Inquiry Into Delivering Quality Care More Efficiently

Productivity Commission – Delivering Quality Care More Efficiently

September 2025

About Queenslanders with Disability Network (QDN)

Queenslanders with Disability Network (QDN) is a state-wide, not-for-profit organisation led by and for people with diverse disability and we are focused on advancing disability rights, inclusion and systemic advocacy in Queensland. QDN is the Executive Peak Body for people with disability in Queensland, providing overarching leadership and coordination across disability peak and representative organisations funded by Queensland Government. QDN operates a state-wide network of over 3,000 members and supporters all over Queensland. Guided by our motto "nothing about us without us,"

QDN ensures that people with lived experience of disability are central to shaping policies, services and supports. Our vibrant and dynamic membership is made up of people with diverse disability who are at the centre of everything we do. QDN as an organisation is in a unique position of representing people with a diverse range of disability.

QDN's work is underpinned by a commitment to inclusion, co-design, collaboration, and innovation and is guided by the pillars of inform, connect, lead and influence. By partnering with communities, service providers, businesses, and government, QDN fosters systemic solutions that empower individuals, amplify the voices of people with disability, and create sustainable, inclusive systems of support, working toward a more equitable and inclusive Queensland.

Through a powerful and engaged network of individuals and 32 Peer Support Groups, QDN informs, leads and influences change on issues impacting the disability community. QDN's extensive body of work includes connecting people through peer support groups, supporting future leaders through the Emerging Leaders Program, and influencing government policies and programs through targeted advocacy. QDN's initiatives are co-designed and co-delivered with people with disability. QDN engages with diverse communities, including Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse groups, and rural and remote populations across

Queensland. We believe that Queenslanders with disability need to be empowered active and valued citizens, and fully included in the economic, social, civic and cultural life of Queensland.

Introduction

Carers provide a variety of support to people with complex health needs. The role of a carer can be paid or unpaid. While it is difficult to accurately measure the number of carers in Australia as they are not required to self-report, it is estimated that there are 3 million carers in Australia (12% of the population or around 1 in 8 people) (Australian Bureau of Statistics 2024). Within Queensland, there are 642 200 carers (approximately 1 in 9 of the population) (Department of Child Safety, Seniors and Disability Services 2024).

Some common examples of carers include:

- NDIS and other disability providers
- Aged Care workers
- Veterans support
- Hospital and healthcare staff
- Mental health workers
- Early childhood education and care
- Family support

According to Carers Australia, 2.2 billion hours of unpaid care is delivered each year, the cost of this is approximately $77.9 billion (Furnival 2022). On average, primary carers will spend approximately 35 hours per week providing care (Department of Child Safety, Seniors and Disability Services 2024).

According to the National Disability Services *State of the Disability Sector Report 2024*, considerable strain was being placed on disability support providers with less than half making a surplus, 20 percent were considering leaving the sector entirely due to significant costs and viability concerns (National Disability Services 2024).

These issues facing providers also impact the lives of people with disability who receive care. A member of QDN highlighted the impact of staffing and safeguarding issues when receiving care:

> "There is no correlation between goals and funding, and there is no tracking of whether these goals have been achieved...No continuity between participants and providers or decision makers...it's a transactional relationship...The lack of continuity between staff is a real problem because you have to continually repeat yourself, and every time you have a new provider you lose funding by explaining what your needs and goals are."

Recommendation One: Alignment in Quality and Safety Regulation of the Care Economy

Worker screening clearances include processes such as the NDIS worker screening check and working with children check and are essential to ensure that people receiving care are protected and have adequate safeguards in place.

The current process of applying for a worker screening clearance has been reported as confusing and time-consuming, often causing delays in receiving the required care. A QDN member stated:

> "It is a very convoluted system and I struggled to find what I needed to do...I started the process in July and its now September and I'm still waiting for it to be approved...When you consider that all of these checks are for vulnerable people, if we had one check that would screen for everything that would be a lot better."

The process for applying for mandatory screening clearances for carers often varies depending upon the type of service being provided. A unified approach to worker screening would assist with mobilising the workforce and providing greater flexibility and alignment in the care sector.

Alignment of care provider accreditation, registration and audits are an essential safeguard for people with disability. However, any changes to quality standards must be

co-designed by the people they impact and QDN would strongly support any new registration and audit process be co-designed by people with disability.

A new quality system and registration process will need to be tiered based on risk and the size of the organisation. A one size unified approach may disadvantage smaller providers and increase the risk of market failure especially in rural and remote service areas. Thus, any regulation requirements need to be proportionate to the size of the service, considering the cost of implementing a new quality system.

To ensure that specific streams of expertise remain, it is essential that stream specific systems remain in these standards to safeguard vulnerable populations. For example, people with behaviours of concern may also be subject in some cases to the use of restrictive practices. It is essential that any current safeguarding requirements and mechanisms are not lost in a unified and single set of national practice and quality standards. Recommendation 6.35 of the Disability Royal Commission (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabiltiy 2023) has highlighted the need for a reduction and elimination of restrictive practices on people with disability (Department of Prime Minister and Cabinet 2023). QDN recommends that specific standards that provide safeguarding to individual cohorts remain an essential component of the quality standards. Thus, a nuanced approach may be required.

Recommendation Two: Governments Should Embed Collaborative Commissioning to Reduce Fragmentation in Health Care

The lack of communication between different care providers is a reoccurring issue reported by QDN members. A QDN member stated that the process of continually having to repeat their story to multiple providers is time consuming, emotionally exhausting and, in some cases, expensive:

> "The lack of continuity is a real problem because you have to continually repeat yourself, and every time you have a new [NDIS] provider you lose funding by explaining what your needs and goals are."

Another QDN member highlighted that the issue went beyond state borders when having to set up support for a family member.

> "I was trying to get everything set up to apply for the NDIS when they lived in Victoria. I then had to go through the process again when they moved to QLD."

The lack of collaboration among different service providers and health providers is a problem that members of QDN have faced. Therefore, it is essential that any new system reduce silos and the gaps in communication between all care services.

Further to this, the need for greater communication and collaboration between Local Hospital Networks (LHNs), Primary Health Networks (PHNs) and Aboriginal Community Controlled Health Organisations (ACCHOs) is essential to providing timely, cost-effective and individualised support to all people. Greater collaboration and joint needs assessments will assist in continuity of care and better health outcomes for all people. Reduction in red tape and flexibility of funding is essential to ensure positive and timely outcome for those receiving services.

Recommendation Three: Establish a National Prevention Investment Framework

Investing in early intervention and prevention can result in significant long-term savings. For example, data has shown that for every $1.30 that is spent on early intervention for cardiovascular disease and diabetes, there is an average return on investment of $13 in Australia (RACGP - The Royal Australian College of General Practitioners 2020).

QDN members report the importance of co-designing prevention frameworks and programs with people with disability. This step is required to ensure that any new government prevention initiatives are inclusive and accessible for people with disability. This involves not only the information and resources about these programs being in accessible formats such as easy read versions, or screen reader friendly formats, but also ensuring that the programs themselves are inclusive and will allow for all members of society to fully participate, regardless of their ability or cultural background.

A National Prevention Investment Framework would need to consider current prevention and intervention processes that have been in place and continue to have positive outcomes in the care sector. Therefore, safeguards should be put in place to ensure that any new system does not place any individuals at risk of gaps in support and care.

Recommendations

A nationally consistent approach to delivering quality care should consider the following recommendations as the basis for improvements to care services within Australia:

1. **Stream-specific regulations should be embedded in a nationally consistent Approach**: QDN recommends that if a single digital portal is used to manage worker registration and care provider registration, the Productivity Commission should consider that additional safeguards may be required depending upon the cohort.
2. **Independent evaluation and analysis:** data collection and independent evaluation should be utilised to analyse the impact of a nationally consistent approach to provider registration. QDN encourages the Productivity Commission to request provider feedback and include provider insights at all stages of the transition to a nationally consistent approach.
3. **Ease of use and cost efficiency:** If a single digital portal for workers is used to manage the registration of care workers and accreditation, this portal should be easy to use and cost-effective.
4. **Transparency:** people with disability should be actively involved in the decision-making process when care providers are collaborating with one another to deliver services. In addition, people with disability should receive information about this collaboration in a format that is accessible and suits their individual needs.
5. **Prevention programs:** All early intervention and prevention programs should be inclusive of people with disability and co-designed by people with disability.

Conclusion

QDN commends the Productivity Commission for looking to improve the delivery of services in the care system across Australia. As noted in our recommendations, the

delivery of a nationally consistent, integrated framework for care services must be co-designed by people with disability. This work is vitally important to many Australians with disability and QDN looks forward to working with the Productivity Commission as part of this inquiry.

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