



Submission from Queensland Aged & Disability Advocacy Inc (QADA)

Joint Standing Committee on the National Disability Insurance Scheme

Queensland Aged and Disability Advocacy Inc (QADA) is jointly funded by the Australian and Queensland governments to provide individual advocacy support to older people and younger people with disabilities. This includes information, education and individual representation to recipients and potential recipients of aged and disability services including community care services, Australian Government aged care services and residential aged care facilities.

QADA also provides guardianship advocacy services to support adults, including those with a disability and/or a mental illness, whose capacity is being questioned in relation to guardianship and other administrative matters.

QADA is a state-wide service operating from a head office in Brisbane and through seven regional offices located across Queensland.

QADA has been supporting vulnerable Queenslanders for more than 23 years and provided services to some 23,000 people in the last year alone.

Feedback in Relation to Queensland's Readiness for the NDIS – QADA's Perspective

The **failure to commit to an NDIS Trial site has significantly disadvantaged** Queenslanders with disabilities and the Queensland sector more broadly. It has **contributed to the failure of many in Queensland to engage with and contribute** to the development of the NDIS.

It is my view that there has not been the opportunities for the **peculiarities of Queensland to be considered in the learning's and testing in the trial sites** – Queensland's decentralised population, remote indigenous communities, rural and remote communities that are struggling with drought, or dealing with the impact of mining, poor internet and communication options in regional Queensland, and the **poor social infrastructure that exists in Queensland**. Queensland's spend on disability services is only 2/3 the national per capita average spend, despite the average spend on individual services being the highest in the country. The broader social (and housing) infrastructure required for an effective NDIS is also light on the ground.

It is noted that the new Queensland Government made a pre-election commitment to the introduction of trial site in Queensland, and this is welcomed.

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The **absence of a bilateral agreement for the NDIS** roll-out in Queensland also contributes to the lack of understanding in relation to the NDIS. As recently as last year it was not uncommon the hear references such as...."if we get an NDIS". The broader understanding of the NDIS, while improving, is poor, especially as you move further outside the south-east corner of the state. There are curious interpretations in relation to eligibility and the nature of support that will be funded.

Front line disability support staff are hungry for information on the NDIS. **Staff outside the disability sector have little or no understanding** of the NDIS and its likely impact.

The work of the Department of Communities, Child Safety and Disability Services, and more recently NDIA in funding and undertaking **community awareness strategies is acknowledged**. An optimistic assessment of the effectiveness of these strategies would suggest that they may engage 10-15% of the potential NDIS population, suggesting that possibly **80% of the potential population** will not be engaged.

QADA holds particular **concerns regarding engagement with indigenous and CALD** Queenslanders, particularly those in rural and remote Queensland. Also of concern are **older Queenslanders, and younger people who are currently supported in aged care facilities**.

QADA provides individual advocacy services to people who access **community care services** – the former 'young disabled' component of the Home & Community Care Program (HACC). While it is understood that a proportion of community care clients will transition to the NDIS, concern is held for **two groups who are unlikely to be supported by the NDIS**, either through support packages or the ILC. These groups are those who will **not meet the 'disability' eligibility criteria**, and those who while meeting these eligibility criteria **will fail to meet the residency eligibility** requirement for the NDIS. In some geographic areas, this cohort represents a significant proportion of the community care user population.

The Standing Committee is urged to also look at the **impact of substitute decision making practice**. In Queensland adults with impaired decision making may become clients of the Public Guardian through one of several ways. As at **June 2013 there were 2,071 Queenslanders who were clients of the Adult (now Public) Guardian**. Data from the Australian Guardianship Administration Committee indicates that **the Queensland rate is higher than almost every other jurisdiction**, and consistent with previous years, **adults whose primary cognitive impairment is intellectual disability represents the largest proportion of the Public Guardian's client groups**, followed by psychiatric disability and dementia. This is in **contrast to other Australian jurisdictions, in which older people with dementia** represent the largest client group.



Geoff Rowe
Chief Executive Officer
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