensive experience in the disability sector, our knowledge and advice are limited by our capacity³ and the services we deliver. With this in mind, we emphasise the need to consult with people with disability who are not part of peak bodies, who have limited to no interaction with service providers, and who have not accessed independent advocacy. We therefore recommend that the Queensland Government invest in broader consultation for an effective design and delivery of TFSSS.

Disability ecosystem

Contemplating the design of TFSSS in Queensland involved the consideration of the “unified disability support ecosystem” envisioned by the NDIS Review Panel.⁴ During the consultations, our discussions repeatedly centered around the essential nature of advocacy services, navigational support, mainstream services, NDIS access and supports, and the Applied

² Queenslanders with Disability Network (QDN) Nothing About Us Without Us: QDN’s Co-Design Principles. https://qdn.org.au/wp-content/uploads/2022/02/QDN_Co-Design-Principles_FINAL_2022.pdf

³ QIDAN Pre-budget submission to Queensland Treasury: <https://disabilitypathways.org.au/qidan-submission-disability-advocacy-funding/>

⁴ Working together to deliver the NDIS. NDIS Review: Final Report, page 59.

Principles and Tables of Support to Determine Responsibilities (APTOS) for a connected and balanced system.

During QIDAN's consultation, advocates engaged in brainstorming, discussed creative solutions, pondered the potential form of TFSSS, and expressed enthusiasm about the prospect of individuals with disability accessing such services.

To achieve an effective TFSSS, QIDAN supports the implementation of the following recommendations in relation to the NDIS Review:

- Action 1.5⁵ – Advocacy is vital to promote, protect and defend the human rights of people with disability within a connected, balanced and fair disability ecosystem.
- Recommendation 2⁶ – addressing gaps and challenges in mainstream services, in particular access to psychology and counselling.
- Action 2.6⁷ – Updating the APTOS as a matter of urgency is essential to clarifying government responsibilities and ensuring accountability across the disability ecosystem. Despite the lack of response from the State and Commonwealth Governments to the NDIS Review and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability Reports⁸ during consultations, detailed shared planning and funding arrangements are anticipated to prevent people with disability from falling through the gaps over disputes about financial responsibility.
- Recommendation 4⁹ – an efficient and independent navigation system to ensure services are connected and sustainable. Specialist navigators should be available for First Nations people with disability and culturally and linguistically diverse communities. Additionally, Navigators should play a crucial role in referring individuals to NDIS support, including assisting with evidence gathering, report costs, and form completion. QIDAN's experience has been that advocates often fill this gap. We note Action 4.4 of

⁵ Working together to deliver the NDIS. NDIS Review: Final Report, page 61.

⁶ Working together to deliver the NDIS. NDIS Review: Final Report, pages 74-78.

⁷ Working together to deliver the NDIS. NDIS Review: Final Report, page 76.

⁸ <https://disability.royalcommission.gov.au/publications/final-report>.

⁹ Working together to deliver the NDIS. NDIS Review: Final Report, pages 104-106.

the NDIS Review which states that navigator support “should be aligned to the new Foundational Supports Strategy”.¹⁰

We acknowledge that more consultation on the above points will be undertaken, but QIDAN identified them as critical elements to be considered with our following advice.

5. General recommendations

Our consultation focused on the five targeted foundational supports identified in the NDIS Review.¹¹

- I. Home and community care support
- II. Delivery of aids, equipment and assistive technology
- III. Support for adults with a psychosocial disability
- IV. Early supports for children (age 0-9) with emerging development concerns and disability
- V. Supports for young people (age 9 - 21) prepare for and manage key life transition points

During our discussions on the current service landscape, QIDAN identified that many of our recommendations are applicable across all five areas, addressing the quality and delivery of TFSS. We also identified additional cohorts of people who could benefit from these supports, extending beyond those initially identified in the NDIS Review.

Therefore, this initial section is dedicated to our general recommendations and the gaps we have identified within the cohorts initially outlined in the NDIS Review.

5.1 Service quality

Ensuring a TFSS embedded in inclusion, quality and excellence emerged as a key priority during discussions with QIDAN’s members. This emphasis is underscored by the advocacy services accessed from April 2023 to March 2024, with 131 cases addressing concerns about mainstream service provision and 311 cases related to NDIS service provision in the past year. Furthermore, a TFSS must be guided by principles that are clearly and expressly outlined in

¹⁰ Working together to deliver the NDIS. NDIS Review: Final Report, page 106.

¹¹ NDIS Review | Supporting Analysis, page 20.

legislation and policy that place the rights of people with disability at the forefront of their design.

Addressing service quality for First Nations people presents unique challenges and opportunities as needs vary among communities. We have heard that assumptions often guide service provision and government initiatives. Hence, it is imperative that services are developed in partnership with communities.

Furthermore, QIDAN recognises the added layer of diversity within culturally and linguistically diverse (CALD) communities and emphasise the importance of delivering services safely and effectively, while considering the unique cultural needs of communities.

Recommendations

5.1.1 Co-design: ensure that people with disability, including First Nations people, those from culturally and linguistically diverse backgrounds, and those who are not currently accessing formal supports, are involved in the co-design of the system at all stages.

5.1.2 Promote inclusion and rights: supports must be designed to promote inclusion, end segregation, and work towards the de-institutionalization of people with disability. Support must be embedded in the Queensland *Human Rights Act* and the Convention on the Rights of Persons with Disabilities (CRPD).

5.1.3 Comprehensive support system: establish a TFSSS that embraces intersectionality, ensuring that everyone can access their required support across the disability ecosystem. This requires appropriate levels of funding to provide access in regional, rural and remote areas and minimize wait times for access to services.

5.1.4 Investment in training and market availability: for individuals supporting people with disability, including strengthening trauma-informed practices and addressing the shortages of qualified professionals, particularly in regional, remote and rural areas.

5.1.5 Key principles for a TFSSS:

- inclusivity and deinstitutionalisation
- supported decision making

- choice and control
- goals and outcomes driven (agreed with the person receiving supports)
- Personalized and relational support with key contacts

5.1.6 Complaints and review mechanisms: clear and accessible complaints mechanisms and avenues for reviewing decisions including entitlements to targeted foundational supports.

5.1.7 Cultural mapping: Investment in the development and implementation of a cultural mapping initiative in partnership with First Nations Communities to ensure services are tailored to community needs and based on language, culture, law / lore and ethics.

5.1.8 Data collection and mapping Culturally and Linguistically Diverse (CALD) communities: to ensure that existent effective services are identified and invested in, and to identify gaps in services that need to be adequately addressed.¹²

5.1.9 Quality assurance: ensure minimum standards for service providers, without the need for rigid registration or enrolment, including:

- training including cultural awareness, supported decision making, trauma informed, LGBTQIA+ awareness
- Disability Action Plans
- regular auditing

5.1.10 Collect comprehensive data to inform the service gaps and challenges faced by people with disability outside the NDIS and who are most in need for targeted foundational supports (as per Actions 23.4 and 23.5 of the NDIS Review).

5.2 Service delivery

QIDAN spent a considerable amount of time discussing eligibility criteria for targeted foundational supports given the NDIS Review definition: “Early intervention and low intensity

¹² Please see the following as examples: <https://www.refugeehealthnetworkqld.org.au/wp-content/uploads/2024/04/HSP-Arrivals-Report-Nov2023-Jan2024-1.pdf> and <https://www.dcsds.qld.gov.au/resources/dcsyw/multicultural/communities/diversity/diversity-figures-report-2021.pdf>.

care supports that are primarily for specific groups of people with disability outside the NDIS who are in most need of additional support”.¹³ While this definition offers some insight regarding the intended purpose of targeted foundational supports, its vagueness allows for diverse interpretations and proposals.

We acknowledge the NDIS Review recommendation in relation to the NDIS early intervention pathway (Action 3.7), which aims to ensure that the NDIS supports those with the highest level of need. The NDIS Review provides it is necessary to include an agreed definition of ‘likely to benefit’ and clarification of when need can be appropriately met through the foundational support system.¹⁴ For individuals not eligible for the NDIS, the eligibility criteria to access targeted foundational support should be easier to navigate and less complex than the NDIS early intervention one.

Our experience reveals that people with disability face numerous challenges in accessing necessary support, which for many is only available via the NDIS. These challenges include the requirements of proof of disability, difficulties in obtaining costly medical reports within lengthy waiting lists, limited funding options outside the NDIS added to existing financial hardship to pay for supports, and discriminatory practices such as refusal of services based on residency status or citizenship.

The issue of costs is significant given the many additional expenses associated with living with disability.¹⁵ Many people who require targeted foundational support may rely on income payments and therefore may not be able to afford essential services such as support workers, therapies or aids and equipment out of pocket. It is important that targeted foundational support is accessible to people with disability without financial burden, ensuring consistency, fairness and not placing additional pressure on the NDIS to provide these services at no cost to

¹³ Working together to deliver the NDIS. NDIS Review: Final Report, page 293.

¹⁴ Working together to deliver the NDIS. NDIS Review: Final Report, page 95.

¹⁵ Please see NDIS Review | Supporting Analysis pages 69-70 as well as <https://www.nationaldisabilityinstitute.org/wp-content/uploads/2020/10/extra-costs-living-with-disability-brief.pdf> and <https://tcf.org/content/commentary/paying-the-disability-tax-in-an-inaccessible-world/>.

the individual. Furthermore, the NDIS Review highlights the long-term costs benefits of early intervention targeted foundational supports.¹⁶

We believe targeted foundational support should be easy to navigate, accessible, diversified, and have seamless referral pathways between NDIS and mainstream services.

Recommendations

5.2.1 Inclusive eligibility criteria that:

- includes non-citizens, non-permanent residents, and New Zealand citizens
- does not require proof of permanency of disability, making eligibility broad and based on support needs rather than diagnosis
- is not limited by age (65 years), recognizing that age-related support can differ from disability-related support.

5.2.2 Continuity of support: Supports should be available for the length of time necessary and be able to fluctuate depending on individual need. Additionally, mechanisms should be in place to facilitate referrals to the NDIS for individuals with identified additional needs, preventing them from falling through gaps in support systems. This approach would help maintain continuity of care and ensure that all individuals receive the necessary assistance without interruption or delay.

5.2.3 Holistic supports: Ensure that supports go beyond survival needs such as cleaning, cooking and personal care to include enjoyment and fun for people with disability.

5.2.4 Needs assessments and outcome measurements that are:

- co-designed with people with disability
- culturally safe for First Nations people and people from culturally and linguistically diverse backgrounds

¹⁶ NDIS Review | Supporting Analysis, pages 93 and 112.

- completed by relevant experts beyond Occupational Therapists including social workers, guidance officers, teachers, nurses, other allied health professionals.
- trauma informed

5.2.5 Flexible funding: provide options for flexible funding to meet individual needs (individualized, block or hybrid), including the choice over programs and services engaged with, such as choosing a mobility scooter over support workers for community access. Funding should be transferrable and accessible between locations (including inter-state) and include interpreting services where required.

5.2.6 No co-contribution or fees: ensure providers are unable to charge co-contributions or additional fees for services provided through the TFSSS.

5.2.6 Community-based support: establish and build on existing support within local communities to ensure place-based supports and building capacity within communities which:

- Offer mixed modes of services, particularly in rural and remote areas such as drop-in centers or hubs, outreach to homes or other key settings, telephone or video.
- Provide safe spaces for people within the LGBTQIA+ community.
- Be designed and led by First Nations community-controlled organisations to support First Nations people with disability and communities.
- Be designed and led by culturally and linguistically diverse communities to support their communities.
- Support local remote, regional and rural communities' self-determination to establish local centers, training local people to support their own community and creating jobs in the process.

5.2.7 Cultural brokers and interpreters: Introduce cultural brokers or cultural liaison officers and ensure availability of funding to access interpreting services to provide specific services to First Nations and culturally and linguistically diverse communities.

5.2.8 Streamlined access pathways: establish streamlined access pathways both to and from targeted foundational supports with mainstream services, NDIS and aged care. This should include support for assessments and reports, to transition individuals between targeted foundational support, the NDIS and Aged Care and avoid gaps where support is removed before new supports are established.

5.3 Gaps

As mentioned above, QIDAN’s consultation identified cohorts of people with disability who have not been prioritized in the NDIS Review, however, would greatly benefit from targeted foundational supports and additional programs. We acknowledge the NDIS Review Panel mentions the lack of comprehensive data of people outside the NDIS who require support, meaning that improved data could potentially result in the identification of additional targeted foundational supports over time.¹⁷ QIDAN would like to take this opportunity to name some of the cohorts identified by our advocates, so further investigation can be done to ensure that such cohorts are not overlooked.

Recommendations

5.3.1 Expanding targeted support recipients: people with disability in the cohorts below may also benefit from targeted foundational support:

- People in custody (including young people)
- People with disability found not fit for trial and who are involved in the criminal justice system, regardless of whether a support is a criminogenic or disability support need, or both.
- People in the LGBTQIA+ community¹⁸

¹⁷ NDIS Review | Supporting Analysis, page 20.

¹⁸ QIDAN have been collecting data on LGBTQIA+ for the last six months. Our data shows that 53% of people who access advocacy who identify as members of the LGBTQIA+ community did not have NDIS access. Furthermore, people from this cohort were most commonly accessing advocacy for help with community inclusion, participation and access.

5.3.2 Home modifications scheme: this may include people who require support under another cohort, for example home and community support or adults with psychosocial disability, however, other people may also benefit from home modifications. QIDAN supports the Disability Advocacy Network Australia (DANA)'s recommendation for establishing a home modification scheme outside the NDIS.¹⁹ Further consultation should be undertaken before the proposed scheme is designed and developed, and should consider:

- People accessing housing through the private rental market.
- Necessary legislative changes to protect and support access to home modifications.
- Supports for families with children or young people to modify their home or access suitable housing.

5.3.3 Accessible transport scheme: design and implement an accessible and flexible transport scheme for people with disability, particularly those who are unable to use public transport due to their disability. This should include nationally consistent allowances to contribute to the cost of transport, beyond the current Taxi Subsidy Scheme (QLD).

5.3.4 Therapy access: adequate therapeutic support for people outside the NDIS above what is available through the mainstream system, including but not limited to:

- Physiotherapy, exercise physiology, hydrotherapy to maintain and/ or improve mobility
- Psychology and counselling for wellbeing and psychological support.

5.3.5 Employment support: improving support for people outside of the NDIS to access and maintain employment. It is important this support is not time or age limited.

5.3.6 Services for people who are Deaf/ hard of hearing: enhance services for people who are Deaf or hard of hearing, ensuring comprehensive programs that include access to technologies, support services, and interpreting services.

¹⁹ DANA Priorities Project Report, pages 18-19. https://www.dana.org.au/wp-content/uploads/2024/05/Priorities-Project-Report_WEB-1.pdf.

6. Home and community care support

In discussing this area of support, QIDAN's advocates considered Action 1.9 of the NDIS Review and referred to the NDIS Review Supporting Analysis document, particularly in relation to unmet needs of people with chronic health conditions ineligible for the NDIS.²⁰

QIDAN's experiences with services such as the Queensland Community Support Scheme (QCSS) in the past year are notable, with 7% of advocacy services addressing issues related to QCSS or barriers to community inclusion and access. Among those supported, people with physical disabilities accounted for one-third of the cohort, followed by people with intellectual impairment and Acquired Brain Injury (ABI). Significantly, 78.3% of people accessing advocacy for QCSS-related issues were from culturally and linguistically diverse (CALD) communities. Furthermore, one-third of the people supported QCSS, or with barriers to community inclusion and access issues, fell within the 50-64 age bracket. In addition, none of the individuals accessing QCSS had access to the NDIS, and 43% of those accessing advocacy services for community inclusion and access were not NDIS participants.

Another key aspect of home and community care support is transport. QIDAN reports that only 15 enquiries were made for transport issues, but of those 15 enquiries, 67% were for people who did not have NDIS access. It is also worth noting that transport related issues are often a secondary concern for people who access advocacy for matters like community access inclusion and physical access.

Case Scenario: Mahmoud's home and community supports

Mahmoud, a 24-year-old man living in Brisbane as a non-permanent resident on a student visa. Mahmoud acquired physical disability and an acquired brain injury (ABI) following an accident. As a result, he requires support with general housekeeping, transport, and community access. However, due to his non-permanent resident status, Mahmoud is not eligible for the NDIS.

Who: Mahmoud's local neighborhood center refers him to a community-controlled block-funded service providing targeted foundational support.

²⁰ NDIS Review | Supporting Analysis, pages 29-30.

What: Mahmoud receives a range of targeted foundational supports, including:

- Working with Mahmoud to identify his goals and create a flexible individualized plan
- Providing culturally safe support with consistent support workers who assist Mahmoud each week with household tasks, meal preparation, grocery shopping, transport to appointments, and support participating in his local community
- Supporting Mahmoud to access home-modifications
- Assisting Mahmoud to connect and engage with culturally appropriate peer-network groups
- Providing capacity-building support in areas identified by Mahmoud
- Linking Mahmoud with an ABI rehabilitation service

Where: Support is provided to Mahmoud in his natural environment, primarily his home, place of study, and local community.

When: Support hours are flexible, aligning with Mahmoud's evolving needs and goals. Given his permanent disability and visa limitations preventing NDIS access, support should be ongoing and uncapped.

What if Mahmoud were over the age of 65:

- Mahmoud's aged care provider identifies his disability-related needs beyond aged care and refers him for targeted foundational supports
- Mahmoud's foundational supports work alongside his aged care supports to ensure that all his needs are met without the unnecessary doubling of services. Responsibility for service delivery is clearly identified.
- Staff engage in evidence-based training on providing culturally safe services, and Mahmoud's support workers are considerate of his cultural background, personal beliefs about disability, age, and potential need for interpreter services.

Recommendations

- 6.1 Immediate support provision:** once a person is eligible, support should be established immediately, without waiting lists.
- 6.2 Direct access:** simplified access processes with streamlined referrals from mainstream services. Allow access without the necessity of applying for NDIS access first to prove ineligibility.
- 6.3 Uncapped support hours:** provide as many hours of assistance per week as needed to meet a person’s needs. Supports should account for diverse needs including fluctuating requirements and individuals with complex health needs ineligible for the NDIS. Where support is beyond “low intensity care”, facilitate access to the NDIS.
- 6.4 Intensive family support:** for instances where multiple family members require home and community care support to ensure coordination and continuity of services.
- 6.5 Individualised funding:** enabling choice and control over how, when and by whom the services are delivered – potentially adopting a model similar to Queensland’s previous Your Life Your Choice approach.
- 6.6 Flexible funding:** to support families of eligible individuals, particularly in cases where carers are fatigued, and families are overwhelmed and burnt out. Additionally, funding should cover the costs of transport associated with services provided such as transport to ensure people can access their communities.

7. Delivery of aids, equipment and assistive technology

Action 1.10 of the NDIS Review Report informed our identification of gaps, issues and recommendations. Our experience reveals that people with disability often seek NDIS access solely for aids, equipment and assistive technology, or encounter challenges when these supports are deemed unrelated to the disability a participant sought access for.

In our experiences, people accessing advocacy for issues with physical access and community inclusion often require support accessing aids and equipment. With that in mind, 70% of enquiries for physical access issues were from people aged 50 to 64 years old, and 60% of the

cohort were people with physical disability. Furthermore, Of the whole cohort accessing advocacy for community inclusion and access related issues, 22% had physical disability. Establishing a national scheme to streamline access to these supports can alleviate NDIS request backlogs and foster a more effective and support system for people with disability.

Case Scenario: Carmen’s access to aids and equipment

Carmen, a 42-year-old woman, lives with functional neurological disorder (FND) and autism spectrum disorder (ASD). Carmen requires a wheelchair and modifications to her home. While Carmen has NDIS access for ASD, her plan does not include funding for essential home modifications and aids like a wheelchair. Carmen was unsuccessful in securing the funding for aid and equipment through the NDIS internal review process.

Who: Carmen’s doctor refers her to a local service center that offers wrap-around targeted foundational support, including access to in-house specialists such as occupational therapists and nurses.

What: Carmen receives the following services though through targeted foundational supports:

- Assessment by a multidisciplinary team including nurses and occupational therapists to determine her need for a wheelchair and home modifications. The assessment includes home visits for a robust home assessment, and broader life needs such as mobility, nutrition, and continence.
- Access to home modifications and a suitable wheelchair through the service center's supply partners, including options like a secondhand aid and equipment supplier, or subsidy scheme. The service center also maintains a stock of commonly used aids, like shower rails.
- Training or Carmen on the use of new aids and equipment.
- Regular follow-ups every six months to review the aids and equipment and address any additional needs or adjustments.

- Offering an open-door policy, allowing Carmen to attend the service center for information or supplementary services as needed.

Where: Services are delivered locally within Carmen’s community and assessments completed at home as needed.

When: Assessments and access to aids and equipment should occur quickly. In cases where specialized equipment is difficult to obtain, Carmen is placed on a waitlist and provided with interim solutions.

What if Carmen lived in a remote community:

- The local service center could be co-located with existing health services.
- The local service center should maintain its own stock of aids and equipment that can be easily accessed when needed. The size of the stock should be informed by the population of the community.
- Carmen's local service center must provide culturally safe practice, with a focus on employing First Nations Peoples within the service center.

Recommendations

7.1 Assessments: aids, equipment, devices and assistive technology assessments should be included in the targeted foundational supports. The aids and equipment assessed and provided should include a wide range of items, including sports and recreational equipment such as basketball wheelchairs.

7.2 Secondhand aids and equipment market: should be established with a robust policy and framework to encourage reuse and recycling, enhancing affordability, sustainability and accessibility, resulting in better use of government buying power.²¹

7.3 Long and short-term hire scheme: implement a hire scheme allowing items to be returned to government stock after use, potentially establishing a library for borrowing aids and equipment, increasing affordability and availability.

²¹ NDIS Review | Supporting Analysis, pages 79-80.

- 7.4 Aids and equipment purchasing scheme:** QIDAN aligns with DANA’s recommendation to establish a disability aids and equipment scheme outside the NDIS.²² However, imposing caps on higher intensity assistive technology should be avoided, as limiting the funding amounts could result in people seeking access to the NDIS solely for specific items.
- 7.5 Consumables scheme:** implement a scheme similar to the Medical Aids Subsidy Scheme (MASS) to provide essential consumable products like PEG feeding tubes and continence aids.
- 7.6 Bulk purchasing initiatives:** enabling providers or government entities to bulk purchase items like grab rails and shower chairs for immediate distribution upon identification or need, ensuring timely access. In the absence of hubs or specialist services, particularly in rural and remote communities, pharmacies may assist with the supply and delivery of these items given their established presence and access to equipment.
- 7.7 Community-based training and support programs:** where people with disability can access assessments, training, maintenance and support for their aids and equipment by relevant professionals including nurses, occupational therapists, speech therapists etc.

8. Support for adults with a psychosocial disability

QIDAN discussed Action 1.11 of the NDIS Review Report, which defines “people with severe and persistent mental ill-health”. According to the Productivity Commission’s 2020 Mental Health Inquiry, people requiring specialist support, including psychosocial support services and specialist mental healthcare have a moderate condition, whereas those with severe conditions typically need hospital-based care or treatment from specialist mental health teams and community supports to support their recovery.²³

QIDAN advocates for the inclusion of both people with moderate and severe mental health conditions in targeted foundational supports. These supports are crucial for providing early intervention and low-intensity care to help people build life skills and foster independence.

²² DANA Priorities Project Report, page 17. https://www.dana.org.au/wp-content/uploads/2024/05/Priorities-Project-Report_WEB-1.pdf

²³ Productivity Commission’s 2020 Mental Health Inquiry, pages 90-91.

Excluding those with moderate mental health conditions could create gaps in psychosocial support, potentially leading to escalated conditions or symptoms, which are neither mentally nor economically sustainable.

QIDAN reports that of all the advocacy services delivered, the most common type of primary disability is psychosocial disability, accounting for 24% of services. A common issue observed within the cohort of clients with psychosocial disability is housing. Housing/ tenancy was the primary issue for clients with psychosocial disability, accounting for 18.3% of issues. It is QIDAN's view that housing-related support must be considered within TFSSS. Additionally, of all people accessing advocacy 188 enquiries were for Health / Mental Health problem types, accounting for 8% of our total services. Of note, 48% of this cohort did not have access to the NDIS, 28% were from a CALD background, and 8% were Aboriginal and Torres Strait Islander clients.

A recurring issue observed by our advocates is the insufficient funding for fully bulk-billed psychology, counseling, and psychiatry services, exacerbating the lack of support available for people with moderate and severe mental health issues. Many people requiring psychosocial support under targeted foundational support also need services including psychology, counselling, and psychiatry.

QIDAN's recommendations align with the NDIS Review's implementation details, which stress the need to "Develop a deep and effective collaboration between health and disability portfolios, noting the importance of non-NDIS psychosocial supports for the effectiveness and sustainability of the NDIS" as part of Action 1.11.²⁴

Case scenario: James's holistic psychosocial supports

James, a First Nations man, resides in Cairns with his two young children (ages 5 and 6), and they all currently live in their car. James lives with a psychosocial disability and has not been receiving any support, and his children are not currently enrolled in school.

²⁴ NDIS Review | Supporting Analysis, page 85.

Who: A community Elder notices James' situation and offers to engage him with targeted foundational supports.

What: James accesses the following supports through a wraparound First Nations community-controlled organisation:

- Cultural mapping to identify kinship connections and culturally appropriate support services.
- Comprehensive and intensive case management initially addressing emergency needs such as food, clothing, fuel, housing, and finance. Once immediate needs are met, the case manager assists James with goals such as employment, training or further education.
- Counselling support provided in group or individual settings based on James' current needs and preferences.
- Peer support groups and cultural activities supporting James in maintaining cultural connections, with opportunities for his children to participate as well.
- Education liaison officer assists the family in enrolling the children in school, including funding supports for uniforms, resources, lunches, and excursions. The children quickly adjust to school life, expressing enjoyment of new friends and books.

Where: James accesses these supports through a First Nations community-controlled organisation, with outreach services are available to support him and his family within the community.

When: James can access support for as long as he needs and desires, with his engagement with the service likely to fluctuate over time based on his evolving needs.

Recommendations

8.1 Needs-based eligibility and support: eligibility for support is based on current needs rather than treatment history to ensure people are able to access support relevant to their current circumstances.

- 8.2 Individualised plans:** using a person-centered approach to identify goals and outcomes, with periodic reviews to assess progress. Individualised plans should ensure that people have choice and control over their support and providers including the frequency of engagement due to fluctuating symptoms or circumstances. If support needs exceed early intervention or low-intensity care, facilitated referrals to the NDIS should be supported.
- 8.3 Therapeutic supports:** access to free psychology, counselling, and psychiatric services without limitations on hours.
- 8.4 Community drop-in centers:** establish 24/7 drop-in community models for people with complex mental health needs to provide safe spaces combining community access programs, support groups, counselling, and skill-building programs (similar to Brook Red and Floresco in Queensland²⁵). Support that is not clinical or critical should be available at all times of the day to reduce the frequency of hospital presentations.
- 8.5 Comprehensive case management:** establish flexible, intensive case management programs tailored to the needs of people with psychosocial disability to ensure holistic support.
- 8.6 Peer support programs:** offering peer support workers with lived experience to assist people of all age groups with personal goals, daily activities, and capacity building. This support could be modeled off the previous Personal Helpers and Mentors – ‘PHaMs’ (Commonwealth program²⁶).
- 8.7 Holistic practical supports:** develop a comprehensive framework for support ensuring that people have access to support to meet their needs, this may include access to respite, transport services, housing supports, employment assistance, in-home support.
- 8.8 Proactive outreach:** to deliver support in community and support engagement when people have fluctuating symptoms. Ensure there are mechanisms to connect people with

²⁵ <https://www.brookred.org.au/> and <https://www.qmhc.qld.gov.au/research-review/service-integration/floresco-service-model>.

²⁶ <https://www.ideas.org.au/uploads/resources/628/Personal%20Helpers%20and%20Mentors.pdf>

additional support when experiencing challenges that may exacerbate mental health symptoms such as homelessness or financial pressures.

9. Early supports for children (age 0-9) with emerging development concerns and disability

In relation to Action 1.12 of the NDIS Review, QIDAN discussed the ongoing challenges with the concept of “parental responsibility” faced by many families. QIDAN’s advocates highlighted the need for a safe space where both children and their families can receive peer support that is built on disability pride. In our experience, families with children with emerging developmental concerns often feel isolated in their communities and experience feelings of parental inadequacy.

Our data reveals 210 instances where we assisted children between 0-9 years old, accounting for 5.5% of our total services provided. Autism was the most common disability, accounting for 60% of the total number of enquiries. Within this cohort, 38% of enquiries related to education issues, 20% involved children who identified as Aboriginal and Torres Strait Island, 21% involved children from a CALD background, and 22% of the cohort had no access to the NDIS.

QIDAN supports the NDIS Review Panel’s view that such support is best delivered in natural settings. However, we caution against unintended consequences, such as children withdrawn from the classroom to attend 1:1 therapy, potentially hindering their opportunities for peer learning. The emphasis should be on integrating into the child’s everyday environments and promoting inclusion with peers in mainstream settings, thus fostering inclusion.

During consultations, discussions focused on the intersectionality between systems, particularly schools, early childhood services, and Child Safety. We emphasize the necessity of adequately resourcing these systems, allowing time for collaboration and stakeholder engagement, and providing sufficient disability-informed training.

QIDAN’s advocates explored the role of the Lead Practitioner and identified concerns regarding potential conflicts of interest. In our experience, families with parents with disability, children

with disability, or both often struggle to trust service providers offering developmental parenting advice. It is therefore important to keep the provision of services independent.

Case scenario: Supports for Michael and his family

Michael is 6 years old First Nations child who is in grade one at his local state school. Due to his school's inability to manage his behavioral challenges, his school has implemented a part-time education plan allowing him to attend school for only one hour per day. Although not formally diagnosed, Michael's family and the Aboriginal and Torres Strait Islander Community Health Service suspect he may have autism spectrum disorder (ASD), and his current education arrangement does not meet his needs.

Who: The Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) referred Michael to a local, community-controlled service offering targeted foundational supports.

What: The services that Michael and his family receive include:

- Cultural mapping and communication plan to ensure Michael receives support from culturally appropriate individuals, such as an Uncle or Aunty.
- Dedicated support from a support worker at home and school to help Micheal develop skills, regulate his emotions, and facilitate transitions to full-time school attendance.
- Development and implementation of a comprehensive behavior support plan in collaboration with a cultural broker, Michael's family, teachers, and significant people in his life.
- First Nations Lead Practitioner that: helps Micheal identify his interests and supports him to engage in activities aligned with those interests, connects Micheal and his family with peer support networks, identifies the need for a disability advocate and makes a facilitated referral, supports the school and Micheal's classmates to respond appropriately to his triggers and responses.

Where: The supports are primarily delivered in Micheals natural settings – at his home and/ or school.

When: The support hours are flexible and can be adjusted based on Micheal and his family's evolving needs as he works towards full-time school attendance. Once Micheal achieves his current goals, a review will determine any further necessary supports for him and his family.

What if Michael was in kindergarten (younger than 6 years old):

- Kindergarten staff identify developmental delays early and recommend foundational supports.
- School planning starts immediately with the introduction of a Disability Transition Support Officer provided by the Department of Education, who may accompany Micheal from kindergarten to school.
- Allied health services are provided at kindergarten and there is close collaboration with the Disability Transition Support Officer.
- Culturally appropriate family support built on disability pride is provided.
- Inclusive play for children with and without disability, incorporating age-appropriate disability awareness.
- Evidence-based disability awareness education is implemented.

Recommendations

9.1 School-based therapy teams: ensure every school has a dedicated team of therapists to support children and families within the natural school setting. Develop strategies to address the shortage of qualified professionals in regional and remote areas.

9.2 Age-appropriate respite programs: that are flexible, accessible before family burn out, can be accessed as regular support or in blocked (e.g., 3 hours per week or during the school holidays), allows families choice and control over providers and support delivery. The funding model could be like the previous Your Life Your Choice funding program.²⁷

²⁷ <https://abilitycare.org.au/https-abilitycare-org-au-wp-our-services-self-directed-funding/self-directed-funding/>.

9.3 Independent Lead Practitioners: Ensure that Lead Practitioners are independent of other services to prevent conflict of interest and empower families to choose a Lead Practitioner who best meets their needs.

9.4 Community-based family hubs: Establish or build on existing community based ‘hubs’ for children and families providing therapies, community support, skill development, and essential resources like food and toiletries. Ensure support is accessible to children within and outside the school system and include proactive check-ins for families during overwhelming periods.

9.5 Intensive family support: Offer intensive family support for families with multiple children needing disability support. This could include social work services to support families during transition periods and support siblings.

9.6 Peer support groups: Establish local peer support groups for families that are embedded in disability pride.

10. Supports for young people (age 9 - 21) prepare for and manage key life transition points

Action 1.13 of the NDIS Review was the last area of targeted foundational supports addressed by QIDAN’s advocates. Our consultations identified significant gaps and challenges encountered by young people during key life transitions. These include:

- limited time and support to develop skills and secure employment
- insufficient supports for young people involved in the criminal justice system
- barriers preventing safe access to financial resources
- inadequate access to safe housing, particularly young people aged 14 to 18 and their families who face challenges living together, consequently for many young people leading to homelessness, detention or child safety involvement.
- lack of support to transition to adulthood.

According to our data, QIDAN provided advocacy to 676 young people aged between 9 and 21. Of the 676 young people, the most common disability types were autism spectrum disorder (44.8%) and intellectual disability (18.6%). One-third of young people sought advocacy for education and employment related issues, and 23.8% of the young people did not have NDIS access. Additionally, 27% of the 676 young people identified as Aboriginal and Torres Strait Islander, and over 20% were from a culturally and linguistically diverse background.

Case scenario: Jane's transition to adulthood

Jane, a 15-year-old living in Caboolture with her mother and 13-year-old sister, faces challenges with bullying at school and inadequate accommodation for her individual needs. Jane and her family live in social housing and rely on public transport that is insufficient.

Who: Jane and her mother attend the GP for an unrelated medical condition. The GP suspects that Jane has undiagnosed Fetal Alcohol Spectrum Disorder (FASD) and through conversation identifies that she has not been attending school due to bullying and a lack of support. Jane and her mother are provided with information and a warm referral to the 'local hub' to access targeted foundational support.

What: Jane and her mother attended the local hub to access supports including:

- Comprehensive intake assessment to identify Jane's support needs and establish goals for her inclusion and well-being.
- Social peer groups at the hub run a couple of times a week to build connections with other young people and develop social skills.
- The 'learning space' at the hub that is a flexible and supportive environment to engage with educators and increase her reading and math skills in preparation for returning to a school environment. When Jane is ready to look at school environments the learning space educators can assist her with transition.
- Weekly therapy sessions focused daily living, self-regulation, self-care and routines. The sessions are conveniently timed with the social groups for ease of access.

- Jane is paired with a mentor who meets with her regularly to assist with skill development, supported decision making, finding transport, applying for allowances and concession cards, talking about peer relationships etc.
- Jane and her sister are excited to try the different weekly classes run by local volunteers such as painting, gardening, and singing to build connections and explore interest.
- Jane’s mother has opportunities to engage with other parents over a cup of tea in a comfortable environment to share strategies and supports and build social connections.
- Opportunities for Jane’s mother to attend regular parent training sessions run by therapists to enhance her skills in supporting Jane at home.

Where: Support services are provided in a purpose-built, inviting and accessible local community. Outreach services are available within Janes’ home or local community as needed.

When: Jane and her family have flexible access to the hub and its services. Jane has scheduled individual weekly therapy sessions, and her engagement with the hub is regularly reviewed. The hub would assist with NDIS application if relevant, providing necessary assessments and reports.

What if Jane and her family did not initially access hub services:

- The hubs outreach team would check-in with them and invite them to the hub.
- Transport barriers would be addressed, potentially with taxi vouchers to facilitate access.
- Home based services would be offered if attending the hub is not feasible or preferred by Jane and her family.

Recommendations

10.1 24/7 drop-in hubs: create safe, fun, and accessible spaces for children and young people with complex mental health needs can access holistic support, including counselling. This support should be accessible at any time of the day when a young person is feeling

overwhelmed or with heightened symptoms to prevent crisis often leading to interactions with other systems such as health, police and watch houses.

- 10.2 Peer support and social programs:** create localised programs to help prepare young people for adulthood, focusing on skill development and peer support.
- 10.3 Mentoring programs:** establish 1:1 mentorship programs focused on providing supported decision making and social skill development during the transition to adulthood.
- 10.4 Holistic wrap-around supports:** comprehensive supports, considering cognitive development, supporting the transition to adulthood for all young people with disability until at least the age of 21, similar to extended care support offered by Child Safety. This support should be accessible to young people via in person support, phone or digitally depending on preference and should extend to supporting families during transitions.
- 10.5 Allied health services:** flexible funding to access therapies like positive behaviour support, social workers, and counselling to meet individual needs of young people.
- 10.6 Specialist driving training:** to enhance independence and confidence, particularly for young people with intellectual disability.
- 10.7 Inclusive sex education programs:** Design and implement comprehensive sex education programs that are LGBTQIA+ inclusive and focus on identifying risks, abuse prevention, boundaries, addressing natural needs, including who people can talk to for support.
- 10.8 Literacy and numeracy programs:** Offer extended learning programs in numeracy and literacy, including programs delivered by TAFE that can be accessed alongside work or other studies. Another potential example is the Possibility Pathways Program by Down Syndrome Australia.²⁸
- 10.9 Managing finances programs:** supporting young people to access finances such as income support or establishing bank accounts, build skills in managing money, and budgeting though a supported decision-making framework.

²⁸ <https://www.downsyndrome.org.au/qld/services-and-supports/people-with-down-syndrome/kids-youth-and-adults/skilling-queenslanders-for-work/>.

10.10 Intensive employment support programs: assist young people to build capacity and obtain meaningful open employment, extending beyond NDIS limitations in age and duration (e.g., School Leaver Employment Supports – SLES).

10.11 Housing support programs: specialized housing support for young people unable to live at home due to the impact of disability on themselves and families with no child safety concerns. This could include rental assistance for independent accommodation, drop-in in-home support etc.

10.12 Intensive case management: for children and young people with complex circumstances, including those involved or at risk of involvement in the youth justice system.

11. Conclusion

As the coordinator of QIDAN, QAI would like to thank the Department and QTC for the opportunity to collaborate with the advocacy sector in Queensland in shaping the development of a disability TFSSS. The funding provided was instrumental in facilitating consultations within the disability advocacy sector, ensuring robust engagement to gather insights and recommendations from our experienced advocates who support people with disability.

We are happy to provide further information or clarification of any of the aspects covered in this report upon request.

We look forward to seeing QIDAN’s recommendations embedded in the design and framework of a disability TFSSS.