Ubercare’s response to National Disability Insurance Scheme (NDIS) Costs –Productivity Commission Issues Paper
22 February 2017

Introduction

The NDIS offers a brave new world of security, choice and control to the nation’s disabled and enjoys enormous goodwill and stakeholder support. However, it faces significant challenges due to the sheer complexity of the task and particularly in relation to sustainability of cost.

As a trailblazing initiative, the NDIS should encourage early adoption of innovative new products and models which have the potential to improve outcomes and, critically make the funding dollar go further. The centrality of consumer direction to NDIS success and sustainability should not be underestimated.

Ubercare is an innovative smart-device platform utilising peer-to-peer technology to link clients with a qualified support worker able to provide immediate service in the client’s home or elsewhere (usually arriving within 15-30 minutes). The peer-to-peer model offers efficiency dividends in terms of affordability, convenience, and consumer engagement. Ubercare intends to impact the care industry the same way peer-to-peer platforms have revolutionised marketplaces worldwide, such as transport, accommodation, banking and finance and the music industry. Ubercare presents the opportunity to minimise costly administrative services between the client and the support-provider, which is key to the successful delivery of the NDIS.

The Productivity Commission Report has identified a number of barriers to self-direction. A discussion follows about the nature and effect of these barriers, how the Ubercare model can help and suggestions for improvements in the NDIS roll-out.

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How does Ubercare work?

Ubercare uses technology to efficiently find the nearest available support worker, reducing the many associated costs with providing support when and where someone needs it. Both the client and worker are empowered to choose and control who, when, where and how they either receive or provide support.

By facilitating consumer choice and direct relationships, the Ubercare model offers significant efficiency gains and cost savings, making funding go further. To ensure the safety of those who use Ubercare to find independent support workers, Ubercare conducts due diligence to confirm that registered Ubercarers comply with legislative requirements, hold insurance and perform their job safely and professionally. As part of our safeguarding practices, Ubercare verifies that Ubercarers hold and maintain care qualifications, National Police Checks and vulnerable person screenings, and Ubercare staff also interview and screen all support workers. Ubercare is committed to quality improvement and undertakes regular monitoring and review of procedures and guidelines within a quality improvement framework. We link Ubercarers with ongoing professional development, information, training and education opportunities to ensure they maintain current skills.

However, currently only self-managed NDIS participants can access the innovative services of non-registered providers such as Ubercare. NDIA-managed participants are faced with complex administrative requirements and layers of bureaucracy which combine to add high costs and are not accommodating of a peer-to-peer marketplace. Ubercare is in full support of ensuring adequate safeguarding is in place for disabled people directly accessing services, however, if Ubercare has to align with current onerous regulations to become a registered provider, the cost savings and efficiencies are likely to be lost. Ubercare therefore seeks the active engagement of the government to support innovative models such as Ubercare and ensure consumers have access to the services they need, when they need them.
NDIS challenges and Ubercare

1) The speed of the roll-out has mitigated against having mature and appropriate infrastructure in place in time to achieve objectives;
2) Biases towards NDIA and provider management have developed at the expense of the funding dollars and self-direction;
3) The rush to complete care plans in a complex environment and a new system continue to encourage NDIA management;
4) Teething problems with the portal have exacerbated this, discouraging self-management;
5) Sub-contracting of local area coordination services to registered providers, putting at risk the provision of impartial advice;
6) Access to clear, accurate and current information is difficult; and
7) Plan changes are time-consuming and costly and divert funding from genuine service provision.

Efficiencies and benefits from peer-to-peer, on-demand technology

Digital innovation is the way of the future. Ubercare sees digital disruption playing a key role in workforce innovation for the NDIS and it is crucial that onerous regulation does not impede such innovation. The peer to peer marketplace has resulted in improved quality and value-for-money for both the worker and the customer in a diverse range of industries. However, as we are seeing with Uber (not related to Ubercare), over-regulation can seek to perpetuate outdated models and thereby discourage change and innovation.

The NDIS’s current funding structure and processes for identifying participant’s needs are complex and compounded by a lot of red tape. There is potential to simplify administrative systems and give more decision-making power to participants and their families or advocates. Currently any change in a care plan requires an assessment, which utilises funding that could be better served elsewhere and eliminates the ability to purchase services on an ad hoc basis. This could be overcome by a portion of a package being allocated for self-management.

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Ubercare is built around a GPS-system that sends requests to the nearest online support workers, who have the choice to set themselves to “Available for Work” when they want and offer services to the clients they choose. The client can then review the fully qualified support worker’s profile picture, rating and expected time of arrival before accepting them for a support session. Once accepted, the client can track the support worker’s location as they travel to them. The wait time for an Ubercarer is usually 15 to 30 minutes. The Ubercare model may not suit every NDIS participant, however, it is suitable for many and can complement the traditional model of care in an affordable and efficient manner.

Sometimes a participant’s health changes on a day-to-day basis (often experienced by people with both physical and psychosocial disabilities), and they may only need some supports on an ad hoc basis. However, ad hoc needs are not catered for in the NDIS as participant funding is often cancelled if they are not purchasing all the support in their plans. Sometimes the support the participant needs isn’t easily available in their local area.

Common feedback we hear from individuals living with disability is that they feel “robbed of their spontaneity”. The Ubercare model gives back spontaneity and self-direction, with a support worker able to be called up as soon as the mood strikes. By offering spontaneous, affordable care, Ubercare can meet existing need more efficiently to assist to address the shortfall between supply and demand and provide more hours of support for the same amount of funding.

On-demand care is the most troublesome and expensive area for existing agencies requiring disproportionate man hours and bricks and mortar overheads, which are reflected in high casual care costs. Ubercare’s reduction in overheads and administration costs means consumers can access services below NDIS cap fees while the support worker receives a bigger percentage of this. Care is provided only when it is needed rather than when pre-scheduled, cutting down wastage and improving outcomes. Workers are motivated to provide quality service in order to maintain a good service rating and therefore qualify for further jobs. The direct and

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personal nature of the selection process, together with the ability to create a local client base enhances worker engagement.

The Ubercare model utilises supply and demand and will create a pool of local support workers which will be the first to receive a care request allowing relationships to be built. Particularly in regional areas, a significant portion of participant funding is consumed by travel. Where a participant’s preferred options are unavailable, they risk losing funding altogether because not purchasing services set out in plans can be seen as evidence that these supports are unnecessary (use it or lose it). Ubercare can reduce geographical challenges by using GPS to find the nearest available carer, matching supply and demand 24 hours a day.

Building a quality disability workforce

The demand for support services is constantly increasing, with over 1,000,000 ageing Australians currently requiring support and 460,000 individuals being brought onto the NDIS. A more efficient and cost-effective solution for delivering support must be embraced to ensure the support needs of this vulnerable cohort are met and that the NDIS remains sustainable.

An engaged, quality workforce is critical to the success of the NDIS. The Ubercare model can grow the disability workforce in the following ways:

1) A flexible workplace which allows people to work when and where they like and manage other commitments means support workers, who might otherwise let their qualifications and skills lapse or leave the industry, are encouraged to remain. (It is estimated over 25% of support workers leave the industry each year).

2) The flexibility to choose working hours both entices qualified and experienced individuals to work additional hours as well as attracting new workers to the sector.

3) The continuous Ubercare rating process motivates great service each time and provides a valuable addition to the minimum qualifications, mandatory competencies and screenings required of all Ubercarers. Within the

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Ubercare App, at completion of a service both parties are asked to rate their experience. Thus carers are held accountable for each service and only those providing high quality care can continue to use the platform.

4) Ubercare also creates additional pathways to jobs in the disability industry:
   - the flexible workplace – is ideal for older Australians who need engagement and extra income but cannot find or do not want fulltime work;
   - offering experience – many recent disability qualification graduates (often the recipients of government funding) are unable to access a job without experience and leave the industry;
   - through reskilling - it provides an avenue of work for workers (eg ex-Holden) who have lost jobs in the manufacturing industry; and
   - relationships with registered training organisations – Ubercare directs unqualified potential support workers to suitable training organisations.

**Sustainability of scheme costs**

Ubercare recognises that there are multiple challenges to ensuring the NDIS offers value for money and long-term sustainability. The potential for participants to self-manage funds is a key opportunity for offering flexibility to access services that meet an individual’s personal goals and objectives. However, the reality is that there is still a significant amount of red tape, administration, and confusion when it comes to self-management, and funds are not being used as efficiently as they could be.

Self-management means that participants are responsible for paying for supports and services that have been identified and agreed to in annual care plans and must keep records of transactions and meet reporting obligations. Some participants do not have the capacity to manage their own funding, or have elected not to, and this seems to be because of a lack of accessible, easy to understand information surrounding the NDIS, its costs, administrative requirements, and self-management.

The traditional methods for accessing support are inefficient, with layers of bureaucracy and hierarchy separating an individual from the services they need and
adding excessive costs to receiving even the most basic supports. Ubertcare provides a GPS-based peer-to-peer platform that can potentially link hundreds of thousands of qualified support workers with equal numbers of care recipients. Currently, unwieldy funding and employment models mitigate against these connections being made.

The Ubertcare platform will ensure the disability workforce is used efficiently, always finding the nearest available support worker for a particular job. This is attractive to both the client and the support worker, reducing travel and response times, and allowing the worker to provide more episodes of support throughout the work day. Less administration and operational costs mean the service cost can be reduced, while the worker’s earning power could increase, which in turn will attract new recruits to the industry to help meet increased demand.

**Facilitating true consumer direction**

Ubertcare has been overwhelmed by the volume of workers seeking to join the App and there is no question of the depth of the need for affordable support and care in the home. Yet, in spite of this, connecting the two is currently problematic due to the red-tape, bureaucracy and confusing information around the delivery of funding.

Whilst all stakeholders embrace the concept of consumer direction to enable targeted supports, and to grant the dignity of risk to people living with disability and their families, the pace of the NDIS rollout, without a mature infrastructure, is limiting the delivery of this concept:

1) The speed of the NDIS roll-out is seeing the provision of clear and full information to clients rushed and a bias towards NDIA or provider managed plans
2) Creation of first plans is rushed while making subsequent changes are time consuming and costly
3) Teething problems with the portal have mitigated against self-management and the dissemination of full and accurate information

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4) Local area coordination services are being sub-contracted to approved providers with a clear potential vested interest in steering clients to provider–managed plans.

There is great appeal in giving both the worker and individual complete control and choice to arrange support when it is convenient and meaningful for them. However, true individual choice is not possible for NDIA-managed participants, and currently only a low percentage of participants are self-managed, with many being deterred as it is made to appear complex. For example, the NDIS warns that “when you self-manage your NDIS plan and directly engage your own staff, you have the same legal and regulatory obligations as an employer, such as workplace relations, taxation, superannuation, insurance and work health and safety”. This has the effect of forcing self-managed participants to commence operating their own small business. The implications of this are that most participants will abandon the notion of self-management. When using a taxi service, there is no suggestion that the taxi driver becomes your employee, however, the tax department is suggesting that this may be the case when accessing self-directed care. By contrast, NDIS participants who choose to use Ubercare run no risk of being deemed employers any more than a passenger hailing a taxi does.

**Key recommendations from Ubercare:**

1) Ensure more information about self-direction is available to clients prior to the first plan meeting – including the ability to have a portion of a plan self-managed and to contract plan management services on an hourly basis

2) Encourage full self-management where appropriate – consider in these circumstances to allocating more resources to a plan review mid-year rather than upfront

3) Consider the use of pre-paid cards or vouchers for certain services, such as general domestic support, home maintenance etc. to assist convenience and accountability and avoid the cost of administration

4) Facilitate support provision arrangements that do not give rise to employee-employer relationships

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5) Encourage use of independent contractor models rather than traditional employment models in the disability and aged sector to ensure a cost-effective, adequate workforce is in place. This may require dialogue between different branches of government.

We strongly believe the NDIA needs to work to build the capacity of participants to self-manage, and there should be more encouragement and better information surrounding the options and benefits of self-management. Individuals should be supported to self-manage from the moment they are enrolled in the program, rather than pointed towards NDIA-management. Local area coordinators and coordinators of support need to be knowledgeable about all options for support so they can provide impartial advice to assist participants to make well-educated decisions that represent value for money and efficiently meet their needs.

With only self-managed individuals able to access services from non-registered providers, it leads to innovative models such as Ubercare potentially having to register as providers to access the larger volume of NDIA-managed participants. However, this would force Ubercare to bear the huge overheads associated with being a traditional provider and lose the benefits of flexibility, affordability, and immediacy.

We implore the NDIA to actively engage with innovative models such as Ubercare to ensure choice, flexibility and spontaneity remain an option for every individual seeking support. Ideally, NDIA-managed participants, and not just self-managed participants, should have the choice to use non-registered providers that offer cost-effective services.

**A full and detailed explanation of the Ubercare platform is available on our website www.ubercare.com**