Queensland Disability Reform

Foundational Supports
Design concepts for consideration

About the Queensland Disability Peak and Representative Body Organisations

The Queensland Disability Peak Network (the Network) is established as part of the Queensland Disability Peak and Representative Body Program (peak program) funded by the Department of Child Safety, Seniors, Disability Services (the department).

The Network
- Comprises organisations funded by the peak program including disability and carer organisations (representing unpaid carers).
- Is established to ensure a coordinated, collaborative approach to peak service delivery in Queensland, particularly geared towards people who may identify as having multiple disabilities or intersectional identities (a 'no wrong door' approach) and their unpaid carers.
- Shares information, develop service delivery practices, and discuss and resolve issues or recommend solution for consideration by the department.
- Provides expert advice and feedback to government on a range of matters including systemic issues impacting people with disability, their families and carers.

Organisations:

Funded by
Queensland Government

QDN — QUEENSLANDERS WITH DISABILITY NETWORK — NOTHING ABOUT US WITHOUT US

autism queensland

BETTER HEARING AUSTRALIA

Carers QLD Australia

deaf connect

Down Syndrome Queensland

Guide Dogs.

Spinal Life AUSTRALIA

SYNAPSE — AUSTRALIA'S BRAIN INJURY ORGANISATION

xavier

NDS — National Disability Services

qamh — leading community mental wellbeing

OIL — Outback Independent Living

AMPARO Advocacy inc

The recommendations of the Disability Royal Commission and the NDIS Review deliver a unique opportunity to deliver improved outcomes for Queenslanders with disability, their families and carers and the disability sector.

Since the Network's establishment in October 2022, the organisations have been meeting to identify and discuss critical issues impacting upon people with disability, families/carers and the sector, including potential solutions.

As part of the Network's role and function to identify systemic issues and make recommendations, the following feedback is provided to inform scoping and thinking about foundational supports based upon the work of the Peak organisations over the past 18 months.

The Network acknowledges the planning, engagement and co-design processes that will form an essential part of the Queensland Government's disability reform agenda going forward. This document is provided to share early concept and design thinking that draws on the knowledge, experience engagement undertaken by individual organisations throughout the DRC and NDIS Review journey to date, however is not intended to replace or be used as a substitute for ongoing planning, engagement and co-design processes with the disability community.

The Network also acknowledges the important work to engage with people with disability and their families and established mechanisms through the Network, Queensland Independent Disability Advocacy Network (QIDAN), other community and disability stakeholders along with Government departments to help inform and shape the Government's implementation of recommendations of the DRC and NDIS Review.

Queensland is a unique state and it is important that the design and implementation of Queensland foundational supports meet the specific needs of this state.

The Network has identified the following key areas for consideration including target groups, elements of the model and services as only part of initial discussion.

The following is not provided as a position paper nor definitive advice but rather as part of initial discussion and design considerations.

Suite of Foundational Supports

The following foundational supports are core functions that need to be delivered in Queensland to meet the gaps and needs of people with disability and their families.

It will be important to explore options within the current disability ecosystem to identify established services and organisations well-placed to deliver foundational supports.

As part of the co-design and discovery process, mapping of the current Queensland ecosystem which includes organisations and programs funded through Information, Linkages and Capacity (ILC) is a necessary step to ensure system design does not lead to unintended consequences, further gaps and missed opportunities.

Transitional modelling and implementation will be needed to ensure that existing services are in a viable and sustainable position to move through a transitional reform process. Queensland Peaks and Representative Program organisations along with other disabled person and family organisations identify that there are a range of services and supports that they would be well placed to deliver across the Queensland ecosystem.

Additional specialised support is needed for rural and remote, people from culturally and linguistically diverse backgrounds and First Nations people. All foundational supports need to be codesigned and delivered in a way that will meet the intersectional needs of people from culturally and linguistically diverse backgrounds and First Nations people with disability. In discussing the range of issues with current foundational supports, and the effects of intersectional inequality, the NDIS Review Final Report highlighted the *"lack of available and appropriate supports for Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities and rural and remote communities"*.

Independent advocacy services for Queenslanders with disability is critical to ensuring that the ecosystem of disability supports going forward as part of this reform meets the needs and rights of people with disability. It is acknowledged the current high demand on Queensland independent individual advocacy services and the need for increased funding and resources to meet this unmet need. Independent individual and systemic advocacy is a critical part of the disability ecosystem.

It is important the key elements and principles underpin the design of all foundational supports:
- Co-design and engagement with people with disability, families/carers and the disability support service system.
- Person-centred supports and design.
- Well resourced, locally co-designed services that encourage innovation, respond to local needs and maximise local strengths, resources and networks.

- Includes a mix of place-based and outreach services.
- Ensures wide ranging referral pathways, including self-referral.
- Not strictly time-limited.
- Broad and simple eligibility criteria and access processes.
- Easy to enter / exit / re-enter as required.
- Provided in naturally occurring places in the community.
- Includes a wide range of service options including those that are tailored to First Nations Australians, multicultural and other diverse groups e.g. LGBTIQ+.
- Provided by skilled staff with access to quality training and supervision.
- Embed lived experienced voices in program design, delivery and evaluation so that codesign and coproduction with people with lived experience is the benchmark.

Navigation for people who are not NDIS participants

Whilst this feedback does not go into extensive detail about the navigation supports that have been discussed in the NDIS Review, the following key areas are provided as key things to be considered:

- This needs to be a state based support and not NDIA delivered.
- Extra specialised support is needed for rural and remote, people from culturally and linguistically diverse backgrounds and First Nations people.
- Complex case management is required.
- Choice and control is needed.

The following areas are not provided as an exhaustive nor prescriptive list, however, have been identified based upon the knowledge, experience and expertise around the table of the Network.

Psychosocial Foundational Supports

Target group

People experiencing mental illness who are not currently eligible for the NDIS. This includes at risk children/youth and their families/carers.

Elements of foundational support model for psychosocial supports

- Well resourced, locally co-designed services that encourage innovation, respond to local needs and maximise local strengths, resources and networks.
- Includes a mix of place-based and outreach services.
- Ensures wide ranging referral pathways, including self-referral.
- Not strictly time-limited.
- Broad and simple eligibility criteria and access processes.
- Easy to enter / exit / re-enter as required.
- Prevention and recovery focused model.
- Provided in naturally occurring places in the community.
- Wellbeing not illness focused.
- Strong focus on social prescribing.
- Includes a wide range of service options including those that are tailored to First Nations Australians, multicultural and other diverse groups e.g. LGBTIQ+.
- Provided by skilled staff with access to quality training and supervision.
- Embed lived experienced voices in program design, delivery and evaluation so that codesign and coproduction with people with lived experience is the benchmark.
- Use recovery-oriented, trauma-informed skills and knowledge when working with people to re-establish their lives beyond illness.
- whole of life approach and supporting people to navigate and respond to their broader needs including housing, employment, legal issues, family support and alcohol and drug challenges.
- Draw on "community" at the heart of their work providing opportunities for people to re-engage with their relationships and natural community, reducing social isolation and loneliness – key determinants for mental wellbeing.
- Uphold a human rights approach which values least restrictive practice and operate from a social justice framework, that can empower individuals and communities to change structural inequalities.

Services to be delivered:

- Supports that help people to identify their wellbeing goals and develop a plan to find and engage with the right supports to achieve this.
- Person led, and focused on establishing rapport, developing trust and building on strengths that include provision of informal/formal complex case management to engage multiple stakeholders and communities of support.
- Community based wellbeing supports and activities. These supports should use a trauma-informed and recovery-oriented approach to provide intentional tools and opportunities where people can experience and build their skills, personal agency and capacity to manage their mental wellbeing, including in the following areas:
  - Housing and tenancy sustainment.
  - Employment and financial wellbeing.
  - Advocacy and legal support.
  - Social connection and wellbeing.
  - Daily living and organisation (e.g. capacity building supports that build daily living skills such as planning, organisation, decision making, meal preparation).
  - Family support.
  - Health.
  - Other needs that become apparent.

  These supports may include both individual and group-based peer support.
- Prioritise the provision of peer support workers who draw upon their personal life-changing journey of mental health challenges, service use and recovery to coach others on their recovery journey if working in lived experience peer worker roles.
- Specialised programs for at risk youth/rural and remote youth suicide that work in collaboration with but are separate from the education system and address the social determinants of mental health and wellbeing. It's important a portion of these initiatives have their own unique identity. A large percentage of the young people experiencing psychosocial distress are disengaged from the education system, these are some of the young people most at risk and need innovative engagement and support.

Targeted disability supports for people not eligible for NDIS

An existing service infrastructure that with additional funding could be rapidly expanded to provide support through the Queensland Community Support Service (QCSS) Program.

Currently QCSS provides:

Community access support including to go to:

- Shopping, banks or post office.
- Recreational activities such as local social groups or the library.
- Finding and linking to other supports, services or activities in the community to increase your independence and connection to your community.

Home based domestic support including:

- Planning and preparing meals.
- Household chores.
- Personal care, such as showering and dressing.
- Essential yard maintenance to ensure safety in access and mobility around the external environment of the home.

Target group

Expand existing criteria to broaden it to include people with disability with ongoing functional support needs not eligible for NDIS who do not receive any supports.

Elements of foundational support service model

- Focussed on community supports and essential home care supports.
- This service can also provide support for individuals awaiting assessment of NDIS eligibility.
- Remove time limited supports and current cap of hours per week to enable it to deliver ongoing functional supports related to a person's disability and changing needs from time to time as needs change.
- No co-payment models.
- The person with disability should have greater choice and control over what provider delivers the services. Current model of service of the QCSS program does not allow this.
- Increase the cultural competence of services delivering these supports including the need to engage bilingual workers and interpreters when needed.

Services to be delivered:

- Similar services to current model QCSS with skilled staff of providing basic care and support who experience impairment because of their condition to live independently and to increase their engagement in their local community. This needs to be focused on community supports as well as 1:1 supports that enable people to meet critical functional needs for support as well as community and social participation.
- Additional components needs to be considered in this service model that include case management support for people with complex needs.
- Targeted supports for children needs to be considered and included that include early supports in a child and family centred model within the child's natural setting using a key worker mode.

Health foundational supports

1. Universal maternal and child health service program for early developmental monitoring and referral.

Target group

All children from birth to school age.

Elements of foundational support model:

- To be modelled on the Victorian Universal Maternal and Child Health Service program. Queensland has the "Play Stars" program which could be expanded to suit this purpose – through Play Matters.
- Recommend to review principles of this model that is focused on child, maternal and family centred practice, early identification and referral to appropriate services for best development outcomes delivered in natural settings eg home, childcare, schools.

Services to be delivered:

- 10 key age and stages (KAS) consultations as well as a flexible service capacity.
- Consultations with a maternal and child health nurse which would form a schedule of contacts for all children and their families from birth to school age. They include initial home visit, and consultations at 2, 4, and 8 weeks, 4, 8, 12 and 18 months and 2 and 3.5 years of age.

2. Disability Liaison Officers in Hospital and Health Services

Build upon the Nurse Navigator role that operates in Hospital and Health Services include nurse specific roles and could also include other allied health professional roles so that the pool of potential labor is not further drawing down on nurse workforce/shortages.

Target group

People with disability with complex needs accessing acute and sub-acute health services within Hospital and Health Services.

Elements of foundational support model:

- Provide assistance to people to access other healthcare needs particularly when they are in the acute care environment ie hospital setting.

Services to be delivered:

- Be a point of contact and care coordination to navigate from primary care – GP and other primary care through to hospital and back again.
- Help with problem solving issues with booking appointments, reasonable adjustments, communication assistance.
- Smooth referral pathways.

Family support

Critical to the health and wellbeing of people with disability is having the right family support programs in place to give families the opportunity to have time to care for themselves and balance with caring for others.

Target group

Carers/family members who are a person who provides unpaid care and support to family members and friends who have a disability including psychosocial disability:
- Who do not receive funded supports through the NDIS
- Are referred through early identification referral including via universal maternal and child health service
- Post diagnosis
- Referred through specified mainstream service system.

Elements of foundational support model:

State-based delivery with block funding to be delivered by organisations that work with children and carers/families of specific cohorts. This would be focused on place based approaches that deliver equity of access.

Elements of services to be delivered:

- Family support via specific programs.
- Professional Education and Navigation Carer Supports to provide hands on support for pathways and referrals post diagnosis of their child eg. Parent coaching model.
- Supports around the family/support unit/carers/community delivering early capacity building for these networks around the child.
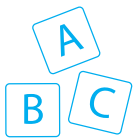
Early Supports

Early supports for children that also includes the family unit as part of the recipient of services and supports.

Target group

Families with children at point of diagnosis of their disability or early detection/identification.

Elements of foundational support model:

State-based delivery with block funding to be delivered by organisations that work with children and carers/families of specific cohorts. This would be focused on place based approaches that deliver equity of access.

What are the services that would be delivered?

- Pilot model to integrate clinical supports into childcare/LDC/OSHC/Schools.
- Pilot model from 1st incident to functional assessment to supports around the family/child and community.

Peer Support

Build upon the existing Queensland ecosystem of peer support mentors and peer support groups and strengthen them to assist in more formalized way with information, navigation, mentoring, peer to peer support and education.

Target group

People with disability and families/carers.

Elements of foundational support model:

- To be delivered by disabled persons and family led organisations that do not deliver NDIS services and supports.
- Provide peer to peer information.

- Deliver opportunities to connect and build relationships in peer environments.
- Develop leadership and self-advocacy skills and work together to influence change in a person's own life or in their community.
- Peer to peer support and mentoring are underlying fundamental elements of peer support.

Services that would be delivered
- Information sharing.
- Resource sharing.
- Co-design and co-creation.
- Linking to services and community supports.
- Mentoring.
- Peer to peer support and engagement.
- Capacity building.
- Leadership development.

Deaf Service Foundational Supports

Target group
People who are deaf who are not eligible for NDIS Funding, have issues with their current NDIS plan, are having language access issues with the NDIA, are in crisis.

People who use Auslan and their main language.

Elements of foundational support model:
- Not restricted by current NDIS criteria.
- Support and navigation around service and information barriers which can include areas pre and post NDIS access in how to get a plan, supporting people get a plan, renew a plan and support with language access to understand written communication like support inhow to commence and utilise the plan, unpacking letters, communications from NDIA, Support Coordination, plan management etc.
- Includes support and navigation across all other areas of life including but not limited to:
  - Housing support.
  - Relationship and family support (via connecting them to supports and brokering language access).
  - Government services interfaces i.e. child services, housing, education.
  - Support with exiting prison.

What are the services that would be delivered?

- Information Referral.
- Case Management.
- Connection to external providers with support to access interpreters.
- Workshops on key community items where information is not provided in accessible way but is broad community interest i.e. changes to cross river rail.

Vision Impairment Foundational Supports

Target group

People who are vision impaired who are not eligible for NDIS Funding, have issues with their current NDIS plan, are having language access issues with the NDIA, are in crisis. People who have low vision or no vision and may struggle with digital accessibility.

Elements of foundational support model:

- Not restricted by current NDIS criteria.
- Support and navigation around service and information barriers which can include areas pre and post NDIS access in how to get a plan, supporting people get a plan, renew a plan and support with visual & digital access to understand written & digital communication, like support in how to commence and utilise the plan, unpacking letters, communications from NDIA, Support Coordination, plan management etc.
- Includes support and navigation across all other areas of life including but not limited to:
  - Mobility support.
  - Relationship and family support.
  - Government services interfaces i.e. child services, housing, education
  - Support with exiting prison.

What are the services that would be delivered?

- Information Referral.
- Case Management.
- Connection to and supporting local place based providers.
- Workshops on key community items where information is not provided in accessible way but is broad community interest i.e. changes to cross river rail.