



June 2020

Issues paper

Inquiry into the National Disability Insurance Scheme market in Queensland



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WEB qpc.qld.gov.au TEL (07) 3015 5122 email enquiry@qpc.qld.gov.au
ABN 18 872 336 955

Inquiry into the NDIS market in Queensland

Have your say

The Queensland Productivity Commission has released this issues paper to assist interested parties to prepare submissions to the inquiry. It outlines the scope of the inquiry and provides background material. It also asks questions about matters the Commission is seeking comments and information on. You should feel free to comment on any matters that are relevant to the inquiry's terms of reference, whether they are raised in this issues paper or not. We ask that you provide supporting information in your submission.

Consultation is an important part of the inquiry process as it provides an opportunity for people who have day to day experience of the scheme to provide direct evidence. While the COVID-19 pandemic will make consultation more difficult, the Commission is committed to ensuring that stakeholders have an opportunity to contribute to the inquiry.

The submission process is part of the consultation process in which all stakeholders have an opportunity to give their views to the inquiry. Submissions can take several forms—they can be provided in a formal document, an email or a video. There are no length limits—they can be as long or short as they need to be.

This issues paper provides a guide to the main issues the Commission believes are integral to addressing the inquiry's terms of reference.

To aid the submission process, two other complementary short form issues papers have been prepared for individuals participating in the scheme (with an easy read version) and for providers of supports. Those issues papers are available on the Commission's website at <https://www.qpc.qld.gov.au/inquiries/ndis/>.

Participants and providers can choose to respond to the targeted short form issues papers and/or to this full issues paper.

There will be further opportunities for stakeholders to contribute to the inquiry, including after the release of the inquiry draft report in November 2020. Stakeholders are encouraged to monitor the Commission's website or register interest in the

inquiry (<https://www.qpc.qld.gov.au/inquiries/ndis/>) to be informed of these opportunities.

Make a submission

The Commission invites all interested parties to make a submission to the inquiry. Submissions are due by close of business **11 August 2020**. They can be lodged:

- *online* <http://www.qpc.qld.gov.au/inquiries>
- *by email* enquiry@qpc.qld.gov.au
- *by post*

Inquiry into the NDIS market in Queensland

Queensland Productivity Commission
PO Box 12112
George St
Brisbane 4003

Submissions will be treated as public documents and published on the Commission's website. Please do not include offensive or defamatory information.

If your submission contains genuinely confidential material, please note this on the front page and mark relevant sections as CONFIDENTIAL. Please provide another version that omits these confidential aspects so it can be made available on our website. Contact the Commission for more advice if you are concerned.

Register your interest

You can [register your interest](#) to ensure you receive our email alerts on key developments, including release of reports, calls for submissions and details of public consultation.

Contact us

Enquiries regarding this inquiry can be made by telephone (07) 3015 5122 or online at <http://qpc.qld.gov.au/contact-us/>

Key dates

29 April 2020 Terms of reference received

22 June 2020 Issues paper released

11 August 2020 Due date for submissions

By 30 November 2020 Release of the draft report

1 December 2020 Further consultation commences

By 30 April 2021 Final report submitted to Government

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1. About the inquiry

In April 2020, the Queensland Government asked the Commission to undertake an inquiry into issues related to the National Disability Insurance Scheme (NDIS) market in Queensland.

The NDIS is one of the largest social reforms of recent decades. Supported by a significant increase in funding, the scheme is a joint Commonwealth–state initiative intended to introduce market and insurance elements to the provision of disability services.

The NDIS seeks to improve life outcomes, increase opportunities, and provide choice and control to eligible people with a disability. It is designed to allow them to directly engage service providers, so that service provision will be more responsive to participant needs.

Queensland’s transition to the NDIS commenced in January 2016 and the NDIS is now available in all areas of Queensland for all eligible people with a disability. After four years of operation in Queensland, this inquiry has been established to review the performance of the NDIS market in delivering disability services to meet the needs of Queensland participants.

What has the Commission been asked to do?

The terms of reference ask the Commission to undertake an inquiry into NDIS transition and market development in Queensland. They require the Commission to:

- review the performance of the NDIS market during transition in Queensland
- investigate and report on NDIS market conditions and prospects
- investigate and report on the Queensland Government’s role in the NDIS, in relation to the authorisation of restrictive practices and preparation of Positive Behaviour Support Plans
- recommend options for improved policies and measures to ensure the NDIS market in Queensland will meet the needs of participants both now and in the future.

To meet the requirements of the terms of reference, the Commission will examine:

- the efficiency and effectiveness of the NDIS market in Queensland
- structural, regulatory or other impediments to the efficient operation of the NDIS market
- factors affecting specific markets or market segments, including in rural and remote areas.

The Commission is to release a draft report by 30 November 2020 and provide the Queensland Government with a final report by 30 April 2021.

Appendix A provides the full terms of reference.

Scope of the inquiry

There have been many reviews of the NDIS, including those of the Australian Productivity Commission, the Joint Standing Committee on the National Disability Insurance Scheme, the National Institute of Labour Studies, the National Disability Insurance Agency, and the Commonwealth Department of Social Services. The inquiry will not replicate these previous reviews, although it will draw upon their findings.

While these reviews focussed largely on national issues, this inquiry will focus on the NDIS market in Queensland. To the extent that the Commission will investigate issues with national dimensions, it will be because of their direct implications for Queensland. The Commission will concentrate its focus on the experience of Queensland and Queenslanders, issues of particular importance for Queensland and options that Queensland can pursue unilaterally or in concert with other governments and stakeholders.

The terms of reference direct the inquiry to investigate market elements of the NDIS. As an economic review body, the Commission will adopt an economic approach to understanding and analysing these market issues, using economic concepts and methods, such as efficiency, opportunity cost and cost–benefit analysis.

The community's desire for fairness underpins the *National Disability Insurance Scheme Act 2013* (Cwlth) (NDIS Act), as set out in the principle that people with disability have the same right as other members of Australian society to realise their potential for physical, social, emotional and intellectual development (NDIS Act, s. 4 (1)). The Commission believes that measures to make the NDIS more effective and efficient in achieving its objectives will produce better outcomes for people with disability.

The Commission has been asked to examine the effectiveness and efficiency of the NDIS market in meeting the needs of participants. As such, the focus will be on identifying policy and regulatory changes to improve outcomes. While understanding operational and design issues are important to help inform the policy and regulatory framework, they are not the central focus of this inquiry.

The inquiry will not investigate disability assistance in Queensland delivered outside the NDIS, except where it interacts with the NDIS. The inquiry will also not be able to follow-up on personal issues raised by participants and providers. For resolution of these problems, the National Disability Insurance Agency or the NDIS Quality and Safeguards Commission can provide advice.

2. The National Disability Insurance Scheme

The National Disability Insurance Scheme (the scheme or NDIS) funds eligible persons with disability for the supports they need for day to day living and to achieve their goals. With over four million Australians with a disability (AIHW 2019), 370,000 are supported by the NDIS, including 68,000 Queenslanders (NDIA 2020b).

The 2011 Australian Productivity Commission inquiry into a long-term disability care and support scheme proposed that the NDIS replace state and federal government commissioned or provided services with a more market-based, person-centred approach to care and support, in order to strengthen providers' incentives to supply efficiently the services that participants want. The scheme takes a lifetime approach to participants' support needs and life goals. It assures eligible people with a disability, or who might acquire one, that they will receive the support they require (PC 2017, pp. 70–1).

The NDIS trial commenced in four trial sites across Australia from July 2013, and the national rollout began in 2016. Queensland's transition from previous arrangements to the NDIS commenced in January 2016, with the initial launch in Townsville, followed by a region-by-region rollout over three years from July 2016. It is now available in all areas of Queensland.

Eligibility and operation

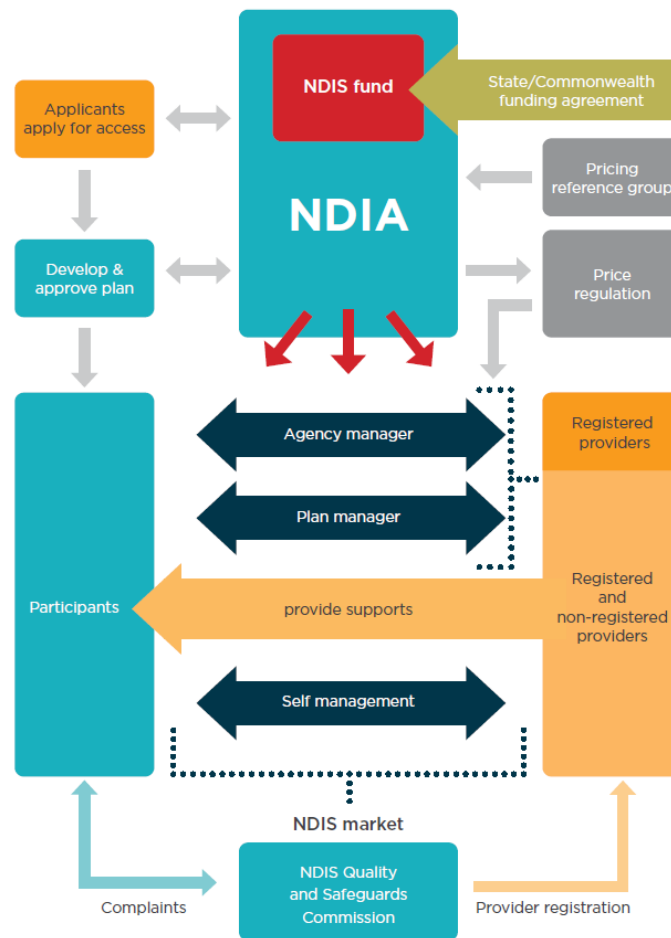
To enter the scheme, a person must be under 65 years and have a permanent and significant disability, or a disability for which early intervention will reduce their future needs. There is no cap on funding; anyone who meets the eligibility criteria is guaranteed to receive funding for necessary and reasonable supports and services (PC 2017, p. 71). This means that applying the eligibility criteria, which are set out in ss. 21–25 of the NDIS Act, is critically important in managing the financial sustainability of the NDIS. The criteria are set nationally and apply to all states and territories. Figure 2.1 provides a simplified depiction of the scheme.

The NDIS also provides for information, linkages and capacity building (ILC) services to help all people with disability (not just scheme participants) and their families and carers, with referrals to community and mainstream services. ILC will also ensure that the NDIS establishes and facilitates capacity building supports for people with disability, their families and carers that are not directly tied to a person through an individually funded package (NDIA 2019g, p. 1).

Applicants make an access request to the National Disability Insurance Agency (NDIA), which administers the scheme—outlining their disability and the impact it has on their life (in terms of mobility, communication, access to employment, social interaction, learning, self-care and self-management) or their need for early intervention (often accessed for children aged up to six years). Once access is approved, a plan is made with the NDIA using information on participants' current supports (such as family), their use of community and government services (not necessarily related to a disability), and short- and longer-term goals (such as finding employment or participating in sport). An approved plan outlines the participant's situation and non-NDIS supports, their goals and the amount of funding to implement the plan. Plan funds are divided into three categories—core supports (for day to day living), capacity building (for personal development) and capital supports (for equipment or home modification).¹

¹ There will be flexibility to shift funding between participant core support and capacity building budgets from July 2020 (Robert 2019).

Figure 2.1 The NDIS



Source: QPC.

Plan management

The NDIS market between participants and providers is overlaid by additional elements of support, plan management, provider registration and price regulation:

- Support: to help participants use their plan and find providers, they can access Early Childhood Early Intervention (ECEI) partners or Local Area Coordinators (LACs)—who can also help with applying for the NDIS. Some participants may also be funded for a support coordinator, who can help build participants' capacity, or assist them, to use their plan.
- Plan management: participants can apply to self-manage paying providers or choose to use a plan manager or an NDIA agency manager to handle that relationship. Agency-managed plans must use supports from registered providers and pay prices no greater than set out in the pricing regulations. Plan-manager managed plans may use unregistered providers, but the pricing restrictions still apply. Only self-managed plans are free from both restrictions.
- Provider registration: to obtain registration a provider must meet certain quality standards (that vary by service type) and comply with regulated pricing. The NDIS Quality and Safeguards Commission (the NDIS Commission) administers provider registration and related quality standards. Only registered providers can provide some

support categories, must be used by agency managers, appear in NDIA directories for participants and are paid directly by the NDIA for their services (providing administrative advantages). All providers (including unregistered) must meet minimum code of conduct and complaints handling requirements. The NDIS Commission also provides a complaints process for participants.

- Price regulation: the NDIA considers that price controls are required for some disability supports until their markets are fully developed. A Pricing Reference Group advises the NDIA Board, through the CEO, on matters relating to price regulation.

Funding

The Australian Productivity Commission estimated that the NDIS would increase 'funding for the sector from \$8 billion in 2015–16 to at least \$22 billion by 2019–20' (PC 2017, p. 265), with \$4.2 billion earmarked for Queensland (QAO 2018). Slower than expected transition of participants into the NDIS, together with plan underutilisation, have kept spending below estimated levels—the 2018–19 Commonwealth Budget estimated total NDIS spending of \$16.7 billion for that year, but only \$12.9 billion was actually spent (PWDA 2019).

Funding is split between the Commonwealth and the states through bilateral agreements that also specify both parties' responsibilities in the effective operation of the NDIS. The funding split has been subject to transitional arrangements, which increase state contributions as participation grows.

For Queensland, those transitional funding arrangements were extended to June 2020 due to lower than expected participant numbers. From 2020–21, the annual state contribution will be \$2.1 billion (subject to indexation) with the balance funded by the Commonwealth (Robert & O'Rourke 2019).

3. Performance of the NDIS market in Queensland

The terms of reference require the Commission to review the performance of the NDIS market in Queensland during the transition.²

The objectives of the scheme outlined in the NDIS Act (s. 3 (1)) include:

- supporting the independence and social and economic participation of people with disability
- providing reasonable and necessary supports for participants
- enabling people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports
- facilitating the development of a nationally consistent approach to the access to, and the planning and funding of, supports for people with disability
- promoting the provision of high quality and innovative supports to people with disability to maximise independent lifestyles and full inclusion in the mainstream community
- raising community awareness of the issues that affect the social and economic participation of people with disability, and facilitating greater community inclusion of people with disability.

The inquiry's terms of reference relate broadly to these objectives, but, as the focus is on the NDIS market, they require the Commission to consider issues of effectiveness and efficiency of that market.

Assessment now of the NDIS market will inevitably be preliminary, as it may be many years before the scheme's full benefits are realised and the disability services market has matured (PC 2017, p. 83).

Transitioning participants into the NDIS

The transition in Queensland

The rate at which new participants transition from previous arrangements into the NDIS will affect the outcomes from the NDIS market in Queensland and the return on the community's substantial commitment to the scheme.

The 2016 Bilateral Transition Agreement between the Australian and Queensland governments (Schedule A) estimated 91,217 Queenslanders would be participating in the NDIS by June 2019.

Transition began slowly in Queensland. By 31 March 2018, 14,410 Queenslanders were active NDIS participants with approved plans (DCDSS 2018, p. 3). Transition was particularly slow for Aboriginal and Torres Strait Islander people with disability (QAO 2018, p. 6).

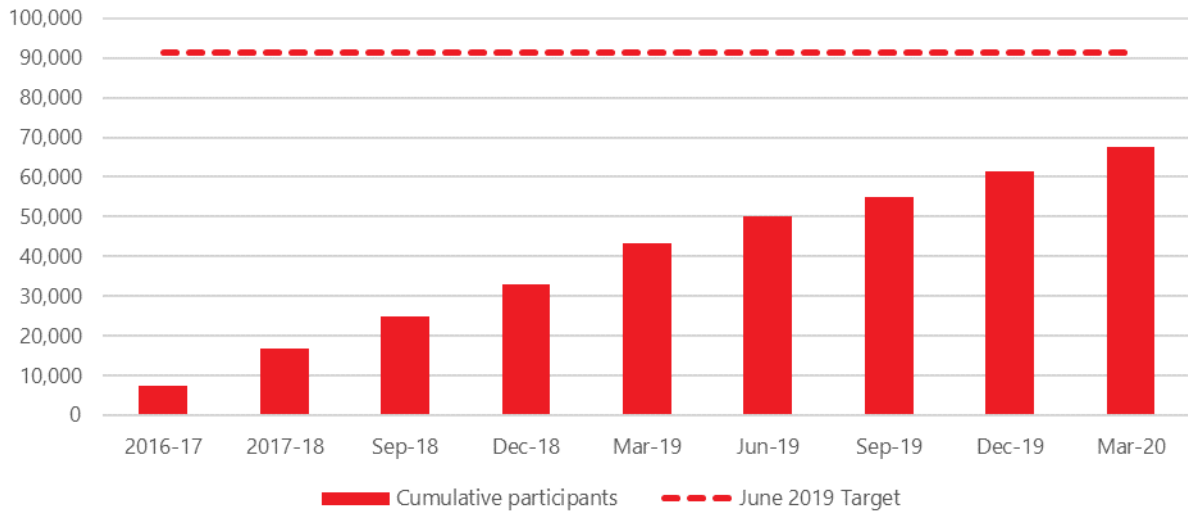
In May 2018, the Queensland Audit Office (QAO) recommended that the Department of Communities, Disability Services and Seniors (DCDSS) strengthen elements of its governance and transition plans, including actively managing and monitoring whole-of-government preparedness. It also recommended clarifying service delivery responsibilities, and improving arrangements for sharing information and communicating risks (QAO 2018, pp. 7–9).

The transition has since accelerated, and by 31 March 2020 there were 67,687 active scheme participants in Queensland (Figure 3.1).

² There is no definitive date for the end of the transition to the NDIS market in Queensland. Transition could be said to have ended in June 2019 when the NDIS applied in all regions in Queensland. Alternatively, it could be said to end on 1 July 2020, as agreed by the Queensland and Australian governments (Robert & O'Rourke 2019), or when all eligible people with a disability have substantially entered the scheme, or when the NDIS market has reached a mature state. For the purposes of the inquiry, the transition phase of the NDIS market is considered to be at or nearing its end.

In March 2020, most (58.4 per cent) Queensland NDIS participants had been users of existing state or Commonwealth services—similar to Australia as a whole (57.8 per cent) (NDIA 2020b, pp. 85, 214).

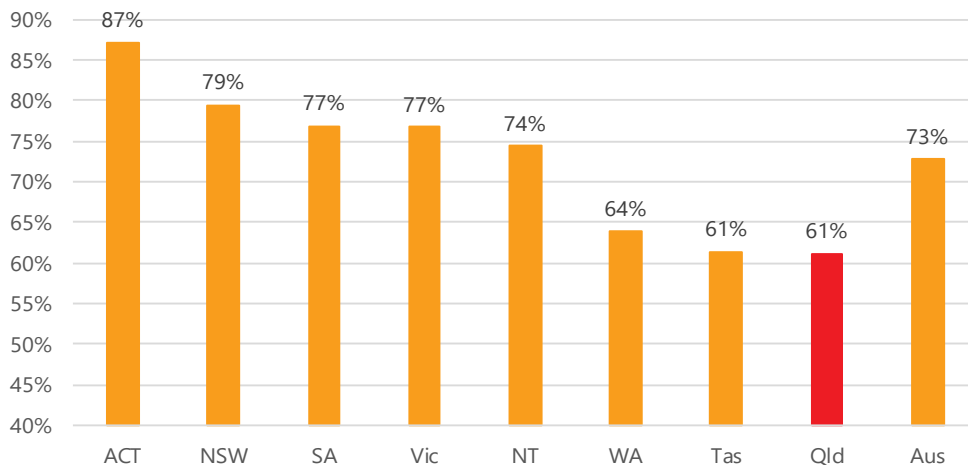
Figure 3.1 NDIS participants, Queensland



Source: NDIA 2020b, Appendix H.

Queensland is projected to have 110,700 active participants by 2023. Currently, Queensland and Tasmania have the lowest proportion of active participants to projected 2023 participants of any Australian jurisdiction—61 per cent compared with 73 per cent for the whole of Australia (Figure 3.2).

Figure 3.2 Participants as a proportion of projected 2023 active participants, March 2020



Note: Projected participants are those expected to be active as at 30 June 2023.
Sources: NDIA 2020d, Projected participants numbers data, March; QPC estimates.

The large scale of the scheme and significant changes involved in implementation may explain why some eligible Queenslanders have not transitioned into it. Queensland also started transitioning later than some other states. However, there could also be barriers that have delayed the transition. The inquiry will investigate the factors affecting the transition of eligible Queenslanders into the scheme and whether they are temporary or represent more persistent hurdles to scheme participation.

Questions

- What was the basis for the transition estimate of 91,217 Queenslanders participating in the NDIS by June 2019?
- Was the transition estimate achievable? Were there barriers to transitioning into the scheme and, if so, do barriers still affect entry of Queenslanders into the NDIS?
- Has the speed of transitioning people into the scheme affected outcomes from the NDIS for participants and for carers? If so, how?
- What are the lessons from the process of transitioning people into the NDIS for the future development of the scheme?

Transition of different cohorts

The rates at which different cohorts have transitioned to the NDIS have varied considerably. It is often not clear how much is due to the prevalence of these cohorts in the community or to their success in demonstrating eligibility. The inquiry will explore the reasons for these different rates of transition and the implications for the scheme's performance and its future operation.

The discussion below looks at participation in the NDIS by type of disability, service district, remoteness, Indigeneity, cultural and linguistic diversity (CALD), age group and gender.

Transition by type of disability

People with autism and intellectual disability represent over half of the participants in the NDIS, with a wide range of other disability groups making up the balance.

At face value, there do not appear to be large differences between the proportions of participants in particular disability categories in Queensland and the rest of the country (Table 3.1).

Table 3.1 Participants by disability group, March 2020 (% of total participants)

Disability group	Queensland	Australia
Autism	31.1	31.1
Intellectual disability	21.0	22.4
Psychosocial disability	8.5	9.4
Developmental delay	5.8	6.3
Hearing impairment	5.8	4.8
Other neurological	4.9	4.5
Other physical	5.5	4.4
Cerebral palsy	4.7	4.1
Acquired brain injury	3.8	3.3
Visual impairment	1.9	2.2
Multiple sclerosis	1.6	1.9
Global developmental delay	1.4	1.9
Stroke	1.6	1.4
Spinal cord injury	1.7	1.2
Other sensory/speech	0.4	0.9
Other	0.2	0.2
Total	100	100

Note: These categories represent the participant's primary reported disability group. Participants also report secondary disability groups. Table order is based on national proportions.

Source: NDIA 2020b, Appendices E and H.

A more complete analysis is needed to show whether the relative prevalence of different disability groups differs between Queensland and the rest of the country, and whether some disability groups are over-represented among eligible Queenslanders who have not yet accessed the scheme.

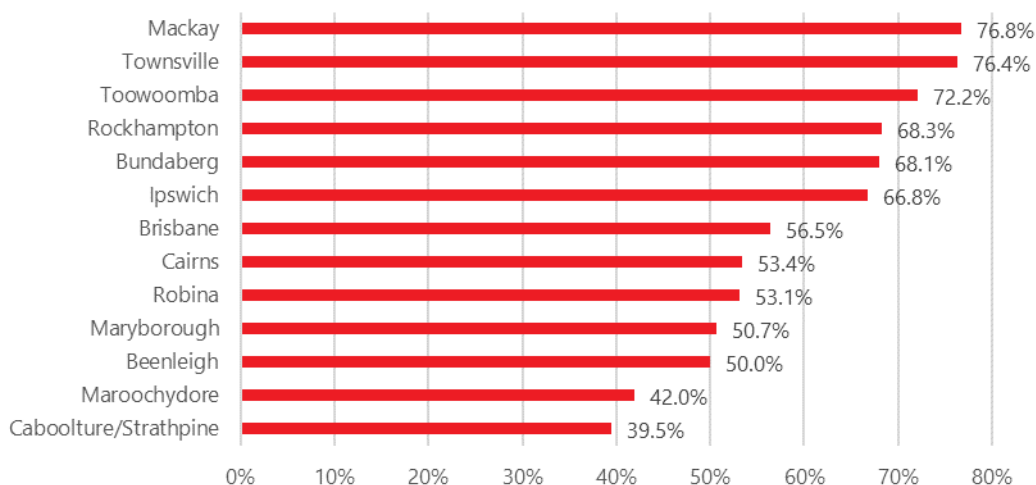
Transition by service district

The NDIS has been rolled out at different times and rates across Queensland. Service districts³ with fewer participants per 100km² transitioned first, which would have slowed the transition rate (NDIA 2016a, p. 9). The proportion of the projected NDIS population that has accessed the NDIS ranges from 77 per cent in Mackay down to only 40 per cent in Caboolture/Strathpine (Figure 3.3). Some of the variation likely reflects different regional transition timetables.

It is not clear to what extent other factors have contributed to lower uptake in some regions than in others.

³ Each state and territory is divided into 'service districts' in which the NDIA operates (NDIA 2020a). A service district is often a grouping of many local government areas. For example, Townsville covers 15 local government areas across Townsville, Hinchinbrook, Burdekin, west to Mt Isa, and up to the gulf (NDIA 2020g). Each service district transitioned onto the NDIS on different timetables, starting with Townsville from 1 July 2016 and ending with Caboolture/Strathpine and Maroochydhore from 1 January 2019 (DCDSS 2017, p. 20).

Figure 3.3 NDIS participation by service district as a proportion of projected population, December 2019



Note: Projected participants are those expected to be active as at 30 June 2023.
Sources: NDIA 2020d, Projected participants numbers data, March; QPC estimates.

Difficulties in contacting possible participants in the scheme in remote areas may also have contributed to the slow transition. In March 2020, 1.7 per cent of participants in Queensland lived in remote or very remote areas, compared to 57.2 per cent in major cities and 25.9 per cent in other cities with a population greater than 50,000 (NDIA 2020b, p. 218). The NDIA and the Queensland Government have identified rural and remote communities as a key group requiring extra support to access the scheme (DCDSS 2019c, pp. 22–23; NDIA 2016b, 2019e, p. 27).

Transition of Aboriginal and Torres Strait Islander people

In March 2020, 8.7 per cent of Queensland participants in the NDIS were Aboriginal and Torres Strait Islander people (NDIA 2020h, p. 1), compared with an estimated 4.6 per cent of Queenslanders who identify as Aboriginal and Torres Strait Islander people (QGSO 2019, p. 1).

This may reflect the prevalence of disability among Aboriginal and Torres Strait Islander people, who experience disability (including profound or severe core activity limitation) at around 1.5 to 2 times the rate of non-Indigenous Australians (NDIA 2019a, p. 18). Given this disparity in the prevalence of disability, it is unclear whether the current representation of Indigenous people in the NDIS should be regarded inordinately high or low compared to the rest of the Queensland community. However, as at 30 June 2019, the NDIA noted that the proportion of Aboriginal and Torres Strait Islander people participating in the NDIS at a national level had been lower than expected across all age groups (NDIA 2019a, p. 20).

Aboriginal and Torres Strait Islander people, particularly in remote areas, may face barriers in accessing disability services, including social marginalisation; reluctance to approach government agencies; cultural attitudes towards disability; services that are not mindful of cultural differences; limited understanding about what the NDIS is, what it is for and how to access and use it; and a lack of disability services in remote communities (PC 2011b; QPC 2017, p. 370).

Transition for those who identify as culturally and linguistically diverse

A large proportion of people with a disability from culturally and linguistically diverse (CALD)⁴ backgrounds do not access formal disability supports (NDIA 2020c, p. 17).

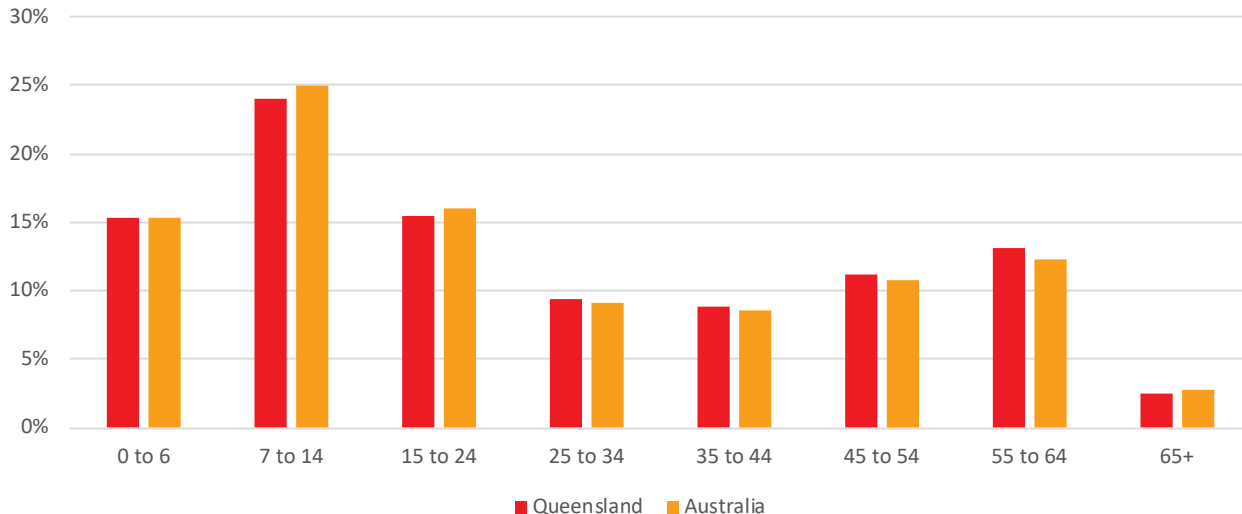
In Queensland, 5.4 per cent of participants in the NDIS identify as coming from a CALD background (NDIA 2020h, p. 1), compared to the NDIA's projection that 21 per cent of participants nationally will come from a CALD background (NDIA 2019f, p. 20).

By June 2019, nationally a lower proportion of CALD applicants had been found to be eligible for the scheme compared to the proportion of non-CALD applicants who had been found to be eligible (NDIA 2019f, p. 7), which may indicate that people from a CALD background face additional barriers to access. Families and carers of CALD participants are also likely to have poorer outcomes when they enter the scheme than those from non-CALD backgrounds; for example, they are less likely to be employed or to be able to advocate for their child or family member (NDIA 2019f, p. 10).

Transition by age group

Children are heavily represented in the NDIS, consistent with a national pattern of more children than expected entering the scheme (PC 2017, p. 18). Young adults aged 15 to 24 also make up a large proportion of participants both in Queensland and across Australia. For participants older than 24, the number of participants appears to increase with age, up to the 55 to 64 cohort (Figure 3.4). However, rates of disability are also positively correlated with age, so further work is required to understand whether older people are under-represented in the scheme. Average annual participant budgets also increase as participants age, up to the age of 55.

Figure 3.4 Participants in each age category as a proportion of the total number of participants, Queensland and Australia, March 2020



Sources: NDIA 2020b, Appendices E and H; QPC estimates.

Transition by gender

In 2018, an estimated 20.1 per cent of males and 18.0 per cent of females in Queensland had a disability, with 6.5 per cent of males and 6.0 per cent of females having a profound or severe core activity limitation (ABS

⁴ The term 'CALD' generally refers to people 'who were either not born in Australia, New Zealand, the United Kingdom, Ireland, the United States of America, Canada, or South Africa, and/or speak a primary language other than English at home' (NDIA 2019f, p. 3).

2019, cat. no. 4430.0). While these proportions are similar, in March 2020, 62 per cent of participants in the NDIS in Queensland were males (NDIA 2020b, p. 222, Appendix H). This may reflect the high proportion of children in the scheme, as the most common disability types for children in the scheme are autism and developmental delay, which are more common in males than females (NDIA 2019b, p. 5).⁵ More analysis will be required to determine whether females face higher barriers to accessing the NDIS.

Other

Other cohorts that could be tracked separately to identify whether they face specific barriers to accessing the NDIS include people in lower socioeconomic groups, with low education levels or without family support (access to advocates), people who identify as LGBTQIA+, adults and young people in custody, people who are homeless or in residential services, people with psychosocial disability, and people with impaired decision-making (NDIA 2019e, p. 21; Queensland Government 2019, pp. 10–11).

Questions

- What other information is available about the transition of individual cohorts into the NDIS?
- Why are some cohorts transitioning more slowly than others?
- Are barriers discouraging the transition of some cohorts into the scheme? What are they and how large are they? Do they differ between cohorts? How can these barriers be addressed?
- What are the implications for participants, carers, and for scheme costs of the different transition rates?

⁵ After age standardising, some discrepancy remained, but this was not analysed further due to differences in eligibility criteria and the data used to analyse the gender gap (NDIA 2019b, p. 5).

Measures to increase participation

With the transition rate falling short of the estimate, the Australian and Queensland governments and the NDIA have initiated programs to increase scheme participation (Box 3.1).

Box 3.1 Programs to increase participation in the NDIS in Queensland

There are various programs to increase participation in the NDIS in Queensland:

- Queenslanders with Disability Network (QDN), Queensland Council of Social Service (QCOSS), Aged and Disability Advocacy Australia (ADA Australia) and the Queensland Government are working together on the Targeted Outreach Project.
- The Assessment and Referral Team (a collaboration between the DCDSS and the Commonwealth Government) is a new team to help people join the NDIS.
- Local Area Coordination (LAC) services can help people to understand and access the NDIS, create a plan, implement the plan, and review the plan.
- Information, Linkages and Capacity Building (ILC) provides grants to organisations to deliver projects in the community that benefit all Australians with disability, their carers and families.
- The NDIA has developed strategies to support the successful delivery of the NDIS in Aboriginal and Torres Strait Islander communities (NDIA 2017), in rural and remote communities (NDIA 2016b), and for people from culturally and linguistically diverse (CALD) backgrounds (NDIA 2018a).
- The Australian Government has committed to developing an NDIS Participant Service Guarantee. This is intended to support positive experiences for participants with the NDIS. From 1 July 2020, the Guarantee will set a shorter agreed timeframe for which people can receive a decision for NDIS coverage, receive a plan, and have their plan reviewed (DSS 2020).
- Queensland Government agencies worked with the NDIA to develop the new entrants action plan, 'designed to increase the participation of new entrants by changing service systems to better support referral of potential new entrants to the scheme' (DCDSS 2019c, p. 12).
- Queensland Corrective Services' (QCS) Service Delivery Reform project aims to improve QCS processes to better support prisoners and offenders to access the NDIS (DCDSS 2019c, p. 13).

Questions

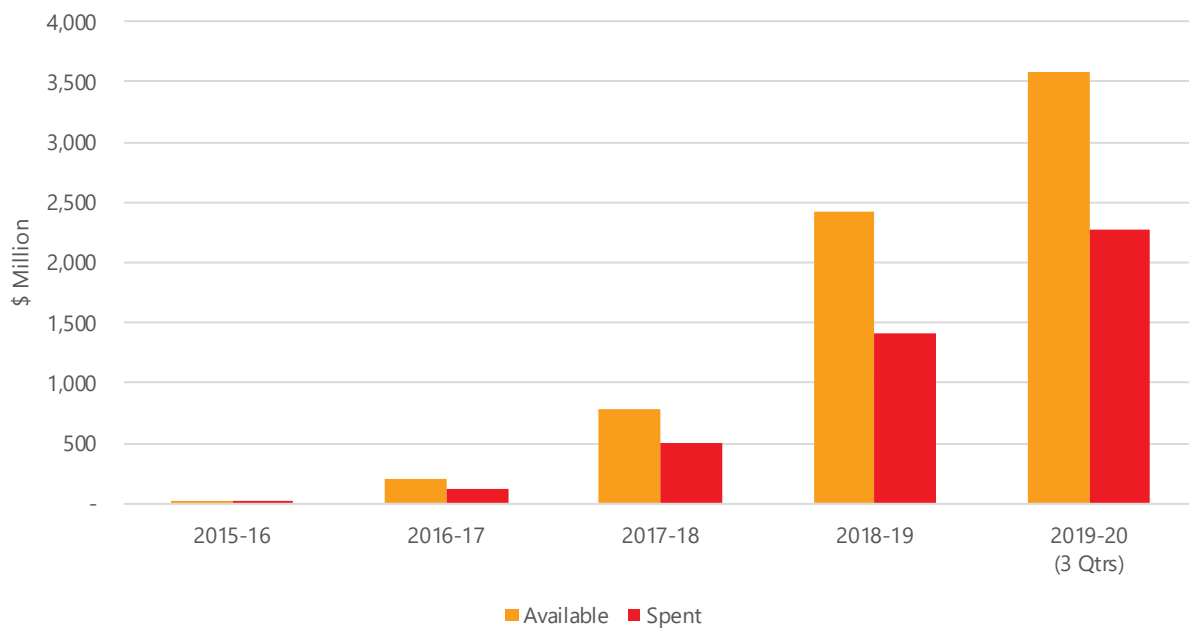
- How effective and efficient are the programs to increase participation in the NDIS in Queensland?
- Do they complement each other?
- How could their effectiveness, individually and as a group, be improved?
- Are the roles and responsibilities of the Australian and Queensland governments for increasing participation clear?

Transitioning providers into the NDIS

The performance of the NDIS market will depend largely on the capacity of providers to meet the rapidly growing demand for services, which is indicated by the rapid growth in NDIS market funds available and spent in Queensland (Figure 3.5).

Before the NDIS, most disability services were provided directly by government, or by non-government or other organisations that were directly funded by government. The NDIS seeks to transform the supply side of disability services markets so that services are supplied by a broader range of providers who are paid directly by those using their services.

Figure 3.5 Annual level of NDIS market funds available and spent in Queensland, 2015–16 to 2019–20

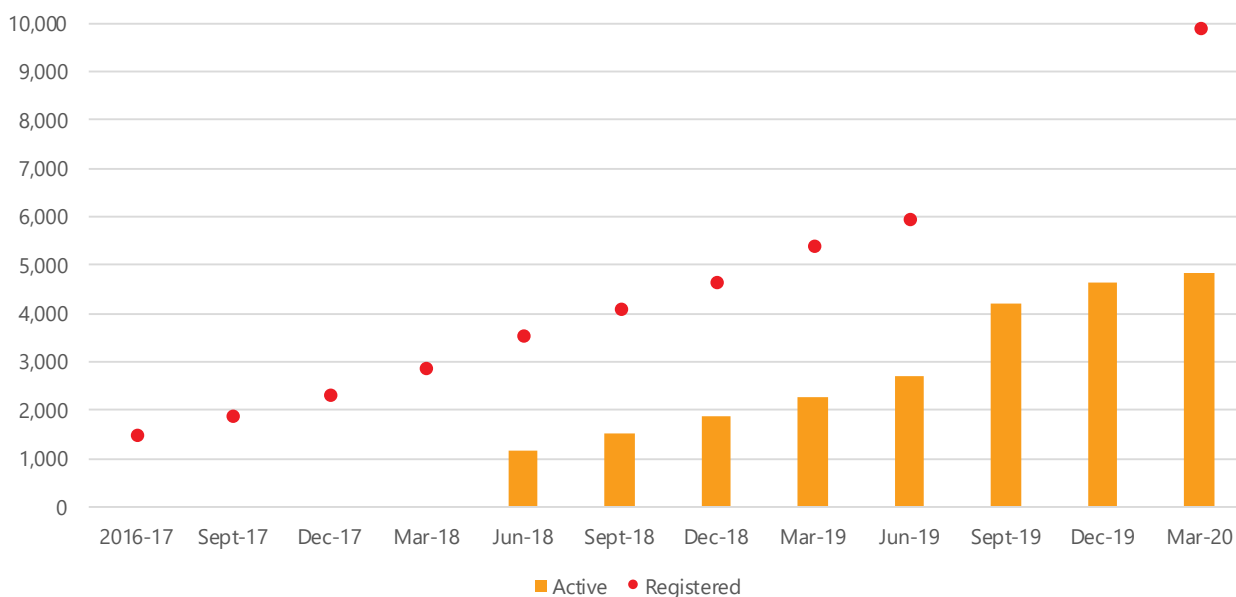


Note: Only 2019–20 includes amounts for participants who joined the NDIS before the scheme commenced in Queensland and subsequently moved to Queensland.

Sources: NDIA 2019d, 2020b, Appendix H.

Figure 3.6 shows the growth in the number of providers—both registered and active—in the NDIS market.

Figure 3.6 Number of registered and active providers, Queensland 2016–17 to 2019–20



Note: Gaps in the data series are due to changes in reporting methods and do not represent zeroes.

Sources: NDIA quarterly reports, various in NDIA 2020f; QPC estimates.

As at 31 March 2020, there were just over 9,900 registered providers in Queensland, with 4,848 active providers (who have made at least one claim since the scheme began in Queensland). Of those, 2,731 (56 per cent) were active in the March quarter 2020 (QPC estimate; NDIA 2020b, pp. 246, 248, 2020e). There were 194 new active providers in that quarter, and this level of entry (7 per cent of providers who were active in that quarter) is comparable to NSW and Victoria (5 and 7 per cent respectively) (NDIA 2020b, pp. 165, 206, 248).

Just over one third of the 'ever active' providers are individuals or sole traders (34 per cent) in Queensland, with the remainder being organisations/companies (NDIA 2020b, p. 247). The breakdown between providers of different sizes and business types is likely to vary within and between service regions—depending on their remoteness—and between categories of support and disability, which may have different cost structures.

Questions

- Are there barriers to entry to the NDIS market? If so, what are they and how can they be addressed?
- What are the most important factors that affect providers' decisions to supply into the NDIS market?
- What are the differences in the capacity and readiness of for-profit, not-for-profit and government service providers to supply into the NDIS market?
- Which types of providers or services/supports are in short supply? Why?
- What are the gaps in provider capacity and quality—what are their consequences, and how could gaps be addressed?

The costs faced by providers transitioning to the NDIS and complying with regulatory obligations

Providers seeking to deliver services and supports to NDIS participants who have their plan managed by the NDIA must register with the Quality and Safeguards Commission. NDIS providers that deliver specialist disability accommodation, use restrictive practices, or develop behaviour support plans must also be registered.

Providers may need to develop new organisational capabilities and to change systems and processes, as they shift from block funding to unit funding, change from payment in advance to payment in arrears, and comply with a new quality and safeguards framework.

Anecdotal evidence suggests the cost of transition could be 1.5 per cent of a provider's total annual expenditure (McKinsey & Company 2018, p. 64). Small providers may experience relatively high transition costs, while not-for-profit providers may experience lower volunteering and fundraising contributions as they become more commercial (PC 2017, pp. 286, 288). Providers will also incur ongoing costs to comply with registration, quality and other regulatory obligations.

The inquiry is seeking information about the impact of transition and compliance costs on the availability of service providers operating in the NDIS market in Queensland.

Questions

- Are the costs of registering and transitioning preventing some providers from participating in the scheme?
- Could these transition costs of service providers be reduced without undermining the integrity of the scheme and compromising the safety of participants?
- How large are the costs of complying with regulatory requirements in the NDIS and do they affect the availability or quality of services and supports?
- What are the characteristics of those providers that have not sought or not been permitted to register?

Meeting the needs of participants

Consistent with the terms of reference, the Commission will assess the effectiveness and efficiency of the NDIS market in Queensland in meeting the needs of participants.

The objectives of the scheme outlined in the NDIS Act (s. 3 (1)) include meeting the needs of participants by:

- supporting the independence and social and economic participation of people with disability
- providing reasonable and necessary supports for participants.

How well the NDIS market is meeting these needs will be key measures of its effectiveness.

Assessing the market's efficiency in meeting these needs is more problematic. The vision for the NDIS is to harness markets to provide people with a disability with greater choice and control over the supports they receive, in order to achieve positive outcomes. In well-functioning competitive markets, informed customers signal their needs through what they are willing to pay, and suppliers compete to meet those needs to the extent it is profitable for them to do so, and in the least costly way. When working well, competitive markets are economically efficient in the sense that they supply the goods and services that consumers are willing to pay for at least cost and allocate resources to derive the most benefit from them.

However, the NDIS market is still developing and lacks some features of the type of market described above. Participants may have limited capacity to exercise choice and control over their supports, and the supply side of the market may sometimes be slow to respond to participant demand. Further, the total funds available to meet participants' needs are determined administratively.

To determine how funds are allocated to participants, the NDIA helps participants to define their needs by undertaking a 'support needs assessment' of the supports that participants need to achieve their goals. Participants 'drive' the market to an extent through goal identification, but the NDIA effectively determines what it sees as genuine needs by funding supports that it considers are 'reasonable and necessary' for a participant to achieve their goals and aspirations (NDIA 2019k).

Determination of the size of each participant's budget might be expected to be based on a weighing up of the benefits to participants from different levels and combinations of support and the costs of providing those supports. However, this is not necessarily the case, as the NDIS Act neither prescribes the types of supports that would be considered 'reasonable and necessary', nor provides guidance about how to determine this (PC 2017, p. 184).

This means that the amount that is spent on each participant's needs is to an extent also determined administratively, although with more regard to the aspirations of participants than was the case under the previous supply-driven approach.

Questions

- What measures best demonstrate whether the NDIS is meeting Queensland participants' needs effectively and efficiently?
- Does the NDIS provide Queensland participants with enough choice and control over the supports they receive? If not, what factors are constraining the ability of participants to exercise choice and control?
- Is there enough guidance about how the NDIA determines the supports that it funds to meet participants' needs?
- Have outcomes for Queensland people with a disability improved since the adoption of the NDIS?
- Will the ability of the NDIS to meet participants' needs improve as the scheme is in place for longer?

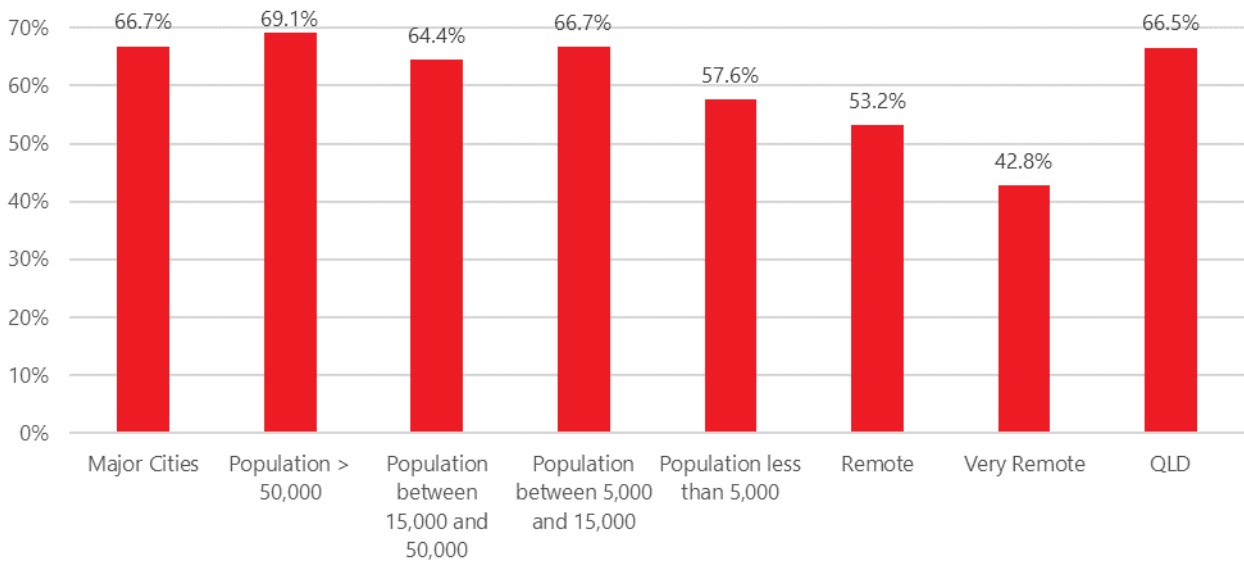
While not direct measures of scheme performance, measures of plan utilisation, participant satisfaction with NDIA processes and goal achievement are partial indicators of the extent to which participants' needs are being met.

Plan utilisation

There has been significant under-spending of approved plan budgets. In March 2020, the average plan utilisation rate in Queensland was 67 per cent, slightly below the national figure of 68 per cent (NDIA 2020b, pp. 130, 256).⁶ The rate is lowest for those aged over 65, and in remote and very remote regions (Figure 3.7).

⁶ Plan utilisation refers to 'the amount of funding for supports in approved plans used, against the total amount of funding committed in plans' (DCDSS 2017, p. 17). Utilisation rates across states vary from 72 per cent in the Australian Capital Territory and New South Wales to 60 per cent in the Northern Territory (NDIA 2020b, pp. 172, 421, 459).

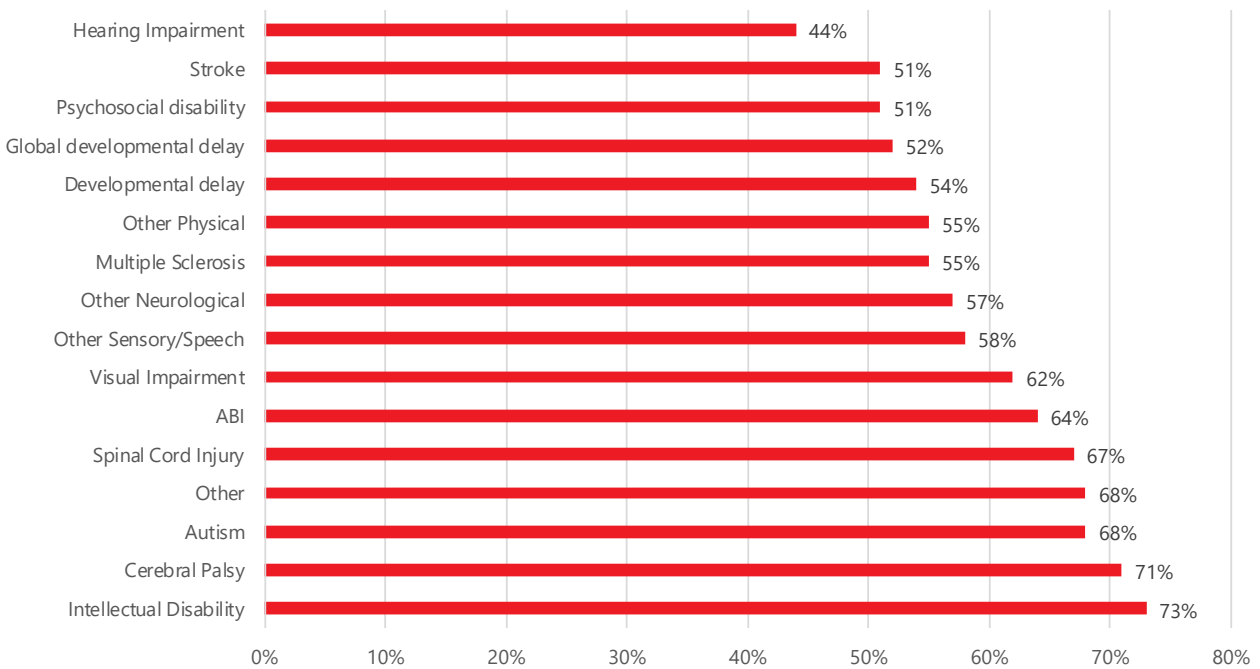
Figure 3.7 Utilisation of committed supports by remoteness from 1 July 2019 to 31 December 2019, Queensland



Source: NDIA 2020h, Appendix H.

Utilisation of plan budgets also varies significantly between disability groups, from an average of 44 per cent for plans for people with hearing impairment to an average of 73 per cent for plans for people with intellectual disability (Figure 3.8).

Figure 3.8 Average proportion of plan budget utilised by disability group as at 31 December 2019, Queensland



Source: NDIA 2020d, utilisation of plan budgets data, March.

If an approved plan represents a level of services that is 'reasonable and necessary', then underutilisation of that plan could imply that there are not enough support services available to service the plan, and therefore the needs of the participant are not being met. Conversely, the under-utilisation of plan budgets could indicate that the approved funding is too large, and that clients have fully met the needs identified in the support needs assessment, without spending their whole budgets.

A recent national review found that under-spending could be an indicator of supply shortfalls, or of participants being unfamiliar with the scheme and how to use their supports (McKinsey & Company 2018, pp. 21, 59). In the latter case, plan utilisation would be expected to increase as participants become more familiar with the scheme.

Incentives facing the NDIA and participants in the setting and utilisation of plan budgets (for example, whether underspends are lost or carried over) may affect the degree of underutilisation of plan budgets, the willingness of participants to shop around for the best price, and the efficient use of funds.

Questions

- Are the plans that are being developed fit-for-purpose, and funded to deliver efficient supports to meet participants' needs?
- What are the reasons for the underutilisation of approved plan budgets?
- Is price regulation a cause of supply shortfalls?
- Is underutilisation of plans likely to diminish over time?
- What are the consequences of underutilisation?
- How do conditions around the use of support budgets affect participants' incentives to fully use their plan budgets and shop around for services?
- Does plan type have a bearing on budget utilisation and access to support services?
- What actions by the Australian or Queensland Governments or by the NDIA would improve plan utilisation?
- Are the roles and responsibilities for increasing plan utilisation clearly defined and allocated?

Satisfaction with NDIA processes

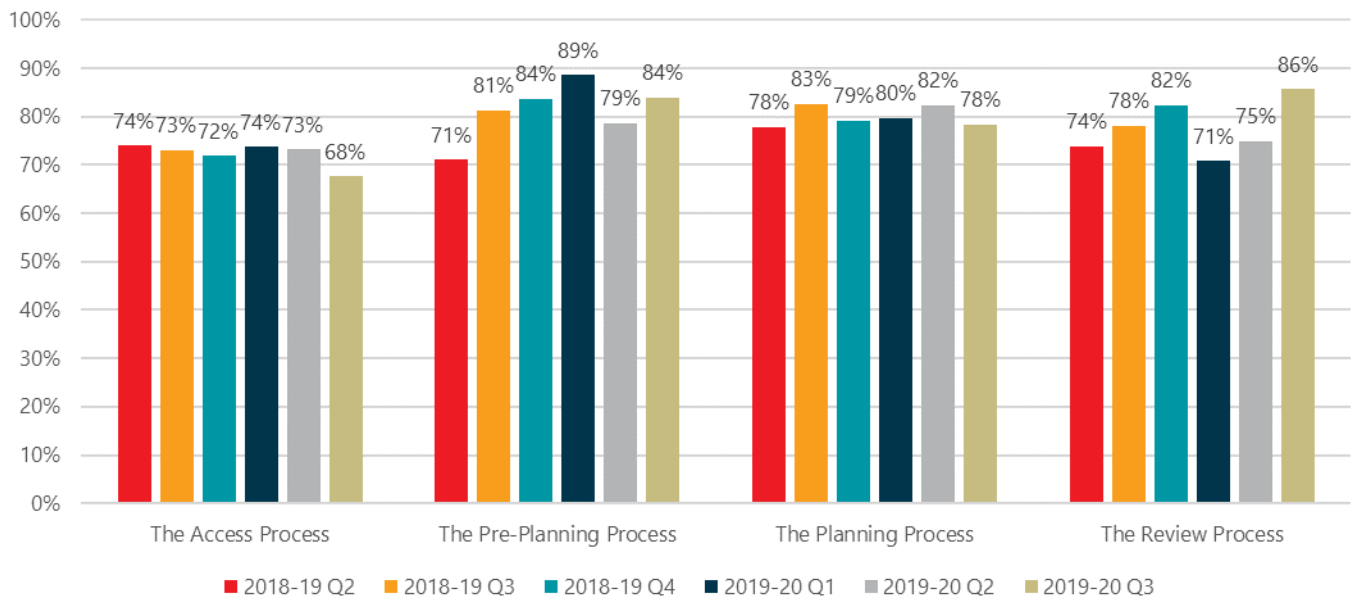
The NDIA has processes for those seeking access to the scheme and planning processes that aim to match participants with supports that enable them to achieve better outcomes. Good planning processes are crucial for participants and for the scheme's financial sustainability:

*Over-coverage of supports could create cost-pressures and pose a risk to the sustainability of the scheme, but under-coverage could mean that the benefits of the NDIS are not fully realised.
(PC 2017, p. 182)*

Poor plans, which nominate supports that do not meet participants' needs, would undermine scheme outcomes, and increase requests for plan reviews.⁷ NDIA surveys indicate, however, that between the second quarter of 2018–19 and the third quarter of 2019–20, most participants in Queensland consider that the pre-planning, planning and review processes were good or very good. Satisfaction rates were lower for the access process (Figure 3.9).

⁷ Plans are normally reviewed when they expire (usually after 12 months), but reviews can be triggered before this. Changes require a full plan review, and there have been suggestions that there should be a process for allowing minor amendments (PC 2017, p. 196).

Figure 3.9 Proportion of participants describing satisfaction with NDIS processes as good or very good, Queensland



Source: NDIA 2020, Appendix H.

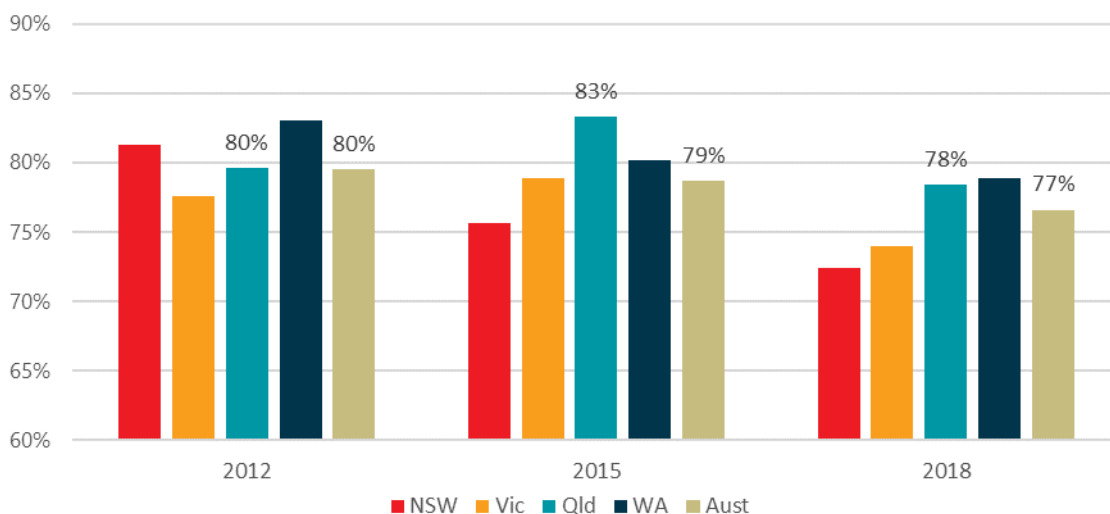
Questions

- How well are the access, planning and review processes working in Queensland for people with disabilities and their carers?
- How could they be improved?

Satisfaction with the quality of services

Between 2012 and 2018, around 80 per cent of Queenslanders with disability were estimated to be satisfied with the quality of assistance received from organised and formal services (including those outside the NDIS) (Figure 3.10). Satisfaction appears to be lower outside major cities (74 per cent in Queensland and 72 per cent in Australia) than inside (84 and 78 per cent) (PC 2020, Table 15A.58). The proportion of Queensland primary carers satisfied with the assistance they receive does not appear to have improved, with an estimated 68 per cent satisfied in 2018 (PC 2020, Table 15A.57).

Figure 3.10 Estimated proportion of people aged 15 to 64 with a disability who are satisfied with quality of assistance received from organised and formal services in last 6 months⁸



Note: Satisfaction with quality of assistance received from organised services includes assistance with cognitive or emotional tasks, household chores, meal preparation, mobility, property maintenance, reading and writing, self-care tasks and transport. Data excludes assistance received with health care and communication tasks. Excludes people who are residents of cared accommodation. Differences in Queensland estimates are not statistically significant.

Source: PC 2020, Table 15A.56 based on ABS Survey of Disability, Ageing and Carers (unpublished data).

Questions

- How would you rate the quality of disability supports delivered through the NDIS?
- How has the introduction of the NDIS affected the quality of disability supports?
- How much does support quality vary between regions and types of supports?
- Are there better measures of the quality of supports than survey data?
- Do participants have sufficient information on provider service quality to effect choice and control?

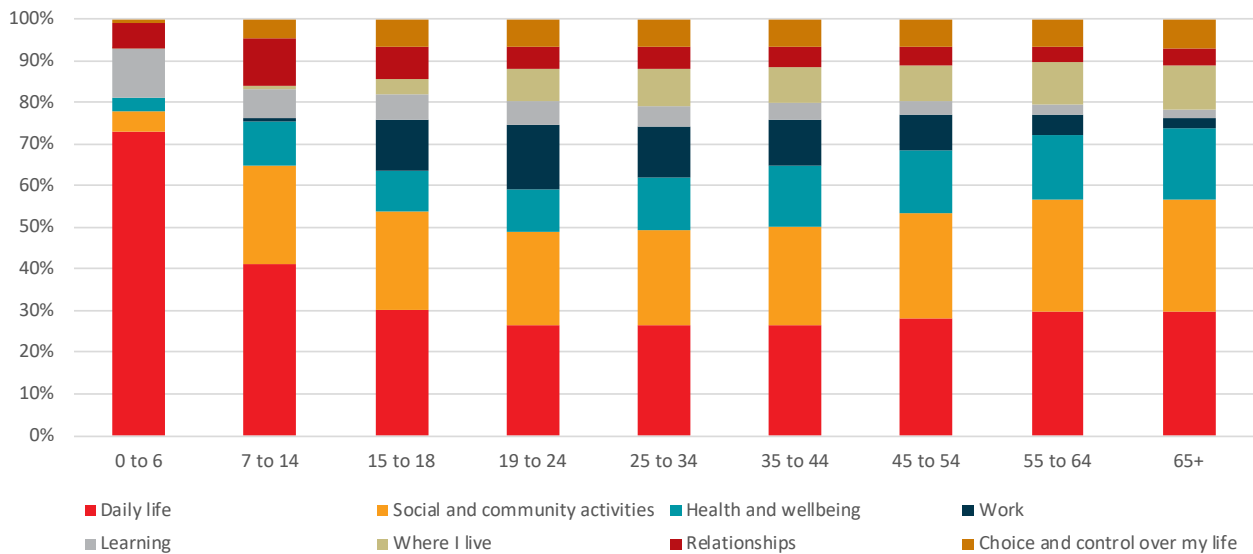
Achievement of goals

During the NDIS planning process, participants discuss and record their short, medium or long-term goals in eight domains.⁹ On average, participants have four goals in their plan (NDIA 2019j, p. 5). While the preferred goals differ between different age groups and disability, goals relating to Daily Life are most popular across all ages and disabilities (Figure 3.11). Children are more likely than adults to report this kind of goal and to include goals related to Learning and Relationships (NDIA 2019j, p. 6). Participants aged 19 to 24 are most likely to report goals related to work (NDIA 2019j, p. 6).

⁸ The figure covers services similar to those provided by the NDIS but includes recipients who are not participants in the NDIS.

⁹ The eight domains are choice and control over my life, daily life, health and wellbeing, learning, relationships, social and community activities, where I live, work.

Figure 3.11 Relative frequency of goal domains across participant age band in active plans, Queensland



Note: Data is current as at March 2020. The chart shows the relative frequency with which participants have developed various types of goals—each participant has multiple goals in their plan.
Source: NDIA 2020b, Appendix H.

Measures of the extent to which participation in the scheme enables participants to achieve these goals would provide an indicator of its benefits. For example, the proportion of participants who secure work after using employment support providers could be measured.

Questions

- What factors influence the choice of goals and therefore the intended outcomes of budget plans?
- What evidence is there about whether scheme participants are achieving their goals?
- What other indicators could be used to measure this?

The productivity impacts of government investment

Measures of the 'productivity impact'¹⁰ of the NDIS should provide an indication of whether the scheme has enabled people with a disability and their carers to increase their participation in the labour force, education and training, and the community more broadly.

In addition to these direct benefits for participants, there may be broader social benefits. For example, NDIS supports that help people with a disability and their carers to participate in the labour force will produce wider economic benefits by increasing labour supply and the sustainability of government budgets by reducing welfare payments and increasing taxable income. The goal of the NDIA's employment strategy is to have 30 per cent of

¹⁰ The term 'productivity impact', used in the terms of reference, will be taken to refer to increased participation in community activities, including employment, education and training.

national participants of working age in paid work by 30 June 2023 (NDIA 2019i, p. 12). Currently the rate for Queensland participants is 19 per cent¹¹ (NDIA 2020h, p. 3).

Direct impacts

The NDIA collects considerable data on the outcomes for participants, including at the level of individual states, which will inform the Commission's analysis of the productivity impacts of Queensland's investment in the NDIS (Box 3.2).

Box 3.2 NDIS participant outcomes framework

The framework collects information on how participants and their families and carers are progressing in different areas (domains) of their lives. It is used to monitor individual and scheme progress over time, to help uncover the types of supports that lead to good outcomes, and to benchmark against the experience of other populations (such as people without disability and other OECD countries).

Development of the framework involved a review of existing national and international frameworks, a review of available population data against which to benchmark performance, consultation with stakeholders, and a pilot of the questionnaires.

The framework takes a lifespan approach to measuring outcomes, recognising that different milestones are important for different age groups. Hence different versions of the questionnaires are used, for both participants and families/carers, depending on the participant's age.

Two questionnaires are used. All participants complete the short form. A subset completes the long form, which allows more detailed investigation of participant and family/carer experience, and additional benchmarking.

The intention is to reinterview participants approximately annually, so that within-individual changes in outcomes can be tracked over time, providing longitudinal data that will be used to assess how changes in outcomes impact funded supports and overall scheme costs.

Source: NDIA 2018c, pp. 20–21.

Broader benefits

Participation in the scheme may create broader benefits that should be included in analysis of its costs and benefits. These include:

- reduced health system costs if participation prevents or reduces episodes requiring hospitalisation
- reduced education system costs to the extent that the NDIS helps children with disabilities to participate in mainstream education services
- savings in family carers' time and costs
- improving the health, wellbeing and productivity of the families of participants
- reduced justice system costs
- improved efficiency of disability service providers
- reduced costs associated with homelessness.

¹¹ This result is current as at 31 March 2020 and is for participants who had their first plan approved between 1 April 2017 and 31 March 2018 and have had a second plan review to date.

Questions

- Does the NDIA's outcomes framework provide useful measures of the productivity impact of Queensland's investment in the NDIS? Are additional measures needed? Can the value of the NDIS to the community be adequately measured?
- How have the community and labour force participation and productivity outcomes of participants and carers changed since the NDIS transition commenced in Queensland?
- How do community and labour force participation and productivity outcomes vary depending on individual or group characteristics (for example, Indigeneity, location, gender, age and type of disability)?
- Are data available to analyse the impact of the NDIS on labour market outcomes for NDIS participants in Queensland?
- How can the impact of the NDIS on labour force participation be separated from the impacts of changes in underlying economic conditions?
- How can the NDIS better assist people to participate in labour markets, education and community activities?
- How can the broader benefits of the NDIS for participants' families, governments and the broader community be measured?
- Overall, have the benefits of the NDIS in Queensland to date exceeded its costs?

4. NDIS market conditions and prospects

The inquiry is required to report on NDIS market conditions and prospects. Key issues include whether markets have reached a stage at which prices can be deregulated or whether interventions are needed in Queensland to accelerate market development, and whether there are areas where effective and efficient markets may never become established.

The Commission is interested in stakeholders' views on how the NDIS and disability services could and should look in the longer term.

Questions

- What factors will shape the future demand for disability services in Queensland?
- How well placed is the NDIS to respond to these changes?
- Are there barriers to innovation and the capacity of the NDIS to respond to changes in market conditions?

The impact of COVID-19

An immediate challenge is dealing with the impacts of COVID-19. The Australian Government and the NDIA have implemented initiatives to support participants, providers, NDIA staff and partners. For example, registered NDIS providers have received one-month advance payments to provide immediate cash flow relief, and there is a temporary 10 per cent loading on some supports for up to six months. These initiatives will require the NDIA to divert resources and to reprioritise some functions and business activity (NDIA 2020b, pp. 5–8).

The inquiry will need to base its analysis of the sector against the backdrop of ongoing possible impacts from COVID-19.

Questions

- Are there lessons from the COVID-19 pandemic that should inform the future delivery of disability services through the NDIS?
- Are there any permanent or long-lasting impacts of COVID-19 on the NDIS that the inquiry should consider?

Participant capacity

To exercise choice and control, participants must have the capacity to navigate the NDIS, which will be more difficult the more complex the scheme is.

The NDIA provides supports to increase participants' capacity, but there have been suggestions that support should be increased and more information provided; that rules and codes of conduct should be changed as necessary to ensure that intermediaries act in the best interests of participants; and that the Australian and state and territory governments should continue to fund disability advocacy (PC 2017, pp. 386–8).

A separate short form issues paper seeks information from NDIS participants, people with disability who have not been able to access the NDIS, and carers and families about their experience with the scheme.

Questions

- What evidence is there about participant readiness for the NDIS in Queensland?
- How complex are NDIS processes for participants and their carers and families?
- If they are too complex, what further supports could be provided? What processes could be simplified or improved?

Provider capacity

Providers offer many different supports in many locations. This means that, nationally, 'there are a number of submarkets within the aggregate disability support market' (PC 2017, p. 264). There are many different providers, of varying sizes, with different service offerings, ownership, and locations.

Provider capacity is likely to differ considerably between markets for different services and between regions. There have been concerns that some NDIS sub-markets are, and may remain, 'thin'. The development of provider capacity in these and other markets will be affected by the availability of a suitable workforce, the approach to price regulation, the availability of useful information about market conditions and prospects, and whether there are impediments to entry by new firms.

The Australian Productivity Commission, in its 2017 report on NDIS costs, suggested the data about service provision was 'patchy'; and there was uncertainty about how many providers would be needed, the breakdown between for-profit, not-for-profit and government providers, and the extent to which they would specialise (PC 2017, pp. 264–6). Since then, the NDIA has made more information available, although what information gaps remain in Queensland and how they affect the market is a matter for investigation by the inquiry.

A separate short form issues paper seeks information from NDIS providers about their experience with the scheme.

Questions

- How are service providers adjusting to changed methods of funding?
- What information gaps exist in relation to the NDIS market and providers in Queensland? How do these gaps affect the operation of NDIS markets?
- What are the key barriers to providers increasing their capacity?
- Do providers face stronger incentives to operate in the NDIS rather than in other sectors, or vice versa?
- What are the key barriers to entering the NDIS market for those who operate outside the NDIS?
- Are there ways in which these barriers could be reduced without affecting the quality of service provision?

Thin markets

Limited availability of some disability services in 'thin markets' may contribute to the slow transition into the scheme and the underutilisation of budgets. Thin markets have been defined as situations in which there is a gap between the needs of participants and the services available (EY 2019, p. 3) and in which the number of participants or providers remains too small to support the competitive provision of services (PC 2017, p. 268). Thin

markets threaten the public policy objectives of increasing choice and control, and equity, as people in such markets may receive inferior or no services (Carey et al. 2018, p. 1).

[They] can result in poor participant outcomes, increased demand for mainstream services, and greater pressure on informal carers. Scheme costs are also affected—while they may be lower in the short term (due to underutilisation of supports), they may be higher in the long term if participants are not receiving the right supports at the right time. (PC 2017, p. 268)

Thin markets typically occur where the small number of clients increases unit operating costs, where it is difficult to recruit staff, or where suppliers are temporarily unavailable (EY 2019, pp. 3–4).

A recent national review argued that 'the NDIS is too young and the available data too incomplete for a definitive assessment of whether certain markets are at risk of being thin or undersupplied' (McKinsey & Company 2018, p. 58). It proposed that the NDIA should adopt a clear set of metrics to enable it to identify and respond to risks of thin markets emerging.

While it may be too early to identify thin markets, Queensland's rural and remote areas, including remote and discrete Indigenous communities, appear to be particularly at risk (Box 4.1). Participants with complex needs may also be less well supported in these areas.

Box 4.1 Rural and remote communities: an example of thin markets

People with disability living in rural and remote communities often face unique challenges compared to those in metropolitan areas. These communities often include a higher proportion of Aboriginal and Torres Strait Islander people.

People with disabilities who live in these communities, and their carers, are currently challenged by:

- limited service choice and availability
- the need for travel and transportation
- difficulties with recruiting, training and retaining professionals
- issues relating to service/support quality
- lack of alternative accommodation options.

Service delivery for the NDIS in rural and remote Australia must determine the best way to respond to the impact of small populations dispersed across vast geographic regions, limited infrastructure, and difficulty in attracting professional personnel. It needs to take account of the specific geographical, social, economic and cultural contexts that differentiate rural and remote communities.

Rural and remote services are unlikely to have the same economies of scale as metropolitan-based services and may experience a greater administrative burden due to multiple accreditation, accountability and reporting requirements. These service providers may find it harder to maintain viability.

The NDIA's rural and remote services strategy is guided by the vision that: 'People with disability in rural and remote Australia, including Aboriginal and Torres Strait Islander communities, are supported to participate in social and economic life to the extent of their ability, to contribute as valued members of their community, and to achieve good life outcomes.'

Sources: Johnson 2016; Mavromaras et al. 2018, pp. 256–7; NDIA 2016b, pp. 2, 7.

Changes to pricing and related policies (see below) can improve supply to thin markets, but more direct interventions are sometimes considered. Thin markets often have specific and different causes, requiring tailored responses. In extreme cases, the NDIA may take a direct role in providing services when providers are unwilling or unable to do so (PC 2017, pp. 270–81). In others, actions on the participant side of the market may help, such as

e-market tools that help participants in under-supplied markets to find suitable providers (McKinsey & Company 2018, p. 62).

In its 2011 report, the Australian Productivity Commission conjectured that a purely market-based approach may not be well-suited to meeting Indigenous peoples' needs, particularly in remote communities (PC 2011b, p. 531). Broader challenges facing Indigenous communities, such as poor infrastructure, housing¹² and security issues, may also need to be better managed before the NDIS market can succeed in these communities.

Questions

- How common are thin markets in Queensland, what is causing them and how significant are their impacts? Where are they and for which services?
- Did the gaps in service provision predate the NDIS, or have they emerged since 2016?
- What are the consequences of thin markets for the achievement of NDIS outcomes?
- Are there any other factors affecting specific markets or market segments, including in rural and remote areas?
- Are the respective roles of different levels of government in addressing thin markets clearly and appropriately specified?
- How effective have interventions to address thin markets been, and how could they be improved?
- Are there some regions or disability supports that might never be delivered by effective disability services markets? Why is this the case and what would be the best institutional arrangements for providing support services to them?
- How does access to disability services in regional and remote communities compare with access to other human services, such as health and aged care services?

Workforce readiness

Providers cannot establish successfully in disability markets without a suitable workforce. The current workforce is older than the general workforce, mostly (80 per cent) female, part-time, and most hold a certificate-level qualification. A projection made before the current economic downturn was that the NDIS will contribute about one in five of all new jobs in Australia during the transition to full scheme. In rural and regional areas, it is likely to be 40 per cent of jobs and more than 80 per cent in remote areas (Bonyhady 2019, p. 6).

The NDIS increases the ways in which participants can be matched to those who deliver services—participants can directly contract, or employ, their workers, and there has been a growth in online services that seek to make matches and simplify the administration costs for both parties—these pressures are likely to affect the practices of existing organisations. The sector must also compete for its workforce in the face of increased workforce demand from aged care and the wider health sector.

Various factors, such as the effects on wages growth of price caps on NDIS supports, the requirement of supports at only particular times of the days (which may not fit in with award conditions), the availability of trained staff, and retirements from the workforce (PC 2017, pp. 320–36) could present barriers to workforce growth in the NDIS

¹² Grant et al. (2017) noted that, despite a high prevalence of disability in remote Indigenous populations, housing often lacked relevant amenities for tenants with a disability, who were often unaware of or did not understand processes for enabling even basic modifications. The authors found that these issues meant residents often had to leave their community, at great personal cost (QPC 2017, p. 285).

market. Conversely, the recent increase in unemployment across the economy may facilitate movement of workers out of slower growing or declining sectors into the disability care sector.

Actions may be required to facilitate the development of the workforce, ensuring that it operates effectively with and complements the contributions of informal carers, volunteers and respite arrangements. In a well-functioning market, this would primarily be the responsibility of service providers themselves, with government support through the education and training system. However, the NDIS market is not yet well-developed.

The Australian Productivity Commission found in 2017 that roles and responsibilities for workforce development need to be clarified. They advised that state and territory governments, which 'know the history of unmet need and the best approaches for solving workplace issues in particular jurisdictions', should take on more responsibility for solving workforce issues (PC 2017, p. 339). By 2019 it had concluded that broadly, the Australian Government has oversight of NDIS workforce development, and leads it when systemic issues are involved that would benefit from an overarching approach (such as how tertiary education policy interacts and affects the development of the workforce), while state governments are responsible for working with the Australian Government to respond to systemic issues, as well as some other workforce development functions, such as worker screening. However, it supported further clarification of these roles (PC 2019, pp. 75, 80).

Questions

- Are there impediments to workforce development within the NDIS? What are the roles of providers and governments in reducing these impediments?
- In what ways may COVID-19 affect workforce development and exacerbate problems associated with thin markets?
- What changes have occurred in employment practices as a result of the NDIS? What has been the impacts on workers?
- Are adequate policies and programs in place to support the development of the workforce to provide disability services in Queensland? How could they be improved?
- Should the Australian or Queensland governments or both be responsible for workforce development policies and programs?

The availability of market information and data

The NDIA considers that its most frequent market intervention is likely to be the provision of information, which:

is critical to the functioning of markets and it can be used to improve business and investment decisions, facilitate targeted expansion, or assist participants to connect with providers prepared to offer a service. (NDIA 2018b, p. 5)

For example, the NDIA provides:

- lists of registered providers
- information about submarkets, to help providers to understand key trends and market opportunities, focusing on areas that need to grow substantially
- market position statements that allow providers to better understand areas of expected demand growth
- information about participants in each jurisdiction
- the funding or provision of supports by the NDIA in each jurisdiction (NDIA 2018b, p. 5).

Questions

- Is enough information about disability services markets in Queensland available from the NDIA or from other sources to encourage the development of these markets?
- Are data timely, accessible, of sufficient quality and provided in ways that meet the needs of the relevant audiences?
- If not, what are the reasons for this?
- What additional information should be provided? Who should provide it and through what platforms?

Price setting and review mechanisms

The NDIA's vision for the NDIS is that prices of disability supports will be determined in markets. However, it sets price caps for many supports:

in underdeveloped or nonexistent markets, [in which] reliance on deregulated market mechanisms may not meet participant demands; may not deliver adequate supply; may not deliver the required mix of disability supports and may not produce efficient prices. (NDIA 2019h, p. 5)

An important test of whether price caps are adequate is 'whether participants can access quality supports and services required to achieve their goals' (McKinsey & Company 2018, p. 9). Early on, there were concerns that price regulation may have hindered market development by discouraging the provision of some disability supports, and may have led to poor participant outcomes, especially for those with complex needs (PC 2017, pp. 293–304).

In 2018, the NDIA commissioned an independent review of its pricing strategy and approach, and the suitability of current price levels for supports and services. The review did not find evidence of generalised supply shortages, although the situation could change rapidly, and there is a risk of undersupply in certain markets. For example, supply shortages are high risk for some cohorts of participants:

due to the increased cost of service provision and limited availability of workforce, including those who: are in outer regional, remote or very remote areas; have complex needs; are from culturally and linguistically diverse backgrounds; are Aboriginal and Torres Strait Islanders; or have acute needs such as crisis care situations (McKinsey & Company 2018, p. 3).

Following this review, the NDIA set out a new pricing strategy, which:

recognises that during the transition to deregulation, there is a requirement to maintain current supply in the short term and significantly increase the supply of disability supports in the medium to long term, to meet the needs of increased numbers of people entering the scheme and increased levels of support. This transition and the required growth in supply will take time and may need to be adjusted to encourage providers to expand existing operations and new suppliers to enter the markets. Longer term, prices may increase or decrease, depending on the relative ease with which supply can be increased. (NDIA 2019h, p. 6)

The strategy is based around four different concepts of pricing (sustainable price levels, transitional price levels, price caps and efficient price levels). It sets out a transition path and associated actions for moving through the first three paths towards the ultimate objective of efficient price levels, when there is enough competition to indicate that a market is a potential candidate for deregulation.

Questions

- How many services and supports in Queensland are price regulated?
- Is the NDIA's transitional pricing strategy working effectively in Queensland?
- What are the specific problems that price regulation is intended to address and is it the best way to address them?
- How is price regulation affecting market development in Queensland, particularly in thin markets?
- What should be the triggers for price deregulation?
- In what ways could price regulation be improved?
- Are the roles of the NDIA and Queensland government agencies clear with respect to price regulation?

Structural, regulatory and other impediments

The inquiry is required to consider any structural, regulatory or other impediments that might inhibit the efficient operation of the NDIS market including impediments under State jurisdiction, under Federal jurisdiction and outside of government control. The Commission is seeking information about any possible impediments additional to those discussed earlier in this paper.

Questions

- What structural, regulatory and other impediments affect the operation and future development of the NDIS market in Queensland?

5. NDIS interaction with other markets and schemes

The NDIS was never intended to meet the needs of all people with disabilities, the majority of whom are not eligible for the scheme. The NDIA provides information, linkages and capacity building (ILC) services, which are intended to help all people with disability (not just scheme participants) and their families and carers, with referrals to community and mainstream services, including health, education, employment, justice, transport and housing.

The threshold for access to the NDIS can be a steep barrier for those who do not satisfy the eligibility criteria, and so may receive less assistance. It is estimated that there are approximately 170,100 Queenslanders aged under 65 years with a profound or severe core limitation, compared to 67,687 Queenslanders recorded as active NDIS participants (ABS 2020, cat. no. 4430.0; NDIA 2020b, p. 214). Many of the people with a disability not in the NDIS may be adequately serviced by other arrangements, such as the National Injury Insurance Scheme, the public health system, or private services. Others may still be receiving services provided by the Queensland Government under the National Disability Agreement, the majority of which are expected to be largely replaced by the NDIS. Further, those participating in the NDIS may also still be accessing services provided by other systems and schemes.

Coverage of those with catastrophic injuries

The Australian Productivity Commission (PC 2011a) recommended that a National Injury Insurance Scheme (NIIS) be established to operate alongside the NDIS, as a no-fault lifetime care and support scheme for those with catastrophic injuries. It considered this a priority as many Australians acquiring such injuries were receiving poor care and support because they were unable to find an at-fault party to sue. The proposal covered four streams: motor vehicle accidents; workplace accidents; medical treatment accidents; and general accidents.

This proposal was not fully accepted by most jurisdictions. In Queensland:

- the National Injury Insurance Scheme, Queensland (NIISQ) Agency was established to manage the motor vehicle accidents stream
- WorkCover Queensland manages the workplace accidents stream
- the medical treatment accidents stream has not been implemented but is still being considered¹³
- the general accidents stream has also not been implemented, with the 2019 Bilateral Agreement noting that Queensland and the Commonwealth will continue to assess the feasibility of a NIIS for catastrophic general accidents.

Interaction with mainstream services

The inquiry is required to report on issues relating to the interaction between the NDIS market and related markets and services, such as the primary health care system, aged care support systems, the education systems and mental health supports. The NDIS is designed to complement other supports, rather than to replace them, which involves complex interface issues that will take time to work out and could lead to gaps in services if governments prematurely withdraw from providing services. The Australian Productivity Commission noted that 'establishing clear and robust boundaries [between systems] is essential for the financial sustainability of the NDIS and other services' (PC 2017, p. 222), and suggested improvements to these interfaces. DCDSS is seeking resolution of outstanding interface issues between mainstream services and the NDIS (Queensland Treasury 2019, p. 2).

It is also likely that many providers supply services both within and outside of the NDIS, and how they do this depends on the rewards from operating in different markets. For example, price regulation within the NDIS may affect the relative returns from providing services in this market relative to others. Moreover, because the NDIS

¹³ Commonwealth Government & Queensland Government 2019, p. 16.

does not fund some supports, a participant may have interactions with a range of providers and bodies (community or government) external to the NDIS.

Questions

- How well do supports provided by the NDIS complement, support and interact with other services participants receive, such as health, aged care, education, justice and transport?
- Are there significant overlaps or gaps in services between the NDIS and other schemes and services?
- How well coordinated are these different services, schemes and supports? If there are coordination problems, where are they and how could they be addressed?
- Do these issues significantly affect the provision of services within the NDIS or lead to under-provision of services to people with a disability who do not meet the eligibility requirements for the NDIS?
- What programs or policies have been implemented to improve the provision of services to groups whose needs are not being fully met by the NDIS?
- Which programs have been successful and which ones have failed, and for what reasons? Are there different ways in which the problem could be addressed?
- Has the NDIS had any unintended effects (positive or negative) on people with disabilities who are not participants in the NDIS?
- How easy is it for NDIS participants to coordinate services provided by different Queensland agencies and service providers, including providers external to the NDIS?
- Is the National Injury Insurance Scheme properly complementing the NDIS for people with disability? Are its insurance levels equitable compared to those with similar disabilities in the NDIS?

6. Market governance and management

Governance

Intergovernmental governance

The Australian, state and territory governments share governance responsibility for the NDIS. This has until recently been exercised through membership of the Council of Australian Governments (COAG) Disability Reform Council (DRC), which was responsible for NDIS policy and broader disability policy. One of its 'key focuses' was to address the interface issues outlined in the previous chapter (NDIA 2019c, p. 57). The Commonwealth Minister for Social Services is responsible for administering the NDIS Act, but many of those responsibilities require agreement from state and territory governments. How these arrangements will change following the replacement of COAG by the National Federation Reform Council has not been announced.

The National Disability Agreement (NDA) sets out the respective roles of the Commonwealth and state levels of government. A recent review of the NDA concluded that these roles were out of date and needed to be updated, and that requiring the commitments and obligations under the NDA to be reflected in other national and, where relevant, Commonwealth–State agreements would help to improve these interfaces. It noted that Indigenous issues are already covered in this way across various National Agreements (PC 2019, pp. 175–6).

The Australian, state and territory governments are jointly responsible for the NDIS Rules, which are legislative instruments that provide more detail than the NDIS Act on the operation of the NDIS. There are four categories of Rules. While the Commonwealth Minister for Social Services has overarching responsibility for making Rules, each category requires a different level of involvement or agreement from state and territory governments. There have been concerns that it can take too long to implement or change rules (PC 2017, pp. 402–6).

The NDIS operates within a wider social services system, which provides other services to people with a disability. The responsibilities of different levels of government in areas such as health, housing and education are often covered by intergovernmental agreements, which can experience challenges in their development and implementation. Other areas mainly in state jurisdiction, including justice systems, transport systems and the residential building code, may also need to be addressed (Bonyhady 2019, pp. 2, 11–13).

Questions

- What are the key aspects of the relationship between the Australian and Queensland governments that affect the outcomes of the NDIS in Queensland? How could the relationship be improved?
- Are the respective roles of the Australian and Queensland governments with respect to the NDIS clear and complementary? If not, has this caused problems?
- How should governance arrangements for the NDIS be changed following the replacement of COAG by the National Federation Reform Council?
- What are the impediments to achieving coordinated service provision and how could they be removed?

The NDIA and the NDIS Quality and Safeguards Commission

The NDIA and the NDIS Quality and Safeguards Commission (NDIS Commission) are the two key agencies responsible for the operation of the NDIS market. They are both independent of government and of each other.

The NDIA is an independent statutory agency with the role of implementing the NDIS. The NDIA holds all funds contributed by the Australian, state and territory governments in a single pool, manages scheme funds, administers access to the scheme and approves the payment of individualised support packages. The NDIA also produces performance reports including a quarterly report to the DRC, an annual financial sustainability report, an annual report and a corporate plan.

The NDIS Commission is an independent agency established to improve the quality and safety of NDIS supports and services. It regulates NDIS providers, provides national consistency, promotes safety and quality services, resolves problems and identifies areas for improvement.

Questions

- Are the governance arrangements between the NDIA, NDIS Quality and Safeguards Commission and Queensland government agencies working well in Queensland? In what ways could they be improved?
- Could there be more or better performance reporting of the NDIS in Queensland?

The Queensland Government's roles in the NDIS market

As discussed earlier, the Queensland Government provides services in areas such as health, education, housing, justice and transport. How well these services work together and with services provided through the NDIS will determine whether people with disability receive the support they require to meet their individual needs.

In addition to these roles, the Queensland Government maintains several roles in the NDIS market (Box 6.1).

Box 6.1 The Queensland Government's continued involvement in the NDIS market

Accommodation Support and Respite Services

DCDSS is a registered service provider under the NDIS. Its Accommodation Support and Respite Services provide assistance with daily living for people with a primary diagnosis of an intellectual disability who require support to enable them to live as independently as possible (DCDSS 2020a).

Authorisation of restrictive practices

Restrictive practices are practices used in response to the behaviour of an adult with an intellectual or cognitive disability that causes harm to the adult or others. They include containing or secluding an adult, using chemical, mechanical or physical restraint on an adult, or restricting access of the adult. Authorisation can be provided by various decision-makers, depending on the restrictive practice sought (DCDSS 2019b).

Positive Behaviour Support Plans

Positive Behaviour Support Plans are prepared by service providers if a person for whom a service will be provided exhibits challenging behaviour which may require a restrictive practice. The intention of the plan is to reduce or eliminate the need for restrictive practices. Plans include strategies that will be tried before using a restrictive practice, a description of why the restrictive practice is the least restrictive option, and how the restrictive practice will be used and monitored to ensure it is safe (DCDSS nd).

Criminal history checks

In Queensland, people who work for a provider funded by DCDSS, or for an NDIS registered provider including sole traders, require a Yellow Card. To obtain a Yellow Card, workers and volunteers need to undergo a criminal history check and be issued with a positive notice (DCDSS 2019a).

Assessment and Referral Teams

DCDSS makes available, through collaboration with the Commonwealth Government, Assessment and Referral Teams, which are small multidisciplinary teams that work directly with individuals to support them to access the NDIS (DCDSS 2020b).

Other Queensland Government services include Specialist School Transport, Personal Care in Schools, and taxi subsidies.

Questions

- Are the Queensland Government's direct roles in the NDIS market outlined in Box 6.1 supporting the NDIS or imposing any unnecessary burdens on service providers?
- Do Queensland's regulatory arrangements in these areas impede the development of NDIS markets?
- How could these arrangements be improved?

Appendices

Appendix A: Terms of reference

Context

The National Disability Insurance Scheme (NDIS) is a significant social reform, introducing a market approach to the provision of disability services and a significant increase in sector funding.

The NDIS is intended to improve life outcomes and increase opportunities, choice and control for people with disability. The NDIS also offers the opportunity for new and existing providers to engage with participants as customers and to respond to their needs.

Queensland's transition to the NDIS commenced in January 2016 with the early launch in Townsville followed by a region-by-region rollout over three years from July 2016. The NDIS is now available in all areas of Queensland, for all eligible people with a disability. A significant number of Queenslanders are continuing to enter the scheme.

Introduction of the NDIS brought about substantial changes in the way services for people with a disability are procured, moving away from services either provided or funded by state governments, to enabling NDIS participants or their agents to procure services directly from the market with individualised funding in their support plans.

Consequently, it is important to review the current status of market participation and service delivery and to apply any learnings that may promote improvement and further opportunities for market development.

As the NDIS market in Queensland matures, it is important that settings are appropriate, that it is able to operate efficiently, and that the services needed by participants are available.

The Queensland Government currently maintains a role in the NDIS market, including providing Accommodation Support and Respite Services and preparation of Positive Behaviour Support Plans. It also maintains a regulatory role in areas relating to quality and safeguards, including authorisation of the use of restrictive practices and criminal history screening of NDIS workers.

It is important that the role and policies of the Queensland Government support the NDIS market and promotes participant outcomes.

Terms of Reference

The Queensland Productivity Commission (QPC) is directed to conduct an Inquiry into NDIS transition and market development in Queensland. This includes investigating and reporting on market conditions and prospects to determine whether governance, regulation and policy settings support the operation of the NDIS market and promote participant outcomes.

The QPC should review the performance of the NDIS market during transition in Queensland, including:

- the degree to which the NDIS market has met the needs of participants, including whether thin markets or supply issues are contributing to the underutilisation of NDIS Plans;
- consideration of any impediments to supply, including in relation to the preparedness of the private and non-government sectors to enter the market;
- the productivity impacts of Queensland's investment in the NDIS, including enabling people with disability and carers to obtain employment, undertake education and training and ability to participate in the community;

- the effectiveness of provider markets, both in the private and non-government sectors; and a review of participant transition rates and factors, including identification of any cohorts that have not transitioned and why transition has not occurred.

In reviewing the performance of the NDIS market during transition, the QPC should give regard to the likely effectiveness of the actions or interventions by Queensland and the Commonwealth as part of transition, or as part of other inquiries including Joint Standing Committee reports about NDIS markets and readiness. This includes actions taken to address thin market issues, particularly in regional and remote settings.

The QPC should investigate and report on NDIS market conditions and prospects, including:

- the efficiency and effectiveness of the NDIS market across Queensland including the availability of market information and data, and price settings and review mechanisms;
- the appropriateness of market governance and management;
- the anticipated NDIS participant population and the ability of the market to meet their expected level and type of service requirements;
- any structural, regulatory or other impediments that might inhibit the efficient operation of the NDIS market including: impediments under State jurisdiction, under Federal jurisdiction and outside of government control;
- any factors affecting specific markets or market segments, including in rural and remote areas; and
- any issues relating to the interaction between the NDIS market and related markets and schemes.

The QPC should also investigate and report on the Queensland Government's role in the NDIS, in relation to the authorisation of restrictive practices and preparation of Positive Behaviour Support Plans.

In light of this analysis, the QPC should recommend options for improved policies and measures to ensure the NDIS market in Queensland will meet the needs of participants both now and in the future.

Consultation

The QPC should undertake public consultation in relation to the Inquiry, including with participants and participant advocates, service providers, peak bodies, experts and government agencies.

Reporting

The QPC must publish a draft report for consultation by 30 November 2020.

The Final Report must be provided to Government by 30 April 2021.

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