



**WORKSHOP REPORT**

# **NDIS and the ATSIICHO Sector**

**20 February 2019**

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*QAIHC receives funding support from  
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## SETTING THE SCENE

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### *Introduction*

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Shannon Ruska (Yuggera-Turrbal Traditional Owner) performed the Welcome to Country for delegates.

QAIHC's CEO, Mr Neil Willmet, set the context for the NDIS for the ATSIICHO Sector Workshop. Mr Willmet explained that the Australian Institute of Health and Welfare estimate that 42% Aboriginal and Torres Strait Islander population in Queensland have a disability or long-term health problem. Despite representing only 4% of the Queensland population, Aboriginal and Torres Strait Islander peoples consist of 8% of NDIS participants both nationally and in Queensland, and in some areas (such as Townsville) this number was known to be substantially higher.

Mr Willmet acknowledged that the NDIS presented both opportunities and challenges to the sector. Delegates heard of QAIHC's strategic commitment to supporting ATSIICHOs to provide complementary services through the NDIS. Mr Willmet noted that the NDIS is likely to contribute to a reduction in the inequality gap between Aboriginal and Torres Strait Islander peoples and the non-Indigenous Australian population.

Mr Willmet recognised the valid and important shift in the way that disability support was being delivered, along with the important role that the ATSIICHO Sector had to play to ensure that vulnerable community members receive the best support.

Mr Willmet outlined the objectives for the workshop: for delegates to identify opportunities and discuss challenges; to agree upon next steps for moving forward; and to work towards ensuring that culturally appropriate NDIS services can be provided within Queensland.

Mr Willmet thanked QAIHC's Members in advance for their presentations and contribution to the day, and welcomed external guests from the First People's Disability Network (FPDN), National Disability Services (NDS), the National Disability Insurance Agency (NDIA), Department of Social Services (DSS), Department of Health (DoH) and Queensland Government.

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*Culturally appropriate communication about disability*

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Mr Paul Calcott from the First People's Disability Network spoke of the value of culturally appropriate resources and his experiences of working with Aboriginal and Torres Strait Islander peoples who have a disability.

Mr Calcott highlighted resilience-based models of support where disability is supported in a strengths-based way. He spoke of the value of artwork as a medium for conversation and shared a short video which explained the Our Way Planning resource FPDN have developed with the Elders Living with a Disability (ELDA) group.



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## *The state of the disability sector*

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Mr Ian Montague, Queensland's State Manager from the National Disability Services (NDS) (peak body for disability providers), shared a snapshot of the state of the disability sector and some of the opportunities and challenges that are common across all their members.

Mr Montague provided a brief overview of the NDIS and shared that approximately one in five Australians have some form of disability, of whom roughly 10% will be eligible for an NDIS plan. Mr Montague explained how the NDIS is one of many support systems for an eligible person with a disability.

Mr Montague explained that the total NDIS investment is \$22 billion per year. A snapshot of the distribution of active participants by plan size was provided, along with an overview of the current provider situation (the top 25% of Queensland's providers are delivering 80% of the work).

Mr Montague share predictions that the NDIS will see a 100% increase in the number of disability support recipients when it is fully operational, which will require substantial growth in the disability support workforce. The Productivity Commission has identified that the greatest risk to the NDIS is that there will not be sufficient providers able to deliver the services, and there will not be the workforce to enable providers to meet demand.

Mr Montague outlined the role of the NDS and how the NDS can support Members to understand the NDIS, build their business capacity and lobby government to ensure the system design is sustainable and fair. Mr Montague advised that the NDS would be willing to assist Aboriginal and Torres Strait Islander providers either directly, or via QAIHC.

Discussion from the floor included recognition of the need to reform the National Disability Strategy and the Queensland Disability Services Act and the potential for ATSI CCHOs to be consulted. Concerns about 'thin markets', the 'Human Services Quality Framework' pending implementation in Queensland, the rural and remote pricing schedule and the lack of ability to provide culturally appropriate services without proportionate fee structures were discussed.



## ATSICCHO PRESENTATIONS

Five of Queensland's ATSICCHOs who currently provide NDIS-related services either directly as a provider, or indirectly through self-funded activities, candidly shared their lessons learnt and top tips for engaging with the community on NDIS. Client stories were shared of individuals who had transformed their lives through NDIS support.

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### *Goolburri: Our NDIS Services and Integrated Care Model*

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Goolburri's CEO, Ms Lizzie Adams, described how Goolburri has responded to the Darling Downs community demand for NDIS support and established themselves as a registered NDIS Service Provider.

#### Top tips:

- Align NDIS services to the wider holistic, family centered ATSICCHO Model of Care. Specifically, the Aged Care and Commonwealth Home Support Program (CHSP) align well.
- Train all staff to understand NDIS eligibility criteria and make referrals.
- Employ a support coordinator in-house to support applicants with applications.
- Recognise existing staff skills and interests; check their passion for the disability industry, do not assume.

#### Challenges:

- **Systems failure:** two challenges were raised regarding the system.
  1. As a standalone workstream NDIS would not be financially sustainable.
  2. The NDIS funding model pushes businesses to need to have casual staff. This undermines many Aboriginal and Torres Strait Islander peoples' needs for consistency and rapport with staff. It also presents a specific ATSICCHO challenge as many staff have to attend the clinic prior to driving to a client's house, whereas in mainstream staff frequently travel directly from home.
- **Registration:** applications were rejected for clients with a clear disability support need purely because of administration (e.g. because of how the case was portrayed in the application and language used).
- **Plan utilisation:** once a client has a plan, many do not engage and do not have 'support coordination' costs included in their plan. Ms Adams emphasised that in her experience Aboriginal and Torres Strait Islander peoples require additional support.



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*Kalwun: Supporting clients through the NDIS application process*

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Kalwun's NDIS Project Officer, Ms Klair Carney, along with their CEO, Mr Kieran Chilcott, shared Kalwun's strategy for supporting their community through the NDIS. Ms Carney provided an overview of Kalwun's service structure, explaining that Kalwun service Helensvale and the Gold Coast and that Kalwun does not currently provide NDIS services nor receive any NDIS funding. Delegates heard that Kalwun decided to undertake NDIS-related work because of community need and as a long-term investment; once sufficient community members have a plan, Kalwun would then look to become a service provider.

**Top tips:**

- **Make someone in the organisation an NDIS champion:** give that nominated person responsibility, for one day a week initially, to advocate internally about the NDIS and understand the application process. The NDIS Champion can then talk with potential clients about the NDIS registration process and support them through the application process.
- **Analyse your client data:** look at key NDIS funding application language and cross reference it with internal data sets. Involve clinical staff (such as General Practitioners (GPs)) in identifying potentially eligible applicants.
- **Recognise your boundaries:** the NDIS Champion role is to help clients to apply for an NDIS plan, but once a plan is approved Kalwun refer the client onto the LAC for support with accessing supports.
- **Use Google:** the NDIS website has excellent resources which can be hard to find. Conducting a Google search and adding 'NDIS' to the end was recommended.
- **Keep the NDIS as part of your ATSIICHO model of care:** where a client with a disability either has a plan application rejected, or they are clearly not eligible for the NDIS, delegates heard that they are still supported by Kalwun's wider model of care.

Discussion from the floor highlighted that many ATSIICHOs had concerns about their LAC's functionality. The lack of accountability or targets for LACs / ECEI service providers to talk with Aboriginal and Torres Strait Islander peoples was mentioned as a potential area for improvement.



*“We found that 90% of our clients either haven't heard of NDIS or haven't heard of disability, and they have no idea that they might be eligible because their family do all the support”, said Ms Carney.*



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## CWAATSICH: Working with NDIA to register clients

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Ms Sheryl Lawton, CEO of Charleville Western Areas Aboriginal Torres Strait Islander Community Health Ltd (CWAATSICH), shared her experiences of working with the NDIA to register potential clients. Ms Lawton outlined that CWAATSICH are registered as a transport provider but are not registered to provide any other NDIS services. Ms Lawton explained that with appropriate funding, CWAATSICH would be able to provide more disability-related support to clients.

Ms Lawton described CWAATSICH's experience in delivering a client registration day.

### Top tips:

- **Analyse your client data:** identify potential applicants.
- **Plan your strategy for a client registration day:** set up a working group to identify the most appropriate community to target and methods and to oversee the day (e.g. pamper day at the town hall with regional and local stakeholders providing information stalls. CWAATSICH advertised their day and sent letters to community members).
- **Identify your partners:** identify who can host a stall at the event or provide support with running the day.
- **Have appropriate staff at the event:** CWAATSICH invited a Nurse, Doctor and Psychiatrist to be present in the room to assist with client assessments and complete application forms on the spot.
- **Know which clients are NDIS registered and which are not:** utilise systems to manage data – this enables follow-up and improved support.
- **Be aware:** CWAATSICH found the application process for clients with poor mental health was more challenging.
- **Anticipate high rejection rates and allocate resources for appeals:** CWAATSICH supported 55 clients to apply; 10 were approved. Subsequently CWAATSICH got a further 12 approved through appeal.



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*Kambu: Building a culturally appropriate and effective NDIS business that meets the needs of our participants.*

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Ms Teelena Gillespie and Ms Busi Ncube from Kambu's NDIS Team shared Kambu's journey to becoming an accredited NDIS provider in Ipswich and surrounding areas. Kambu became a registered NDIS provider in November 2017 and have worked with over 100 of Kambu's clients regarding the NDIS since then. In January 2019 Kambu achieved accreditation against the Human Services Quality Framework (HSQF) standards.

**Top tips:**

- **Know your LAC / ECEI:** Kambu works closely with their LAC and ECEI along with other local registered service providers to ensure Kambu's clients get the best care and service.
- **Allocate a dedicated resource to the project:** one who can promote activities for the organisation.
- **Train all staff:** make sure all staff know about the NDIS, the application process and the HSQF standards.
- **Plan your implementation in phases:**
  1. Phase 1 – research, understand the market, allocate a dedicated staff member, set up systems and policies, register as a provider, adapt the computer systems.
  2. Phase 2 – roll out / sign up participants: run staff information sessions, train GPs on the Access Request Form requirements, engage the community and other service providers, attend NDIA workshops.
  3. Phase 3: monitor and adjust – manage the caseload, check in with participants, track income and caseloads, monitor NDIS changes.
- **Attend NDIA training:** they offer some good courses.
- **Recognise barriers with visiting specialists:** Kambu's experience is that ATSI/CHO involvement has meant when clients see a visiting specialist (whose report they need to apply for NDIS) they feel safe and able to disclose the information that is required.
- **Train GPs:** to complete assessments and use NDIS language.
- **Utilise existing allied health services:** extend services to provide the NDIS support the clients have in their packages (e.g. exercise physiology, psychology, physical wellbeing activities).
- **Create a welcome pack for clients receiving NDIS support:** this could include a checklist, consent form, cancellation policy, feedback form and complaint policy information.



***“They trust us: they trust that we’ll do the best for them”***

*Ms Ncube commenting on the reasons why Kambu has been successful in supporting Aboriginal and Torres Strait Islander peoples with a disability through the NDIS application process.*

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## *Carbal Medical Services: Changes and challenges in establishing an NDIS service*

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Ms Renee Day, Carbal's Support Services Manager, shared her experiences of transitioning from a Personal Help and Mentors Service (PHaMS) to an NDIS service provider in Toowoomba and Warwick.

Ms Day spoke positively of the impact that NDIS has had on members of their community, providing accounts of how appropriate support had transformed the lives of some of Carbal's clients and enabled them to meet some of their life goals.



### Top tips:

- **Observe the application processes flaws:** sometimes it was quicker and safer to withdraw a rejected application and re-apply rather than appeal (30-day appeal deadline).
- **Ask for help from the NDIA:** the NDIA hotline staff were knowledgeable, once they could be reached (calling after 5pm was more successful).
- **Link the NDIS to other AICCHO services:** integrated care and referrals have enabled Carbal to maximise client support (and income). This has been central to Carbal finding a way to make the NDIA financially viable.
- **Support GPs:** Carbal developed a GP functionality form template to assist the referral processes.
- **Recruit passionate people:** Carbal found that staff can be trained on the role. Passion for the work is one of the most important qualities for staff (noting they must have a blue and yellow card).
- **Recognise staff skills:** operational staff are not always the best at paperwork and IT Systems. Perhaps consider recruiting an administrator to support the team and make the claims.

## THE WORLD CAFÉ STYLE DISCUSSION

Building on the experience and knowledge of the delegates, the afternoon provided an opportunity to engage in a world café style conversation where seven topics, chosen by the delegates, were available for discussion. Each topic was allocated to a numbered table (one to seven). Delegates had the opportunity to visit five tables and each round lasted 10 minutes.

Delegates were asked to consider what activities work well, what barriers exist to delivery and to suggest realistic short- and longer-term actions that QAIHC might be able to support them with. At the end of the session, each table facilitator presented the key points back to the whole group.

The requested table topics were:

1. Workforce and training (GP training for health assessments, internal upskilling and wider workforce development)
2. Funding
3. Resource development and how to achieve consistent messaging
4. Local Area Coordinator (LAC) roles
5. Participant assessment and registration processes
6. Stakeholder engagement and partnerships
7. Rural and remote settings.

A summary of the key findings from each subject area is below.

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### 1. *WORKFORCE AND TRAINING*

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Delegates discussed the importance of ATSI CCHOs being able to make a business decision on the amount of involvement they want to have in the NDIS arena, and the amount of effort they are able to safely give to the sector. Internal and wider-system activities were discussed and the following points raised:

- Internally:
  - Upskill the entire workforce.
  - Have a good project officer who champions the cause and supports clients to apply.
  - Run training sessions (for staff and for GPs). Visual training helps. Include training on the IT Systems.
  - Create opportunities for shared learning across ATSI CCHOs.
  - Observe the challenges around funding.
- Wider system:
  - Availability / stability of workforce.
  - Recruit on passion not qualifications, train in house – ATSI CCHOs could have role.
  - Requirement for blue and yellow cards (may be limiting).

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## 2. FUNDING

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It was determined that the community wants and needs ATSI CCHOs to be NDIS providers but there was a very strong feeling from delegates that the pricing structure presents too much of a risk.

Delegates suggested that funding for the following activities would mitigate against those risks:

- Training and development of staff and community members.
- Development of culturally appropriate resources.
- Support to purchase resources (technology / infrastructure etc.).
- Business model development.
- Establish a Support Coordinator role in each ATSI CCHO. The Support Coordinator could support clients to apply for a plan and support clients to navigate the system once they have a plan (there was a discussion about the cross-over with the existing LAC role and potential to embed LAC staff within ATSI CCHOs).
- Pricing guide adjustments.
- Flexible funding to enable culturally appropriate care to be provided.

A suggestion was made that QAIHC could develop a fully costed pricing model for ATSI CCHOs based on the existing Model of Care. This might help the NDIA to understand the value for money that ATSI CCHOs are able to provide, if they are funded to do so.

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## 3. RESOURCE DEVELOPMENT AND HOW TO ACHIEVE CONSISTENT MESSAGING

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Delegates spoke of a strong need to have user-friendly resources, produced locally (perhaps based on a state-wide template) to explain disability, the NDIS and support client conversations about NDIS plans. Topics should cover what the NDIS is, what it is not, how it works and who can help with more information.

The FPDN's resources were highly regarded and the importance of having a local person to speak with was emphasised.

All five discussion groups recommended a variety of media be available including print, TV, radio and through the ATSI CCHO and community voice. The Young Deadly Free campaign (STIs) was provided as a successful example of health promotion.

Delegates advised that messaging needs to be consistent across multiple platforms, noting that some communities had received NDIS information which others had not.

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#### *4. LOCAL AREA COORDINATOR (LAC) ROLES*

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Delegates raised that the role of the LAC was notably different across the regions with some ATSI CCHOs describing positive relationships and interactions, and others describing a total lack of engagement or relationship. The activities of the LACs in terms of engagement and communication, cultural competency and connection with community also appeared to differ across the state. The importance of the LAC role was emphasised consistently.

ATSI CCHOs identified opportunities for partnerships with LACs and discussed the value of embedding a LAC worker within the ATSI CCHO, the possibility of sub-contracting the LAC role to the ATSI CCHO, or funding an ATSI CCHO Community Worker to accompany the LAC.

Targets for LACs were discussed. Delegates queried if LACs worked to Aboriginal and Torres Strait Islander related targets. These could include targets to: register Aboriginal and Torres Strait Islander peoples with a disability; employ a certain proportion of their workforce who identify as Aboriginal and Torres Strait Islander peoples; demonstrate cultural competency; and to work with the ATSI CCHOs. Delegates suggested that if such targets were not in place it would be beneficial for them to be introduced.

Delegates suggested that QAIHC could have a role to advocate for LACs to have an ATSI CCHO engagement strategy, education, training and linkages.

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#### *5. PARTICIPANT ASSESSMENT AND REGISTRATION PROCESSES*

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It was recognised that Aboriginal and Torres Strait Islander peoples with a disability need to have additional support to register for the NDIS. Delegates provided examples where additional effort is required to help community understand what disability is, along with what the NDIS is and how a plan might be able to help them to achieve their goals.

Delegates spoke of the benefit that would exist from each ATSI CCHO having resources for a dedicated support worker who is based within the ATSI CCHO and able to approach clients and work with community to increase understanding of the NDIS. The need for staff and community education was also raised and it was recommended that resources to compliment this education would be helpful.

Rural and remote processes and the lack of appropriate services were mentioned as a particular area of concern.

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## 6. STAKEHOLDER ENGAGEMENT AND PARTNERSHIPS

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Delegates discussed the important role of relationships between the client and service, but also service and other providers in the NDIS space. Delegates recognised there were opportunities to better link with other services – local / state / government / chambers of commerce / local businesses. It was suggested that Memorandum of Understanding could be used to strengthen relationships that fit into the ATSCCHO model of care.

Delegates spoke of opportunities to utilise existing services such as allied health services (noting remote limitations) to enable financially viable NDIS service provision.

ATSCCHOs recognised one of their strengths in this space was that a person with a disability probably already accesses the ATSCCHO. ATSCCHOs have the clients, they just need to be able to support them through the application process and establish themselves as providers.

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## 7. RURAL AND REMOTE SETTINGS

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Delegates discussed the benefits that ATSCCHOs create when providing rural and remote NDIS care. Delegates spoke of their level of engagement with communities (meaning that clients feel safe with them) and the person-centered care they already provide (which helps to bring clients together).

A number of concerns were identified which included:

- Inadequate funding.
- Shortage of a skilled workforce. It was noted that ATSCCHOs sometimes have the workforce but need support to upskill staff.
- Limited choice for rural and remote NDIS service providers.
- Assessment processes barriers (e.g. requirement to produce a birth certificate / getting specialist referral in time etc.).
- Locum GPs and high staff turnover (resulting in an ongoing training requirement).
- Sigma around 'disability' (training and education resources needed along with staff to educate).
- LACs not based in rural and remote locations with 'Partner' roles often vacant.
- Transient clients.

Delegates discussed the value that increased funding models and establishing partnerships with rural health, RFDS and CheckUP could have for Aboriginal and Torres Strait Islander peoples with a disability living in rural and remote Queensland.

It was suggested that QAIHC's role could be to develop a cost-effective model that could work for rural and remote ATSCCHOs; help to develop a rural and remote workforce strategy or plan; and advocate for ATSCCHOs to receive funding to enable them to deliver services which are needed.

## GOVERNMENT PANEL DISCUSSION

Following the world-café, a government panel discussion was hosted by QAIHC where the NDIA, DSS and the Queensland Government Department of Communities, Disability Services and Seniors answered questions from the floor.

Ms Jess Lee from the DSS explained her role is to ensure that the policy settings are correct to enable delivery of NDIS functions. This may include sector support and development and workforce development activities.

Ms Kathy McEwan from the NDIA outlined her department's role to ensure inclusion strategies are in place for Aboriginal and Torres Strait Islander peoples and Culturally and Linguistically Diverse (CALD) people across all parts of the country, including rural and remote settings. Her team also has special responsibilities for autism, hearing and mental health. Ms McEwan explained that the Deputy CEO of NDIA is the Aboriginal and Torres Strait Islander Champion in the organisation.

Mr Steve Powis provided apologies from Mr Paul Grevell, Disability Services Commissioning's Executive Director, who was unable to attend. Mr Powis outlined the State Government's role in the transition and explained the ongoing role of the state to provide for individuals with a disability who are not intended to transfer to the NDIS. Queensland Government retains an interest in how the scheme progresses beyond July 1 and will continue to have an interest in any Queenslanders with a disability.

Panel members confirmed the key messages they have heard from the workshop, including the need for a culturally appropriate response to the NDIS to enable person-centered care.

Questions included whether funding is available for pre-assessment support and the level of awareness within NDIA of some of the current concerns raised during the forum, including concern around some of the existing NDIA partner organisations' behaviours.



## CONCLUSIONS

The workshop enabled delegates from a range of ATSI CCHOs, key NGOs and government agencies to develop their understanding of the state of the NDIS in Queensland for Aboriginal and Torres Strait Islander peoples with a disability.

A range of recommendations emerged from the discussion which fall into short- and longer-term actions:

1. Development of an economic evaluation of the 'ATSI CCHO NDIS Holistic Health Model' based on existing ATSI CCHOs who can provide some NDIS services. This can be used to support Government decision making around the need for appropriate funding to the sector and simple changes to the system which can have great impact on the provision of services.
2. Development of a set of culturally appropriate NDIS resources and training packages that can be locally adapted, perhaps in partnership with FPDN, for the following groups:
  - a) Consumer
  - b) Carer / community
  - c) ATSI CCHO staff, including GPs.
3. Arrangement of training packages and sessions for ATSI CCHO staff, GPs and community groups which ATSI CCHOs can adapt and run internally.
4. Promote existing NDIA training and explore options for funding to attend training / backfill positions while staff are away.
5. Work with government to secure funding in each ATSI CCHO for a Care Coordinator role to support the registration of potential NDIS applicants.
6. Work with government to review and amend the NDIS pricing schedule to allow for culturally appropriate service provision across all areas of the state.
7. Provide business support to ATSI CCHOs who wish to deliver services to support their HSQF and registration requirements, along with ongoing registration (e.g. standard templates).
8. Support ATSI CCHOs through establishing an NDIS Champion Network across the services. This can support the sharing of best practice.
9. Liaise with state-wide and national partners to explore opportunities for process improvement, such as better utilisation of existing CheckUP specialists while in remote locations.
10. Support ATSI CCHOs to analyse their client data to identify potentially eligible clients and the potential level of need and eligibility in their community.
11. Input into wider workforce development conversations, ensuring Aboriginal and Torres Strait Islander peoples' specific requirements are incorporated into strategies at a state and national level.

## NEXT STEPS

QAIHC will continue to maintain momentum on the options identified in this workshop by:

1. Continuing communication with ATSI CCHOs about the NDIS by providing regular updates and via the QAIHC Policy Network.
2. Seeking out funding for the sector by:
  - a. informing the sector of new funding opportunities and
  - b. applying for sector-wide funding to support ATSI CCHOs.
3. Working with the NDIA, DSS, DoH and Queensland Government, along with other stakeholders including the NDS, FPDN and NACCHO to:
  - a. strengthen partnerships
  - b. improve joint understanding of issues, concerns and solutions
  - c. capture progress made to overcome identified challenges.

## APPENDIX A: WORKSHOP EVALUATION

### Member Feedback (Totals):

Venue and Facilitation	Excellent	Satisfactory	Needs improvement	Not applicable	Total responses	% Excellent
Booking process	17	2		1	19	89%
Venue and Facilitation	19	1			20	95%
Refreshments	18	2			20	90%
Facilitators	20				20	100%

Content	Excellent	Satisfactory	Needs improvement	Not applicable	Total responses	% Excellent
Covered useful material	20				20	100%
Practice to my needs and interests	19	1			20	95%
Well organised	20				20	100%
Presented at the right level	18	1			19	95%
Well presented	19	1			20	95%
Effective activities	19	1			20	95%

	Excellent	Good	Fair	Poor	Total responses	% Excellent
Overall, how would you evaluate this workshop?	18	1			19	95%

### Comments:

- Was happy with the workshop – there was a lot of follow-up coming out of the world café discussions, so interested in seeing how that comes back to members.
- Overall well organised and good representation. Staff organisation was well collaborated. Enjoyed blueberries and strawberries.
- Congratulate QAIHC on the preparation of the content. Knowledge across all QAIHC employees was very professional.
- Maybe over two days – time to discuss could have been longer. Target group attending – grassroots level workers who play a major role in supporting the scheme.
- The support from QAIHC staff was amazing and very helpful.
- I learnt a lot about NDIS from the showcase of presenters. Well planned day.
- Some more practical involvement and time for open discussions. Overall the event was fantastic – I was very honored to speak amongst such wonderful people.
- The workshop provided a better overview of the NDIS.
- No suggestions for improvement at this stage. Well-presented and coordinated. Excellent interaction and involvement by ATSIKCHOs.
- Make sure the actions don't get lost. Development of action going forward and updates on where we are.
- The mikes went flat a couple of times.
- Frequency and location could be varied? Willing to contribute via a NDIS Provider session focused on process improvement etc.
- Consumer view / experience.
- More frequent.
- Loved the workshop and very grateful to be invited. I have taken a lot from the day. Fantastic! Well organised and so informative.

## APPENDIX B: WORKSHOP PROGRAM

### NDIS and the ATSICCHS Sector

#### Wednesday 20 February 2019

Level 12, Rooftop North, Rydges South Bank Brisbane,  
9 Glenelg St, South Brisbane QLD 4101

Time	Topic	Lead
08:15	Registration Opens	
09:00	1 Welcome to Country	Mr Shannon Ruska <i>Yuggera-Turrbal Traditional Owner</i>
09:15	2 Introduction	Neil Willmet, CEO, QAIHC
09:20	3 First People's Disability Network Who we are and what we do	Paul Calcott <i>National Training and Resource Development Manager</i>
09:45	4 National Disability Services – Peak Body for disability services The State of the Disability Sector	Ian Montague <i>NDIS State Manager for Queensland</i>
10:15	5a Best practice from the Sector Our NDIS Services and Integrated Care Model	Lizzie Adams <i>CEO, Goolburri Aboriginal Health Advancement Co Ltd</i>
10:40	Morning Tea	
11:00	5b Best practice from the Sector (continued) Supporting clients through the NDIS application process	Klair Carney <i>NDIS Project Officer, Kalwin Health Service</i>
11:25	Working with NDIA to register clients	Sheryl Lawton <i>CEO, CWAATSICH</i>

### QAIHC MEMBER SERVICE Workshop

Time	Topic	Lead
11:50	How we provide NDIS services	Stella Johnson <i>CEO, Kambu Aboriginal and Torres Strait Islander Corporation for Health</i>
12:15	Changes and challenges in establishing an NDIS service	Renee Day <i>Support Services Manager, Corral Medical Services</i>
12:40	6a World-Café discussion Introduction	Angela Young <i>General Manager Policy and Research, QAIHC</i>
13:00	Lunch	
13:45	6b World-Café discussion Sector concerns, needs and next steps	ALL
15:00	Afternoon Tea	
15:15	7 Government panel and responses to the day's discussion – Q&A Panel hosted by QAIHC	<ul style="list-style-type: none"> <li>Jess Lee <i>A/g Director Workforce Policy, NDIS Market Oversight Branch, Commonwealth Department of Social Services</i></li> <li>Paul Grevall <i>Executive Director Disability Services Commissioning, Department of Communities, Disability Services and Seniors, Queensland Government</i></li> <li>Kathy McEwan <i>Branch Manager, Communities of Practice, National Disability Insurance Agency</i></li> </ul>
15:50	8 Closing remarks	Angela Young <i>General Manager Policy and Research, QAIHC</i>
16:00	Forum Close	

## APPENDIX C: DELEGATE LIST

Representatives from the following organisations attended the workshop:

### **QAIHC**

- Policy and Research Division
- Social and Emotional Wellbeing
- Sector Development Division

### **QAIHC Regional members:**

- Institute for Urban Indigenous Health

### **QAIHC Member Services:**

- Apunipima Cape York Health Council
- Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd.
- Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd.
- Bidjerdii Aboriginal and Torres Strait Islander Corporation Community Health Service Central Queensland Region.
- Darling Downs Shared Care Incorporated TA (Carbal Medical Centre)
- Charleville Western Areas Aboriginal Torres Strait Islander Community Health Ltd (CWAATSICH)
- Galangoor Duwalami Primary Health Care Service
- Goolburri Aboriginal Health Advancement Co Ltd
- Kalwun Health Services
- Kambu Aboriginal and Torres Strait Islander Corporation for Health
- Mulungu Aboriginal Corporation Primary Health Care Service
- NPA Family and Community Services Aboriginal and Torres Strait Islander Corporation
- Townsville Aboriginal and Torres Strait Islander Corporation for Health Services
- Yulu-Burri-Ba Aboriginal Corporation for Community Health

### **Government agencies:**

- Queensland Government, Department of Communities, Disability Services and Seniors: Disability Services Commissioning
- Australian Government Department of Health: Health Grants and Network Queensland
- Australian Government Department of Social Services: NDIS Market Oversight Branch
- National Disability Insurance Agency – Departments: Communities of Practice / Queensland Provider and Market Engagement.

### **Other partners:**

- First People's Disability Network
- National Disability Services
- National Aboriginal Community Controlled Health Organisation (NACCHO)

## ABOUT QAIHC

QAIHC was established in 1990 and is the peak organisation representing all Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in Queensland at both a state and national level. QAIHC is a leadership and policy organisation, who in collaboration with QAIHC's 28 Member Services, works to eliminate disparities in health and wellbeing experienced by Aboriginal and Torres Strait Islander peoples in Queensland. Through meaningful engagement, QAIHC fosters relationships that continue to support and drive a sustainable and responsive ATSICCHO Sector in Queensland.

QAIHC is registered as an Australian Public Company Limited by Guarantee under the Corporations Act 2001 and, in late 2012, QAIHC transferred registration to the newly created Australian Charities and Not-for-profits Commission (ACNC).

QAIHC adopts the principles of Community Controlled Primary Health Care as set out by the National Aboriginal Health Strategy (1989) as the gold standard approach in improving the health status of Aboriginal and Torres Strait Islander peoples and strives to ensure that all Aboriginal and Torres Strait Islander Queenslanders have the right to access equitable, culturally competent and high-quality health care.

QAIHC's 2016-2019 strategic plan identifies a priority for QAIHC to "Enhance the capacity of Members to provide complementary services in aged care, disability services (NDIS), child and family support services, mental health, and substance misuse services."

QAIHC has proactively worked towards this priority through a number of activities including:

- In 2015, QAIHC published a report for Member Services entitled "Preparing for the NDIS" which analysed the NDIS scheme and identified opportunities, risks and issues for ATSICCHOs.
- Since 2015, QAIHC has contributed to national discussion via the National Aboriginal Community Controlled Health Organisation's (NACCHO) NDIS Policy Network to advocate to NDIA on key issues for ATSICCHOs and Aboriginal and Torres Strait Islander people. QAIHC has established relationships with the National Disability Service (NDS) Queensland branch and the Queensland Council of Social Services (QCOSS).
- In 2016 and 2017 QAIHC promoted NDIS during the Annual Member Service Conference; providing opportunity for NDIA to access all the Queensland ATSICCHOs.
- In May 2018, QAIHC formed part of the NACCHO Network Position on the NDIS submission to the Productivity Commission and has actively contributed to national discussions.
- In August 2018, QAIHC surveyed Member Services to understand their level of understanding of the NDIS and how QAIHC can best support them.

Further information about QAIHC can be found at [www.qaihc.com.au](http://www.qaihc.com.au).

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### QAIHC Member Services staff:

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- Ms Klair Carney, NDIS Project Officer, and Mr Kieran Chilcott, CEO, Kalwun Health Service
- Ms Sheryl Lawton, CEO, CWAATSICH
- Ms Teelena Gillespie and Ms Busi Ncube, NDIS Project Team, and Ms Stella Johnson, CEO, Kambu Aboriginal and Torres Strait Islander Corporation for Health
- Ms Renee Day, Support Services Manager, and Mr Brian Hewitt, CEO Carbal Medical Services
- Ms Paula Fisher, NDIS Project Manager and Mr Paul Stevenson, CEO, Apunipima Cape York Health Council.

### Other representatives:

- Mr Paul Calcott, National Training and Resource Development Manager, First People’s Disability Network
- Mr Ian Montague, National Disability Services, State Manager for Queensland
- Ms Jess Styles and Kate Keating, Policy Team, National Aboriginal Community Controlled Health Organisation
- Ms Jess Lee, Acting Director Workforce Policy, NDIS Market Oversight Branch, Commonwealth Department of Social Services
- Ms Kathy McEwan, Branch Manager, Communities of Practice, National Disability
- Mr Steve Powis, Director Disability Services Commissioning, Department of Communities, Disability Services and Seniors, Queensland Government



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