

QAIHC calls for equity for all Aboriginal and Torres Strait Islander peoples with a disability

13 August 2020

QAIHC believes that all Aboriginal and Torres Strait Islander peoples with a disability should have:

- access to local, holistic, culturally safe, timely, affordable disability support services
- health literacy, or access to a carer who has health literacy, to enable informed and confident decision making for themselves and their family.

The problem

Aboriginal and Torres Strait Islander peoples face disproportionate health challenges compared with those faced by other Australians. These health challenges are compounded and intrinsically linked with disability where inadequately treated or continuing illness may result in, or further complicate, lifelong disability. Aboriginal and Torres Strait Islander peoples are 1.8 times more likely to have a disability and it is nearly twice as likely to be severe.ⁱ

The transition of disability support services from the State to Commonwealth since 2016 has not considered the specific and distinct needs of Aboriginal and Torres Strait Islander peoples.ⁱⁱ The failings of the National Disability Insurance Scheme (NDIS) can be clearly seen through NDIS data which shows that uptake for Aboriginal and Torres Strait Islander peoples is below predicted rates.ⁱⁱⁱ

The National Disability Insurance Agency (NDIA) has not responded to QAIHC's concerns about the lack of Aboriginal and Torres Strait Islander culturally safe and specific disability services, and the low level of NDIS participation by Aboriginal and Torres Strait Islander peoples.^{iv}

Aboriginal and Torres Strait Islander Community Controlled Health Organisation's (ATSICCHO's) ability to respond to their clients and community is impacted by the following barriers:

System level barriers:

- population data availability to inform service and location needs and planning
- institutional racism and unconscious bias against Aboriginal and Torres Strait Islander peoples in policy and process design
- transparency of NDIA's systems and supports available and how to navigate barriers
- support for ATSICCHO's capacity building and funding for adequate service access.

Thin market barriers:

- funding models to provide culturally safe services particularly in rural and remote areas
- access to allied health and specialist services
- service provider infrastructure to deliver services adequately.

Individual barriers:

- understanding of disability and self-awareness
- cultural barriers to NDIS access
- cultural barriers to receiving NDIS services.

QAIHC Position Statement

Disability



The solution

To address these problems the NDIA must work in partnership with the ATSIICHO Sector. This will ensure that disability services are equitable, holistic and incorporate the physical, social, emotional, and cultural wellbeing of individuals and their communities.

QAIHC, as a member of the Coalition of Peaks, a government partner of the Closing the Gap Agreement 2020-2030, suggest that the Australian Government and other key stakeholders embed the Closing the Gap priority reforms into the NDIS.^v Governments need to share decision making with ATSIICHOs and support their capability to co-commission, co-design, co-locate and co-evaluate disability support for Aboriginal and Torres Strait Islander peoples within ATSIICHOs.

Implementing QAIHC's recommendations will create essential improvements for Aboriginal and Torres Strait Islander peoples with a disability in Queensland.

Recommendations

1. The NDIA, Department of Social Services (DSS) and the Queensland Department of Communities, Disability Services and Seniors formally recognise, incorporate and mandate for:
 - a. Genuine partnership with the ATSIICHO Sector for the provision of disability services
 - b. Preferred provider status for ATSIICHOs to deliver disability services, either a restrictive selection process or a non-competitive restrictive selection process, supported by QAIHC.
2. The NDIA conduct a thorough review of the NDIS systems (policy, procedures, programs and funding models) in partnership with Aboriginal and Torres Strait Islander peoples and QAIHC to understand where gaps are present, and address institutional racism failings in a timely manner.
3. The NDIA resource QAIHC to conduct community needs assessments (data review, consultations with ATSIICHOs, stakeholders including consumers) to inform pilot projects that improve Aboriginal and Torres Strait Islander peoples' access to the NDIS.
4. The NDIA and DSS fund the ATSIICHO sector to develop culturally safe and suitable resources to help clients and the wider community understand disability and the NDIS (services available and how to access them).
5. Health Workforce Queensland and the NDIA establish a Queensland Aboriginal and Torres Strait Islander disability workforce target and support the development of new and existing disability workforce within ATSIICHOs.

For further information

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ⁱ AIHW (2019) Disability support for Indigenous Australians Snapshot <https://www.aihw.gov.au/reports/australias-welfare/disability-support-for-indigenous-australians>
AIHW (2017) Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: Queensland, <https://www.aihw.gov.au/reports/indigenous-health-welfare/health-performance-framework-2017-qld/contents/table-of-contents>

ⁱⁱ QAIHC and its members have invested substantial time since October 2018 in understanding community needs, facilitating workshops including the NDIS and the ATSIICHO Sector Workshop attended by NDIA Branch Manager for Communities of Practice, National Disability, Acting Director for Workforce Policy, NDIS Market oversight branch, Commonwealth Department of Social Services and the NDIA Director of Queensland Provider and Market Engagement. QAIHC has also worked with the NDIA Director of Community and Mainstream Engagement Branch, contributed submissions to the Thin Market pricing review and supported NACCHO's submissions to NDIA. Despite this advocacy, change has not incorporated feedback from community and systems remain biased.

ⁱⁱⁱ COAG (2019) Disability Reform Council Performance Report – National, 31 December 2019.

^{iv} Examples of advocacy include: QAIHC Submission (April 2019) Royal Commission: "Health Care for people with cognitive disability" <https://www.qaihc.com.au/media/37598/200406-submission-health-care-for-people-with-cognitive-disability-v11-final-20200407.pdf>; QAIHC Report (2019), NDIS for the ATSIICHO Sector Workshop <https://www.qaihc.com.au/media/37447/qaihc-ndis-for-the-atsiccho-sector-workshop-report-20-feb-2019-published-19-jul-2019-final.pdf>; QAIHC Report (2015), NDIS. <https://www.qaihc.com.au/media/1061/qaihc-national-disability-ins-scheme-doc.pdf>

^v Joint Council on Closing the Gap (2020) Closing the Gap National Agreement <https://coalitionofpeaks.org.au/priority-reforms/>