Brain Injury
SA.

Productivity Commission

Issues Paper

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24 March 2017

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National Disability Insurance Scheme (NDIS) Costs

Submission of Brain Injury SA

What is Brain Injury SA?

Brain Injury SA is the peak body in South Australia for people with an acquired brain injury (ABI), and those who care for them. It engages with people with an ABI, their families, service providers, ABI specialists, people and agencies that are interested in the impact of ABI in South Australia.

Brain Injury SA's purpose is to:

- identify needs and represent issues
- advocate for action on issues that cause disadvantage
- identify, develop, and initiate improved services
- be well-informed and actively share information
- deliver specialised services where appropriate.

Brain Injury SA and the NDIS

Brain Injury SA provides the NDIS Appeals service for SA and the Barkly region in the NT.

The NDIS Appeals Officers provide impartial and confidential support to people who have queries about National Disability Insurance Agency (NDIA) decisions. They also help people with internal reviews and external merits reviews in the Administrative Appeals Tribunal (AAT).

The NDIS Appeals service is available to anyone with a disability, not only those living with ABI. The service helps people who are not satisfied with a reviewable decision made by NDIA with regard to their application or plan.

The NDIS commenced in South Australia in 2013 for children aged 0-14 years.

The NDIS commenced in the Northern Territory on 1 July 2014 for people up to age 65 living in the Barkly region. The Barkly trial ran from July 2014 to June 2016. The town of Tennant Creek is a central hub for public administration, health, education and training in the Barkly region.

This submission is informed by Brain Injury SA's experience with the NDIA and NDIS both in South Australia and the Barkly region in the Northern Territory.

Scheme Costs

QUESTIONS

- Are there any cost drivers not identified above that should be considered in this study? If so:
  – how do they impact costs in the short and long term?
  – how, and to what extent, can government influence them?

From Brain Injury SA's presence in the Barkly region, we have been provided with anecdotal evidence relating to issues that may have an impact on short and potentially long term costs, including but not limited to:

- difficulties for some participants in receiving their plan – due to the transient nature of the population, no mail delivery to homes, minimal use of PO Boxes and no access to and/or use of IT
- language barriers – that affect participants' ability to understand their plans and use the services they are funded to receive
- complexity – because plans are difficult to understand. They do not always break down the specifications or components of the plan.
- inappropriate services – where plans don't include the right services or supports.

Non-receipt of plans

Many Aboriginal people can be transient in nature and to uphold their cultural requirements. Therefore, participants are not in regular receipt of mail or telephone communication. In the Barkly region there is no mail delivery to homes and most people do not regularly check their PO Box. If they do not receive a hard copy of their plan they are advised to go onto the portal and get it online. However, many do not have access to computers, nor the awareness of how to use them. Consequently, many participants do not know they have a plan or, if they do, what is in it.

Language barriers

English is a second language for many Indigenous people in remote communities. The majority of participants in Barkly identify as being Aboriginal or Torres Strait Islander and for 67% English is not their first language[1].

Many have limited capacity to understand or read it. This has a significant impact on their ability to have genuine input into the formulation of their plans and also impacts on decision making and choice. Consideration of language barriers should also be taken into account by service providers in fulfilling plans for participants. Have the costs of interpreting services been included in plans to facilitate effective communication?

This issue also affects participants from Culturally and Linguistically Diverse (CALD) backgrounds and participant children with parents from a CALD background.

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[1] NDIS Market Position Statement, Northern Territory January 2017, p.28

Complexity

It is sometimes difficult to work out what services are offered in a plan.

It is not always clear what supports are available under each Support Category in plans or how many hours of support are available. Plans could be improved by including the number of funded hours for each Support Category along with examples of supports or products that the funding could be used for. Plans should be written in Plain English as this would benefit all participants and the people who support them.

Inappropriate services

Based on limited awareness and understanding of what supports participants require, plans have been provided with inappropriately allocated funds. In one instance a Brain Injury SA client offered to provide their planner with a report that outlined the services required. However, the planner declined the offer, and as a result, the plan did not include the specific services the participant needed. The planner was willing to include funding in the plan for behavioural intervention. However, the family and service providers felt the participant was not ready for this type of intervention and instead sought funding for adaptive technology that better suited the participant's needs at the time. The money allocated under the plan would have been enough to fund the requested services but it was not possible to use the funding for this purpose.

In some instances, these factors result in the under use of some services that are offered and hence, a reduction in short and potentially long term costs. However, this reduction in costs is at the expense of providing appropriate services and supports.

Future estimates – some pressures emerging

QUESTIONS

- Why are utilisation rates for plans so low? Are the supports not available for participants to purchase (or are there local or systemic gaps in markets)? Do participants not require all the support in their plans? Are they having difficulty implementing their plans? Are there other reasons for the low utilisation rates?
- Why are more participants entering the scheme from the trial sites than expected? Why are lower than expected participants exiting the scheme?
- What factors are contributing to increasing package costs?
- Why is there a mismatch between benchmark package costs and actual package costs?

Low utilisation rates

The NDIS Market Position Statement, Northern Territory January 2017 states that `there are already over 155 participants in the Barkly region benefiting from the Scheme'. Brain Injury SA's understanding is that around 30 participants in Barkly are currently connected to service providers. Therefore, presumably around 125 participants do not have a plan and/or are not connected to a service provider.

The issues outlined above (see responses under ***Scheme Costs***) have an impact on utilisation rates.

Other issues that can affect utilisation rates are:

- inconsistency – between plans for different participants
- skill disparity – between different planners
- unwillingness to engage – with certain service providers
- review timeliness – which differs significantly between plans
- lack of certainty – where review outcomes are not incorporated into subsequent plans
- shortage of Allied Health services.

Inconsistency

Brain Injury SA is aware of one household with multiple children with similar needs. Each child had a different planner and each plan provided funding for different services.

In another instance, involving twins with developmental delays and similar levels of need, the plan for one child included support coordination while the plan for the other child did not.

The amount of support coordination can significantly affect a participant's ability to use the services provided in a plan.

Brain Injury SA is aware of instances of different plans providing very different levels of support coordination with no clear justification as to the allocation. For example, there was a plan that had 4 hours of support coordination for a young participant with complex needs, including violent behaviour and youth offending, in a single parent household from a CALD community. Another plan had 8 hours of support coordination, and only 4 hours of interpreting, for another CALD family, where the parent spoke no English. This provided very limited opportunities to assist the family to connect with services and monitor the success of these services. These examples are contrasted with other plans where up to 44 hours of support connection is allocated with no extra complexities indicated.

Skill disparity

The skill and experience of a planner, particularly in relation to specific disabilities, can significantly affect their ability to develop an appropriate plan. Where a planner has relevant skills and experience, their plans will include appropriate services that can be fully utilised. Conversely, a planner who doesn't have experience of a particular disability may include inappropriate services in a plan and/or fail to include services that would be used.

Unwillingness to engage/Lack of culturally appropriate services

The Barkly trial highlighted this issue. There were sometimes cultural issues that resulted in a participant being unwilling to use services offered by a particular service provider. In a small town with limited options, this sometimes resulted in a service provided for in a plan, not being used at all.

Review timefames

Brain Injury SA experience is that reviews can take between 1 and 8 months. Lengthy delays affect a participant's ability to use services.

There is also a lack of transparency about the review process. Brain Injury SA Appeals Officers have tried to follow up reviews, seeking information about progress and/or timeframes for resolution, but this has not been provided. For instance, when a follow up email has been sent to enquireis@ndis.gov.au or feedback@ndis.gov.au to determine progress of the review, only a generic email response is provided, stating the NDIA will endeavour to respond to the enquiry as soon as possible.

Lack of certainty

The 12-month term of plans, combined with the fact that subsequent plans are often prepared by a different planner can result in review outcomes not being incorporated into the next plan. This results in a lack of certainty about what services can be accessed under the new plan, unless a practical approach is taken and the new plan is changed to incorporate the outcomes of the review of an earlier plan. Where this is not done, a participant may have to seek review of the same issues again for the subsequent plan. This causes frustration for the participants and creates systemic inefficiencies.

This problem is exacerbated by multiple changes in planners. Brain Injury SA is aware of one instance where a participant had 5 different planners over a 2 year period.

Shortage of Allied Health services

There is a shortage of Allied Health services in Tennant Creek, which makes them difficult to access, even where they are provided for in a participant's plan. There are also reported delays in accessing Allied Health services in some areas of South Australia due to staff shortages.

Difficulty implementing plans

Brain Injury SA experience is that participants have difficulty implementing plans if support coordination is not provided.

In South Australia, the NDIS was initially only available to children aged 0-14 years. Brain Injury SA experience is that parents/carers often require support coordination to help them access services for their child participants. We are concerned about how adult participants will manage without advocacy services. Some people have limited support networks and will have great difficulty accessing services without support.

Brain Injury SA has been told that new participants will be given 10 hours of support coordination in their first plan. However, this will not be provided in subsequent plans on the assumption that they will then be able to manage their own plans. This will be a problem where a participant is not happy with their service provider and/or their needs are not being met. They may not have the capacity to negotiate with the service provider or arrange a different service. Brain Injury SA experience is that some participants will require support coordination to help them do these things beyond their first plan. This also assumes that 10 hours of support is adequate for every participant. How are the hours of support coordination determined? People with cognitive impairment as their primary disability may require additional hours of support coordination to ensure their plan is implemented effectively.

More participants entering the scheme from trial sites than expected

Lack of historical funding

Disability services in South Australia have been chronically underfunded in the past. In 2012 South Australia spent 15% less per head on disability support than the national average, and was the worst state nationally for supporting students with a disability in public schools[2]. Due to historical funding constraints, some people received little or no support from Disability SA. It is uncertain how many of these will be eligible for plans under the NDIS and the level of funding they will need.

Different eligibility criteria

Eligibility for Disability SA services was based on a diagnosis. However, the focus of the NDIS is capacity and functionality. The difference in eligibility criteria results in some people who would not have been eligible for a Disability SA funded service now being eligible for NDIS funded services.

The intersection with mainstream services

QUESTIONS

- Is the current split between the services agreed to be provided by the NDIS and those provided by mainstream services efficient and sufficiently clear? If not, how can arrangements be improved?
- Is there any evidence of cost-shifting, duplication of services or service gaps between the NDIS and mainstream services or scope creep in relation to services provided within the NDIS? If so, how should these be resolved?
- How has the interface between the NDIS and mainstream services been working? Can the way the NDIS interacts with mainstream services be improved?

Cost shifting/service gaps

Brain Injury SA experience is that there can be confusion about which system is responsible for providing a service. For example, Brain Injury SA has experienced problems with funding for transport. The NDIS claims that the state Department for Education and Child Development (DECD) is responsible for providing transport while DECD claims the responsibility lies with the NDIS.

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[2] John Gardner MP, Record levels of unmet need for disability support, media release, 3 May 2012

Interface problems

Health system interface

It is unclear where rehabilitation services fit. When people undergo surgery, the health system initially accepts responsibility for their rehabilitation services. However, some people have an ongoing disability and require ongoing rehabilitation services that the health system does not provide. The interface between the health system and the NDIS, in terms of where the responsibility of one ends and the other takes over, is unclear.

Brain Injury SA has experience of a case involving a child with cerebral palsy. Doctors in SA advised the family that surgery, which was only available in the United States, held the best chance of success for the child. The family went to the United States for the surgery and some subsequent rehabilitation services. When they returned to SA they sought NDIS support for further rehabilitation services. The NDIS said the child was unable to access additional funding for supports because the need for rehabilitation was caused by the surgery. However, if the child had not had surgery he/she would have been totally dependent and entitled to NDIS services.

Justice system interface

Similar questions arise with respect to people involved in the justice system, who have disability issues that impact on their behaviour. It is unclear which system will provide support addressing problematic behaviour that can be attributed to a person’s disability and whether this intervention can commence whilst in custody.

QUESTIONS

- How will the full rollout of the NDIS affect how mental health services are provided, both for those who qualify for support under the scheme and those who do not?
- What, if anything, needs to be done to ensure the intersection between the NDIS and mental health services outside the scheme remains effective?

Lack of clarity about who qualifies for support

It is unclear how people with fluctuating mental health will be dealt with by the NDIS.

In particular, children often have mental health issues that do not settle for some years. It is unclear how the NDIS will determine whether and when a mental health issue will be regarded as a lifelong problem, so that they are eligible for services through the NDIS.

Planning processes

QUESTIONS

- Is the planning process valid, cost effective, reliable, clear and accessible? If not, how could it be improved?
- How should the performance of planners be monitored and evaluated?

Unreliability of plans completed by phone

There are several reliability issues that arise from plans being completed over the phone.

First and foremost, an assessment completed by phone does not take the person's disability into account and fails to provide the added awareness and accommodation that are possible in a face-to-face meeting. Planners ask questions over the phone, which sometimes assume ability that does not exist. However, this is not evident to the planner because they are not with the person being assessed. They also lack the ability to make observations about the situation of the participant at the time of the phone call, which may involve distractions. Individuals with cognitive impairments can present very differently over the phone and it is sometimes not until a face-to-face meeting occurs that the extent of their disability is apparent. These factors can reduce the reliability of the assessment and the relevance and effectiveness of the service allocation in the plan.

Secondly the participant, or their advocate, has no means of clarifying understanding, or checking the recorded responses for accuracy. Meeting with participants provides the opportunity for focused discussion and clarification, leading to more accurate responses and better outcomes for people with disability.

Lack of transparency in the planning process

Brain Injury SA experience is that planners will sometimes use broad statements to justify their proposed plans. For example, Brain Injury SA is aware of numerous parents who were told that 'transdisciplinary practice' was the 'best practice' and justified speech therapy services being provided by an occupational therapist, rather than providing funding for two separate services. When planners were asked for evidence or an authority to support this approach, they would not provide it.

Lack of information about review

Participants are told they will receive a hard copy of their plan. Brain Injury SA experience is that this does not always happen. Appeals Officers often see people who say they did not receive a hard copy.

When participants do receive a hard copy of their plan, the cover page includes information about the review process. However, where a person does not receive a hard copy they are advised to go to the portal and download their plan. Brain Injury SA experience is that sometimes the plan does not download and can only be obtained through a downloadable Word document. This does not include the cover page. Therefore the participant doesn't receive any information about the review process.

The Brain Injury SA view is that the information provided to participants about review is unclear and inadequate. There is minimal information about the process and no information about how or where participants can get help with a review. Brain Injury SA delivers presentations to client communities about the support it can provide to participants wanting a review of an NDIA decision and further appeal rights and support. However, NDIA should provide this sort of information to all participants and be consistent about this approach.

Further, Brain Injury SA has received anecdotal evidence from parents and guardians that NDIA has not been informing participants of their right to an internal review or external merits review through the AAT.

Inadequacy of 1800 phone number

The 1800 phone number is the only number provided to participants and service providers. Anyone wanting to speak to a planner, even in response to a message that has been left by the planner, must use this number.

Brain Injury SA experience of the 1800 phone number is that there is usually a 45 minute wait for calls to be answered. When the call is answered, there is no certainty that the call will be transferred to the relevant office or planner. Hence, attempts to resolve issues with planners are often frustrating, time consuming and ineffective.

Inconsistency of planners and plans

This issue has already been raised under ***Low utilisation rates***.

While common assessment tools are designed to achieve more consistent results, Brain Injury SA's observation is that planners have inconsistent experience and understanding of people with disability. This leads to inconsistent application of assessment tools and the resultant plans for participants with similar disability.

This potential for inconsistency is compounded by the lack of participant/carer knowledge about support available to seek review. In the twins example outlined earlier, the mother had an intellectual disability and needed support to seek review of the plans for her twins. Fortunately another organisation referred the case to Brain Injury SA, who provided support for the review. Had this not happened, services to the participant children would have been compromised.

Cost pressures affecting the planning process

The pressure to keep costs down can compromise the accuracy and effectiveness of the assessment and planning process. The move to assessments and plans being completed by phone was undoubtedly a cost saving measure, with the inherent limitations outlined above.

Brain Injury SA experience is that mistakes are frequently made in plans. In most instances this has been information in Parts 1 and 2 relating to the participant and their goals. We have seen plans where a participant's actual goals have been replaced with an inaccurate generic goal and information about their living and support situation has been incorrect and outdated.

Further pressure to achieve targets for call length and completion numbers to manage costs can also lead to compromised processes e.g. asking leading questions to get quick answers that may be inaccurate.

Ineffective communication about available services and supports

Brain Injury SA experience is that planners don't make suggestions or offer information about services or supports that are available. Therefore, if a participant doesn't know what supports are available they may miss out on services for which they are eligible and would benefit from.

Participants who do their own research and preparation, or see an agency before their plan is developed, get the most out of the planning process.

If a carer/participant has not sought pre-planning advice and can't explain their support needs they are at risk of missing out on services and supports for which they are eligible. This may also explain why some participants have increased costs for subsequent plans. Supports may be underestimated in the first plan but needs become apparent and may be reflected in the support provided in a subsequent plan.

The overall result of this problem is that the most vulnerable and least supported people are at risk of getting the least out of the planning process, and ultimately the NDIS.

Lack of written notice to participants

During the planning process, participants are advised that they will receive written notice of their plan or their ineligibility for a service. Brain Injury SA experience is that frequently participants do not receive written notice of decisions. Therefore, they are not informed of the reasons for their ineligibility or their review rights.

Creating a support package

QUESTIONS

- Are the criteria for participant supports clear and effective? Is there sufficient guidance for assessors about how these criteria should be applied? Are there any improvements that can be made, including where modifications to plans are required?
- To what extent does the NDIA's budget-based approach to planning create clear and effective criteria for determining participant supports? To what extent does it lead to equitable outcomes for participants? What improvements could be made?
- What implications do the criteria and processes for determining supports have for the sustainability of scheme costs?
- Are the avenues for resolving disagreements about participant supports appropriate? How could they be improved?

Modifications to plans – timeliness

Brain Injury SA experience of the review process is that it can take between 1 and 8 months to achieve an outcome. Further, information about the progress of a review or the likely completion time is not available upon request. The inconsistency in the timeliness of the review process can result in modifications being made more than half way through a 12-month plan, thereby affecting the effectiveness of the services to the participant. As discussed under **Lack of certainty**, these delays can also affect the appropriateness of services included in subsequent plans.

Removal of core supports

Brain Injury SA is aware of participants in the Barkly region who have been told by a planner that NDIA will be removing core supports from plans for children. We are concerned about this and have sought clarification of this advice from NDIA.

Sustainability of the scheme

Brain Injury SA is aware of applicants in the Barkly region who have been advised that the number of plans is capped. Brain Injury SA believes this is an unreasonable sustainability measure and has sought clarification of this advice from NDIA.

Resolving disagreements

The review process is difficult for unsupported participants. Appropriate avenues for resolving disagreements are not communicated. Participants need explanations about:

- what is a reviewable decision
- what is a complaint
- where to go for help
- what to do
- who to contact for review support.

Market readiness

QUESTIONS

- Are prices set by the NDIA at an efficient level? How ready is the disability sector for market prices?
- How do 'in-kind' services affect the transition to the full scheme and ultimately scheme costs?
- What is the capacity of providers to move to the full scheme? Does provider readiness and the quality of services vary across disabilities, jurisdictions, areas, participant age and types/range of supports?
- How ready are providers for the shift from block-funding to fee-for-service?
- What are the barriers to entry for new providers, how significant are they, and what can be done about them?
- What are the best mechanisms for supplying thin markets, particularly rural/ remote areas and scheme participants with costly, complex, specialised or high intensity needs? Will providers also be able to deliver supports that meet the culturally and linguistically diverse needs of scheme participants, and Aboriginal and Torres Strait Islander Australians?
- How will the changed market design affect the degree of collaboration or co-operation between providers? How will the full scheme rollout affect their fundraising and volunteering activities? How might this affect the costs of the scheme?

In-kind services

Brain Injury SA experience is that our clients are anxious about how the NDIS will affect their access to existing services. They fear they will be unable to get the support they receive under existing service arrangements e.g. funded support from Disability SA or Commonwealth supported employment services. The process for transition from these sorts of services is unclear.

While the NDIS has a 'no disadvantage' principle, which suggests participants should not be disadvantaged by the scheme, they may not get the same dollar for dollar funding. The notion of 'achieving the same outcomes as their previous support' is ambiguous and difficult to quantify.

Another important issue is that some of the existing schemes provide services and supports that are not covered by the NDIS. For example, current employment schemes provide case management and crisis management support that falls outside the scope of 'employment'. However, clients need this type of support, which is offered across a service rather than being attached to funding for a specific individual.

Under the NDIS participants will be disadvantaged in not having funded access to this 'in kind' support. It is something that cannot be planned for and will not be included in individual plans, even though participants will need it from time to time. It is unclear how this gap will be addressed to 'achieve the same outcomes' as current service arrangements.

Best mechanisms for supplying thin markets

The Barkly trial has highlighted a range of issues that impact on the effectiveness of the NDIS in remote Aboriginal communities. Challenges presented by the Barkly trial included:

- severe climate
- transient nature of the population
- problems between different local Aboriginal communities
- cultural issues
- language barriers
- nature of housing accommodation
- lack of access to or ability to use IT
- remoteness from other relevant government agencies and services
- local organisations going under
- local organisations going into administration due to maladministration
- under-resourcing of local services.

These challenges can only be addressed through effective coordination of services by State and Commonwealth Government service providers.

Local area coordinators

Brain Injury SA experience of the Barkly trial highlighted a need for more individuals to provide services as local area coordinators in remote Aboriginal communities.

Tennant Creek is a small, remote town with a largely Aboriginal population. It presents complex needs and issues. There are 17 language groups and seven (7) Local Authorities in the Barkly Region. Ideally LAC would be recruited from the Barkly Region and cultural considerations would be met in also providing both male and female coordinators for each community. It would also be ideal that LAC work with the local authorities to enable the NDIS to effectively reach the most participants in Tennant Creek.

Service providers

There are only 3 service providers in Tennant Creek. The challenges presented by limited service options are compounded when they are coupled with the fact that many local participants do not know they have plans or how they can use them.

Support options

The nature of accommodation for Aboriginal participants in the Barkly region is unsuitable for some supports. This means that plans are not appropriate for the living situation of some participants. Therefore, they cannot use some of the supports that are provided for in their plans.

Communications

Brain Injury SA experience is that there is a need for better communication with participants and potential participants in rural and remote areas and in languages other than English. People in remote areas have less support services available to them and lack information about how to get support under the NDIS. We acknowledge the recent release of the *Rural and Remote Strategy* and *Aboriginal and Torres Strait Islander Engagement Strategy* and look forward to the improvements they will make.

Ability to deliver supports that meet the culturally and linguistically diverse needs

Brain Injury SA experience is that not all service providers will be able to deliver culturally and linguistically appropriate supports to Aboriginal and Torres Strait Islander peoples in remote communities. For carers and people with disability already challenged by isolation and socio-economic disadvantage the NDIS only adds another level of complexity to their already challenging lives.

Service providers will need specific education and support to develop their Indigenous and non-Indigenous workforce. Further funding will be needed to provide non-Indigenous staff with specific cultural training and Indigenous staff will need support to provide services where they come from a different family group or gender to the person with disability.

Language barriers provide further challenges. Service providers will need support to deliver information in language specific to an area and language group. Pictorial communications would assist this and significant time would need to be allocated to explain information and translate ideas and concepts. Consultation and input from the specific community will be needed to develop appropriate communication and tools.

QUESTION

- How well-equipped are NDIS-eligible individuals (and their families and carers) to understand and interact with the scheme, negotiate plans, and find and negotiate supports with providers?

Ability to interact with the scheme

Participants who are capable of doing their own research and/or planning, and those who see an agency for advice before their plan is developed will get the most out of the NDIS.

If a family has not sought advice and cannot explain their support needs they are at risk of missing out on services and supports for which they are eligible. Similarly, these people have little or no ability to negotiate or seek review without support, if they are even aware of their right to review or the support available to seek review (see issues raised under **Lack of information about review**).

The overall result is that the most vulnerable and least supported people are at risk of getting the least out of the NDIS.

Governance and administration of the NDIS

QUESTIONS

- Do existing administrative and governance arrangements affect (or have the potential to affect) the provision of services or scheme costs? What changes, if any, would improve the arrangements?
- To what extent do the reporting arrangements help to achieve the financial sustainability of the scheme? Are they too onerous or do they need to be expanded?
- Does the way that the NDIA measures its performance affect the delivery of the NDIS?
- To what extent do the existing regulations provide the appropriate safeguards and quality controls? Can these arrangements be improved?
- Are there appropriate and effective mechanisms for dealing with disputes with the NDIA?

Complaints

The process for making complaints about the NDIS is not clear.

Brain Injury SA experience is that participants are going outside of NDIA and complaining to local Members of Parliament, Ombudsmen and Kelly Vincent MP, Dignity Party (formerly Dignity for Disability).

Performance measures

NDIA Satisfaction Survey reports show a 90% satisfaction rate, based on responses to the survey. However, these results do not reflect the feedback Brain Injury SA gets from its clients. Information about who responds to the survey or how many responses form the basis of the satisfaction rate, is not provided.

Timeframes are not reported in the quarterly reports. Brain Injury SA experience is that timeframes for reviews vary between 1 and 8 months. We believe timeliness is a valid performance measure that should be included in reports.

Reports on the outcomes of AAT reviews categorise matters as a 'win' or 'loss' by the participant. Matters that settle by agreement are recorded as a 'loss'. Brain Injury SA believes this does not accurately reflect a settlement outcome, which should be counted in a separate category.

QUESTIONS

- Is the NDIA's target for operating costs (as a percentage of total costs) achievable? Is it practical? Should it vary over the life of the scheme?

Operating costs

Brain Injury SA believes that the pursuit of administrative efficiencies can lead to cutting corners at the expense of delivering good service. Brain Injury SA experience is that currently planners do not allocate sufficient time to reading reports that would improve the quality of plans. For example, a Brain Injury SA client contacted their planner offering a report that set out their support needs. The planner advised that they did not want the report. Ultimately the plan did not include the specific supports needed by the participant, which was set out in the report.

The 1800 phone number is another efficiency measure that does not deliver good service (see comments under **Inadequacy of 1800 phone number)**. At planning meetings participants are told, 'If you are not happy with your plan, just call me back'. However, there is no phone number for the relevant planner on the plan that is ultimately provided to the participant.

NDIA office numbers are not provided and calls to the 1800 number often fail to connect a caller with the relevant office or planner, even where that planner has left a message asking a participant or Brain Injury SA staff member to call them back.

QUESTIONS

- How appropriate, effective and efficient are the market stewardship initiatives?
- Is there likely to be a need for a provider of last resort? If so, should it be the NDIA? How would this work?

Sector development

Brain Injury SA believes that further thought needs to be given to developing services in remote communities to deliver better, more appropriate services. Such services should focus on the uniqueness of the environment.

One local service in Tennant Creek has ceased operating, another has been found to have unqualified staff and will shortly be reviewed to investigate misuse of Commonwealth funds[3] and a large Aboriginal corporation is currently under administration[4]. This sort of problem may be avoided by better screening of potential service providers.

One option would be to identify high quality service providers in Darwin and work in partnership with them to deliver services in remote communities elsewhere in the NT.

Brain Injury SA believes there should be a targeted approach to sector development to meet the specific needs of remote communities. This should include community consultation to ensure that services are appropriate to local needs.

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[3] Jane Bardon, Financial misappropriation allegations throw vital NT alcohol service into crisis, ABC News, 27 February 2017

[4] Felicity James, Julalikari corporation under special administration after community criticism, ABC News, 23 February 2017

Provider of last resort

Anecdotal evidence provided to Brain Injury SA on a recent trip to Tennant Creek suggests that there are many unexecuted plans. This is yet to be confirmed by the NDIA. The NDIS Market Position Statement, Northern Territory January 2017 states that `there are already over 155 participants in the Barkly region'. Service providers informed us that approximately 30 participants are currently connected to them. This means that presumably 125 participants either do not have a plan or are not connected to a service provider.

Brain Injury SA would welcome information, and innovation, from the NDIA about how it proposes to develop plans and facilitate the execution of presumably unexecuted plans for participants, particularly in remote locations.

Brain Injury SA believes that the NDIA should be the provider of last resort. This is particularly important in remote communities such as those in the Barkly region. If there is no one to provide a service, what are the NDIS mechanisms to support participants? How will NDIA be the service of last resort? How will the NDIA meet the needs of a particular community, or a case involving complex needs, where there is no other service available? Will the NDIA provide direct services or contract another agency to provide the required service?

Brain Injury SA notes that there are very limited advocates or advocacy agencies in Tennant Creek to support participants needing services that are not available in their community and/or negotiating with NDIA to provide appropriate services and supports. This task often falls on the service provider and/or support coordinator.

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