

QPC: Inquiry into the NDIS market in Queensland:

Providing Services to the NDIS market:

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?

We would like to cover this over two different implementation dates and regions:

Townsville –trial site

As a provider we believed that we had a reasonable understanding of what to expect when transitioning to the NDIS. We had visited most of the other trial sites across Victoria, New South Wales and the ACT, spoken extensively to service providers and stayed up to date with NDIA's literature. It was this investment in gaining as much knowledge as possible that allowed us to have some confidence with the rollout in Townsville. As with all transformational change, the operating structures we were accustomed to were completely remodelled and we relied heavily on quality and consistent messaging from the NDIA. Unfortunately much confusion ensued as information across the States did not correlate.

Given the maturity of the rollout, it was evident that this government did not fully grasp the complexities of the scheme. The uptake in Townsville was sluggish, however, there was time for organisations to bed down key processes.

SEQ

Whilst the Townsville rollout did allow us time to finesse our NDIS literacy, nothing could have prepared us for the SEQ rollout. It was a debacle and nothing short of a state embarrassment. We knew that the tenders for LAC and ECEI services had been finalized and waited for the announcement. Incredibly there were no LACs on the ground at the time of the Scheme integration, rather we were advised that planners would assist with that role until LAC appointment and training had been completed. The general feedback from our participants and staff around interactions with planners was extremely negative. The reassurance and guidance expected by our organisation materialised as quite the opposite. Planners were ill-informed and ignorant to the intricacies around transport support, resulting in a sense of hopelessness for participants and frustration for organisations. Without the presence of 'local' LACs, we faced an administrative burden that was never budgeted for, assisting our participants to prepare for assessment.

Choice and control (the phrase that promised empowerment to so many), was completely ignored when discussing transport options. Planners even influenced participants to use other providers or to use the state based TSS (Taxi Subsidy Scheme). This false economy and planners endorsing cheaper and less effective providers removed years of independence - building between ourselves, the participant, and parents/ caregivers. The question still remains: When the TSS is removed, what do they do then? We lost 140 plus participants within the first 3 months and the feedback from the participants was as above, they could

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not use our services as the planners deemed us too expensive in comparison to the TSS and volunteer organisations. Our pricing, when you remove the distorted and anti-competitive pricing of the taxis, is actually cheaper. We use professional, qualified and medically trained drivers who are all paid to deliver our services. The cost to our organisation was circa \$600k per annum. We are still deeply disappointed in how this was rolled out and the ongoing effect to our business.

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

In my role as the CEO (and also the 2 volunteer board positions; one here in Queensland and also nationally), I have championed the changes recently announced by the NDIS. Core funding could, and should, be used by participants to access transport needs. However, I am concerned about the caveat attached: participants are required to have a support worker accompany them. This is an added cost to the system and significantly reduces the participant's package. An unintended consequence is the disruption to building another layer of independence and compromising the participant's goals. Again, choice and control messages are blurred.

Example. Participant A (a decision maker) wants to attend the football game or movies. Under the new requirements core support funding for this transport cannot be accessed.

This process allows the agency and/or organisation, where they might be plan managed, further opportunities to access the participant's plans and draw transport funds, as well as mileage costs, from the package. Equally, if the participant was to utilise a qualified transporter the cost would be far less –no hourly rate for the support worker, no mileage costs, but a fixed rate cost.

Where is the choice and control?

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Supply of services and supports:

What are the most important factors that affect your decision to supply into the NDIS market?

Given our experiences, we have reduced our marketing efforts to this cohort. We are not actively pursuing additional participants. That said, if new participants come to us we will ensure that we provide them with the services they require. As a disability provider for over 25 years the decision to scale down has been difficult and disappointing.

Is market information sufficient to inform your decision-making about services/supports to offer and your service locations?

A case of too little, too late.

Although timely and consistent messaging is now the norm, the impacts of not having that initial support has been detrimental to this organisation.

What developments in the choices by participants – about when, how and who provides supports – have been the most difficult to accommodate or meet? Why?

Liaising with planners and their reluctance to use a service that has been delivering these trips for 26 years based upon a flawed logic of cost savings.

What differences arise from self-managed plans compared to plan- or agency-managed plans?

Our experiences around participants who are self-managed have been the most trouble free. Plan managed participants may change who is paying their invoices and frequently forget to inform us. Unfortunately there are little or no courtesies from plan managers to advise that they are no longer representing a participant. Agency managed plans have also created some challenges where review dates change and we are unable to draw down funds.

Which types of providers or services/supports are in short supply?

Unknown

What are the key barriers to increasing your capacity to deliver services into the NDIS market in Queensland?

Now that participants can access core supports for transport, agency managed participants are now locked into the agency who is providing their transport. This has now really come full circle and moved back to a block funding arrangement which was one of the reasons to move into a CDC market. The agency now has control of the purse strings just in a different manner.

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Does the NDIS market reward efficient/effective providers? Are those operators thriving at the expense of less efficient/effective operators?

In my opinion, a resounding NO. Volunteer organisations have a distinct advantage over a paid workforce but that does not mean their service delivery is more efficient or effective.

How does your organisational form (not-for-profit, for-profit, sole trader) influence your delivery strategy (quality, price) and competitiveness in the NDIS market?

Whilst we are a not for profit we have not been able to compete with the TSS (Taxi Subsidy Scheme) nor can we compete with volunteer organisations. Both of these have an unfair competitive advantage over a full paid for workforce who delivers a far better standard of service. We made a choice not to chase participants down the rabbit hole and lose money in providing services. You can't continue to provide services if you are broke.

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?

Yes, we provide transport options to people who are ineligible for the NDIS and we provide far more services to this cohort in comparison to those under the Scheme.

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?

What are the key sources of uncertainty for your organisation? How easily are you able to secure capital for investment in your NDIS operations?

We expected to have a much greater impact in the NDIS space. Whilst we are not dependant on the NDIS, we dedicated considerable time, effort and funds to ensure that our eligible client base was as informed and prepared as they could be in readiness for the rollout. The unexpected communication inconsistencies and the voracity of the impacts, especially in the rollout in SEQ, were completely unforeseen.

As previously stated we will not chase work in this sector and we are not going price cut.

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Concentration:

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

For transport operators, yes there are: the TSS as previously stated and the deregulation of the personalised transport market. Drivers not requiring correct training and/or checks and unregulated pricing.

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

In a NDIS world we would not look at this at all. Whilst we already have a regional presence in the trial site I would only move into other sites if there were alliances made and a long term commitment to ensure a secure service for participants.

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Thin markets:

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

Transport in regional areas. The complete lack of understanding transportation costs and the tyranny of distance, combined with the complete lack of funds allocated to transport clearly shows that the model is flawed.

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

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

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Regulation issues in the NDIS market

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

Unsure

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

None

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

Around transport the audit is costly and completely irrelevant.

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

Unsure

What impact does regulation have on innovation?

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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?

Around transport absolutely not.

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

Levels 1-3 did not realistically sustain the transport needs of a participant. On average most participants would run out of transport funds within 18 weeks

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)?

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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?

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?

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

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

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

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

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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?

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Working in the NDIS market:

For employees:

In what ways has the NDIS changed the nature of your work, your relationship with employers in the sector, participants and their families, and with other roles/workers in the NDIS?

What are the relative advantages/disadvantages of working for a provider or as a sole trader?

What are the relative advantages/disadvantages of working for the NDIS disability sector or the non-NDIS disability, aged care sector or health sector?

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Working in the NDIS market:

For employers:

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

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

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