



**Travellers Aid Australia**

**Submission to**

**Productivity Commission – Inquiry into National  
Disability Insurance Scheme (NDIS) Costs**

**March 2017**

**Prepared by**

Maria Groner, Operations Manager

## **Summary**

Travellers Aid Australia supports the goals of the NDIS of having a better and more flexible service system for people with disabilities. We would also like to highlight some of the issues that remain unresolved.

One issue is the interface between the NDIS and mainstream services. It does not seem clear to all mainstream services what their role is within the changed landscape, nor is there sufficient incentive for mainstream services to support people with disabilities. Travellers Aid recommends the development of a stronger vision that is shared across government departments and mainstream services with a focus on accountability.

Secondly, the billing model of the NDIS has a number of challenges for providers. Some services with a high amount of flexibility do not fit within the current billing system and will not be able to continue to be provided. Travellers Aid recommends that there is a review of the billing model and a block funding model be considered for those exceptional services.

And thirdly, the pricing structure has been and will continue to be a major challenge for providers, with cessation of services or reduction of quality of care being likely outcomes on a broad basis. TAA recommends that the pricing is reviewed with the aim to cover the real cost.

## **Introduction**

Travellers Aid Australia (TAA) welcomes the opportunity to provide input into the Productivity Commission's study of the National Disability Insurance Scheme (NDIS) Costs.

TAA is a not-for-profit organisation providing a range of services to the travelling public, mainly enabling people to access Victoria's public transport system, in particular those with mobility challenges including disabilities. This can include, but is not limited to, the provision of personal care assistance (communication, toilet and meals assistance) at Melbourne's major transport hubs, personal guidance and buggy service at Southern Cross Station in Melbourne and Seymour Railway Station in regional Victoria, Companion Service, Mobility Equipment Hire Service, travel-related Emergency Relief, travel and transit information, community travel training information sessions and a range of complementary services for the travelling public.

Travellers Aid's services are funded under a funding mix of HACC and CHSP funding, other state and local government funding, contracts and partnership agreements with corporate businesses, income from fundraising and revenue creating activities. This mix enables us to provide services in a flexible and holistic way that focuses on the person's needs with little need for demarcation within our frontline staff's roles.

TAA would like to comment on a few issues raised in the consultation paper that relate directly to our work, namely the intersection of the NDIS with mainstream services including ILC, services offering a great extent of flexibility and choice but that do not neatly fit into the NDIS funding model and the NDIS pricing and related workforce and quality/safeguarding issues.

## **Interface between NDIS and mainstream services**

Working within the public transport system, TAA is well aware of the need of mainstream services to contribute to the Scheme's success by providing accessible services and adequate and appropriate assistance where needed. While Public Transport Victoria as the authority for public transport services within Victoria understands their responsibility in the interface with the NDIS and towards people with disabilities, there are a number of challenges and issues:

- Commitment of mainstream services to the objectives of the NDIS do not seem to be mandatory and depend on the goodwill (and awareness) of individuals within government departments as well as service delivery organisations.
- Where government funds mainstream services, there needs to be ownership and commitment of those government departments to write the responsibility into any funding agreements with mainstream service providers. Because of funding and tender cycles there can be a significant delay of a number of years until service providers are aware of the need to and held accountable for providing accessible services to people with disabilities.
- Where there is no funding relationship between government and providers of mainstream services, there is little incentive or pressure for service providers to take responsibility.
- Mainstream service providers need to be equipped with knowledge, skills and resources to adequately provide services to people with disabilities. While the ILC funding is a good way to help with this, the funding is likely to be insufficient to achieve the ambitious goals.

TAA recommends:

- A clearer vision has to be developed what exactly is expected from mainstream services and who is accountable for making this vision reality.
- Mainstream services have to be equipped and resourced to take responsibility to adequately cater for people with disability. TAA's online disability awareness training could be a good first step for government departments and service providers to understand disabilities and challenges people with various disabilities face.
- 

## **Inflexibility of the NDIS structure for flexible service delivery models**

TAA services provide a high level of choice and flexibility to people with disabilities. Assistance at Melbourne's major transport hubs can be as little as receiving guidance to the platform or can extend to a 45 minute or more toilet assistance for someone with complex needs. The services meet the criteria of the NDIS, in particular:

- Facilitating the participants' social and economic participation: TAA services enable people with disabilities to use the public transport system, go out and about independently and engage in social activities, education, employment and access other services. The flexibility of care available is based on the needs and preferences of the person with disability.

- Representing good value for money: under the current funding model (HACC), there is no need to book a service, and service users can utilise the service as little or as much as they need in a very flexible, often ad hoc way, even as a once-off, without the need to register or enter an agreement. This means that many of the service users who need our assistance, do not require a carer to travel with them during the day which significantly reduces the cost.
- Being effective and beneficial for the participant: not only are our services cost effective for the participant – with the flexibility of our assistance and our highly qualified and trained staff service users can be sure they receive high quality care in a dignified way, enabling them to focus on their lives without having to worry about needing to be home or with a carer at a certain time for meals and toilet assistance.

This flexible service delivery model does not fit within the funding and pricing model of the NDIS. Accessing these services within the NDIS, participants would need to include TAA into their plan and enter an agreement with TAA to then be billed for whatever small or big increments of service. Given that some people need once-off assistance only, very sporadic assistance or assistance of 10-15 minutes only, this would result in an unsustainably high administrative effort. If no other solutions can be found, services like TAA's will need to cease under the NDIS. This will increase the cost of the Scheme as people with disabilities will need to take their carers onto trips and pay them beyond the just the meals and toilet assistance although that might be all they require.

On a different note, the stipulated need to enter an agreement, make an appointment and pay for using toilets and assistance in public toilets is, in our view, discriminating against people with disabilities, as able-bodied people do not have to go through any of these steps. While this could be seen as an issue mainstream services should address, there is no clear delineation where the responsibility lies.

TAA recommends:

- The NDIS billing model be reviewed and allow for block funding of certain services that cannot be delivered in a feasible and sustainable way under the NDIS billing model.

### **NDIS pricing and workforce implications**

As highlighted by many publications and comments on the pricing structure of the NDIS, TAA agrees that the current pricing is insufficient and poses a risk to quality of care, safeguarding and attraction and retention of a committed and suitable qualified workforce.

- TAA's experience is that the attraction and retention of a qualified and motivated workforce relies on attractive working conditions and is at least partly affected by remuneration. Under the NDIS pricing structure, TAA would not be able to maintain our current level of remuneration, staff recognition and supervision and training of staff, which would then result in a lack of suitable qualified and motivated staff and impact the quality of service delivery as well as put safety at risk.
- The flexibility of service delivery is hard to maintain within the constraints that result from the Modern Award.

- The current workforce tends to be casual, mostly female and with often with other (primary) care responsibilities. This makes it difficult to have staff available at peak times when most of the personal care is required. Turning this part-time and casual workforce into a full-time workforce to meet the need of the NDIS workforce will be a challenge.

TAA recommends:

- The pricing of the NDIS be reviewed and cost for staff training and supervision time and training expenses be reflected in the pricing.
- Insights of the Innovative Workforce Fund report to be shared widely and new models to be supported.

### **Further comments**

In addition to the above main points, TAA has concerns in regards to:

- Small organisations: many of the smaller organisations will have issues to exist in the NDIS world because of cash flow issues, the high upfront cost of implementing new processes and the higher administrative work of managing billing within the NDIS.
- Quality of care: the current mechanisms to ensure quality of care combined with inadequate funding makes it unlikely that providers can invest into adequate training and supervision of staff. This will have impacts on the quality of care and will put clients and workers at risk.
- Concept of choice: NDIS-eligible individuals do not always have the capacity to exercise choice and understand or negotiate their plans. Unless they are provided with adequate support, the NDIS will be a highly daunting experience for them and might not live up to its main objectives.