

**Response by DARE Disability Support to  
Review of National Disability Insurance Costs  
Contact Person: Andrew Daly, Chief Executive Officer  
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**1. Introduction**

DARE Disability Support (DARE) has been providing disability services primarily to people with profound intellectual disabilities for over 50 years in the Blue Mountains region of New South Wales (NSW).

Of these people many have a range of chronic comorbidities including physical, medical and mental health issues, requiring a range of specialist modifications together with behavioural issues including violence and self-harm.

Services provided by DARE include residential, community and centre based activities and an Australian Disability Enterprise.

DARE commenced the transition to the National Disability Insurance Scheme (NDIS) as part of the first NSW region.

**2. Executive Summary**

Given the large number of questions to which the Productivity Commission is seeking a response and the fact that many of the issues noted below relate to a number of these questions, DARE has prepared this response based on our experiences of the participant's journey to date, with some additional issues and suggestions noted.

Whilst DARE notes the Commission's preference to only focus on the longer term issues, DARE's view is that unless all systemic issues are addressed they will form part of the policies, processes and culture of the NDIS moving forward, in the absence of change this will result in continued waste and expensive retrospective fixes, rather than delivering what participants and the community expect.

DARE has always been a supporter of the goals of improving the quality of life for people with disabilities, potentially through the NDIS, however the experiences for

most participants and families to date has been relatively poor with many being too afraid to question or criticise the NDIS or Local Area Coordinator (LAC) network.

Many people have advised us of their dissatisfaction with the following:

- Appalling planning process, that excludes consideration of information provided and relies on an unknown generic reference package,
- Frustration is exacerbated by a participant's inability to discuss their plan following their planning meeting, rather a finalised plan arrives in the mail,
- Lack of knowledge and poor attitudes of LACs, including allegations of bullying,
- Being forced to submit to a planning meeting by telephone,
- a contact centre that if a person can be reached provides little assistance or inconsistent information, this is exacerbated by local NDIS staff proving their "advice" on issues, which in many instances is a personal view, not supported by NDIS Act, regulations, Rules or other documentation,
- Decisions made unilaterally by an NDIS planner that never meets the participant,
- The requirement to access "My Gov" to manage a participant's plans is problematic. Most DARE clients have profound disabilities; are nonverbal and as a result they do not have mobile phone numbers or email addresses, a requirement to create a "My Gov" account. Where a provider has attempted to assist, depending on the NDIS contact person, access to a validation code, required to log on, is either viewed as a conflict of interest or access is made freely available,
- Cancellation of mobility allowances and reinstatement only being available via "My Gov",
- For participant's deemed noncomplex, no Coordination of Supports from their LACs, resulting in underutilisation of funds and plans being partially or not implemented,
- Confusion and significant delay over the appointment of Coordinators of Support (COS), as with the above creating delay in commencement of plans, and
- Significant cuts to the level of funding a participant previously received, resulting in avoidable reviews, this is also contrary to the stated undertakings previously provided, that no one will be worse off, in

fairness this is now being interpreted as no one will be worse off based on outcomes, we are unaware how anyone could, make this decision without having met the participant, and

- Funding in plans being significantly less than required to meet an individual's aspirations and what participants believe was discussed at a planning meeting.

Similarly, DARE's experiences to date have been relatively poor with a system that as acknowledged repeatedly and publicly by senior NDIS staff, does not trust providers and considers them to be inefficient.

This perception of providers is the reason for the low fee hourly rates provided in the fee guide, as stated by David Bowen the Chief Executive Officer of the NDIS, it has also resulted in poor business practice as demonstrated with accommodation services below.

Other issues around the portal have been acknowledged in numerous reports and will not be repeated in this response, other than in passing.

As will be noted the current systemic failures certainly do not meet a range of requirements in the National Disability Insurance Scheme Act (2013) (Act) or objectives noted in the issues paper including:

- **Person centred model:** first plan strategy is normally based on historic funding levels,
- **Assessment based on individual needs:** currently an initial conversation, base information is input into a referral package, the final plan unilaterally amended by an NDIS planner that doesn't meet the client, this failure is demonstrated by the number of avoidable reviews,
- **Improved wellbeing of families:** most participants and families report confusion and disappointment with their interaction with NDIS,
- **Efficiency gains and cost savings in the disability support system:** failures across the board demonstrate this is not the case, with increased costs to meet NDIS shortcomings and requirements, and
- **Market based approach:** providers operate in a monopoly with entrants, operations and fees decided by NDIS, as such no market exists.

Based on the issues as detailed below, in the absence of change, DARE fears that the NDIS will fail through being unable to contain costs:

- Whilst NDIS believes it has a role in stewardship in the disability sector, clearly there are a range of significant governance and process issues that require immediate solutions to prevent both a failure and substantial increase in cost pressures, this includes solutions to the portal, contact centre and review processes,
- The systemic issues relating to appropriate planning, management of the LAC network required in order to improve the effectiveness of plans, ensure the welfare of the participant and create value for money,
- Whilst services are built to an artificially low price, based on some perception on provider inefficiency and not based on individual aspirations, risks or environment, the marketplace will never develop, in a true market place fees will be based on the recovery of labour costs, overheads and a competitive margin, in the absence of this we are unsure how a genuine market will be developed,
- That a strategy be created to identify and create solutions to gaps that are created through the implementation of the NDIS, financed by using funds previously taken from Information, Linkages and Capacity Building to fund the LACs planning role. If LACs are to continue in this role then it should be funded as part of NDIS operations and ILC funding used as originally intended to fund strategies such as vacancy management, crisis care and services for people with a disability not eligible for an individual plan.
- Given NDIS has not managed the functions it was created for, at this stage it is difficult, notwithstanding the conflict of interest issues that are conveniently used to dissuade providers by NDIS, to understand any attempt to undertake direct service provision, rather the fee base needs to reflect the cost of operating in the individual thin market areas. This clearly precludes the operation of a “one size fits all” price guide, with prices determined by the costs specific to a client group or environment.

DARE would like to acknowledge the efforts of a number of NDIS staff who have worked tirelessly to apply “band aid” fixes to the systemic problems identified below.

### **3. Expectations Created**

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Prior to and since the commencement of the full transition, significant expectation was created through media campaigns funded by the NDIS and peaks including the “*Every Australian Counts*” campaign. These campaigns have created confusion, unrealistic expectations from participants as to what is available from NDIS, role of NDIS and providers. In DARE’s view it has also been used to disguise the systemic failings in the system, which only appears to be acknowledged once they appear in the media, such as the portal problems.

If some balance is not introduced and boundaries identified this will lead to ongoing cost pressures exacerbated by ongoing reviews.

As with much of the NDIS, DARE does not have access to either the media budget or the marketing strategy funded by NDIS or whether this is included in their administration costs, but prima facie believe that the current strategy should be reviewed with a focus towards reducing confusion and explaining the process.

Similarly, if the high level of expectations are to continue then funding in participant’s plans need to increase to match these expectations, rather than the current “first plan” approach.

#### **4. Portal**

Problems with the portal have been well documented and won’t be repeated in this response other than to note the frustration and costs incurred by DARE with connectivity, corrections required as a result of NDIS planners incorrectly inputting plans, difficulties with bulk upload and the disastrous attempts to create a quoting system.

The Commission’s attention is drawn to one issue that now appears to be resolving itself, given the lack of confidence in the portal DARE has been and continues to manually input all billings, as at one point the “system” was unilaterally amending the monetary value paid. After DARE advised NDIS on a number of occasions and wasting considerable time, NDIS was advised that in the future DARE would raise an additional invoice to offset any short falls and keep any overpayments due to the costs and governance issues in creating a correction.

No response was received to this last email, but it clearly indicates both a significant governance issue within NDIS and the likelihood of mistakes occurring across the

network. Clearly DARE cannot comment on the magnitude of these mistakes or impact on the NDIS budget.

## 5. Contact Centre

Much of the frustration and confusion created during the transition may have been mitigated if an efficient contact centre had been created that was capable of responding in a reasonable time frame and providing consistent and meaningful information, unfortunately this did not occur.

Examples of problems with contacting the centre include:

- Extremely long wait times, with many participants and providers hanging up,
- Inconsistent information or being referred on and lost in the telephone system,
- Excuses for not being able to assist, including the operator was viewing a different screen to either the provider or participant,
- Information not provided as to whom the person was talking to resulting in having to try and ring back and re explain the issue.

All the above caused and continue to cause immense frustration and cost.

NDIS staff acknowledged the above problems on many occasions with suggestions that DARE employ staff on a Saturday to make contact or email queries. As an aside the longest time DARE has been informed of, for an agency to receive a return phone call was four months.

## 6. Contact with NDIS office

One participant's family, in frustration following numerous attempts to discuss an exceptionally poor plan with the contact centre, went directly to the Penrith office, only to be informed that staff was too busy to speak with them. On advice from DARE they returned, refused to leave and as a result had the plan substantially amended on the spot, no review process was required. Their experience of seeking a plan change without a review was repeated in a number of other instances of which DARE is aware.

Clearly there are a range of issues demonstrated including a poor planning process as detailed separately, governance issues, unilaterally changing a plan without process, the costs and associated time lost. In addition, the parents who are both elderly and provide substantial informal care, in the absence of this change would have relinquished care, creating far greater cost to the NDIS through the loss of informal supports.

## **7. First Plan**

The first plan as described in the Commission's issues paper is not the concept of a "first plan" as understood or implemented in the Blue Mountains region and I assume elsewhere by the NDIS. Advice was that the first plan would replicate existing funding for an individual based on information provided by Department of Family and Community Services, Aged, Disability and Home Care (ADHC), DARE is aware of a number of instances where funding was provided by other government departments and not included in consideration of the creation of the "first plan".

The "first plan" approach was confirmed by ADHC staff and reflects the vast majority of initial plans received; clearly this approach is not based on individual need and given previous ADHC funds were based on rationing of available funds and not the needs of individuals.

As part of the "first plan" approach, DARE's experience was that the significant pre-planning package created to assist the participant was ignored in some instances placing the participant at substantial risk. For instance, one participant with an intellectual disability and dysphagia had no reference to the potential choke hazard included in their plan, despite reports from DARE and a speech therapist being provided. The flaws in this approach together with the planning process itself are reflected in the extremely high level of reviews sought, again creating additional and avoidable cost.

## **8. Local Area Coordinators**

DARE's understanding of the role initially envisaged for the LACs, namely frontline problem solving and assistance with plan implementation, appeared to change shortly before transition to planning and the Coordination of Supports for non-complex participants, surely a foreseeable gap in NDIS planning resources.

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This role has been outsourced in NSW to two large providers, both of whom provide disability services in the NDIS market place however this is not deemed a conflict of interest.

The process introduced and applied until recently is that the LAC arranges a formal meeting (not telephone), completes base information which is input into a "reference package" to create a plan. DARE is not familiar with the contents or operation of this reference package, as advice is that as service providers we cannot be trusted with this information.

An NDIS planner, who never meets the participant, then reviews this plan and a final plan, without discussion with the participant, is mailed out. Changes to this plan require a formal review (refer below).

DARE is aware of issues being raised by other providers and participants with regard to the level of training, behaviour and attempts to stream participants to the LAC's employing agency. It is our understanding that NDIS has addressed these issues, once identified and as such DARE assumes a record of these discussions is available through the NDIS.

A number of DARE participants report being too afraid of reprisals to raise their specific experiences and have avoided meetings. The issues paper is the first occasion that DARE is aware of where LAC's practice, in the first instance, is to conduct planning meetings by telephone, this has certainly not been the case in the past and appears to reflect desperation in meeting deadlines rather than creating an effective plan based on the individual's aspirations.

Similarly given the nature and severity of disabilities within the DARE client group, many being non-verbal this appears to reflect a lack of understanding of certain groups of people with disabilities.

An example of the results of the poor planning process is that recently a participant received \$24,000 for the purchase of incontinence aids, despite not being incontinent.

In addition, as we are sure others will confirm there is a wide variation in both the quality and funding included in plans, in many instances between participants with similar needs.



## 9. NDIS Planners

As with LACs, DARE's experiences with NDIS planners have been mixed with many lacking an understanding of disabilities or having a very biased view of what a participant may access. The disconnect, in our view, between the planners and participant is a significant flaw, reducing accountability and placing participants at risk and creating the potential for inappropriate funding of supports.

In recent times DARE has become aware of planners seeking unilaterally to reduce supports; below is an extract of a recent email between a DARE staff member and a planner who demanded additional information, however prior to receiving this information advised that the participant being discussed as part of a review would never receive the requested supports as she was a mother with a disabled child and she didn't receive something similar.

*"My understanding of our conversation is that you were seeking justification to adjust xxxx plan from higher intensity to a lower level of support as you believe that she does not require a higher intensity level of support..."*

*advise as follows that xxxx requires full 1:1 assistance for all of her activities this includes:*

- *Physical assistance to participate in activities including music, arts, crafts, sensory programs, physiotherapy and community access,*
- *Full physical assistance with personal care,*
- *Has complex needs with specialists overseeing her supports including speech therapists and occupational therapists for seating and positioning,*
- *Often chokes and needs staff with higher level skills to prepare her meals in accordance with her nutrition plan and training to manage obstructed airways / dysphasia,*
- *Requires two staff for assistance with all transfers via hoist for personal care during the day.*
- *Has an epilepsy management plan and often has seizures at the day program.*
- *Is non-verbal and requires additional support to communicate her needs*

- *Has atrophy in her joints and muscles, requires seating and positioning by trained staff in accordance with her seating and positioning plan. Without higher levels of support she is at significant risk of further atrophy and or injury should staff not understand how to safely deliver her supports.*

*If you have any doubts with regard to xxxx or her needs I suggest that the NDIS, come and meet xxxx”.*

The planner’s advice was that the participant could attend a group, although not be actively engaged at a cheaper rate, this not only represents in DARE’s view a false economy, it also does not meet a standard of care but reinforces the disconnect and lack of accountability between planners empowered to make life changing decisions and the participant.

## **10. Coordination of Supports (COS)**

As the Commission may be aware the provision of this service, based on NDIS advice until mid June last year was that a service provider could not undertake this role, due to conflict of interest concerns, something to consider if NDIS is to become a provider of last resort.

After repeated advice that a provider could not undertake the role, at short notice (and surely this was foreseeable) providers were strongly encouraged to undertake this function in order to enable a participant to commence their plan. There was clearly a lead-time required for providers to recruit and train staff resulting in a slowed initial implementation.

Once commenced, NDIS then unilaterally decided, and subsequently retracted, that it would appoint COS to individual participants, at one stage the NDIS Penrith office was over ruling participant and family wishes and unilaterally appointing COS.

As a result, many plans for complex participants were slow in commencing. Non-complex participants, who are deemed not eligible for COS, were reliant on LACs, who with few exceptions did nothing other than the plan. This is most likely the key reason for underutilisation, certainly in the first six months of operations.

Accordingly, the true cost and rate of utilisation of funding included in plans will most likely be apparent in the second half of the financial year.

## **11. “My Gov” Account – NDIS Portal**

A source of frustration for participants, families and providers, was the requirement that all participants required “My Gov” accounts (My Gov) to access the NDIS client portal, with the expectation that participants will be able to register and use information contained within.

To register for My Gov requires a mobile phone number and an email address. There was an immediate need to create access as the former mobility allowance was cancelled on the day a plan was approved and there was no automatic updating of banking details. DARE was advised that bank account details was specific information the LAC was to collect but this did not occur.

This resulted in many DARE clients not receiving their mobility allowance for a number of months.

DARE, as with many other providers, at its expense, created accounts for participants utilising DARE services via organisational mobile phones, this was made difficult due to a restriction on the number of phones that could be linked to an individual account. In order to access My Gov requires a validation code sourced from NDIS; however after creating these accounts, some staff in NDIS concluded that as a provider there was a conflict of interest and wouldn't release the code, other than to the participant, who in many instances are non-verbal and has no or a limited ability to understand what the account is.

The NDIS imposed requirement to force participants, many of whom have no capacity to utilise the site and choose not to provide information by alternate means, have resulted in clearly a discriminatory restriction on the participant but also poor utilisation of the plans.

Whilst DARE doesn't have access to the individual My Gov , families report that they do not work and they are unable to access the information they are seeking.

## **12. Reviews**

As a direct result of the poor planning process, NDIS has been inundated with requests for reviews, with many additional resources being reallocated in order to meet the long delays.

Clearly this is a costly process as is the correction to any systemic problems. Until recently a review could take up to four months, a problem given plans are only written for one year. This could have been resolved early as is occurring now by improving the quality of plans and if the plan is discussed with the participant rather than merely posting a document that has been created “in camera”.

NDIS appear to be very inflexible and hence creating further costs by refusing to modify their systems to create efficiencies for instance DARE has suggested the following in order to both reduce lead times and costs for NDIS.

In current plans when participants seek alternative accommodation in a group environment it is noted as part of an individual goal, however once suitable accommodation is identified a plan review is required to allocate funds, absorbing time, energy and costs as well as creating holding costs for the provider.

In order to fund a Supported Independent Living (SIL) placement NDIS requires three pieces of information namely:

- A person is eligible for NDIS, clearly if they have a plan this has been met,
- The level of support required, for instance Lower, Standard or High needs, and
- The number of residents in the SIL.

As an alternative to a formal review, subject to the plan identifying SIL and the level of support required, if the provider provides a statement with regard to the number of residents, DARE believes the process should be sufficient to allocate funding, obviating the need for a formal review. The number of residents can be easily verified in a subsequent audit.

NDIS' response to this has been providers aren't trusted and as a result a formal review is required.

As mentioned previously in point 8 under Local Area Coordinators and the reference to the poor planning process, the review process has seen many plans being reviewed, approved and sent back to participants and families, containing information that was not relevant to the person.

Examples of this are:

- Behaviour support funding being allocated that was not requested and not contained in the original plan, and
- Instances of plans being reviewed and funds allocated for the person to be supported at night due to their Epilepsy, when the participant has never been diagnosed with Epilepsy or had any record of seizures.

### 13. Fees

There have been many submissions made regarding the inadequacy of the NDIS hourly rates for community participation. The effects of the current hourly rate imposed by the NDIS places significant risk on services that would attempt to provide a service within the pricing methodology. Disparity in the amount billed for support does not consider experience and qualification of support staff nor has NDIS attempted to adequately consider the costs required to ensure a quality service.

Both the hourly rate National Disability Insurance Agency (NDIA) report on the methodology of the efficient price (18<sup>th</sup> July 2014) and the final report of pricing joint working group note that NDIS pricing models were based on cost assumptions.

These assumptions were made without consultation with providers delivering supports and have been created based on perceptions of an efficient price and not the price of delivering quality support. Pricing has been contested widely at NDIS social participation subcommittee meetings held with providers and ongoing concerns have been ignored.

At a recent NDIS Roundtable, convened by the Independent Advisory Council, on the 1<sup>st</sup> of March in Penrith, the issue of the level of fees was raised and dismissed by Mr David Bowen stating that “providers were overstaffed, inefficient and wasteful”.

Despite evidence presented to NDIS on the gaps in pricing, the hourly rate remains the same with exception of an increase for the consumer price index and Equal Remuneration Order.

NDIS pricing assumes supports can be provided to people with a range of disability by staff with mid range to lower levels of experience who are in turn managed by a supervisor with a lower level of skill and pay to supervise higher ratios of staff. The pricing does not support careers or the long-term employment as the model fails to fund staff after three years of service, assuming a high turnover.

DARE prides itself of the loyalty and longevity of its staff which provides substantial benefit to participants who are seeking consistency in their service provision, indeed continued change can create a range of behaviours placing the participant and others at risk.

Due to the significant risks associated with providing supports at lower costs, providers are now forced to assess capacity to meet participant need. Where the participant is not funded appropriately or presents a significant risk, the provider will refuse to offer supports, the longer term outcome will be participants requiring high levels of support, not acknowledged in their plans, will be excluded from services.

NDIS have advised that day to day planning, scheduling activities undertaking risk assessments, setup and clean-up, researching new activities are undertaken only with the participant present. This completely ignores the needs of a participant with an intellectual disability or autism, who requires constant attention and supervision and as such is not a quality model.

NDIS pricing categorises participants against a ratio of staff. The current pricing model is inefficient and does not cater for all level of needs or the risks associated with activities chosen and the matching of other participants in a group, which may vary dependant on circumstances in any event. This is evidenced as a client may need a higher or lower ratio on any given day to access supports, dependant on a wide range of issues including behaviours, manual handling or interaction with others. Clients may require additional support from more than one staff to meet needs during the day.

Quoting for day to day supports on an hourly or less basis is not efficient due to fluctuations in needs and mix of clients accessing chosen activities, accordingly similar to the model adopted for SIL, DARE recommends a day rate be created that enables a group of clients to have the needs averaged over a day.

#### **14. Transport**

Transport, a key support in reducing isolation and increasing participation has been acknowledged by NDIS as a significant issue, on which DARE has been advised that they are still working on a response. DARE recognises that a contribution towards transport costs is being made to participants, benchmarked with the former mobility allowance.

The price guide provides funding for the cost of support staff transporting clients however make no provision for the running costs of vehicles, NDIS expects that dependant on who at NDIS is approached that the costs are included in the existing overhead rate or the provider will invoice the participant directly for transport.

Clearly the lack of a definitive answer only adds to the confusion and frustration being experienced, DARE's approach in recent times has been based on the participant's or families request to either invoice the participant or make a charge against core supports. The later approach is in accord with the price guide, although then clearly reduces funds available for other core supports.

As a provider operating in regional areas transport to accessible venues can require journeys of up to 80-kilometres per person, dependant on the level of the participants support. For instance, at least two participants due to their behaviours which include self-harm, and issues with children can only be accommodated at a swimming centre an hour's drive each way, the alternative is that they are not able to swim, which then leads to other behaviours.

## **15. Assessment Tool**

David Bowen previously advised services that an assessment tool would not be necessary; as NDIS staff would have adequate training to ensure the correct level of support is provided. At the time this statement was made, many people disagreed with this approach, however subsequently a secret NDIS reference tool has been created, clearly DARE is unable to comment on this as it has no knowledge of it's operation.

The effectiveness of the reference package however based on the examples provided in this response and the high levels of requested reviews should be sufficient evidence to question it's efficacy. Should more evidence be required then the numerous reports of participants with like levels of disability and support requirements receiving vastly different levels of funding. DARE is unaware as to whether any bench marking of packages occurs to identify these systemic problems.

As noted decisions about supports being made by LAC and NDIS has at times been biased by personal opinion and not based on any known validated criteria.

Investment in an assessment tool that captures individual need should enable consistent application of packages and ensure fairness and consistency in plans provided to participants.

## **16. Future Estimates**

Recent media reports from Canberra noted at one stage NDIS ceased providing supports when the local quota of packages was filled, this has occurred in the Hawkesbury region with advice from NDIS staff that no new participants will be admitted to the scheme until 2018.

Clearly consideration of the needs of people excluded, for no other reason that a quota system is disguising the true level of demand. Estimates of demand were always going to be incorrect due to people with a disability on waiting lists or funded as part of social capital being excluded from reporting, hence in part the under estimate of eligible people.

It is DARE's understanding that NDIS also assumes that people with a disability will achieve higher levels of independence and will in time require less support, DARE has no way of knowing the level of assumption included in future client projections however remains concerned as to the reality this is based on. From DARE's experience, some NDIS planners have unilaterally moved core supports, with little logic to capacity building, as part of the "first plan" approach, with the likelihood of reducing these specific amounts at the first review, thereby creating an effective funding cut.

## **17. Vacancy Management**

With the transition of people from state systems, and the associated loss of previous support systems particularly vacancy management, there is now no infrastructure enabling individual choice, capturing or matching an individual's aspirations to a vacancy.

Participants, families, LACs, NDIS planners and COS now must repeatedly contact multiple service providers directly to identify available vacancies. Something clearly inefficient, costly and time consuming with vacancies filled by chance not based on matching or providing an individual choice. As this is a reactive system, the process needs to be repeated for each participant on a continual basis, until a vacancy, not necessarily the best outcome, is identified.



Whilst alternative strategies such as advertising vacancies, distributing materials and holding information sessions may deliver an outcome they are costly, not directed to a target audience, inefficient and only provide information in a selected area at a given time.

It would clearly be more appropriate for either the NDIA or government to fund both the removal of identified gaps as a result of transition or create efficiencies in the market.

The addition or retention of a vacancy management system will achieve both these goals.

## **18. Crisis Care**

The exit of individual State Governments is resulting also in the loss of a crisis management system; this is not being replaced by NDIS as a result, families and participants have no short-term options for accommodation when in crisis.

The NDIA has previously made it clear that they are a funding body only and do not provide support, although DARE notes their intention based on the issues paper to enter the market place in thin (not defined) markets.

The current process for supporting someone in crisis is reliant on the participant having COS funding and if not, being able to seek on their own emergency accommodation. As noted with vacancy management the lack of a system makes it difficult for the person to be able to find a provider that is able to support them at short notice.

Therefore, the only option for families and providers that are unable to support someone in crisis is to seek assistance from the health system which in itself is unable to cope with their own difficulties, making the need for the identification of short term accommodation vacancies, more important than ever before.

## **19. Regional Costs**

Availability and quality of staff is affected greatly by the region services are delivered in, the greater the distance from large cities the more access to a pool of quality staff

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is reduced. As a result wage costs, in order to attract have varied greatly from the efficient price calculation.

Similarly as noted above there are significant additional costs in the provision of transport none of which is reflected in the generic price guide.

## **20. NDIS Culture**

During the transition to the NDIS, services providers have been portrayed, by ongoing comments from senior NDIS management, as inefficient and not to be trusted. This facilitates a negative culture that has permeated to all levels within the NDIS and its dealings with providers.

This culture is counterproductive in ensuring collaboration between providers and the NDIS and through a lack of cooperation and distrust ignores opportunities for collaboration and innovation and has created business models that are inefficient.

## **21. NDIS Quality and Consultation**

The NDIS consultation, through the Independent Advisory Council is ineffective, DARE attended one recently which was not a consultation at all but NDIS trying to defend itself from a number of hostile participants.

As demonstrated above there appears a significant lack of accountability for NDIS and its operations, where NDIS seek to consult independently on their operations, services have experienced failure by senior management to listen to the issues.

If NDIS was seeking a genuine consultative approach this should occur externally and report directly to the Board.

## **22. NDIS Administration**

DARE notes the statement that NDIS, administrative costs are 7%, which if calculated on a \$22 billion budget is a substantial amount of money. No details have been provided as to what NDIS considers to be administration, for instance does it include it's public relations budget, what percentage of management, literature, insurance etc. ?

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DARE was advised previously by Dr. David Gillespie former Assistant Minister for Disability and we believe this was confirmed in a Senate Committee hearing that NDIS has changed the calculation of average costs to include a \$0 balance for those not considered eligible for an NDIS plan, similarly had changed their accounting approach committee to capitalise and hence depreciate assistive equipment, hence reducing it's operational costs.

Whilst DARE is unable to comment on either of these issues or the correctness of this approach, there clearly needs to be benchmarks and transparency, if it intends to hold itself as the Templar.

DARE would also note given the issues raised above whether attempting to contain their administration costs however calculated, was a false economy and has led to significant other problems that have been both costly and avoidable.

### **23. Conclusion**

At DARE our values are that we share a belief that each individual has the right to fulfil his or her genuine participation in the broader community, and achieve the quality of life to which they aspire.

DARE has endeavoured to give a detailed and honest account of its experiences to date. We passionately believe that the NDIS has the potential through creating systems that do focus on the individual and are efficient to meet the goals it has set however which to date it has fallen well short of the expectation created.

DARE trusts this feedback will be accepted in the spirit in which it is intended namely the beginning of continuous improvement over time, which will lead to far superior services and greater cost efficiencies.

Regards,

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Dare Disability Support