



## **NDIS 2017 Price Controls Review: ADACAS Response**

### **About ADACAS**

The ACT Disability Aged Carer and Advocacy Service (ADACAS) has been providing advocacy to people with disability, older people, people with mental health issues and their carers for over 25 years. We are an independent, not for profit organization. ADACAS provides support for people appealing National Disability Insurance Agency (NDIA) decisions (both internally, and also at the Administrative Appeals Tribunal (AAT)). ADACAS also delivers support coordination (with an advocacy style approach) to NDIS participants. Additionally, we deliver a range of supported decision making and other community capacity building activities. ADACAS is a member of the Disability Advocacy Network of Australia (DANA), as well as ACT and NSW disability advocacy networks.

### **Price limits for attendant care and related individual supports**

Whilst ADACAS does not provide attendant care services ourselves, we liaise with providers providing these supports every day. We hear consistently from both service providers (and direct support staff) about concerns about payment rates for attendant care being too low. The current (low) price limits on wages for attendant carers are having some very significant but also unwanted effects.

We are conscious that there is much greater demand than supply for disability support workers in the ACT (we envisage similar patterns will be occurring in other locations).

Case example: recently, ADACAS staff contacted 15 organisations in order to find a service able to provide a support worker to assist a participant to access the community for 2 x 3 hour weekday shifts (commencing mid-morning) per week. Whilst the participant needed the service to start soon, these shifts were for a participant without complex presentation or complex needs.

Most services contacted explicitly stated they were seeking to recruit more staff (but that they were having significant difficulties in attracting applicants). We are also conscious that this case study example involved a participant who did not have complex needs. For clients with complex health or behaviour support needs, finding the right staff to assist can be even more challenging.

The lack of available staff has a consequent and very considerable impact in terms of participant choice and control: when it has taken such effort to find any staff, participants feel they have to keep current services even when they do not suit. There can also be profound impacts for participant wellbeing – in our experience, some participants do not have the energy to keep pursuing services to access support, and are ending up going without vital supports. We have also seen examples of situations where clients are seeking to give up on the NDIS altogether because their experience to date has been so difficult.

Case example: a participant contacted an array of services to seek to find personal care support workers when their usual provider had to withdraw (due to staff leaving), without success. The participant eventually gave up, and went without personal care for some time (with a very negative impact on their health) before eventually contacting an advocacy service (ADACAS) for help.

**Impact of disability support worker pay rates for clients with complex needs:**

The NDIS Quality and Safeguards framework recognises the imperative for NDIS funded supports to be “safe and fit for purpose” and for people with disability “live free from abuse, violence, neglect and exploitation”<sup>1</sup>.

However - the high demand for (and lack of availability of) disability support worker/attendant carer staff is having a disproportionate effect on, and increasing the risk of harm to people with complex needs. Wages are not high enough to attract and retain (and for organisations to support) the right staff to (especially) work with participants with complex health and behavioural needs.

We would challenge the assumption that employees should on average be paid at SCHADS level 2 pay point 3, and that managers/supervisors should on average be paid at level 3 pay point 2. We note that especially in situations where staff are working with participants with multiple and complex needs, these price points are not high enough to reflect the level of education, training and skill required.

In particular, recent NDIS benchmarked costs for participants living in shared supported accommodation seem often to be significantly underestimating the costs involved in supporting these participants. Given that participants living in these settings tend to have multiple and very complex needs and are additionally vulnerable as a result, underfunding needed supports can have profound impacts for quality of care that participants are receiving, and can significantly increase the risks of harm to people living in those settings.

For example: for people with disability (needing 24 hours or high levels of care) that are also sharing with other people with disability (needing 24 hours or high levels of care), we have observed that many providers are having difficulties in developing consistent teams of attendant carers that suit the individual participants, and who are prepared to work in an ongoing way with participants with complex health and behavioural support needs. Consistent teams of staff are vital for quality and safety purposes, and to achieving good outcomes.

Case example: ADACAS is aware of a participant who has very complex health, but also behaviour support needs) where multiple providers have been unable to establish a consistent team of staff to work with this participant. As the participant’s needs are very complex, the impacts of this has been very negative and high (both for the participant, their family, and at times also the staff).

It is vital that any price limits for attendant care and management pay rates for participants with complex needs be set at levels that allow for providers (and participants) to attract (and retain) staff with the necessary education, experience, and desire to work with participants with complex needs. We urge further analysis and an increase in the benchmarked costs for people living in these settings accordingly.

Given all of the above: we recommend an increase in the price limits for attendant care in the NDIS Price guide and considerably higher payment rates for disability support workers working with participants with complex health and behavioural support needs in recognition of the considerably higher level of skills needed.

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<sup>1</sup> NDIS Quality and Safeguards Framework (2017), accessed via: <https://www.dss.gov.au/disability-and.../ndis-quality-and-safeguarding-framework> in April 2017

**Price and funding for staff training for staff working with complex care situations:**

Each time there are new disability support staff working with participants in complex care situations (especially those with 24/7, complex health and/or behavioural needs), training is needed, not just initially, but typically in an ongoing way. A high staff turnover, means high training costs, as new staff need initial and ongoing training. If training does not occur as it should, there can be very significantly negative impacts in terms of health and wellbeing for the participant, and staff can also be put at risk. We are very concerned at present that benchmarked costs for shared supported accommodation do not include funding for adequate training costs for staff. It is imperative that costs in these areas are reviewed, and adequately funded.

**Shared accommodation for people needing 24/7 support**

NDIS has stated that they will not fund NDIS participants, who require supports 24/7 in support accommodation to live alone with support. They have indicated that it is imperative they share with another participant to share the costs of support accommodation.

Whilst we appreciate the need to manage costs, there are some situations where taking a rigid approach to this rule can be very detrimental and can have a very disproportionate impact.

ADACAS is aware of situations where participants are unable to find people who are willing to share with them (or unable to find a good match to share), and where as a result they are feeling forced to live in very unsuitable living circumstances.

Additionally – there can be a profound impact in the current way that the NDIS is implementing benchmarked costs for vacant rooms on viability of care where pricing assumes all rooms tenanted. In this context, NDIS current low pricing pressures providers and existing residents to forego careful matching for suitability in order to fill vacancies quickly. This can result in significant issues and cost associated with non-compatibility which could be avoided if pricing pressures were reduced.

**Clustering of services**

ADACAS has become aware of a number of providers in the ACT that are insisting on participants clustering services (require participants to purchase more than one type of service to be able to access any services from that provider). When asked why they were taking this approach, providers have typically responded that it is because prices are low (that they can't otherwise afford the costs). We are particularly concerned that this behaviour by providers introduces conflicts of interest, as the participant is not able to exercise choice and control and the provider is not necessarily working at the client's direction. This is particularly true where becoming the support coordinator is a pre-requisite for providing other supports.

Case study: A participant wanting to move into a shared supported accommodation arrangement was advised that they were required to have their support coordinator from the same service that provided support workers for that property (despite this not suiting for the participant).

Case study: Another participant was advised that if they wanted to have cleaning services from Provider A, that they needed also to accept personal support from that same provider.



### **Transport:**

We would encourage review of the price guide to provide additional clarity with regards to transport matters. We have observed the following issues:

- Participant transport with support worker: Providers charging a variety of “per km” rates to participants (varying from \$.67 per km up to sometimes even approx. \$1.40 per km)
- Participants being asked to pay out of pocket for per km travel costs (when going with a support worker).
- Clearer rules needed for providers and therapists travelling to participants (unfair impact if the provider with capacity is located further away from the participant)

We note that there was a recent AAT matter where it was found that the NDIS needed to pay fully for reasonable supports (including transport). We thus urge further consideration of the way that transport matters are managed to ensure that lack of funding for transport does not mean participants cannot use their other NDIS funds, or achieve their community or economic participation goals.

### **Pricing creating market failure:**

At the present time, we are aware of only one NDIS registered service that is continuing to provide gardening services for participants living in the ACT. All other services we are aware had previously offered gardening supports have either ceased doing so, or are not registered with the NDIS. When we have enquired, we have been advised that services have stopped offering gardening supports, as the prices for gardening services in the community are much higher than available under the NDIS price guide. Low pricing is having a significant negative impact on the market for NDIS registered gardening providers in the ACT.

### **Supported decision-making**

Recent figures released by the NDIS show that over 65% of NDIS participants live with autism, intellectual disability, development delay or experience psychosocial disability. It is reasonable to expect that a significant number of these participants would require support with decision making to exercise choice and control. Delivery of supported decision making skills development, mentoring and coaching is a specialist area requiring specialised staff. While supported decision making may be able to be nominally included under one of the following lines:

- Assistance with decision making, daily planning, budgeting 15\_035\_0106\_1\_3 Provision of time limited support to assist a person to develop and maintain daily budget, including assisting in planning purchases. Hour N \$42.79
- Therapy assistant 15\_045\_0128\_1\_3 Program to empower participants & improve interactions between participants & their social networks. Assistance to engage effectively in the community through a group approach to help achieve goals, gain insight into their lives & make informed decisions. Hour N \$40.92

these prices do not reflect the level of specialist expertise required to deliver decision support.

Supported decision making is a new field of specialist knowledge and skill. Those working as decision support practitioners come from a range of professional backgrounds including social researchers, advocates, facilitators and allied health professionals. As a result of the low price for an expert service there is a gap in the market. ADACAS has a strong reputation for providing decision support and regularly fields requests for individuals seeking to use this line item but are unable to deliver within the price bracket.

It should also be noted that there would be significant conflict of interest for a disability service provider to provide decision support to a participant should they also be giving support in other areas of the plan.

**CPI**

It is imperative that the full consumer price index increase be applied annually to all NDIS prices and that all participants can be confident that their supports will not be eroded because of price increases that are not also reflected in their existing or new plans. This should be an NDIS rule that is well publicised.

Thank you for the opportunity to contribute to this review – if we can provide any further clarification