

INDEPENDENT ASSESSMENTS

February 2021

Note: The term Aboriginal is used inclusively throughout the submission and refers respectfully to Aboriginal and Torres Strait Islander people.

About SAWCAN

The South Australian West Coast ACCHO Network (SAWCAN) is a consortium of five Aboriginal Community Controlled Health Organisations (ACCHOs) expanding across the Eyre and Far West Coast region in South Australia:

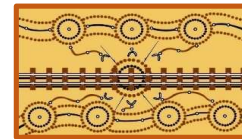
- Nunyara Aboriginal Health Service (Whyalla)
- Port Lincoln Aboriginal Health Service (Port Lincoln)
- Yadu Health Aboriginal Corporation (Ceduna)
- Tullawon Health Service (Yalata)
- Oak Valley Health Service (Oak Valley / Maralinga Tjarutja lands)

Together, the five member ACCHOs provide comprehensive primary health care to 4,976 Aboriginal peoples in a region from Whyalla, west to the WA border (approx. 1300km geographical distance). We are a newly formed consortia whose aim is to increase holistic / wrap around comprehensive services to Aboriginal peoples and families living within our communities.

Our initial focus has been the development, implementation and delivery of the Aboriginal disAbility Alliance project. This project embodies a co-design approach to a National Disability Insurance Scheme (NDIS) capacity building project which has been funded for a period of two years via an NDIS Information Linkages and Capacity Building (ILC) grant. Given there are similar challenges across the region, the five member ACCHOs have pooled resources and will collaborate in all co-design stages of the project to optimise the grant funding.

The Aboriginal disAbility Alliance project will address the many barriers that Aboriginal people within the five regions have encountered with NDIS since 2013. These barriers and lack of capacity (on the part of both consumers/participants and providers) have led to some of the lowest levels of NDIS utilisation in the country. Our primary objective is to increase access to culturally appropriate services for Aboriginal people aged 0-65years living with a disability, their families, and carers by June 2022. We will do this by:

1. Improving our understanding of our services and regions
2. Increasing community understanding and awareness of the NDIS
3. Improving access to the NDIS for Aboriginal people, their families, and carers
4. Creating sustainable, culturally appropriate disability services



Introduction

SAWCAN welcomes the opportunity to submit this response to the proposed reform for Independent Assessments (I.A). Further, we acknowledge the responses from the broader ACCHO Sector and wish to reiterate their challenges and experiences as well as their recommendations moving forward. From our regional, South Australian perspective, we wish to provide the following feedback. We have separated this feedback into two themes:

1. Consultation process
2. Implementation of the I.A in regional and remote locations

Consultation process

Despite our attempts, we have serious concerns about the effectiveness and appropriateness of the consultation period. We refer to NDIA's (the Agency) Aboriginal and Torres Strait Islander Engagement Strategy (the Strategy) commitment statement:

'All National Disability Insurance Agency staff will be trained to understand and engage with Aboriginal and Torres Strait Islander people and communities in a way that demonstrates respect and support for Aboriginal language, heritage and culture or in the 'proper way'.

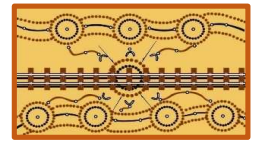
Aboriginal and Torres Strait Islander peoples, their families, carers and communities will be provided with culturally appropriate information to help them understand their rights and needs for disability support in preparation for the NDIS.

Our engagement approach will inform the way that we work with Aboriginal and Torres Strait Islander communities and influence the way we appropriately engage and deliver services to Aboriginal and Torres Strait Islander peoples with disability and their families; and

NDIA staff will listen, learn, build and deliver. They will be supported in their work with Aboriginal and Torres Strait Islander peoples through the identification and sharing of previous knowledge, experience and lessons learned through the trial sites, states and territories and throughout transition of the NDIS.'

(2017, pg. 6)

Our experience throughout the consultation period is a prime example of how the Agency has failed in their application of this strategy. Collectively, we attempted multiple times to engage the Agency, urging them to consider culturally appropriate means of consultation and information dissemination. As a practical example, this means face-to-face engagements and / or Aboriginal-specific spaces. Despite considerable effort spent to ensure these considerations became a reality, we have been declined this opportunity. Recently, we invited appropriate NDIA delegates to attend a regional meeting whereby the Agency would be able to consult with five ACCHOs, their leaders and staff around this new reform. After weeks of toing-and-froing, we were finally advised (one week prior to the meeting occurring, and only after **we** followed up with several emails) that the Agency was unable to undertake this level of consultation. The process that the Agency has undertaken in this consultation phase goes directly against how engagement should be done the 'proper way'. Additionally, we note that this process also does not align with the new National Agreement on Closing the Gap which highlights the commitment and importance of transparency and shared decision making.



We are extremely disappointed and unsatisfied with the inflexibility of the Agency and hold grave concerns for our communities should this reform be implemented without the cultural considerations and the practicalities of implementation in regional and remote communities. Furthermore, we reiterate the Agency's disjointed application of the National Agreement on Closing the Gap and the Aboriginal and Torres Strait Islander Engagement Strategy.

Implementation of the I.A in regional and remote locations

Overall, we are concerned that Aboriginal peoples appear to have been left out of this approach. To the best of our ability, we are unable to locate any documents that consider the cultural nuances required when working with, or providing services to, Aboriginal communities. Collectively, our ACCHOs have decades of experience in working with and for Aboriginal communities, therefore, we are best placed to provide the Agency with the practical information and cultural nuances they require to ensure that this reform is successful. Without this level insight and partnership with us, this new approach is likely to be detrimental to our people and place them at further disadvantage. To ensure its success, our recommendations are as follows:

1. Immediately stop the roll-out / implementation of the I.A process to allow for meaningful consultation to occur with the ACCHO sector.
2. Upon receipt of this feedback, put strategies in place to incorporate our suggested changes before implementation.

Access

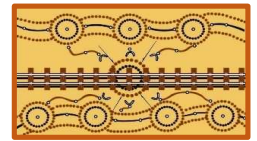
The proposed I.A process neglects to address the systemic challenges Aboriginal peoples experience in accessing the Scheme. It is well known that significant long-term investment in improving access to the Scheme is required. This goes above and beyond the piece-meal funding for Community Connectors or the Evidence, Access, and Coordination of Planning (EACP) program, whilst these are helpful in assisting potential participants and their families navigate the complex framework that is the NDIS. We require additional, targeted long-term investment in holistic, community-led approaches. Currently, the sporadic, short-term funding runs off the assumption that if the Government invest a Community Connector, or EACP program for 12 or 24 months, then that will solve all access and navigation issues for participants. Whilst a ridiculous assumption, the approach to the current funding methodology would suggest this assumption to be true.

To ensure its success, our recommendations are as follows:

3. Invest long-term in Aboriginal Community Controlled Organisations to create accessible pathways and assist Aboriginal peoples to navigate the NDIS.

Independent Assessors

The proposed I.A process does not adequately address the practicalities of service delivery to regional and remote communities, nor does it draw on the best-practice models of providing health services to Aboriginal peoples. As experts in our field, as well as local knowledge holders, culture is at the centre of everything we do. Our programs, services, ways of being and doing are all based on the principle of culture and community. When considering the applicability of I.A and subsequent Assessors, there has been little consideration of culture from both a physical assessment point of view, as well as engagement and interaction with our communities. As a practical example and to ensure the success of this new way of working, the assessors would need to have had significant experience in working with, for and around Aboriginal people and their families. This experience and



exposure provide the foundations of the ability to build trust with Aboriginal peoples. Trust and the ability to build and maintain it is integral to the success of any service provider.

It is unclear that the current proposal and the tendering process to roll out the new I.A process has considered these aspects. To ensure its success, our recommendations are as follows:

1. Where possible, invest in ACCHOs to undertake Independent Assessments for Aboriginal people. SAWCAN would be best placed to take on this initiative to ensure any conflict of interest is mitigated and managed.
2. Where ACCHOs are unable to fulfil this function, the NDIA must facilitate the co-location of assessors within ACCHOs as a standard feature of the Independent Assessment system
3. Where Independent Assessments are unable to be based within an ACCHO, the assessor must have close links to an ACCHO to ensure that the Aboriginal participants are assessed in a culturally safe manner.

Assessment Tools

Our initial review of the assessment tools lacks the inclusion of cultural nuances and do not allow for flexibility. Whilst we acknowledge that the Agency are attempting to employ a streamlined approach to assessments, we believe that the tools require strengthening to ensure they are person-centred.

To ensure its success, our recommendations are as follows:

1. Working in partnership with the ACCHO Sector and Indigenous Allied Health Agency, we request a complete review of the assessment tools to ensure facilitate a strengths-based approach.

Summary

In summary, we are eager to work in true partnership with the Agency to ensure the efficient and effective roll out of the Scheme. As experts in social, health and wellbeing programs and services, we have an innate understanding of both culture and how it can be centred to deliver positive outcomes for our communities. We would welcome further, more in-depth conversations about our experiences as well as co-designing solutions.