



The crushing reality of reform: a consumer perspective

Executive Summary

Council on the Ageing (COTA) Queensland conducted a detailed situation analysis late 2018, examining consumers' experiences of the disability reforms and their perspectives. COTA Queensland's focus is the impact of the disability reforms on people navigating their care and support options as they age. A literature review, interviews, and monitoring of community platforms and service provider forums informed the work. This position paper is based on the outcomes of that analysis.

The paper commences with the consumer journey, outlining the various stages a person moves through in order to access support. There have been a number of positive outcomes as a result of the disability reforms, however it is noted these benefits are experienced only by those consumers who successfully navigate access to the new systems.

This paper reports on issues of concern from the perspective of consumers who may be missing out on accessing appropriate support, and are feeling fearful, overwhelmed or additionally vulnerable as a result of their experience with the system or systems during this transition period. It also outlines priority qualities that enable consumers and strengthen support, as identified in the literature.

The paper concludes with an overview of the unanticipated issues, unforeseen complications and unexpected consequences from the reforms, and recommendations. In particular, COTA Queensland urges the Queensland Government to consider the following key recommendations, to ensure those most at risk of falling through the gaps during these once in a generation reforms, have fundamental supports needed to live their day to day life safely and with dignity.

COTA Queensland sees this situation as critical for this population, and urges the Queensland Government to provide funded targeted resourcing for programs and services that:

1. assist people to understand, access, navigate and negotiate their way into the 'gateways' of the NDIS and QCSS
2. assist people to be able to access a safety net of safe, appropriate care and support during this transition period into NDIS or QCSS, where there is higher risk of people not getting their basic needs met, in a time of multiple reforms across multiple systems
3. provide access to ongoing support for vulnerable members in our communities whose needs change over time, are not static and who are at high risk of 'falling through the cracks' between service systems
4. enable support to be provided by consumer focused organisations which provide independent services, without the conflict of interests that providers have within a market driven service system

This 'upstream' investment in well targeted support has the potential to diminish or prevent additional stress and public and private costs 'downstream', including in the mainstream systems of acute and primary health, justice, and housing.

This investment would have the potential to contribute significantly to the Queensland Government's Thriving Communities and All Abilities agendas in which people of all ages, backgrounds and abilities can participate, are included and resilient, and enjoy high levels of social and economic wellbeing.

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Introduction

Disability support is undergoing profound change across Australia with the rollout of the National Disability Insurance Scheme (NDIS). In Queensland, the NDIS rollout is generating reform at the state level, most notably with the end of the Queensland Community Care Program (QCC) and the introduction of the Queensland Community Support Scheme (QCSS).

Council on the Ageing (COTA) Queensland advocates for the rights, interests and futures of all Queenslanders as we age. In this paper we focus on the needs of Queenslanders aged between 50 and 65 who are not eligible for care under the NDIS but who need some support or care in their everyday lives.

COTA Queensland conducted a detailed situation analysis examining consumers' experiences and perspectives of disability reform in late 2018. This paper is based on the outcomes of that situation analysis; it summarises consumers' views and provides COTA Queensland's recommendations relevant to the implementation of the QCSS. This paper focuses on two cohorts of consumers: QCC clients who need to transition to the QCSS, and future QCSS clients. It considers consumers' views about their ability to understand, navigate, access and negotiate the interface between systems and any barriers they encounter in accessing support.



Context

Five support systems are relevant within the context of this paper:

- 1. National Disability Insurance Scheme (NDIS)** – a Commonwealth program designed for people aged under 65 years with a permanent or significant disability that affects daily life. Once approved for an NDIS package, consumers are supported for life, with regular reviews (that is, approved consumers remain under the scheme after 65 years of age). The program is designed to provide the ‘reasonable and necessary’ supports that assist people to lead everyday lives and achieve their goals. The program provides individual support packages with a focus on self direction.
- 2. Continuity of Support (CoS)** – a Commonwealth program for people aged over 65 years (over 50 for Aboriginal and Torres Strait Islander people) at the time the NDIS began rolling out in their region. This program supports people who have been on state-administered specialist disability services and who are not eligible for NDIS.
- 3. Queensland Community Care (QCC)** – a Queensland program ceasing June 2019 designed for people aged under 65 years (under 50 for Aboriginal and Torres Strait Islander people) with a disability or chronic condition that restricts everyday activities and creates a risk of losing independence. All existing QCC clients should have been assessed for NDIS transition by early 2019.
- 4. Queensland Community Support Scheme (QCSS)** – a Queensland program due to commence in July 2019 for people aged under 65 years (under 50 for Aboriginal and Torres Strait Islander people) who have been assessed as ineligible for an NDIS package and who experience chronic illness, mental health difficulties or disability-related needs that impact their ability to live independently in the community. The program focuses on lower-intensity support for shorter periods of time.
- 5. My Aged Care (MAC)** – a Commonwealth program of aged care supports for people who are not eligible for the programs described above. Programs include low-level support to maintain independence and quality of life at home, determined through a Regional Assessment Service. Higher care needs are determined by an Aged Care Assessment Team, and may require a regular service through a home care package or residential aged care.

This paper is informed by the priorities outlined in international, national and state policies about aged care and disability reform, particularly:

- *10 Priorities Towards a Decade of Healthy Ageing 2017* (World Health Organization)
- *Universal Declaration of Human Rights 1948* (United Nations)
- *Human Rights Act 2019* (Queensland)
- *Disability Discrimination Act 1992*
- *Declaration on the Rights of People with Disabilities 2006*
- *National Disability Strategy 2010-2020* (Department of Social Services).
- *Aged Care Act 1997*
- *Aged Care Diversity Framework 2017* (Department of Health)

This paper is particularly informed by the principles of access and inclusion outlined in the Aged Care Diversity Framework 2017 and consideration for people from a range of experiences which impact their ability to access support. Investment in accessible, respectful and quality support and care at all stages of a person’s life results in greater equity in health and wellbeing outcomes for individuals and their support networks, across the life course.

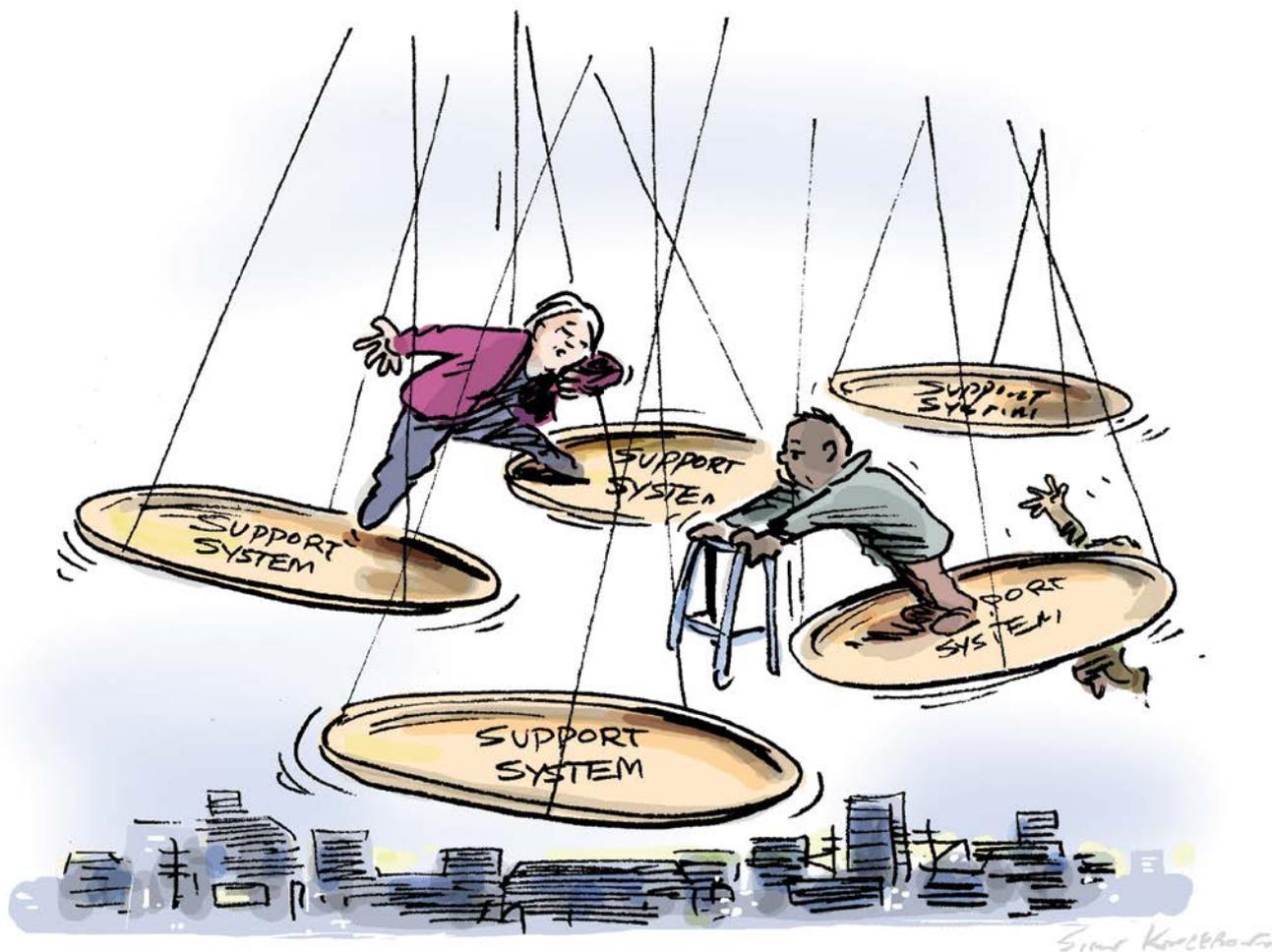
Consultation and evidence gathering

COTA Queensland's situation analysis involved three phases of research:

1. A review of relevant research studies, commentary and policy documents
2. Interviews with older people (50 y.o.+) who are engaging with the new system
3. Monitoring of community and service provider forums

The individual interviews were conducted with older Queenslanders who are engaging with the disability support system and are either: (1) experiencing difficulties accessing appropriate support, or (2) believe they are at risk of falling through the gap between system interfaces.

It is important to note that the interviewees who participated in our situation analysis are currently navigating the system and are directly impacted by the changes. They self-selected for an interview because they had experienced difficulties with navigating the system and because they had the self-advocacy and communication skills needed to discuss their experiences and needs. In most cases, the people we interviewed were facing new pressures and uncertainty, and were not experiencing adequate care or support.



The individuals interviewed for our situation analysis live with a range of health needs that span chronic illness, disability and mental health concerns. Interviewees were self-educated, knowledgeable consumers, experienced with advocating for their needs.

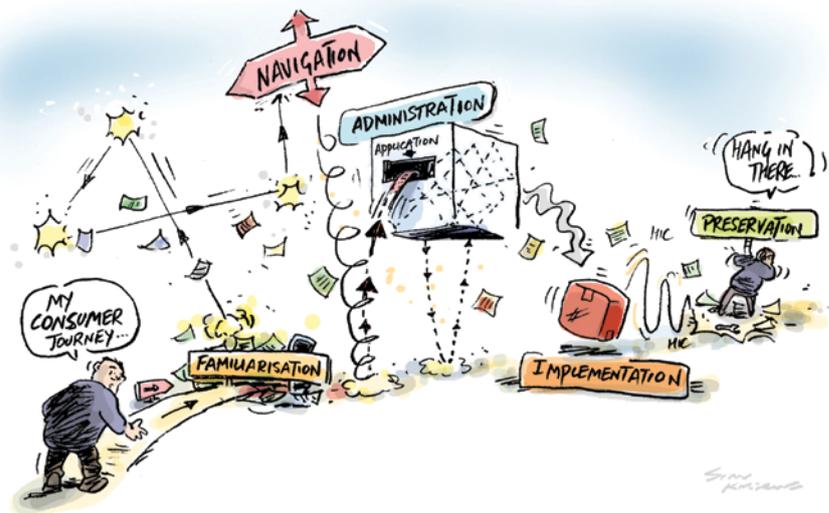
The interviewees are not statistically representative of the Queensland community and we provide no quantification of the likelihood that any individual Queenslanders will experience the issues they discuss. Through interviews with older Queenslanders about their individual concerns and needs, we hope to shed light on issues that are likely to emerge as Queensland makes the transition from the QCC to the QCSS.

Consumer journey

Our situation analysis revealed that people (referred to as 'consumers' for the purpose of this paper) tend to move through a five-stage process in accessing support services:

1. **Familiarisation:** consumer learns about what is available by accessing information from a variety of sources (such as friends and peers, medical practitioners, mainstream media, social media and publicity/information materials); case studies and stories are valuable, in addition to informative materials
2. **Navigation:** consumer uses information to begin the enquiry process (perhaps online, by phone or in person)
3. **Administration:** consumer begins the application process, typically involving support people
4. **Implementation:** consumer settles in and/or tries out their new service; they may need to adjust to a new schedule, cope with changes to their physical environment, and adjust to new in-home care
5. **Preservation:** consumer maintains and updates/reviews their care over the long term

While the consumer journey is presented here as a linear process, it may not be experienced as linear by all consumers. Consumers and carers will experience different information and support needs at different stages of the journey. It is also possible that they will experience difficulties and delays at any stage.



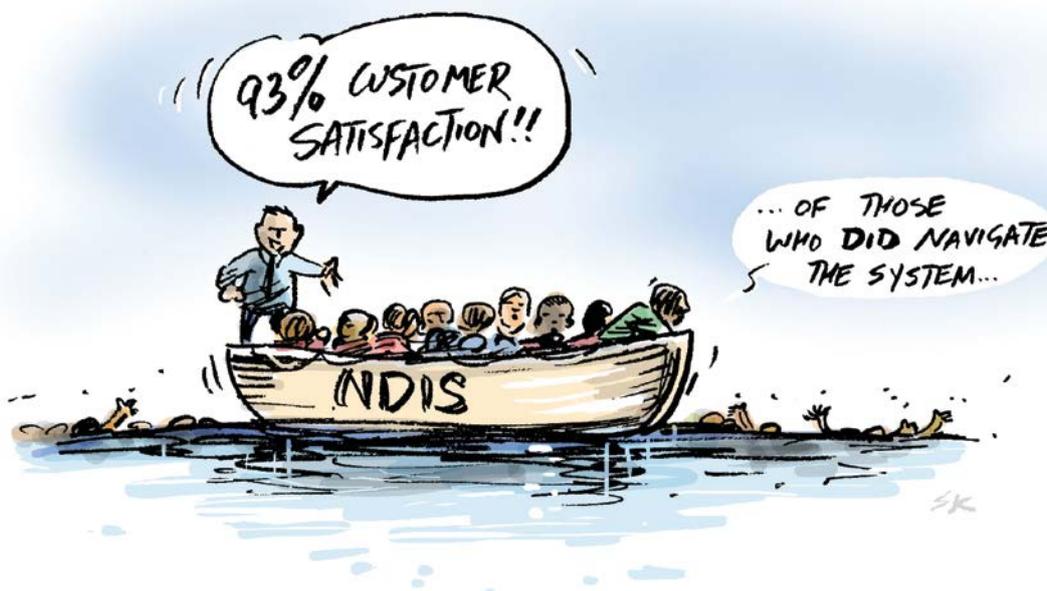
Findings to celebrate

It is generally accepted that the NDIS and related reforms have, to date, achieved positive outcomes and promising opportunities for a growing cohort of people. Evidence suggests that NDIS participants are experiencing better outcomes across a range of measures. Positive outcomes include:

- 93% consumer satisfaction
- Substantial growth in the availability of specialist disability accommodation
- Gradual growth in the availability of service providers¹

The NDIS reforms are widely recognised as a gateway to equity, capacity and a secure future in which consumers experience choice and control.

However, these benefits are experienced only by those consumers who successfully navigate access to the scheme and have their eligibility confirmed.



¹National Disability Insurance Agency (NDIA). (2018). *National Disability Insurance Agency Annual Report 2017-18*. Retrieved from <https://www.ndis.gov.au/about-us/publications/annual-report>

What are consumers concerned about?

Issues of concern

Self-directed care

Self-directed care is an essential focus of the NDIS, the QCSS and the associated system reforms. It is designed to give control to consumers about what supports they receive and how those supports are provided. Under the new systems, consumers should be able to access a diverse range of services and activities in the community setting.

Self-directed care is an important and valuable concept and its centrality to reforms is highly valued, both by consumers themselves and by consumer advocates. **However, self-directed care brings with it three risks:**

1. Consumers require significant health literacy to successfully navigate self-directed care
2. Consumers require significant communication skills to self advocate within a self-directed care model
3. An assessor deems what is 'reasonable and necessary' for the consumer, particularly for unconfident and inarticulate consumers, potentially restricting consumer autonomy

Health literacy

Health literacy goes beyond having access to relevant information. It extends to a consumer's understanding of information, their understanding of how information applies to them, and their ability to use information to make informed decisions.

Health literacy is an essential component of understanding one's own health and support needs.

Health literacy is also essential for navigating the support system.

Without sophisticated health literacy, consumers are unable to understand the options offered to them and make informed decisions.

The consumers we spoke to were concerned that their health literacy may not be sufficient for successful navigation of the new system (it is worth noting here that the consumers we interviewed are recognised as knowledgeable, active, informed and engaged). They noted that knowledge brings power: knowledgeable consumers tend to be powerful consumers.



Communication skills

Self-directed care places responsibility on individual consumers (and their carers) to communicate their care needs. This means that a vulnerable population of individuals who need care in their everyday living requires communication skills that are sophisticated enough to articulate their needs. This is particularly relevant for individuals who experience multiple vulnerabilities (such as people from diverse cultural backgrounds who live with disability).

- Consumers were concerned that **many consumers feel vulnerable** and strive to avoid conflict, thereby **reducing their ability to advocate for their needs and exercise choice**.
- Consumers who lack sophisticated communication skills **may not be able to fully engage with the new system**, during both initial assessment and review.
- There was a concern amongst consumers that self-directed care means that **vulnerable consumers will be left to fend for themselves**.
- There was also concern that **vulnerable consumers may simply give up because they are unable to successfully articulate their needs**.

Assessors and coordinators

System reforms require individual assessments and care packages for all consumers. The consumers we interviewed reported concerns about the assessors' understanding – of both the system requirements and individual health needs. Several consumers expressed concern that assessors lack detailed understanding of disability and chronic illness.

Consumers also reported positive experiences with care coordinators, describing them as 'beacons of reason' and 'drivers of change' who help consumers to navigate administrative and logistical processes.

Consumers expressed concern that the new system is heavily dependent on the skills of assessors and coordinators. Consumers were also concerned that assessments can be left unfinished, resulting in incomplete care or unworkable care plans.

Individual responsibility

The system-reform process places the responsibility on consumers to transition to the NDIS according to the set timeframe and, if not eligible for the NDIS, to apply for appropriate support through programs such as the QCSS.

The consumers we interviewed were concerned that consumers may not understand their responsibility to take action and may not realise they are eligible for support.

The biggest concern is that consumers may fail to act because they are paralysed by fear.

Consumers discussed examples of people being approved for care packages but then receiving no support because they didn't know how to move forward.



Jumping through hoops

The new system involves an extensive administrative process and consumers are concerned about the need to 'jump through hoops' to achieve basic support.

Consumers were concerned about regular reassessment and the potential need to repeatedly 'prove' their care needs.

They were concerned their care could be blocked by administrative processes or restricted by inflexible regulations.

Consumers expressed concern that the new system is built around standardised processes that are not suitable for all consumers. There was some concern that the assessment process could become a 'box-ticking exercise' that fails to accommodate individual complexities and consumer diversity. If the assessment framework doesn't recognise an issue or concern, it may become unclassifiable or invisible.

Gaps in service provision

Consumers were deeply concerned about the care needs of people who are not eligible for the new programs. While the new programs may provide improved care to approved recipients, **consumers are concerned that gaps in service provision are widening, with more people unable to access the care they need.** Consumers are concerned that the merging of services will lead to increasing numbers of people being lost in the gap.

Many consumers feel there is an emerging 'limbo experience', where individuals are **not assessed as being 'bad' enough to qualify for care, but are not 'good' enough to secure a job and support themselves.** Consumers discussed the difficulties of maintaining independence under these circumstances.

Two groups are particularly vulnerable: (1) those individuals with a newly diagnosed condition or disability who are at risk of losing a key asset (such as their house), and (2) individuals from marginalised populations who experience needs that extend beyond support with everyday living (such as the need for an interpreter or the need for housing support).

Several consumers were concerned that individuals who have received long-term support in the past will suddenly find themselves without any support under the new system, particularly consumers lacking skills in health literacy and self advocacy. They **suggested that consumers experiencing mental health conditions or intellectual disability, and consumers aged over 65 are most at risk.**



Access to information

To successfully navigate the system and develop health literacy, consumers need access to relevant, understandable information. They need information that addresses their individual concerns and answers their questions. The consumers we interviewed discussed two conflicting concerns about information:

1. **They lack access to the information needed to make informed decisions**
2. **They are confronted by too much information and too much detail, which encourages them to give up because they don't know how to navigate the information maze**

Consumers and their carers need access to information that meets their needs, in a format they can use. This means that information needs to be available in multiple formats and different levels of detail to suit individual consumers' needs, cultural and language requirements, and different stages of the consumer journey.

Some consumers we spoke to were **concerned that available materials are more relevant for service providers than for consumers.**

In spite of the volume of information available, consumers remain confused about the NDIS and the QCSS.

ALL THE INFORMATION
IS ON OUR
WEBSITE ...



ARG! -IT'S **ALL** TOO MUCH...

Service providers

The consumers we interviewed described their variable experiences with care staff. Consumers respond well to care staff who are friendly, consistent, stable and flexible. Most importantly, **they need care staff who are appropriately qualified and have a good understanding of consumers' health needs.**

The consumers we interviewed reported concerns about care workers' attitudes, lack of skills and regular turnover. Some consumers reported that care workers fail to do the work they're paid to do. Some consumers reported that care workers become aggressive or manipulative. **Turnover of care workers leads to consumers' concerns about welcoming strangers into their homes, feeling vulnerable and not receiving continuity of care.**

Consumers were concerned that service-provider organisations are more likely to protect their staff than consider consumers' needs. They reported that smaller service-provider organisations seem more likely than large organisations to respect consumers' needs and capacities. **Some consumers expressed concern that service organisations rarely respect consumers' knowledge and perspective.**

System focus ahead of individual focus

Even though the system reforms are intended to improve the focus on self-directed care, consumers were concerned that the system is designed to cater to the needs of the system itself rather than the needs of individuals. They felt that organisations focus on bettering the system, prioritising its processes ahead of consumers.

Consumers also felt that service providers tend to protect their organisations and their workers ahead of the individuals they care for. They noted a continual tension in an environment that sees care as a profit-making enterprise.

Consumers were concerned that increasing automation may leave little concern for individual circumstances. An automated system is only as good as its design: a concern or issue that is not recognised by the system may not be accommodated.

Self-advocacy

Consumers and their carers are conscious that their **success with the new system depends on their ability to self advocate**. They need to be **health literate and proactive, able to seek out opportunities and be savvy in their choices**. They need to continually build their knowledge base and remain informed about both health issues and policy developments. Consumers are concerned that the need for self advocacy increases their vulnerability and increases their risk of being misheard or ignored.

Loss of support

Consumers expressed concern that the new system will leave them without the support they currently depend on. Some are afraid to apply for the NDIS because they don't want to lose what they currently have. They are concerned that they cannot choose to stay with the current system, which has adequately met their needs. **Consumers reported general confusion, fear and frustration about transferring to the new system.**



Maintaining quality of life through regular review

The system reforms are designed to improve equity and support more people in maintaining their quality of life. The system incorporates regular care-package reviews to support this. The aim of these reviews is acknowledged in relation to being responsive to individual's changing needs. **Consumers spoke of three concerns about the impacts of regular reviews:**

1. Support needs can change over time as a consumer's illness or disability progresses. Consumers were concerned that regularly scheduled reviews may not coincide with their changing needs. Consumers often plan ahead, based on their knowledge of how their condition is likely to progress; some consumers were concerned about the ability of the system to support this planning.
2. Support needs can change unexpectedly due to a sudden illness or change in circumstances. Consumers were concerned about the flexibility of the system to respond to these unexpected changes.
3. The need for continual reassessment does not sit well with the promise of lifetime support. While consumers recognise the value of regular review, they are concerned about needing to continually prove their care needs.

Language

Consumers believe the new system places a high priority on consistent language and appropriate wording. They were concerned that, if terms are not used consistently, consumers will have difficulty accessing services. They were conscious that **the language chosen during assessment and review can influence the care package received.**

Accountability, consistency and transparency

Consumers were concerned about the level of accountability and inclusivity built into the new system. They were conscious that administrative systems have not been centralised and there is **little interaction between system interfaces**. They were **concerned that poor links between systems could encourage consumers to feel confused, fearful and reluctant to engage**. They were concerned that **the system may be too rigid to accommodate the needs of a diverse population.**

Impact of the reforms on consumers

Consumers were concerned that navigating the reforms is having an emotional impact on consumers and carers. They described feelings of shock, trauma and stress – linked to the application and assessment process, not being able to continue with existing services, and experiencing a break in services while care packages are finalised. Consumers noted that it is difficult to maintain their rights and cope with change in a continually evolving system.



Promise vs. reality

Some consumers identified a gap between the system-reform promise and the system-reform reality. For some, NDIS packages have been life changing and empowering. For others, the flexibility promised by the system has not yet been realised. Consumers are concerned that they need to be proactive in ensuring their individual needs are captured.

Priority qualities that enable consumers and strengthen support services

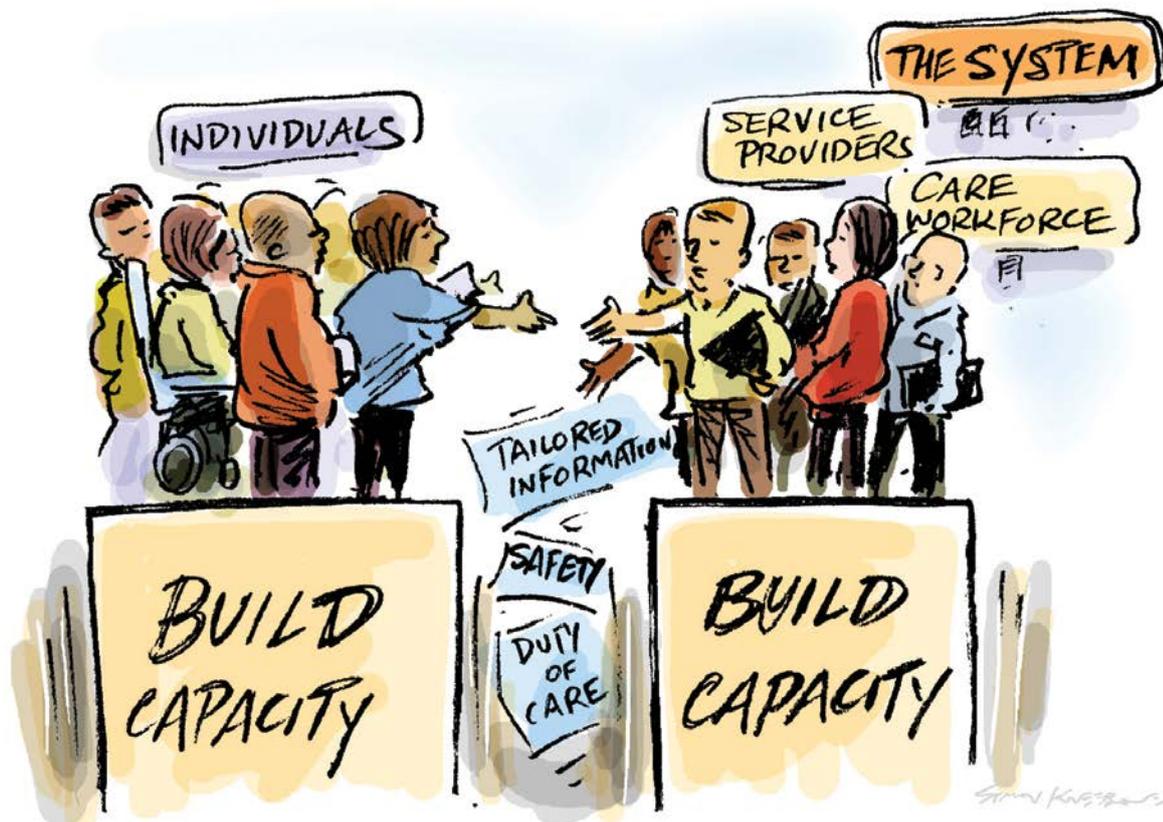
Through our review of current literature, we identified several qualities relevant to consumers and support services. In this section, we outline the highest priority core qualities.

High priority **qualities that help consumers** to access supports and maintain quality of life:

- **Independence** – achieved through access to information, communication systems, informal supports and formal supports; access to everyday services such as housing, health, transport, disability and community services is an important part of maintaining independence; financial independence is particularly important
- **Participation** – consumers need to participate in the development, implementation and evaluation of care at both the service-provision level and the policy level
- **Understanding and open communication** – consumers and their support networks need access to timely, appropriate and understandable communication; to feel listened to; an option for someone to speak on their behalf; easy access to suitable information; the ability to stay informed; and to understand how services can support their choices and life goals
- **Achieving potential** – consumers need to feel confident they can achieve their potential by having their daily living supports met and being able to engage in the things they want to do; consumers need opportunities for self development and ability to exercise their right to choose
- **Autonomy and respect** – consumers need autonomy and respect around exercising choice and taking reasonable risks in setting goals

High priority qualities that **strengthen support services** so consumers can access supports and obtain/maintain quality of life:

- **Accessibility** – staff need education and training about reforms; services need to provide equitable access appropriate for different types of diversity
- **Advocacy** – services must be provided in a way that protects and promotes the realisation of human rights; linked to this is the need for services to promote positive personal and social development for consumers; appropriate safeguards are needed to raise societal awareness about disability and foster dignity and respect for individuals
- **Quality** – service providers need to provide quality care in an equitable way; workforce needs appropriate training; assessors, coordinators and support workers need to be adept at adjusting to consumer needs
- **Availability** – services need to provide affordable services and supports of sufficient quality and quantity



Conclusions

Our situation analysis confirms what we already know: Queensland and Australia are in a period of major reform in the disability support sector. These reforms are having profound impacts on:

- Individual consumers, carers, families and communities
- Service providers and the care-provider workforce
- Government agencies and peak bodies

System reforms are heralding a major cultural shift in how care and support are managed in our communities. Most notably, the system is shifting towards a focus on individual management and responsibility – that is, toward self-directed care. This is changing the ways that consumers and their carers interact with the agencies that support them – including their interactions with funding bodies, service providers and advocacy organisations. It is fundamentally changing the ways that service providers work.

Major reform takes time. It always involves teething problems in the forms of **unanticipated issues, unforeseen complications and unexpected consequences.** These teething problems are likely to be experienced at all levels, by all people impacted by the reforms. They will vary over time, as the new systems are established, implemented and adopted. **Teething problems may be particularly acute at the interfaces between the parts of new systems and at critical changeover times.**

Everyone affected by system reform needs to understand the change and its potential impacts. Many consumers will require support to navigate into the new systems. Policy makers, service providers and peak bodies have a responsibility to ensure that consumers and carers are fully informed and have the skills required to make the necessary transition. They also have a responsibility to ensure that all consumers and carers – whatever their backgrounds and whatever their previous experiences – are included within the new system.

Even in a shift towards self-directed care, where individual consumers take on more responsibility for managing their care needs, the responsibility to include all consumers rests with policy makers, service providers and advocacy organisations. **It is our shared responsibility to ensure that no consumer is left behind or disadvantaged by the new system.**

Recommendations

1. Build the capacity of individuals, carers, informal support systems and the wider community

Consumers and their carers need ongoing access to information that will support them in understanding and navigating the new system. Information should be available in multiple formats to suit different information preferences and abilities. It should also be available in varying levels of detail to suit people at different stages of the consumer journey. Tailored information is required to meet the needs of specific populations.

Information, training and support needs to go beyond the simple provision of information about health conditions and support needs. To ensure success with the new system, consumers and carers need support to develop skills in health literacy, self advocacy and communication. Consumers and carers need information that is tailored specifically to their needs, not hybrid information designed to suit both service providers and consumers. Consumers and carers would benefit from peer networks where they could share stories and learn from each other.

2. Build the capacity of service providers and the care workforce

Service providers and support workers need training, support and information to fully understand the new system, understand the concerns experienced by consumers, and respond to consumer needs. Training for assessors and care coordinators is particularly important, given their pivotal role in making decisions about consumers' care packages. Training and information needs to be tailored specifically for service providers and support workers, not provided as hybrid information designed to suit both service providers and consumers.

3. Build the capacity of the system to transition in a way that demonstrates safety and inclusion

Major system reform is a long-term project with far-reaching consequences. It is likely that the current reform in the disability support sector will involve five or more years of transition and adjustment. Throughout the transition process, the people who support and create the system have a responsibility to ensure that no individual is left behind. The people involved in the frontline of care assessments and consumer advice need to understand every nuance of the system and know how to work within the system to achieve the best possible outcomes for consumers. During this time of system upheaval, individual consumers may need additional support to ensure they receive appropriate services.

The disability reforms have far-reaching impacts across different sectors, such as housing, health, transport, employment and education. While government systems may structure these things into separate sectors, for consumers they are not separate; they are simply part of the complex interactions that occur in everyday life. For example, the disability support package received by an individual may have a profound impact on their ability to enrol in education or access public transport. At the same time, a support package that enables education is unusable if a consumer is experiencing a housing crisis. System capacity building must be cognisant of these interactions. It must extend beyond the disability and care sectors to include other sectors. Advocacy organisations that work across sectors and focus on the needs of marginalised populations are particularly relevant in this context.

4. Remain mindful of the impact of reform on vulnerable populations

The disability reforms are designed for system improvement: they seek to improve the support consumers receive and improve the system structure. However, it is likely that overall improvements will sit alongside some examples of poor outcomes. Changes do not benefit all consumers equally and, as advocacy organisations frequently note, vulnerable populations may be the first to suffer. It is possible that the outcomes experienced by the most vulnerable populations act as a type of litmus test for the reform process as a whole. Poor outcomes for vulnerable populations may provide an early warning that consumers are struggling with change.

For this reason, system reform must be conducted in close consultation with vulnerable populations and the advocacy organisations that support them. Active consultation and support are required to ensure that vulnerable populations do not become voiceless and do not fall into service gaps.

Within this context, disability reforms must be implemented in a way that acknowledges and responds to diversity and inclusion. The new systems must be implemented in a way that ensures equity of outcomes and opportunities, regardless of the consumer's background or experiences. Conscious attention must be given to the particular needs of diverse populations to ensure equity of access. Care assessment and service provision needs to be sensitive to consumers' diverse backgrounds and appropriate for their particular needs.

5. Provide funded targeted resourcing for programs and services

Some people are particularly vulnerable and at risk of falling through the gaps during these once in a generation reforms. Fundamental supports are needed to enable these people to live their day to day lives safely and with dignity. The provision of funded targeted resources for programs and services is essential to:

- assist people to understand, access, navigate and negotiate their way into the 'gateways' of the NDIS and QCSS
- assist people to be able to access a safety net of safe, appropriate care and support during this transition period into NDIS or QCSS, where there is higher risk of people not getting their basic needs met, in a time of multiple reforms across multiple systems
- provide access to ongoing support for vulnerable members in our communities whose needs change over time, are not static and who are at high risk of 'falling through the cracks' between service systems
- enable support to be provided by consumer focused organisations which provide independent services, without the conflict of interests that providers have within a market driven service system



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