1. Providing services to the NDIS market

a) Transitioning to the NDIS

As a provider, how well prepared were you for the introduction of the NDIS? What were the greatest barriers to transitioning to the NDIS? What are the key changes that your organisation has made to operate in the NDIS market?

Barriers to transitioning to the NDIS included;

- o A high staff turnover including top management levels and other admin/finance staff just after the NDIS roll out – were not adequately prepared as an organisation
- o There were very few qualified staff to recruit that met the NDIS guidelines when it was first introduced
- o Participant funding was not readily provided
- o Participants were not made aware that their funding had started until after the fact, i.e. a letter issued would advise funding started on that date and they would receive it days later with no knowledge they had been in receipt of funding and essentially those days were lost/wasted

What barriers remain for the scheme to achieve its potential in Queensland? How can these be addressed?

Barriers which remain and suggested ways to address include;

- o Support Coordinators/Planners largely seem to not know the system in its entirety and as a result can communicate/deal incorrectly with us, too many filter -through/people to go through deal with - Should be NDIS to Provider directly, no Coordinators/Planners
- o Service Delivery Planner accreditation seems inadequate, the majority seem inexperienced, ill-informed and giving out incorrect information
- o NDIS Allocation process should be a single point of contact with an assessor only, the person/department making the final decision and giving out the money may never actually meet with the participant. You should not be able to meet without the participant present.
- o Plan changes are not received in a timely manner – puts all the participant bookings out and very difficult to roster.
- o Lack of communication from LACs
- o As a supplier we should be involved in the review
- o Review process should not automatically roll-over
- o Relevant providers should have access to participant plans and goals to aid in the efficient delivery of support services
- o Furnish providers with extra funding/ subsidy to reach/engage with the community
- o Staff Dismissal by Participants; the related cost of recruitment, training and the resulting emotional impact on staff who are provided no reasoning from the participant is a frequent issue and barrier in the delivery of consistent, quality service to participants and stability to staff
- o Staff leaving the industry – the work force can be transient and unpredictable as the role cannot always offer stability. This can have a detrimental effect on participants and family relationships as support provision requires an emotional connection and when this is severed it is difficult for the participant/family
- o Staff Dismissal by Family/Carer; this can occur when the participant likes/has connection with their Support Worker however they are dismissed by the participant's family/carer. The related cost of recruitment, training and the resulting emotional impact on staff is an issue and barrier in the delivery of consistent, quality service to participants and stability to staff

1. Providing services to the NDIS market

a) Transitioning to the NDIS

b) Supply of services and supports

What are the most important factors that affect your decision to supply into the NDIS market?
The most important factors include; Number of participants, Category of disability, Profitability and Survival.

Is market information sufficient to inform your decision-making about services/supports to offer and your service locations?
The market information is sufficient to inform our decision-making about services/supports to offer and our service locations however it would be beneficial to have access to an NDIS managed database with uniform information regarding participants and their individual requirements.

What developments in the choices by participants—about when, how and who provides supports—have been the most difficult to accommodate or meet? Why? What differences arise from self-managed plans compared to plan- or agency-managed plans?
The differences that arise from self-managed plans compared to plan or agency-managed plans include; easy to draw down funds if plan is agency managed, we do not have to chase agency managed plans for outstanding payments. Plan Managed participants we have to expend resources chasing for mileage and for the supports, often resulting in a write-off a significant amount of funds.

Which types of providers or services/supports are in short supply?
There are very few OTs and similar services available in regional areas like Toowoomba and the Downs. There should be a larger number locally in order to both generate competition and a higher standard of service, and also to be able to provide these services in a timely manner to our participants.

What are the key barriers to increasing your capacity to deliver services into the NDIS market in Queensland?
Barriers can include;
- Some plan management providers not sharing all relevant information with us. This can really hinder our provision of support – certain portals like Protea also show a difference in information provided to what we receive from a physical copy of the plan.
- Lack of participants for respite due to introduction of other options to participants such as in-home care, vacation care provision, etc.

Does the NDIS market reward efficient/effective providers? Are those operators thriving at the expense of less efficient/effective operators?
The reward to efficient/effective providers afforded by the NDIS is an open market allowing us to focus on the provision of quality orientated support to participants.

How does your organisational form (not-for-profit, for-profit, sole trader) influence your delivery strategy (quality, price) and competitiveness in the NDIS market?
As an NFP we ensure we provide the highest standard of quality support to participants to retain them and minimise participant turnover.

Do you provide other services to persons with disability outside of the NDIS? Are there economies of scope—where providing other services gives you a cost advantage in providing NDIS services?
No

What are the key barriers to entering the NDIS market for those who operate outside of the NDIS, such as in aged care or health services?
NA

What are the key sources of uncertainty for your organisation? How easily are you able to secure capital for investment in your NDIS operations?
The key sources of uncertainty in our organisation include;
- participant turnover
- SILs and Community Access - believe there should be more NDIS funding allocated to these areas for participants to ensure they receive the best service/support possible

c) Concentration

Are there any structural, regulatory or other impediments that act as a barrier to entering a local NDIS market?

What are the key barriers to expanding your services to other locations, or to regional and remote areas?

No data. Suggest creating a data base outlining who is registered for what makes market research difficult, time consuming and costly. Not easy to identify where the demand is.

d) Thin markets

Which services and supports have demand greater than supply? What are the key barriers to meeting those demands?

Services that have demand greater than supply are OTs for example – when there are so few locally participants have to wait a long time to see them and the range of services they provide (locally here in Toowoomba) are more limited than we would expect for such a large community with such high needs.

Are there critical services where a lack of availability affects the demand for related services? If so, what are these?

As above, without ready and timely access to these related services there is impact on our ability to deliver the highest standard of service and support to our participants as their needs may have changed but they have to wait 3 months (e.g.) for an assessment to confirm that.

From your perspective, what barriers do participants face in finding providers and utilising their plans?

Barriers for participants include;

- o Receiving adequate assistance/education/support when transitioning from the family home to a SIL, level of Support Coordination they receive (can be less than satisfactory and does not seem to be monitored/managed as astringently as expected)
- o Issues with the provider portal, follow up on information received and whether they understand or know how to proceed
- o Regulations should be as such that they are standard across the board for all NDIS support providers, plan managers, suppliers (e.g. OTs) to the same high level that our organisation is held

2. Regulation issues in the NDIS market

Are the registered/unregistered provider requirements effective and efficient? If not, why not?

NA

What role do NDIS regulations play in your decision to be a registered or an unregistered provider? What factors influenced your decision to be a sole trader?

NA

What resources are required to comply with NDIS price and quality regulations?

NA

What impact do differences in the requirements for registered and unregistered providers have on your sector of the NDIS and on the level and quality of supports for participants?

NA

What impact does regulation have on innovation?

An innovative service we provide are Group/Creative Life Skills sessions. Issues associated with transport – there should be greater consideration for participant and provider location (i.e. regional) to factor travel in accordingly as it will affect travel for services, travel for support, holidays, etc.

a) Regulation of prices

Is price regulation effectively and efficiently achieving its objectives? If not, why not? Is the framework for setting prices robust, transparent and accountable?

Yes, Breakaway have found price regulation achieves its objectives.

What influence does price regulation have on the supply, types and quality of services/supports you offer?

Price regulation levels the playing field with regards to competitors and means the focus and 'competition' only comes from the provision of quality service which is good.

Our core not making money until TTP was brought in, 75% TTP from last year and we anticipate it will bring it back up to normal in the next year. This will make the market more competitive and is a change we welcome.

How does price regulation in the NDIS compare to other non-NDIS 'markets' that you operate in (such as non-NDIS disabled services, aged care or health services)?

NA

b) Regulation of quality

Is quality regulation effectively and efficiently achieving its objectives? If not, why not? Is the framework for setting, assessing and enforcing quality standards robust, transparent and accountable?

Yes, as per response in previous section – levels the playing field and means the area to compete is limited to the provision of high quality services.

How do quality standards affect your pricing and cost structure? What elements of quality regulation require the most resources? Are practice standards and compliance methods proportional to the risks they seek to control?

Yes, the majority of resources go into the actual management of the participants to meet their needs, then the business costs are on top of that. Office/administration cost is additional, we cannot claim these but they are essential to the delivery of quality and compliant service. Audits also have an effect – it takes significant time and resources for audit preparation and the audit fees are very high.

What are the trade-offs between quality regulation and prices/price regulation? How well aligned are price and quality regulation?

NA

How might the quality of provider services, and the management of risks to participants, be better regulated?

It is up to the Support Coordinator and the family to decide what they want, this needs to be regulated more closely. Support coordination at this stage seems unnecessary and those funds could be better allocated and actually go to direct provision of support for our participants. The consideration of these factors should be included in NDIS funding allocations.

How do the regulatory requirements for quality in the NDIS compare to other non-NDIS 'markets' that you operate in (such as aged care or the health sector)?

NA

How does quality regulation affect your ability to provide innovative services?

NA

c) Behaviour support plans and restrictive practices

What arrangements are required to ensure that the interface between the Queensland Government policy framework for restrictive practices and the requirements of the NDIS Commission achieve their purpose and are efficient?

Restrictive Practices and the entire framework should fall under the one area, dependents for approval should be from just one area. The Department of Communities have their own guidelines, OPG have another and the commission has another - we need single, uniform guidelines, procedures and a single point of contact. There is also an impact on Breakaway as a provider as needing to have extra resources and allocate additional time for monitoring and reporting.

3. Working in the NDIS market

a) For employers

How has the NDIS changed the type of workers you need (such as skills and time/hours arrangements)?

Support Workers need certain qualifications, do not think certificates alone as a base are sufficient.

Believe the hours placement in a Certificate III should be more or that experience should be factored in on equal footing to the completion of a Certificate III. Support worker requirements should not be blanket, should be individually assessed based on the worker and the participant they are supporting. Overall the NDIS enforced requirements for Support Worker's to meet should be greater, the Certificate III should be more involved and/or experience should be a requirement/receive equal consideration.

What are the barriers to workforce development? What are the key challenges facing the industry in attracting staff?

NA

What developments in the labour market have affected your ability to find and retain the workers you need to support service delivery into the NDIS?

NA

What aspects of Queensland Government assistance have been most successful? How can governments best support workforce development in the sector?

The current fee subsidies to attain Certificate IV is a great initiative, the more qualifications, education and skills staff are able to achieve the better. Believe should consider giving employers a wage subsidy to upskill workers. Individual abilities should be assessed before being able to undertake a Certificate III, application/pre-selectment process should be more rigorous.

4. OTHER

Other points to note

o Breakaway wish to reiterate the gap in SMP NDIS Plans which leave gaps and cause organisations to write off significant amount of money with no response other than sending an email to a provider payment.
o NDIS legislation and code of conduct threshold not interfacing with other legislations such as industrial relations.
o Inconsistencies within the NDIS regarding where travel could be drawn from which costed organisations to leave and go to other service providers
There should be funding for inside of work hours care to support high needs children, and more services for children in general – seems to be a big gap here in the support provisions for children
o SMPs do not have Service Agreements – if they did it would make our job as provider smoother operationally
o Capacity building supports are in short supply in Toowoomba and they do not get audited, there need to be more locally or that we can access remotely/easier to ensure enough competition in the local market and timely supply of services to our participants
o In order to provide more quality service to participants, we have to have more connection with Local Area Coordinators & support coordinators