

REPORT

Funded by NACCHO

NDIS Capability Project: Cape York

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About the Queensland Aboriginal and Islander Health Council (QAIHC)

QAIHC was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community-controlled health sector. From our first meeting nearly 30 years ago, QAIHC has grown to be a national leader in Aboriginal and Torres Strait Islander health as a voice for our 26 Members, the Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in Queensland.

QAIHC, like our ATSICCHOs, embodies self-determination; QAIHC is governed by an Aboriginal and Torres Strait Islander board that is elected by our Members. QAIHC Members work tirelessly to provide culturally appropriate, comprehensive, primary health care services to local Aboriginal and Torres Strait Islander communities in Queensland. Collectively they have established over 60 clinics across the State to service the Aboriginal and Torres Strait Islander population. Our Members are also supported by two regional bodies – the Institute of Urban Indigenous Health (UIIH) and Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA).

QAIHC's members provide more than just holistic Primary Health Care models, they help the whole community and regional economies by encouraging whole of community wellbeing, creating local jobs and wages and ensuring local design of services.

Nationally, QAIHC represents ATSICCHOs through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and is regarded as an expert in its field.

QAIHC and our members have reduced barriers of access and institutional racism which has led to improved health outcomes for Aboriginal and Torres Strait Islander peoples.

QAIHC has prepared this report on community engagement activities in the Cape York region to support the NDIA to improve access opportunities for people living with a disability in the towns of Napranum and Mapoon.

About Apunipima Cape York Health Council (Apunipima)

Apunipima is one of the largest ATSICCHO in Queensland, delivering a best practice evidence based, high quality comprehensive primary health care service to 11 Cape York communities in Far North Queensland.

Apunipima adheres to a family centred model of comprehensive primary health care and as a community-controlled organisation, it is committed to empowering Aboriginal and Torres Strait Islander peoples in Cape York, with 54 per cent of its current workforce identifying as Aboriginal and Torres Strait Islander peoples.

As part of this commitment to building capacity and capability in Cape York communities, Apunipima proactively works with its staff to support them on career paths across the spectrum of health care

delivery including management, information systems and data, Aboriginal and Torres Strait Islander health worker / practitioner, registered nurse, midwife, podiatrist, nutritionist and medical officer roles.

Apunipima delivers services in 11 of the Cape York communities providing GP medical services, family health services, allied health services, healthy lifestyle advice, prevention and promotion programs and social and emotional wellbeing support.

Delivering services in some of the most remote communities in Australia brings its own challenges with Cape York being a large remote peninsula of 140,000 square kilometres located at the tip of the state of Queensland, Australia. Only 80 miles south of Australia's nearest neighbouring country Papua New Guinea the land is traditionally owned and home to the people of 17 Aboriginal communities of Aurukun, Bamaga, Coen, Hopevale, Horn Island, Injinoo, Kowanyama, Laura, Lockhart River, Mapoon, Mossman Gorge, Napranum, New Mapoon, Pormpuraaw, Seisia, Umagico and Wujal Wujal. The climate is tropical and monsoonal, with a heavy monsoon season from November to April and a dry season from May to October. Many of the roads on Cape York become impassable with the only transport options available being to fly or by barge.

Acknowledgment

QAIHC would like to thank Apunipima, NACCHO and the Department of Social Services (DSS) for the opportunity to attend the Apunipima community engagement activities in Napranum and Mapoon in November 2019. QAIHC would also like to thank the National Disability Insurance Agency (NDIA) for their active support and engagement with the events.

1. Background

In 2019, DSS funded NACCHO to consult with select ATSI CCHOs and Affiliates, to develop potential solutions or models to improve service delivery, and address some of the challenges that Aboriginal and Torres Strait Islander peoples face in accessing the National Disability Insurance Scheme (NDIS). The NACCHO Capacity Building Project resulted in a report being submitted to DSS in September 2019 outlining 22 recommendations for consideration by NDIA and DSS.

As part of the NACCHO Capacity Building Project, Apunipima were awarded a small grant by NACCHO to identify ways to increase the knowledge of, and accessibility to, the NDIS for Aboriginal and Torres Strait Islander peoples. The NACCHO project seeks to better enable ATSI CCHOs to become NDIS providers and to improve access to the NDIS for Aboriginal and Torres Strait Islander peoples with a disability.

2. Purpose

This report provides an overview of Apunipima's NDIS project, the perceived impact, and lessons learnt.

The purpose of the project grant was to identify ways to increase the knowledge of, and accessibility to the NDIS for Aboriginal and Torres Strait Islander peoples in the Cape York region. Apunipima did this through hosting community events with the aim of:

- Providing community education around the NDIS in a culturally safe session
- Strengthening relationships between: Apunipima; the NDIA Local Area Coordinators; the NDIA Community Engagement team; and community stakeholders.

Apunipima wanted to specifically address the issues that Aboriginal and Torres Strait Islander peoples:

- often do not self-identify as having a disability
- have little to no knowledge of what the NDIS is and its access systems and processes
- have little to no knowledge or understanding of the eligibility criteria.

3. The events

The events were held at Mapoon on Tuesday 12th November from 10am to 2pm and in Napranum on Wednesday 13th November 2pm to 5pm.

As well as relevant Apunipima staff, the NDIA were invited to run the community stall, with two representatives from the NDIA Community Engagement Team attending, one with specific responsibility for Aboriginal and Torres Strait Islander peoples, and the second with specialised knowledge of the psychosocial support access stream. The QAIHC Policy Team were invited to attend to evaluate the events.

Mapoon:

Mapoon is home of the Tjungundji, Warrangu, Taepadhighi and Yupungathi peoples. It is a township of approximately 300 people located one hour drive north of Weipa along an unsealed road. The town has a Queensland Health primary health clinic, a community store, a community-run café, sports ground and council buildings. NDIA records show six individuals hold a NDIS plan.

This event was incorporated into an existing Apunipima community engagement expo. The event was held in the local park next to the water park. Stalls were held by Apunipima staff (Tackling Indigenous Smoking, Men's support, healthy lifestyles), Queensland Health (Sexual Health, Eye health, Child protection), JCU (Occupational Therapists), RFDS Mental Health, Land and Sea Rangers, Western Cape communities (Women's shelter, healing program) and Remote Aboriginal and Torres Strait

Islander Child Care (RATSICC). A barbeque was provided at no cost to participants. The event was attended by a small number of community members and a number of classes from the local school.

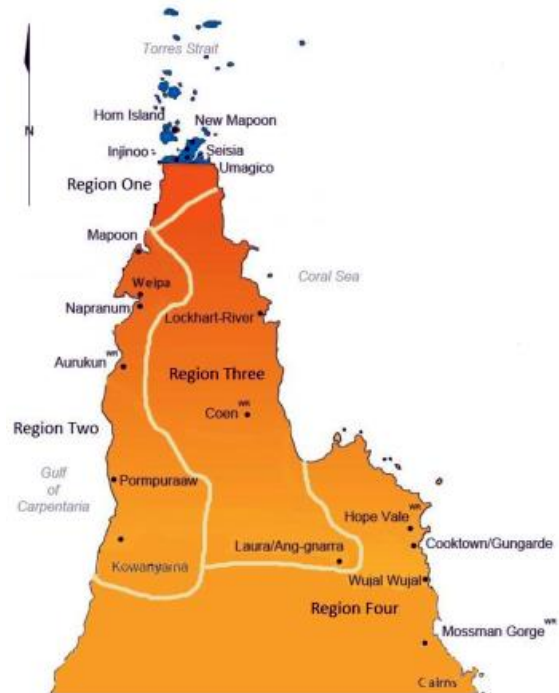
Engagement contacts: The NDIA staff had valuable conversations with approximately 15 community organisations and four community members.

Napranum:

Napranum is a township of approximately 1200 people who are descended from as many as 40 different groups from around Cape York Peninsula. The township is located 15 minutes' drive east of Weipa (near Weipa Airport). The community includes a community shop, two primary health care clinics (Apunipima and Queensland Health), the council buildings, a water park, a war memorial and sports ground. The school is located approximately 20 minutes away in Weipa (a school bus service runs).

The event was held at the PCYC centre from 2 – 5pm on recommendation of the local staff. Sandwiches and snacks were provided. Within the hall was the NDIA team, Tackling Indigenous Smoking (TIS) team (who also ran children-friendly activities including a handprint banner outside) and a number of second-hand children's books were displayed for families to take.

Engagement contacts: Community engagement at this event was limited. The NDIA engaged with three Apunipima staff and two service providers (child care and a disability support worker).



4. Outcomes

The outcomes achieved by the events included:

- **Increased NDIS brand visibility:** Despite low public attendance at the Napranum event, the NDIS brand was introduced to community via mini footballs and stickers that the children took from the event. This brand visibility also increased the level of understanding by local staff. The NDIA committed to following up with another community visit, to provide further information on the NDIS and continue conversations.
- **Increased staff understanding of the NDIA:** This was the first time that many community health service providers have engaged in an informative conversation about the NDIS with NDIA experts within a community setting. A number of conversations were observed which indicated improved understanding amongst health professionals around the NDIS, eligibility criteria and the application process. This increased engagement provided an increased understanding of the potential benefit and relevance to clients.
- **Increased NDIA staff understanding of the potential level of demand in community:** The NDIA staff did not anticipate the extent of interest displayed by community service workers. This was particularly notable in relation to autism and psychosocial disability.

The NDIA's presence in Weipa for three days created further incidental outcomes:

- **Clarity amongst Apunipima staff on NDIA processes:** Apunipima support staff maximised opportunities for an in-depth conversation with the NDIA staff regarding NDIA processes. For example, Foetal Alcohol Spectrum Disorder (FASD) eligibility, the type of evidence required for remote mental health applications (transition of the Personal Helpers and Mentors (PHaMs) and the inconsistency of information received from multiple sources within NDIA or agencies commissioned by NDIA. The role of the SODOT teams and important role of the ATSIICCHO supporting and working in partnership for these visits were also established.
- **Conversation about service provision and Allied Health providers:** The visit provided opportunity to share information about current allied health services, capacity challenges, and unmet demand. A collaborative response is required to better coordinate allied health services for people with a disability across the Cape York region.
- **Relationship building:** Constructive relationships were established between NDIA, Apunipima and QAIHC. The NDIA also utilised the trip to attend pre-arranged meetings with other relevant stakeholders (the school, council and hospital).

5. Lessons:

A number of valuable lessons were learnt from the events including:

1. **Importance of local introductions:** The success seen at Mapoon was due to the fact it was incorporated into a broader event; it was clear that there is not enough interest on the ground to hold events solely focused on the NDIS. The Napranum event did not have the desired reach despite amending the time and location as advised by local workers. Feedback was that turnout to events are unpredictable and therefore tolerance for variable outcomes and flexibility in approach needs to be incorporated into event planning.
2. **Follow-up visit required:** The events were the first NDIS conversation for most people in community. To have a sustainable impact there is an absolute need for multiple, planned, follow-up events. Ideally these would be driven by Apunipima as the community controlled organisation and supported by NDIA community engagement staff in collaboration with local community providers.
3. **Local Area Coordinator (LAC) roles:** Two LACs are based in Weipa with a responsibility for a third of the remote communities in Cape York. It was clear the LACs were inundated with processing applications and had limited time (and capacity) to travel to engage with community or services.
4. **Publicity:** As a result of this event, flyers, footballs, stickers and information booklets have been left with community. Notices were placed on the community notice boards. Further marketing of the NDIS brand was discussed and future options included using the local radio station, community Facebook pages and inter-linking with existing support groups (e.g. men's groups).
5. **Resources:** Resources were invaluable for attracting people to the table to commence a discussion. NDIA resources (including the easy read booklets) and colouring books were distributed. The cultural appropriateness of the NDIA resources had to be taken into consideration. Apunipima also contributed resources – bags, water bottle, sunscreen, wrist bands, stickers etc.
6. **Cultural appropriateness of resources:** It is suggested that resources that are relevant to the community are used - The front page of a colouring book provided by NDIA contained an image of a western 'Disney' castle. The other pages contained images of nature (leaves, animals etc). Staff re-ordered the images so the castle wasn't on the front of the colouring pack. The Community

Controlled health sector is well placed to support the NDIA in the development of culturally safe resources that could then be tailored by each local community.

7. **Expertise:** NDIA experts worked collaboratively alongside the ATSI CCHO to provide the expertise needed. This was greatly beneficial as it worked to everybody's strengths: the NDIA experts had in depth knowledge and understanding of the NDIS and Apunipima staff had great knowledge and understanding of their community.
8. **NDIA Aboriginal and Torres Strait Islander Lead responsibility:** The employment of an Indigenous Lead Officer in the Community Engagement Branch (Queensland) of NDIA was proven to be an invaluable role in this community engagement, highlighting the importance of the role.
9. **Local solutions:** The diverse range of characteristics of each community were apparent. Apunipima shared local knowledge to informing event planning, which highlighted the need for NDIA to incorporate co-design into all processes.
10. **Service delivery:** The lack of NDIA service delivery providers was apparent and is concerning. This must be developed to ensure that participants, once registered, are able to access NDIS services.
11. **Voice of the participant:** There was a notable gap in the voice of person with disability (even within community control) at the events which must be addressed going forward. The ATSI CCHO Model of Care is a patient-centred model of care. The person with a disability must be at the centre of the response and involved in designing the response.

6. Way forward:

The project met the outcomes of the grant activity. The two events demonstrated the value of ATSI CCHO and NDIS collaboration when delivering information sessions to remote Aboriginal and Torres Strait Islander communities. If collaboration does not occur there is a risk that community will not be engaged in a safe way and individuals who may be eligible for the NDIS do not learn of the service and therefore do not access the NDIS. The events also highlighted the lack of service provision available in the Cape York region and the need for collaborative working arrangements to be established.

The response witnessed in these two remote communities is indicative of the messaging QAIHC hears from other Member Services; more needs to be done to support local community members to understand disability in general and the NDIS. There is a need to establish an Aboriginal and Torres Strait Islander specific approach which includes funding to ATSI CCHOs to enable positive engagement with communities across Queensland.

Recommendation 1: NDIA mandate co-design with Aboriginal and Torres Strait Islander peoples and their community controlled organisations across all areas of the development and delivery of services for Aboriginal and Torres Strait Islander peoples, and fund ATSI CCHOs to support positive engagement with the NDIS.

For the communities of Napranum and Mapoon, it is essential to build upon the momentum established through this project. It is recommended that NDIS staff continue to work with Apunipima in the community to continue to increase awareness of NDIS to encourage more engagement and ultimately ensure that everyone who is eligible for NDIS support registers.

Recommendation 2: In the Cape York region, NDIA staff continue to work with Apunipima to increase awareness of the NDIS and ensure everyone who is eligible for support is registered.

QAIHC, as peak body in Queensland, and NACCHO as the National peak body have an ongoing role to continue to advocate to the NDIS and DSS for face to face community engagement activities, and to advocate for the development of culturally safe resources to support these conversations.

Recommendation 3: Peak bodies continue to advocate to the NDIS and DSS for the changes that are needed including more funded community engagement activities and the development of culturally safe resources.

Mapoon



Napranum





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